Sandy Hill Community Health Centre / Centre de santé communautaire Côte-de-Sable

Board of Directors Meeting
Réunion du conseil d'administration

January 15 janvier 2025
5:30 – 8:00 p.m. / 17 h 30 – 20 h 30
Virtual Meeting / Réunion virtuelle

Approved Minutes / Procès-verbal approuvé

PRESENT:	Glen Barber – Board Chair; David Clements – Vice Chair; Elizabeth Sanderson – Vice-Chair; Karen Capen – Board Secretary; Hubert Paulmer – Treasurer; Sonia Granzer, Noor Hameed, Gaya Jayaraman, Hélène Laperriere, Aynsley Morris, Stéphanie Pelletier, Chantal Rioux, Rodney Stehr, Swapna Stephen – Board Directors
ABSENT WITH REGRETS:	Nives Ilic, Kyle Robinson – Board Directors
STAFF GUESTS:	Robin McAndrew – Executive Director Jessica Menard and Banks Zero – Staff Representatives
OTHER GUESTS:	Diane Kampen – Project Coordinator for Accreditation Rebecca D'Souza and Shakil Choudhury – Anima Leadership
MINUTES:	Cristina Coiciu – Executive Assistant

The meeting was held virtually via TELUS Business Connect platform.

	ITEM	ACTION
1.	**Verification of Quorum / Vérification du quorum** A quorum was achieved for this meeting. / Le quorum a été atteint pour cette reunion.	**- Glen Barber**
2.	**Declaration of Conflict / Déclaration du conflit d'intérêt** No declaration of conflict was made. / Aucune déclaration de conflit n'a été faite.	**- Glen Barber**
3.	**Approval of Agenda / Adoption de l'ordre du jour** *It was moved by Gaya J. and seconded by Chantal R. to approve the agenda as presented. / Il a été proposé par Gaya J. et appuyé par Chantal R. d'approuver l'ordre du jour tel que présentée.* **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**	**- Glen Barber**
4.	**Consent Agenda / Résolutions en bloc** It was requested to take out from the Consent Agenda the Advocacy Policy and Procedure, as it needed further review. The policy was deferred to the next meeting. The Consent Agenda included the following items:	**- Glen Barber**

	- Item 4.1 Approval of Minutes of the Meeting on November 23, 2024 / Approbation du procès-verbal de la réunion du 23 novembre 2024 : *To approve the draft minutes of the meeting on November 23, 2024, as presented. / Approuver le projet de procès-verbal de la réunion du 23 novembre 2024, tel que présenté.* - Item 4.2 Annual Review of the Emerging Issues Committee Terms of Reference / Examen annuel du mandat du Comité sur les questions émergentes : *To approve the reviewed and revised Terms of Reference, as recommended. / Approuver les termes de référence révisés et révisés, comme recommandé.* - Item 4.3 Advocacy Policy and Procedure Review / Examen de la politique et des procédures de plaidoyer : *The policy was deferred to the next meeting due to the need for further review. / La politique a été reportée à la prochaine réunion en raison de la nécessité d'un examen plus approfondi.* - Item 4.4 Media Relations Policy and Procedure Review / Examen de la politique et des procédures en matière de relations avec les médias: *To approve the reviewed and revised policy and procedures, as presented. / Approuver la politique et les procédures revues et révisées, telles que présentées.* - Item 4.5 Code of Conduct Policy and Procedure Review / Examen de la politique et des procédures du code de conduite – *To approve the reviewed and revised policy and procedure, as presented. / Approuver la politique et les procédures revues et révisées, telles que présentées.* *It was moved by Aynsley M. and seconded by Gaya J. to approve the Consent Agenda, as amended. / Il a été proposé par Aynsley M. et appuyé par Gaya J. d'approuver les résolutions en bloc, tel que modifié.* **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**
5.	**Equity Diversity and Inclusion Audit (EDI): - Rebecca D'Souza/Shakil Choudhury Purpose and Process / Audit de l'équité, de la diversité et de l'inclusion (EDI) : objectif et processus** Rebecca D'Souza and Shakil Choudhury, co-founders of Anima Leadership, offered a presentation on the EDI upcoming audit, purpose and process. - The audit is not an investigation but an assessment of the organization's EDI strengths and areas for growth. - Key areas assessed include leadership and governance, HR policies, organizational climate, data collection, and employee experience. - The survey includes sections with Likert scale questions and demographic questions. It aims to provide a score and report on the organization's current EDI state. - The survey is anonymous, and data is presented in aggregate form to ensure confidentiality. Collecting demographic data for identifying and addressing equity gaps is legal and considered best practice. - Data helps identify systemic issues and track trends, which is crucial for improving employee work life and organizational health. - After data collection, the results will be analyzed and presented in a report with recommendations. The report will help in creating an action plan for EDI improvements. The presentation also touched on the importance of setting realistic expectations and using the audit as a baseline for future improvements.
6.	**Introduction to the Accreditation Process / - Diane Kampen Introduction au processus d'accréditation** Diane Kampen offered a presentation on the Accreditation process and Board and staff involvement. Following are the key points covered:

