

Date: February 17, 2021
Place: 466 George St.-Multi-purpose Room
via Zoom

| BOARD MINUTES | |
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| Present: Valdis Cuvaldin, Roger Hardy, Mary Reader, John Lyons, via Zoom: Drew Merrett, Paul Forget, Sandra Hamilton, Jim Shipley, Keely Jacox, Krystina Cunningham, Jessica Drover, Heather Temple | |
| Staff Participants: Mark Graham, Linda Saunders, CJ Pudsey, Karen Wolff | |
| Regrets: Caroline Monsell | |
| Guest(s): Shari Warfield, Program Manager Dual Diagnosis Case Management | |
| Chair: Valdis Cuvaldin Co-Chair: | Recorder: Karen Wolff, Executive Administrative Assistant |
| 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 17, 2021 Agenda | <p>Motion: To approve the February 17, 2021 agenda as presented.</p> <p>Moved: John Lyons</p> <p>Seconded: Keely Jacox</p> <p>Carried</p> |
| 4. Board Volunteer Hours | <ul style="list-style-type: none"> Board volunteer hours collected. Caroline Monsell (A), Drew Merrett (5), Heather Temple (5), Jessica Drover (5), Jim Shipley (9), John Lyons (6), Keely Jacox (4), Krystina Cunningham (3), Mary Reader (10), Paul Forget (5), Roger Hardy (6), Sandra Hamilton (5), Valdis Cuvaldin (15) |
| Quality Improvement- Program Presentation | |
| 5. Quality Assurance Measures (Q.A.M.) and Dual Diagnosis Programs | <ul style="list-style-type: none"> Shari Warfield, Program Manager of Dual Diagnosis Programs, presented the mandated annual training on Quality Assurance Measures (Q.A.M.) regulations and also presented, a Quality Improvement (Q.I.) PowerPoint presentation on Dual Diagnosis programs to the board of directors identifying: <p>Quality Assurance Measures:</p> <ul style="list-style-type: none"> That the DSO help adults with developmental disabilities connect to services and supports (agencies) in their community. The DSO advises CMHA HKPR of approved applicants requiring services and supports. That Quality Assurance Measures are rules and regulations that help agencies and Developmental Services Ontario (DSO) provide high quality services and supports and meet set standards. CMHA HKPR's Dual Diagnosis Case Management Team and the Community Participation Support |



Services are funded through the Ministry of Children, Community and Social Services (M.C.C.S.S.), and the Q.A.M. Regulations are specific to those programs.

- The M.C.C.S.S. conducts compliance reviews that began in 2014 to ensure that all M.C.C.S.S. funded agencies are compliant with the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 – Ontario Regulation 299/10 – Quality Assurance Measures.
- Q.A.M. requires written evidence that clients receive annual information, so operational processes and procedures have been developed to ensure this.
- Staff, board and volunteers also receive mandated annual information on Q.A.M. policies and training specific to their roles in supporting individuals with developmental disabilities.
- CMHA HKPR utilize the Ontario Common Assessment of Need (OCAN) to complete the Individual Support Planning (ISP).
- All M.C.C.S.S. supported individuals in the Trustee program will have a year’s worth of financial records reviewed by a third party for valid client expenditures. This annual audit of financial records is presented to the Board of Directors at their May board meeting for approval.
- The board of directors, as part of their board orientation, are required to read and provide written acknowledgment for review of all (23) Q.A.M. policies. This written evidence is secured in board members personal files with the executive administrative assistant. To date, all current board members have completed and signed their review of all (23) Q.A.M. policies upon orientation.
- As part of annual M.C.C.S.S. requirements, Q.A.M. training is held in February of every year for board members. All board members annually review two required Q.A.M. policies: (1) Abuse Prevention, Reporting and Investigation and (2) Mission, Vision, Values and Rights, including the distribution of the Supporting Your Wellness booklet/material. Confirmation of board members’ review is evidenced in the Policy and Procedure Management (PPM) report provided therein, and in today’s board minutes.
- Board member, Caroline Monsell was unable to attend today’s board meeting. As a requirement of the M.C.C.S.S., Caroline has signed the Absentee Acknowledgement advising that she has read and understands the following two (2) Q.A.M. policies: (1) Mission, Vision, Value and Rights and (2) Abuse, Prevention, Reporting and Investigation. Copy of acknowledgement is included with today’s minutes and placed in her personal file.
- Shari presented a PowerPoint presentation on the “Introduction to Quality Assurance Measures (Q.A.M.) Regulations” to board members as part of their annual Q.A.M. training. This presentation included review of the following topics:
 - Provision of Public Health Information
 - Monitoring and Documentation of Health Concerns and Emergency Medical Services
 - Staff Training and Records
 - Medication Safety
 - Reporting Abuse



