

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)**  
**BOARD OF DIRECTORS MEETING MINUTES**  
**Wednesday February 1, 2023 5:30 – 8:00 pm**  
**By Teams**

**Present:** Justine Taylor (Chair) – by phone, Camille Armour (Vice Chair), Clara Howitt (Secretary), Katelyn Dryden (Treasurer), Helen Bolton, Ken Stewart, Alix Khanafer, Christian Janisse, Nicole Dziamarski

**Staff:** Rita Taillefer (ED), Amy Palmer (Director HR & Clinical Practice), Nadine Manroe-Wakerell (Director, Clinical Practice)

**Recorder:** Lynn Thomson, Executive Assistant, Recorder

Quorum was achieved. Nine (9) of nine (9) Board Members were present.

- C. Armour called the meeting to order at 5:46 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 February 1, 2023 Agenda as presented.**
- \* **Approval of the November 23, 2022 Board Meeting Minutes as circulated.**
- \* **The Land Acknowledgement Statement was acknowledged and read.**

**1. Presentation by SAPACCY (Substance Abuse Program for African & Caribbean Youth)**

- The SAPACCY Team provided a Power Point presentation. This highlighted background of the program and the work the team are doing in Windsor Essex.
- The Team: N. Manroe-Wakerell – Director, Audrey Luguterah – Social Worker, Marcella Taylor – Social Worker, Marlow Downey – Case Worker (Absent).

**2. Chair's Report (Reported by J. Taylor)**

The Strategic Planning Day took place on Saturday, 28<sup>th</sup> January which was well received.

**3. Board Liaison Report (Reported by N. Diamarski)**

There will be a Board Liaison Webinar on October February 2, 2023.

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

**COVID Updates/Vaccination Clinics**

- Numerous staff continue to be off with COVID or COVID symptoms.
- Masks continue to be mandatory for staff and clients.
- Vaccination clinics being held on a regular basis in Leamington and Windsor (Sandwich location) every two weeks. Clinics are being held utilizing High Priority Community Funding dollars and coordinated by Laura Strathdee. Many of our employees have volunteered for these successful clinics. weCHC is the only organization in our region that continues to offer mass clinics for COVID and flu vaccinations. These clinics will discontinue at the end of March 2023 (due to funding).

**Site Updates**

- IT has moved our system to a place stability where all locations no longer have complaints with IT services. We are also moving away from the firm that was hired to provide IT services post

ransomware attack (significant cost savings). A positive that has come out of the ransomware attack is that we now have an absolutely "top notch" IT department.

- **Teen:** SAPAACY program is growing; the team is developing awareness in our communities.
- **Intensive Eating Disorder Out Patient Program (EDIOP):** The collaboration with WRH and BAN is growing. We have hired a new physician at Teen Health who has been onboarded to take the reigns over" from Dr. J. Warwaruk when she retires (she is building capacity in the treatment of Eating Disorders clients)

#### **Street**

- No updates. We continue to explore the possibility of co-locating with the city of Windsor at the future site of H4 (Water World).

#### **Diabetes Wellness**

- The Pickwick Team has moved to the Diabetes site. The Pickwick medical team moved to the DW location in early January. The Pickwick lease will be up in three years and will not be renewed. We are using the space for group activities currently.

**Sandwich:** No updates.

**Leamington:** High priority funding is being utilized to run Sunday walk in clinics which are very busy.

#### **Finance**

- We will end the year with no surplus: We anticipate a small surplus but have a plan in place to address the excess. The finance team has also started foundational work (with Ontario Health) on our 23/24 budget. Patty and her team are also working with new auditors this year which will take a large portion of their time.

#### **CTS**

- Currently interviewing for a Manager, RNs and RPNs.

#### **Ontario Health Team**

- Lots of work being done in the "mental health and addictions" field. We are working with local MH organizations to develop a coordinated access process. weCHC sits on a committee that is "thinking outside of the box"... looking at ways in which we might change what we're doing now. At the present time priorities are: 1) require police intervention when in reality they require a response team 2) report to the ED 3) require EMS intervention.
- The committee, with the blessing of OH are looking at all methods to make change. This includes reallocating dollars and services to areas where they might be better suited, exploring the option of extending hours, looking at current positions and repurposing to meet the need. We are the only health care team organization that has been included in this work.

