

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS

Minutes of Meeting Held January 18, 2022

PRESENT: Janet Bowes (Chair) Katherine Cole
Sapna Mahajan (Vice Chair) Layal Younes Dewolf (Secretary)
Wayne Ng Gerry Harrington
Rahil Dattu Kwame Amoako
Adrienne Codette Meng Jin

STAFF: Christopher McIntosh, CEO (Ex-Officio)
Scott Miller, Director, Corporate Services
Brandy Smith, Executive Assistant
Laura Kelly, Manager, Organizational Development
Kristy Macdonell, Director, Integrated Healthcare

REGRETS: Stephen Williamson (Treasurer) Paramjit Bahniwal
Cathy Doolan

GUESTS: N/A

Welcome

Janet Bowes called the meeting to order at 5:30pm with quorum established.
No conflict of interests were brought forward.

1. APPROVAL OF AGENDA

Motion: That the agenda be approved as presented.

Moved by: Sapna Mahajan **Seconded by:** Wayne Ng

CARRIED

2. APPROVAL OF MINUTES

Motion: That the minutes of November 16, 2021 be approved as presented.

Moved by: Rahil Dattu **Seconded by:** Kwame Amoako

CARRIED

3. BOARD ORIENTATION & DEVELOPMENT

- Kristy Macdonell gave an update and overview of Integrated Healthcare. Highlights from the presentation were:
 - Integrated Healthcare Portfolio includes Primary Care Health Care Clinics, West End Falls Prevention Program, Primary Care Outreach to Seniors (PCO), David

Smith Youth Treatment Centre, Falls Prevention exercise classes and the Assertive Community Treatment Team (ACTT)

- Key Achievements for the team this year include Accreditation, Electronic Medical Record (EMR) Implementation, Virtual Care Implementation, Covid-19 Response Effort.
- Through SWOT analysis we looked at how to improve client services and outcomes. We are focusing on 3 domains
 - Wait times (address how many families are on the waiting list and produce a strategy to set them up with care)
 - Continuity of care (clients want to be able to see the provider of choice)
 - Complex clients and panel size (complex clients meaning many clients have more than one concern and addressing panel size for each provider meaning we can take on more families).
- Kristy ran through the risks and risk management plan including panel accountability, lack of leadership alignment and culture.
- Departmental Action Plan includes developing a recruitment strategy to attract high level talent and avoid gaps in service; create strategy around the hybrid model of care to ensure clients receive the best care, experience and outcome; support providers increasing their panels through training and other means; and look for opportunities to create positions of more than .06 FTE.
- Kristy gave some examples of integrated care including:
 - Many people who suffer from severe mental illness have difficulty finding care. We ensure a percentage of Primary Care take on ACTT clients.
 - We have community health promoters who do preventative screening and raise awareness at different events throughout the community.

4. BUSINESS

a) Draft RFP Review

- Laura Kelly gave an update on the draft RFP review. Highlights from the update were:
 - Need to create a strategy to unite and inspire teams and hold us accountable to change.
 - We want to make the process engaging and meaningful for clients, teams, key partners, and Board; use different tools and understand the “What” and “How.”
 - We are looking to produce a background document which will show the results from the SWOT analysis and Environmental Scan; a Strategic Plan outlining our vision and mission with 3-5 key directions and an Implementation Plan outlining our goals, activities, and measures for each direction.
 - Timelines include launching the RFP in February, confirming the consultant in March, Engagement/Consultation in April & May, Draft Strategy in June, Final Strategy in July, Strategic Communication in August, and Implementation beginning in September.

- Board members agreed that the timeline is ambitious and the importance of budgeting appropriately.
- We want to ensure we are hiring a consultant familiar with guiding people through the process virtually.
- We also want to ensure that we have a strategic plan that can quickly shift into an operational plan, so they are linked quickly and meaningfully.

Motion: To support the RFP process as presented.

Moved by: Gerry Harrington **Seconded by:** Sapna Mahajan

CARRIED

b) Emergency Plan Review

Christopher McIntosh shared that PQCHC has revised the Emergency Plan to reflect inclement weather advisories. There are also timelines in place for when and how the group will gather, make decisions and communicate.

The Board members were pleased that the plan was updated and will provide a framework and expectations for staff to be aware of.

c) Advocacy: Housing/Homelessness

PQ is a member of the Alliance to End Homelessness. The Alliance is looking for an endorsement from PQ for the Starts with Home initiative which helps build support for affordable housing in Ottawa, sets a vision to solve the housing and homelessness crisis and elects a Council that will work towards this vision.

Motion: To support Starts with Home Initiative.

Moved by: Katherine Cole **Seconded by:** Sapna Mahajan

CARRIED

d) Kids Come First

Christopher McIntosh brought forward the Kids Come First proposal to partner with PQCHC. Kids Come First is a CHEO led OHT serving children and youth in the community with many partners within the community. The Board discussed the different levels of partnership available and felt that Collaborating Partner was the best fit.

Motion: To confirm PQCHC's contributions as a 'collaborative partner' with Kids Come First.

Moved by: Gerry Harrington **Seconded by:** Layal Younes DeWolf

CARRIED

e) Board Training: AODA

Christopher McIntosh mentioned that after the Board discussion around training he spoke to HR and there is some training available to the Board members. A link to the training was circulated by email and once training is complete you are asked to let Brandy know via email so our files can be updated.

5. CHIEF EXECUTIVE OFFICER'S REPORT

Pandemic Response

We received notice in mid-December from Ottawa Public Health that the Omicron variant of concern is now the dominant strain of COVID-19 in Ontario, and cases would continue to sharply increase. To enable vaccination to occur as quickly as possible, Ontario Health, in partnership with the Ministry of Health, has requested that interprofessional primary care teams, like us, redeploy resources to supporting vaccination and emergent care until the need for supports reduces.

Pinecrest-Queensway CHC Actions

To support this mandate, PQCHC supported existing vaccination infrastructure, helping to staff community clinics at the EY Centre, J.H. Putnam Public School, and Eva James Memorial Centre. Roles included greeting clients, data entry and verification and immunization. **A big and heartfelt thank you to those members of our team who have volunteered for these roles.** We will conduct tailored community outreach and are planning for creative and effective ways to ensure our most barriered residents and communities have easy access to these vaccines. A range of communication materials and methods will be used to promote these vaccines and where/how to access them.

Pinecrest-Queensway CHC Protocols

A significant response is required to curb the spread of the Omicron variant, which is seven times more transmissible than the other variants we've seen. To protect our clients and employees temporary measures were put in place including the closing of the kitchens and shared lunch spaces. We have paused or rolled back any plans to resume delivery of in-person services for the near future except for those essential services needed by our community including primary care or access to community groceries. Additionally, we have employed a planning tool to allow us to be strategic and thoughtful about how to maintain essential services in the case of severe staffing disruptions.

Multi-Sector Accountability Agreement (MSAA)

As a recipient of funding from the health care system, PQCHC has a long-standing contract with the LHIN, now Ontario Health East, called the MSAA. We are anticipating a notification that the 2022/23 M-SAA will be revised to address:

- The shift from Local Health Integration Networks (LHINS) to Ontario Health (OH)
- The legislation changes from the Local Health System Integration Act, 2006 (LHSIA) to the Connecting Care Act, 2019.
- All other elements of the M-SAA will be extended, and the indicators and performance measures will **NOT** change for 2022/23.
- The regional OH VPs of Performance are committed to this approach.
- OH has a roadmap, called Past, Present, Future that outlines the planned approach for Service Accountability Agreement (SAAs including L-SAA, H-SAA & M-SAA) reform.
- The roadmap has three phases:

- Refine
- Transform
- Stabilize
- The newly imagined accountability agreements will reflect the health system transformation with OHT and health integration in mind.
- OH has indicated that the process of reforming the SAAs will be done collaboratively with health system partners.
- Ontario Health is expected to provide additional information in the coming weeks.

Kids Come First Health Team

PQCHC has been a collaborative partner with the Kids Come First Health Team. The Team serves children, youth and their families across the Champlain region through the participation of members including service delivery organizations, youth, family and caregiver partners, physicians, health care practitioners, as well as community health entities. Kids Come First will support and collaborate with other Ontario Health Teams in the region and across Ontario including the Ottawa Health Team of which PQCHC serves as steward and Co-Chair.

With over 60 participating organizations, individual family and youth partners, and individual practitioners in Kids Come First, a streamlined structure of membership and governance is required. Kids Come First will have two categories of membership for partners, such that each partner participant would be identified in one of these categories and their role and responsibilities to the Kids Come First Health Team would be governed accordingly.

The two membership categories are:

- 1) Organizational Partners
- 2) Collaborative Partners

ORGANIZATIONAL PARTNERS

This category includes organizations which play a central, consistent and continuing role in, and are accountable for, the functioning of Kids Come First. Organizational Partners have organizational mandates that are substantially child and youth focused and in alignment with Kids Come First. This does not mean these organizations are necessarily involved in every aspect of Kids Come First activity.

Criteria to become an Organizational Partner:

- Organizational mandates are substantially child and youth-focused and in alignment with Kids Come First
- Comprehensively engaged in overall Kids Come First Strategy, multiple Kids Come First initiatives and ultimately accountable for the success of the Health Team
- Engaged in delivering improvements to healthcare at multiple levels and across multiple organizations and health sectors

- Engaged in the alignment of Kids Come First strategy and initiatives with other OHTs

COLLABORATIVE PARTNERS

This category includes key sector-based organizational partners and individual partners who will be engaged in their sector(s) and the sector's contributions to Kids Come First. Collaborative Partners have a component of their organizational mandates, and/or strategic direction, or for individuals, the personal commitment and experience that are child and youth focused.

