

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)**  
**BOARD OF DIRECTORS MEETING MINUTES**  
**Wednesday January 26, 2022 5:30 – 8:00 pm**  
**By Zoom**

- Present:** William McClounie (Chair), Helen Bolton (Vice Chair), Clara Howitt (Secretary), Jackie Dent (Treasurer), Ken Stewart, Camille Armour, Justine Taylor, Alix Khanafer (joined at 6:00 pm)
- Staff:** Rita Taillefer (ED), Sheraz Thomas (Director Data Management & Corporate Services),
- Recorder:** Lynn Thomson, Executive Assistant, Recorder
- Guest:** Shawn Rumble, Addiction Support Worker Coordinator

Quorum was achieved. Eight (8) of eight (8) Board Members were present.

- W. McClounie called the meeting to order at 5:30 p.m. and asked members to identify any conflict of interests at this time. None were declared.
- There were no requests made to “unstar” any items therefore the ‘starred’ (\*) items were deemed approved or received.

- \* **Approval of the January 26, 2022 Agenda as presented.**
- \* **Approval of the November 24, 2021 Board Meeting Minutes as circulated.**

**1. Addiction Support / STEPS Program (Shawn Rumble)**

- A Power Point Presentation was provided to highlight the work the Addiction Support Worker Team carries out in the community with clients and community partners.

**2. Chair’s Report (Reported by W. McClounie)**

- **Annual Board Committee Survey 2021:** The Annual Board Committee Survey was sent via email last week for completion via Survey Monkey. A reminder was given for all to complete the survey. Results will be presented at the next Board Meeting.

**3. Board Liaison Report (Reported by J. Taylor)**

There was a Board Liaison Webinar held on January 19, 2022 focusing on Strategic Plan update, Black Health Strategy, and general Alliance updates.

The Alliance Strategic Plan is in the final stages. This will be sent to the Board and Liaisons by the end of January. They are requesting feedback by March 31, 2022 (one response for the entire organization – Board and organization). The feedback will be discussed at the March 23 Board Meeting. The Black Health Strategy will be released in the near future which will require Board discussion. The Health Equity Strategy is required to be reaffirmed yearly when re-released. There is a Board Self-Assessment Tool that is in its development stage with an expected launch in April 2022. The call for Resolutions is due in February. At this point there are no resolutions to be put forward from weCHC. Nominations for Board Members are due February 15, 2022.

**4. Executive Director’s Report (Reported by R. Taillefer)**

**COVID Vaccination Policy**

The Mandatory Vaccination Policy remains in place.

### **COVID Updates / Vaccination Clinics**

Work is continuing with weekly vaccination clinics at Sandwich site with CRST Team. Some weCHC staff have been seconded to assist the team.

### **Consumption Treatment Site (CTS)**

There was a City of Windsor Council Meeting held on January 17 where the Council voted in favor of a CTS being established at 628 Goyeau. This is in partnership with WECHU but will be operationalize by weCHC. The final application will be submitted by February 14, 2022. Work has started on the site, prior to the approval. Additional funding will be attached to this program to recruit new staff and operationalize.

### **Mobile Clinic**

weCHC on Wheels (mobile clinic) will soon become a resource available to all organizations in our region. We have partnered with the Community Support Centre of Essex County who will take over the operations of the unit. This resource will be available to many organizations to ensure that the unit is utilized to its full capacity and not parked for extended periods of time. Community organizations will have the ability to "book" the unit for a day to provide the opportunity to meet community needs that cannot be met in a "bricks and mortar" location. This partnership has been approved by Ontario Health. Monthly "outings" are being planned to distribute clothing and food to those in need.

### **Substance Abuse Program for African and Caribbean Canadian Youth (SAPACCY)**

This will be operationalized at the Teen Health Site. This is a partnership with CAMH. Additional funding will be attached to this program to recruit new staff to operationalize.

### **Eating Disorder Intensive Out-Patient Program**

The funding has been moved to WRH. The partnership between the hospital, weCHC and BANA will run this program. It is hoped to be up and running by the end of January. Additional funding will be attached to this program to recruit new staff and operationalize.