- Accreditation ensures a basic level of quality in an organization, including risk management and legislative compliance. It provides an opportunity for self-assessment and external feedback.
- The Canadian Centre for Accreditation (CCA) is the accrediting body for community health centers in Ontario. CCA is a non-profit organization with both volunteers and paid staff who support the accreditation process.
- The process includes six steps on a four-year cycle: connecting with CCA, preparing, site visit, preliminary results, accreditation decision, and ongoing work between reviews.
- The current process is built on an older process developed by community health centers in Ontario, formerly called Building Healthy Organizations (BHO).
- There are common standards for all agencies and sector-specific standards for community health centers. The review team will assess documents, conduct interviews, and observe the site to ensure compliance with standards.
- Possible outcomes include full accreditation, conditional accreditation, or not being accredited (highly unlikely for SHCHC).
- Full accreditation requires meeting all mandatory standards and a certain number of leading practice standards.
- The Board, particularly the NGC, plays a crucial role in preparing documents and policies for the review.
- Staff leads from the Quality Improvement and Performance Management team will support the process.
- The site visit is scheduled for December 9-11, 2025.
- Documents must be submitted to CCA by September 30, 2025, with preparation starting now to meet the July 1, 2025, deadline for document readiness.

Diane K. emphasized the importance of thorough preparation and support from both staff and the Board. The presentation included a timeline and detailed steps to ensure readiness for the accreditation process. The Board will receive regular updates on the accreditation workplan and status of activities.

7. Board Committees Reports / Rapports des comités du conseil d'administration

7.1 Audit and Finance Committee (AFC) / Comité d'audit et des finances (CAF)

There were no major updates at this time. The next AFC meeting is scheduled for February 13, when the committee will review the Q3 financial reports.

7.2 Nominations and Governance Committee (NGC) / Comité des nominations et de la gouvernance (CNG) **- Karen Capen**

The Board Secretary reported that the committee has been very busy with various tasks and planning. There were meetings in December and early January to discuss routine business, Board recruitment plans and accreditation work. Here are some key points:
- The committee has been handling self-assessment and skills inventory surveys.
- There seems to be a minimal need for recruitment this year, but there will still be a call for nominations in the spring.
- Accreditation work will be a major focus over the next few months, with meetings scheduled to address Board policies and other related issues.

7.3 Quality and Performance Committee (QPC) Comité de la qualité et de la performance (QPC) **- David Clements**

There were no major updates at this time. The next QPC meeting is scheduled for February 12, when the committee will review the Q3 performance reports and the draft Quality Improvement Plan for 2025-2026.