Collaborative Partners will participate in working groups and/or sector teams and could be selected from their group as co-chair or sector representative and may become members of the Steering Committee.

Collaborative Partners participate in the facilitation and implementation of projects and collaborative initiatives that support Kids Come First's mandate.

Criteria to become a Collaborative Partner:

- Organizational mandates and/or strategic directions or for individuals, the personal commitment and experience that have a child and youth component which is aligned with those of Kids Come First
- Frequent contributor and selected involvement in certain initiatives
- Engaged in fostering improvement in own sector of care
- Provide support to sector projects/initiatives

Given the criteria outlined above, and our substantial commitment to the Ottawa Health Team, I recommend we respond indicating we wish to maintain a 'Collaborative Partner' status.

Based on interest from our Board members, Laura Kelly will attend the next meeting to provide an overview of the results from the Guarding Minds @ Work survey.

6. PRESIDENT'S REPORT

There was a Governance Meeting on December 14, 2021, and Gerry Harrington presented an overview of what was discussed at that meeting.

- The terms of reference was reviewed and Gerry Harrington will continue as chair of the committee until the end of his term.
- We discussed the consent agenda and are looking for support for that format. Starting in February a briefing note will be provided as part of the Board meeting package.
- We discussed training for board members/new board members with a focus on health equity. We will continue with presentations at our monthly Board meetings.
- Cathy Doolan is reviewing by-laws and will bring back to the Board for review.
- We are looking to refresh the monthly meeting evaluation form. Please provide your feedback/comments in this month's survey. Janet Bowes will be working with Laura Kelly on a new format based on the feedback we receive.

- We will start the recruitment of new board members in early Spring.

Board members are reminded that the next meeting will take place on February 15, 2022.

7. ADJOURNMENT

Motion: The meeting was adjourned at 6:56pm.

Moved by: Meng Jin **Seconded by:** Gerry Harrington

CARRIED

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS

Minutes of Meeting Held February 15, 2022

PRESENT:	Janet Bowes (Chair) Stephen Williamson (Treasurer) Adrienne Codette Gerry Harrington Kwame Amoako Rahil Dattu	Sapna Mahajan (Vice Chair) Layal Younes Dewolf (Secretary) Cathy Doolan Katherine Cole Paramjit Bahniwal Wayne Ng
STAFF:	Christopher McIntosh, CEO (Ex-Officio) Scott Miller, Director, Corporate Services Laura Kelly, Manager, Organizational Development Brandy Smith, Executive Assistant	
REGRETS:	Meng Jin	
GUESTS:	N/A	

Welcome

Janet Bowes called the meeting to order at 5:30pm with quorum established.
No conflict of interests were brought forward.

1. APPROVAL OF AGENDA

Motion: That the agenda be approved as presented.

Moved by: Stephen Williamson **Seconded by:** Sapna Mahajan

CARRIED

2. APPROVAL OF MINUTES

Motion: That the minutes of January 18, 2022 be approved as presented.

Moved by: Gerry Harrington **Seconded by:** Kwame Amoako

CARRIED

3. BOARD ORIENTATION & DEVELOPMENT

Laura Kelly gave an overview of the Guarding Minds @ Work survey and shared the results from our pulse check survey which was done in November 2021. Guarding Minds @ Work is the standardized tool to assess 13 Factors of Workplace Psychological Health and Safety. Here are the highlights from the results:

- Launched full Guarding Minds @ Work survey in November 2020. Based on the results, PQ focused our efforts on 3 factors for 2021 – Balance, Clear Leadership & Expectations, and Engagement.

- PQ did a pulse check survey (November 2021) on the 3 factors and had open-ended questions to provide feedback for teams and the organization. We received 108 responses.
 - Notes: The GM@W average is based on 500 answers from across the country in every industry.
 - We don't have team specific reports for this pulse check but hope to have that for the next survey in the Fall.
- Balance – 45% (vs. 2020 PQ Results of 48.3%) of employees agreed that they have a work environment where there is recognition of the need for employees to be able to manage the demands of work, family, and personal life.
- Clear Leadership & Expectations – 44% (vs. 2020 PQ Results of 48.1%) of employees strongly agreed that they have a work environment where this is effective leadership and support so that employees know what they need to do, have confidence in their leaders and understand impending changes.
- Engagement – 70% (vs. 2020 PQ Results of 82.9%) of employees strongly agree they have a work environment where employees feel connected to their work, co-workers and their organization and are motivated to do their job well.
- Team Level Feedback - great appreciation for their teams, value team check-ins, appreciate but feel we could enhance mental health promotion, staffing challenges and workloads, more consistent communication from all levels, more cross-team connection/work.
- Organizational Level Feedback - a challenging year for many reasons, appreciate but feel we could enhance wellness/mental health strategies, would like more communication from Senior Leadership, greater communication on org changes, directions, and priorities.
- Short-Term Actions
 - Created an employee engagement “channel” and have some engagement activities lined up.
 - Wellness programs/Fitness programs- our EAP provider will host a few wellness sessions. We also have a series of lunch time Yoga classes set up for employees to participate in.
 - Sharing our 2022 Priorities and Goals with all employees as a whole and for each department.
- Longer Term Actions
 - Strategic Planning and Engagement
 - HR recruitment strategy to address staffing shortages and retain talent
 - Cross-team projects and quality improvement initiatives
 - CEO & Director team meeting tour.

4. BUSINESS

a) Quality Improvement Review

Laura Kelly gave a status update on Quality Improvement. Highlights from the update were:

- For 2021 our Improvement Areas are to demonstrate quality, enhance access and strengthen infrastructure.
- No new trainings since October 2021, but many are planned for 2022.

- We have 14 QI Initiatives in progress, 4 on hold due to staff level challenges and 49 completed so far.
- The Quality & Safety Committee has revised their Terms of Reference. The committee will focus on organization wide learning, sharing and accountability. Quality, safety, and risk will be standing items on the agenda.

b) 3rd Quarter Financials

Finance Committee met in January and went through finances and endorsed the financial report. Scott Miller provided an update on the Q3 financial report. Highlights from the update were:

- Wrapped up financials for the end of the 3rd quarter and finalizing calendar period reporting for that timeframe.
- Reporting for Q3 to our major funders such as LHIN, MCCSS, MLTSD and the City of Ottawa.
- The main challenge with calendar-based programs is finding ways to spend the funding in a way that provides efficient program delivery. Money from staffing gaps have been reallocated to ensure we use the funding to the greatest extent possible.
- Centre-wide revenues to the end of December 2021 are \$22.9M, slightly higher than the budget of \$21.8M. The variance is related to additional funding for completion of the Nursery School Renovation Project, additional funding for completing the Employment Services Relocation project and some City of Ottawa funding for Families First received in December but is for calendar year 2022.
- Program Salaries run favourable compared to budget by 4.5%. We have plans to ramp up staffing in some areas and reallocate some money in other programs to ensure they are utilized for year end.
- Program Expenditures are 9.6% favourable. The major drivers are Employment Services Training Incentives to Employers, PSW training program costs, Pathways to Education client spending and fit up costs for our new Pembroke First Words site. We anticipate being able to spend these funds by fiscal year end.
- Admin Salaries and Admin Expenditures are in line with the budget as at December 31, 2021.
- All statutory and mandatory government remittances have been done as required as of March 31, 2022.

c) Risk Management

Scott Miller provided an update on Risk Management. These are the risk factors that are considered priorities in our Risk Management inventory over the last 5 months.

Vaccination policy

- PQ has a vaccine policy that requires all staff, contractors, and volunteers to be fully vaccinated as of October 31, 2021. Over 99% of PQ's population have provided documentation that they are fully vaccinated. Management is working with employees on legitimate exemptions to determine appropriate

accommodations where possible. Due to our high vaccination numbers, we have not experienced any direct impact on operations.

SSM submission/Internal Infrastructure Needs

- We are in our Call for Proposals stage to become the Service Systems Manager for Employment Services delivery in our catchment area. Currently recruiting for IT and Finance to help shape that submission as we work through the process. Our Director of Financial Services has begun to reshape some of the processes necessary to reach our goal of implementing the SSM model. The submission will be a tremendous amount of work for our existing staff, and we continue to monitor that workload to ensure those folks are properly supported.

Recruitment

- There is an increased volume of open positions for a variety of factors. This has been challenging due to the current labour market. We have leveraged several short and long-term recruitment channels, including sharing positions weekly within the organization along with a group of partner agencies, direct sourcing of candidates via LinkedIn, and reviewing internal growth and succession opportunities through training and annual departmental talent reviews. We are in the process of hiring a new HR Generalist to support the recruitment efforts of the organization.

Return to onsite staffing and programming

- Each program has prepared a return to onsite work plan and presented to the Senior Management group. This has been rolled up into an overall work plan that considers the necessary protocols around screening/cleaning/PPE usage and social distancing. We have returned to limited on-site staffing for Primary Care and Infant Hearing screening and we plan to welcome back our Early ON programming. Pathways and First Words programming has been paused due to the continuing pandemic restrictions.

d) Program Update

Christopher shared a PQCHC Program Update with the Board. Highlights from the update were:

- PQ developed and posted our RFP for a strategic plan with the goal of having a plan for September 2022.
- Human Resources filled 120 open positions in 2021. They are increasing the number of volunteers and students supporting the organization with the food bank and Pathways programming. HR is also exploring new HRIS/Payroll systems with a hope to deploy in 2022.
- Integrated Care helped increase cancer screening rates in Q2 and Q3 to address the backlog of clients who were not screened during the pandemic.
- Our community houses continue to be our connection to the community and help support those who need it. They offered virtual programs and in-person when restrictions allowed it. The food banks in our community houses continue to meet

the needs of the community and have provided over 2,000 referrals to our partners and other PQ services.

