

Date: February 21, 2018

Time: 5:00pm

Place: Ross Memorial Hospital – Board room

BOARD MINUTES	
Present: Pat Dunn, Karl Moher, Roger Hardy, Mary Reader, Caroline Monsell, Keely Jacox, Heather Temple, Paul Forget, Rob Seguin, Sue Grant, Judy Dickson (teleconference)	
Staff Participants: Mark Graham, Linda Saunders	
Regrets: Drew Merrett, Valdis Cuvaldin	
Guest(s): Tracy Graham, Program Manager, Four County Crisis, VIA OTN (Peterborough)	
Chair: Pat Dunn Co-Chair:	Recorder: Karen Wolff
Item / Topic	Discussion / Decision / Action / Motion
Welcome and Introductions	
1. Call to Order	<ul style="list-style-type: none"> Call to order at 5:05pm. Quorum met.
2. Declaration of Conflict	<ul style="list-style-type: none"> None expressed.
3. Approval of February 21, 2018 Agenda	<p>Motion: To approve the February 21, 2018 agenda.</p> <p>Moved: Paul Forget</p> <p>Seconded: Karl Moher</p> <p>Carried</p>
4. Board Volunteer Hours	<ul style="list-style-type: none"> Board volunteer hours collected. Caroline Monsell (6), Heather Temple (6), Judy Dickson (8), Karl Moher (6), Keely Jacox (12), Mary Reader (6), Pat Dunn (2), Paul Forget (7), Rob Seguin (15), Roger Hardy (18.5), Sue Grant (6),
Quality Improvement- Program Presentation	
5. Four County Crisis, Case Management, Developmental Disabilities Consulting Program (DDCP)& Ontario Telemedicine Network (OTN) Presentation	<ul style="list-style-type: none"> Tracy Graham, Program Manager for Four County Crisis, Case Management, DDCP and OTN, provided a PowerPoint presentation to the board of directors highlighting the following: Identified that 580 mental health calls went to police in 2017 (from Jan 1 – Dec. 31/17). The Mobile Crisis Intervention Team (MCIT) received 266 mental health referrals in 2017. There is a 285% increase in mental health referrals from 2014 to 2016 to the MCIT program. Crisis Intervention Training has been provided to over 200 police officers in 2017. Seventy percent of mental health calls are not known to MCIT. Discussed the type of calls that are received by the MCIT program (i.e. suicidal calls, calls resulting in a Section 17 apprehension), the focus on repeat callers. Identified that MCIT has limited impact on reducing the number of calls to police, but MCIT has impact



in improving the outcomes for individuals through brief intensive and at point of crisis intervention, therefore reducing the number of repeat callers.

- Discussed current barriers/challenges: implementation of the Brief Mental Health Screener (BMHS) by Police Services, Situation Tables create new demands on the MH system and current MCIT resources, MCIT is not provided within the City of Kawartha Lakes, Haliburton and Northumberland. This fails to address a fragmented system, which does not support a coordinated systemic MCIT model.
- Provided an overview on the Hospital to Home (H2H) program by identifying that the H2H teams are well established and integrated at PRHC and RMH (one staff at each location). The purpose of this program is to provide support and services to individuals who attend the hospital emergency departments (ED) two or more times in 30 days. (360) individuals received support in 2016/17 and (227) year to date in 2017/18.
- Identified the barriers in the H2H program: i.e. H2H teams respond to a referral in less than 48 hours, referred individuals have complex mental health and addictions (they are high users of service)., H2H teams need other mental health programs to accept a referral from H2H quickly, otherwise “bottlenecks” are created. The mandate needs to be revisited frequently to ensure H2H is getting the right referrals.
- Provided an overview on the Assertive Outreach-Suicide Prevention program (AOSP), which is fully funded by community donations. This program commenced in June 2016.
- The AOSP program provides follow up to individuals who have had a serious suicide attempt with the intent to die. Referrals are received from PRHC and RMH hospitals.
- The AOSP program operates under the umbrella of the H2H services at PRHC and RMH, which has led to the success of the AOSP program.
- Zero percent of individuals that have received AOSP support have had a further suicide attempt or died while receiving services.
- A barrier to the AOSP program is that there is no current annualized funding.
- The AOSP program is educating police and doctors to recognize the signs of suicide.
- The Specialized Network of Care, Crisis Response Network Coordinator and Dual Diagnosis Outreach Worker, provides short-term crisis response, system navigation and consultation. Provides up to 6 months of case management for individuals with a Dual Diagnosis, who are in crisis. This is a MCSS funded program.
- 153 individuals have been served year to date in 2017/18.
- By maintaining an efficient flow through to longer term services with limited resources is a pressure to this program. There are also more individuals with complex needs.
- With the addition of (1) FTE Urgent Response Case Manager in March, will create an opportunity to evaluate program structure and create system efficiencies.