#### **Application for Funding – Gordie Howe Bridge**

- "Seasons of health" initiative: series of new and existing programs at Sandwich location. Summer wellness bags (reduce risk of dehydration, and sunburns – water bottles and sunscreen and hat) Winter Wellness – distributed to most vulnerable for cold/flu – toilet paper, lip balm, tissues, Gatorade, etc.
- Colors of Health – seasonal art program 4 X/year. Aimed at reducing stress and social isolation.
- Wellness Health Fair – 2X/year – provide resources- bring together community agencies.
- Feeding Sandwich Town: addressing food insecurity in partnering with community agencies to set up a food bank. The Health Promotion Team have developed a cookbook of simple recipes with items that are found in food banks. Grocery gift cards will also be available.
- A year long program starting in July 2, 2023.

- Board Approval is required. All were in agreement to move forward with this application.  
**Motion: A Motion was made to endorse the Application for approval as presented.**  
**Moved: C. Howitt      Seconded: A. Khanafer      No Discussion      Carried**

### Q3 Executive Dashboard

The Q3 Dashboard was presented and discussed. Work is ongoing to get the wait lists and cancer preventative screenings done. The staff have worked incredibly hard to bring panel sizes up to 100%. HR resources – sick time has increased and turnover has gone up due to lack of funding for increases in salaries. The newer report is favored as shows trending over the quarters.

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

**Moved: N. Dziamarski      Seconded: C. Howitt      No Discussion      Carried**

## 5. Committee Reports

### Finance Committee (K. Dryden)

- The Committee last met December 14, 2022 and will meet next on February 15, 2023. The current financial position was reviewed and no concerns were raised.

### Monthly Factual Certificate – October 2022

#### 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 October 31, 2022.

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 July 7, 2022.
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, 2022.
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 OHRS TB) submitted: October 15, 2022
  - Quarterly report to LHIN (SRI) report submitted: June 7, 2022
  - Quarterly reports to Board
  - Annual Reconciliation Report to Various MOHLTC Departments – June 2022
  - CAPS Refresh approved: March 15, 2019

Dated on the 1<sup>st</sup> day of November, 2022 in Windsor, Ontario

  
 Rina Taillefer  
 Executive Director

## Monthly Factual Certificate – November 2022

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Windsor Essex Community Health Centre (weCHC)

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- 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 July 7, 2022.
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Dated on the 1<sup>st</sup> day of November, 2022 in Windsor, Ontario

  
Rina Taillefer  
Executive Director

## Q1-2 Variance Report

WECHC Program Budget Variance Report For Period: Sept. 2022				
Program	Annual Budget	Year to Date Budget	Actual	Variance
CHC Core (LHIN/MOHLTC)				
Restricted				
Physicians	2,426,773	1,247,897	1,181,931	85,966
Non-insured/Seasonal	19,000	8,000	2,917	2,083
	2,505,773	1,255,897	1,184,848	88,049
Unrestricted				
Operating	8,478,513	4,222,757	4,158,312	63,445
	8,478,513	4,222,757	4,158,312	63,445
Total	10,984,286	5,478,654	5,343,160	141,453
Dedicated Funding MOHLTC				
Existing Disorders/Substan	305,281	197,831	213,441	(16,811)
Harm Reduction SAP	412,800	206,400	203,732	2,668
Diabetes Wellness	2,318,742	1,169,371	1,137,210	3,161
Chronic Disease Manage	1,285,335	642,668	603,218	39,450
Hepatitis C Virus Team	477,465	233,733	243,803	(10,070)
Ontario Diabetes Strateg	263,400	131,700	129,102	22,602
	5,153,003	2,671,602	2,630,844	40,758
Other Funding				
SAPPACY	378,434	183,217	177,629	5,588
DIP	87,209	33,800	24,609	6,191
EO/OP	234,731	117,358	58,446	18,920
Marty's	86,114	43,057	43,817	(760)
	756,479	377,432	245,501	30,709
	16,196,765			
Unrestricted Surpluses				95,017
Adjustments to Operating Surplus				
Other Sources of Fund Type 2				85,113
Revenue				160,130
YTD Surplus/Deficit				

- **Q1-2 Staff Report**

**Core Funding**

**Physician Salaries:** At the end of Q2, the physician compensation program ran a surplus of \$85,926 due to one physician leaving and a delay in filling the position. 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. No re-allocation requests will be made as we anticipate this will be utilized due to the increasing number of uninsured clients we are seeing.