- Cooking with Anne is a program aimed at increasing students nutrition knowledge, food handling, cooking skills, and employment skills while augmenting their access to healthy affordable food.
- Headstart has been running full stop since this pandemic started. We are at 90% enrollment as of the end of January.

5. CHIEF EXECUTIVE OFFICER'S REPORT

Multi-Sector Accountability Agreement (MSAA)

In December 2021, we received a memo from Ontario Health East (formerly the Champlain LHIN) describing the planned timelines for the issuance of the 2022/23 funding and accountability agreements (MSAAs). We received an updated memo on January 24, 2022, advising that, to allow the health sector to continue to focus on and direct its resources to pandemic activities, the SAA approach for the fiscal year 2022/23 and associated timelines and activities will be revised as follows:

- The completion of the Annual Planning Submissions for will not be required for 2022/23.
- MSAAs with all health service providers (HSPs) will be extended for one (1) year from April 1, 2022, to March 31, 2023. An extension letter will be issued in February for execution by March 31, 2022.
- Minor changes to the template agreement to update references from the Local Health Integration Networks (LHINs) to Ontario Health and relevant legislation from the *Local Health System Integration Act, 2006* to the *Connecting Care Act, 2019* will be deferred until 2023/24.

The December 2021 memo noted a need to see the accountability agreements evolve to continue to drive system transformation and integration as well as streamline our approach to performance monitoring and reporting. Ontario Health states their objectives are to work closely with colleagues in their respective fields to evolve the agreements as a lever to support health system recovery, Ontario Health Teams and integrated care centred on the individual patient or person, equity, and the Fixing- LTC plan while taking a measured approach to managing change. We can expect a path forward within the coming months as Ontario Health co-designs service accountability agreements for 2023/24 and beyond.

City of Ottawa Demonstrations

The ongoing demonstration occurring in the City's downtown has resulted in difficulties for our fellow community members and the images related to the demonstrations are disturbing. While, at this point, the state of emergency and continued demonstrations does not impact our operations or the delivery of services and programs as most of our services are based within the west end of the city and beyond, we do have clients in the core that we are reaching out to us even more than usual due to the occupation. The additional distress and pressures placed upon our ACTT clients (severe and persistent mental health) and Families First clients (newcomer families seeking permanent housing) are particularly troubling given their ongoing, daily challenges.

Our team cares so passionately about our clients that while I know the pressures only increase for them in these times, there is an energy that gets replenished when our team sees the positive outcomes for clients resulting from their compassion and skills.

We continue to offer support to our partners, communicate frequently with our teams, and reaffirm our commitment to the values of respect, diversity, equity, and inclusion.

6. PRESIDENT'S REPORT

Gerry Harrington presented a briefing note on consent agendas. A consent agenda allows the board to approve items that do not need any discussion or debate without individual motions.

The Board President or Chair will determine what items from the agenda belong on the consent agenda. At the beginning of each meeting the Chair will ask members if there are any items they wish to be removed from the consent agenda and discussed individually. If an item is requested to be removed, it must be removed. The chair can decide whether they discuss that matter immediately or place it on the regular meeting agenda.

Motion: A consent agenda may be presented by the President at the beginning of a meeting of the Board. Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later the agenda at the discretion of the assembly.

Moved by: Gerry Harrington

Seconded by: Katherine Cole

CARRIED

- Some Board members expressed the desire to meet in person when it can be done safely and provided everyone is comfortable with the idea. We will add this item to the PQ Resumption of Services plan. The first opportunity may be in a smaller group (i.e., Strategy Session).

Board members are reminded that the next meeting will take place on March 15, 2022.

7. ADJOURNMENT

Motion: The meeting was adjourned at 6:58pm.

Moved by: Wayne Ng

Seconded by: Cathy Doolan

CARRIED

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS

Minutes of Meeting Held March 15, 2022

PRESENT:	Janet Bowes (Chair) Stephen Williamson (Treasurer) Cathy Doolan Rahil Dattu Meng Jin	Sapna Mahajan (Vice Chair) Layal Younes DeWolf (Secretary) Katherine Cole Wayne Ng
STAFF:	Christopher McIntosh, CEO (Ex-Officio) Scott Miller, Director, Corporate Services Laura Kelly, Manager, Organizational Development Brandy Smith, Executive Assistant	
REGRETS:	Adrienne Codette, Gerry Harrington, Kwame Amoako and Paramjit Bahniwal.	
GUESTS:	N/A	

Welcome

Janet Bowes called the meeting to order at 5:33pm with quorum established.
No conflict of interests were brought forward.

1. **CONSENT AGENDA**

Motion: That the consent agenda be approved as presented.

Moved by: Wayne Ng **Seconded by:** Meng Jin

CARRIED

2. **BOARD ORIENTATION & DEVELOPMENT**

Cathy Doolan gave an overview of the Alliance including the role of the Alliance, the Alliance Members, upcoming events, and the Alliance's draft strategic plan for 2022-2027. Here are the highlights from her presentation:

- The Alliance has more than 100 members including CHCs, Family Health Teams, Aboriginal Health Access Centres, and nurse practitioner led clinics. It is governed by a Board of Directors comprised of member reps across Ontario. They communicate with members and Boards through PQ CEO, Board liaisons (Cathy, Katherine and Layal), reports, webinars, and it's AGM.
- The Alliance leads research and policy initiatives and forms powerful coalitions, they work with government at strategic/operational levels to address concerns and advance policy.
- The Alliance offers a wide range of learning and capacity building opportunities and provides regular updates on changes to the health system, new issues, and community governance through their website, annual report, board to board report,

online webinars including the Board Liaison webinar and changes in the health system webinar, AGM, and Annual Health Conference.

- Upcoming Alliance events are:
 - Board Liaison Webinar in April (TBA)
 - Changes in the Health System in May (TBA)
 - AGM – June 7th (Board liaison will attend to vote on Resolutions and Strat Plan).
 - Annual Primary Health Care Conference – June 8th and 9th in Toronto.
 - If you are interested in attending this conference, please let Christopher know by March 24th.
 - Those that have attended these sessions in the past highly encouraged everyone to attend at least once.
- Alliance Strategic Plan (2022 – 2027).
 - The plan is intended to advance the Alliance’s brand proposition of Health Equity through comprehensive Primary Health Care and enable the alliance to be impactful in context of health system transformation and post COVID recovery in Ontario.
 - Board members are asked to review this draft and provide their feedback to Cathy by March 31st.

3. BUSINESS

a) Strategic Planning for PQCHC

Laura Kelly gave a status update on the Strategic Plan. Highlights from the update were:

- We posted the Request for Proposals for strategic planning services on January 27th. We received seven applications. Members of the executive committee scored each submission based on key components of the proposal. The scores were averaged, and the top three candidates were invited to participate in the next steps.
- The three candidates were asked to share a sample strategic plan and join the committee for a conversation about their engagement methods and implementation supports. The selection committee is recommending the POD Group as the successful candidate.

Motion: That POD Group be approved as the consultant for PQCHC strategic planning services.

Moved by: Cathy Doolan

Seconded by: Wayne Ng

CARRIED

b) Quality Plan Approval

- We received formal notice that PQCHC does not need to submit our Quality Improvement plan to the Ministry this year due to COVID.
- We would usually be required to submit a plan each year.

c) **Client Survey**

Laura Kelly provided an update on the Client Survey that is typically conducted twice a year with our clients at the centre.

- With the pandemic and many clients not entering the centre, we have begun to create and share program specific tools to get relevant and timely client feedback as opposed to the survey “blitzes” that were conducted in previous years.
- Most teams have added new questions about quality of online/phone communication and virtual service delivery. Key questions about access, respect and inclusion and outcomes remain but have been adapted to be more specific to the program.
- The timing of the surveys are tailored to individual programs – for example Families First created an online or phone survey for when a case was closed.
- Descriptive statistics and key themes from client feedback will be shared in April.

d) **Sign off on LHIN Accountability**

Scott Miller shared our extension letter from MSAA for approval from the board.

- There are no changes to our accountabilities, and we need approval from the Board to sign off on the extension letter.
- With COVID there is an understanding that not all targets will be met. They are asking us to provide a narrative for those targets.

Motion: To approve sign off of the LHIN Accountability Agreement

Moved by: Stephen Williamson **Seconded by:** Cathy Doolan

CARRIED

4. **CHIEF EXECUTIVE OFFICER’S REPORT**

Multi-Sector Accountability Agreement (MSAA)

Our 2022/23 funding and accountability agreements (MSAAs) have been extended as is and as we were anticipating based on information provided by Ontario Health East. The terms and conditions are extended for the 2022/23 fiscal year.

Pandemic Recovery and Resumption of In-Person Services

Thanks to the patience and work of our community and the uptake of vaccines, we are approaching a time of reduced pandemic-related public health measures. Our resumption of in-person service plans will continue to be developed and implemented in keeping with public health guidance, client needs and preferences, and physical space considerations. PQ will continue to take a thoughtful and methodical approach to gradually bringing more of our teams onsite followed by increasing access to partnerships and community meetings.

Employment Services: Site Service Manager (SSM)

On March 7th, the Ministry of Labour, Training and Skills Development launched a survey to help further inform the future implementation of the employment services transformation leading to regional site service managers. The survey asks questions pertain to the unique service delivery considerations and challenges in our community and how best to improve employment outcomes for clients who are further from the labour market. Feedback will be used to improve the future planning of new catchment areas including within the Ottawa area. We are prepared to respond and will benefit from our ongoing collaboration with service providers across Eastern Ontario. Part of our preparations for the expected call for proposals has been exploring the barriers experienced by communities who face barriers including the differently abled, racialized, and indigenous clients and developing collective strategies to improve access and service outcomes.

