

SRCHC BOARD OF DIRECTORS' MEETING – MINUTES

Thursday, June 16, 2022

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

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

Staff Guest: K. Foley

Regrets: E. Hill, S. Little

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.

Attendees introduced themselves.

1.1 Confirmation of Quorum and Approval of Agenda**MOTION TO APPROVE THE AGENDA**

(1) J. QUITO	(2) A. KAJENTHIRA	CARRIED
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1.2 Consent Agenda**1.3 Governance Policy Reviews – Consent Agenda**

MOTION TO APPROVE GOVERNANCE POLICIES: 1.3 PLANNING: STRATEGIC, OPERATING AND QUALITY IMPROVEMENT 4.3 COMPLIANCE WITH LEGISLATION, 4.10 FINANCIAL CONDITION, 4.11 OPERATING RESERVE FUND

(1) M. MILWARD	(2) J. QUITO	CARRIED
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1.4 Monitoring Reports – Consent Agenda

MOTION TO APPROVE MONITORING REPORTS: 2.1 GOVERNING STYLE, 2.2 BOARD ROLES & RESPONSIBILITIES, 2.3 OFFICERS' ROLES, 2.3.1 BOARD EXECUTIVE SUCCESSION, 2.4 SCREENING ISSUES FOR BOARD, 2.10 IN CAMERA DISCUSSION, 4.4 COMMUNICATION & COUNSEL TO THE BOARD, 4.6 OCCUPATIONAL HEALTH & SAFETY, 4.10 FINANCIAL CONDITION, 4.12 ASSET PROTECTION, 4.13 SPECIAL PURPOSE FUND PROTECTION, 4.14 PROTECTION AGAINST RISK TO CLIENTS

(1) M MILWARD	(2) J. QUITO	CARRIED
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1.5 Financials – Funding Motions**MOTION TO ACCEPT THE FOLLOWING FUNDS:**

a) Up to \$7,500 in one-time funding for 2021-2022 & up to \$7,500 in one-time funding for 2022-2023 for Temporary Retention Incentive for Nurses Program from Ontario Health

(1) M. MILWARD (2) J. QUITO CARRIED

1.6 Approve Membership Applications

THE BOARD ACCEPT THE PERSON NAMED BELOW FOR MEMBERSHIP AT SRCHC FOR THE MEMBERSHIP TERM ENDING SEPTEMBER 30, 2023.

CARRILLOS, MARIA

1.7 Approve Minutes from the May 19, 2022 Board meeting

MOTION TO APPROVE THE DRAFT MINUTES FROM THE MAY 19, 2022 BOARD MEETING.

(1) M. MILWARD (2) J. QUITO CARRIED

2.0 Consent Agenda

MOTION TO APPROVE CONSENT AGENDA

(1) M. MILWARD (2) J. QUITO CARRIED

3.0 Monitoring Reports outside of the consent agenda:**1.3 Planning: Strategic, Operating and Quality Improvement (Operational Monitoring Report)**

Kathleen Foley, Director of Quality, Performance and Evaluation, presented operational monitoring report 1.3 Planning: Strategic, Operating and Quality Improvement. The presentation included a five-year overview of operational milestones, and client and community outcomes that were informed by the strategic directions to lead system transformation, strengthen organizational capacity, and to use collective impact to maximize positive community outcomes.

MOTION TO APPROVE MONITORING REPORT 1.3 PLANNING: STRATEGIC, OPERATING, AND QUALITY IMPROVEMENT (OPERATIONAL MONITORING REPORT)

(1) J. QUITO (2) M. MILWARD CARRIED

4.0 Quality Improvement Plan

Kathleen Foley also presented an overview of the Quality Improvement Plan (QIP) including indicators, SRCHC's QI Plan, and current performance measures for Ontario Health and with the OHT East Toronto Health Partners quality improvement plan (cQIP), with the East Toronto Community Health Centres (ETCHC) and Alliance for Healthier Communities. She also reviewed the collaborative work being done with the ETCHCs including a review of their performance; collaborative QI activities; and a collaborative project that is in progress for screening of individuals at risk of diabetes.