	<ul style="list-style-type: none">• Tracy started managing the Ontario Telemedicine Network program last May, 2017.• (305) individuals were served in 2016/17 and (383) individuals were served in 2017/18 (year to date). Individuals served are increasing.• Three psychiatrists provide assessment, consultation and follow-up.• Neurology, cardiology and dermatology are available via telemedicine.• Current pressures are the waitlist for psychiatry; equipment is “aging out”, and not enough staff to staff the clinics.• Tracy also started managing the Dual Diagnosis Psychiatry Clinic in May, 2017.• (133) individuals have been served in 2017/18 (year to date).• Two DDCP psychiatrists from Kingston provide assessment, consultation and follow-up.• Kingston psychiatrists indicated that the Peterborough DDCP clinic model is not viable. Current Kingston psychiatry have given their notice of withdrawal of psychiatry support.• There is a combined community interest/effort in replacing the Kingston psychiatrists.• This DDCP clinic is understaffed.• The Board of Directors commended Tracy on her in-depth, multiple program presentation.
6.Consent Agenda Acceptance	Motion: To accept the February 21, 2018 Consent Agenda as presented. Moved: Paul Forget Seconded: Karl Moher Carried
7. Items Extracted from the Consent Agenda	<ul style="list-style-type: none">• As part of the Consent Agenda, three items were extracted from the CEO Report:<ol style="list-style-type: none">1. CE LHIN Financial Review Response – Looking for clarification2. HUB Model Response to MOHLTC Questions – Update requested3. Erase the Difference – Explanation of campaign• <u>CE LHIN Financial Review Response:</u> Mark identified that the purpose of the CE LHIN audit was to provide explanation to them for CMHA HKPR surpluses. In other words, LHIN targets were not met and the LHIN is asking why. CMHA HKPR is experiencing consistent recruitment challenges thus resulting in vacancies. We’re asking for <i>ongoing and regular funding</i> increases to help us maintain existing services and pay for regular ongoing sustainability challenges like salaries, benefits, and cost of living increases. We’re asking for base budget increases because over the years, any new investment we receive is almost always tied to delivery of a specific program or service and not to overall operations. There is no response to date from the CE LHIN upon CMHA HKPR’s submission.• <u>HUB Model Response to MOHLTC Questions:</u> Mark confirmed with the board that there has been no response to date from the Ministry of Health and Long-Term Care Capital Planning department regarding further review of CMHA HKPR’s Stage 1 – Community Health Capital Application. Mark commented that it could take months before we hear back.

	<ul style="list-style-type: none"> • <u>Erase the Difference</u>: Mark provided explanation of the Erase the Difference campaign by identifying the financial disparity between physical health and mental health. The overall campaign key message: It's time to #erasethedifference and fund mental health and addictions care the same as physical health care. • Judy Dickson and Caroline Monsell have also volunteered to meet with local MPP's in April, before the June 2018 election as part of the Erase The Stigma campaign. <p>Action: Karen will contact Jamie Steele, Communications, to add Judy and Caroline to the MPP appointment list.</p> <p>Motion: To approve the CEO Report as presented. Moved: Roger Hardy Seconded: Caroline Monsell Carried</p>
<p>8. Monthly Report for Ten Months ended January 31st, 2018</p>	<ul style="list-style-type: none"> • Mary Reader reviewed the monthly financial report for the ten months ended January 31st, 2018. • An 'Equipment Lease and Service' line has been added to the financial report for clarity, which is primarily for cell phones. • A 'General' line has been added to the financial report, which is primarily for insurance and general administration. • Deficits will be covered at fiscal year-end p/Linda. • 'Staff Education' is at a surplus, however, scheduled training is in place (i.e. Disclosure training, suicide training, LEADS training). • Karl Moher suggesting using staff education dollars to train our own staff in consideration of recruitment challenges. Linda agreed with Karl's suggestion. <p>Motion: To receive the Monthly Financial Report for the Ten Months Ended January 31st, 2018 as presented. Moved: Mary Reader Seconded: Roger Hardy Carried</p>
<p>9. Urgent Matter</p>	<ul style="list-style-type: none"> • None
<p>Business Arising</p>	
<p>10. None</p>	<ul style="list-style-type: none"> • None
<p>New Business</p>	
<p>11. a) CMHA Non-profit Housing Corporation of Peterborough-</p>	<ul style="list-style-type: none"> • Mark announced that the CMHA Non-profit Housing Corporation of Peterborough Board of Directors are looking for one CMHA HKPR board member to join their board. This board meets once a year.

