BOARD APPROVED MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, September 28, 2016
9:30 am to 3:30 pm
Auditorium, Durham Christian Homes Inc. Glen Hill Terrace
200 Glen Hill Drive South, Whitby

Directors Present:
Ms. Margaret Risk (Acting Chair)
Ms. Amorell Saunders N'Daw (Acting Vice-Chair)
Mr. S. Gopikrishna (Member)
Ms. Joanne Hough (Member)
Mr. Glenn Rogers (Member)
Ms. Aileen Ashman (Member)

Staff Present:
Ms. Deborah Hammons (Chief Executive Officer)
Mr. Stewart Sutley (Senior Director, System Finance and Performance Management)
Mr. Brian Laundry (Senior Director, System Design & Integration)
Ms. Katie Cronin-Wood (Director, Communications & Community Engagement, Corporate)
Ms. Jai Mills (Lead, SDI)
Ms. Karol Eskedjian (Program Manager, ETI)
Ms. Karen O'Brien (Consultant Public Affairs Community Engagement)
Ms. Rachel Long (Communications Coordinator, Central East LHIN Initiatives)
Ms. Sheila Rogoski (Executive Coordinator)
Ms. Jennifer Persaud (Governance Coordinator, Minutes Recorder)

Ms. Margaret Risk, Acting Chair of the Central East Local Health Integration Network (the "Central East LHIN") Board of Directors chaired the meeting.

1.1 MEETING CALLED TO ORDER

Ms. Risk called the meeting to order at 9:30 am and welcomed the members of the public to the Central East LHIN open Board meeting.

Constitution of Meeting and Quorum

Notice of the meeting having been properly given to the public and to each Board member, and a quorum of Board members being present at the meeting, Ms. Risk declared the meeting duly constituted for the transaction of business.

1.2 DURHAM CHRISTIAN HOMES OVERVIEW

Ms. Ruth McFarlane, Executive Director at Durham Christian Homes was introduced to provide an overview on Durham Christian Homes Inc. and the health care services available across their independent living sites and Long-Term Care facilities.

Ms. McFarlane walked the Board through a historical timeline on the development of Durham Christian Homes describing the organization's establishment and incorporation, dating back to 1983. A preview of the artist renderings for the new site of Glen Hill Terrace was shared and Ms. McFarlane reported on the plans for the redevelopment of their long-term care site in Bowmanville.

Members of the Board thanked Ms. McFarlane for the presentation and for hosting the Board meeting and indicated that Ms. Ashman would be representing the Board at the upcoming ground breaking ceremony on September 30th for the redevelopment site in Whitby.

2.1 CONSENT AGENDA

Prior to introducing the motion, Ms. Risk asked if there were any items on the consent agenda requiring further discussion. There were no items raised for discussion by members in attendance.

MOTION: Mr. Gopikrishna
Be it resolved that the consent agenda of the September 28, 2016 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
  - Board meeting agenda: September 28, 2016
  - Board meeting minutes: August 24, 2016
  - Chair's Report to the Board
  - Hospital Working Deficit Reports
  - Semi-Annual Correspondence Update

SECONDED: Ms. Hough

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

Ms. Risk requested that those in attendance declare any conflicts of interest. There were no conflicts raised by members in attendance.

3.0 DELEGATIONS TO THE BOARD

Ms. Risk indicated that there were no delegations to the Board for this meeting.

4.1 REVISED COMMUNITY ENGAGEMENT GUIDELINES

Ms. Katie Cronin-Wood, Director, Communications & Community Engagement, presented the Board with the Revised Community Engagement Guidelines. The revised document is intended to reinforce the LHIN's engagement mandate and replaces performance indicators that were in the previous document, it gives LHINs flexibility in how they are tracking and reporting on engagement activities.

An overview was provided on the Central East LHIN's current adherence to the Engagement requirements and opportunities for improvement were identified for members of the Board.

It was noted that the Central East LHIN's tracking template was updated to include additional tracking fields, the Board was assured that the current document is a robust compilation of engagement activities dating back for approximately ten (10) years. Ms. Cronin-Wood noted that the Central East LHIN will continue to embed community engagement in regular business processes and projects. Next steps will include posting Terms of Reference and current membership lists of all Planning Partners on the Central East LHIN website.