Ontario Health Teams

Our participation in the Ottawa Health Team continues with PQ serving as backbone support for the collaboration and serving as Co-Chair with the Ottawa Hospital for another year. The Team has completed a priority setting for the upcoming year and has mapped and created a dashboard for our initiatives. Four directions guide the work of the collaborative: 1) Supporting our attributed population to live health and well in the community; 2) Strengthening and expanding a culture of co-design within the OHT partnerships to facilitate integrated care design and delivery; 3) Leverage technology to support accessible, integrated care for clients; 4) Increase OHT capacity to collect, share, and use performance data for planning and decision-support.

5. PRESIDENT'S REPORT

- Janet Bowes shared that the recruitment process will be starting shortly. The Board matrix survey will be sent by email. We will ask everyone to submit their surveys by March 31st.
- We will also be asking members to confirm their return to the Board next year and if for any reason you don't anticipate returning to let Janet or Gerry know by end of March, 2022.

Board members are reminded that the next meeting will take place on April 19, 2022.

6. ADJOURNMENT

Motion: The meeting was adjourned at 6:29pm.

Moved by: Wayne Ng

Seconded by: Sapna Mahajan

CARRIED

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS Minutes of Meeting Held April 19, 2022

PRESENT: Janet Bowes (Chair) Sapna Mahajan (Vice Chair)
Stephen Williamson (Treasurer) Layal Younes DeWolf (Secretary)
Cathy Doolan Wayne Ng
Gerry Harrington Kwame Amoako
Paramjit Bahniwal Adrienne Codette

STAFF: Christopher McIntosh, CEO (Ex-Officio)
Leslie Wells, Implementation Lead, OHT-ESO
Laura Kelly, Manager, Organizational Development
Brandy Smith, Executive Assistant

REGRETS: Rahil Dattu and Katherine Cole

Welcome

Janet Bowes called the meeting to order at 5:30pm with quorum established.

No conflict of interests were brought forward.

The board was advised that Meng Jin resigned her role with the Board effective immediately and that Wayne Ng is also resigning in advance of his term expiring. Discussion on board recruitment will be held later in the meeting.

1. CONSENT AGENDA

Motion: That the consent agenda be approved as presented.

Moved by: Cathy Doolan **Seconded by:** Stephen Williamson

CARRIED

2. BOARD ORIENTATION & DEVELOPMENT

Leslie Wells gave an overview of the Ottawa Health Team – Équipe Santé Ottawa. Here are the highlights from her presentation:

- Using the population health approach allows OHT's to use data-driven decision making on where the time, effort and resources should go in the health care system to have the greatest impact for the greatest good.
- There is a goal of having OHT's being able to provide fully integrated health care to the entire attributed population under a global budget within 5-10 years.
- The Ottawa Health Team is part of the first cohort of the OHTs to be approved in Ontario. An example of how OHTs can do things differently from the existing system:

- Community-focused care, rather than hospital-focused.
- System-level care planning to make sure the right care is available in the right proportion, based on our population.
- Client-centered and having the latitude to do that effectively.
- We are partnered with several organizations in the Ottawa area including 10 others who are part of our CLG (collaborative leadership group).
- PQCHC is the fundholder for the OHT. This critical infrastructure role supports the OHT to staff the initiative, manage budgets, and allocate financial resources effectively across partners.

3. BUSINESS

a) Strategic Plan Update

Laura Kelly gave a status update on the Strategic Plan. Highlights from the update were:

- We are currently in the discovery phase and will be moving forward with board and leadership assessment phase. The POD group will be reaching out to the board with a survey.
- There are two meetings in the calendar.
 - August 16 – presenting results received from everyone – 2 hours.
 - August 20 – in person @ PQ
 - New board members will be invited to these sessions as well.

b) Client Survey Update

Laura Kelly gave an update on client survey data. Highlights from the presentation were:

- During the pandemic, many teams created more tailored ways to gather client feedback to allow for timely review and continuous improvement.
- Employment Services surveys their clients after each appointment. 99% of clients said they would recommend Employment services to someone looking for similar services. Feedback has also shaped online workshops and the design of the new office space.
- Community House & Food Banks shared that residents appreciated the Food Bank appointment model and found it more fair and respectful of everyone's time. With the need for more culturally appropriate food options, the team successfully applied for a grant to provide greater variety of Halal items and Indigenous meats to clients. 98% of residents agree/strongly agree that they have benefitted from the programs.
- Pathways to Education students shared that they appreciated the online tutoring and would like to continue to have that option when in-person becomes available again. Pathways has extended this service to fill the need. All Pathways staff were trained in Mental Health First Aid for Youth Works to help address mental

health issues or concerns that may affect the students. 88% of our clients agree/strongly agree that tutoring made a difference in their grades.

- Safe People Training participants said the program increased their confidence and skills (95%) and that the program greatly increases their knowledge of resources in their area (85%).
- ACTT clients said they would like to receive more clear information about their medications. The team is undergoing a QI project to gain feedback on how to better provide that information. The ACTT team had a 51% response rate to the Ontario Perception of Care Survey.
- Primary Care Services heard that midway through the pandemic clients expressed a need to see providers in person so the team made an operational change to increase onsite provider time to a minimum of 40% while maintaining a safe and supportive environment. 98% of clients said they would recommend PQ's services to their family or friends.
- First Words received a 4.69 average rating of their webinar "Screen time and Mental Wellness in Children and Youth During the Pandemic" with Dr. Michael Cheng, from CHEO. An initiative underway due to client feedback is that the team is launching a special project with the Tungasuvvingat Inuit Centre to provide culturally sensitive speech and language tools and onsite assessment.
- Families First received a 4.76 average rating on whether the program made a positive difference in their lives. The team created a "choice appointment model" due to feedback received via the survey which allows them to choose whether their appointments are in person, virtual or by phone (some in-person home visits are still required at intake and discharge).
- Early Years Services created an online booking tool to ease access to the Lactation Consultant and reduce the administrative burden on this role. A plan to measure and evaluate the outcome is underway. Also based on feedback from a parent all book walks and park scavenger hunts are designed with accessibility in mind so those with mobility issues can participate. 100% of workshop participants feel that the information they were given would help their families.

c) Board Recruitment

Gerry Harrington gave an update from the Governance Committee on their meeting and next steps around board recruitment:

- The governance committee reviewed the skills and diversity matrix and the posting for new Board members is up and we are actively recruiting. We will be looking for 3-4 new members and our matrix results indicate that we will be looking for skill sets in legal, risk management, accreditation skills as well as francophone language skills. The posting will be up until June 1.
- The governance committee also discussed the desire to do exit interviews with board members who leave either on their own or when their term expires. HR will reach out to those individuals with the hope that this feedback will help us with recruitment going forward.

4. CHIEF EXECUTIVE OFFICER'S REPORT

Pandemic Recovery and Resumption of In-Person Services

Future State Plans

Over the past month, teams have been reflecting on employee and client feedback and program outcomes to develop their “future state” operational and service delivery plans. This involved critically examining which ways of working (in-person, online, hybrid) were most efficient for teams and resources but also most effective in supporting client outcomes and goals. Teams have created, or are continuing to develop unique plans, but we've seen some cross-cutting themes, such as:

- **Client choice/client-centered services:** Where possible, teams are providing choice to clients so that they can select the service delivery mode that best fits their circumstances and needs.
- **Team engagement:** The frequency of the gatherings may vary, but everyone saw value in bringing teams together, in-person, to support connections, communication, cross-learning and fun!
- **Community/placed-based supports:** While virtual services have helped some teams reach a wider audience, everyone saw the value of having a strong community presence and offering place-based supports.

Teams developed these future state plans assuming that, eventually, there will be no public health restrictions affecting services or programming. Unfortunately, we are not quite there, so these plans will be gradually and cautiously implemented providing lots of opportunity to review and adapt as needed.

COVID Restrictions and PQ Guidelines

We continue to wear masks on-site. Clients coming into our healthcare settings (Main site and South-Nepean site) will also mask up. We will also continue to actively screen all employees as well as clients coming into our Main and South-Nepean sites. All COVID protocols will be reviewed at the end of April and revised based on the current situation and public health guidance and we will continue to take a thoughtful and methodical approach to gradually bringing more of our teams onsite followed by increasing access to partnerships and community meetings.

Employment Services: Site Service Manager (SSM)

The wait is over! We received notification in mid-March that the call for proposals for the Ottawa area will be coming out in late April. This is very exciting news and something that we have been waiting a long time for. We are very well positioned to respond as we are well ahead of the curve by investing our time and resources together with our partners over the past two years to get ready for this exciting milestone.

Information on the Province's vision for employment service transformation can be found here:

[Employment Services Transformation Update \(gov.on.ca\)](#)

[Employment Services Transformation Update General Questions and Answers \(gov.on.ca\)](#)

Ontario Health Teams

The team was pleased to receive notice from the Ministry of Health of additional, one-time funding to support the continued implementation of the Ontario Health Team model of integrated, coordinated and accountable care delivery in the 2022-23 and 2023-24 funding years. This allows us to continue the important work of bridging gaps across the system and provides business continuity for our dedicated infrastructure team.

5. PRESIDENT'S REPORT

Janet asked the Board to move into an in-camera session.

6. IN-CAMERA

An in-camera session was held.

7. ADJOURNMENT

Motion: The meeting was adjourned at 7:00pm.