Membership	<p>Motion: The CMHA HKPR Board of Directors nominated and, Mary Reader has accepted, joining the CMHA Non-profit Housing Corporation of Peterborough Board of Directors.</p> <p>Moved: Pat Dunn</p> <p>Seconded: Roger Hardy</p> <p>Carried</p>
11. b) 2018 AGM – KL Location announced	<ul style="list-style-type: none"> • Karen announced that CMHA HKPR's September 19th AGM will be held at the Royal Canadian Legion at 12 York Street North, Lindsay, ON. • Karl commented that the September AGM is a good opportunity to invite the KL/NHH/Cobourg Chiefs of Police to attend. Pat advised that there will be a new KL Chief of Police in place by September.
<p>11. c) (3) Annual Board Evaluations Due – (On Survey Monkey):</p> <ul style="list-style-type: none"> - Board President Performance Evaluation - Board Meeting Evaluation - Director Self Evaluation 	<ul style="list-style-type: none"> • As part of the board's work plan and in accordance to Accreditation standards, the annual board evaluations are to be completed in February of every year with follow-up reported at the March 21st board meeting. • Board members were kindly asked and reminded to please complete the following surveys on Survey Monkey: <ul style="list-style-type: none"> - Board President Performance Evaluation - Board Meeting Evaluation - Director Self Evaluation
Correspondence	
12. a) Accreditation – Community 'Thank You' card	<ul style="list-style-type: none"> • A congratulations/thank you card was received from the community, and distributed to board members acknowledging CMHA HKPR's Exemplary Standing by Accreditation Canada.
12. b) 2018 Mental Health for All Conference	<ul style="list-style-type: none"> • Mark announced that the 2018 Mental Health for All Conference will be held in Montreal, Quebec from October 22-24, 2018. • Board members, who have attended previously, said the conference is a good educational opportunity for newer board members.
12. c) Two messages: MOHLTC Supportive Housing	<ul style="list-style-type: none"> • Mark announced that CMHA HKPR received two messages from the MOHLTC ; one from the Assistant Deputy Minister and one from Dr. Eric Hoskins/Minister, advising that CMHA HKPR is receiving up to \$6,900 in one-time funding for the 2017-18 funding year to support replacement costs associated with the Supportive Housing Program.
12. d) MCSS 2017-18 Employment Supports Services Contract: C489188-1A2	<ul style="list-style-type: none"> • Mark reviewed Amending Contract: C489188-1/A2 between MCSS and CMHA HKPR, now fully executed.
12. e) 2017-18 CMHA HKPR In-Year Recovery Operating Surplus	<ul style="list-style-type: none"> • The CE LHIN will be making a one-time, in-year (2017/18) recovery of operating surplus funding from CMHA HKPR for \$68,000. Mark reviewed with board members.
12. f) Press Release – CMHA Grey Bruce Amalgamation	<ul style="list-style-type: none"> • Mark announced that a merger agreement between CMHA Grey Bruce, G & B House and Hope Grey Bruce Mental Health & Addictions has been finalized to form one organization, CMHA Grey Bruce. • Patients will now go to one provider instead of navigating four agencies to find the right service.



12. g) Bill 148 Funding – CMHA HKPR	<ul style="list-style-type: none">• With the passing of Bill 148, the Ontario government have allocated funds to CMHA HKPR to address the financially increased legal obligations for the period of January 1 to March 31, 2018 for \$3,648. <p>Motion: To accept all Correspondence items as presented. Moved: Mary Reader Seconded: Karl Moher Carried</p>
In Camera Session	
13. In Camera Agenda (under separate cover)	<p>Motion: To move ‘In Camera’ Moved: Keely Jacox Seconded: Mary Reader Carried</p> <p>Rise and Report: No Report</p> <p>Motion: To move ‘Out of Camera’ Moved: Paul Forget Seconded: Heather Temple Carried</p>
Anything Else:	
14. Round Table Discussions	<ul style="list-style-type: none">• Shared Round Table Discussions :• - Due to the larger number of items on the CEO Report, Mary liked that some of those items were extracted for review.• Keely announced that her employer Cameco has approved and accepted Mental Health training 101 for all their employees nationwide. Keely sits on the committee that promoted the mental health training. Kudos to Keely and her committee!• Received positive feedback that the board meeting was timely.• Rob suggesting to place Erase the Difference campaign on the CMHA HKPR’s website.
15. Adjournment	<p>Motion: To adjourn at 7:15pm Moved: Sue Grant Seconded: Rob Seguin Carried</p>