5.1 BUSINESS ARISING FROM LAST MEETING OF AUGUST 24, 2016

Ms. Risk asked for any business arising from the last Board meeting on August 24, 2016. Ms. Risk reported that an item previously motioned to be addressed at this meeting involving a lab integration between Campbellford Memorial Hospital and Peterborough Regional Health Centre was being deferred to October.

Mr. Stewart Sutley, Senior Director, System Finance and Performance Management, provided an update to the Board on the Private Hospital Service Accountability Agreement for Bellwood Health Services and indicated that a new Board motion would be required to address a delay in the beds moving to the Toronto Central LHIN.

MOTION: Mr. Rogers
Be it resolved that the 2008-17 Private Hospital Service Accountability Agreement (PHSAA) between Bellwood Health Services (BHS) and the Central East Local Health Integration Network (LHIN) be transferred to the Toronto Central LHIN effective upon BHS's successful relocation of its LHIN-funded services to the Toronto Central LHIN.

SECONDED: Ms. Ashman

MOTION CARRIED

5.2 NORTHUMBERLAND HILLS HOSPITAL – HOSPITAL IMPROVEMENT PLAN – LHIN UPDATE

Ms. Risk welcomed Mr. Jack Russell, Board Chair and Ms. Linda Davis, President and Chief Executive Officer of Northumberland Hills Hospital to provide the Board with a quarterly update on their Hospital Improvement Plan. Mr. Russell reported on the progress that has been made on the Hospital Improvement Plan since mid-January 2016. It was noted that all 54 recommendations from the Operational Review have been explored or reviewed and the majority of the 2016/17 Hospital Improvement Plan initiatives have been implemented. Northumberland Hills Hospital (NHH) is on target to capture almost all of the $1.3M in savings planned for 2016/17.

Mr. Russell noted that the ability to budget to a 1% surplus has not been implemented. The NHH Board remains informed of the progress on the Hospital Improvement Plan through a Board sub-committee.

The majority of 2016/17 Hospital Improvement Plan initiatives related to utilization and operating efficiencies have been fully implemented and it was noted that the greatest challenge relates to implementing the Clinical efficiencies.

Ms. Davis reported that the voluntary integration with Peterborough Regional Health Centre for microbiology is on target to begin in October 2016 and the Clinical Voice Recognition integration will be implemented in March 2017. An Interim Regional Chief Financial Officer is in place, the role is shared with Ross Memorial Hospital. Ms. Davis also provided an update on the hospital's financial sustainability.

Members of the Board thanked Mr. Russell and Ms. Davis for the presentation and Ms. Risk noted that the next presentation would be coming forward in December.

5.3 INTEGRATION UPDATE – ROUGE VALLEY HEALTH SYSTEM AND THE SCARBOROUGH HOSPITAL & LAKERIDGE HEALTH AND ROUGE VALLEY HEALTH SYSTEM

Ms. Risk welcomed Ms. Andrée Robichaud, President and Chief Executive Officer at Rouge Valley Health System, Mr. Robert Biron, President and Chief Executive Officer at The Scarborough Hospital and Mr. Tom McHugh, Interim President and Chief Executive Officer at Lakeridge Health, who presented an integration update for the Board's consideration. Mr. McHugh reported on the Community Engagement and Consultation Activities to date. It was noted that Elected Officials were engaged to build support within their communities for the integration process. The engagement website – www.ourhospitals.ca was noted as being a vehicle for the public to ask questions and share information as well as conduct community surveys. Further meetings are planned to take place with the Eastern GTA Liberal Caucus and MPP Raymond Cho.

Members of the Board received an update on the Roundtable engagement sessions that were held in Durham, it was noted that two Roundtables have occurred in the Ajax Pickering area; however, there has not been an overwhelming response. Mr. McHugh reported that Communications and Community Engagement will continue leading towards more active involvement from stakeholders post-integration.

Mr. Biron walked members of the Board through an update on the Financial Implications stemming from the third party validation of the draft cost estimates to ensure adequate budgets are being accounted for to support Amalco and Lakeridge Health Information Management/Information Technology systems integration activities. The total revised estimate for the Amalco integration is $20.1685M including a 10% overall contingency, an increase of $4.5185M over the original draft estimate. The total revised estimate for the Lakeridge Health integration is $12.98M including a 10% overall contingency, a decrease of $0.57M over the original draft estimate. Mr. Biron indicated that the Healthtech cost validation estimate for a consolidated IM/IT system was in the amount of $33.15M.