**Core Operating Expenses:** On September 30, 2022, there was a \$53,445 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 slightly overbudget as a result of Temporary Retention Incentive for Nurses. The funding received for this payout is not reflected in the funding

**Harm Reduction Substance Abuse Program:** Q2 is on target.

**Diabetes Wellness:** Has a Q2 surplus of \$2,121.

**Chronic Disease Management:** Has a Q2 surplus of \$39,452 and is functioning within its funding parameters. This 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:** Has a Q2 deficit of \$5,071. This program is slightly overbudget as a result of Temporary Retention Incentive for Nurses. The funding received for this payout is not reflected in the funding

**Ontario Diabetes Strategy:** has a Q2 surplus of \$22,598 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 Q2, we are at an overall surplus of \$180,130, with plans to utilize this surplus by the end of Q4. Surpluses will be directed to direct client care.

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

**Moved:** K. Dryden      **Seconded:** H. Bolton      No Discussion      Carried

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

- The Committee last met December 14, 2022 and will meet next on February 15, 2023.
- **Governing for Health Equity – Training (through Alliance):** All are required register through Alliance or contact L. Thomson if are facing issues.
- **Approval of Board Policies:**

**Board Evaluation and Development:** The revised Policy was reviewed and approved as presented.

**Motion:** A Motion was made to approve the Board Evaluation and Development Policy as presented.

**Moved:** C. Howitt      **Seconded:** N. Dziemarski      No Discussion      Carried

**Insurance Coverage:** The revised Policy was reviewed and approved as presented.

**Motion:** A Motion was made to approve the Insurance Coverage Policy as presented.

**Moved:** C. Howitt      **Seconded:** Dziamarski      No Discussion      Carried

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

- The Committee last met on October 26, 2022 and will next meet on February 22, 2023.
- The contents of the minutes from October 26, 2022 were reviewed and discussed at the previous Board Meeting.

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

**Motion:** A Motion was made to move to In Camera at 6:30 pm.

**Moved:** H. Bolton      **Seconded:** A. Khanafer      No Discussion      Carried

**Motion:** A Motion was made to move to out of Camera at 7:30 pm.

**Moved:**      **Seconded:**      No Discussion      Carried

**Items Discussed:** Approval of November 23, 2022 Minutes & Information Shared by R. Taillefer

**7. Any Other Business**

There was no other business.

**8. Adjournment**

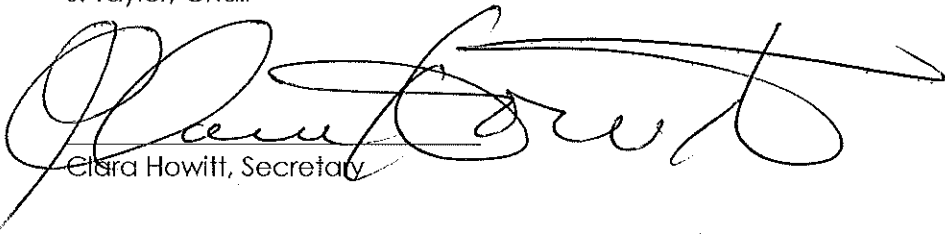
The meeting was adjourned at 7:33 pm. The next meeting will be held on March 22, 2023, in person at the Sandwich site (3325 College Avenue).

Respectfully Submitted by Lynn Thomson

Approved March 22, 2023



J. Taylor, Chair



Clara Howitt, Secretary



Lynn Thomson, Recorder

**From:** Thomson, Lynn

**Sent:** Tuesday, February 21, 2023 8:54 AM

**To:** 'Clara Howitt' <Clara.Howitt@publicboard.ca>; 'boltonh@live.com' <boltonh@live.com>; 'cl.armor@live.com' <cl.armor@live.com>; 'Ken Stewart' <ken@landscapefx.com>; 'Justine Taylor' <dr.justine.taylor@gmail.com>; 'ak@iaidcare.com' <ak@iaidcare.com>; 'Nicole Dziamarski' <nicole.dziamarski@gmail.com>; 'Christian Janisse' <christianjanisse6@gmail.com>; 'kdryden2@gmail.com' <kdryden2@gmail.com>; 'Katelyn.Dryden@eshc.org' <Katelyn.Dryden@eshc.org>

