

Board of Directors
Belleville & Quinte West Community Health Centre
Thursday February 27-2025

Members: Bruce Maitland, Mary Lynne Forestell, Frank Hiebert, Patricia Sukha, Lisa Turik, Mike Slatter, Nadia Guerrera, Jennifer Keilty, Spencer Hutchison, Victoria Law
Staff: Sheila Braidek, Executive Director

OPEN MINUTES

DATE: **February 27, 2025**

TIME: **5:30 PM**

LOCATION: **Belleville CHC**

Present: Bruce Maitland, Mary Lynne Forestell, Pat Sukha, Lisa Turik, Mike Slatter, Jen Keilty, Victoria Law, Spencer Hutchison, Sheila Braidek

Regrets: Frank Hiebert and Nadia Guerrera (LOA)

Recorder: Janine DeVries, Executive Assistant

MINUTES

1 Call to Order AND Confirmation of Quorum	
The meeting was called to order at 5:33 pm. Quorum was established with 8 members in attendance.	
2 Conflict of Interest	
3 Land Acknowledgement Provided by Pat Sukha	
4 Agenda – Thursday February 27-25 MOTION 2025-02-01 MOTION to accept the Agenda for February 27-2025 as amended Moved by: J. Keilty Seconded by: V. Law In favour: All Outcome: Carried Changes to agenda: additional item A-12 Mobile Clinic under ED report	
5 Staff Presentation Topic: Social Work Program	

Presenter(s): Laura Wattie

Laura Wattie is the Social Worker in Belleville and Kim Boyle is the Social Worker in QW. Both have their masters in SW and are registered with OCSWSSW (Ontario Collage of Social Workers and Social Service Workers). Together they have over 60 years combined experience.

SW at BQWCHC provide individual, couple and family counselling in a safe, comfortable, and trusting environment where someone can talk about whatever they need to. Research has indicated that a positive 'therapeutic rapport' is the best predictor for beneficial client outcome (empathy, active listening, trust, safety, warmth, authenticity).

Therapy techniques used include:

- **CBT** – structured techniques aimed at helping client identify and challenge and reframe negative thoughts
- **CBT-I** – CBT approach applied to insomnia
- **DBT** – teaching various skills to strengthen client's ability to regulate emotions and better manage distress
- **MBSR** – use of relaxation techniques and mindfulness meditation to better manage stress
- **Trauma-Informed** – various techniques used in treating PTSD and CPTSD (adverse childhood events and/or recent life-threatening experiences)

Stats:

- Each SW takes on an average of 5-8 new clients per month and have a caseload of approx.. 50 clients each
- We have an active waitlist with wait times of 6-8 weeks.
- On an average day, they will see 5 clients (50 minute sessions)

Process:

- people can be referred by any provider at the centre or they can self-refer
- New clients are screened before going on the waitlist
- Clients must be rostered with the center

Issues addressed cover a wide range but typically focus on:

- Anxiety
- Depression
- Grief
- Relationship issues
- Trauma issues
- Stress
- We do not provide crisis services and we do not see ourselves as the primary provider for addictions (there are other agencies available for this in the community)

Kim has some training in Hypnotherapy and Laura is interested in art therapy and hoping to pursue some training in this area that would support group therapy

Questions / comments

- Laura noted that they will occasionally work with new immigrants to Canada and that there are additional cross cultural factors to consider.
- It was noted that access to SW services has diminished over time and that the communities no longer have the capacity to meet the needs
- It was further noted that the SWs are seeing more youth who are, in general, not managing as well
- Benefits and coverage is never enough to cover the service – it usually ends after only a few sessions

	<ul style="list-style-type: none"> - The SWs at the CHC collaborate very closely with other CHC providers. There is also a Collaborative Care meeting where the team discusses shared clients / cases. - SW can provide support on the use of medications however, Medications are provided through clients providers – not SWs <p>The Chair thanked Laura for her presentation.</p>
6	<p>President's Report</p> <p>Involved with Board policies and Procedures – underway with sub-committee of Governance</p> <p>MOTION 2025-02-02</p> <p>MOTION to approve the President's Report for February 2025</p> <p>Moved by: V. Law</p> <p>Seconded by: ML Forestell</p> <p>In favour: All</p> <p>Opposed: None</p> <p>Abstained: None</p> <p>Outcome: Carried</p>
7	<p>Consent Items:</p> <p><u>7.1 Board of Directors Minutes - January 30-2025</u></p> <p>MOTION 2025-02-03</p> <p>MOTION to approve the Board Minutes of January 30-2025 as presented</p> <p>Moved by: L. Turik</p> <p>Seconded by: J. Keilty</p> <p>In favour: All</p> <p>Opposed: None</p> <p>Abstained: None</p> <p>Outcome: Carried</p> <p>Changes to minutes: none</p> <p><u>7.2 Committee Chair Updates (if applicable)</u></p> <p>Finance – ML Forestell</p> <ul style="list-style-type: none"> - Finance minutes that were circulated in the package have been revised with a few minor edits with no impact to content. - Overall, the Financials are looking good. <p>Executive – B. Maitland</p> <ul style="list-style-type: none"> - The ED performance review for 2025 is in progress. With having a full 360 review last year, we will be conducting a short version this year with a light approach on responses. The Chair will request general feedback from the board and the ED's direct reports to be submitted via email directly to the Chair for collating. The ED has submitted a self-evaluation which will be included in the assessment. The summary report (produced by the Chair) will be shared with the Executive Committee and then with the ED before a summary is shared with the Board (in-camera). - The chair is looking for feedback by March 12th.