Ms. Robichaud reported on the Human Resource activities taking place across the three organizations. Members of the Board were updated on the assignment and transfer process planned for employees of Rouge Valley Health System and it was noted that interim hiring is expected to begin prior to November 1, 2016.

Ms. Robichaud also provided an update on the Integration Requirements for the three organizations:

Protocol:	**Section 4 Approvals Protocol** Under the Public Hospitals Act, TSH, RVHS and the LHIN must provide the documentation specified in subsection 4(1) – Requesting Approval to Incorporate a Hospital or Amalgamate two or more Hospitals
Information Requirement	**Status**
LHIN review and advice to Ministry	In Progress
Letters patent	In Progress
Corporate by-laws	In Progress
Amalgamation agreement	In Progress
Additional detail on community engagement and financial implications as requested by the LHIN board on August 24	In Progress
Resolutions from TSH and RVHS Board of Directors supporting the amalgamation	In Progress
RVHS TSH Integration Proposal	√

Protocol:	**Protocol for Assigning Hospitals to Groups under The Public Hospitals Act** If the amalgamation is going to impact any of hospital's current classifications (e.g. a certain classification would no longer apply), then this will have to be addressed in the business case as well.
Information Requirement	**Status**
Business case	N/A
LHIN review and advice to ministry	N/A

Protocol:	**Protocol for New and Amended Psychiatric Facility Designations under The Mental Health Act** Both hospitals are designated psychiatric facilities under the Mental Health Act (MHA), and pursuant to this designation, is required to provide all 5 essential services set out in the MHA regulation (inpatient, out-patient, emergency, day care and education/consultation services). Designations under the MHA are site-specific (i.e. the designation belongs to a particular address and not to the operating corporation). For the proposed amalgamation, from a MHA perspective, there are three things for TSH and RVHS to consider:
Information Requirement	**Status**
A new designation	N/A
An amended designation under the MHA will be required if any of the 5 essential services will no longer be provided at any of the sites (i.e. an exemption from the requirement to provide the service would be required).	N/A
An amended designation under the MHA will be required to reflect any change in name of the psychiatric facility.	In Progress

Protocol:	**Section 4 Approvals Protocol** Under the Public Hospitals Act, LH, RVHS and the LHIN must provide the documentation specified in subsection 4(4) – Requesting Approval to Lease or Sell Hospital Property
Information Requirement	**Status**
Business case – address elements in the Protocol that are not covered in the July 2016 LH RVHS integration proposal	In Progress

Protocol:	**Protocol for Assigning Hospitals to Groups under The Public Hospitals Act** If the asset transfer is going to impact any of hospital's current classifications (e.g. a certain classification would no longer apply), then this will have to be addressed in the business case as well.
Information Requirement	**Status**
Business case	N/A
LHIN review and advice to ministry	N/A

Protocol:	**Protocol for New and Amended Psychiatric Facility Designations under The Mental Health Act** Both the Ajax and Oshawa sites are designated psychiatric facilities under the Mental Health Act (MHA), and pursuant to this designation, is required to provide all 5 essential services set out in the MHA regulation (inpatient, out-patient, emergency, day care and education/consultation services). Designations under the MHA are site-specific (i.e. the designation belongs to a particular address and not to the operating corporation). For the proposed asset transfer, from a MHA perspective, there are three things for LH and RVHS to consider:
Information Requirement	**Status**
A new designation	N/A
An amended designation under the MHA will be required if any of the 5 essential services will no longer be provided at any of the sites (i.e. an exemption from the requirement to provide the service would be required)	N/A
An amended designation under the MHA will be required to reflect any change in name of the psychiatric facility	In Progress

Ms. Risk thanked the presenters and discussion ensued around the community engagement that has been conducted by the organizations and it was noted that engagement activities date back to the Leading for Patients integration work in 2014.

