

District of Nipissing
Social Services
Administration Board



Conseil d'administration
des services sociaux
du district de Nipissing

REGULAR BOARD MEETING OF
Wednesday, March 18, 2020 - 3:00 PM
DNSSAB Guillemette Ranking Boardroom, North Bay

MISSION STATEMENT

Proactively enabling inclusive, healthy, and prosperous communities within the District of Nipissing through a focus on prevention, innovation, and accessible quality human services.



Resolution No. 2020-34

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be It Resolved THAT the Board of Directors accepts the Roll Call as read by the Recording Secretary for the Regular Board meeting of March 18, 2020 at ____PM.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



Resolution No. 2020-35

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the Board of Directors accepts the Agenda as presented.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



BOARD OF DIRECTORS MEETING AGENDA

Healthy communities without poverty.

A G E N D A

Date: Wednesday, March 18, 2020

Time: 3:00 PM

Location: Guillemette Rankin Boardroom, 3rd Flr, DNSSAB, North Bay

Teleconference # 1-855-392-2520 Access Code 5264722

Item	Topic
1.0	Call to Order 1.1 Roll Call MOTION: #2020-34 <i>Resolved THAT the Board of Directors accepts the Roll Call as read by the Recording Secretary for the Regular Board meeting of March 18, 2020 at ____PM.</i> 1.2 Review Board Agenda MOTION: #2020-35 <i>Resolved THAT the Board of Directors accepts the Agenda as presented.</i>
2.0	Declaration of Conflict of Interest
3.0	Chair's Remarks
4.0	Minutes of Proceedings

Item	Topic
	<p>MOTION: #2020-36 <i>Resolved THAT the Board adopt the minutes of the proceedings of the Regular Board Meeting of February 26, 2020.</i></p>
5.0	<p>Presentations (None at this time)</p>
6.0	<p>CAO Report</p> <p>MOTION: #2020-37 <i>Resolved THAT the Board accepts the March 18, 2020 verbal Report from the Chief Administrative Officer.</i></p>
7.0	<p>Consent Agenda - (Items may change for the final agenda)</p> <p>MOTION: #2020-38 <i>Resolved THAT the Board of Directors approves the Consent Agenda of March 18, 2020 which includes the following:</i></p> <p>(Consent Agenda Items) 7.1 Executive Audit Committee Minutes – March 4, 2020 7.2 Housing Services Minutes – March 4, 2020 (Social Services and Employment and Children’s Services and EMS committees were deferred due to time constraints.)</p>
8.0	<p>Reports</p>
	<p>8.1 MOTION: #2020-39 Board Service Reimbursement EX05-20</p> <p><i>Resolved THAT the draft revisions to the Board Service Reimbursement policy, previously approved under resolution 2017-23, be approved by the District of Nipissing Social Services Administration Board as presented in report EX05-20.</i></p>
	<p>8.2 MOTION: #2020-40 Updated DNSSAB By Laws EX06-20</p> <p><i>Resolved THAT the District of Nipissing Social Services Administration Board adopts the Board Procedural By-law amendments, as presented in the Board Committee Structure Analysis report EX06-20.</i></p>
	<p>8.3 MOTION: #2020-40-A Election of Finance and Administration Committee Chair and Vice Chair</p> <p><i>Whereas the Board has agreed to adopt a new committee structure through Resolution No. 2020-28 (Report EX03-20); and</i></p> <p><i>Whereas the Executive Audit Committee will become the Finance and</i></p>

Item	Topic
	<p>Administration Committee as a Committee of the Whole;</p> <p><i>Be It Resolved</i> that _____ is the elected Chair AND _____ is the Vice Chair of the Finance and Administration Committee.</p>
	<p>8.4 MOTION: #2020-40-B Membership of the Community Services Committee</p> <p><i>Whereas</i> the Board has agreed to adopt a new committee structure through Resolution No. 2020-28 (Report EX03-20); and</p> <p><i>Whereas</i> the Social Services and Employment Committee, Children’s Services and EMS Committee, and Housing Services Committee will now be combined into the Community Services Committee with eight Board members on the new committee;</p> <p><i>Be It Resolved</i> that the following are now members of the Community Services Committee:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>8.5 MOTION: #2020-40-C Election of the Community Services Committee Chair and Vice Chair</p> <p><i>Be It Resolved</i> that _____ is the elected Chair AND _____ is the elected Vice-Chair of the Community Services Committee.</p>
	<p>8.6 MOTION: #2020-40-D Adopt New Meeting Calendar</p> <p><i>Whereas</i> the Board has agreed to adopt a new committee structure through Resolution No. 2020-28 (Report EX03-20);</p> <p><i>Be It Resolved</i> that the Board accept the new meeting agenda as presented.</p>
	<p>8.7 MOTION #2020-41 CHPI Investment Plan</p> <p><i>Be it Resolved</i> THAT the District of Nipissing Social Services Administration</p>

Item	Topic
	<p>Board approves the 2020/21 Investment Plan for the allocation of the Community Homelessness Prevention Initiative as set out in report HS04-20, and attached as Appendix A;</p> <p><i>Furthermore, THAT the District of Nipissing Social Services Administration Board authorizes staff to reallocate funds throughout the 2020/21 fiscal year to qualifying provincial initiatives, up to the CAO delegated authority based on emerging priorities in the district.</i></p>
	<p>8.8 MOTION #2020-42 Employment Services Transformation</p> <p><i>Whereas the Province of Ontario is moving forward with social assistance modernization and employment services reform;</i></p> <p><i>Be It Resolved THAT the Board accept this update on the Employment Services Transformation for information as presented in report SSE01-20.</i></p>
	<p>8.9 Motion #2020-43 EHS Discussion Paper</p> <p><i>Resolved THAT the Board receives CSEMS01-20 as a summary of the submission by Nipissing Paramedics Services to the Ministry of Health's public consultation on emergency health services modernization, attached as Appendix A.</i></p>
	<p>8.10 MOTION #2020-44 Move in-camera</p> <p><i>Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) moves in camera at _____, under section 47.4(11) of the DNSSAB By Laws (direction for negotiation).</i></p>
	<p>8.11 MOTION # 2020-45 Adjourn in-camera</p> <p><i>Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) adjourns in-camera at _____.</i></p>
	<p>8.12 MOTION #2020-46 Approve in-camera</p> <p><i>Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves the action/direction resulting from the in-camera</i></p>

Item	Topic
	discussion.
9.0	New Business
10.0	Next Meeting Date Wednesday, April 22 at 3:00 PM DNSSAB Boardroom
11.0	Adjournment MOTION: #2020-47 Resolved THAT the Board meeting be adjourned at p.m.

DRAFT



Resolution No. 2020-36

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the Board adopts the minutes of the proceedings of the Regular Board Meeting of February 26, 2020.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY

MINUTES OF PROCEEDINGS

REGULAR BOARD MEETING – WEDNESDAY FEBRUARY 26, 2020 3:00 PM DNSSAB GUILLEMETTE RANKIN BOARDROOM, NORTH BAY

MEMBERS PRESENT:

Councillor Mac Bain – (North Bay)
Mayor Dean Backer (East Nipissing)
Councillor Terry Kelly (East Ferris)
Councillor Mark King - Chair (North Bay)
Councillor Chris Mayne (North Bay)
Councillor Dave Mendicino (North Bay)
Mayor Dan O'Mara (Temagami)
Councillor Dan Roveda Vice Chair (West Nipissing)
Councillor Scott Robertson (North Bay)
Representative Amanda Smith (Unincorporated)
Councillor Bill Vrebosch (North Bay)
Mayor Jane Dumas (South Algonquin) via teleconference

REGRETS:

STAFF ATTENDANCE:

Catherine Matheson, CAO
Marianne Zadra, Executive Coordinator and Communications
Justin Avery, Manager of Finance
Stacey Cyopeck, Manager, Housing Programs
Lynn Demore-Pitre, Director, Children's Services
Michelle Glabb, Director, Social Services and Employment
Aimie Caruso, Manager Employment and Client Outcomes
Dave Plumstead, Manager Planning, Outcomes & Analytics / EMS Liaison
Aimie Caruso, Manager Employment and Client Outcomes

Guests

Jennifer Hamilton-McCharles – North Bay Nugget

CALL TO ORDER

The Regular Board Meeting was called to order at 3:00 PM by Chair Mark King.

Adoption of the Roll Call Resolution No. 2020-23

Moved by: Mayor Dean Backer
Seconded by: Councillor Chris Mayne

That the Board of Directors accepts the Roll Call as read for the Regular Board meeting of February 26, 2020.

Motion carried.

Adoption of the Agenda Resolution No. 2020-24

Moved by: Councillor Bill Vrebosch
Seconded by: Councillor Scott Robertson

That the Board accepts the agenda for the Regular Board meeting of February 26, 2020.

Motion carried.

DECLARATION OF CONFLICTS OF INTEREST

No conflicts were declared.

CHAIR'S REMARKS

The Chair thanked everyone for their participation today. He informed members the Mayor's Round Table report has been released and that the DNSSAB remains committed to working with community partners in finding sound ways to address the issue of mental health and addictions and homelessness for vulnerable populations. He indicated he and the CAO have toured the King Street facility as a potential site for a stabilization centre that was to have been closed by the hospital, and that the DNSSAB can potentially partner with the North Bay Regional Health Centre to have them run that facility. An architect is reviewing the site to see if it can meet the needs of a new facility. Although the group hasn't landed on a final site, work will continue to advance the process and any necessary research to complete the assessment.

He noted we were to have Patty MacDonald from the CMHA in Sudbury/Manitoulin present today on similar-use sites they have worked on, but that will be deferred until the next Board meeting in April.

Review of Minutes
Resolution No. 2020-25

Moved by: Councillor Dan Roveda
Seconded by: Mayor Dan O'Mara

Resolved THAT the Board adopt the minutes of the proceedings of the Regular Board Meeting of January 29, 2019.

Carried.

CAO Report
Resolution No. 2020-26

Moved by: Councillor Dave Mendicino
Seconded by: Representative Amanda Smith

Resolved THAT the Board accepts the February 26, 2020 verbal Report from the Chief Administrative Officer.

CAO Catherine Matheson thanked the board and provided further updates on the potential stabilization centre. Two tours have taken place at the King Street location and the architect is working to see if it's a feasible site for both safe beds and withdrawal services. She talked about a very good facility in London, Ontario and the tour in Sudbury of the sites for people with alcohol addictions moving towards stabilized housing. We'll learn from these two sites some of the best steps forward.

She outlined reports today on:

- Strategic planning – the intent is to move towards a plan with a longer 20-year view, setting some high-level objectives. When the Board turns over every four years, it will establish its own board priorities under the overarching 20-year vision.
- Streamlining the governance process – this will allow both Board members and staff more time to deliver on strategic outcomes, advocating for funding and getting your direction. The proposed process will streamline activities while still keeping members up to date.
- Sale of NDHC property – the sale has occurred. A second unit will have the price dropped a bit now that it's seen on the market for more than 45 days and

we're looking at a third property that may be sold. A report will be coming forward in the next few weeks.

- There was discussion about the value of First Responders and their role in supporting paramedics and how it should be made clear to the Ministry of Health that they are under-resourced. It was suggested the First Responders receive a stipend, such as those who are amalgamated with municipalities.

Carried.

Consent Agenda – (Items may change for the final agenda)
Resolution No. 2020-27

Moved by: Councillor Bill Vrebosch
Seconded by: Councillor Scott Robertson

Resolved THAT the Board of Directors approves the Consent Agenda of February 26, 2020 which includes the following:

(Consent Agenda Items)

- 7.1 Executive Audit Committee Minutes – February 12, 2020
- 7.2 Social Services and Employment Committee Minutes – February 12, 2020
- 7.3 Children's Services and EMS Committee Minutes – February 12, 2020
- 7.4 Housing Services Minutes – February 12, 2020
- 7.5 Correspondence/Notices
 - 7.5.1 Feb. 6 Letter from South Algonquin RE Resolution
 - 7.5.2 Feb. 11 Letter from Mattawa RE Resolution
 - 7.5.3 Feb. 11 Letter from Minister Clark to CAO RE Roma Delegation
 - 7.5.4 Feb. 19 Letter from Minister Clark to Chair RE Roma Delegation

Chair noted the letter from Minister Clark was very positive. Scott Robertson noted a correction to section 7.3 and 7.2 minutes to confirm he was not in attendance at these meetings.

Carried.

Reports

Resolution No. 2020-28 Committee Restructuring EX03-20

Moved by: Councillor Bill Vrebosch
Seconded by: Councillor Scott Robertson

THAT the District of Nipissing Social Services Administration Board adopts option two effective March 26th, 2020, pending by-law approval, as presented in report EX03-20.

After some discussion members agreed they preferred the proposed Option 2. Most members prefer the fourth Wednesday of the month as the meeting day.

Carried.

Resolution No. 2020-29 Strategic Planning EX04-20

Moved by: Councillor Mac Bain

Seconded by: Councillor Dan Roveda

Whereas the DNSSAB has undertaken strategy development and implementation in various forms dating back to its inception;

Whereas the Board's current Strategic Plan 2020 is up for renewal;

Whereas the timing for strategic planning is good as the Board is early in its term;

Be It Resolved that the Board start the strategic planning process with general committee discussion and approval of the proposed planning framework and process presented in report EX04-20.

Dave Plumstead reviewed the Strategic Plan, indicating this will be a 20-year plan with overarching goals. Some input will be sought from rural areas and other stakeholders. There won't be extensive consultation due to resources and the urgency to have a new plan in place. A retreat with the board, facilitated by staff and a steering committee, will be planned to determine priorities for the remainder of their term.

Carried.

Resolutions No. 2020-30 through to 2020-32 for in-camera discussion were not required.

Carried.

New Business

There was no new business.

Next Meeting Date

Wednesday, March 25 at 3:00 PM DNSSAB Boardroom

Resolution No. 2020-33 Adjournment

Moved by: Councillor Terry Kelly

Seconded by: Mayor Dean Backer

RESOLVED that the Board meeting be adjourned at 3:44 PM.

Carried.

MARK KING
CHAIR OF THE BOARD

CATHERINE MATHESON
SECRETARY OF THE BOARD

Minutes of Proceedings Recorder: Marianne Zadra, Executive Coordinator



Resolution No. 2020-37

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the Board accepts the March 18, 2020 verbal Report from the Chief Administrative Officer.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY

Resolution No. 2020-38

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the Board the Board of Directors approves the Consent Agenda of March 18, 2020 which includes the following:

(Consent Agenda Items)

7.1 Executive Audit Committee Minutes – March 4, 2020

7.2 Housing Services Minutes – March 4, 2020

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



Executive Audit Committee Meeting

Wednesday, March 4, 2020
Guillemette Rankin Board Room – 1:30 PM

The established meeting date was changed from March 11 to accommodate an urgent matter. Social Services and Employment as well as Children's Services and EMS Committees were deferred until April.

ATTENDANCE:

Councillor Mark King (Chair)
Councillor Dave Mendicino
Mayor Dan O'Mara
Councillor Dan Roveda (Vice Chair)
Mayor Jane Dumas
Councillor Mac Bain

NOT ON COMMITTEE (attending)|

Amanda Smith
Chris Mayne

REGRETS:

STAFF IN ATTENDANCE:

Catherine Matheson, CAO
Lynn Démoré-Pitre, Director Children's Services
Marianne Zadra, Executive Coordinator and Communications
Melanie Shaye, Director of Corporate Services
Michelle Glabb, Director of Social Services and Employment
Justin Avery, Manager of Finance
Stacey Cyopeck, Manager Housing Programs
Pierre Guenette, Manager Housing Operations
David Plumstead, EMS Liaison and Manager Planning, Outcomes & Analytics

1. CALL TO ORDER 1:30 PM
1.2 Declarations of Conflict of Interest

None were declared.

2. OPENING REMARKS BY THE CHAIR

Chair Mark King welcomed everyone and thanked them for adjusting to the change in date of this meeting.

3. APPROVAL OF AGENDA FOR MARCH 4, 2020.

THAT the Executive Audit Committee members approve the Agenda. Moved by Dan Roveda and Dan O'Mara. *Carried.*

4. APPROVAL OF MINUTES

MINUTES OF PROCEEDINGS OF THE REGULAR BOARD MEETING OF FEBRUARY 26, 2020

The minutes of proceedings of the Regular Board meeting of February 26, 2020 were approved. The following recommendation will be presented at the board meeting for approval.