**Cc:** Taillefer, Rita <rtaillefer@wehc.org>; Alberton, Patty <palberton@wehc.org>; Magro, Liz <lmagro@wehc.org>

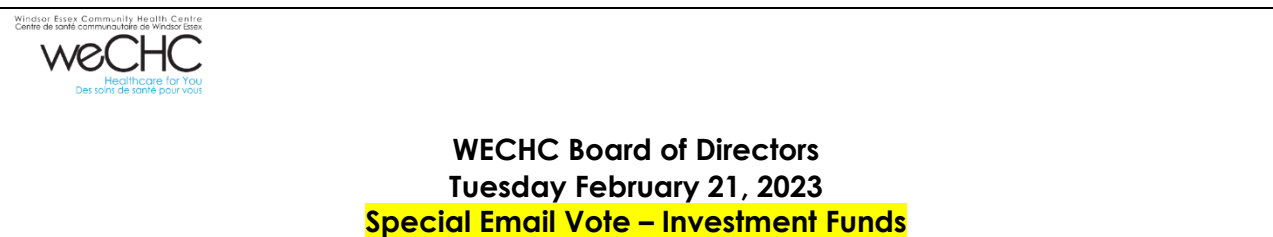
**Subject:** E-Vote - Investment Funds \*\*\*\*\*Action Required - Vote\*\*\*\*\*

**Importance:** High

Good Morning

Please review below and provide your vote by Friday February 24, 2023 so we can move forward with submission.

Please contact me if you have any questions.



## Background

At the Board Finance and Facilities Meeting on February 15, 2023 wherein the investment portfolio was discussed. The following Motion was passed, and it was determined voting would take place via email.

## Investments

On December 31, 2019 there was \$1,080,551 invested. On December 31, 2022 the balance was \$1,183,368. Over 4 years, the net change is approximately \$102,817. As these are donated dollars, the recommendation is to move the funds from the market to something more stable (GIC's) in order to not lose the principal.

**Email vote** - A motion was made to recommend to the Board to move all funds from the investment market and invest in GICs.

**Moved:** K. Dryden                      **Seconded:** J. Taylor                      No Discussion                      Carried

**Required** - Approval for the current investment funds to be moved from Leith Wheeler into GIC's.

**ITEM #1**

As a preliminary matter, Board Meetings in this manner must be unanimously approved by all members.

**RECOMMENDATION #1:**

Required Notice Period be waived, and the decisions of this meeting be binding upon the Corporation.

**Vote: Yes No**

The next item does not require unanimous approval

**ITEM #2**

Approval for the current investment funds to be moved from Leith Wheeler into GIC's.

**RECOMMENDATION #1:**

Approval for the current investment funds to be moved from Leith Wheeler into GIC's.

**Vote: Yes No**

By return email I request you to cast your votes to Lynn Thomson, Executive Assistant & Privacy Officer [lthomson@wechc.org](mailto:lthomson@wechc.org) by **Friday February 24, 2023**.

1. **Vote: Yes No**

2. **Vote: Yes No**

I remind you that this type of meeting requires unanimous approval on Item 1, failing which a formal meeting of the Board will be called.

Thank you for your assistance and cooperation in expediting this matter in a timely manner.

**Voting**

NAME	#1	#2
Justine Taylor	Yes	Yes
Camille Armour	Yes	Yes
Katelyn Dryden	Yes	Yes
Clara Howitt	Yes	Yes
Ken Stewart	Yes	Yes
Helen Bolton	Yes	Yes
Alix Khanafer	Yes	Yes
Christian Janisse	Yes	Yes
Nicole Dziamarski	Yes	Yes



**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)  
BOARD OF DIRECTORS MEETING MINUTES  
Wednesday March 22, 2023 5:30 – 8:00 pm  
Sandwich Site**

**Present:** Justine Taylor (Chair) – by phone, Camille Armour (Vice Chair), Clara Howitt (Secretary), Katelyn Dryden (Treasurer), Alix Khanafer, Nicole Dziamarski

**Staff:** Rita Taillefer (ED), Amy Palmer (Director HR & Clinical Practice), Nadine Manroe-Wakerell (Director, Clinical Practice)

**Regrets:** Helen Bolton, Ken Stewart, Christian Janisse

**Guests:** Laura Strathdee – Director, Dr. V. DeMelo, Dana Young – Legal Counsel

**Recorder:** Lynn Thomson, Executive Assistant, Recorder

Quorum was achieved. Six (6) of nine (9) Board Members were present.

- J. Taylor called the meeting to order at 5:40 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 May 17, 2023 Agenda as presented.**
- \* **Approval of the March 22, 2023 Board Meeting Minutes as circulated.**
- \* **The Land Acknowledgement Statement was acknowledged and read.**

**1. Green House / International Agricultural Workers (Presented by Dr. V. DeMelo & L. Strathdee)**

- The Power Point presentation was table dropped and a presentation followed to update on the work on farms three days/week and the Sunday walk in clinic.