Mr. Stewart Sutley, Senior Director, System Finance Performance Management, walked members of the Board through an overview of the LHIN analysis related to the Voluntary integration, including the Amalgamation of the Rouge Valley Health System – Centenary site and The Scarborough Hospital and the Asset Transfer of the Rouge Valley Health System – Ajax Pickering site to Lakeridge Health.

It was noted that the integration materials have been assessed in the context of the Local Health System Integration Act, 2006. Mr. Sutley noted that staff have also reviewed documentation that is integral to the Public Hospitals Act (PHA) review process, which now supports the LHIN's transmittal of its advice to the Minister.

- Staff looked for and found evidence that communication and engagement tactics (past/present/pending) ensure that affected stakeholders were/are provided with accessible, cost-effective and timely opportunities to provide input to support the development and further implementation of the voluntary integration proposals.
- Staff were provided with additional details of the estimated one-time costs, and have received the requested third-party validation of the information management/information technology costs.
- Staff have confirmed the availability of one-time financial resources that can be used to address a portion of the estimated integration costs.
- Staff have communicated with the Ministry of Health and Long-Term Care at several levels to consider excluding identified integration costs from the current Health System Funding Reform framework.

It was reported that staff looked for and found evidence that communication and engagement tactics (past/present/pending) ensure that affected stakeholders were/are provided with accessible, cost-effective and timely opportunities to provide input to support the development and further implementation of the voluntary integration proposals. Staff were provided with additional details of the estimated one-time costs, and have received the requested third-party validation of the information management/information technology costs. Staff have confirmed the availability of one-time financial resources that can be used to address a portion of the estimated integration costs. Staff have communicated with the Ministry of Health and Long-Term Care at several levels to consider excluding identified integration costs from the current Health System Funding Reform framework.

Members of the Board discussed the importance of meaningful engagement among affected communities prior to tabling the motion.

MOTION: Ms. Hough

Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors not issue a decision under the provisions of the *Local Health System Integration Act, 2006*, to stop either the voluntary integration in the form of an asset transfer of the Rouge Valley Health System (Ajax Pickering) to Lakeridge Health, or the voluntary integration in the form of a statutory amalgamation of the Rouge Valley Health System (Centenary) and The Scarborough Hospital.

Be it resolved that the Ministry of Health and Long-Term Care be advised that $2.231M in one-time funding is available to support a portion of the integration costs associated with the two voluntary integration proposals.

And further be it resolved that advice prepared for the Minister regarding the voluntary integration proposals include a copy of staff materials submitted to the Board.

SECONDED: Mr. Rogers

MOTION CARRIED

Ms. Hammons noted that details have not been released by the Ministry of Health and Long-Term Care on the one-time funding available to support the initiative. Members of the Board thanked Ms. Robichaud, Mr. Biron and Mr. McHugh for the presentation and commended the parties for moving this integration forward.

5.4 LHIN RENEWAL: PATIENTS FIRST

Ms. Deborah Hammons, Chief Executive Officer walked members of the Board through an update on the Patients First legislation and implementation planning, including a report on the advice the Ministry and the LHIN received from patients, providers and health care organizations.

It was reported that the Patients First Proposal has five (5) key components:

1. Identify **LHIN sub-regions** as the focal point for integrated service planning and delivery. LHINs would take on accountability for sub-region health service planning, integration and quality improvements.
2. LHINs would take on responsibility for **primary care planning and performance improvement**, in partnership with local clinical leaders.
3. **Transfer responsibility** for service management and delivery of home and community care from Community Care Access Centres (CCACs) to the LHINs.
4. **Linkages between LHINs and boards of health** would be formalized to integrate a population health approach into local planning and service delivery across the continuum of health care.

The following were identified as key themes from the Central East LHIN Consultation & Engagement:

Primary Care providers:

- LHIN and Primary Care to continue to work together to better meet patients' needs through increased communication, navigation, placement of health human resources, access to inter-professional resources, patient accountability; have to be sensitive to the provincial relationships between physicians and Ministry; engagement is not timebound but ongoing.

Public Health:

- Build on existing partnerships to continue to improve health of local residents/population health, share demographic data to support planning; some concerns around alignment of boundaries and funding agreements being developed with the LHINs.