Recommendation:

THAT the Board adopt the minutes of the proceedings of the Regular Board Meeting of February 26, 2020. Moved by Dan Roveda and Mac Bain. *Carried.*

5. DRAFT BOARD AGENDA FOR THE REGULAR BOARD MEETING OF MARCH 25, 2020.

The Draft Board Agenda for the Regular Board meeting of March 25, 2020 was approved as presented.

Recommendation:

THAT the Board accepts the Draft Board Agenda for March 25, 2020 as presented. Moved by Dan O'Mara and Mac Bain. *Carried.*

6. REPORTS

6.1 Board Service Reimbursement EX05-20

Manager of Finance, Justin Avery reviewed some of the proposed changes to the Board Service Reimbursement Policy, included the updated honoraria rates that reflect the 2.1% CPI increase. The policy was updated to include the Nipissing District Housing Corporation (NDHC) and to make some minor corrections. The section pertaining to electronic devices was updated to include cell phones. The honoraria rates were

changed to reflect the new committee structure which will be in place in April. There was discussion about annualized savings under the new structure. It's expected there will be an estimated savings of \$6,976 for committees and an increase of \$1,983 for NDHC Board meeting based on five meetings a year. Travel savings are estimated at about \$4,733. The total cost savings is estimated at \$9,726, which translates to a Board budget reduction of about 4.69%.

Recommendation

THAT the draft revisions to the Board Service Reimbursement policy, previously approved under resolution 2017-23, be approved by the District of Nipissing Social Services Administration Board as presented in report EX05-20.

Moved by Mac Bain and Dave Mendicino. *Carried.*

6.2 Updated DNSSAB By Laws EX06-20

Corporate Services Director Melanie Shaye outlined the necessary changes to the DNSSAB Procedural By-Laws to align with the approved new committee structure. Other changes included such things as updated legislative title changes and ministry title changes. The new Chairs of the new committees will be named at the next Board meeting. The updated By-Laws will be shared with member municipalities tomorrow, providing them 30-days (April 6) to offer any feedback before they become enacted. Municipalities were sent a draft of the document (as presented at this committee) indicated that the Board would approve the changes at the Board meeting, to expedite the process. Adoption of the change will require 2/3 majority of the Board.

RECOMMENDATION

THAT the District of Nipissing Social Services Administration Board adopts the Board Procedural By-law amendments, as presented in EX06-20, initially introduced in the Board Committee Structure Analysis report EX03-20.

Moved by Mac Bain and Dave Mendicino. *Carried.*

6.3 Move In-camera

RECOMMENDATION

THAT the Executive Audit Committee moves in-camera at 1:47, under section 47.4(11) of the DNSSAB By-Laws.

Moved by Dan O'Mara and Dan Roveda. *Carried.*

*****In Camera Minutes are filed separately*****

6.4 Adjourn In-camera

THAT the Executive Audit Committee adjourns in- camera at 3:00 PM. Moved by Dan O'Mara and Dan Roveda.

6.5 Approve In-camera

THAT the Executive Audit Committee approves the direction/action from the in-camera discussion. Moved by Dave Mendicino and Dan Roveda. **Carried.**

7.0 PRESENTATIONS (no presentations)

8.0 UPDATES:

There were no further updates.

9.0 OTHER BUSINESS

There was no other business.

10.0 NEXT MEETING DATE

Board Meeting Wednesday March 25, 2020 – DNSSAB Guillemette Rankin Boardroom

11.0 ADJOURNMENT

THAT the Executive Audit Committee meeting be adjourned at 3:01 p.m. Moved by Dave Mendicino and Dan O'Mara. *Carried.*



**Housing Services Committee
Wednesday, March 4, 2020
Guillemette Rankin Board Room – 3:00 PM**

ATTENDANCE:

Councillor Mark King
Councillor Chris Mayne
Councillor Dave Mendicino (Chair)
Mayor Dan O'Mara
Councillor Dan Roveda
Representative Amanda Smith
Mayor Jane Dumas via teleconference

REGRETS:

Mayor Dean Backer
Councillor Scott Robertson (Vice Chair)

STAFF IN ATTENDANCE:

Catherine Matheson, CAO
Melanie Shaye, Director Corporate Services
Marianne Zadra, Executive Coordinator and Communications
Stacey Cyopeck, Manager Housing Programs
Pierre Guenette, Manager Housing Operations
Justin Avery, Finance Manager
Michelle Glabb, Director of Social Services and Employment
Lynn Demore-Pitre, Director of Children's Services
David Plumstead, EMS Liaison and Manager Planning, Outcomes & Analytics

1. CALL TO ORDER

Chair Dave Mendicino called the meeting to order at 3:06 PM.

1.2 DECLARATION OF CONFLICT OF INTEREST

Amanda Smith declared a conflict with the CHPI Investment Plan

2. Opening Remarks by Chair

Chair Mendicino welcomed everyone.

3. APPROVAL OF AGENDA WEDNESDAY, MARCH 4, 2020

The Housing Services Committee agenda was approved as presented.

Moved by Councillors Mark King and Chris Mayne.

Carried

4. REPORTS

4.1 CHPI Q3 Report – Presentation only

Housing Program Manager Stacey Cyopeck outlined some of the forecasted expenses to the end of March for his fiscal year. The emergency shelter category continues to climb and program administration was less due to the cancelled provincial enumeration. Funding for the enumeration was transferred to the emergency shelter category. There is a forecasted 25% increase in emergency shelter expenses for this fiscal year. Homelessness prevention increased slightly in 2018-19 and decreased slightly in 2019-2020.

4.2 CHPI Investment Plan

[Amanda Smith left the room due to a declared conflict.]

RECOMMENDATION:

Be it Resolved that the District of Nipissing Social Services Administration Board approves the 2020/21 Investment Plan for the allocation of the Community Homelessness Prevention Initiative as set out in the report HS04-20, and attached as Appendix A;

Furthermore, that the District of Nipissing Social Services Administration Board authorizes staff to reallocate funds throughout the 2020/21 fiscal year to qualifying provincial initiatives, up to the CAO delegated authority based on emerging priorities in the district.

Stacey informed the committee the Community Homelessness Prevention Initiative (CHPI) program is 100% provincially funded, at \$1.7M for the 2020-21 fiscal year. Several programs are funded through the homelessness prevention initiative, such as first and last month rent, utility expenses, etc. She outlined all the programs and services funded through this envelope. DNSSAB also plans to fund the trusteeship program. An RFP for this program will go out this year. She talked about the differences in funding programs for this year compared to last year. We can expect to see less funding in emergency shelter overflow once low barrier shelter is up and running. Both providers contracted under CHPI have asked for increases this year but we have let them know that although we can't commit at this time, their request will be considered in the future. Unspent CHPI dollars can't be carried over to the next fiscal year and must be returned if not spent. The province provides us with year over year allocations.

Moved by Councillor Chris Mayne and Mark King. **Carried**

4.3 Elevator – Villa Aubin

RECOMMENDATION:

That the NDHC Board authorize staff to proceed with the installation of an elevating device at Villa Aubin, 145 Holditch Street, Sturgeon Falls, the cost of which will be covered from the deferred capital subsidy fund for Phase III.

Housing Operations Manager Pierre Guenette reviewed for the committee that the Villa Aubin site is a senior designated building. It is the only multi storey seniors building in the NDHC portfolio with no elevator. The building is a sound and solid asset. The average age of residents is 76 (the oldest is 98 and youngest is 63). In response to a question, Pierre indicated this request was brought forward to the previous board but the request for federal funding wasn't accepted. There is a deferred capital fund of approximately \$1.2M available, from where up to \$350K can be used to pay for the elevator. Two previous funding applications for an elevator have been made to NDHC and both were denied.

Move by Councillor Dan O'Mara and Dan Roveda. **Carried**

Dan Roveda thanked the committee for their consideration.

4.4 In-camera RE Property Matter

RECOMMENDATION:

THAT the Housing Committee moves in- camera at 3:34, to discuss a property matter.

Moved by Councillor Mark King and Representative Amanda Smith. **Carried**

In Camera Minutes are filed separately.

4.5 Adjourn In-camera

RECOMMENDATION:

THAT the Housing Committee adjourns in- camera at 3:39. Moved by Representative Amanda Smith and Mayor Dan O'Mara. **Carried**

4.6 Approve In-camera

RECOMMENDATION:

THAT the Housing Committee approves the direction/action From the in-camera discussion.

Moved by Councillors Dan Roveda and Mark King. ***Carried***

5.0 Housing Programs – due to time constraints, there were no Housing Program or Housing Operations Updates.

6.0 OTHER BUSINESS

There was no other business.

7.0 CORRESPONDENCE: There was no correspondence.

8.0 NEXT MEETING DATE

NDHC Board Meeting Wednesday, March 4, 2020, DNSSAB Boardroom

9.0 ADJOURNMENT

The meeting was adjourned at 3:39 PM. Moved by Councillor Dan Roveda and Mayor Dan O'Mara.

Carried.

Resolution No. 2020-39

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the draft revisions to the Board Service Reimbursement policy, previously approved under resolution 2017-23, be approved by the District of Nipissing Social Services Administration Board as presented in report EX05-20.

CARRIED _____

MARK KING
CHAIRPERSON

CARRIED _____

CATHERINE MATHESON
SECRETARY

REPORT

EX05-20

For information or For Decision or For Approval

DATE: March 11th, 2020

PURPOSE: Update to Board Service Reimbursement Policy

PREPARED BY: Justin Avery, Manager of Finance

REVIEWED BY: Melanie Shaye, Director of Corporate Services

RECOMMENDATION

That the draft revisions to the Board Service Reimbursement policy, previously approved under resolution 2017-23, be approved by the District of Nipissing Social Services Administration Board as presented in report EX05-20.

PURPOSE

To update the Board Service Reimbursement policy (“the Policy”) to reflect approved changes to the committee structure as well as the 2020 honoraria rates which are updated each year in accordance with the Consumer Price Index (CPI) for Ontario.

BACKGROUND

- The Policy was originally adopted under Resolution EX06-15 which stated the Policy will be reviewed every four years.
- The Policy was reviewed and revised in 2016 under Resolution 2016-08 and included honoraria rates.
- The Policy was again reviewed and revised in 2017 under Resolution 2017-23.
- The honoraria rates in the Policy are set to increase each year in February in accordance with the Consumer Price Index (CPI) for Ontario based on the year over year change as of January 31st.

PROPOSED CHANGES

- Update the DNSSAB Board meeting honoraria rate in accordance with the CPI increase for Ontario from January 2019 to January 2020 which is 2.1%.
- Update wording to include Nipissing District Housing Corporation (NDHC) and make various minor corrections.
- Update the committee and NDHC Board meeting honoraria rates to align with the approved committee structure changes which will also impact the NDHC Board composition.
- Clarify the stipend available to Board members for electronic devices.

The figures below show the changes from the current honoraria rate structure to the proposed new structure:

Figure 1:

Current Structure

Board Member Rate			
2019	Board Meeting	Executive Meeting	Ad-hoc Committee
Board Chair	\$ 522.27	\$ 99.06	\$ 65.66
Vice Chair	\$ 391.78	\$ 99.06	\$ 65.66
Board Member	\$ 326.12	\$ 99.06	\$ 65.66

Statistics Canada Consumer Price Index
 January 2020 = 2.1% increase
 (12 month change)

Board Member Rate			
2020	Board Meeting	Executive Meeting	Ad-hoc Committee
Board Chair	\$ 533.24	\$ 101.14	\$ 67.04
Vice Chair	\$ 400.01	\$ 101.14	\$ 67.04
Board Member	\$ 332.97	\$ 101.14	\$ 67.04

Figure 2:

Proposed Structure

Meeting Rates – 2020

	Regular DNSSAB Board Meetings Attended	Finance and Administration and Community Services Committee Meetings Attended	Ad-hoc Meetings Attended	Regular NDHC Board Meeting Attended
Board Chairperson and Executive Committee Vice-Chair	\$533.24	\$125.00	\$67.04	\$125.00
Board Vice-Chairperson and Executive Standing Committee Chair	\$400.01	\$125.00	\$67.04	\$125.00
Board Members	\$332.97	\$125.00	\$67.04	\$125.00

(Statistics Canada Consumer Price Index January 2020 – 2.1%)

CONCLUSION

The proposed new committee meeting rate is intended to recognize the change in responsibilities for Board members as they move from a four Committee meeting per month to an up to two Committee meeting structure per month.

ATTACHMENT

Draft Board Service Reimbursement Policy

TITLE: Board Service Reimbursement Policy	SECTION: Board
DATE: Feb 2017	POLICY NO.:
APPROVED BY: TBD	REVISED: March 2020

1. GENERAL STATEMENT OF POLICY AND PROCEDURE

The District of Nipissing Social Services Administration Board (DNSSAB) and Nipissing District Housing Corporation (NDHC) are committed to ensuring publically funded expenditures are fair, open, accountable, efficient, and transparent.

The purpose of this policy is to provide clarification to the manner the DNSSAB and NDHC Boards will provide reimbursements to Board Members for costs incurred as a result of their service.

The revisions to this policy are guided by the “Broader Public Sector Procurement Directive” issued by the Management Board of Cabinet July 2011, and by the Travel, Meal and Hospitality Expenses Directive of the Management Board of Cabinet dated January 1, 2017.

2. SCOPE

This policy applies to all board members of DNSSAB and NDHC in connection with Board business.

3. OBJECTIVE

This policy shall provide members with equitable compensation for time spent on, and reimbursement of costs incurred in doing Board related business.

Expenses must:

- Be Board related,
- Be modest and appropriate, and
- Strike a balance among economy, health & safety, and efficiency in operations.

4.0 PROCEDURE/ADMINISTRATION

4.1 Honoraria

Honorarium rates are paid on a monthly basis and in accordance with attendance at each meeting. Members will receive payments based on attendance at all Board, Committee and Ad Hoc meetings, whether in person or by teleconference. Members will not be compensated for non-attendance at scheduled meetings, unless otherwise decided by the Chair and/or CAO (Resolution No. 2017-83). A maximum of one Board Meeting per organization (DNSSAB & NDHC) per month will be paid; any other scheduled meetings of the Board shall be paid at the Ad Hoc Meeting rate. Members are required to report absences to the Executive Coordinator forty-eight (48) hours prior to a Regular Board Meeting for quorum purposes.

Board members attending Committees as guests will only be eligible for the honorarium when specifically invited by the Committee Chair.

Meeting rates will be adjusted in February of each year by the Consumer Price Index (Ontario) for the prior year based on Statistics Canada¹. Please refer to “Appendix 1 – Meeting Rates” for current meeting rates.

4.2 Travelling Expenses

Please refer to the Travel, Meal and Hospitality Policy FIN/ADM 03.

4.3 Information Technology

4.3.1 Cell Phones

The Chair and Vice-Chair of the DNSSAB Board will be offered a stipend of \$50 per month for the duration of their term to cover the cost of the cell phone fees. The stipend will be reimbursed on the monthly honorarium.

If the Chair and Vice Chair subscribe to a cellular service prior to assuming their office on the Board, they may request reimbursement of any additional cell phone charges incurred as a result of doing Board business. Request for additional reimbursements is to be paid through the travel expense claim process.

¹ Original rates and annual increases based on the Consumer Pricing Index (CPI) approved in Resolution 2011-067

4.3.2 Internet

Access to the internet is required intermittently. Any Board Member who does not subscribe to an internet provider prior to assuming their role on the Board will be offered a stipend of \$60 per month for the duration of their term on the Board to cover the cost of internet access fees. The stipend is not intended to cover the full cost of internet access, but a portion that would fairly represent the estimated cost associated with DNSSAB Board business. The stipend will be reimbursed on the monthly honorarium.

If a Board member subscribes to an internet provider prior to assuming their role on the Board, they may request reimbursement of any additional internet access charges incurred as a result of doing Board business. Request for additional reimbursements is to be paid through the travel expense claim process.

4.3.3 Electronic Devices (Tablets/ Laptops/Cell Phones)

All board correspondence, including committee and board packages shall be electronic. Board members will be permitted to choose from the following options relating to Electronic Devices::

- The Board Member shall be provided with a stipend of \$700 towards the purchase of an Electronic Device that can be used for DNSSAB Board business. This stipend is available once during the 4 year term of the Board (Resolution Number 2017-23);
- The Board Member can choose from a variety of Electronic Device options as determined by DNSSAB staff;
- If a Board Member receives an Electronic Device from their municipal council, DNSSAB will, at the request of the Board Member, reimburse that Council up to the stipend of \$700.