### **Site Updates:**

- **Diabetes:** No update
- **Leamington:** No update
- **Pickwick:** No update
- **Sandwich:** No update
- **Street Health:** No update
- **Teen:** No update

**Motion: A Motion was made to accept the Executive Director's Report as presented.**

**Moved:** C. Howitt

**Seconded:** A. Khanafer

No Discussion

Carried

## **5. Committee Reports**

### **Finance Committee (J. Dent)**

- The Committee last met December 15, 2021 and will meet next on February 16, 2022. The minutes were included in the Agenda Package.

• **Monthly Factual Certificate – November 2021**

**MONTHLY FACTUAL CERTIFICATE**

To: **Board of Directors**  
**Windsor Essex Community Health Centre (weCHC)**

The undersigned hereby certifies that, to the best of his/her knowledge, information and belief after due inquiry, as at November 30, 2021.

1. weCHC is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
  - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
  - Ontario Employer Health Tax;
  - Harmonized Sales Tax
  - Workplace Safety and Insurance Board (WSIB)
 and they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. weCHC is in compliance with all applicable Health and Safety legislation and all applicable Pay Equity legislation.
3. weCHC is in compliance with the requirements of the Corporations Information Act and has updated and verified its corporate public record, by submission of Form 1 within 15 days of any change to Board membership; last submission June 29<sup>th</sup>, 2021.
4. weCHC is in compliance with the requirements of the Income Tax Act, and date of last filing of form T3010, Registered Charity Information Return is July 9, 2021.
5. weCHC is providing the prescribed standard of service in the performance of its functions and following the prescribed procedures and practices in accordance with our funding agreements, as reported to the Board of Directors of weCHC through the following reports:
  - Monthly Financial Report reviewed with Executive Director
  - Quarterly report to MOHLTC (MIS OHRIS TB) submitted: October 15, 2021
  - Quarterly report to LHIN (SRI) report submitted: November 3, 2021
  - Quarterly reports to Board
  - Annual Reconciliation Report to Various MOHLTC Departments – June 2021
  - CAPS Refresh approved: March 15, 2019

Dated on the 6<sup>th</sup> day of December, 2021 in Windsor, Ontario

  
 Rita Tallifer  
 Executive Director

**Q2 Variance Report**

WECHC Program Budget Variance Report For Period: Sept, 2021				
Program	Annual Budget	Year to Date		Variance
		Budget	Actual	
<b>CHC Core (LHIN/MOHLTC)</b>				
<b>Restricted</b>				
Physicians	2,495,773	1,320,931	1,192,879	128,052
Non-Insured/Sessional	10,000	5,000	-	5,000
	2,505,773	1,325,931	1,192,879	133,052
<b>Unrestricted</b>				
Operating	8,150,440	4,075,220	4,050,819	24,401
	8,150,440	4,075,220	4,050,819	24,401
<b>Total</b>	<b>10,656,213</b>	<b>5,401,151</b>	<b>5,243,698</b>	<b>157,453</b>
<b>Dedicated Funding</b>				
<b>MOHLTC</b>				
Nurse Practitioner-Eating Disorders	202,682	101,341	101,279	62
Harm Reduction SAP	412,800	206,400	189,913	16,487
Diabetes Wellness	2,417,107	1,208,554	1,111,572	96,982
Chronic Disease Management	1,332,982	666,491	592,584	73,907
Hepatitis C Virus Team	477,465	238,733	236,538	2,195
Ontario Diabetes Strategy	263,400	131,700	102,879	28,821
	5,106,436	2,553,218	2,334,765	218,453
<b>Other Funding</b>				
Substance Abuse (MCYS)	183,379	91,690	91,982	(293)
Maryvale	86,114	43,057	43,126	(69)
	269,493	134,747	135,108	(362)

Unrestricted Surpluses	195,290
Adjustments to Operating Surplus	
Other Sources of Fund Type 2 Revenue	134,683
YTD Surplus/Deficit	329,973

- **Q2 Staff Report**

**Core Funding**

**Physician Salaries:** As of September 30, 2021, the physician compensation program ran a surplus of \$128,052 due to partial vacancy through a physician's retirement. We are currently at full complement, as the vacancy has been filled, and we anticipate ending the year in a balanced position.