**2. ONCA Transition: By-Laws / Board Ready Form / Articles of Amendment (Presented by D. Young)**

- Articles of Amendment were reviewed, discussed, and approved. This was previously known as Letters Patent.
- The updated By-Laws were reviewed, discussed, and approved.
- The updated Board Ready Form (to replace the Declaration & Understanding Form) was reviewed, discussed and approved. Suggested changes were made to add an explanation in the footnotes for what information becomes public and what is only available to CRA.
- Finalization will be sent via DocuSign. The By-Laws and Articles of Amendment will have the effective date.

**Motion: A Motion was made to accept the updated Articles of Amendment as presented.**

**Members' Special Resolutions:**

- The Articles of Amendment are hereby approved in the form presented.
- The Corporation is authorized and directed to seek issuance of the Articles of Amendment and to that end to seek such approvals and advice from such government authorities as may be required or advisable.
- Any two Directors (the “Authorized Signatories”) are hereby authorized and directed for and on behalf of the Corporation to execute and deliver the Application for Articles of Amendment, with such alterations, amendments, deletions or additions as may be required to obtain the approvals

or to reflect any advice from government authorities or which the Authorized Signatories otherwise determine advisable and execution accordingly shall be conclusive evidence of such approval.

- The Authorized Signatories are hereby authorized to execute and deliver on behalf of the Corporation all such other documents and writings and to do such other acts and things as may be necessary or desirable to give effect to the foregoing.
- Effective upon issuance of the Articles of Amendment, the number of Directors within the minimum and maximum numbers of Directors provided for in the Articles shall be 8.
- Effective upon issuance of the Articles of Amendment, the Board is hereby empowered to determine from time to time the number of Directors within the minimum and maximum numbers provided for in the Articles, effective upon issuance of the Articles of Amendment.

**Moved:** C. Howitt

**Seconded:** K. Dryden

No Discussion

Carried

**Motion: A Motion was made to accept the updated By-Laws as presented.**

**Board Resolutions**

- By-law: March 22, 2023, in the form presented to the Board, is hereby passed as a by-law of the Corporation.
- The Chair and Secretary are hereby authorized and directed to sign By-law March 22, 2023 as so enacted as evidence of the foregoing.

**Moved:** K. Dryden

**Seconded:** A. Khanafer

No Discussion

Carried

**Members' Resolutions:**

- By-law March 22, 2023 as approved by the Board, is hereby confirmed.
- The Chair and Secretary are hereby authorized and directed to sign By-law March 22, 2023 as so enacted as evidence of the foregoing.

**Moved:** C. Armour

**Seconded:** N. Dziarmarski

No Discussion

Carried

**Motion: A Motion was made to accept the Board Ready Form as presented.**

**Board Resolutions:**

- The Board Ready Form, in the form presented is hereby approved.
- The Secretary is hereby authorized and directed to ensure that new Directors complete and sign the Board Ready Form upon their election.

**Moved:** N. Dziarmarski

**Seconded:** C. Armour

No Discussion

Carried

**3. Chair's Report (Reported by J. Taylor)**

- The next meeting will be virtual. No other updates.

**4. Board Liaison Report (Reported by N. Diamarski)**

- A Board Networking Webinar took place on February 2, 2023.
- Discussion around collaborative governance for OHTs was discussed and fiduciary requirements and meeting the needs of the community.
- There are upcoming Board Liaison opportunities in April and May.

**5. Executive Director's Report (Reported by R. Taillefer)**

**CTS Update**

- The operationalization of the CTS will now be taken over by HDGH.
- There was a site visit on March 20<sup>th</sup>. The site is well positioned for opening.

**Site Updates**

- **Teen:** No updates
- **Sandwich:** No updates
- **Street:** No updates
- **Diabetes:** No updates
- **Pickwick:** No updates

- **Leamington:** No updates
- **Finance:** Year end spending is ongoing. Many purchases have been made for grocery cards to allow clients to purchase groceries and medications.
- **Vaccination Clinics:** The COVID Vaccination Clinics are completed.

#### **Ontario Health Teams**

- Working groups and subcommittees have been established.
- Co-ordinated access is under discussion to provide centralized intake for mental health and addictions across organizations. Waitlists are being shared to develop a plan to provide better access to services.