General Public/Francophone/Indigenous Stakeholders:

- Increase availability of home and community services and provide navigator to guide journey supported by electronic health record - consistent standards across the province; better access to primary care; build on innovations from other communities, provinces, countries; better access, support for transportation, meeting the needs of vulnerable/marginalized people – make things equitable; have services available in the language of the patient; be patient centred - less bureaucracy, money spent on administration; more funding for hospitals, community services; what will change/what will remain the same – keep us informed

Health Service Providers:

- Build on what has already been achieved; make things equitable across the province; create integrated systems of care based on standards of performance and accountability; ensure patients are inform/aware about services available; is the system adequately resourced for increasing volumes; keep us informed

Ms. Hammons reported on the Implementation Work Streams:

1. Governance: Consider a governance regime that would reflect the proposed expanded role of LHINs, including proposed adjustments to the LHIN-ministry relationship and LHIN Board configuration.	**9. Home and Community Care:** Consider how to enable LHINs to assume the proposed responsibility for the delivery of home and community care, to be supported through the implementation of the Roadmap to Strengthen Home and Community Care.
2. Management: Consider a proposed management structure that would reflect the proposed expanded LHIN role and ensure needed managerial capacity is in place at transition.	**10. Work force:** Plan for the proposed transition from separate LHINs and CCACs to the combined LHINs/CCACs with integrated workforce and ongoing collective agreements and union representation.
3. Corporate Services Entity: Consider a proposed entity for the purpose of providing shared services support to LHINs pursuant to the proposed expanded LHIN mandate.	**11. Performance and Data:** Create the data and system infrastructure necessary to report on and improve performance.
4. Capacity-building and Readiness: Support the LHINs in assessing their readiness for, and building capacity to enable a smooth transition to the proposed expanded mandate.	**12. Public Health:** Create structures to support formal engagement between public health and LHINs to support improved population health.
5. Sub-Regions: Establish sub-region infrastructure required to support population-based planning, service alignment and integration and performance improvement.	**13. French Language Services:** Support access to French Language Services through LHIN engagement and sub-regional integration.
6. Clinical Leadership: Develop and implement a clinical leadership model for LHINs, including in sub-regions, to foster system integration and performance improvement.	**14. Indigenous Engagement:** Support alignment of LHIN Indigenous engagement with provincial Indigenous health strategies.
7. Integrated Clinical Care: Consider a proposed Integrated Clinical Care Council for the purpose of developing and deploying clinical standards for key areas of the health system.	**15. Patient and Family Engagement:** Support alignment of proposed LHIN patient and family committee formation with the proposed provincial Patient and Family Council.
8. Primary Care: Consider how to enable LHINs to assume the proposed responsibility for planning and performance improvement of primary care, through LHIN and sub-region supports.	

Ms. Hammons reported on the local planning activities and noted that a transition structure will be shared at the next Board meeting and that the CCAC will be reporting to Senior Management on the transition structure.

The Board was then presented with an outline of proposed LHIN Sub-Regions:

- Scarborough South
- Scarborough North
- Durham West

- Durham North East
- Haliburton County and City of Kawartha Lakes
- Peterborough City and County
- Northumberland County

Ms. Hammons reported that the recommendation to the Board is that staff have done consultation on the sub-regions (as approved by the Board in 2013) and there is no proposal to revise the LHIN boundaries or the sub-regions. It was noted that sub-region geographies are not boundaries and would not act as a barrier for patients to access services.

Ms. Hammons also reported on a recommendation to bring together a small group of Board members together between the Central East LHIN and the CCAC to track the integration activities.

MOTION: By Mr. Gopikrishna
Be it resolved that the Central East LHIN Board of Directors approve the Guide to Formalizing LHIN Sub-Regions for submission to the Ministry of Health and Long-Term Care by September 30, 2016.

And further be it resolved that the Board congratulate and acknowledge LHIN staff, Health Service Providers, Public Health and Primary Care partners on their ongoing efforts to advance integrate systems of care in the LHIN's seven Health Link communities (sub-regions) as first approved by the LHIN Board in June 2013.

