

Directors Present

B. Payne, Chair, K. Blanchette, Vice Chair, M. Horrobin, Past Chair, J. Clark, A. Daher, C. Gallant, D. Wellington, S. Segave, H. Ambreen, L. Lombardo, P. Soulliere, E. Kelly

Directors Absent

C. DeBiasio

Ex-Officio Present

J. Kaffer, Chief Executive Officer, Dr. A. Steen, Chief of Staff, F. Bagatto, CHI Director, M. Campigotto, Chief Nursing Officer, L. O'Rourke, Patient Family Advisory Rep, B. Masotti, Patient Family Advisory Rep, Dr. Pat Montaleone, President Professional Staff Association

Ex-Officio Absent

Administration Present

D. Dutot (Recorder), B. Marra, M. Campagna, C. den Boer, M. Benson-Albers, S. Grbevski, J. Karb, S. McGeen, T. Cadeau, S. Laframboise, A. Babensee

1.0 CALL TO ORDER

The Board Chair called the meeting to order at 4:30 pm

1.1 Prayer

1.2 Declaration of Conflict of Interest/Duty

No conflicts were declared

1.3 Confirmation of Quorum

Confirmed

2.0 EDUCATION; Honeywell ESCO Project Update

Mike Pringle from Honeywell, reviewed the presentation and provided an update on the project to the Board.

- Comprehensive, self-funded program whereby equipment and technology installed to modernize HDGH facilities are paid by guaranteed energy savings, operational savings and utility incentives
- Honeywell guarantee period is 16 years
- 27 year old chiller has been replaced with a more efficient system
- Energy savings by replacing T8 with more efficient, longer lifespan LED technology
- Upgrade to building automation system
- Water meter optimization and replacement of steam traps
- Energy Day event held for two days on all sites
- Initially a 15 month implementation schedule; will be closer to 17

3.0 REVIEW OF CONSENT AND FULL AGENDA

The Chair asked if anyone wished to remove anything from the Consent agenda to the full agenda for discussion; the consent agenda remained as distributed.

3.1 Approval of Full Agenda

It was moved by L. Lombardo and seconded by P. Soulliere THAT the full agenda for the September 30, 2020 Open Board meeting be approved as written. CARRIED

3.2 Approval of Consent Agenda

It was moved by K. Blanchette and seconded by C. Gallant THAT the Consent Agenda for the September 30, 2020 Board meeting, consisting of the proposed recommendations and reports be approved as distributed. CARRIED

3.2.1 Minutes of the Previous Meeting; March 25, 2020

THAT the Board of Directors approve the minutes of the March 25, 2020 Open Board Meeting as distributed

3.2.2. Finance and Audit Committee Recommendations

3.2.2.1. Year-to-date Financial Statements; August 31, 2020

THAT the Board of Directors approve the August 31, 2020, Year-to-date Financial Statements as recommended by the Finance and Audit Committee

4.0 ITEMS REQUIRING DECISION

4.1 Set number of Directors for the 2020/2021 Term

The number of Directors will remain at 16 for the 2020/2021 term.

It was moved by E. Kelly and seconded by H. Ambreen THAT the number of Directors remain set at 16 for 2020/2021. CARRIED

4.2 French Language Services Plan Update

M. Benson-Albers reviewed the update in the package. This will be provided annually and a new or revised plan will be presented every several years; new one to come in the spring of 2021.

It was moved by F. Bagatto and seconded by K. Blanchette THAT the French Language Services Plan Report be received and approved as distributed. CARRIED

4.3 Lead Agency Plan

T. Cadeau presented the Lead Agency Multi-Year Plan. The priorities for Children's Mental Health are to ensure the appropriate core services for today and into the future, as well to understand what the needs are for the population. There was a move from Ministry of Children and Social Services to Ministry of Health and with that the move to a 3 year plan. Previously there was some engagement with other stakeholders/families, but this year was more comprehensive. In addition to the pressures from the pandemic, the government now has different expectations for Mental

Health across the lifespan. This presented an opportunity to do a fulsome planning for process at the system level.

The process taken was reviewed and the resulting priorities discussed.

Through the planning process it became clear that there were opportunities to strengthen and improve the services that are offered as well as the service experience. Wait-times and access to services was identified as key areas of improvement by all stakeholder groups. The need for improved collaboration within the CYMH sector and across sectors leading to clearer and more seamless pathways into, through and out of care were also key areas for improvement across all stakeholder groups.

Further, there is a growing need to address the needs of complex mental health clients for which there is a gap in services within our service area. This often results in children and youth having to be sent outside of the region for appropriate treatment. This is not unique to the Windsor-Essex area and is a priority for many Lead Agencies across the province.

The entire planning process was taken a step further, to develop a mission and vision for the core service providers. Found some great strengths, a lot of areas identified by stakeholders that require improvements such as wait times. Windsor Essex has some of the wait times; up to 490 days. Other trend are the number of children that require a level of service that cannot be treated here and need to leave the area. Some partners in Windsor Essex and Chatham recognize this is an opportunity.