#### **Alliance Conference and AGM (June 7-8)**

- Two Directors from weCHC will attend.
- Registration is open.
- Resolutions will be passed at the AGM and require Board approval for the Board Liaison to vote on behalf of the Board of Directors.
- N. Dziamarski and A. Khanafer will attend on behalf of the Board.

#### **Strategic Plan 2023-2025**

- The Strategic Plan was presented and approved. The Leadership Team will work on an operational plan.
- **Motion: A Motion was made to accept the Strategic Plan as presented.**
- **Moved:** C. Howitt      **Seconded:** N. Dziamarski      No Discussion      Carried

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

**Moved:** C. Armour      **Seconded:** A. Khanafer      No Discussion      Carried

### **6. Committee Reports**

#### **Finance Committee (K. Dryden)**

- The Committee last met February 15, 2023 and will meet next on June 21, 2023. The current financial position was reviewed, and no concerns were raised. The Auditor will attend the June 21, 2023 meeting.
- The investments have been moved into GICs.

## Monthly Factual Certificate – December 2022

### 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 December 31, 2022.

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:

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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.

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  - Quarterly reports to Board
  - Annual Reconciliation Report to Various MOHLTC Departments – June 2022
  - CAPS Refresh approved: March 15, 2019

Dated on the 9<sup>th</sup> day of January, 2023 in Windsor, Ontario



Rita Taillefer  
Executive Director

## Monthly Factual Certificate – January 2023

### 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 January 31, 2023.

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;
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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 July 7, 2022.
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, 2022.
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 OHRS TB) submitted: January 15, 2023
  - Quarterly report to LHIN (SRI) report submitted: November 7, 2022
  - Quarterly reports to Board
  - Annual Reconciliation Report to Various MOHLTC Departments – June 2022
  - CAPS Refresh approved: March 15, 2019

Dated on the 3<sup>rd</sup> day of February, 2023 in Windsor, Ontario



Rita Taillefer  
Executive Director

## Q3 Variance Report

WECHC Program Budget Variance Report For Period: December 31, 2022				
Program	Annual Budget	Year to Date Budget	Actual	Variance
CHC Core (LHIN/MOHLTC)				
Restricted				
Physicians	2,495,773	1,871,830	1,789,904	81,926
Non-Insured/Sessional	10,000	7,500	5,146	2,354
	2,505,773	1,879,330	1,795,050	84,280
Unrestricted				
Operating	8,479,513	6,359,635	6,324,648	34,987
	8,479,513	6,359,635	6,324,648	34,987 *
Total	10,985,286	8,238,965	8,119,698	119,267
Dedicated Funding				
MOHLTC				
Eating Disorders/Substance Abuse	395,261	296,446	288,533	7,913
Harm Reduction SAP	412,800	309,600	281,319	28,281
Diabetes Wellness	2,318,742	1,739,057	1,732,030	7,027 *
Chronic Disease Management	1,285,335	964,001	954,508	9,493 *
Hepatitis C Virus Team	477,465	358,099	348,524	9,575
Ontario Diabetes Strategy	263,400	197,550	166,004	31,546
	5,153,003	3,864,752	3,770,918	93,834
Other Funding				
SAPPACY	370,434	277,826	268,591	9,235
DPP	67,200	50,400	50,400	-
ED IOP	234,731	176,048	148,481	27,567
Maryvale	86,114	64,586	64,585	1
	758,479	568,859	532,057	36,802
	16,896,768	12,672,576	12,422,673	249,903

Unrestricted Surpluses

51,507

### • Q3 Staff Report

#### Core Funding

**Physician Salaries:** At the end of Q3, the physician compensation program ran a surplus of \$81,926 due to physician leaving and a delay in filling the position. 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. No re-allocation requests will be made as we anticipate this will be utilized due to the increasing number of uninsured clients we are seeing.

**Core Operating Expenses:** On December 31, 2022, there was a \$37,987 surplus in our General Operating funding. This position will be monitored and planned to ensure no recovery by the ministry at the end of the year.

#### Designated Funding

**Nurse Practitioner - Eating Disorders:** This program is slightly overbudget as a result of Temporary Retention Incentive for Nurses. The funding received for this payout is not reflected in the funding.

**Harm Reduction Substance Abuse Program:** Q3 has a surplus at December 31. This will be monitored in Q4 to ensure no surplus at year end.