SECONDED: Ms. Ashman

MOTION CARRIED

5.5 COMMUNITY INVESTMENT ALLOCATIONS – REPORT BACK

Mr. Sutley reported back on the Community Investment Allocations made by the Central East LHIN for the 2016/17 Fiscal Year and outlined the approach for Tier 2 funding for members of the Board. It was noted that the Board approved a three-tiered approach in June 2016:

- **Tier 1 Investments**: Intended to address operating pressures, risks, and safety concerns through a 1% increase in LHIN base funding to HSPs, conditional on their meeting a minimum level of past performance as reflected in the current Multi-Sector Service Accountability Agreement (MSAA).

- **Tier 2 Investments**:
  - Intended to directly affect the Alternate Level of Care rate through targeted investments in Adult Day Programs (ADP), Assisted Living Services for High-Risk Seniors (ALS-HRS), and Telehomecare;
  - And further address operating pressures through a second 1% increase in LHIN base funding to HSPs, conditional on their meeting a minimum level of past performance as reflected in the current MSAA; and
  - meeting increased performance targets to support advancing integrated systems of care within LHIN sub-regions.

- **Tier 3 Investments**: Highly desirable, initiative-specific direct service investments to address patient needs.

Mr. Sutley reported that on June 29, 2016, the LHIN was informed of its MOHLTC-approved 2016/17 Community Investment (CI) base funding increase of up to $17.2M and a Health System Funding Reform (HSFR) allocation of up to $2.4M, for a total of $19.6M.

The MOHLTC approved four types of base funding increases:

- to expand service provision for high-needs Community Care Access Centre (CCAC) clients under the Levels of Care Framework and increasing consistency in service provision for all CCAC clients;
- to support the continued roll-out of Health System Funding Reform (HSFR) by allocating mitigated base funding to the CCAC reflective of the strong growth in demand for its services;
- to provide respite services for caregivers in greatest need through the CCAC; and
- to address LHIN local priorities to expand community service capacity, support government priorities, and meet LHIN-specific service requirements

Mr. Sutley outlined the proposed funding investments to be allocated by Health Link Community:

Year 1 2016-19 IHSP	Funding Investments in System Strengthening/Direct Services e.g. service provision for high-needs CCAC clients, respite services, Community-Based Mental Health Services, Adult Day Programs, Assisted Living Services for High-Risk Seniors, Community-Based Primary Care, Palliative Care, Dementia Services
CCAC – all regions	$15,262,300 ($10,322,700 + $2,580,700 + $2,358,900)
Scarborough North*	$878,991
Scarborough South*	$655,160
Durham West*	$202,489
Durham North East*	$1,152,222
Northumberland County*	$247,050
Peterborough City and County*	$506,896
Haliburton/City of Kawartha Lakes*	$352,195
Expansion of Telehomecare into Peterborough City and County, Scarborough North, and Scarborough South LHIN sub-regions	$437,000
Total (CI+HSFR+UPF)	$19,694,303 ($17,218,300 + $2,358,900 + $117,103)

MOTION: By Ms. Hough
Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors approve allocating $$41,743 in Urgent Priorities Funding as base operating funding to fully implement the 2016/17 Community Investment approach approved in June 2016.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

5.6 CENTRAL EAST LHIN DEMENTIA STRATEGY

Mr. Brian Laundry, Senior Director System Design and Integration, reported on the recommendations to prioritize the Central East LHIN Dementia Strategy Action Plan. The following nine (9) priorities were identified:

1. Implement a cross-sectorial dementia-specific transportation plan
2. Create and implement a dementia navigation system that includes coordinated access, clear pathways and navigation support
3. Create and implement a regional education and public awareness plan that builds upon existing education and public awareness programs
4. Create and implement a regional dementia volunteer strategy
5. Develop a dementia-specific housing strategy that addresses the full continuum of the progression of dementia
6. Designate and equip primary care as the point of first contact for persons experiencing cognitive changes and dementia related health concerns
7. Design and Implement a framework for comprehensive caregiver support
8. Create and implement a regional, coordinated and flexible funding and service delivery model that responds to the unique needs of the person living with dementia and his/her caregivers
9. Create dementia-friendly communities leveraging municipal and regional age-friendly initiatives

It was reported that Central East LHIN staff will align the work of the Dementia Strategy with the Central East LHIN 2016-19 Integrated Health Service Plan, the Annual Business Plan 2016/17 to propose timelines for deliverables, tangible actions and measures, and responsible stakeholders for the identified priorities. An Action List and Implementation Plans for the nine (9) priorities will come forward to the Board in November.

