



**MINUTES**  
**BOARD OF DIRECTORS OF**  
**CMHA WW**  
**APRIL 25, 2019**

**Present:** Mary Kriksic, President  
Andrew Best, Board Member  
Anthony DiCaita, Board Member  
Jacqueline Marshall, Board Member  
Helen Fishburn, Acting Executive Director/Senior Director of Services & System Transformation  
Heather Eddy, Senior Director People, Culture & Quality  
Tim Lewis, Senior Director Finance & Organizational Performance  
Alison DeMuy, Director of Strategy & Innovation  
David Pell, Board Vice-President  
Lynda Davenport, Board Member  
Katharina Markowiak, Board Member  
Dian Shannon, Board Member

**Absent:** Donnamarie Dunk, Board Member (with prior notification), Krista Walford, Secretary-Treasurer (with prior notification), Julie Nicholls, Board Member (with prior notification), Fred Wagner, Executive Director (with prior notification).

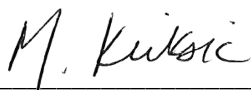
**Recorder:** Minerva Sánchez Rudman, Senior Executive Assistant

**Guests:** Brooke Young, Director of Services.

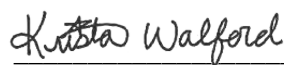
<b>Welcome and Introductions</b>	
<b>Here 24/7 Presentation</b>	<p>Brooke provided an overview of the Here 24/7 service.</p> <p>Here 24/7 was born out of an idea to have a single place to call as accessing the system was too complicated. This is currently the front door for 11 service providers to mental health and addictions in Waterloo Wellington.</p> <p>The service completes an initial assessment to identify the direction for individuals looking for supports. The service also provides a crisis service for people struggling with suicidal thoughts or behaviours, homicidal thoughts, and/or families calling looking for supports for their loved ones whom they are concerned for.</p> <p>62,347 calls received last year, with a 67.86% call answer rate and 11,918 individuals served. 7,991 calls were received with anonymous requests; as well as 12,036 admissions for known residents.</p> <p>3,265 individuals are still waiting for services, and some have waited for 10 yrs for services such as supportive housing. The service with the longest wait is supportive housing, followed by counselling and treatment, support coordination and psychiatry (419 people).</p> <p>Successes:</p> <ul style="list-style-type: none"> <li>• A good understanding of wait times, based on actuals.</li> <li>• Navigating the system has been improved.</li> <li>• Process improvements for CMHA referrals.</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>• We are unable to control the flow.</li> <li>• Maintaining staffing levels (currently 10 vacancies).</li> <li>• Significant documentation must be completed as there isn't an integrated health record</li> </ul> <p>CMHA Peel is in the process of adopting a similar model. CMHA WW has been in conversations with other branches to offer them our model and information.</p>
<b>Call to Order</b>	

<b>Declarations of Conflict</b>	None declared
<b>Approval of Consent Agenda</b>	It was duly <b>MOVED and SECONDED THAT</b> the consent agenda be approved. <b>CARRIED.</b>
<b>PQRE Committee</b>	<p>Jacqueline provided an overview of the dashboard the committee and staff have developed and the five categories identified for reporting.</p> <p>Tim provided an example of how the psychiatry waitlist is tracked and reported.</p> <p>Counselling and treatment and support coordination waits are reported as increased as a result of the transition to the FACT service model.</p> <p>Due to the public launch of the complaints process, an increase has been noted on this domain.</p> <p>Tim suggested that indicators be adaptable so that the board can review areas of focus as they emerge. Once there is a balance achieved the indicators would be removed from the dashboard.</p> <p>Comments/ Feedback:</p> <ul style="list-style-type: none"> <li>- Helpful to have benchmark or target on graphs, otherwise only tracking trends.</li> <li>- Improving labels on the charts would be helpful to have better understanding of how the chart works.</li> <li>- Having the dollar amounts on the surplus chart would be helpful.</li> <li>- Adding footnote to clarify the rationale for increases such as the increase in workplace violence.</li> <li>- Indicating the number of staff involved in the turnover would be helpful.</li> <li>- Reporting charts and graphs need to be kept simple so that they are easily understood.</li> <li>- Data is being refreshed with elements on a monthly, quarterly and yearly basis.</li> <li>- HR metrics are tracked and reported to Resources committee.</li> </ul> <p>Board members were encouraged to send specific feedback directly to Tim on how to improve the dashboard.</p> <p>It was duly <b>MOVED and SECONDED THAT</b> the Board accept the Dashboard. <b>CARRIED.</b></p>
<b>Budget Review</b>	<p>The MSAA contract submitted to the WWLHIN was circulated with the budget information. The Community Accountability Submission can be distributed, as this encompasses last year's budget.</p> <p>Tim reported that the budget was balanced due to vacancy management and underestimating fundraising. Communication from the provincial government has not outlined any budget cuts.</p> <p>This year's fundraising goal is \$400,000, last fiscal year \$180,000 were received through fundraising initiatives/events.</p> <p>It was duly <b>MOVED and SECONDED THAT</b> budget be approved. <b>CARRIED.</b></p>
<b>System Transformation Update</b>	<p>Helen provided an update.</p> <p>Highlights of the presentation:</p> <ul style="list-style-type: none"> <li>- OHT Expressions of Interest are due May 15, completed in partnership with other community organizations.</li> <li>- First teams will be announced in September.</li> <li>- 8 areas identified by which the teams are assessed. Target populations need to be identified. Submissions must include hospital, home community care and primary care. Domains for readiness assessment: patient care &amp; experience, patient partnership &amp; community engagement, defined patient population, in-scope services, leadership, accountability and governance, performance measurement,</li> <li>- Rural Wellington has decided not to submit an application at this time. The remaining three sub regions are moving ahead with a submission by May 15. The announcement on early adopters is expected June 3. If the submissions are not selected then they will be labelled as being in discovery mode.</li> </ul>