Appendix 1
Board Service Reimbursement Policy

Meeting Rates – 2020

	Regular DNSSAB Board Meetings Attended	Finance and Administration and Community Services Committee Meetings Attended	Ad-hoc Meetings Attended	Regular NDHC Board Meeting Attended
Board Chairperson and Executive Committee Vice-Chair	\$533.24	\$125.00	\$67.04	\$125.00
Board Vice-Chairperson and Executive Standing Committee Chair	\$400.01	\$125.00	\$67.04	\$125.00
Board Members	\$332.97	\$125.00	\$67.04	\$125.00

(Statistics Canada Consumer Price Index January 2020 – 2.1%)

Resolution No. 2020-40

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the District of Nipissing Social Services Administration Board adopts the Board Procedural By-law amendments, as presented in the Board Committee Structure Analysis report EX06-20.

CARRIED _____

MARK KING
CHAIRPERSON

CARRIED _____

CATHERINE MATHESON
SECRETARY

REPORT

EX06-20

DATE: March 4th, 2020

PURPOSE: Procedural By-Law Changes

PREPARED BY: Melanie Shaye, Director of Corporate Services

REVIEWED BY: Catherine Matheson, CAO

RECOMMENDATION

THAT the District of Nipissing Social Services Administration Board adopts the Board Procedural By-law amendments listed in this report, and as were presented in the Board Committee Structure Analysis report EX03-20.

BACKGROUND AND PURPOSE

In order to move forward with the Committee structure changes outlined in report EX03-20, the Procedural By-law must be updated, to grant the powers of the new structure.

These changes have received legal review prior to being brought to the Board.

RECOMMENDED CHANGES

To enact the new Committee structure, the following changes have been made:

Section 11- Committees of the Board

- Changed the Committee title from Executive Audit to Finance and Administration, and stated the Finance and Administration Committee meets as a Committee of the Whole
- Replaced the Standing Committees of Social Services and Employment, Children's Services and Emergency Medical Services (EMS), and Housing Services Committee with one Community Services Committee, and added that the composition would be at least eight members, with 50/50 representation from the District and the City of North Bay

Section 45- Board Agenda

- Changed the Committee title from Executive Audit to Finance and Administration
- Removed individual Committee titles of Social Services and Employment, Children's Services and EMS, and Housing Services and replaced with Community Services Committee

Section 47- Public or Confidential Meeting

- Added language related to the holding of and calling of in-camera meeting, as was suggested by our lawyer. Requires that the Board state by resolution the fact of holding an in-camera meeting, and the general nature of the meeting.

Housekeeping changes other changes have also been made:

- Section 7- Updated legislative references from the Day Nurseries Act to the Child Care and Early Years Act and from the Social Housing Reform Act to the Housing Services Act
- Section 7- Updated reference to the newly titled Ministry of Labour, Training and Skills Development
- Section 10- Removed reference to CAO being able to dismiss employees 'for cause', as CAO can dismiss with or without cause.
- Section 51- Changed title of policy from Delegation of Authority policy to Purchasing policy.
- Applying acronym DNSSAB consistently
- Fixed minor typos and titles of staff

CONCLUSION

Once the new Procedural By-law is adopted by the Board, a new Chair and Vice Chair for both the Finance and Administration Committee, and the Community Services Committee will be named at the next scheduled Board meeting.

In accordance with the current Procedural By-law "30 days' notice will be given to municipalities when changing by-laws. Changes to the by-law will be accepted with a two-thirds majority vote of the Board". In an effort to expedite the new Committee structure, the draft Procedural By-law revisions will be shared with municipalities March 5, 2020 to allow the new Committee Structure to be enacted effective April 6, 2020.

A new meeting calendar will also be provided to the Board.

SECTION A – INTRODUCTION

1 PURPOSE

- 1.1 The District of Nipissing Social Services Administration Board (DNSSAB) is governed by the District Social Services Administration Act; Ontario Regulations 278/98 and Ontario Regulation 37/99.
- 1.2 The procedural by-laws establish consistent procedures for the DNSSAB Board and Committees to guide decision making, and ensure transparent, fair and open meetings, as well as define the Board's Authority and Role.

2 CORPORATE STATUS

- 2.1 The Board shall be a corporation as established through the District Social Services Administration Board Act (the "Act"). The number of members, the areas that they represent and the manner and term of their appointment shall be set out in the Regulations and Act.

3 CORPORATE SEAL

- 3.1 The seal of the DNSSAB shall be kept by the secretary at the Head Office.

4 OFFICES

- 4.1 The head office of the Corporation shall be in the District of Nipissing. The Board will establish satellite offices in other District Municipalities, as deemed appropriate.

5 TERM OF THE BOARD

- 5.1 Each member of the Board shall begin January 1st, of the year following a municipal election for a four year term to end on December 31st in the year in which municipal elections take place. Generally, no Board meeting will be held in December of the election year. Exceptions to this can only be made as per sections 8.7 and 8.8.

6 AMENDMENTS

- 6.1 Seven days' notice shall be given to members of the Board of any recommendation to amend the By-Laws of the Board. 30 days' notice will be given to municipalities when changing bylaws. Changes to the By-Law will be accepted with a two-thirds majority vote of the Board.

SECTION B – ROLES AND DUTIES

7 ROLE OF THE BOARD

7.1 The role of the Board is to provide overall governance responsibility in order to be accountable for and to carry out the duties of the Board including:

- 7.1.1 To represent the public and to consider the well-being of all the member municipalities and Territories Without Municipal Organization (TWOMOs);
- 7.1.2 To develop and abide by the policies and programs of the Board;
- 7.1.3 To determine which services the Board provides and to carry out the duties of the Board under the District Social Services Administration Boards Act, the Ontario Works Act, the Child Care and Early Years Act, the Housing Services Act, the Municipal Act and the related regulations or any Act as required including the legislation of the Ministry of Health
- 7.1.4 To ensure that administrative practices and procedures are in place to implement the decisions of the Board;
- 7.1.5 To maintain the financial integrity of the Board;
- 7.1.6 Designating a spokesperson to speak publically, when required, regarding the actions and plans of the Board;
- 7.1.7 To ensure open communication channels with provincial government Ministries, specifically Ministry of Education, Ministry of Children, Community and Social Services, Ministry of Labour, Training and Skills Development, Ministry of Health, and the Ministry of Municipal Affairs and Housing through fostering positive working relationships.

8 POWERS OF THE BOARD

- 8.1 Powers: The Directors shall manage or supervise the management of the business affairs of the Corporation. Any and all inquiries and direction by Board members shall be directed through the Chief Administrative Officer or designate of the Board.
- 8.2 Transaction of Business: Business may be transacted by resolutions passed at meetings of Directors or recommendations made by Committees at which a quorum is present. A copy of every resolution in writing shall be kept with the minutes of the proceedings.
- 8.3 Number: The Board shall consist of 12 members as determined by the Act and/or the regulations thereto.
- 8.4 Qualifications of Members: Directors shall be Canadian citizens, who are at least 18 years of age with power under law to contract, who have been appointed by the Municipal Council for their representative area or by a prescribed election as a representative of the unincorporated area. Directors shall meet the qualifications outlined in the Corporation's governing legislation and regulations. Each member shall act in the best interests of the Corporation and the clients it serves.
- 8.5 Resignation: A Director may resign upon giving a written resignation to the Chair and such resignation shall be effective when received by the Chair or at the time specified in the resignation, whichever is later.

- 8.6 Removal: The Board may, by ordinary resolution passed at a regular or special meeting of the Board, remove any Director from office before the expiration of his or her term. Any removal of a member requires a two-thirds majority vote, where a member is deemed to be in contravention of the Act, DNSSAB by-laws or policies.
- 8.7 Vacancy of Office: A Director ceases to hold office when he or she dies, resigns or is removed from office by the Board, becomes disqualified to serve as a Director or is absent from the meetings of the Board for three consecutive regular Board meetings without being authorized by Board resolution.
- 8.8 Vacancies: A vacancy on the Board may be filled for the remainder of its term by a qualified person. Municipalities represented on the Board only have the authority to appoint a member to a position vacated by a member, and do not have the authority to remove a member. Each Board member shall act in the best interests of the District.
- 8.9 The Board members, on behalf of the Corporation, exercise all the powers that the corporation may legally exercise unless restricted by law. These powers include, but are not limited to, the power:
- 8.9.1 To enter into contracts or agreements;
 - 8.9.2 To make banking and financial arrangements;
 - 8.9.3 To direct the manner in which any other person or persons may enter into contracts of agreements on behalf of the corporation;
 - 8.9.4 To execute documents;
 - 8.9.5 To purchase, lease or otherwise acquire, sell, exchange, or otherwise dispose of real or personal property, securities or any rights or interest for such consideration and upon such terms and conditions as the Board members may consider advisable;
 - 8.9.6 To borrow on the credit of the corporation for the purposes of operating expenses, or on the security of the corporation's real or personal property; and
 - 8.9.7 To purchase insurance to protect the property, rights and interests of the corporation and to indemnify the corporation, its members, Board members, and officers from any claims, damages, losses or costs arising from or related to the affairs of the corporation.
- 8.10 Delegation by Directors (Committees): The Board may appoint from their number a Managing Director, or a Committee of Directors, a majority of the members, and delegate to such Managing Director or Committee any of the powers of the Board except those which relate to matters over which a Managing Director or Committee shall not have authority. Unless otherwise determined by the Board, a Committee shall have the power to fix its quorum at not less than a majority of its members to elect its Chairperson and to regulate its procedures.
- 8.11 Remuneration and Expenses: Remuneration will be determined by the Board. The Directors may be entitled to be reimbursed for travelling, training and other expenses properly and reasonably incurred by them in attending meetings of the Board and Committees and for such other out-of-pocket expenses incurred in respect of the performance of their duties as the Board may from time to time determine.

9 THE DUTY OF DIRECTOR

- 9.1 Directors have a fiduciary duty, duty of care, duty of loyalty and duty of obedience to the Corporation. The standard of care set forth provides that all Directors and Officers of a Corporation, in exercising their powers and discharging their duties, shall act honestly and in good faith with a view to the best interests of the corporation, and exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
- 9.2 Every Director and Officer of the Corporation must also comply with the Acts that govern them, the Regulations, the articles and by-laws. No provision in a contract, articles, or by-laws relieves a Director or Officer of his/her duties. Directors must comply with the Municipal Act and/or Municipal Conflict of Interest Act, as applicable, and abide by Provincial contractual provisions regarding Conflict of Interest.
- 9.3 Directors have a legal obligation to the Board, wherein, the Director must act in good faith towards the organization and the Board. When a Director ignores this obligation or assumes that an obligation to another Board trumps the interest of the Corporation or Board, the Director is breaching his/her duties.
- 9.3.1 For clarity, Directors receive proprietary information that is not public information. By disclosing the information, without authority, the Director, is making that information public. This is a breach of the Director's duty and as stated when an individual is on a Board, his/her duty is to that Board. If by virtue of being on that Board, the individual finds themselves in a conflict, the Member has an obligation to disclose the conflict and recuse him or herself from any decision.
- 9.4 Information obtained for and from in-camera meetings is not for public dissemination. Disclosing information acquired as the result of sitting on the Board has the effect of making non-public information public. The Director is in breach of his/her obligation when this occurs.
- 9.5 Notwithstanding the above, a Director may be required to disclose information heard in-camera if required to by law.
- 9.6 Should a Board Member want to make an in-camera discussion public, approval of the Board is required, except again where required by law. The proceedings at a closed meeting of a Board should not be discussed beyond the persons entitled to be in attendance at that meeting.
- 9.8 Issues discussed in-camera are confidential and cannot be disclosed without the authority of the Board. Directors have a duty to the Board they sit on. Disclosing confidential information is a breach of this duty.

10 OFFICERS OF THE BOARD

- 10.1 The Officers of the corporation shall be the Chair, Vice Chair, Chief Administrative Officer, Secretary, Treasurer and any such Officers as the Board may, by law, determine.
- 10.2 **Appointment:** The Board may from time to time designate the Offices of the Corporation, appoint Officers (and assistants to Officers), specify their duties and delegate to such Officers powers to manage the business and affairs of the Corporation. A Director may be appointed to any office of the Corporation. Except for the Chairperson of the Board and the Managing Director, an officer may be, but need not be, a Director. Two or more offices may be held by the same person.
- 10.3 **Term of Office and Removal:** In the absence of a written agreement to the contrary, the Board may remove, by resolution with or without cause, any Officer of the Corporation. Unless so removed, an Officer shall hold office until his/her successor is appointed or until his/her resignation, whichever shall first occur. The Chairperson and Vice-Chairperson shall hold office for one year from the date of appointment. In the event the Chairperson resigns or dies before his or her term expires, the Board shall appoint another member of the Board as Chair to complete the unexpired portion of the term.
- 10.4 **Terms of Employment, Duties and Remuneration:** The terms of employment and remuneration of all Officers elected or appointed by the Board shall be determined from time to time and may be varied from time to time by the Board.
- 10.5 **Description of Offices:** Unless otherwise specified by the Board (which may modify, restrict or supplement such duties and powers), the officers of the Corporation, if designated and if officers are appointed thereto, shall have the following duties and powers:
- 10.5.1 Chair:** The Chair of the Board, if one is appointed, shall be a Director, and may be reappointed in one or more subsequent years as outlined in the DSSAB Act. The Chairperson shall, when present, preside at all meetings of the Board of Directors and members of the corporation, will sign all documents which require his/her signature and shall possess and may exercise such powers and shall perform all other duties as may from time to time be assigned to him by the Board of Directors.
- 10.5.2 Vice-Chair:** The Vice Chair of the Board, if one is appointed shall be a Director. The Vice-Chair shall be vested with all powers of the Chair and in the absence or inability of the Chair, shall exercise the duties and functions of the Chair.
- 10.5.3 The Chief Administrative Officer:** The Chief Administrative Officer shall be appointed by the Board and he or she shall report to the Board, be responsible for all operations of the Corporation, record or delegate accurate minute taking of the organization's meetings and ensure that the corporation's files, records and other relevant written materials are kept, recorded and distributed; and take a lead role in financial policy development and monitoring of the corporation's finances and advise and assist the Board in understanding the corporation's finances.

Without limiting the generality of the foregoing, the duties and responsibilities of the CAO shall be as follows:

- 3.1 To direct and co-ordinate the business of the Board in all its branches and departments in accordance with the policy and plans established and approved by the Board;
- 3.2 To direct and co-ordinate the preparation of plans and programs to be submitted to the Board for approval and to fulfill its mandate;
- 3.3 To direct and co-ordinate the compilation, consideration and presentation to the Board, recommendations arising from departmental operations, which require the Board's approval and to propose by-laws or resolutions arising from such recommendations;
- 3.4 To direct the preparation and compilation of and to present to the Board, the annual budget of estimates of revenues and expenditures;
- 3.5 To exercise general financial control over all departments in terms of the approved appropriation;
- 3.6 To act as spokesperson and direct collective bargaining with all Board employees within collective bargaining units, to recommend to the Board agreements concerning wages, salaries and working conditions, and, upon approval by the Board, to administer such agreements and in general to be responsible for wage and salary administration, subject to normal grievance procedures, and to recommend to the Board or its appropriate Committee, a system of grievance procedures for such employees that are not covered by existing agreements, or included in collective bargaining units;
- 3.7 To have full control and direction of all employees subject to the Human Resources policies approved by the Corporation;
- 3.8 To appoint, employ, suspend or dismiss for cause employees not covered by collective bargaining agreements according to annual budgets, organizational structures and policies and salary scales as approved by the Board from time to time and to appoint and employ all other employees of the Board in accordance with procedures obtained in collective bargaining agreements and to suspend or dismiss such employees for cause, subject to the normal grievance procedures contained in the relevant collective bargaining agreements;
- 3.9 To present to the Board reports and information regarding progress and accomplishments in programs and projects, the status of revenues and expenditures, and the general administration of the Board;
- 3.10 To have cognizance of all correspondence and communications to the Board and to receive all communications to direct the submission of the same to the Board together with his/her recommendations thereon;

3.11 To attend all Board meetings;

3.12 To perform such other duties and exercise such other powers as the Board may from time to time lawfully assign to him/her.

3.13 The CAO shall not be dismissed except by a resolution assented to by a majority of the members of the Board; provided that no such resolution shall be presented for consideration at any meeting of the Board unless written notice thereof shall have been given at least ten (10) days prior and the CAO has been given an opportunity to be heard by the Board.