5.7 BEHAVIOURAL SUPPORTS ONTARIO

Mr. Laundry walked members of the Board through the new funding selection process for enhancements to Behavioural Supports Ontario and proposed recommended allocations.

It was reported that approximately 50 Central East LHIN Long-Term Care Homes (not currently) receiving funding for Behavioural Supports Ontario (BSO) were invited to complete a readiness assessment in August 2016. The completed readiness assessments were evaluated based on the following components:

1. Prevalence of residents with responsive behaviours;
2. Staff participation in BSO core education curriculum;
3. Successful outcomes resulting from BSO capacity building initiatives;
4. How the homes utilize the Integrated Care Team;
5. Leadership support of BSO;
6. Strategies employed to support residents with responsive behaviours; and
7. Examples of self-funding BSO staff.

Recommendations resulting from the new funding selection process were tabled for the Board's approval.

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East LHIN Board of Directors support the Enhancement of

Behavioural Supports Ontario in allocating $811,828 annualized base funding for staffing in the Long-Term Care Homes identified under Recommendation 1 ($643,988) and GAIN teams at St. Paul's L'Amoreaux Centre and Carefirst Seniors and Community Services Association under Recommendation 2 ($167,840).

Recommendation 1:

LHIN Sub-Region	LTC Home	Proposed Allocation
Durham North East	Extendicare Oshawa, Glen Hill Strathaven, Hillsdale Terraces, and Lakeview Manor	4.0 FTE
Durham West	Fairview Lodge	1.0 FTE
Haliburton County and City of Kawartha Lakes	Extendicare Haliburton	0.5 FTE
Northumberland	Extendicare Port Hope and Golden Plough Lodge	2.0 FTE
Peterborough	N/A	No change
Scarborough North	Yee Hong McNicoll	1.0 FTE
Scarborough South	The Wexford	1.0 FTE

Recommendation 2:

Increase the GAIN Community BSO complement by two (2) FTEs, by funding a BSO Clinician (Behavioural Support Specialist) at St. Paul's L'Amoreaux Centre and Carefirst Seniors GAIN teams. Cost: $83,920 x 2 = $167,840

Furthermore, be it resolved that the Central East LHIN Board of Directors approve that pro-rated unspent base funding for 2016/17 in the amount of $463,865 is to be allocated to support the initiatives outlined in Recommendation 3.

Recommendation 3:

Suggested Funding Allocations	Amount (non-annualized)	Details
LTC		
9.5 new FTEs for selected LTCHs	$275,931 (in-year, pro-rated, salary costs) $49,387 (education costs)	Approximately $5,000/home based on known (previous) average training costs for new staff and teams.
One-time non-salary enhancement funding for 40 non-staffed LTC homes for capacity building through education registration and backfill costs	$214,000	Provides in-year support for capacity development. Costs based on algorithm that includes number of beds and average cost per course.
One-time non-salary enhancement funding for currently funded LTCHs for capacity building through education registration and backfill costs	$53,000	Education and skill enhancement for continued expansion of BSO program within homes that have staff funded through the BSO program.
Total LTC	$592,318	

Suggested Funding Allocations	Amount (non-annualized)	Breakdown	Details
CCAC			
Hospital ALC with LTC Destination	$30, 000	Approximately $2,000+ per hospital site	Training to improve assessment and intervention to support ALC patients and improve application acceptance by LTC.
CCAC Enhancement – Care Coordinators	$18,000	80 Care Coordinators	Deliver Enhanced PIECES training workshop to support assessment and care planning capacity building.
Family Caregivers Self-Management (hosted at CCAC)	$8,145	To cover books and expenses for caregivers to attend workshop	Exploring options to support caregivers of persons with dementia by supporting Central East Self-Management 'Powerful Tools for Caregivers' Workshops.
Total CCAC	$56,145		
Community	$72,032	In-year, pro-rated, salary costs	GAIN – Behavioural Support Specialists
	$91,333	Training for 11 GAIN Teams	To spread BSO capacity through education and skill enhancement to interprofessional team members.
Total Community	$163,365		
Total Enhancement Funding	$811, 828		