**Diabetes Wellness:** Has a Q3 surplus of \$7,027.

**Chronic Disease Management:** Has a Q3 surplus of \$9,575 and is functioning within its funding parameters. This 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:** Has a Q3 deficit of \$5,071. This program is slightly overbudget as a result of Temporary Retention Incentive for Nurses. The funding received for this payout is not reflected in the funding.

**Ontario Diabetes Strategy:** has a Q3 surplus of \$31,546 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 \$51,507, with plans to utilize this surplus by the end of Q4. Surpluses will be directed to direct client care.

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

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

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

- The Committee last met February 15, 2023 and will meet next on April 19, 2023.
- **Approval of Board Policies:** No policies to approve.
- H. Bolton's term ends after the AGM. The Board number will be reduced to 8.

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

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

## **4. Quality Utilization and Risk Committee (Reported by C. Armour)**

- The Committee last met on February 22, 2023 and will next meet on April 26, 2023.
- **2022 Client Satisfaction Survey:** The Summary was reviewed and discussed.
  - **Positive Themes:**
    - Listened to
    - Clean/comfortable locations
    - Caring/kind/compassionate
    - Appointment ease and scheduling
  - **Areas for Improvement:**
    - Parking
    - Primary Care Appointments / Wait Times
    - Counselling Access
    - Evening / Weekend hours
  - **Plans for Improvement**
    - Implement same day access across primary care sites.
    - Monitor and improve optimization and access for primary care.
    - Monitor and improve Social Work intake process and scheduling.
- The Board Members were encouraged to read the individual site reports from the minutes included in the package.
- The Quality Improvement Plan (QIP) was reviewed and discussed.

**Motion:** A Motion was made to move to approve the Quality Improvement Plan.

**Moved:** C. Armour      **Seconded:** N. Dziarmarski      No Discussion      Carried

**Motion:** A Motion was made to move to approve the QUR Report.

**Moved:** N. Dziarmarski      **Seconded:** K. Dryden      No Discussion      Carried

## **7. In-camera – HR/Personnel/Finance Issues**

- in camera items.

**8. Any Other Business**

There was no other business.

**9. Adjournment**

The meeting was adjourned at 7:18 pm. The next meeting will be held on May 17, 2023 by Teams.

*Respectfully Submitted by Lynn Thomson*

**Approved May 17, 2023**



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J. Taylor, Chair



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Clara Howitt, Secretary



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Lynn Thomson, Recorder

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)**  
**BOARD OF DIRECTORS MEETING MINUTES**  
**Wednesday May 17, 2023 6:30 – 9:00 pm**  
**Via Teams**

**Present:** Justine Taylor (Chair), Clara Howitt (Secretary), Katelyn Dryden (Treasurer), Alix Khanafer, Nicole Dziarmarski, Helen Bolton

**Staff:** Rita Taillefer (ED)

**Regrets:** Ken Stewart, Camille Armour

**Guests:** Eating Disorders Team: Sarah Hatoom, Sarah Levergood

**Recorder:** Lynn Thomson, Executive Assistant, Recorder

Quorum was achieved. Six (6) of eight (8) Board Members were present. Quorum was met.

- J. Taylor called the meeting to order at 6:32 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 May 17, 2023 Agenda as presented.**
- \* **Approval of the March 22, 2023 Board Meeting Minutes as circulated.**
- \* **The Land Acknowledgement Statement was read.**

**1. Eating Disorders Program (ED Intensive Outpatient Program)**

- The Power Point presentation was shared to highlight the work the Eating Disorders Intensive Outpatient Program (ED IOP). A client story was also shared.

**2. Chair's Report (Reported by J. Taylor)**

- No update

**3. Board Liaison Report (Reported by N. Dziarmarski)**

- Nicole and Alix will attend the 2023 Alliance AGM in June.
- **Alliance Resolutions (Five – 5):** These were reviewed. The Leadership Team previously reviewed and have no issues with recommended the Resolutions to move forward. N. Dziarmarski is the Board Liaison who will require Board consent to vote on behalf of the organization/Board.

**Motion: A Motion was made to accept a ‘yes’ vote for all the Resolutions presented.**

**Moved:** H. Bolton      **Seconded:** A. Khanafer      No Discussion      Carried

- **Approval of the Alliance Authorization Voting Form:** N. Dziarmarski, Board Liaison, will vote on behalf of weCHC Board.

**Motion: A Motion was made to provide N. Dziarmarski with voting authorization at the Alliance AGM on June 6, 2023.**

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

- **Alliance Equity Charter – Annual re-approval of the current Equity Charter:** The current charter was included in the Agenda package and reviewed/discussed. All Board Directors were in favor of supporting this Charter moving forward.