Moved by:

Seconded by:

CARRIED

- The Toy Lending Library became a click and collect system.
- Families using Circle of Support could now have virtual home visits regardless of their location in the city.
- The team also started a Facebook page and newsletter.
- They continue to look for creative ways to improve on their programming and be more inclusive to the community. They have begun using the environment to introduce diversity, equity, and inclusion concepts to the children – like posting books by BIPOC authors and with relevant BIPOC stories like Hair Love. They did the same for LGBTQ2S+ with stories like Worm Loves Worm.
- Their latest project is a series of professional videos on hot topics families ask about. They will be used on our social media pages and in our workshops. They will be translated to other languages and have subtitles added.
- Erica shared two videos: one on Infant Sleep and the other on the Rupture and Repair technique.

3. BUSINESS

a) Year End Financials

Scott Miller gave an update on the Year End Financials and 2022/23 Budget. Highlights from the update were:

2021-22 Financials:

- We have wrapped up our financials for the end of the 4th quarter and are currently beginning our process to have our Audited Financial statements prepared.
- We are also reporting for Q4 to our major funders such as LHIN, MCCSS, MLTSD and the City of Ottawa.
- Overall, our challenge with many of the fiscal-based programs has been to find ways to spend funding in a way that provides efficient program delivery. Many programs have experienced some sort of staffing gap in the year and those dollars have been reallocated to ensure we use the funding to the greatest extent possible.
- Centre-wide revenues to the end of March 2022 are just over \$29M which is up slightly higher than the budget of \$28.8M. This favourable variance is related to additional funding for completion of the Nursery School Renovation Project along with some additional funding for the completion of the Employment Services Relocation project. All major funding streams have been recorded for 2021-22 according to the Funding Agreements we have in place.
- Over the course of the year, we experienced surpluses on the Program Salaries side of 2.6%. We were able to reallocate some of the additional surpluses by redirecting those funds to other operational expenses such as IT upgrades, training opportunities, security systems and program site renovations.
- Program Expenditures will show as being 8.4% unfavourable for the reasons listed above. Funding dollars that were unable to be used for staffing were reallocated to purchase many operational type items for program enhancements and delivery.

- Both Admin Salaries and Admin expenditures were in line with the budget as at March 31, 2022.
- In terms of funding that needs to be returned, we have four such cases, all involving funding that is dedicated in nature and could not be reallocated to other uses. The biggest of those was for our Falls Exercise program which could not run during Covid restrictions and will be returned to the MOH.
- On the Employment side we have two amounts to be returned.

Budget 2022-23:

- Our 2022-23 Budget will look similar to the previous year. All major funding streams remain intact producing a total budget of just over \$26M.
- We are awaiting notification from the MLTSD on our next version of PSW training which will hopefully be announced in June. This will put an additional \$1.9M in to our 2022-23 budget when approved. It is a program we successfully ran during 2021-22.
- Other revenues missing from 2022-23 include funding to support both the Nursery School renovation project and our Employment Services Relocation project. Both of these wrapped up during fiscal 2021-22.

Motion: That the Board approve the 2022/23 budget as presented.

Moved by: Stephen Williamson **Seconded by:** Sapna Mahajan

CARRIED

b) External Audit Update

Auditors are currently on site and will be for about 2 weeks. Once that is complete the statements will be prepared and shared with the Board at the June meeting. Once the Board has reviewed and approved the statements they will be provided to our major funders.

c) Compliance with Legal Remittances

The Centre has met all legal statutory and mandatory government remittances required as of March 31, 2022.

d) Alliance AGM Resolutions

As our Board representative to the Alliance, Cathy reviewed the Alliance resolutions and amendments with the Board and will vote on PQCHC's behalf, while putting forward questions raised by PQCHC where possible to do so. The Board approved as per the below:

By-Law Resolution #1: By-law Changes as a Result of ONCA

By-Law Resolution #2: Alliance Board Designee by the Black Health Committee

Policy Resolution #1: Francophone Health Equity and French Language Services

Policy Resolution #2: Recognizing and Resourcing Traditional Healers

Policy Resolution #3: IPHCC Indigenous Cultural Safety Training

Policy Resolution #4: Support for Refugees and Newcomers in Ontario

Policy Resolution #5: Financial support for the appropriate language interpretation services for refugee clients

Policy Resolution #6: Training on 2SLGBTQ+ Issues

Policy Resolution #7: Electronic Medical Records (EMRs) and gender affirming care documentation, ONTARIO MD and EMR vendors

Policy Resolution #8: Access to Primary Care Providers – many Alliance member centres, particularly in small urban, rural and remote communities, cannot recruit and retain Primary Care Providers

Policy Resolution #9: Modernized and Sustainable Funding for Community-based Primary Health Providers

Policy Resolution #10: Housing for those in Shelter Hotels & Beyond

Policy Resolution #11: Amendments to November 2020 Policy Resolution: Addressing harms linked to policing by reallocating funds from policing to our communities

Motion: That the Board approve the Alliance resolutions for 2022.

Moved by: Rahil Dattu **Seconded by:** Wayne Ng

CARRIED

e) Strategic Plan Update

The engagement process is underway by identifying partners and ways to connect with clients and volunteers. The dates for our employee sessions have been sent out and we are hoping for a good response.

f) CEO Report

Pandemic Recovery and Resumption of In-Person Services

All COVID protocols have been extended to the end of May and we will continue to revise our plans based on public health guidance. We continue to gradually bring more of our teams on site, factoring in safe physical spacing and client flow. Pandemic recovery allows us the ability to reflect on our use of space and we are working with a consultant to assess our space, come up with practical solutions to current issues, and develop guidelines/principles so that we are intentional and holistic with our future decision making.

Families First

Our Families First program is a referral-based, Housing First program, supporting families moving from shelter to stable housing. In 2020, Families First supported 441 households transitioning to and maintaining permanent housing. 99.3% of these families remained housed. Prior to the program's start in 2011, only 70% of families stayed housed with 30% returning to the shelter system.

The Families First Program offers support to families for a period of 9 months in the families' language of choice. The program:

- Helps families find resources;
- Works with the family to create a goal plan to meet their needs;
- Provides support in a location where families feel most comfortable;
- Connects families to services offering short and longer-term supports;
- Introduces families to social, recreational, health, employment, and educational opportunities in their community; and,
- Provides referrals for practical supports such as furniture, food, and clothing.

The program has received an increase in referrals of 43% which far exceeds the capacity of this dedicated team. We have been working with our City of Ottawa funding partner to increase the budget to expand our ability to serve the needs of our growing client roster.

Provincial Election

June 2nd is election day in Ontario and Ottawa CHCs have extended invitations to the local candidates to discuss common areas for advocacy, including investments:

- In the infrastructure and human resources available to CHCs to address health equity disparities.
- In housing as a key social determinant of health, key to families stabilizing their health, employment, and social connections.

Invitations have been sent to each of the parties and Board or Executive Leads will attend from the six area CHCs in meetings scheduled throughout the month of May.

As per our policy, PQ remains non-partisan throughout all elections while raising issues important to our community members. The Alliance for Healthier Communities (provincial membership association) has developed an election tool kit containing key election messages, including:

Community health matters. Ontario needs to support community health organizations so they can support their communities.

- Health equity matters. Ontario needs to support community health organizations' innovative and transformational local leadership in communities across the province to improve health care experiences and outcomes for marginalized populations.
- Digital equity matters. Ontario needs to prioritize equitable and sustainable access to e-health and virtual health services by funding community health organizations to deliver digital equity programs.

4. COMMITTEE REPORTS

a) Finance & Audit Committee Update

The Finance committee is looking to amend the existing Terms of Reference (TOR) for the Finance Committee due to a recent resignation on the Board and Finance Committee, along with the fact that they have been one member short and not in alignment with the TOR. The recommended amendments are:

- Membership: The Finance Committee will be made up of a minimum of **three (3)** current board members, including Board Chair, and will be chaired by the Treasurer.
- The Finance Committee will meet quarterly or more frequently if required. Quorum will be **two (2) voting members and must include the Treasurer.**

Rahil Dattu volunteered to join the committee going forward as there was a need for at least one additional member to align with proposed changes.

Motion: That the Board approve the recommended amendments to the Finance Committee TOR.

Moved by: Sapna Mahajan **Seconded by:** Cathy Doolan

CARRIED

5. PRESIDENT'S REPORT

Motion: That the Board move to in-camera session.

Moved by: Cathy Doolan **Seconded by:** Wayne Ng

CARRIED

6. IN-CAMERA

An in-camera session was held.

7. ADJOURNMENT

Motion: The meeting was adjourned at 7:10pm.

Moved by: Stephen Williamson **Seconded by:** Wayne Ng

CARRIED

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS Minutes of Meeting Held June 21, 2022

PRESENT: Janet Bowes (Chair) Stephen Williamson (Treasurer)
Layal Younes DeWolf (Secretary) Cathy Doolan
Wayne Ng Rahil Dattu
Paramjit Bahniwal Katherine Cole
Kwame Amoako Adrienne Codette
Gerry Harrington

STAFF: Christopher McIntosh, CEO (Ex-Officio)
Scott Miller, Director of Corporate Services
Brandy Smith, Executive Assistant

REGRETS: Sapna Mahajan

Welcome

Janet Bowes called the meeting to order at 5:30pm with quorum established.

No conflict of interests were brought forward.

1. CONSENT AGENDA

Update agenda to include President Report.

Motion: That the Board approve the consent agenda with the update brought forward.

Moved by: Cathy Doolan **Seconded by:** Wayne Ng

CARRIED

2. BUSINESS

a) Draft Audited Financials – Auditor’s Report

- Finance committee met to review the statements with the auditor (Welch LLP). There were no major concerns from the committee.
- Auditor’s Report indicates that this year is consistent with previous audits. Welch did not identify any significant deficiencies in internal control to report to the Board of Directors.