While organizations are asked to comment in the narrative regarding provider experience and staff experience, there are no indicators for this item required by Ontario Health. This may be an indicator that can be raised at the OHT tables, given the status of health care providers into the pandemic and the related discussions about the staff retention and experiences at OHT tables.

MOTION TO ACCEPT THE QUALITY IMPROVEMENT PLAN FOR 2022/2023 TO BE SUBMITTED TO HEALTH QUALITY ONTARIO

(1) K. NAKHUDA

(2) K. YEE

CARRIED

5.0 CEO Communication & Counsel

The CEO highlighted items from the written report submitted to the Board.

In the post-election period, the OHT work is expected to continue with the ETHP.. Engaged partners find the work of the OHT positive, they have expressed a desire to be more involved in the decision making/governance of the OHT work. The OHT and its committees are looking into how we might provide greater participation for those partners. Further direction and clarity is anticipated from Ontario Health regarding OHT governance.

There is a primary care dashboard being developed by Dr. Danielle Martin and Dr. Tara Kiran from the UofT department of family and community medicine, to help in greater consistency in primary care expectations. The CEO has been invited to participate in a related upcoming workshop.

The most recent coroners report indicates that opioid overdose deaths have gone down the past few months compared to the previous quarter, but in reviewing the numbers for the past year, for both the province and the city, the numbers are still devastating. The Safer Opioid Supply (SOS) program is only funded to the end of this fiscal year and that is also the case for similar projects across the province. There will be some direct engagement with SUAP, local MPs, and the Minister of Health regarding this item. The Toronto Board of Health has expressed a desire to advocate for safer supply programs for Toronto. There is increased research and evidence that safer opioid supply programs are saving lives and reducing the number of related emergency department encounters. The CEO will share that research when it becomes public.

There was a Toronto Police Services press conference June 15. The CHC network has sent multiple letters regarding police reform and this is an important time to reinforce that message to the City.

6.0 Monitoring Reports not in Consent Agenda

a) 4.15 Compliance with Accountability Agreements

TO MOVE, AFTER MAKING INQUIRIES OF JASON ALTENBERG, CHIEF EXECUTIVE OFFICER, AND OTHER APPROPRIATE OFFICERS OF THE SOUTH RIVERDALE COMMUNITY HEALTH CENTRE AND, SUBJECT TO ANY EXCEPTIONS IDENTIFIED ON SCHEDULE F, TO APPROVE SCHEDULE F OF THE 2021-2022 M-SAA AS AMENDED, DECLARATION OF COMPLIANCE, BEING THAT TO THE BEST OF THE BOARD'S KNOWLEDGE AND BELIEF, SOUTH RIVERDALE COMMUNITY HEALTH CENTRE HAS FULFILLED ITS OBLIGATION UNDER THE SERVICE ACCOUNTABILITY AGREEMENT (THE M-SAA) IN EFFECT DURING THE APPLICABLE PERIOD, APRIL 1, 2021 TO MARCH 31, 2022.

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

MOVE TO ATTEST THAT, AFTER MAKING INQUIRIES OF THE MEMBER'S CHIEF EXECUTIVE OFFICER, JASON ALTENBERG AND OTHER APPROPRIATE OFFICERS OF THE MEMBER, AND SUBJECT TO ANY EXCEPTIONS IDENTIFIED ON APPENDIX 1 TO THE ATTESTATION OF COMPLIANCE PROVIDED (NOT APPLICABLE), THE TORONTO RIDE MEMBER HAS FULFILLED ITS OBLIGATIONS UNDER THE AGREEMENT IN EFFECT DURING THE APPLICABLE PERIOD – APRIL 1, 2021 TO MARCH 31, 2022.