	7.4 Emerging Issues Committee (EIC) / Comité des questions émergentes (CIE) **- Elizabeth Sanderson** Vice-Chair Elizabeth S. offered the following updates: - The EIC met on November 25th to review the Terms of Reference, advocacy policy, and media relations policy, deciding to maintain the status quo. - The next EIC meeting is scheduled for February 5, where they will discuss potential resolutions to put forward to the Alliance Board before the end of February. - There will be a review of the Harm Reduction Policy and an update on relationships with communities. - A significant emerging issue, the Constitutional challenge, will be discussed in detail. - These priorities align with the strategic objectives of the Centre, focusing on service delivery, access to primary care, harm reduction, housing affordability, and poverty.
8.	**8.1 Executive Director's Report / Rapport de la directrice générale** **- Robin McAndrew** The Executive Director offered updates on the following items: - Living wage commitment: the agency is committed to ensuring all employees start at a living wage, even if it means starting them at a higher step level on the salary scale. This is a symbolic but important statement in the current compensation climate. - Primary care intake: the primary care team has been working on improving waitlist management to ensure clarity and consistency in prioritizing patients. They have temporarily closed intake to manage the new cohort of high-priority cases and to develop a clearer statement on prioritization. - Organizational restructure – BRF25-002-B: the agency is phasing out one Director position and redistributing responsibilities to other corporate Directors. This restructure is driven by budget overruns and aims to create development opportunities for staff. There will be some layoffs and position changes, but efforts are being made to find alternative work for affected employees. - Health Promotion: the Health Promotion and Chronic Disease Management team will be restructured and integrated with Primary Care. This aims to embed health promotion across the agency rather than having it as a standalone department. - Exemption application: we are close to submitting an exemption application to Health Canada to continue to operate the CTS, despite some opposition from the community. This application is crucial for continuing our current services.
	8.2 Constitutional Challenge – BRF25-001-B / Contestation constitutionnelle **- Robin McAndrew/Elizabeth Sanderson** The following updates were provided by the Executive Director and Vice-Chair Elizabeth S.: - A group is organizing a constitutional challenge against the Community Care and Recovery Act 2024, which will come into force on April 1, 2025. The challenge focuses on sections of the Act that prevent the opening or continuation of CTS (Consumption and Treatment Services) sites, arguing that these provisions violate sections 7, 12, and 15 of the Canadian Charter of Rights and Freedoms, as well as the division of powers between federal and provincial governments. - The court relies on interveners to provide detailed information to inform their decision. The strategy is to group interveners into coalitions to streamline the process. Sandy Hill CHC is considering joining a coalition of interveners to support the challenge. - The lawyers for the original application and the coalition of interveners are working pro bono. There is a limited financial risk if the challenge is unsuccessful. The challenge is seen as having strong legal merit based on existing precedents, such as the 2011 Supreme Court decision in the Insight case. - The Act includes provisions that could affect Sandy Hill CHC, such as restrictions on CTS sites near schools or daycares. There is also concern about the requirement for

	provincial approval before applying for federal exemptions, which could impact the center's operations. The Board discussed the potential risks and benefits of joining the coalition. Concerns included the political implications, the impact on future funding applications, and the message it sends to staff and clients. The Board ultimately decided to support joining the coalition, recognizing the alignment with their advocacy priorities and the importance of supporting CTS services. Tthere will be ongoing updates and discussions about the challenge. The focus will be on proactive communication and advocacy to support the Centre's position and values.
9.	**Information Items / Des points d'information** **9.1 Schedule of Presentations at Board Meetings / Calendrier des présentations lors des réunions du conseil d'administration** **- Glen Barber** The Board Chair indicated that the schedule of presentations for the Board meetings was very well done, in a thoughtful approach. He recognized that scheduling could be very challenging due to availability of presenters and/or other emerging issues. He proposed some additional options: - Engaging key stakeholders: inviting key stakeholders to Board meetings or as guest speakers can foster good relations and provide valuable insights. The new President of Action Sandy Hill and Rob Boyd would be excellent examples of stakeholders who could offer meaningful contributions. - Program area presentations: cycling through different program areas to introduce Board members to the people responsible and their work can provide a comprehensive understanding of the organization's operations. This approach can also highlight the impact of various programs and initiatives. - Survey for suggestions: including a question in the self-assessment survey about potential presenters or stakeholders is a proactive way to gather input from Board members. This can help identify valuable speakers and ensure diverse perspectives. - Balancing required and optional presentations: while some presentations are necessary (e.g., insurance and risk management), balancing these with more engaging and informative sessions can keep Board meetings dynamic and interesting.
9.	**In-camera / À huis clos** The Board Chair called for a discussion in camera and invited staff members to close their virtual connection. *It was moved by Aynsley M. and seconded by Chantal R. to move the discussion in camera. / Aynsley M. a proposé, et Chantal R. a appuyé, de déplacer la discussion à huis clos.* **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE** The in-camera session was called to discuss and approve the minutes for the in-camera discussion from the Board meeting on October 16, 2024, about a staff complaint and mitigation. *It was moved by Karen C. and seconded by David C. to approve the minutes, as presented.* **ALL IN FAVOUR - CARRIED** *It was moved by Noor H. and seconded by Gaya J. to close the discussion in camera. / Noor H. propose, appuyée par Gaya J., de clore la discussion à huis clos.* **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**

Adjournment: 8:30 p.m.

NEXT MEETING – February 19, 2025