- Confidentiality and Privacy
- Safety Around Agency-Owned and Operating Buildings and Safety of Supported Individuals
- Human Resource Practices
- Service Records/Client Files
- Included review of Behaviour Intervention Strategies, Behaviour Support Plans, N.V.C.I for staff and Third Party assistance (Ethics Committee) surrounding behavior plan reviews.
- There are no Third Party Agreements at this time.
- Suspected signs of client abuse is reported directly to police rather than staff intervening.

Dual Diagnosis Program:

- Shari conducted a PowerPoint presentation on Dual Diagnosis Programs and Services including:
 - Dual Diagnosis Case Management Program
 - Housing Programs (Barker Avenue and Townsend St.)
 - Community Participation Program
- Dual Diagnosis Case Management supports adults living with a dual diagnosis (developmental disability and mental health issues) through a Supported Independent Living (S.I.L.) program. Case Managers provide client-centred support services that promote stabilization and independent living as mandated by the Ministry of Children, Community and Social Services. Intake is completed through Developmental Services Ontario (DSO).
- Identified that Barker Avenue is a six-plex including office for staff, which operates from 7:00am-10:30pm, (7) days per week.
- CMHA HKPR acquired Townsend St. December 1, 2019 under 'care home' legislation. A two-year program is in place for tenants/clients to transition into the community (can go longer if needed).
- Program successes for the Dual Diagnosis team includes housing (14) additional clients without additional dollars or support staff.
- The Case Managers have been able to move (14) clients to the retention model, and as a result, Dual Diagnosis has been able to take on (14) new clients to support. The team has been able to surpass Ministry targets in respect to the amount of clients Dual Diagnosis would support this fiscal year.
- (70) clients in total are currently being supported.
- The team and housing program are experiencing great progress and success with clients benefiting from the in-home supports from the Community Support Workers. Staff assist with activities of daily living and with assessing the mental health of the client.
- COVID-19 has been the biggest challenge this year in regards to making program changes. It has been difficult to work with the team remotely for most of the year and to hire and train new staff. The team has learned that they can continue to improve programming despite a pandemic.
- Shari presented a few successful Dual Diagnosis case scenarios.

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| | <ul style="list-style-type: none"> Supporting a client in the Dual Diagnosis program averages out to be about \$17,000, which is nominal in comparison to someone without case management, multiple ER visits, policing etc. The Dual Diagnosis and Community Participation programs are funded by the Ministry of Children, Community and Social Services. A Question and Answer period followed. |
| 6. Board Discussion on Q.I. Program Presentation | <ul style="list-style-type: none"> Shari provided a great presentation. Great to see that program is being resourceful during the pandemic and taking on more clients. |
| 7. Consent Agenda Acceptance a) Board Minutes from January 20, 2021 b) CEO Report | <p>Motion: To accept the January 20, 2021 board minutes as presented in the Consent Agenda. Moved: Mary Reader Seconded: Jim Shipley Carried</p> <p>Motion: To accept the January 20, 2021 CEO Report as presented. Moved: Paul Forget Seconded: Keely Jacox</p> |
| 8. Item(s) Extracted from the Consent Agenda: | <ul style="list-style-type: none"> Per Mark, The Dual Diagnosis Collaborative Consultation Program was successful in their request for \$18,000 to enhance the DDCCP. A further \$24,000 has also been approved from the Developmental Service Network table. With this additional funding the DDCCP clinic is able to triage (25) clients who have been waiting since 2018 to be seen. Ontario Health has approved CMHA HKPR's internal allocations of \$110,000 in-year surplus to purchase IT equipment and another approval for internal allocations of \$225,000 on a one-time basis towards an Information Technology modernization plan for the agency. Funding must be used by March 31, 2021 and solely for the approved purpose. |
| 9. Monthly Financial Report a) Statement of Revenue & Expense – Ministry Funded b) Statement of Revenue & Expense – Other Funded c) Statement of Revenue & Expense – Community Engagement d) Financial Report (Narrative) | <ul style="list-style-type: none"> Heather Temple reviewed the following financial statements with board members: Statement of Revenue & Expense – Ministry Funded Statement of Revenue & Expense – Other Funded Statement of Revenue & Expense – Community Engagement Financial Report – (Narrative) – April 1, 2020 to January 31, 2021 Bed Bug Social Enterprise – received a community donation of \$40,000 to support additional equipment purchases for the new bed bug business <p>Motion: To accept the above-noted Statements of Revenue & Expense and Financial Report for month ending January 31, 2021.</p> |