10.5.4 Secretary: The Secretary shall be appointed by the Board. The Secretary, when in attendance, shall be the secretary of all meetings of the Board and Committees of the Board and, whether or not he or she attends, the secretary shall enter or cause to be entered in the Corporation's minute book, minutes of all proceedings at such meetings; he or she shall give, or cause to be given, as and when instructed, notices to directors, auditors and members of Committees; he or she will ensure custodial care of the corporate seal and of all the books, papers, records, correspondence and documents belonging to the corporation.

10.5.5 Treasurer: The treasurer will ensure that full and accurate accounts of all receipts and disbursements of the Corporation in proper books of account are kept and disburse funds of the corporation as directed by the Board. He or she shall render to the Board an account of his or her transactions as treasurer and of the financial position of the Corporation.

10.6 **Disclosure – Conflict of Interest:** An Officer shall have the same duty to disclose his or her interest in a material contract of transaction or proposed material contract of transaction with the Corporation, as is imposed upon Directors. If an Officer is unclear as to whether he or she is in a position of conflict of interest, the officer is to proactively seek legal advice and the Board, by resolution, shall pay for the costs incurred in seeking legal advice.

10.7 **Standard of Care:** Every Director and Officer of the Corporation in exercising his or her powers and discharging his or her duties honestly and in good faith with a view to the best interests of the Corporation shall exercise the care, diligence and skill that a reasonable prudent person would exercise in comparable circumstance. Every Director and Officer of the Corporation shall comply with articles, by-laws and all other applicable laws.

10.8 **Limitation on Liability:** Provided that the standard of care required of him or her has been satisfied, no Director or Officer shall be liable for the acts, receipts, neglects or defaults of any other Director or Officer or employee, for joining in any receipt of other act for conformity, or any loss, damage or expense happening to the Corporation through the insufficiency or deficiency of title to any property acquired for or on behalf of the Corporation, or for the insufficiency or deficiency of any security in or upon which any of the monies of the Corporation shall be invested, or for any loss or damage arising from the bankruptcy, insolvency or tortious acts of any person with whom any of the monies, securities, or effects of the Corporation have been deposited, or for any loss occasioned by any error of judgment or oversight on his part, or for any other loss,

damage or misfortune which shall happen in the execution of his or her office or in relation thereto, unless the same are occasioned by his or her own willful neglect or default.

- 10.9 **Indemnification of Directors and Officer:** Subject to any applicable laws, the Corporation shall indemnify a Director or Officer of the Corporation, a former Director or Officer of the Corporation or a person who acts or acted at the Corporation's request as a Director or Officer, and his or her heirs and legal representatives, against all costs, charges and expenses, including an amount paid to settle an action or satisfy a judgment, reasonably incurred by him or her in respect of civil, criminal or administrative action or proceeding to which he or she was made a party by reason of being or having been a Director or Officer of such Corporation or body corporate if:
- a) he or she acted honestly and in good faith with a view to the best interests of the Corporation; and
 - b) in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, he or she had reasonable ground for believing that his or her conduct was lawful.

The Corporation shall indemnify such person in all such other matters, actions, proceedings and circumstances as may be permitted by law.

- 10.10 **Insurance:** The Corporation may purchase and maintain such insurance for the benefit of any person entitled to be indemnified by the Corporation pursuant to the immediately preceding section as the Board from time to time may determine.

11 COMMITTEES OF THE BOARD

11.1 General

11.1.1 All Committee Meetings shall be open to the public

11.1.2 No Committee shall have the authority to bind the Corporation or the Board, unless authorized by resolution of the Board

11.3 Duties of the Committees

The purpose of Committees is to facilitate the business of the Board. Committees shall operate with the Terms of Reference established by and approved by the Board.

11.4 Types of Committees:

11.4.1 The Finance and Administration Committee will be considered a Committee of the Whole, and may meet to review the Board agenda and to provide advice to the Chief Administrative Officer concerning the resolution of or recommendations on corporate issues, personnel matters, financial matters, contract management and strategic priority projects.

11.4.2 The Community Services Committee will considers resolutions or recommendations related to program or service delivery such as Social Services and Employment, Children's Services, Emergency Medical Services, and

Housing Services; and will be comprised of at least eight members of the Board, with equal representation from the District and the City of North Bay.

- 11.4.3 As required, ad hoc Committees may be established by motion of the Board to deal with matters before the Board. An ad hoc Committee may have any number of members who are interested in the issues at hand. Ad hoc Committees will report recommendations to the Board.
- 11.4.4 Election of the Committee Chair: The Chair of a Board Committee shall be elected by the Committee members and recommended to the Board for approval at its next regular meeting.
- 11.4.5 Committee Membership: Membership of the Community Services Committee or ad hoc committees will be determined by the Board (The Board Chair is ex-officio on all Board Committees).
- 11.4.5.1 Committees shall make recommendations to the Board by way of Committee Reports, or a recommended motion, on any matter considered by it which requires a decision of the Board.
- 11.4.6 Meetings of standing Committees or ad hoc Committees may be held at any time and place to be determined by the members of such Committee provided that 48 hours' written notice of such meeting shall be given to each member of such Committee. For special or emergency meetings, such notice periods may be waived, provided two-thirds of the Committee members agree by telephone/email poll to the waiver. No error or omission in giving notice of any meeting of a Committee or any adjourned meeting of the Committee of the corporation shall invalidate such meeting or make void any proceedings taken thereat and any member of such Committee may at any time waive notice of any such meeting and may ratify, approve and confirm any or all proceedings taken or had thereat.

SECTION C – MEETING PROCEDURES

12 MEETINGS

- 12.1 All Board meetings shall be open to the public

13 DURATION

- 13.1 The duration of a meeting shall not exceed three hours, unless a majority of members vote otherwise.

14 MEETING TIME

- 14.1 The Chair of the Board, or in his or her absence, the Vice-Chair shall call members to order as soon after the meeting time and a quorum is present.
- 14.2 If the Chair of the Board and Vice-Chair are not present within ten minutes after the scheduled meeting time, the Secretary shall call the members to order if a quorum is

present, a member shall be chosen from among those present to preside during the meeting or until the arrival of the Chair or Vice-Chair.

14.3 In the election of a Presiding Officer, the Secretary shall call the meeting to order and preside.

14.4 If there is no quorum within fifteen minutes after the meeting time, the Secretary shall call the roll, take down the names of the members present, and declare the meeting cancelled.

14.5 The date and time of regular Board meetings for the upcoming year shall be established by resolution no later than the last regular meeting in each calendar year.

14.6 The Board may change the date and time of any regular meeting by resolution, or by notice of the Chair.

15 INAUGURAL MEETING

15.1 The Inaugural Meeting date shall:

15.1.1 be established by the retiring Board in each election year;

15.1.2 be binding upon the new Board;

15.1.3 be held not later than the end of February of the year immediately following the election year;

16 PLACE OF MEETINGS

16.1 Meetings of the Board may be held at the registered head office of the corporation or at any other place within or outside the District.

17 PARTICIPATION BY ELECTRONIC METHODS

17.1 A Director may participate in a meeting of the Board or in a meeting of a Committee of Directors by means of such telephone or other technologies that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Director participating in such a meeting by such means is deemed to be present at that meeting.

18 CALLING OF MEETING

18.1 Lack of receipt of the notice of a regular meeting shall not affect the validity of holding the meeting or any action taken thereat provided a quorum is established.

19 ATTENDANCE

- 19.1 Members shall notify the Secretary or designate if they are not able to attend the regular Board meeting. Attendance of members shall be recorded. Any member absent from regular Board meetings on three consecutive occasions, without a resolution authorizing the absence having been recorded in the minutes, shall be deemed to have resigned and the seat shall become vacant.

20 REGULAR BOARD MEETING

- 20.1 The date and time of regular Board meetings for the upcoming year shall be established by resolution no later than the last regular meeting in each calendar year. (with the exception of the inaugural year in which the annual meeting calendar will be established at the inaugural meeting). The annual meeting calendar can be changed at any time with the consent of the majority of the Board for the purposes of ensuring the highest level of Board participation. A copy of any resolution of the Board fixing the date, place and time of such regular meetings of the Board shall be sent to each Director forthwith after being passed, but no other notice shall be required for any such regular meetings except where required by legislation.
- 20.2 Any Board member wishing to place an item on the agenda may make a request to do so through the Chair or Chief Administrative Officer no later than ten days prior to the meeting.
- 20.3 The meeting package shall be delivered to the Board member's designated email address at least five days prior to the upcoming Board meeting, unless special circumstances prevent the package from being distributed within the established timeframe.
- 20.4 The Board meeting draft agenda shall be published online in advance of the Board meeting.
- 20.5 Immediately following the Board meeting, the meeting package will be published online through the DNSSAB website.

21 SPECIAL MEETINGS

- 21.1 Special meetings of the Board may be held at any time at the call of the Chair. The purpose of the special meeting must be stated in the notice and no other business will be transacted without the consent of the majority of the Board. The meeting notice must be sent to all Directors. Lack of receipt of notice of a Special meeting shall not affect the validity of holding the meeting or any action taken thereat provided a quorum is obtained.
- 21.2 Notice of Special Meetings of the Board shall be given to every Director of the Corporation with not less than 48 hours' notice (excluding Sundays and holidays) before the date of the Special Meeting. Notwithstanding the foregoing, notice of a meeting shall not be necessary if all of the Directors are present, and none object to the holding of the

meeting, or if those absent have waived notice of or have otherwise signified their consent to the holding of such meeting. Notice of a Special Meeting continuance is not required if the time and place of the forthcoming meeting is established at the original Special Meeting.

- 21.3 The notice shall be in the form of a written agenda accompanied by its supporting documents. This package is prepared by Chief Administrative Officer in consultation with the Chair. Minutes of the previous regular meeting and any special meetings shall be provided to the Board members in the same manner as the agenda. The package shall be delivered to the Board member's designated email address. Immediately following the Board meeting, the package will be distributed to appropriate officers, staff and posted for the public. The Board meeting agenda shall be published online in advance of the Board meeting.

22 EMERGENCY MEETINGS

- 22.1 Emergency meetings may be called when a decision or response from the Board is required within 48 hours. Notices of an Emergency Meeting will be sent to all Directors by electronic communication and by telephone. The purpose of the Emergency Meeting must be stated in the notice and no other business will be transacted without the consent of the majority of the Board. Lack of receipt of notice of an emergency meeting shall not affect the validity of holding the meeting or any action taken thereat provided a quorum is obtained.

23 QUORUM

- 23.1 Quorum shall be comprised of the majority (50%+1) of the Board Members (including the Chair).

24 DELEGATIONS

- 24.1 Delegation Wishing to Appear Before the Board and Committees:

24.1.1 Public presentations will be received at both regular and special meetings of the Board and Committees. Presentations at regular meetings shall be on a subject within the jurisdiction or influence of the Board. Presentation at the special meeting shall be related to the agenda item.

24.1.2 Persons wishing to make a formal presentation to the Board or Committees must register with the Secretary one week prior to any regular meeting and one day prior to a special meeting, and must provide the Secretary with a copy of the presentation to be included in the Board or Committee package sent to members in advance of the meeting.

- 24.1.3 The maximum number of presenters at any presentation (including the spokesperson) shall be three. In unique circumstances, the number of presenters may be extended by the Chair and by a majority of the members present. Such question shall be decided by the members without debate.
- 24.1.4 The Secretary shall inform the presenter of the guidelines affecting the presentation (e.g. maximum time, maximum number of presenters and adherence to the subject) and to obtain and acknowledgement by the presenter of his or her understanding of those guidelines.
- 24.1.5 A public presentation, which has been registered with the Secretary, may address a matter of the Board's jurisdiction for up to ten minutes.
- 24.1.6 No delegation shall be permitted when the subject matter to be addressed is related to a recommendation of any tribunal that has conducted a hearing under the Statutory Powers Procedures Act, R.S.O 1990, c.22, as amended.
- 24.1.7 No person will be permitted to address the Board with respect to a labour management dispute or issue, unless provided by legislation.
- 24.1.8 Presenters appearing before the Board who have previously appeared before the same Board on the same subject shall be limited to providing only new information in their second and subsequent appearances.
- 24.1.9 In unique circumstances, the time may be extended by the Chair by a majority vote of the members present. Such question shall be decided by the members without debate.
- 24.1.10 No presenter shall speak disrespectfully of any person; use offensive words or unparliamentarily language; speak on any subject other than the subject for which he or she received approval to address; or disobey the rules of order or a decision of the Chair.
- 24.1.11 After the presenter has completed the presentation, Board members shall each have the opportunity to ask questions for clarification purposes only, and without debate.
- 24.1.12 The Chair may curtail any presenter, any questions of a presenter, or debate during a presentation, for disorder or for any breach of this Procedural By-Law and, should the Chair rule that the presentation is concluded, the presenter shall withdraw immediately and shall be given no further audience by the Board.
- 24.1.13 Public presentations made at the beginning of the meeting may be considered by the Board at the end of the agenda of that meeting.
- 24.1.14 Presentations are not allowed on employer/employee matters from individuals or unions/organizations representing employees where the matters to be presented are part of a collective agreement or where there is a contractual agreement with DNSSAB. A request for exemption from

this requirement must be made in writing and approval granted by the Chair at least one week before the meeting date.

24.1.15 Presentations by DNSSAB employees are limited as per above, unless at the invitation of the Chief Administrative Officer. This applies to non-union as well as unionized staff.

25 MINUTES AND RECORDING OF MEETINGS

- 25.1 The Minutes of the meetings of the Board and Committees shall record:
- 25.1.1 the place, time and date of the meeting;
 - 25.1.2 the names of the presiding officer and a record of the members in attendance;
 - 25.1.3 disclosures of conflict of interest

25.2 The minutes of the Board of Directors and its Committees shall be available to the general public except where not permitted according to the *Municipal Freedom of Information and Protection of Privacy Act*, and/or other privacy legislation governing DNSSAB programs.

In order to promote positive interpersonal relations amongst Board members, staff, and other stakeholders, and to engender trust amongst same, Board members and staff are prohibited from creating an audio and/or video recording any proceedings without the expressed knowledge of all other participants. Failure to adhere to this policy, or the belief by any other Board or staff member that this policy may have been breached should be brought to the attention of the Board, which shall determine the appropriate action. Nothing in this section prohibits the making of personal notes regarding a proceeding and discussions therein.

26 CHAIRPERSON

- 26.1 The Chairperson of any meeting of the Board or Committee shall be the first recognized and will officiate the roll call of the meeting. If no such officer is present, the directors shall choose one of their number to be Chairperson of such meeting.

SECTION D - VOTING & DEBATE PROCEDURES

27 VOTES TO GOVERN

- 27.1 At all meetings of the Board, every question shall be decided by a simple majority of the votes cast on the question and voting is carried out by a show of hands unless otherwise indicated or required by law.

28 VOTING

- 28.1 Each Member, including the Chair, is entitled to one (1) vote. The Chair shall be entitled to vote at all meetings of the Board and shall be ex-officio member of all Committees of

the Board and entitled to vote at those meetings, except at the Board Meetings, where the Chair shall vote only in the event of an equality of votes, or when a recorded vote has been requested.

29 TIE VOTES

29.1 In the event of a tie vote the motion will be considered lost.

30 NEGATIVE VOTES

30.1 If any member present refuses to vote for other than a conflict of interest, it shall be recorded as a vote in the negative.

31 RECORDED VOTE

31.1 Where required by statute, and whenever any member, including the Chair, shall request a recorded vote, the names of those who vote for and against the question shall be entered in the Minutes (each member present shall announce their vote openly).

32 TO AMEND A MOTION

32.1 A motion to amend a (main) motion must be relevant to that motion and properly moved and seconded. An amendment may propose to leave out certain words; to insert or add certain words; or to leave out certain words in order to insert or add other words.

32.2 When “in order” an amendment takes precedence over the main motion and becomes the subject of debate. It must be accepted or rejected before debate reverts to the main motion. If accepted, the main motion as amended is debated. If it fails, the main motion is unchanged.

32.3 A sub-amendment may be proposed to an amendment under the same conditions as an amendment is moved to a main motion.

32.4 At no time may there be more than one main motion, one amendment and one sub-amendment on the floor. When all three exist, the Chair submits them in the reverse order to which they were moved.

32.5 A motion once defeated cannot be re-introduced as an amendment to some other motion. The mover with the consent of his/her seconder may incorporate a “friendly” amendment into the main motion if the mover and seconder of the amendment are agreeable.