	<p><u>7.3 Committee Minutes and Recommendations</u></p> <p>Committee Items for February:</p> <p>A-4 Finance Minutes – January 28-2025 A-5 Finance – Financial Statements – 24-25 Q3 A-6 Executive Minutes – January 9-2025</p> <p>MOTION 2025-02-04 MOTION to receive the committee minutes and Committee items as presented and accept their recommendations.</p> <p>Moved by: ML Forestell Seconded by: J. Keilty In favour: All Opposed: None Abstained: None Outcome: Carried</p>
	Consent Matters for Discussion (if applicable)
8	<p>In Camera Session</p> <p>MOTION 2025-02-05 MOTION to move in-camera at 6:05 pm</p> <p>Moved by: L. Turik Seconded by: J. Keilty In Favour: All Outcome: Carried</p> <p><u>8.1 In Camera Minutes</u></p> <p>Report for Open Minutes: In Camera Minutes reviewed and approved.</p> <p>MOTION 2025-02-06 <i>MOTION to approve the In Camera Minutes for January 30-2025 as presented</i></p> <p>Moved by: V. Law Seconded by: J. Keilty Opposed: None Abstained: None In Favour: All Outcome: Carried</p> <p>MOTION 2025-02-07 MOTION to move out of in-camera at 6:07 pm</p> <p>Moved by: V. Law Seconded by: ML Forestell In Favour: All Outcome: Carried</p>

9	<p>Executive Director's Report</p> <p>Items included:</p> <p>A-8 Executive Director's Report – February 2025 A-9 Board Legislative and Compliance Report A-10 MSAA 25/26 Letter</p> <p>Items noted in ED Report:</p> <ul style="list-style-type: none"> - Primary Care Expansion - OH Evaluation of Interprofessional PC Team - Multi-Sector Accountability Agreement (MSAA) 25-26 - Laundry and Shower service - Cough, Cold and Covid Clinics - Prevention Clinics - QW RAAM (Rapid Access to Addictions Medicine) - Digital Access Tools - Homelessness Addictions Recovery Treatment (HART) Hub - The Bridge - HPEOHT - Staffing - SharePoint - Website - Funding - Risk Management <p>In addition to the written report:</p> <p>New Website – soft launch will take place on Friday February 28th with the official launch on Monday March 3rd</p> <p>Questions/comments</p> <p>The Bridge</p> <ul style="list-style-type: none"> - What is the transition plan (until the work is done at Alhambra) - Looking at a property that might work at 125 Church St. (old Medigas) south of Dundas. Minor renovations are needed to make this location work. If this goes through, this will be the temporary location of the Bridge activities until Alhambra is ready. CMHA is the fundholder for the HART Hub – with this, we are assuming they will hold the lease for the temporary site (125 Church or elsewhere). It looks like approx.. 55K for renovations and a one-year lease is being discussed. - Communications are in progress with JHS (John Howard Society). JHS has agreed to no action re decision on Alhambra ownership but is asking Consortium to arrive at a conclusion in the near future. An Ownership risk assessment is in process and will be completed by end of April. - With respect to the HART Hub/Bridge effective April 1 – a variety of agencies will be responsible for employing staff ie. BQWCHC will hire nursing, CMHA will hire management and addictions-related, JHS and Enrichment Centre will be sharing guest services/drop-in staff. When fully operational there will be 20 FTE to support the drop-in of the services. We have reached out to other agencies in the area and neighbors to inform them of the project <p>MSAA – Multi Service Accountability Agreement</p>
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Included in the package is the Extension Agreement. Noted that everything in the agreement is status quo and the same process since the pandemic. In future Ontario Health may ask us for financial projections to support any revisions.

