

SRCHC BOARD OF DIRECTORS' MEETING – MINUTES

Thursday, April 21, 2022

Present: V. Emery-Zariffa, E. Hill, R. Ho, S. Little, A. Kajenthira, R. Pradhan, , M. Wilson (Chair), K. Yee

Staff: J. Altenberg, E. Geller (recorder), J. Grgar (recorder), S. Wiens

Guests: Andrew Ssawe (Manager, Integrated Primary Care) & Danielle Kenyon (Nurse Practitioner, SRCHC Clinical Co-Lead)

Regrets: S. Darling, M. Milward, K. Nakhuda, J. Quito

1.0 Welcome and Introductions, Confidentiality Reminder, and Conflict of Interest Declarations

The Chair welcomed all of the attendees and reminded participants to declare any conflicts of interest, and their responsibilities under the code of conduct and confidentiality agreements.

The Land Acknowledgement video played.

1.1 Confirmation of Quorum and Approval of Agenda

MOTION TO APPROVE THE AGENDA

(1) A. KAJENTHIRA (2) K. YEE CARRIED

1.2 Consent Agenda

1.3 Governance Policy Reviews – Consent Agenda

MOTION TO APPROVE GOVERNANCE POLICIES: 1.2 STRATEGIC DIRECTONS AND GOALS, 1.3 PLANNING: STRATEGIC, OPERATING AND QUALITY IMPROVEMENT, 1.4 EQUITY AND RACISM, 3.1 DELEGATION TO CEO, 3.1.1 BOARD/CHIEF EXECUTIVE OFFICER/STAFF RELATIONSHIP, 3.2 MONITORING EXECUTIVE PERFORMANCE, 3.4 CHIEF EXECUTIVE OFFICER – JOB DESCRIPTION

(1) S. LITTLE (2) V. EMERY-ZARIFFA CARRIED

1.4 Monitoring Reports – Consent Agenda

MOTION TO APPROVE MONITORING REPORTS: 1.6 MEMBERS & VOLUNTEERS, 4.11 OPERATING RESERVE FUND

(1) S. LITTLE (2) V. EMERY-ZARIFFA CARRIED

1.5 Financials – Funding Motions

MOTION TO ACCEPT THE FOLLOWING FUNDS:

a) \$35,000 from Community Food Centres Canada for the Mind Your Food collaborative at the Harmony Hall location with Public Health Agency Canada (PHAC).

(1) S. LITTLE (2) V. EMERY-ZARIFFA CARRIED

1.6 Approve Membership Applications

MOTION: THE BOARD ACCEPTS THE PERSONS NAMED BELOW FOR MEMBERSHIP AT SRCHC FOR THE MEMBERSHIP TERM ENDING SEPTEMBER 30, 2023.

SURNAME	GIVEN NAME
1 BENNET	HOLLY
2 DOTY	IAN
3 LEMOINE	BRIAN

(1) S. LITTLE (2) V. EMERY-ZARIFFA CARRIED

1.7 Approve Minutes from the March 24, 2022 Board meeting

MOTION TO APPROVE THE DRAFT MINUTES FROM THE MARCH 24, 2022 BOARD MEETING.

(2) S. LITTLE (2) V. EMERY-ZARIFFA CARRIED

2.0 Consent Agenda

MOTION TO APPROVE CONSENT AGENDA

(1) S. LITTLE (2) V. EMERY-ZARIFFA CARRIED

3.0 Presentation: Team Based Primary Care at SRCHC – An Overview

Andrew Ssawe, Manager, Integrated Primary Care, and Danielle Kenyon, Nurse Practitioner, SRCHC Clinical Co-Lead presented Team Based Primary Care at SRCHC – An Overview.

Ssawe emphasized that the Primary Care Team was impressive throughout the pandemic This was a Team that agreed to support additional work when requested during the pandemic; they were eager to work on site and provide in-person care; and available to the clients and community through the pandemic. It was noted that during the pandemic, SRCHC’s primary care team had 47%in person client encounters, whereas in our OHT the rest of primary care only had 12% of client encounters in person a marked difference.

The presenters were asked to discuss the high acuity score for emergency department visits from SRCHC clients and the Centre's ability to ensure appropriate care while avoiding unnecessary emergency department visits. D. Kenyan cited that there were many factors, but the primary factor was the relationship primary care staff have developed with their clients and that SRCHC clients typically don't wait until their health becomes acute before connecting with SRCHC. Another important factor is the same-day assess that is primarily run and triaged by SRCHC Registered Nurses SRCHC also offers telehealth encounters that may help to divert emergency visits. SRCHC also provides overnight and weekend on-call services, where SRCHC clients can phone and a physician will respond assessing the client's medical records.

Unlike most other healthcare organizations in Ontario, CHC services are not billed per service through Ontario Health Insurance Plan (OHIP). CHC primary care staff are salaried and funded through expectations of volume that are adjusted based on the complexity of care. This compensation model allows for the care of non-insured and individuals without status to provide an equitable level of healthcare. For those clients who are non-insured or without status, they often have other social determinants of health impacting them, such as precarious work, and consequently, don't have medical insurance or the ability to pay for medication. SRCHC has been able to put in some supports to assist those clients in obtaining their medications. There is also some physiotherapy available through SRCHC to those clients.