33 RECONSIDERATION

a) If a motion has been either carried or defeated during a meeting, and at least one member who voted on the winning side wants to have the vote reconsidered, such a member may make the motion to reconsider.

b) A member may move that the motion be reconsidered at the next meeting; however, there shall be no reconsideration unless verbal notice thereof is given at the meeting at which the question was decided.

34 INQUIRES

34.1 Inquiries about a matter may be raised by any member and put to the Chair or through him or her to the Chair of the Board, who may call upon another officer to reply.

34.2 No argument of opinion shall be offered or fact stated except as is necessary to explain the inquiry or the answer.

34.3 A member or staff are not to debate the matter.

34.4 Inquiries may be in writing or may be made orally.

34.5 An officer shall reply promptly in writing in response to all requests for reports made by Board of Director resolution.

35 RESCISSION

35.1 No matter decided within one year shall be considered for rescission without the prior consent by resolution of two thirds majority of the whole Board of Directors.

36 DISCLOSURE – CONFLICT OF INTEREST

36.1 A director or officer of the Corporation who is a party to, or who is a director or an officer of, or has a material interest in any person who is a party to, a material contract or transaction or proposed material contract or transaction with the Corporation, shall disclose in writing to the Corporation or request to have entered in the minutes of meetings of directors the nature and extent of his interest. A director so having an interest in a contract or transaction shall not vote on any resolution to approve the contract or transaction. For clarity, directors or officers are also expected to abide by all applicable conflict of interest requirements required by statute.

37 RULES OF ORDER

- a. In the event that this by-law does not address an issue, then Robert's Rules of Order shall apply.
- b. All decisions will be made on the basis of motions.
- c. To make a motion, a Board member must obtain the floor first.
- d. Every motion must be seconded by another Board member.
- e. A motion will not be debated until it has been moved and seconded and put on the floor by the Chair.
- f. There will be only one substantive motion before the meeting at any one time. An amendment may be made to a motion, but may not negate the main motion or materially alter the intent.
- g. After members debate the motion the Chair puts the question (puts it to a vote) and announces the results of the vote.
- h. A motion that has been moved and seconded can be withdrawn or modified (modifications that would not occasion debate if proposed as amendments) with the agreement of the mover.

38 BOARD MEETINGS

38.1 Conduct of the Chair: The Chair will:

- 38.1.1 call the meeting to order;
- 38.1.2 determine the presence of a quorum;
- 38.1.3 announce in proper sequence the business that comes before the Board;
- 38.1.4 maintain a list of Board members who have signaled the Chair that they wish to speak or ask questions;
- 38.1.5 recognize Board members in order that they have signaled that they wish to speak or ask questions;
- 38.1.6 state and put to a vote all questions that legitimately come before the Board as motions, announcing the outcome;
- 38.1.7 protect the assembly from obviously frivolous or dilatory motions by refusing to recognize them;
- 38.1.8 expedite business;
- 38.1.9 decide all questions of order;
- 38.1.10 respond to inquiries of members relating to parliamentary procedure bearing on the business of the Board;
- 38.1.11 declare the meeting adjourned when the Board so votes.

- 38.2 Board members who have already spoken may speak again only after all other Board members have been given the opportunity to speak. A Board member may not speak more than twice on an issue without a Board resolution. The Chair will not put any matter to the vote, nor will any member of the Board move a procedural motion to have the vote taken, until every member of the Board who wishes to speak has spoken at least once.

- 38.3 If the Chair rules that it is beneficial and in the best interests of the Board to deal with a question immediately, then this is the action the Board must take. The Chair's ruling on order or procedure are not debatable, but may be appealed by any Board member by motion, duly seconded. If the motion is carried, the Chair's decision is overturned.
- 38.4 If the Chair rules that a motion is contrary to the rules of the Board, the Chair will tell the members of the Board immediately before putting the question, and will cite the rule or authority applicable to the case without argument or comment.
- 38.5 The Chair may place time limits on speeches and such limits must be the same for all members of the Board.

39 CONDUCT OF MEMBERS

- 39.1 A Board member and Committee member will be courteous and will not engage in any action, which disturbs the meeting.
- 39.2 A Board and Committee member will not:
- 39.2.1 Use unparliamentary or offensive language, including any expressions or statements in debate or in questions that attribute false or undeclared motives to another Board member or staff member, charge another Board member with being dishonest, be abusive or insulting, or cause disorder in compliance with Occupational Health and Safety Act and the Ontario Human Rights Code;
 - 39.2.2 Make any noise or disturbance that prevents Board members from being able to participate in a meeting;
 - 39.2.3 Interrupt a member of the Board who is speaking, except to raise a point of privilege or a point of order;
 - 39.2.4 Disobey the rules of the Board, or disobey a decision of the Chair on question of order or practice or on the interpretation of the rules of the Board.
 - 39.2.5 Speak on any subject other than the subject of debate;
 - 39.2.6 Ask a question except for the purpose of obtaining information relating to the matter under discussion, and then only if the previous speaker, except when a member recognized as the next speaker wishes to ask a question

of the presiding officer or of a member of the staff, and then only for the purpose of obtaining information, after which the Member shall speak.

39.2.7 Speak for more than 10 minutes or more than once on the same question without the leave of the Board, except that a reply shall be allowed to be made only by a member who has presented the motion to the Board, but not by any member who has moved an amendment or a procedural motion;

39.2.8 Disobey the rules of the DSSAB or a decision of the presiding officer on questions of order or practice or on the interpretation of the rules;

39.3 A Board and Committee member who wishes to speak will signal the Chair by a raised hand, and wait for recognition by the Chair.

39.4 All remarks and questions, including questions intended for another Board member or office will be addressed by the Chair.

39.5 The Chair may deny a Board or Committee member the right to speak on a particular topic if the member is disruptive or persistently interrupts others.

39.6 The Chair may exclude a Board or Committee member from the meeting who has been given a warning but continues to disregard the rulings from the Chair.

40 CONDUCT OF THE PUBLIC

40.1 Members of the public will be courteous and will not engage in any action which disturbs the meeting.

40.2 Members of the public will not:

40.2.1 Make any noise or disturbance that prevents Board members from being able to participate in the meeting;

40.2.2 Address the Board without a prior appointment, or without the permission of the Board at the meeting;

40.2.3 Use unparliamentary or offensive language.

40.3 The Chair may exclude any member of the public from a meeting for improper conduct or, potential or perceived security risk.

SECTION E - MINUTES AND AGENDAS

41 DISTRIBUTION

- 41.1 Board and Committee agendas and minutes are public information and will be made available to the public. Copies of all the approved Board and Committee minutes, with the exception of any optional confidential minutes of in-camera sessions, are retained on file in administration for reference by Board members or the public. Minutes of all meetings and motions presented are numbered and indexed by the Secretary to facilitate ready reference.

42 REGULAR BOARD MEETING MINUTES

- 42.1 Minutes are recorded by the appointed recording secretary for later transcription in draft form, and forwarded to Board members before the next meeting. Additions and corrections are brought to the following full Board meeting for adoption in the minutes.

43 COMMITTEE MINUTES

- 43.1 Minutes of Committee meetings are recorded by the appointed recording secretary or designate of the CAO. Additions and corrections are brought forward to the following full Board meeting for adoption in the minutes.

44 NEW BUSINESS

- 44.1 At the beginning of any regular meeting the Chair may announce additional items to be added to the agenda.

45 BOARD AGENDA

- 45.1 The secretary shall prepare for the use of the members an agenda as follows:
- 1) Adoption of Agenda
 - 2) Declarations of Conflicts of Interest
 - 3) Chair's Remarks
 - 4) Public Presentations
 - 5) Minutes of Proceedings
 - 6) Report from the Chief Administration Officer, Staff Director and Managers
 - 7) Consent Agenda: All matters deemed by the Secretary, Chair or CAO as administrative shall be placed on the Consent Agenda and any member has the option

of removing a Consent Agenda Item for discussion by means of a mover and seconder.

- 8) Finance and Administration Committee
- 9) Community Services Committee
- 10) In-Camera
- 11) Correspondence
- 12) Other Business
- 13) Adjournment

45.2 Correspondence which is intended for the Agenda shall be provided to the Secretary of the Board eight days prior to the next Board Meeting.

45.3 The business shall be taken up in the order in which it stands upon the Agenda in all cases except where a majority of the members' otherwise agree.

45.4 A motion that is not listed on the agenda may be presented at the Board of Director's meeting, if not more than one third of the Directors present at the meeting objects to its consideration.

46 MOTIONS

46.1 A motion shall be formally moved and seconded before the presiding officer can put the question to a vote or the motion can be recorded in the minutes.

46.2 Immediately preceding the taking of the vote, the presiding officer or his or her designate shall summarize the question and response unless asked to state the question precisely in the form in which it will be recorded in the minutes.

46.3 Any member may require the question of motion under discussion to be read at any time during the debate but not as to interrupt a person while speaking.

46.4 When a question is under debate, the only motions in order shall be:

46.4.1 To extend the time of the meeting

46.4.2 To refer to a Committee

46.4.3 To amend

46.4.4 To lay on the table

46.4.5 To postpone to a certain time and day

46.4.6 To move the previous question

47 PUBLIC OR CONFIDENTIAL MEETING

47.1 In-camera is a legal term which means “in secret”. In-camera meetings are closed and generally open only to members of the Board and certain management personnel. Other individuals may be included if their presence is considered by the Board as necessary to facilitate its work.

47.2 Typically, a Board only goes in-camera to discuss intimate financial or personnel matters or where matters may be disclosed at the meeting of such a nature that the desirability of avoiding open discussion outweighs the desirability of adhering to the principle that the meeting be open to the public.

47.3 The Authority and Procedure for Holding In-Camera Meetings:

The DNSSAB is governed by the *District Social Services Administration Board Act* and the *Ontario Municipal Act*. *The Ontario Municipal Act*, section 239(1) states that meetings should be open to the public. With regards to the exceptions listed below, in-camera minutes of a general nature shall be taken by the Secretary. Approval of in-camera minutes provided on canary coloured paper shall be at the next in-camera meeting of the Board or the appropriate committee meeting and shall be voted on in closed session. The minutes shall be collected prior to returning to open session. All in-camera minutes and background reports shall be held by the Secretary in a secure location.

47.4 Exceptions to Open Meetings (In-Camera Protocol)

A meeting or part of a meeting may be closed to the public if the subject matter being considered is:

1. the security of the property of the Board;
2. personal matters about an identifiable individual, including Board employees;
3. a proposed or pending acquisition or disposition of land by the Board;
4. labour relations or employee negotiations;
5. litigation or potential litigation, including matters before administrative tribunals, affecting the Board;
6. advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
7. a matter in respect of which a council, Board, Committee or other body may hold a closed meeting under another *Act*.

8. information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
9. a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
10. a trade secret or scientific, technical, commercial or financial information that belongs to the Board and has monetary value or potential monetary value; or
11. a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board.

47.5 Other criteria:

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act*.

47.6 Educational or training sessions:

A meeting of the Board or of a Committee may be closed to the public if the following conditions are both satisfied:

1. The meeting is held for the purpose of educating or training the members.
2. At the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the Board.

47.7 Open meeting

A meeting shall not be closed to the public during the taking of a vote.

47.8 Record of meeting

The Board or Committee shall record without note or comment all resolutions, decisions and other proceedings at a meeting of the body, whether it is closed to the public or not.

47.9 If, and to the extent that, the Municipal Act allows other matters to be discussed or decided in camera, the Board shall also be permitted to do so. It is clear that both the *Act* and the by-laws anticipate and allow for certain items to be discussed in-camera. These items again should only be those covered by the *Act* and restated in the by-law.

47.10 In order for the Board to go in-camera a motion must be made. This motion can be discussed and voted on. Once the Board or a Committee has voted in favour of going in-camera, the information discussed should not be disclosed except as outlined below. Before holding a closed meeting or going in camera, the Board shall state by resolution the fact of the holding of the closed meeting or going in camera and the general nature of the matter to be considered during the closed meeting or in camera portion of the meeting. As per section 17.1, Board members may participate in in-camera meetings

via electronic methods provided the member ensures total privacy and confidentiality within their surroundings.

- 47.11 That being said, it makes sense generally to hold discussions of sensitive issues in-camera, move out of in-camera and vote on any motions at that point. For matters requiring discretion, the motion can be worded to avoid any reference to personnel, property or other contentious issues.

SECTION F – FINANCIAL

48 FINANCIAL YEAR

- 48.1 The fiscal year-end of the corporation shall be December 31 of each year.

49 BOOKS AND RECORDS

- 49.1 The Directors shall see that all necessary books and records of the corporation required by the by-laws of the corporation are regularly and properly kept.

50 AUDITORS

- 50.1 On an annual basis, the Board will appoint an auditor to audit the accounts of the Corporation.

51 FINANCIAL TRANSACTIONS, ETC.

- 51.1 All financial transactions and contracts shall be signed as per the DNSSAB Purchasing policy.

52 SALE OF PROPERTY

- 52.1 Before selling real property the Board of Directors shall:

52.1.1 By resolution passed at a meeting open to the public declare the real property to be surplus.

- 52.1.2 Obtain at least one appraisal of the fair market value of real property which is not prescribed by regulation as a class of real property for which an appraisal is not required; and
- 52.1.3 Give notice to the public of the proposed sale by publication in a newspaper having a general circulation within the municipality at least once a week for two consecutive weeks.
- 52.1.4 Sale of property of real estate and assets owned by Nipissing District Housing Corporation are excluded from this provision.

53 DISSOLUTION

- 53.1 It is specially provided that in the event of dissolution or winding-up of the corporation, all its remaining assets after payment of its liabilities shall be distributed to the municipalities in the District of Nipissing, according to a formula to be approved by the Board.

SECTION G – RESTRICTIONS

54 RESTRICTED ACTS AFTER NOMINATION DAY

- 54.1 Whereas the DNSSAB is authorized to enact procedural by-laws to govern the conduct of its business;

And Whereas the members of the Board are all elected members of municipal councils, save and except as to the member elected to represent the unorganized territory;

And Whereas the Board wishes to provide transition rules in election years where certain acts will not be taken which are similar to the rules which would otherwise apply to municipal councils.

Now therefore the board hereby enacts as follows:

The Board shall not take any action described in subsection (3) after Nomination Day, being the first day during the election for a new council on which it can be determined that one of the following applies to the new Board that will take office for the next term:

- A) If the new Board will have the same number of members as the outgoing Board, the new Board will include less than three-quarters of the members of the outgoing Board.
- B) If the new Board will have more members than the outgoing Board, the new Board will include less than three-quarters of the members of the outgoing Board or, if the

new Board will include at least three-quarters of the members of the outgoing Board, three-quarters of the members of the outgoing Board will not constitute, at a minimum, a majority of the members of the new Board.

- C) If the new Board will have fewer members than the outgoing Board, less than three-quarters of the members of the new Board will have been members of the outgoing Board or, if at least three-quarters of the members of the new Board will have been members of the outgoing Board, three-quarters of the members of the new Board will not constitute, at a minimum, a majority of the members of the outgoing Board.

54.2 Basis for determination

If a determination under section 1 is made:

After nomination day but before voting day, the determination shall be based on the nominations submitted for re-election by current members of the Board that have been certified and any acclamations made to the new councils or Territory Without Municipal Organization; or

- A) After voting day, the determination shall be based on the declaration of the results of the election including declarations of election by acclamation.

54.3 Restrictions

The actions referred to in section (1) are:

- A) the appointment or removal from office of any officer of the Board;
- B) the hiring or dismissal of any employee of the Board;
- C) the disposition of any real or personal property of the Board which had a value exceeding \$50,000 when it was acquired by the Board; and making any expenditures or incurring any other liability which exceeds \$50,000.

54.4 Exception

Restriction C) does not apply if the disposition or liability was included in the most recent budget adopted by the Board before nomination day in the election.

54.5 Powers unaffected

Nothing in this section prevents any person or body exercising authority delegated by the Board.

SECTION H – RETENTION PERIOD FOR BOARD DOCUMENTS

55 RETENTION PERIODS FOR DOCUMENTS, RECORDS AND OTHER PAPERS OF THE BOARD

55.1 The District of Nipissing Social Services Administration Board will abide by all ministry standards and legislation with respect to the retention periods during which the receipts, vouchers, instruments, rolls or other documents, records and papers must to kept by the Board.

ENACTED AND PASSED THIS 18TH DAY OF MARCH, 2020, Resolution #2020-40

CHAIR

Mark King

CHIEF ADMINISTRATIVE OFFICER

Catherine Matheson

We have reviewed Procedural By-law 2020-01 and hereby endorse it.