Motion: That the Board approve the 2021-22 audited financial statements as presented.

Moved by: Stephen Williamson **Seconded by:** Cathy Doolan

CARRIED

b) Annual Report on Executive Limitations

- Christopher presented the annual 2021-22 Executive Limitations report to the Board.

c) Mileage Policy Update

- Mileage rate has not been updated in over 10 years. We wanted to review due to inflation and the rising price of gas so it would reflect a more current rate - \$0.59/km.
- We consulted with other CHC's to make sure our proposed rate is similar to other centers.
- Scott mentioned that there would be minimal financial impact to our programs.

Motion: That the Board approve the mileage policy update as presented.

Moved by: Wayne Ng **Seconded by:** Kwame Amoako

CARRIED

d) Right to Disconnect Policy Update

- Provincial Government has requested that employers have a written policy on disconnecting from work for all employees.
- PQCHC shared their policy with the Board for review. The policy is similar to other CHC's.

Motion: That the Board approve the Right to Disconnect policy as presented.

Moved by: Layal Younes DeWolf **Seconded by:** Rahil Dattu

CARRIED

e) Endorsement of Starts with Home Campaign

- Starts with Home is a local non-partisan coalition, mobilizing support for affordable housing and ending homelessness in Ottawa.
- We are being asked to endorse the Starts with Home campaign and be part of the solution to the housing and homelessness crisis. Endorsing the campaign allows our organization to support the messages and actions identified by the coalition.

Motion: That the Board endorse the Starts with Home campaign.

Moved by: Cathy Doolan **Seconded by:** Katherine Cole

CARRIED

f) Alliance Conference Debrief

- Cathy Doolan shared her experience at the Alliance Conference and recommended that board members who are interested attend the event next year.

g) CEO Report

Pandemic Recovery and Resumption of In-Person Services

As a community based, multiservice centre, we strive to meet the needs of our diverse communities to pay particular attention to those facing barriers, including those who are most vulnerable and at risk. As such, in line with our hospital and Community Health Centre partners, we will continue with our current masking protocols beyond June 11th. By continuing to mask at work, we are helping to keep each other and these very clients and community members safe within our spaces.

All employees/students/volunteers/contractors will continue to mask while on-site at any of our locations. All clients coming into our Main and SN sites will also be required to mask. Masking continues to be encouraged, but is not mandatory, for clients coming into our non-healthcare settings (Employment Services, Community Houses etc.).

Starting June 13th, employees will no longer be required to complete the self-assessment form and clients will no longer be stopped and “actively” screened when coming into our Main and South Nepean sites. We will continue to have posters reminding clients that they should not come on-site or participate in programs or services if they are experiencing symptoms.

We will be adjusting our capacity limits but are still discussing what this will look like across our different programs/services and spaces.

We are continuously monitoring COVID trends and these protocols and will provide updates on any changes to them. We also want to thank our team for their continued diligence and support for doing what is best for our clients, communities, and teams.

Employee Appreciation Event

We will be hosting our first in-person employee appreciation gathering on Thursday, June 16th and have arranged for food (catered by Chef Ric and the Mission) some games, and a much-anticipated opportunity to connect with colleagues (safely outdoors). Teams have organized different activities and games for us all to participate in. We are also excited to announce that in honour of National Indigenous History Month, Chris Church will be attending our event from 12-1pm for an Arctic sports demonstration. Last September, Chris hosted a conversation with PQ about his experiences filming The Grizzlies. He also demonstrated some games on Zoom including the one foot high-kick and the knuckle hop. We are really excited to have him join us again and reconnecting as a team!

Strategic Planning

Our strategic planning process is being well received and proceeding according to plan. Our preliminary assessment is complete, and our organizational and stakeholder assessments are well underway. Our strategic formulation step is scheduled with the Board in July and August, with the finalization of the plan times for August and September.

Additional information on strategic planning is available within the memo included within your meeting package and prepared by Laura Kelly, Manager of Organizational Development.

Employment Services: Site Service Manager (SSM)

We continue our work with area partners to prepare our submission to be the Site Service Manager as part of the regionalized employment service delivery. The call for proposals is due July 4th, and we are on track with our project plan. We anticipate announcements on successful proposals in the fall.

3. COMMITTEE REPORTS

a) Governance/Nominating Committee

- Board Member Recruitment – Fall Term
 - Members of the committee have interviewed three board candidates who all had great qualifications. We hope they will be able to fill the vacancies that will be available for the Fall Term.
- By-law Amendments
 - The Governance/Nominating Committee is asking the Board to approve, in principle, the proposed amendments listed below to the By-laws. The exact wording of the amendments will be discussed with legal counsel and a draft will be provided to the Board for final approval before the AGM in September 2022.

Number of Board Members

By Law 5.1 provides for a minimum of 12 and a maximum of 14 voting members.

The Board discussed how many members would be ideal. It was recommended that there be an odd number of members in case of a “tied” vote. Consensus was reached for an update to 9-13 members.

Motion: That the Board approve amendment for by-law 5.1 to say 9-13 members.

Moved by: Cathy Doolan **Seconded by:** Kwame Amoako

CARRIED

Francophone Representation on the Board

By-law 5.2.2 provides that there shall be minimum of two Francophone members on the Board.

PQ does not currently have a French Language Designation (FLS). It previously had partial FLS designation for the Early Years Program that was removed given the new francophone centre that opened near PQ. The By-laws do not contain a definition of Francophone.

In addition, the Health Equity Charter commits to eliminating inequitable access to health care for Francophone communities recognizing that language and culture play an essential role in the provision of health care services.

The Board discussed reducing the requirements to 1 Francophone member. There was consensus, however the Board asked that a definition for Francophone be included in the by-laws.

Motion: That the Board approve amendment for by-law 5.2.2.

Moved by: Wayne Ng **Seconded by:** Katherine Cole

CARRIED

Board Members from “Catchment Area”

By- law 5.2.1 requires that there must be minimum of 6 directors who are residents of or provide services in the Pinecrest-Queensway west end area. The west end area is defined in the By-law.

The Board discussed widening the “recruitment net” beyond the current geographical definition to allow for the recruitment of members who are connected to the PQ community either locally or through the Centre’s regional programming. Consensus was reached that we should redefine the area from which the directors should reside.

Motion: That the Board approve amendment for by-law 5.2.1.

Moved by: Stephen Williamson **Seconded by:** Loyal Younes DeWolf

CARRIED

Replace Reference to “President” with “Chair”

The use of Chair is more consistent with common/modern practice in the wording of By-laws. There are no risks associated with this minor wording amendment.

Delete By-Law “French Language Committee”

Section 8.5 provides for the establishment of a Committee to oversee French language services for designated programs. This Committee has been disbanded so this By-law can be deleted.

Motion: That the Board approve amendments to replace “President” with “Chair” and to remove By-Law “French Language Committee”.

Moved by: Wayne Ng **Seconded by:** Rahil Dattu

CARRIED

4. PRESIDENT’S REPORT

Janet notified the Board that the Annual Board Evaluation survey would be distributed. Members should complete the survey and results will be shared with the Governance Committee and reported back to the Board in the Fall.

Motion: That the Board move to in-camera session.

Moved by: Katherine Cole **Seconded by:** Loyal Younes DeWolf

CARRIED

5. IN-CAMERA

An in-camera session was held starting at 6:15pm.

Motion: To end in-camera session.

Moved by: Wayne Ng **Seconded by:** Katherine Cole

CARRIED

6. ADJOURNMENT

Motion: The meeting was adjourned at 7:20pm.

Moved by: Cathy Doolan **Seconded by:** Kwame Amoako

CARRIED

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS

Minutes of Meeting Held October 17, 2022

PRESENT: Janet Bowes (Chair) Stephen Williamson (Treasurer)
Layal Younes DeWolf (Secretary) Cathy Doolan
Rahil Dattu Paramjit Bahniwal
Kwame Amoako Adrienne Codette
Sapna Mahajan Sanjar Yunusov
Corey Fortier

STAFF: Michele Hynes, Interim CEO
Scott Miller, Director of Corporate Services
Brandy Smith, Executive Assistant

Welcome

Janet Bowes called the meeting to order at 5:30pm with quorum established.

No conflict of interests were brought forward.

1. CONSENT AGENDA

Motion: That the Board approve the consent agenda as presented.

Moved by: Cathy Doolan **Seconded by:** Layal Younes DeWolf

CARRIED

2. BUSINESS

a) Strategic Planning Update

- The POD Group completed the engagement activities and developed a report which was shared with the Board of Directors.
- Looking to engage a consultant to facilitate the strategic retreat with the Board and Management Team.
- The draft strategic plan would be shared with staff for their feedback to ensure there is engagement at all levels.
- Laura and Michele will move forward with RFP for consultant with the goal of having the strategic plan process completed by Spring (March).

b) Appointment of Committees

- Surveyed the Board to see who was interested in joining our committees.
- Governance Committee: Janet Bowes, Paramjit Bahniwal, Cathy Doolan, Corey Fortier. This committee will be responsible for recruiting additional board members and updating our by-laws.

- Finance Committee: Janet Bowes, Stephen Williamson, Rahil Dattu, Sanjar Yunusov. This committee assists the Board with its fiduciary obligations by providing strategic oversight on financial management issues within the Board of Directors purview.
- CEO Recruitment Committee: Janet Bowes, Sapna Mahajan, Loyal Younes DeWolf, Adrienne Codette. This committee will participate in the recruitment process of the new CEO.
 - Next step in recruitment will be to decide whether to work with an agency for this hire.

c) Board Work Plan 2022 – 2023

- The Board reviewed the draft work plan for the year.