MOTION 2025-02-08

MOTION to approve the 25/26 MSAA extension

Moved by: L. Turik

Seconded by: S. Hutchison

In favour: All

Opposed: None

Abstained: None

Outcome: Carried

Mobile Clinic

Detailed briefing note provided. In sum

- The CHC would like to purchase a mobile clinic van using funds from the Locally Developed Population Health program
- Because of the cost, the purchase requires board approval.
- This purchase is in line with the CHC's strategic priorities as well as our commitment to health equity and is endorsed by OH
- These vans are being used by a number of different organizations and we have had very good feedback
- We have gone through a procurement process and sent out specifications to a number of companies and received estimates for consideration – after evaluation of the quotes, we are recommending that we go with Move Mobility at \$243,187.66
- Purchase has to be made before March 31st
- Operating funds will be available via the LDPH funds and can be offset by our base budget
- No special license is required to drive the vehicle

Questions/comments

- Although there are other, more expensive options, this van gives us everything we need and will be manageable to maintain
- We are still considering where the van will be parked – safety is a concern and being considered in this conversation
- Money for long-term maintenance and/or replacement is funding-dependent.

MOTION 2025-02-09

MOTION to approve the funds of \$245,000.00 to purchase of a mobile clinic van as recommended by the ED.

Moved by: ML Forestell

Seconded by: J. Keilty

In favour: All

Opposed: None

Abstained: None

Outcome: Carried

MOTION 2025-02-10

	<p><i>MOTION to accept the Executive Director's report and the Board Legislative and Compliance Report for February 2025</i></p> <p>Moved by: P. Sukha Seconded by: V. Law In favour: All Opposed: None Abstained: None Outcome: Carried</p>
10	<p>Other Business</p> <p>List items from Agenda and include if a motion will be made</p> <p><u>10.1 Alliance for Healthier Communities Update</u></p> <p>Board Liaison update – (name of Liaison) No report this month</p> <p>Alliance membership renewal form</p> <p>Required to renew our Annual membership with the Alliance. The cost is based on budget and will be 16K for us. Noted that this cost is built into budget. There are numerous benefits with having a membership with the Alliance – including governance relations, research, participation in information management program (EMR).</p> <p>MOTION 2025-02-11</p> <p><i>MOTION to renew our membership for 25/26 in the Alliance for Healthier Communities</i></p> <p>Moved by: L. Turik Seconded by: V. Law In favour: All Opposed: None Abstained: None Outcome: Carried</p>
11	<p>Generative Discussion</p> <p>Topic - Sustainable Community Development</p> <p>Shared in advance of meeting: Ted Talk by Cormac Russell https://www.youtube.com/watch?v=a5xR4QB1ADw</p> <p>Highlights from video</p> <p>Cormac Russell</p> <p>“if we want to help people in a way that does no harm to them and their capacities in their communities, then the best place to start is with what is strong within them, and within their communities, and not with what’s wrong.”</p> <p>4 unintended harms from “top down obsession”</p> <ul style="list-style-type: none"> - Defining people by their deficiencies and their problems - Money that is intended to go to those who need it – goes to the people who are paid to define the problems - The power to take action and respond at the grassroots level – retreats with bureaucracy - Communities that have been defined as deficient, internalize this as their “map” and look to other to rescue them

6 building blocks for change (raw ingredients by the people – for the people)

- The skills of local residents
- The power of local social networks
- The resources of public, private and non-profit institutions
- The physical and economic resource of local places
- The stories of our shared lives

So often when we label people as vulnerable, deficient, problematic – what we are actually doing is defining them *out of community* and redefine them as a “client of the service system”

The back-yard revolution – Focus on what’s strong – not what’s wrong. Shifting the focus from what’s wrong with our people and our communities to what’s strong within our communities and how we can build this strength for a better tomorrow

Discussion highlights

- Challenges us with thinking about how we help people and what does this mean for our organization
- Good articulation of some of the values of a CHC – informs how we work
- CHC's - being proactive as opposed to reactive – running parallel with medicine
- CHC's – find ways to tap into ones own strengths and capacity to compliment a persons health care plan
- Strength-based approach is one of the values of a community health centre
- How to leverage this approach further in our communities
- CHC's are complex organizations which makes it harder to equate to the examples in the ted-talk – if we were more singly focused, this may be more relatable
- NCCDH - Health equity glossary – helpful language that relates to the conversation around how we label people in vulnerable situations and how we talk about people who are systematically disadvantaged
- Are they patients? Are they clients? Or are they partners?
- Striving to finding the balance in what works for all

12**Next Meeting date**

Date: March 27-2025

Time: 5:30 PM

Location: Quinte West Community Room 223 with Virtual Option

13**Adjournment**

MOTION to adjourn at 6:50

Moved by: ML Forestell



Board President



Board Secretary