Dated at North Bay, Ontario this 18TH day of March, 2020.

Resolution No. 2020-40-A

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Whereas the Board has agreed to adopt a new committee structure through Resolution No. 2020-28 (Report EX03-20); and

Whereas the Executive Audit Committee will become the Finance and Administration Committee as a Committee of the Whole;

Be It Resolved that _____ is the elected Chair AND
_____ is the Vice Chair of the Finance and Administration
Committee.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY

Resolution No. 2020-40-B

Carried: Defeated: Date: March 18, 2020

MOVED BY: _____

SECONDED BY: _____

Whereas the Board has agreed to adopt a new committee structure through Resolution No. 2020-28 (Report EX03-20); and

Whereas the Social Services and Employment Committee, Children's Services and EMS Committee, and Housing Services Committee will now be combined into the Community Services Committee with eight Board members on the new committee;

Be It Resolved that the following are now members of the Community Services Committee:

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



Resolution No. 2020-40-C

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be It Resolved that that _____ is the elected Chair AND
_____ is the elected Vice-Chair of the Community Services Committee.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY

Resolution No. 2020-40-D

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Whereas the Board has agreed to adopt a new committee structure through Resolution No. 2020-28 (Report EX03-20);

Be It Resolved that the Board accepts the new meeting agenda as presented.

CARRIED _____

MARK KING
CHAIRPERSON

CARRIED _____

CATHERINE MATHESON
SECRETARY

2020 DNSSAB Meeting Calendar

Courtesy of WinCalendar

January 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
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June 2020						
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July 2020						
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August 2020						
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September 2020						
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November 2020						
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December 2020						
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COMMUNITY SERVICES COMMITTEE as of April 2020

ALTERNATES WITH FINACE AND ADMINISTRATION COMMITTEE
NOON - 1:30

FINANCE AND ADMINISTRATION COMMITTEE as of May 2020

ALTERNATES WITH COMMUNITY SERVICES COMMITTEE
NOON - 1:30

NOV. 25 - Depending on need, may combine both committees

BOARD MEETINGS- MONTHLY FOLLOWING COMMITTEE

DNSSAB - start time 1:30 PM (2 hours approx.)

NDHC - start time 3:30 - follows DNSSAB Board meeting when required

BOARD MEETINGS ONLY IF NECESSARY JUL 15 & AUG 12

CONFERENCES

ROMA	JANUARY 18-21 @ TORONTO
OMSSA	MAY 11-13 @ TORONTO
FONOM	MAY 13-15 @ TIMMINS
NOSDA	JUNE 3-5 @ THUNDER BAY
AMO	AUGUST 16-19 @ OTTAWA
ONPHA	NOVEMBER 6-8 @ OTTAWA

HOLIDAYS

New Year's Day	Wed., Jan. 1, 2020
Family Day	Mon., Feb. 17, 2020
Good Friday	Fri., Apr. 10, 2020
Easter Monday	Mon., Apr. 13, 2020
Victoria Day	Mon., May 18, 2020
Canada Day	Wed., Jul. 1, 2020
Civic Holiday	Mon., Aug. 3, 2020
Labour Day	Mon., Sep. 7, 2020
Thanksgiving	Mon., Oct. 12, 2020
Remembrance Day	Wed., Nov. 11, 2020
Christmas Day	Fri., Dec. 25, 2020
Boxing Day	Mon., Dec. 28, 2020

Resolution No. 2020-41

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be it Resolved THAT the District of Nipissing Social Services Administration Board approves the 2020/21 Investment Plan for the allocation of the Community Homelessness Prevention Initiative as set out in report HS04-20, and attached as Appendix A;

Furthermore, THAT the District of Nipissing Social Services Administration Board authorizes staff to reallocate funds throughout the 2020/21 fiscal year to qualifying provincial initiatives, up to the CAO delegated authority based on emerging priorities in the district.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



BRIEFING NOTE

HS04-20

For Information or For Decision or For Approval

DATE: March 11th, 2020

PURPOSE: 2020/21 Community Homelessness Prevention Initiative - Investment Plan

PREPARED BY: Stacey Cyopeck, Manager, Housing Programs

REVIEWED BY: Catherine Matheson, CAO

RECOMMENDATION

Be it Resolved that the District of Nipissing Social Services Administration Board approves the 2020/21 Investment Plan for the allocation of the Community Homelessness Prevention Initiative as set out in the report HS04-20, and attached as Appendix A;

Furthermore, that the District of Nipissing Social Services Administration Board authorizes staff to reallocate funds throughout the 2020/21 fiscal year to qualifying provincial initiatives, up to the CAO delegated authority based on emerging priorities in the district.

BACKGROUND:

- The Community Homelessness Prevention Initiative (CHPI) is 100% provincially funded and aims to prevent, address and reduce homelessness.
- Nipissing's 2020/21 CHPI allocation is \$1,771,340, an increase of just over 5% from the 2019/20 funding allocation.
- CHPI activities can fall under the following four service categories:
 - Emergency Shelter Solutions – emergency accommodations and supports for those who are experiencing homelessness.
 - Housing with Related Supports - activities such as providing operating funding for long-term and transitional housing, as well as supports related to the delivery of that housing.
 - Other Services and Supports - services and supports to assist vulnerable clients with relief or support in obtaining housing.

- Homelessness Prevention - services that assist households at-risk of homelessness to retain their housing (e.g. landlord outreach and mediation, shelter diversion programs, and emergency financial assistance in the form of payment of rental and/or utilities arrears).
- The program guidelines also allow for up to 10% of the annual allocation to be spent on program administration costs.

REPORT

In the 2020/21 Investment Plan, the DNSSAB will continue to allocate funding towards two service categories, Emergency Shelter Solutions and Homelessness Prevention.

2020/21 CHPI Investment Plan			
Service Category	2020/21	2019/20	+/- \$ Change
Emergency Shelter Solutions	\$325,000	\$350,000	-\$25,000
Homelessness Prevention	\$1,144,206	\$1,078,413	+\$65,793
Housing with Related Supports	\$125,000		+\$125,000
Program Delivery:			
General Administration	\$177,134	\$168,049	+\$9,085
Enumeration	\$0	\$84,024	-\$84,024
Total CHPI Funding	\$1,771,340	\$1,680,486	\$90,854

The following table details the services being funded in 2020/21.

Emergency Shelter Solutions:	
Crisis Centre North Bay - Emergency Shelter Services	\$200,000
Crisis Centre North Bay - Emergency Overflow Services	\$125,000
Housing and Support Services	\$125,000
Emergency Shelter Solutions Total:	\$450,000
Homelessness Prevention:	
DNSSAB - CHPI Household Benefits/Program Delivery	\$539,206
DNSSAB - Housing Allowance	\$30,000
Low Income People's Involvement of Nipissing (LIPI) - Homelessness Prevention Services	\$275,000
Low Income People's Involvement of Nipissing (LIPI) - Global Emergency Homelessness Fund	\$100,000
Trusteeship Program	\$50,000
Crisis Centre North Bay - Community Mobile Housing Support Program	\$150,000
Homelessness Prevention Total:	\$1,144,206

Emergency Shelter Solutions:

- Crisis Centre North Bay provides a 19-bed facility to assist individuals and families experiencing homelessness from across the District;

- Crisis Centre North Bay's Emergency Overflow Shelter services provide short-term emergency housing when the Four Elms Emergency Shelter reaches capacity.
- The DNSSAB in partnership with other community partners intend to open a new Housing and Support Services Centre in 2020-21 to be co-located with clinical mental health and addictions services..

Homelessness Prevention:

- DNSSAB Household Benefits support households to obtain and retain housing across the district by providing assistance with first or last month's rent, rent arrears, utility arrears, utility deposits, etc.
- DNSSAB Housing Allowance provides short-term assistance of up to \$250 per month to a minimum of ten households for up to a year to secure and stabilize their housing needs.
- LIPI Homelessness Prevention Services provides assistance to homeless or at risk individuals and families to obtain and retain housing across the Nipissing District.
- LIPI Global Emergency Homelessness Fund provides one-time emergency assistance based on the principle of last resort where no other source of assistance is available or accessible.
- CCNB Community Mobile Housing Support Program is delivered by two staff, one focusing on Youth, who work to divert households from staying in the shelter.
- The DNSSAB intends to purchase services to provide trusteeship support to individuals and families with managing their financial resources to prevent homelessness and/or to obtain and maintain sustainable housing.
- With the opening of the new project in 2020-21, housing with support services will be available to citizens that are chronically homeless and may also be living with mental health and addiction challenges.

Housing with Related Supports

- The DNSSAB in partnership with other community partners intend to open a new Housing and Support Services Centre in 2020-21 to be co-located with clinical mental health and addictions services. The project will be accessible to citizens with a variety of needs and focuses on the vulnerable populations in the District.
- The project will provide services in a structured but safe environment to fill in gaps in the District's housing continuum.

Risk Identification and Mitigation:

While the 2020/21 CHPI Investment Plan has been based on 2019/20 actual expenditures as much as possible, the area of Emergency Overflow Services has been reduced significantly from the 2019/20 actuals. This will allow funding to be redirected to the planned Low Barrier

Emergency Shelter. Through the creation of this shelter, it is anticipated that reductions in overflow usage will be realized.

Both service providers have requested an increase to the contracted amounts in 2020/21. Given the DNSSAB is in the planning stages for the Transitional Housing and Stabilization Centre, increases to current contracts can not be committed at this time. However, this can be reassessed throughout the year should funding be available.

DNSSAB has the flexibility to move funding from one service category to another within a fiscal year as long as services provided meet program outcomes. However, any unspent funds cannot be moved from one fiscal year to another, and must be returned to the Ministry.

Section A – Service Manager Area

Service Manager Area	
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Section B - Planning

1. Please describe how the services and activities that you plan to fund under CHPI in 2020-21 are aligned with your Housing and Homelessness Plan.

2. Please describe any shift in local needs or priorities in 2020-21 for CHPI funded programs.

3. Please describe how you will be shifting your housing and homelessness service system from a reliance on emergency responses to prevention and permanent housing with your CHPI funds.

4. Please describe the changes you plan to make in this fiscal year to work towards addressing and ending chronic homelessness.

5. Please indicate the client groups you are planning to assist. Please check all that apply.

- Women
- Men
- Households with children (under 16)
- Youth (16 to 25)
- Indigenous Peoples, including First Nations, Inuit, Métis
- LGBTQ2S (lesbian, gay, bisexual, transgender, queer, two-spirit)
- Seniors (65+)
- Veterans
- Survivors of family violence
- Recent immigrants
- Refugees
- Racialized people
- People who are chronically homeless
- People who are transitioning from provincially-funded institutions (e.g. hospitals, correctional facilities)
- People with mental health challenges
- People with addictions
- People receiving government income support (e.g. Ontario Works, Ontario Disability Support Program, Old Age Security, Guaranteed Income Supplement, Canada Pension Plan)
- Other client group (please specify):

6. Please describe how you will use CHPI funding to address the needs of youth, people transitioning from provincial institutions, people who are chronically homeless and Indigenous Peoples.

7. Please describe the types of services and activities you plan to fund under CHPI to achieve Outcome 1: People experiencing homelessness obtain and retain housing.

8. Please describe the types of services and activities you plan to fund under CHPI to achieve Outcome 2: People at risk of homelessness remain housed.

9. Do you have a written 2020-21 Risk Management Plan for CHPI?

Yes No

Comments:

10. If you do not have a written 2020-21 Risk Management Plan for CHPI, are you planning to develop one?

- Yes No N/A we already have a Risk Management Plan

Comments

Section C – Use of CHPI Funds

Emergency Shelter Solutions

1. A) Please describe the types of **services and activities** you plan to fund under the **Emergency Shelter Solutions** service category in 2020-21.

B) Please describe the **innovative approaches** you plan to fund under the **Emergency Shelter Solutions** service category in 2020-21.

C) Please describe the **evidence-based practices** you plan to fund under the **Emergency Shelter Solutions** service category in 2020-21.

Housing with Related Supports

2. A) Please describe the **types of services and activities** you plan to fund under the **Housing with Related Supports** service category in 2020-21.

B) Please describe the **innovative approaches** you plan fund under the **Housing with Related Supports** service category in 2020-21.

C) Please describe the **evidence-based practices** you plan to fund under the **Housing with Related Supports** service category in 2020-21.

Services and Supports

3. A) Please describe the **types of services and activities** you plan to fund under the **Services and Supports** service category in 2020-21.

B) Please describe **innovative approaches** you plan to fund under the **Services and Supports** service category in 2020-21.

C) Please describe the **evidence-based practices** you plan to fund under the **Services and Supports** service category in 2020-21.

Homelessness Prevention

4. A) Please describe the **types of services and activities** you plan to fund under the **Homelessness Prevention** service category in 2020-21.

B) Please describe the **innovative approaches** you plan to fund under the **Homelessness Prevention** service category 2020-21.

C) Please describe the **evidence-based practices** you plan to fund under the **Homelessness Prevention** service category in 2020-21.

5. Are you planning to use CHPI funding for homeless enumeration as per the CHPI Program Guidelines?*

Yes No N/A

*Please note: The ministry has paused the mandatory requirement to conduct homeless enumeration in 2020.

Service Managers that choose to enumerate in 2020 can continue to use CHPI funding as per the CHPI Program Guidelines.

6. If so, please provide a brief description of the homeless enumeration activities you plan to fund

Section D – Standards and Business Cases

1. Will you be using CHPI funds in 2020-21 for Housing Allowances?

Yes No

Note: If you plan to use CHPI funds for Housing Allowances this fiscal year, please complete and submit a Business Case for Use of CHPI Funds for Housing Allowances with your Investment Plan submission. The template can be found in Grants Ontario. SMs who have received approval in prior years are required to submit a Business Case each year.

2. Will you be using CHPI funds in 2020-21 for Minor Home Repairs?

Yes No

Note: If you plan to use CHPI funds for Minor Home Repairs this fiscal year, please complete and submit a Business Case for Use of CHPI Funds for Minor Home Repairs with your Investment Plan submission. The template can be found in Grants Ontario. SMs who have received approval in prior years are required to submit a Business Case each year.

3. Will you be using CHPI funds for housing covered under the Standards Framework for the Housing with Related Supports category (e.g. housing formerly known as domiciliary hostels)? If yes, please attach a copy of your local standards via Grants Ontario.

Yes No

4. Did you make significant changes to your Standards? If yes, please provide a brief summary of the changes.

Yes No N/A - we do not use CHPI funds for Housing with Related Supports

Comments

Resolution No. 2020-43

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Resolved THAT the Board receives CSEMS01-20 as a summary of the submission by Nipissing Paramedic Services to the Ministry of Health's public consultation on emergency health services modernization, attached as Appendix A.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY

BRIEFING NOTE

CSEMS01-20

For Information /Discussion For Decision For Approval For Advocacy

Date: March 18, 2020

Purpose: Emergency Health Services Modernization, Provincial Consultation Submission

Prepared by: David Plumstead, Manager of Planning, Outcomes & Analytics; EMS Liaison

Reviewed by: Catherine Matheson, CAO

1.0 Recommendation

That the Board receives CSEMS01-20 as a summary of the submission by Nipissing Paramedic Services to the Ministry of Health's public consultation on emergency health services modernization, attached as Appendix A.

2.0 Background

One of the provincial government's main goals is to end 'hallway health care' and improve patient experiences and local services. To this end, the Ontario Ministry of Health is currently transforming the health care system to be more connected and make it easier for patients to navigate the system and transition between providers and health care settings. This transformation includes the establishment of Ontario Health Teams (OHT) which offer a new model of integrated care and funding intended to connect patients in the community with health care providers and local services.

As part of the above health care transformation the Ontario Ministry of Health is also 'modernizing' both, public health and emergency health services (EHS). From the EHS perspective, the province views pre-hospital care as an important service to consider when trying to end hallway health care and create a more integrated and sustainable health care system.

In view of the above, the Ministry of Health is conducting public consultations to seek advice and input on how to improve and strengthen EHS. The ministry has appointed an advisor to oversee the consultations and produce a report of the results that will inform the government's reform of EHS (and public health). To facilitate the dialogue and set the stage for the consultations the ministry has put out a discussion paper which outlines the following challenges in the EHS system and poses questions for discussion and input around each challenge:¹

- Outdated dispatch technologies
- Lengthy ambulance offload times and delays in transporting medically-stable patients
- Lack of coordination among EHS system partners
- Need for innovative models that improve care
- Health equity: access to services across regions and communities

The ministry consultations started in the late fall of 2019 and are expected to end later this year (see Appendix 1, News Release). The consultations are taking place throughout the province and included one held in North Bay in January, 2020. That consultation was attended by staff from DNSSAB, NBRHC, Nipissing EMS, and also DNSSAB Board members, and the consultation themes were reported back to committee in the January report update. Later in January, the consultation advisors also presented an update on what they had heard to date at the ROMA conference (this was also summarized for EMS committee members in the February report update).