**Motion: A Motion was made to support the Alliance Equity Charter for 2023-24.**

**Moved:** H. Bolton

**Seconded:** A. Khanafer

No Discussion

Carried

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

##### **MSAA Schedule F – Requirement to Approve the 2022-23 Schedule F**

**Motion: A Motion was made to approve the 2022-23 Schedule F MSAA Schedule.**

**Moved:** H. Bolton

**Seconded:** K. Dryden

No Discussion

Carried

**Completing an Expression of Interest for Ontario Health:** Most of the criteria are the work that the CHC currently does. Looking for 2 physicians, 2 NPs, and nurses and front desk staff to support. The proposal is due June 16<sup>th</sup> however Ontario Health will determine what proposals move forward.

**Executive Leaders Meeting (Alliance):** It was revealed that Mental Health programs will receive a 5% increase and physicians will receive 2% increase in salaries. Still looking in ways to increase staff salaries.

##### **Site Updates**

- **Teen:** No updates
- **Sandwich:** No updates
- **Street:** No updates
- **Diabetes:** No updates
- **Pickwick:** No updates
- **Leamington:** No updates
- **Finance:** Auditors are on site for the next two weeks to finalize year end. They will present at the June 21, 2023 Finance meeting.

##### **Strategic Plan 2023-2025**

- The Leadership Team met on May 15, 2023 to operationalize the new Strategic Plan. Quarterly reports will be presented to the Board starting in September 2023.
- The framework is in place but will be completed/updated in July 2023.

##### **Q4 Board Dashboard 2022-23**

- The Q4 Dashboard was presented for optimization, median wait times, cancer screenings, panel sizes and HR performance measures.
- weCHC targets continue to improve.

##### **Site Tours**

- Will hold off until September but will include these.
- Programs and services will be provided to the Board to determine what presentations they would like to hear.

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

**Moved:** H. Bolton

**Seconded:** N. Dziamarski

No Discussion

Carried

#### **5. Committee Reports**

##### **Finance Committee (K. Dryden)**

- The Committee last met February 15, 2023 and will meet next on June 21, 2023. The current financial position was reviewed, and no concerns were raised. The Auditor will attend the June 21, 2023 meeting.

### **Governance Committee (C. Howitt)**

- The Committee last met on April 19<sup>th</sup> and will next meet on June 21, 2023.
- Board Recruitment:
  - There was one candidate interviewed on May 3, 2023. This person has accepted an offer for a position with the Board. This will be effective at the June AGM.
  - A recommendation was made to approve K. Taylor for a position on the Board.

**Motion:** A Motion was made to recruit K. Taylor onto the Board effective at the June AGM 2023.

**Moved:** J. Taylor      **Seconded:** C. Howitt      Approved      Moved

- **Board Recruitment Going Forward:** Will discuss at next Governance Meeting.
- **Approval of Board Policies:**

- **Annual Board Committee Survey Form**

**Motion:** A Motion was made to approve the Annual Board Committee Survey Form as presented with amendments.

**Moved:** H. Bolton      **Seconded:** N. Dziarmarski      Approved      Moved

- **Board Orientation Form**

**Motion:** A Motion was made to approve the Board Orientation Form as presented with amendments.

**Moved:** A. Khanafer      **Seconded:** J. Taylor      Approved      Moved

- **New Board Member Board Orientation Process**

**Motion:** A Motion was made to approve the New Board Orientation Process as presented with amendments.

**Moved:** A. Khanafer      **Seconded:** J. Taylor      Approved      Moved

### **Quality Utilization and Risk Committee (Reported )**

- The Committee last met on April 26, 2023 and will next meet October 25, 2023.
- The Board Members were encouraged to read the individual site reports from the minutes included in the package.

**Motion:** A Motion was made to move to approve the QUR Report.

**Moved:** N. Dziarmarski      **Seconded:** K. Dryden      No Discussion      Carried

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

There were no in-camera items.

### **7. Any Other Business**

There was no other business.

### **8. Adjournment**


The meeting was adjourned at 7:18 pm. The next meeting will be held on May 17, 2023 by Teams.

*Respectfully Submitted by Lynn Thomson*

**Approved June 28, 2023**

  
\_\_\_\_\_  
J. Taylor, Chair

  
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Clara Howitt, Secretary

  
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Lynn Thomson, Recorder