(1) M. MILWARD (2) A. KAJENTHIRA CARRIED

b. 4.10 Financial Condition

Monitoring Report 4.10 Financial Condition, along with the related balance sheet and financial statement were included in the Board package. The Board reviewed the actuals to budgets and related variance explanations and did not have any questions for the VP Strategy and Systems.

MOTION TO APPROVE THE Q4 MONITORING REPORT AND VARIANCES REFLECTED IN THE 4.10 FINANCIAL CONDITION

(1) K. YEE (2) K. NAKHUDA CARRIED

7.0 Board Self Evaluation Survey Results

The CEO summarized the results of the Year-end evaluation survey. There were 11 out of 12 responses for the five questions. For the first question 100% of respondents advised that they had a good, very good or excellent overall experience of working on the Board this past year. 100% of respondents provided a positive or very positive response in work conducted in alignment with SRCHC values. However, respondents also wanted to encourage the continuation of work on diversity and equity on the Board. SRCHC has a positive culture that allows for directors to ask probing questions on and push for equity and diversity related issues. Areas

highlighted by respondents as areas of contribution and learning this past year most often cited were learning and growth opportunities due to committee work and staff presentations to the board. Except for those directors leaving the Board this year, most respondents mentioned that they were excited to continue with their participation on the board as directors, officers or as members of Board committees. Some respondents mentioned that they would be willing to take on greater leadership roles on the Board over time. With respect to what worked well and what could be improved, most respondents commented on how well the meetings were chaired and the support of SRCHC staff to ensure productive meetings. Zoom fatigue was identified as an issue and directors would like an opportunity for quarterly in-person gatherings, even if they are social gatherings and not business meetings. The volume and content of board meetings was also mentioned as being extensive, but respondents were pleased with the amount and quality of work completed over the year.

A social gathering will be organized during July for Board members.

8.0 Succession Planning

K. Nakhuda advised that she would like to continue in the role of Treasurer if re-elected. R. Ho advised that she is interested in the role of Secretary. Officer roles will be determined at the Post AGM meeting which will immediately follow the AGM.

9.0 Standing Committees of the Board

a) Audit

K. Nakhuda advised that the Audit Committee met June 2 where Deloitte advised that SRCHC received top marks for its accountability and the audit. The audit committee is recommending to the Board the approval of the audited financial statements and annual reconciliation reports.

MOTION TO APPROVE THE DRAFT MINUTES OF THE AUDIT COMMITTEE MEETING OF JUNE 2, 2022

(1) K. NAKHUDA

(2) R. HO

CARRIED

The VP Strategy and Systems referred to the auditor's reports and statements included in the June Board package. She explained the section on revenue versus expenses in relation to deferred revenue and what that means. There is a small amount being returned to the Ministry of Health for capital work completed on the parking lot. There is a more significant amount being returned to the Ministry of Health (MOH) for Consumption Treatment Services (CTS) as the Centre was not able to hire the full complement of staff within the fiscal year, and the SRCHC did not open CTS on Sundays, as was previously anticipated, as a result of the pandemic and HHR issues.

MOTION TO APPROVE THE AUDITOR'S REPORT FOR FISCAL YEAR 2021-2022

(1) K. NAKHUDA

(2) R. PRADHAN

CARRIED

MOTION TO APPROVE THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDING MARCH 31, 2022

(1) K. NAKHUDA (2) R. HO CARRIED

The VP further advised that the motion coming up for ARR is a reconciliation of all of the funds that SRCHC receives from the MOH and Ontario Health (OH), and the subsequent motion includes the reconciliation for the smaller ARR programs for MOH managed funds – AIDS, Asthma, CTS, and Hepatitis C. These funds must be reconciled in addition to the audited financial statements.