Core Service Provider priorities

- Improving wait-times for service through:
 - Investment in counseling and therapy services
 - Investment in family support services
 - Launch of a CYMH service area data and quality improvement committee
- Improved system navigation and clearer pathways through:
 - The establishment of a family navigation service (developed and implemented through the collaboration of RCC and Maryvale)
 - Awareness campaign/branding of the CYMH services as a united system
- Improved community collaboration and system integration
 - Increased collaboration between core service providers

Community Mental Health priorities:

- Address system gaps for complex mental health cases
 - Fulsome review of demand, current resources, gap analysis and business case for resulting identified service need
- Centralized / Coordinated Access
 - Implementation of central/coordinated access to CYMH services in alignment with other children and youth services
- Improved collaboration between partner organizations
 - Targeted engagement of key stakeholders (i.e. Board of Education, CAS)

Looking for endorsement of these priorities.

It was moved by L. Lombardo and seconded by E. Kelly THAT the Board of Directors approve the recommended priorities for the Child and Youth Mental Health Windsor-Essex service area, including the following Core Service Provider priorities of improving wait-times for service, improved system navigation and clearer pathways, improved community collaboration and system integration; and the Community Mental Health priorities of; addressing system gaps for complex cases, Centralized / Coordinated Access and improved collaboration between partner organizations. CARRIED

5.0 COMMITTEE REPORTS

The Committee reports were included in the meeting package and provided for information purposes.

5.1 Medical Advisory Committee; September 9, 2020

Dr. A. Steen highlighted the report, and provided the following highlights;
Evolve and COVID conversations mostly

- there was no discussion or questions

5.2 Finance and Audit Committee; September 23, 2020

P. Soulliere provided a verbal report to the Board with the following highlights:

- page 26, outline of where the deficit sits
- Significant work that was done to complete the pandemic pay for staff, challenging to get all the correct payouts to staff. On behalf of the Board, thanked the Human Resource and Payroll staff for a job well done!
- Workplan; updated and approved

6.0 ITEMS FOR INFORMATION/DISCUSSION

6.1 Chief Human Resources Officer Departmental Report

M. Benson-Albers reviewed the report and provided the following highlights;

- Activities have been consumed and focused on responding on the pandemic
Performance Appraisal completion is quite low right now and typically we have high compliance. The decision was made to suspend this process due to the pandemic. Human Resource team is reviewing what process will be needed to get this back on track
- Engagement; CEO Advisory Council – met several times, very good group, very motivated, committed to making their workplace better, CEO has created a welcoming environment to do this. This group has been included in the budget process. COVID-19 communication efforts to keep employees engaged and informed. Communications Team has been diligent throughout the pandemic to keep staff in the know and

informed through daily and weekly reports. CEO has done walkabouts/units and received good info from staff.

- Pandemic Pay: significant time and energy spent by Human Resource and payroll to get this done, last installments from government then wrapped up.
- Labour relations: did a great job concluding all agreements, won't be in bargaining until next year, challenging in the pandemic, managed through initiatives such as redeploying staff
- Diversity Working Group: call out for volunteers will occur soon.
- Annual Awards and Recognition event: will look different this year, not an in person event. New 'Joy at Work' award.

6.2 Chief Nursing Officer Report

M. Campigotto reviewed the report and provided the following highlights:

- e-VOLVE; well positioned for go live in November, training is taking place, next step is the loading of all patient data
- Pandemic: majority of work focused on the implementation and sustainment of the Public Health and Incident Management measures for prevention and minimizing the spread, ensuring patient and staff safety
- Infection Control: plans underway for the influenza season
- Pharmacy: diligently working through the spring and summer months to obtain outpatient pharmacy license – we were successfully accredited in August. This will allow HDGH to supply medications to our outpatients and fill patient's prescriptions at the time of discharge

6.3 Annual Risk Management Plan approval

Deferred

7.0 EXECUTIVE HIGHLIGHTS

7.1 Chief of Staff Report

(i) Q2 Objectives

Dr. A. Steen highlighted the objectives for Q2;

- Mostly focused on e-VOLVE
- Significant amount of work spend to provide the ongoing education component to physicians; online option presents difficulties

7.2 President and Chief Executive Officer Report

(i) Q2 Objectives

J. Kaffer highlighted the objectives for Q2;

- Pandemic Response: IMRT continues to meet and review plans/processes to address this

- Workplace Violence Committee: highlighted by Health Standards Organization in a recent Leading Practice Submission on Embedding a Culture of Safety via a Workplace Violence Prevention program
- Long-term Care Application: under review by Ministry of Health
- People: held first virtual CEO Quarterly Conversation

7.3 Board Chair Report
Nothing to report

8.0 DATE OF NEXT MEETING – NOVEMBER 25, 2020 AT 4:30 PM, VIA ZOOM

9.0 CORRESPONDENCE

Q1 Report from WE Spark Health Institute; will be provided regularly.

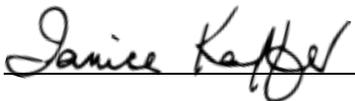
The Board agreed that this was a suitable process for reporting/updating on any initiatives.

10.0 MOTION TO MOVE IN CAMERA

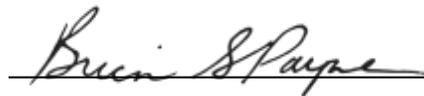
It was moved by K. Blanchette and seconded by M. Horrobin THAT the meeting move in camera. CARRIED

11.0 ADJOURNMENT FOLLOWING THE IN CAMERA MEETING

An in camera motion having been passed to move the meeting out of in camera, the Chair terminated the meeting at 8:32pm



Janice Kaffer, CEO



Brian Payne, Board Chair