SECONDED: Mr. Rogers
MOTION CARRIED

6.1 SUPPORTED LIVING ENVIRONMENTS

Mr. Laundry presented an overview of Supported Living Environments in the Central East LHIN. Mr. Laundry walked members of the Board through a listing of municipal planning partners and outlined the Strategic Aim for the Durham and North East Cluster: Housing and Homelessness Framework:

The design and implementation of the Housing and Homelessness Framework aims to guide partnerships and collaboration between the Central East LHIN and service managers in the delivery of housing and homelessness services by 2024 to:

- *Improve access to high quality, timely, equitable services to support residents in securing and maintaining safe, affordable, and accessible housing with health and social support;*
- *Promote health and social equity across populations and communities; and*
- *Make the best use of the public's investment.*

The following initiatives were outlined as being a key support to achieving the strategic aim:

Strategy/Initiative	Description/Impact
Municipalities 10-Year Housing Strategies	These reports, developed in 2014, outline long-term goals that reflect the housing and homelessness-related issues and needs in each region. The ultimate 10-year goal is to eliminate homelessness and ensure quality housing that all residents can afford.
Research Partnership with Trent University	Phase 1 of this partnership resulted in a report and toolkit for evaluating the ethnography of the Central East Health, Housing, & Homelessness Steering Committee. A Phase 2 project is currently being scoped with a focus on homeless persons discharged from hospitals in the Central East LHIN.
Regional Housing Coordinators	Regional Housing Coordinators work to strengthen the partnerships with other housing agencies to better plan, implement, and evaluate services and supports for vulnerable populations including homeless, precariously housed and marginalized people.
Partnership Agreement with Municipal Service Managers	This partnership has allowed for collaborative service level planning to improve the coordination of services. Partners identify opportunities to align new investments and existing funding to address the needs of the community.

Mr. Laundry outlined indicators of success:

- Reducing ALC days for those for whom housing with supports is a barrier to discharge.
- Increasing capacity of supported living environments (e.g. increasing the number of new units and rent supplements, and providing more options for people requiring higher levels of support).
- Maximizing shelter capacity (e.g. occupancy rate, number of beds).
- Identifying measures to assess housing need and demand.
    - number of 211 calls for service (number of calls related to housing, number of calls related to shelters, etc.)
    - homeless Point-in-Time Counts
    - CONNEX calls (triage to appropriate mental health and addiction provider
    - referrals for housing to be identified with partners.

6.2 CEO REPORT – Q & A

Ms. Hammons presented the CEO report for review and questions. Members of the Board suggested that the Report be modified to provide shorter and high -level updates to highlight the key issues for the Board's focus.

MOTION: By Ms. Ashman
Be it resolved that the Central East LHIN Board of Directors receive the September 28, 2016 report of the Central East LHIN CEO for information.

SECONDED: Mr. Rogers

MOTION CARRIED

7.0 MOVED INTO CLOSED SESSION

MOTION: By Ms. Hough
Be it resolved that the Board of Directors move into closed session, pursuant to Section 9, subsection 5 of the Local Health System Integration Act (LHSIA) to:

√ consider a matter that concerns personal or public interest
√ consider a matter that would prejudice legal proceedings; and
√ consider a personnel matter.

And that the following Central East LHIN staff, Deborah Hammons, Stewart Sutley, Brian Laundry, Katie Cronin-Wood, Karen O'Brien, Jennifer Persaud and Sheila Rogoski along with Kathy Ramsay and Len Lifchus of the Central East Community Care Access Centre join the Board in the closed session.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

12.1 REPORT ON CLOSED SESSION

Upon reconvening to the open session, Ms. Risk reported that during the in-camera session the Board discussed details pertaining to personnel, consider a matter concerning personal or public interest and matters that could prejudice legal proceedings.

MOTION: By Ms. Hough
Be it resolved that the Chair's report of the September 28, 2016 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. Saunders N'Daw

MOTION CARRIED

12.2 MOTION OF TERMINATION

MOTION: By Ms. Ashman
Be it resolved that the September 28, 2016 Central East LHIN Board meeting be adjourned.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

The meeting was terminated at 2:30 PM

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Margaret Risk
Acting Chair, Central East LHIN

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Deborah Hammons
Chief Executive Officer, Board Secretary