MOTION TO APPROVE THE ANNUAL RECONCILIATION REPORT DATED MARCH 31, 2022

(1) K. NAKHUDA (2) K. YEE CARRIED

MOTION TO APPROVE THE ANNUAL RECONCILIATION REPORT STATEMENTS FOR THE AIDS, ASTHMA, CONSUMPTION TREATMENT SERVICES, AND HEPATITIS C PROGRAMS FOR THE YEAR ENDING MARCH 31, 2022

(1) K. NAKHUDA (2) S. DARLING CARRIED

b) CEO Performance Appraisal (refer to item 17 below)

c) Quality Improvement (refer to item 4 above)

10. Work Groups and AOHC Alliance

a) Alliance (G2G).

The CEO attend the AGM and advised that those amendments to the resolutions recommended by SRCHC, along with others, were incorporated by the Alliance, but the final wording has not been distributed to the members yet. The CEO will circulate the wording once it is received.

R. Pradhan advised that there are five Governing for Health Equity modules. The first module needs to be completed first, and then the other modules can be completed in the preference of the learner. She made inquiries regarding the time commitment for the Health Equity modules, but has not heard back yet. Other boards had advised that they will be completing the modules together. SRCHC should determine in the fall how it would like to complete the modules – individually or as a group. There was also a discussion to complete the modules over the next board year.

The Alliance conference was attended by R. Pradhan, K. Nakhuda, J. Altenberg, and K. Foley. The learning sessions were exceptional and it was great in-person opportunity. If learning materials become available, she will share them with those who express an interest.

11. AGM updates

The Board Directors, CEO, VP Strategy and Systems, will be at the “head table” and should have received an invitation to the dress rehearsal for the AGM. They were advised to register for the AGM using that email portal and then would simply remain logged in for the remainder of the AGM. Directors were asked to ensure they received an email to the dress rehearsal and if they did not receive it.

The Chair and the CEO will review the presentation slide for a moment of silence and how to present it.

12. Reminder - Post AGM meeting & Board Buddies

There was a reminder that the Post AGM will follow the AGM whenever that meeting finished. In addition to officer determinations, Board Buddies would be determined at the Post AGM meeting. The Chair asked for volunteers to be Board Buddies. K. Yee, and A. Kajenthira volunteered to be a Board Buddies.

13. Call-A-Service Update

The Call-A-Service (CAS) AGM took June 1, 2022 and CAS as a corporate entity will remain in effect for at least two more years. The current officers are Mike Wilson as Chair, Emily Hill as Vice Chair, and Rebecca Ho as Secretary-Treasurer.

14. Community Feedback

In addition to the social media posts included in the package, the CEO advised that the food supports for programs have started again and in person group programming is also becoming available. Service users have expressed how much the food supports have been a lifeline for SRCHC clients. He also advised that there were Rapid Antigen Tests (RATs) distributed to seniors buildings in the community in coordination with the local MPP’s office and the seniors were very grateful to have those tests available.

15. Approve Draft May 19, 2022 In Camera Minutes

The minutes are to be amended to include the attendance of R. Pradhan.

MOTION TO APPROVE THE DRAFT IN CAMERA MINUTES FROM THE MAY 19, 2022 BOARD MEETING**(1) J. QUITO****(2) V. EMERY-ZARIFFA****CARRIED****16. Year in Review & Meeting Feedback**

The Board, Leadership and staff expressed their thanks to departing board directors V. Emery-Zariffa and M. Milward. Attendees also wished E. Geller well for her upcoming leave and congratulated her. The Chair, the Leadership team, the officers, the committees, and staff were thanked for their work over the past year to support the work of the Board.

17. Motions to go in and out of camera and adjournment

MOTION TO GO IN CAMERA AT 8:12 PM

(1) J. QUITO (2) K. YEE CARRIED

MOTION TO APPROVE CEO PERFROMANCE APPRAISAL

(1) R. PRADHAN (2) J. QUITO CARRIED

MOTION TO COME OUT OF IN CAMERA AT 8:14 PM

(1) J. QUITO (2) K. YEE CARRIED

MOTION TO ADJOURN THE BOARD MEETING AT 8:15 PM

(1) K. YEE (2) R. HO CARRIED



Mike Wilson, Chair



Shelley Darling, Secretary