Motion: That the Board approve the Board work plan as presented.

Moved by: Stephen Williamson

Seconded by: Kwame Amoako

CARRIED

d) Insurance Coverage Update

- Tendering process for market insurance quotes is to be done at a minimum every 5 years following regulations set forth under the Broader Public Sector Accountability Act. This was previously conducted back in March 2021. We approached many insurers involved in the medical field. All declined for varying reasons or were only willing to quote narrow sections of our package. We remained with Intact Insurance Company.
- No changes were made to our coverage and the new contract was agreed upon for the April 1, 2022 to April 1, 2023 period. We experienced a 7.2% increase in our annual premiums for the current period on our regular coverage.
- We have experienced a significant bump in the amount of Cyber insurance coverage premiums. We now have \$5M coverage which speaks to the current threats and risks that are associated with our increasingly virtual world. This additional coverage also opens the door for our clinicians to access the EMR portal at the Ottawa Hospital.
- We no longer carry the auto insurance as we have donated our van to KarsforKids.
- During the past 12 months, we have not submitted any claims arising out of operations or otherwise.

e) Canada Wide Early Learning and Child Care System

- The Government of Canada has identified childcare as a national priority to enhance early learning and childhood development, support workforce participation and contribute to economic recovery. Through its 2021 budget, the federal government committed to investing in a national childcare system with all provinces and territories, as well as Indigenous organizations. As part

of this agreement, Ontario will receive 13.2 billion over six year. In March 2022, Ontario signed the agreement with the Federal government to put this plan into action.

- The new system goals are:
 - Provide financial relief for Ontario families through lower licensed childcare fees;
 - Enable space creation so more families can access licensed childcare to support their children and participate in the workforce;
 - Support front-line workers in ensuring there are enough qualified workers to support quality programming in current and expanded spaces, and;
 - Ensure licensed childcare serves everyone, including those who need it most.
- Participation is optional; however Licensees are encouraged to participate. The deadline is November 1, 2022 to opt-in or opt-out.

Motion: That the Board approve opting into the Canada Wide Early Learning and Child Care System.

Moved by: Sanjar Yunusov **Seconded by:** Loyal Younes DeWolf

CARRIED

f) CEO Report

Emerging Issues & Opportunities

Michele Hynes reviewed the Emerging Issues & Opportunities report with the Board.

Highlights from the report include:

- Launch of new integrated payroll and HR system, Ceridien Dayforce.
- Working towards an in-person employee engagement event for December.
- Continuing to explore opportunities around partnerships to address mental health within PQ and in the community.
- A new QI project was launched for Specialized Preschool Programs to measure and reduce non-direct clinical time with the goal of increasing efficiency, seeing more clients and decreasing wait time.

3. PRESIDENT'S REPORT

- Janet and Cathy will be meeting with our new members to do their Board orientation.
- Janet reminded everyone that Volunteer Ottawa offers a Board governance training course. If you are interested, Board members are welcome to attend.

Motion: That the Board move to in-camera session.

Moved by: Stephen Williamson **Seconded by:** Cathy Doolan

CARRIED

4. IN-CAMERA

An in-camera session was held starting at 6:45pm.

5. ADJOURNMENT

Motion: The meeting was adjourned at 7:20pm.

Moved by: Stephen Williamson **Seconded by:** Cathy Doolan

CARRIED

Pinecrest-Queensway Community Health Centre

BOARD OF DIRECTORS

Minutes of Meeting Held November 22, 2022

PRESENT: Janet Bowes (Chair) Stephen Williamson (Treasurer)
Layal Younes DeWolf (Secretary) Cathy Doolan
Rahil Dattu Paramjit Bahniwal
Kwame Amoako Adrienne Codette
Sapna Mahajan Sanjar Yunusov
Corey Fortier

STAFF: Michele Hynes, Interim CEO
Scott Miller, Director of Corporate Services
Brandy Smith, Executive Assistant

Welcome

Janet Bowes called the meeting to order at 5:03pm with quorum established.

No conflict of interests were brought forward.

1. CONSENT AGENDA

Motion: That the Board approve the consent agenda as presented.

Moved by: Cathy Doolan **Seconded by:** Stephen Williamson

CARRIED

2. BOARD ORIENTATION & DEVELOPMENT

a) Ministry of Children, Community and Social Services (MCCSS) Presentation

- Isabelle Ekoko from MCCSS presented to the Board outlining their programs and ways that PQCHC and the ministry can continue to work together.
- Currently MCCSS funds our First Words and Blind Low Vision programs as well as Respite care and Mental Health programs run out of the Carling Family Shelter.
- PQ is also partnered with CHEO regarding the SmartStart Hubs that will be offered to families. This is funded through MCCSS.

3. BUSINESS

a) Legislation Overview

- Part of our Executive Limitations requires the CEO to share the legislation that governs the agency. Michele Hynes reviewed the legislation package with the Board and shared any updates that have occurred over the course of the year.

b) Electronic Monitoring Policy

- Ministry has mandated that all organization with more than 25 employees are to prepare a policy outlining how they monitor staff electronically.

The Board reviewed the policy prepared by PQ, outlining that our staff are not monitored electronically.

Motion: That the Board approve the Electronic Monitoring Plan as presented.

Moved by: Stephen Williamson

Seconded by: Rahil Dattu

CARRIED

c) 2nd Quarter Financials

Scott Miller provided an overview of the 2nd Quarter Financial Statements.

- As we have moved into our new 2022-23 fiscal, our funding streams have remained solid despite the uncertainties brought about by Covid-19 and our organization financial pressures. We have not experienced any reductions in funding directly related to Covid this fiscal. All our major funding streams have been received in accordance with our funding agreements that are in place for 2022-23.
- Our overall fiscal budget now stands at \$27.0M which is \$0.7M higher than the Board approved budget for 2022-23. We have extra funding from the City to support our Nursery School program after it was expanded following a major renovation. In addition, our Families First program received an increase to funding to support our Housing Loss Prevention programming as well as in year funding that is supporting our work with the Ottawa Health Team of \$375k.
- Q2 revenues were \$14.1M compared to Q2 approved budget of \$13.6. Included in these revenue figures were \$95k of additional funding for our Families First programming as well as nearly \$75k for our Nursery School operations. The additional funding related to our Ottawa Health Team results in \$375k of funding throughout the first half of 22-23. All major funding streams have been received in their entirety including the City of Ottawa, Ontario Health East, MCCSS and MLITSD.
- Salaries and benefits, and program expenditures are each running favorable variances.
- Monthly statements are circulated to Program Leads and Directors and are reviewed at the Finance level continuously to ensure they are in line with funding agreements and yearend expectations. At various intervals throughout the fiscal year we meet directly to finalize costs and make sure the statements are complete and accurate.
- Also, important to note for you that all statutory and mandatory government remittances have been done as required as of September 30, 2022.
- The Admin Operating expenses are currently unfavorable and is the major source of financial pressure that we are experiencing. PQCHC is experiencing an unprecedented level of financial pressure in fiscal year 2022-23. Our current Corporate costs around such items as Legal fees, Severances,

Recruitment and Retention as well as Consultant usage have led us to a situation whereby we are in a deficit position to the end of October 2022.

- Over the next 5 months we will monitor these expenses within our funding agreements. The Finance Committee will be updated regularly over the next 5 months as well to monitor our position and where we stand in terms of this financial pressure.
- Conversations will continue at the Senior Management level to ensure we are only spending on essential items at the Corporate level for the remainder of this fiscal while we attempt to cut into this deficit.
- Our options if we are left in a deficit position would be to either utilize our Refund Deposit account that exists with our Benefits provider or reduce our current Reserve Fund to balance our operations in 2022-23.
- City Review will happen via 3rd party from January to March 2023. Review will include an operational review around finances and deliverables. It will also look at governance structures and reporting structures from operations to the board, the boards role in governance and governance policies.

Motion: To approve the financials as presented.

Moved by: Cathy Doolan **Seconded by:** Sapna Mahajan

CARRIED

d) Operating Plan Monitoring

Michele Hynes reviewed the Key Performance Indicator's for each team. These updates are prepared on a monthly basis by our teams and were developed to document our progress. Once the strategic direction is finalized, we can tweak the reports to include and report on the data that will be required.

e) Risk Management Monitoring

Vaccination policy

PQCHC has instituted a vaccine policy that states that all staff, contractors, and volunteers were required to be fully vaccinated by October 31, 2021. There is a provision whereby accommodations could be given for medical or religious reasons that will be evaluated on a case-by-case basis. Over 99% of PQCHC's population has provided documentation that they are fully vaccinated, and management is working with employees with legitimate exemptions to determine appropriate accommodations where possible. Based on our high vaccination numbers we have not experienced any direct impact on operations. We continue to adhere to Ottawa Public Health guidelines around PPE usage for all staff and clients who enter our locations.

SSM submission/Internal Infrastructure Needs

We have now completed the final stage of the submission process. The timelines for the final decision coming from the Ministry should be within the next few weeks as

the new SSM is slated to be in place in January 2023. If successful, we would ramp up recruitment efforts to put teams in place for infrastructure and front-line staffing immediately. This would be a significant increase to our overall operations and provide opportunities to strengthen our internal infrastructure through Admin dollars.

Recruitment

We have an increased volume of open positions for a variety of factors; staff leaving positions to higher paying sector jobs as well as increases in leave of absences i.e., sickness.

This has been proven to be quite challenging due to the current labour market. We have leveraged several different short- and long-term recruitment channels, including sharing positions weekly within the organization along with a diverse group of partner agencies, direct sourcing of candidates via LinkedIn, and reviewing internal growth and succession opportunities through training, and the annual departmental talent review.