	<ul style="list-style-type: none"> <li>- Susan Fitzpatrick appointed as interim OHT CEO.</li> <li>- At each of the tables there is project help to assist with the submissions. Biggest challenge is to be present at each of the tables. Helen and Alison are working closely to cover all meetings and discussions.</li> <li>- Operating planning is ongoing and will be brought to next month's meeting. the Senior Leadership is collaborating to cover all the work currently underway.</li> <li>- Guelph is ready to move ahead with their submission. Two priority populations identified: Mental Health &amp; Addictions and Palliative</li> <li>- Cambridge North Dumfries leadership group has identified a model. Mental Health and Addictions identified as potential first step for priority populations.</li> <li>- KW4 have hired a consultant and identified four priority populations: Medically complex, socially vulnerable, rural, frail elderly. This group expects to be placed in discovery phase.</li> <li>- Rural Wellington will not be proceeding with a submission at this point. A full day discussion being held April 29, with an intent to submit in the fall.</li> <li>- The submissions are not a binding agreement there isn't a requirement for board approval. However, Helen is requesting Board support that CMHA be a signatory.</li> <li>- Has consideration been given to hiring someone to look after the work involved in these submissions/applications? This can be considered once the next step is reached.</li> <li>- A summary of the issues the board should consider was requested.</li> <li>- Alison added that announcement was made that new funding will only be given to OHTs. And informed the board that two WWLHINs have come together to submit a single application</li> </ul> <p>Board members expressed their support for Helen to continue with the submission for the OHT.</p>
<b>Update on Shoppers Run for Women</b>	<p>Event planning is progressing well. Shoppers Drug Mart has expressed positive feedback about the partnership relationship with CMHA.</p> <p>Staff volunteered at the various stores (16 stores, Kitchener/Waterloo/Cambridge) for three hour shifts to engage with the public. Media spots have featured the run and CMHA. At this time, a 22% increase in registration has been seen over last year (878 registered runners), online fundraising is currently at 60% more than at this time last year. Volunteers are still needed for the event.</p> <p>Donation information will be circulated to board members once again. Board members were encouraged to attend.</p> <p>Alison provided an overview of the "Youer than You" event. Happening May 10 at "The Museum", with food vendors, beer/cider/spirits/wine tastings, music, fashion and entertainment with donations coming to CMHA. Helen will be the charity representative.</p>
<b>In Camera</b>	It was duly <b>MOVED and SECONDED THAT</b> we move in camera. <b>CARRIED.</b>
<b>Approval of Minutes January 31, 2019 and February 28, 2019</b>	
<b>Space Update</b>	
<b>WWLHIN Funding</b>	
	It was duly <b>MOVED and SECONDED THAT</b> we move out of camera.
<b>Adjournment</b>	It was duly <b>MOVED and SECONDED THAT</b> the meeting be adjourned.
A meeting without management was held.	



Mary Kriksic  
President



Krista Walford  
Secretary-Treasurer