3.0 Emergency Health Services Modernization, Consultation Input and Submission.

In addition to the above public consultations the ministry is inviting online and written submissions. The DNSSAB and Nipissing EMS staff feels this is a good opportunity to provide additional input into EHS modernization from the Nipissing perspective.

The following provides a summary of the consultation submission by Nipissing Paramedic Services, under the EHS challenges noted above. The submission is also included in Appendix 2 for a more detailed reference by committee members. The submission has had review and input from senior NBRHC and DNSSAB staff and is in response to the questions from the ministry for each of the EHS challenges.

¹ The discussion paper can be viewed at the following link:
http://health.gov.on.ca/en/pro/programs/phehs_consultations/docs/dp_emergency_health_services_modernization.pdf

Outdated Dispatch Technologies

Addressing dispatch shortfalls can be viewed as a priority in terms of reducing hallway medicine and improving patient care. As an effective dispatch system puts the right health care resources in the right place at the right time – while taking into account local needs – it plays a fundamental, upstream role in the healthcare system.

EMS dispatch can be improved through better communications in various parts of the system and operations. Other improvements (mostly related to communications) include expediting technology solutions, supporting real-time data sharing, improving triage, and increasing dispatch staffing with operations personnel.

Regarding technology and data-sharing, improvements can be made with the growing community paramedicine programs by integrating real-time patient health information for responding crews – this would assist with paramedic assessments, triage and treatments. Enhancing technology could also provide access to community paramedicine for rural communities that otherwise would not have access to the program. Examples include utilizing the Ontario Telemedicine Network (OTN) on-scene or creating a community paramedicine dispatching system. Further technology enhancements involve improving the communications between air ambulance and the Central Ambulance Communications Centre (CCAC) with live, updated aircraft ETA and patient information. This will remove some of the deployment inefficiencies created through weak communications between air ambulance, CCAC, and land ambulance.

On the triage front we realize the province is currently looking at the Central Ambulance Communications Centre (CCAC) CTAS system. A more accurate triage methodology is necessary as the current number of dispatch code 3 and 4 calls is significantly overstated which puts additional pressures on the land ambulance system and results in higher costs.

Moving to staffing, communications between the CCACs and land ambulance could be improved by adding EMS personnel into the communications operations. This role would function as an EMS Liaison and could oversee community paramedicine triage/ dispatch, the Community Paramedicine Response Unit (CPRU), remote home patient monitoring, and paramedic operations with alternate destination transportation (see also, Innovations that Improve Care).

Regarding information sharing between paramedic services, hospitals, and other health services, the North Bay Regional Health Centre (NBRHC) is the main provider of ambulance services in Nipissing District which offers effective communication integration. As one example, the community paramedicine program has access to local hospital expertise ranging from social work to complex care for high-volume users causing strain on the system. In another example, the Nipissing District Paramedic Services is currently working with the NBRHC on creating a protocol /procedure – and education campaign – for non-urgent transfers.

Lengthy Offload Times and Delays in Transporting Medically-Stable Patients

Nipissing District Paramedic Service does not experience the same pressure as other areas when it comes to hospital offload times/delays. However, the district does experience a relatively high volume of out-of-district transfers which tie up valuable EMS resources in much the same way. When an ambulance is sent to hospitals outside the district the ambulance and crew can be tied up for 4-5 hours at a time thereby affecting the availability of units and deployment. This becomes increasingly problematic when looking at the local non-urgent trends and patterns. Since 2014, the number of code 1 (deferrable) calls has increased by 15% accounting for 10% of the district's total call volume. For the ambulance bases located in Sturgeon Falls and Mattawa, the combined code 1 & 2 non-urgent calls represent one-fifth or more of the respective total call volume in these areas. To alleviate the non-urgent transfer pressure while ensuring that patients receive appropriate transportation to get the treatments they need, more cost-effective, non-ambulatory resources need to be utilized. As one example, the NBRHC has a non-urgent patient transfer vehicle for medically-stable patients that has proven to be effective. However, based on available funding from the LHIN the vehicle is not fully maximized. Increased funding would extend the hours of operation for the transfer vehicle and help to meet further transfer demand for medically-stable patients.

In Northern Ontario the availability of non-urgent patient transportation services is somewhat limited which reduces the options for addressing the problem. In addition to the existing transfer vehicle noted above, other community resources need to be explored to assist with transfers and these include the Canadian Red Cross (Priority Assistance to Transition Home –PATH program), local nursing homes, and family members. Additionally, the province should consider regulating private medical transfer services to ensure quality care and reduce patient risk.

Lack of Coordination Among EHS System Partners

In terms of 'cross-border calls' Nipissing Paramedic Services has a good working relationship with its immediate neighbors such as Parry Sound EMS. Having said that, Parry Sound EMS does experience pressure within the city of North Bay, for example, when responding to calls while on their way back to base (from a hospital drop-off) or when Nipissing EMS is depleted.² This situation warrants further examination.

The relationship between the dispatch centre and paramedic services can be improved on a couple of fronts. First, and as mentioned earlier, EMS personnel could be added to dispatch operations. This would provide the added benefit of having a paramedic acting as a liaison between the CCAC and EMS while also playing a pivotal role in community paramedicine triage and dispatch.

Second, the deployment of vehicles also presents an issue between the CCAC and EMS operations at times. As per ministry guidelines, each EMS submits a deployment plan to the CCAC to provide direction for vehicle movement. The North Bay CCAC dispatches several different services all with individual unique deployment plans. This can become extremely challenging, with dispatch sometimes having to make decisions on the fly while simultaneously dispatching different services with different deployment plans. The province has an opportunity during this system review to streamline deployment plans with specific language for all EMS services to improve the workflow for CACC.

Interactions with EMS and other health care providers can also be improved by bridging a knowledge gap and providing more education and awareness around the roles and capabilities of paramedics, to primary care, home care, and hospitals. Implementing a single electronic patient record that is shared across the sector so all health professionals work seamlessly to care for patients - while protecting patient privacy – would also go a long way towards improving interaction and communication across the health care system. In regards to community paramedicine, job sharing opportunities between community paramedics and other front-line health care workers would also enhance working relationships, networking, and mutual education in the health sector.

Need for Innovations That Improve Care

One new and different approach to be considered in a modern EHS system is a Community Paramedicine Response Unit (CPRU) that would be mobile throughout the district in high call volume areas. These units would intercept EMS calls that

² In 2019 the Parry Sound EMS responded to 315 calls in Nipissing District.

would benefit more from a community paramedicine ‘treat and refer’ approach than the conventional ‘hospital ER’ approach.³

Nipissing Paramedic Services also has the appetite to obtain medical oversight separate from base hospitals (according to current standards) and expand the community paramedicine scope of practice. This would provide a partnership opportunity with the local OHT and facilitate treatment and procedures in long term care homes where EMS and hospitals experiences high call volumes. Having the capability to perform point of care blood work, antibiotic treatment, fluid rehydration, community influenza vaccine programs and referral to primary care could have a significant impact for the health care system and improve community paramedicine and patient care in our district.

Other, new models of care for select 911 patients, recently released by the province, have the potential to be implemented relatively quickly in Nipissing District with large impacts. For example, the *treat and refer/ release* standard mentioned above in reference to community paramedicine also provides an opportunity for local EMS to plan, implement and execute a palliative care program in conjunction with North Bay’s new palliative care hospice.

With respect to *transporting patients to destinations other than the emergency department*, Nipissing EMS is planning on consulting with community service providers to explore alternate transportation destinations. This has the potential to provide higher quality, integrated patient care while reducing emergency department visits and pressure on the hospitals.

Health Equity: Access to Services Across Regions and Communities

Improvements to EHS in rural areas require further provincial funding and a ministry review of the current funding formula. Northern services are continually challenged with relatively large geography and an urban-rural mix that results in complex deployment and limited resources. The current 50:50 funding model does not reflect the unique challenges that Northern Ontario faces in regards to its vast geography, the rural and remoteness of its communities, and growing health care needs. Similar to some other ministries, the MOHLTC should consider a funding formula for EMS that includes a rural component or special-purpose allocation to reflect these northern characteristics.

³ To intercept calls the CPRU would be monitoring radio activity looking for key 911 call details involving conditions such as chronic illness, falls, depression/ inability to cope, mental health/ addictions, withdrawal management, and homelessness. The goal would be to treat and refer these patients to primary health care and avoid the hospital ER.

Somewhat related to the above, First Response Teams (FRT) play an important role in rural areas of Ontario where the wait time for an ambulance can far exceed the ambulance response time standards. These teams are comprised of dedicated volunteers who are on call 24/7. In Nipissing District, there are six teams that respond to medical emergencies in rural areas and provide emergency services and support until the paramedics arrive on scene. In 2019, these teams responded to 482 EMS 911 calls in Nipissing District.

The FRTs can play an increasingly important role in the modernization of emergency health services and providing emergency care in rural and remote communities. While the Nipissing model works well there is room for improvement through more coordinated planning, and volunteer skill development and recognition. Again, adding an FRT /rural component to the provincial EMS funding formula mentioned earlier would provide further investments in these areas and the First Response Teams. This special-purpose allocation would also recognize the unique operating challenges and costs associated with providing emergency medical response and patient care in Ontario's remote and rural areas.

There is also an opportunity to address the social determinants of health (SDH) and health disparities in Northern Ontario and reduce the need for transporting northern EMS patients out of their communities. Again, turning to a modernized community paramedicine program, paramedics could work with marginalized populations in SDH areas such as housing, employment, food security, poverty, homelessness, and access to health services. Applying the new models of care under treat and release /refer and/or transporting these patients to alternate destinations of care with a SDH emphasis on prevention will help to keep patients in their communities while also receiving the most effective care.

With respect to improving delivery of emergency health services to indigenous communities, we need to work with key stakeholders from diverse cultural and language groups and remote regions to create partnerships and support training, including language and cultural sensitivity training. Introducing this training and education into the community paramedic colleges and curriculum would also be effective.

In addition, services with Francophone communities should revisit their recruitment practices and improve relationships with Francophone Paramedic colleges.

Appendix

Appendix 1. Ministry of Health News Release

News Release

Ontario Names Advisor on Public Health and Emergency Health Services Consultations

October 10, 2019 9:30 A.M. | [Ministry of Health](#)

Today, Ontario announced that Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario, will serve as advisor for renewed consultations on strengthening and modernizing public health and emergency health services. Pine will play a key role in facilitating productive discussions between the Ministry of Health and public health, emergency health and municipal stakeholders.

"Our government remains committed to working with our partners on modernizing public health and emergency health services," said Christine Elliott, Deputy Premier and Minister of Health. "Jim will play a key role in the consultation process to determine the best way to deliver these critical services so that we can continue to meet the evolving needs and priorities of Ontario's families. Strengthening both public health and emergency health services is part of our plan to end hallway health care and build a modern, integrated and sustainable health care system."

In his role as advisor to the ministry, Pine will lead consultations that will help inform the design and implementation of the government's reforms to public health and emergency health services. This work will include soliciting input from partners on designing a public health system that is nimble, resilient, efficient and responsive to emerging issues, including ensuring the following:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

"I'm looking forward to hearing directly from different communities across Ontario and giving my best advice on how to improve public health and emergency health services," said Pine. "I am confident that, together, we can identify and implement innovative and modern solutions to long-standing challenges."

Through this process, Ontario will continue to engage with the Association of Municipalities of Ontario, boards of health, public health experts, Central Ambulance Communications Centres, associations, as well as affected unions and other partners. The consultations will start in the fall 2019 and is expected to conclude in 2020.

Appendix 2. Nipissing District Paramedic Service Submission: Emergency Health Service Modernization

DISCUSSION PAPER: NIPISSING DISTRICT PARAMEDIC SERVICE

EMERGENCY HEALTH SERVICE MODERNIZATION

OUTDATED DISPATCH TECHNOLOGIES

Q.1 Beyond the foundational technologies currently in implementation – Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange – are there other technologies or technological approaches that can help to improve responses to 911 calls and increase the efficient use of resources in the EHS system?

A.1 Improving dispatch is the number one priority to reduce hallway medicine and improve patient care. Effective dispatch navigates the system to put the right resources in the right place at the right time, taking into account local needs.

Improving dispatch will be achieved in four ways: expediting technology improvements, improving triage, supporting real-time data sharing and increasing staffing.

We realize the province is currently looking at the CCAC CTAS system. We hope this will result in a more accurate algorithm and triage methodology as the current number of dispatch code 3 and 4 calls is significantly overstated which puts additional pressures on the land ambulance system and results in higher costs. To expand on technology with growing Community Paramedicine Programs, integrating real-time patient health information for responding crews could assist with Paramedic assessments, triage and treatments.

Dispatch needs stronger lines of accountability and quality management to local paramedic services, which includes putting operations staff at the centre. This works well where it has been put in place.

Q.2 How can communication between dispatch centres, land ambulance services, and air ambulance be improved?

A.2 Communication between dispatch centres and land ambulance could be improved with imbedding EMS personnel within dispatch acting as an EMS liaison between CACC and functioning as Community Paramedic triage/dispatch officer. This position could take on the role as a dispatcher for Community Paramedicine, specifically remote home patient monitoring, CPRU response and oversee paramedic operations with alternate destination transportation. With above duties and responsibilities and

having an EMS expert imbedded with CACC this would provide a resource to ensure seamless Paramedic operations according to service deployment.

With respect to Air Ambulance, currently technology has to be injected into the CACC system specifically allowing CACC to know aircraft ETA's for arrival of teams and patients. With CACC having an accurate live ETA of incoming aircraft it allows services to ensure resources are available and prevent unnecessary lights and siren response through populated centers increasing risk to crews. Numerous times in Nipissing District, crews are sent on a code 4 response to the airport for a team pick up with no patient on board and Paramedics arriving much before aircraft has landed. This current process puts unnecessary risk on Paramedics and does not allow our service to prepare resources or assign the most appropriate crew. The same scenario applies to inter-facility EMS response for code 4 patients. Numerous times Nipissing responds lights and sirens to a hospital within our district when the patient is not ready and still awaiting an escort. Further education and enhancement of the communication procedure (Hospital EMS Request) is required to local hospitals with consideration of EMS risks and resources when responding.

Q.3 Are there local examples of good information sharing between paramedic services, hospitals and/or other health services?

A.3 Nipissing District has an excellent working relationship with NBRHC especially when it comes to Community Paramedicine. We have the ability to access local hospital expertise ranging from social work or complex care dealing with high volume users causing strain on the system as a whole. A new project that has been initiated is creating a protocol/procedure along with education towards non-urgent transfers. This is a major pressure within our district with hopes to help mitigated this issue with the ongoing work. Furthermore, our Community Paramedic has access to hospital, LHIN, HPG and expanse that expands the networking and communication abilities.

LENGTHY AMBULANCE OFFLOAD TIMES AND DELAYS IN TRANSPORTING MEDICALLY-STABLE PATIENTS

Q.4 What partnerships or arrangements can improve ambulance offload times?

A.4 Nipissing District Paramedic Service does not experience the same pressures as other areas when it comes to offload times/delays. Having that said, we can reference our high volume out of district transfers and compare similar time parameters with offload delays. If an EMS unit is tied up in a hospital on offload delay for approx. 4-5 hours, we experience the same delay and lack of available unit when a vehicle is sent out of district for the same time frame. The difference between these circumstances is that once the offload is complete or a strategy is put in place to free up that vehicle, the Nipissing Paramedic unit is still out of the district which can be further delayed with a return transfer or out of district emergence response. The south and some northern services experience offload delays as Nipissing experiences high volume out of district

transfers in the end equivalent to the same thing. We are also in a unique circumstance with a tertiary care centre that is located in Sudbury under 240 km (decreases the volume of air ambulance transfers) and also an area (West Nipissing) that sends a large volume of code 3 patients requiring CT's to NBRHC.

Q.5 How can we best ensure that medically stable patients receive appropriate transportation to get the diagnostics and treatments they need?