**Non-insured funding:** This funding is for diagnostic testing for clients who, for various reasons, do not have access to OHIP. \$10,000 has been requested for reallocation with Ontario Health West approval by year-end.

**Core Operating Expenses:** On September 30, 2021, there was a \$24,401 surplus in our General Operating funding. This position will be monitored and planned for to ensure no recovery by the ministry at the end of the year.

**Designated Funding**

**Nurse Practitioner - Eating Disorders:** This program is on budget.

**Harm Reduction Substance Abuse Program:** Has a Q2 surplus of \$16,487 due to reduced operating expenses.

**Diabetes Wellness:** Has a Q2 surplus of \$96,982 due to a staff retirement that was not replaced. We are looking at realigning the ongoing variance into the general budget to prevent any future surplus.

**Chronic Disease Management:** Has a Q2 surplus of \$73,907 and is functioning within its funding parameters. This position is due to a realignment of staffing. If the surplus is not utilized within the program, a reallocation into global operating will be done as permitted.

**Hepatitis C Virus Team:** This program is on budget at the end of Q2.

**Ontario Diabetes Strategy:** has a Q2 surplus of \$28,821 due primarily to savings from not incurring regular venue costs for classes and presentations, as these have transitioned to virtual offerings.

**Summary**

At the end of Q3, we are at an overall surplus of \$329,973, with firm plans to significantly utilize this surplus by the end of Q3.

- **Notice of Settlement for Sandwich Capital Project**

The final Notice of Settlement from the Ministry for the Sandwich leasehold improvements was provided. There was an accrual for the \$10,820 that is due to be returned. The closes out the Capital Project.

**Motion: A Motion was made to accept the Finance Report as presented.**

**Moved:** C. Armour                      **Seconded:** H. Bolton                      No Discussion                      Carried

**Governance Committee (Reported by C. Howitt, Chair)**

- The Committee met January 5, 2022 and will next meet on February 16, 2022.
- **Governing for Health Equity – Training (through Alliance):** Agreement by all to register for this 5-module series. Each module is approximately 50-60 minutes. Once registration is complete an email will be sent directly to each Board and Committee Member. Following completion of the modules, the Board will set some time aside prior to the AGM for discussion and implementation.
- **Approval of Board Policies:**  
**Board – ED Linkage Policy:** The revised Policy was reviewed and approved as presented.  
Motion: A Motion was made to approve the Board-ED Linkage Policy as presented.

**Moved:** H. Bolton                      **Seconded:** J. Taylor                      No Discussion                      Carried

**Board Expectations of the ED Policy:** The revised Policy was reviewed and approved as presented.

Motion: A Motion was made to approve the Board Expectations of the ED Policy as presented.

**Moved:** K. Stewart                      **Seconded:** A. Khanafer                      No Discussion                      Carried

**Executive Director Performance Appraisal Process:** The revised Policy was reviewed and approved as presented.

Motion: A Motion was made to approve the Executive Director Performance Appraisal Process as presented.

**Moved:** C. Armour                      **Seconded:** H. Bolton                      No Discussion                      Carried

**Quality Utilization and Risk Committee (Reported by K. Stewart, Chair)**

- The Committee last met on October 27, 2021 and will next meet on February 23, 2022.
- The October 27, 2021 minutes were included in the November agenda package.

**6. In-camera – HR/Personnel/Finance Issues**

There were no In Camera Items.

**7. Any Other Business**

There was no other business.

**8. Adjournment**

**Motion:** A Motion was made to adjourn the meeting at 6:45 pm.

*Respectfully Submitted by Lynn Thomson*

**Approved March 23, 2022**

**Electronically signed – meeting via Zoom**

W. McClounie - Electronically Signed

W. McClounie, Chair

C. Howitt - Electronically Signed

Clara Howitt, Secretary



Lynn Thomson, Recorder