

**Board of Directors – Special Meeting Minutes**


Tuesday September 15, 2020 – 4:00pm

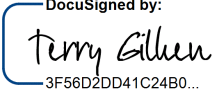
Present: Janet Cosier (Board Chair), Bob Long, Liz Snider, Terry Lee, Terry Gilhen, Michèle Le Blanc, Ian Donald, Deb McGuire, Jacques Pelletier, Sandy Shaw, Michele Bellows (CEO), Kelly Robinson, Director, Primary Care, Jane Page-Brown (recorder)  
 Regrets: Katie Weststrate

	<b>Agenda Items</b>	<b>Action</b>
1.	<b>Welcome</b>	J. Cosier called the meeting to order at 4:00pm.
2.	<b>Approval of Agenda</b>	<b>Motion: That the Board agenda be approved as circulated.</b> <b>Moved by: L. Snider</b> <b>Seconded by: J. Pelletier</b> <b>Carried.</b>
3.	<b>Declaration of Conflict of Interest</b>	
4.	<b>Review and Approval of the Connected for Care – Lanark, Leeds and Grenville (LLG) – Ontario Health Team Application</b>	<p>M. Bellows presented an overview of the presentation from the LLG OHT - Joint Governors Meeting held the previous afternoon. <i>(slides attached)</i></p> <p>Presentation Highlights:</p> <ul style="list-style-type: none"> <li>- LLG – Connected Care was invited approximately two months ago to submit the full application</li> <li>- A very robust group of people are part of the OHT planning group -slide #3</li> <li>- Two working groups; Steering Committee and Collaborative Decision-Making Working Group (CDMWG) – slide #4</li> <li>- CDMWG will create framework for decision-making etc.</li> <li>- Many partnerships are already in place and will continue to build new relationships as we move forward</li> <li>- Year 1 Populations – slide #8             <ul style="list-style-type: none"> <li>o Residents who do not have a primary care provider in the community</li> <li>o Residents with either a primary or secondary diagnosis of mental health and/or addiction who are unable to access service and/or who initiate avoidable hospital ED visits</li> </ul> </li> <li>- Proposed Change Initiatives – slide #9             <ol style="list-style-type: none"> <li>1. Create a Primary Care Network (PCN) for the LLG OHT</li> <li>2. Work towards ensuring all residents are attached to a primary care home</li> <li>3. Create a system where mental health and addiction services are attached to all primary care settings</li> </ol> </li> <li>- Proposed Implementation Plan and Objectives - slides #11 – 16</li> </ul>

	<ul style="list-style-type: none"> <li>- Ensuring residents have a primary care home – slide #12</li> <li>- Coordinate with providers and the LHIN on a human resource strategy - slide #13</li> <li>- Join clients with MHA services to primary care - slide #14             <ul style="list-style-type: none"> <li>o Ensure access; and reduce emergency room visits for people with MHA diagnoses</li> <li>o Reducing visits and admissions and reduce # of visits and wait time for initial contact</li> <li>o Need to assess resources and availability ie LLG AMH – and any variances across LLG</li> </ul> </li> <li>- Working to ensure participation and input from individuals with lived experience – slide #17             <ul style="list-style-type: none"> <li>o LLGAMH and Lanark County Mental Health are working to have people on committees with lived experience</li> </ul> </li> <li>- Proposed Guiding Principles- slides #20-24             <ul style="list-style-type: none"> <li>o Clear direction from members on need to be open and transparent</li> <li>o Members are open to being creative and innovative and to work together differently</li> </ul> </li> <li>- Ongoing discussions - #25             <ul style="list-style-type: none"> <li>o Consensus Decision Making Framework Agreement</li> <li>o Collaboration Table Structure</li> <li>o Categories of Participation – slide #26 (Anchor partners vs engaged partners vs supporters – slides #27 -29)</li> </ul> </li> <li>- Financial Implications – slide #30             <ul style="list-style-type: none"> <li>o More detail is needed on funding available to develop a budget</li> </ul> </li> <li>- Possible Collaboration Leadership Structure – slide #31</li> </ul> <p>Discussion Highlights</p> <ul style="list-style-type: none"> <li>- Resource commitments are not fully defined</li> <li>- A collaborative structure – not a legal structure</li> <li>- Will be challenging – but a good team is in place</li> <li>- An excellent proposal overall; very ambitious for one year</li> <li>- It is a ‘coalition of the willing’</li> <li>- It is understood that at any point in time people can withdraw</li> <li>- Primary care (CHCs, FHTS and FHOs) are willing participants</li> <li>- Much of the work dovetails with work that is already being done – processes are in place for many of the activities</li> <li>- Goal is to get synergy of all involved</li> <li>- Expectation to for all partners to look at resources and in light of MSAs (and other funding agreements) to contribute to the plan</li> </ul>
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		<ul style="list-style-type: none"> <li>- Financial resources are required – but if the initiative is well executed, it should result in cost savings (to the health system overall)</li> <li>- The model is ideal as it will allow us to continue to respond to community needs; and keep local and collaborative decision-making</li> <li>- The collaborative is fortunate to have an energized and competent group of leaders</li> </ul> <p><b>MOTION:</b>  <b>Based on a review and discussion of the key elements of the draft LLG OHT full application, where Rideau Community Health Services is one of the partner organizations, the Board of Directors approves the submission of the full application to Ontario Health on Friday, September 18, 2020.</b>  <b>Moved by: J. Pelletier</b> <span style="float: right;"><b>Seconded by: T. Gilhen</b> <b>Carried.</b></span></p>
5.	<b>Next Board meeting:</b>	Tuesday September 22, 2020 - 4:15pm
6.	<b>Adjournment</b>	<p><b>MOTION: That the meeting be adjourned at 4:35PM</b>  <b>Moved by: J. Cosier</b> <span style="float: right;"><b>Carried.</b></span></p>

**Approved by:**   
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**Chair**  
 9/24/2020 | 4:13 PM EDT  
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**Date**

**DocuSigned by:**   
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**Secretary**  
 9/29/2020 | 5:32 AM PDT  
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**Date**