Salary model and remuneration issues in healthcare with CHCs are echoed in the legal system with community legal services. Community legal services serve many low-income individuals whose healthcare has diminished during the pandemic and SRCHC's primary care team was commended for increasing their level of care by 25% for its clients. Staff discussed how there was increased demand for primary care services, particularly at the beginning of the pandemic for two reasons: many primary care providers were not offering any in-person services, and some local shelters closed. Given that CHCs were still offering in-person primary care services when required, client demand during the pandemic increased. SRCHC managed this increase in demand by prioritized clients whose issues necessitated an in-person examination, versus those whose issues could be managed with primary care discussion over the phone. Further, SRCHC's staff are driven by their values to perform their work and rose to the challenges of the pandemic and said yes to clients when others said no. This quality is admirable, but can be challenging for staff and the organization

4.0 CEO Communication & Counsel

The CEO highlighted several items in his report.

The CEO thanked the VP, Systems and Strategy for developing an Indigenous Medicines organizational policy in consultation with Elder Wanda Whitebird and Indigenous staff. Many of SRCHC's harm reduction clients are Indigenous and the policy is designed to ensure access to traditional medicines, or ceremony, as they require. The policy also clarifies the role of non-Indigenous staff to support clients who want to use traditional medicines while ensuring that there is not appropriation by non-Indigenous staff

The Alliance will be launching its Black health strategy and an action plan is expected. The G2G work on this topic has identified a desire for shared governance policy work and may provide for some comparison within the CHC sector. The anti-racism work led by Ontario Health to update the demographic data collection tool is close to completion and in addition to race, will also collect data on sexuality, gender, gender expression, and income. That work is then anticipated to be rolled out to OHTs along with accountabilities on how to collect and use the data over the next couple of years.

ETHP was requested to provide feedback on OHT governance models to Anne Corbett, General Counsel and Executive Lead at Ontario Health. ETHP provided an honest and transparent assessment of their experience and the benefits and challenges to date. They noted that OHT Governance is not mature and when priorities are clear there are fewer challenges than when there are varied accountabilities amongst partners and competing demands. Further guidance on the OHT model is anticipated from Ontario Health following the provincial election.

The Leadership Team completed a two-day session on collaborative and creative coaching for leadership development. The management team also completed this training with Jan Campbell from Strategisense. This training was completed collectively as teams, and over the next year there will be peer and one-on-one coaching with Strategisense. Part of the upcoming process involves a 360° assessment with each of the managers clarifying areas of strength and growth to identify training needs. Strategisense will also focus on developing managers within the organization for Black, Indigenous, People of colour (BIPOC) communities.

5.0 Governance Policy Reviews not in Consent Agenda

a) Anti-Black Racism Governance Policy Updates

The V.P. Strategy and Systems and K. Yee reviewed and explained the reasoning for the proposed amendments to the Governance Policy. The CEO Performance Appraisal Committee was asked to review *3.4 Chief Executive Officer – Job Description* with an equity lens and advise if any further amendments were required.

MOTION TO APPROVE THE AMENDMENTS PROPOSED BY THE ANTI-BLACK RACISM WORK GROUP

(1) V. EMERY ZARIFFA

(2) R. HO

CARRIED

6.0 Call-A-Service Director – Vice Chair

S. Little is completing his final term on the SRCHC Board and therefore, he will no longer be eligible to continue in the role of Vice Chair for the Call-A-Service (CAS) Board. M. Wilson is currently the Chair and E. Hill is the Secretary-Treasurer. R. Ho volunteered for the CAS Board Director position.

7.0 Determine 2022 AGM Theme

The Board discussed the two themes proposed last month, the first about teamwork and the second about blue skies. The Board requested that the AGM theme be a hybrid of the two ideas regarding team work to lift each other up and the aspirational idea of blue skies.

8.0 Strategic Directions/Values Assets (marketing materials)

The majority of the Directors preferred the first visual in the package. It was asked if the values in the tree could be visually lined up. Leadership advised they would provide that feedback to the Communications Manager.

9.0 Standing Committees of the Board

b) CEO Performance Appraisal

The Chair advised that the Committee would be meeting in the near future.

c) Nominations

In his absence, the Chair advised that this would be M. Milward's last year on the Board as he will be participating in an MBA program. Consequently, there is an additional vacancy on the Board.

A. Kajenthira advised that there were 14 applicants including the 3 board members up for re-election.

e) SCS Community Liaison

The CEO advised that there is a new superintendent at Police Services 55 Division who was unable to attend, and instead a new staff sergeant attended the meeting and provided an informative update on police data and overdose in neighbourhoods and a reduction in overdose service needs. There was also an excellent presentation on Trauma-Informed Overdose Response Training Curriculum Project that was presented by Seff Pinch. It was an overview of a holistic approach to overdose response that provides in-depth training for those who require

more advanced information. That project was funded by the DET-OHT. SRCHC has just received further funding to implement the training and is in the process of hiring for that position as S. Pinch has moved to a new position on the west coast.

10. Work Groups and AOHC Alliance

a) Alliance (G2G)

R. Pradhan advised that there is a networking meeting next week and she and K. Nakhuda would be attending the Alliance's conference in June along with the CEO.

b) Anti-Black Racism (see item 5 a)

Please refer item 5 a) above.

11. Membership Issues

There were no membership issues to report.

12. Community Feedback

There was no community feedback to report.

13. Meeting Feedback

Directors appreciate the robust and informative discussions at meetings. K. Yee and the V.P. Strategy and Systems were acknowledged for their work on the amendments to the governance policies. The Directors appreciated the staff presentation. Staff and Directors were thanked for all the work that is completed between meetings to ensure that the Board is informed and productive. Directors also appreciated learning about the new Indigenous Medicines policy. The Leadership Team thanked the Board for their reflective discussions, support for the organization and their work.

14. Adjournment

MOTION TO ADJOURN AT 8:31 PM

(1) R. HO

(2) R. PRADHAN

CARRIED



Mike Wilson, Chair



Shelley Darling, Secretary