On the Primary Care front, we anticipate being fully staffed with Physicians and Nurse Practitioners by next month however we continue to experience absences in this group with various leaves.

Financial Pressures

As previously discussed within the Board Finance committee, this fiscal has presented PQ with some unique challenges that have led to financial pressures that we are monitoring. We will continue to look for ways to offset the extraordinary costs that we have incurred throughout the 2022-23 fiscal year and hope to reduce or eliminate any such deficits before March 31, 2023. We are actively working to reduce corporate costs and tap into any program dollars subject to the contracts and rules in place as part of our funding agreements. Our Senior Management team meets regularly to discuss possible solutions and monitor the progress towards accomplishing this. We have identified 2 options involving PQ Reserve funds that can be used in the event we reach March 31, 2023, in a deficit position but will only be prepared to use these funds in the event we exhaust every avenue to eliminate the current deficit through normal operations.

Negative Brand Image

PQ has recently faced a number of negative brand portrayals, both through the mainstream media as well as various social media platforms. While much of these publications and postings have been unfounded or based on a subset of the facts, it has left the organization with a need to create positive energy both externally and within PQ. Certainly, with recent changes in our leadership this has quieted the negative comments for the moment, but we are committed to continuing to provide the highest level of client care while paying attention to the health and mental wellbeing of our staff. Senior leaders are making every effort to reach out and connect with key stakeholders to reinforce our commitment to providing supports and services to vulnerable populations that we serve.

Compensation

PQ recognizes that compensation increases have not occurred since 2020 and this has contributed to our Retention and Recruitment challenges. Senior Leadership is discussing the impacts of Bill 124 and how best to move forward with any proposed salary increases. As always, any such increase would come at a cost to our existing operational budgets without any new funding to support it.

Program Level concerns

On a regular basis, program level discussions are occurring to highlight and address any risk factors that may be present. Team meetings have a standing item for the completion of a risk assessment tool that is used to identify any existing or upcoming threats to operations. These generally take the form of policies around Home Visits, PPE usage, staff turnover, dealing with aggressive clients etc. The Quality and Safety committee then oversees a review of the risks to identify any recurring ones that can be addressed and/or information shared across departments to mitigate.

f) Governance Committee Report

Cathy Doolan outlined the process involved in recruitment of new Board Members.

- We currently have 11 voting members but we need a minimum of 12. We are looking to fill one to three more positions on the board which would bring us to our maximum number of 14 members. Our by-laws require there be a minimum of 6 members who live or work in the catchment area and 2 members who recognize as Francophone.
- Normally Board members new or returning would have to be approved by the membership at the AGM, but we cannot wait. There are provisions in the by-laws that allow us to fill vacancies by the Board which would be valid until the end of the next AGM. The candidates we approve would be terminated at the end of the AGM but can re-elected by the membership if they want to run.
- Our recruitment was focused on people in the catchment area with knowledge of the healthcare system and the role of CHCs, as well as those with lived experience. We have enough finance, legal and governance skills on the board at present.
- The Board posting was listed on the website, LinkedIn and was shared with staff via email. We received 21 applications in total and will be interviewing 5 candidates who met the requirements.
- Interviews were not completed in time for the Board meeting so a recommendation could not be made. The committee is proposing that once the interviews are complete, we seek board approval via email for the candidates recommended.
- The Governance Committee will review by-laws with respect to a staff representative on the Board. This will be included with the by-law review the Governance Committee will undertake this year. Updates will be provided to the Board after the next committee meeting.

Motion: For the Governance Committee to provide their candidate recommendations via email to the Board and for the Board to approve the recommendations via email.

Moved by: Layal Younes DeWolf **Seconded by:** Kwame Amoako

CARRIED

g) CEO Report

Infrastructure / Systems

Dayforce by Ceridian, a new payroll/HR system launched on Nov 15, 2022, to improve the employee experience, ensuring legislative compliance and creating efficiencies between HR and payroll.

Community Accountability Planning Submission (CAPS)

The Ministry of Health submission for Primary Care, ACTT and health funded Early Years funding is due on January 31, 2023 and will not require board approval this year and any such approval is at the discretion of the agency. The finance committee will be briefed and will come to the Board for approval at the January meeting.

Strategic Planning Update

The week of November 7, 2022 a Request for Proposals went out to selected consultants to plan and facilitate the strategic retreat with the board of directors and management team with the goal of coming to consensus on our future strategic directions. The date of the retreat will be Saturday, January 21, 2023.

CEO recruitment Update

A RFQ (request for quotation) has been forwarded to 6 selected local executive search firms to assist in the recruitment and selection of a Chief Executive Officer. If the Board decides to go with a selected executive search consultant, they will advise the Board of Directors and assist with the sourcing and assessment of candidates for the position of CEO.

The Ottawa Health Team

The Ottawa Health Team - Équipe Santé Ottawa is continuing to advance integrated care priorities in partnership with our 65+ member organizations, client and caregiver partners, and primary care providers. Our current work is focused in the following areas:

- supporting community-based care delivery through the implementation of virtual, low-barrier counselling services,
- improved hospital-to-home transitions for older adults,
- accessible and culturally competent cancer screening education for newcomers and racialized communities
- support for primary care to implement new digital health technologies to reduce administrative burden.

We are also working with our partners at the Ministry of Health and Ontario Health to discuss future direction and priorities for OHTs so that we can focus our efforts on building collective system capacity where needed in digital health, performance measurement, and collaborative governance.

COVID-19 Update

In compliance with infection control guidelines, we continue to require masking for our employees and primary care clients, while encouraging our clients to do so as well. Our teams are now working onsite or within locations across our community while employing virtual service options where that works best for our clients. We will maintain our COVID-19 vaccination policy, which was implemented on September 13th, 2021, to meet with directives. We are pleased with the high uptake of vaccinations from our team, and we will continue to provide accommodations in accordance with the Ontario Human Rights Code

Advocacy Work-

Collective Action Strategies to Support the Sustainability

Alliance members organizations are facing exponentially greater challenges and pressures as centres continue to deal with the COVID-19 pandemic, the rising cost of living and operating an organization in Ontario, and working within various legislative, regulatory and procedural constraints such as Bill 124, and a lack of flexibility in funding reallocating during an unprecedented pandemic and health human resource crisis. Many Alliance members are having to make difficult decisions around cutting programs, services and staff in order to keep the lights on. In addition, members are struggling to retain and recruit staff during the Health Human Resource (HHR) crisis that Ontario is currently experiencing,

The Alliance is currently undertaking two concurrent strategies that seek to support members in acquiring the resources they need to best serve and meet mounting needs of their communities and clients. The first relating to addressing the Health Human Resource Crisis, and the second to addressing ongoing operational pressures. These strategies have distinct and joint activities and build on the Alliance's ongoing advocacy and government relations exercises that have constantly asked for base budget increases for members to support rising costs. Most recently these asks were included in both the 2022 pre-budget submissions ([Alliance](#) and [Primary Care Collaborative](#)) and during pre-election outreach.

Collective Action Request

The collective action that was agreed to in principle by the Early Learning Network would require members to:

For CHCs

Add 2% to their CAPs budgeted expenses to reflect operating demands.

Send a letter from the chair of the Board to the Minister of Health, copying the Premier, the President of the Treasury Board, MPP(s) and opposition critics. A template has been provided to the CEO.

Bill 23

Last week the provincial government introduced a piece of legislation called [Bill 23, the "More Homes Built Faster Act"](#) that will change how planning and development works in Ontario.

In response to Bill 23 potential impact of undermining the City of Ottawa's planning, budget and capacity to support residents, The CHRC coalition has agreed to:

- Each CHRC sign the letter penned by Ontario For All to let the Ford Government know that we do not support the Bill, and promote the letter widely within our networks or organizations and residents.
- Join the many who are calling on the Province to extend the public comment period by one month, during which time hearings need to be held in additional locations - including Ottawa.
- Attend, in large numbers and with much visibility, a rally with local groups such as ACORN, CAWI, Ecology Ottawa, among others, on Tuesday, November 15 from 1-2 pm, to stand with the City of Ottawa in rejecting Bill 23.
- Prioritize our Community Developers resources to create support citizens to contact their MPPs and the Minister of Municipal Affairs and Housing to voice their concern and oppose Bill 23 - for the future benefit and well-being of the environment and people.

This is an opportunity to support City Staff in their advocacy to the Government of Ontario and to build relationships and links to local councilors who are leading this work

Outcome

As a result, we have sent a group of staff to attend the rally on November 15, 2022, In collaboration with other CHC's we have begun the development of communication tools to support the work at the agency and community level.

Signed the Ontario for All Letter.

4. PRESIDENT'S REPORT

- The Board will meet on their regularly scheduled days going forward changing the time from 5pm to 7pm. If weather is severe, we will send a note the morning of advising of a switch to virtual.
- Reminder that meeting evaluations are sent after each meeting. Please take the time to fill them in. They provide valuable information in terms of helping us to determine if the material presented is meeting the needs, assessing the leadership of the chair and any gaps in knowledge of the governance model. The surveys will be going to the Governance Committee to review.

Motion: That the Board move to in-camera session.

Moved by: Sanjar Yunusov **Seconded by:** Corey Fortier

CARRIED

5. IN-CAMERA

An in-camera session was held starting at 7:02pm.

Motion: To end in camera session.

Moved by: Sapna Mahajan **Seconded by:** Stephen Williamson

CARRIED

6. ADJOURNMENT

Motion: The meeting was adjourned at 7:07pm.

Moved by: Cathy Doolan **Seconded by:** Kwame Amoako

CARRIED