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| April 1, 2020 to January 31, 2021 | Moved: John Lyons Seconded: Roger Hardy Carried |
| 10. Urgent Matter | <ul style="list-style-type: none"> • None |
| Business Arising | |
| 11. a) CEO Job Description, Goals and Performance Appraisal | <ul style="list-style-type: none"> • After much discussion and review of the CEO Job Description, Form A and Form B, the board has made the following recommendations: <ul style="list-style-type: none"> - Form A – Employee Goals for the CEO should be conducted annually at fiscal year end. - Form B – Employee Performance Appraisal for the CEO should be conducted every three (3) years (due by July 31). - N/A can be entered if a board member is not able to answer a particular question. - Create/place the above-noted forms for board to complete on Power Noodle. • Mark welcomes constructive feedback for improvement. <p>Action: CJ looking into Power Noodle to post the CEO’s Form A and Form B. CJ will provide the board with update(s) accordingly.</p> |
| New Business | |
| 12. a) Ethics Committee Update | <ul style="list-style-type: none"> • Jim Shipley provided an Ethics Committee update. • The Ethics Committee has been active since the fall of 2020, holding (6) committee meetings and (6) sub-committee meetings. • The committee has reviewed one Ethical Reflection that was presented to them. • Reviewing and updating the current Ethical Framework. The current CLEOS Model is not relevant for a smaller agency such as CMHA HKPR. • Ethics Committee is preparing an ‘in-house’ Ethical Framework and toolkit. • The new Ethical Framework will be easy for everyone to use and teach in a ‘card-ready’ format. Now in construction phase. • The Ethics Committee utilizes and meets standards that are in alignment with Accreditation Canada. • Valdis commended Jim for his representation and work on the Ethics Committee. |
| 12. b) Select September date for AGM 2021 | <ul style="list-style-type: none"> • Board members reviewed dates for the September 2021 annual AGM, and arrived upon Wednesday, September 22, 2021. • The board will know better in June if the AGM will be held in Kawartha Lakes or Peterborough, and if it will be held in person or virtually. • Last year’s AGM was scheduled to be held in KL, but because of pandemic, was relocated virtually to Peterborough. |



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| | <ul style="list-style-type: none">In light of the scheduled AGM for September 22, 2021, the regularly scheduled board meeting for September 15, 2021 will be cancelled. A special board meeting will be held immediately after the AGM on September 22, 2021. |
| 12. c) AGM Award Nominations – Media Release Date - April | <ul style="list-style-type: none">Mark advised the board that the Media Release for the 2021 AGM Award Nominations will be released the first or second week of April, 2021. |
| Correspondence | |
| 13. a) NONE | <ul style="list-style-type: none">None |
| In Camera Session | |
| 14. a) IN Camera Agenda (under separate cover) | <p>Motion: To move ‘In Camera’ Moved: Sandra Hamilton Seconded: Paul Forget Carried</p> <p>Motion: To move ‘Out of Camera’ Moved: Jim Shipley Seconded: Krystina Cunnington Carried</p> <p>Rise & Report: To support the Financial Report as presented. Moved: John Lyons Seconded: Mary Reader Carried</p> |
| Anything Else: | |
| 15. Round Table Discussions | <ul style="list-style-type: none">Jim Shipley shared COVID-19 mask precautions with the board and senior management. |
| 16. Adjournment | <p>Motion: To adjourn at 7:12pm Moved: Jim Shipley Seconded: Jessica Drover</p> |