A.5 Nipissing District completes a high volume of medically stable non-urgent transfers and at times causes issues with availability of units and deployment. From the year 2014-current date, code 1 (non-urgent calls) has increased by 15% accounting for 10% of total district call volume. For the bases located in Sturgeon Falls and Mattawa, the combined code 1 & 2 non-urgent calls account for one-fifth or more of the respective total call volume in these areas. Speaking towards appropriate transportation within the health system the common theme is connecting the right person to the right care. This statement has to stand true in regards to medically stable transfers. "Connecting the right patient, right ride, and right time" will help reduce continuous strain on EMS services for availability of emergent calls. NBRHC does staff a non-urgent patient transfer vehicle that operates Monday-Friday, five (5) hours a day for medically stable patients. With continuous calls volume pressures and calls of a more serious nature we must look at provincial opportunities and explore funding options to improve this current service.

Q.6 How do we respond to the transport of medically stable patients in a way that is appropriate to local circumstances (e.g., less availability of stretcher transportation services)?

A.6 Within the north it becomes more challenging for transfer services to deal with larger geographical areas. Travelling long distances reduces the volume of completed calls and in turn has a high cost per call compared to the south (oil, gas, maintenance.) The down side to this is the strain on local EMS, especially Nipissing District completing these calls and in turn causing issues with available resources and a financial burden to the service. We must begin the conversations with community resources (PATH, local nursing homes, family) contributing to return home calls and increase the accessibility of stretcher transportation by putting the responsibility on healthcare facilities and provincial healthcare cost that should not be borne by municipal taxpayers.

Q.7 Should there be changes to oversight for private stretcher transport systems to ensure safety for medically-stable patients?

A.7 The province should consider regulating private medical transfer services to ensure quality care and reduce patient risk.

LACK OF COORDINATION AMONG EHS SYSTEM PARTNERS

Q.8 How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?

A.8. See air ambulance communication question

Q.9 How might municipal land ambulance services address “cross-border calls” to ensure that the closest ambulance is sent to provide care of patients?

A.9 Nipissing District has a good working relationship with its immediate neighbours (Parry Sound EMS) and does not have any presenting issues with sending the closest ambulance to provide care. Having said that, Parry Sound EMS does experience continuous pressure within the city of North Bay sometimes related to being the closest ambulance while departing back to base or more noticeably Nipissing EMS being depleted from emergent or non-urgent calls. This complex situation warrants further examination with first addressing high volume non-urgent calls with stretcher transportation services and then looking at EMS staffing levels within the district.

Q.10 How can relationships be improved between dispatch centres and paramedic services?

A.10 One area to explore as mentioned above is to look at the integration of EMS personnel within CACC. I think Paramedics could play a pivotal role in enhancing CACC with Community Paramedicine triage officers and in turn have an embedded personnel acting as a liaison between CACC and EMS. Another presenting issue between EMS and CACC across the province is the deployment of vehicles. Each service according to the MOHLTC is required to submit a deployment plan to CACC for direction of vehicle movement. Nipissing District local CACC dispatches several different services all with individual unique deployment plans. This at times becomes extremely challenging for ACO's to make decisions on the fly simultaneously dispatching different services with different deployment. There is opportunity from a provincial EMS standpoint to streamline deployment plans with specific language for all services to improve the workflow for CACC. We understand that each region is unique and requires specific language but looking at building specific EMS deployment language could in turn improve the working relationship.

Q.11 How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

A.11 Within Nipissing District we feel at times a knowledge gap is present with the role and capabilities of Paramedics. Improving education and awareness to primary care, home care and hospitals is a good starting point dealing with the interactions between professionals on a daily basis. We also believe that implementing a single electronic patient record that is shared across the sector so all health professionals work seamlessly to care for patients, while still protecting privacy in an excellent solution for improved interaction and communication. Another avenue to explore in relation to Community Paramedicine and enhanced relationships is exploring job sharing

opportunities between CP and frontline. This will increase the number of Paramedics encountering other agencies outside of typical response. Our current CP program has been very positive for networking with other agencies, mutual education and relationship building.

NEED FOR INNOVATIONS THAT IMPROVE CARE

Q.12 What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?

A.12 The evaluated, innovative models of care that can be spread within our district is a palliative care program and enhancement of the Community Paramedicine Program.

Q.13 Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

A.13 A new and different approach to delivery considered in a modern EHS system would be CPRU response from a community Paramedicine standpoint. See question 15 for further details. To further expand with Community Paramedicine, we believe creating a degree program would offer enhanced education not only to general medicine but also delivery of complex human behaviours and social determinants of health typical given with an RN degree. This would enhance and expand the CP scope of practice in order to make a further impact on the health care factors within Ontario

We also agree that moving to an accreditation model for paramedic services, rather than certification every three years, is a good strategy. This would ensure regular, impartial review against a set of consistent standards in conjunction with self-regulation through a Regulatory College to increase public trust, safety, transparency and accountability for paramedic services, as it does for all other healthcare professions.

Q.14 As new models of care for selected 911 patients are piloted, how can we adapt these models to elsewhere in the province, and how can we encourage uptake? What needs to be standardized versus locally-designed?

A.14 Nipissing District is in exciting times when it comes to new models of care release by the province. In North Bay, the community created a working group titled "Mayor's Round Table Discussion" looking at various complex needs and how to address these health issues within the community, specifically mental health and addictions. The outcome of this working group was to create a supportive housing complex that provides these necessary services keeping treatment and patients within the community and outside the hospitals. With the implementation of this supportive housing complex it provides Nipissing District EMS the opportunity to capitalize on the new models of care specifically transporting to alternate destinations. We must begin conversations and form the working groups in order to execute this new standard contributing to the health system as a whole and improving Paramedic Service within

our district. This exciting new opportunity allows our service and hospital to deal with the current call volume pressures related to mental health and substance abuse to mitigate the current strain on the system. In order to encourage uptake in other communities within the province, I think adopting similar structures in relation to supportive housing complexes will allow more opportunities for EMS services to implement this new model.

North Bay has also opened up a new palliative care hospice that provides an opportunity for local EMS to plan, implement and execute a palliative care program within this region in conjunction with Community Paramedicine. This speaks specifically to the treat and release/treat and refer models released by the province.

Q.15 How can community paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the province?

A.15 Nipissing District Paramedic Service's vision for enhancement includes several different avenues that we believe would dramatically enhance service. With the rising call volumes specifically the senior population (≥65 years) we have seen a 48% increase from 2014 to present date. Some of these calls require acute care with a larger percentage having a low priority return that puts added strain on hospital systems. One way to prevent unnecessary transport and connecting patients to the right care is through the implementation of a CPRU (Community Paramedicine Response Unit) which would have a substantial impact. This unit would be mobile throughout the district in high call volume areas, intercepting with EMS units on calls that could benefit for a Community Paramedic assessment adopting the "treat and refer" model. This CP would be monitoring radio activity, looking for key call details (chronic illness, falls, inability to cope, mental health/withdrawal management, homelessness.) with the end goal of executing the treat and refer to primary care with the prevention of EMS transportation and hospital visit. In order to consider this model, Nipissing EMS would have to enhance current staffing model in order to ensure program compliance throughout the district. This would be optimized by incorporating the Community Paramedicine Dispatch Officer.

Nipissing District also has the appetite to obtain medical oversight separate from base hospitals (according to current standards) with expanding the CP scope of practice. By doing so, this provides opportunities to gain partnership with local OHT providing treatment and procedures in long term care homes where EMS and hospitals experiences high call volumes. Having the capability to perform point of care blood work, antibiotic treatment, fluid rehydration, community influenza vaccine programs and referral to primary care could have a significant impact for the health care system and improve CP operations within our district. Because of programs like this, it is paramount to have the connection and oversight from a Medical Director that understands community based needs and provide medical directives as seen fit.

With respect to medical oversight and Community Paramedicine I think the province must continue to work towards a solution for a more streamlined system.

HEALTH EQUITY: ACCESS TO SERVICES ACROSS REGIONS AND COMMUNITIES

Q.16 What initiatives could improve delivery of emergency health services to Indigenous communities?

A.16 We need to work with key stakeholders from diverse cultural and language groups and remote regions to create partnerships, make better decisions and support training, including language and cultural sensitivity training.

Q.17 How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?

A.17 A good starting point would be injecting this education into community Paramedic colleges and continuing this education throughout a Paramedics career through service LMS.

Q.18 How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?

A.18 Typically in far northern communities call volume is on a lower scale so utilization of on-shift Paramedics or community Paramedics could be the starting point for improved service. Far northern communities typically have a health service retention problem as opposed to EMS being a reliable option.

Q.19 What improvements to EHS can be made for rural areas?

A.19 Improvements to EHS for rural areas would be adjusting the funding formula with consideration of the local tax base. Northern services are continually challenged with larger geography resulting in complex deployment and limited resources. Low call volumes areas within Nipissing District (Mattawa, Temagami, and South Algonquin) are subjected to on-call services and increased response times for these specific locations. With the addition of on call after set hours, contribution towards district deployment is limited and at times effects provided service. In order to combat these issues the service will up-staff vehicles based on specific scenarios and at times paying time and one half. The other challenge within our region is remote calls with outfitting and training Paramedics for these responses which is an additional cost where southern services would not have to face; Specific winter gear, snowmobile safety equipment, floater suits, and various other circumstances in the North. The current 50:50 funding model (provincial: municipal) does not reflect the unique challenges that Northern Ontario faces in regards to its vast geography, the rural and remoteness of its communities, and

growing health care needs. Like some of the other ministries, the MOHLTC should consider a funding formula for EMS that reflects these northern characteristics.

On a related note, the First Response Teams (FRT) play an important role in rural areas of Ontario where the wait time for an ambulance can far exceed the ambulance response time standards. The teams are comprised of dedicated volunteers who are trained by the Ministry of Health (Canadian Red Cross First Responder course) and recertified every three years. The FRT members also conduct their own training throughout the year to stay current and are on call 24/7.

In Nipissing District, there are six teams that respond to medical emergencies in rural areas and provide emergency services and support until the paramedics arrive on scene. Five of these teams are located in some of the district's rural municipal and unincorporated areas (Field, East Ferris, Bonfield, Phelps and Thorne/Eldee) while the other team operates out of Bear Island (Temagami First Nation). In 2019, these teams responded to 482 EMS 911 calls in Nipissing District.

The FRTs can play an increasingly important role in the modernization of emergency health services and providing emergency care in rural and remote communities. While the Nipissing model works well there is room for improvement through more coordinated planning, and volunteer skill development and recognition. Adding an FRT /rural component to the provincial EMS funding formula (above) would provide further investments in these areas and the First Response Teams. This special-purpose allocation would also recognize the unique operating challenges and costs associated with providing emergency medical response and patient care in Ontario's remote and rural areas.

Q.20 Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?

There is a great opportunity for Northern services with none or limited Community Paramedicine service to have the capability of networking or having accessibility to larger CP programs in order to connect complex Northern patients with the care they require. This can be accomplished by enhanced technology (on-scene OTN) or utilization of Community Paramedic dispatch as mentioned above. These services should also be imbedded in OHT to improve available resources at hand.

Q.21 Are there opportunities to address social determinants of health and health disparities in rural, remote and Northern regions to reduce the need for EHS transport of patients out of these regions?

A.21 Working with marginalized populations in the social determinants of health (SDH) areas such as housing, employment and working conditions, food insecurity, poverty, homelessness, and access to health services, etc. could be included in the Community Paramedic scope from an educational and networking/referral standpoint.

We tend to only concentrate on health care needs from a CP standpoint but working with these populations from a SDH perspective with an emphasis on prevention and connecting the patients to the right service at the right time limit the progression to more complex health care needs. This approach will also help to keep patients in their communities and should be a focus in these remote areas.

Q.22 What improvements could be made to the provision of services in French to Francophone communities?

A.22 Services with Francophone communities should revisit their recruitment practices and improve relationships with Francophone Paramedic colleges.

**SUBMITTED BY STEPHEN MERKLEY, ACP MANAGER-DEPUTY CHIEF,
NIPISSING PARAMEDIC SERVICE-NORTH BAY REGIONAL HEALTH
CENTRE**

EMERGENCY HEALTH SERVICE MODERNIZATION**OUTDATED DISPATCH TECHNOLOGIES**

Q.1 Beyond the foundational technologies currently in implementation – Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange – are there other technologies or technological approaches that can help to improve responses to 911 calls and increase the efficient use of resources in the EHS system?

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Improving dispatch will be achieved in four ways: expediting technology improvements, improving triage, supporting real-time data sharing and increasing staffing.

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Dispatch needs stronger lines of accountability and quality management to local paramedic services, which includes putting operations staff at the centre. This works well where it has been put in place.

Q.2 How can communication between dispatch centres, land ambulance services, and air ambulance be improved?

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within our district when the patient is not ready and still awaiting an escort. Further education and enhancement of the communication procedure (Hospital EMS Request) is required to local hospitals with consideration of EMS risks and resources when responding.

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LENGTHY AMBULANCE OFFLOAD TIMES AND DELAYS IN TRANSPORTING MEDICALLY-STABLE PATIENTS

Q.4 What partnerships or arrangements can improve ambulance offload times?

A.4 Nipissing District Paramedic Service does not experience the same pressures as other areas when it comes to offload times/delays. Having that said, we can reference our high volume out of district transfers and compare similar time parameters with offload delays. If an EMS unit is tied up in a hospital on offload delay for approx. 4-5 hours, we experience the same delay and lack of available unit when a vehicle is sent out of district for the same time frame. The difference between these circumstances is that once the offload is complete or a strategy is put in place to free up that vehicle, the Nipissing Paramedic unit is still out of the district which can be further delayed with a return transfer or out of district emergence response. The south and some northern services experience offload delays as Nipissing experiences high volume out of district transfers in the end equivalent to the same thing. We are also in a unique circumstance with a tertiary care centre that is located in Sudbury under 240 km (decreases the volume of air ambulance transfers) and also an area (West Nipissing) that sends a large volume of code 3 patients requiring CT's to NBRHC.

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A.6 Within the north it becomes more challenging for transfer services to deal with larger geographical areas. Travelling long distances reduces the volume of completed calls and in turn has a high cost per call compared to the south (oil, gas, maintenance.) The down side to this is the strain on local EMS, especially Nipissing District completing these calls and in turn causing issues with available resources and a financial burden to the service. We must begin the conversations with community resources (PATH, local nursing homes, family) contributing to return home calls and increase the accessibility of stretcher transportation by putting the responsibility on healthcare facilities and provincial healthcare cost that should not be borne by municipal taxpayers.

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Q.8 How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?

A.8. See air ambulance communication question

Q.9 How might municipal land ambulance services address “cross-border calls” to ensure that the closest ambulance is sent to provide care of patients?

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Q.11 How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

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NEED FOR INNOVATIONS THAT IMPROVE CARE

Q.12 What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?

A.12 The evaluated, innovative models of care that can be spread within our district is a palliative care program and enhancement of the Community Paramedicine Program.

Q.13 Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

A.13 A new and different approach to delivery considered in a modern EHS system would be CPRU response from a community Paramedicine standpoint. See question 15 for further details. To further expand with Community Paramedicine, we believe creating a degree program would offer enhanced education not only to general medicine but also delivery of complex human behaviours and social determinants of health typical given with an RN degree. This would enhance and expand the CP scope of practice in order to make a further impact on the health care factors within Ontario

We also agree that moving to an accreditation model for paramedic services, rather than certification every three years, is a good strategy. This would ensure regular, impartial review against a set of consistent standards in conjunction with self-regulation through a Regulatory College to increase public trust, safety, transparency and accountability for paramedic services, as it does for all other healthcare professions.

Q.14 As new models of care for selected 911 patients are piloted, how can we adapt these models to elsewhere in the province, and how can we encourage uptake? What needs to be standardized versus locally-designed?

A.14 Nipissing District is in exciting times when it comes to new models of care release by the province. In North Bay, the community created a working group titled "Mayor's Round Table Discussion" looking at various complex needs and how to address these health issues within the community, specifically mental health and addictions. The outcome of this working group was to create a supportive housing complex that provides these necessary services keeping treatment and patients within the community and outside the hospitals. With the implementation of this supportive housing complex it provides Nipissing District EMS the opportunity to capitalize on the new models of care specifically transporting to alternate destinations. We must begin conversations and form the working groups in order to execute this new standard contributing to the health system as a whole and improving Paramedic Service within our district. This exciting new opportunity allows our service and hospital to deal with the current call volume pressures related to mental health and substance

abuse to mitigate the current strain on the system. In order to encourage uptake in other communities within the province, I think adopting similar structures in relation to supportive housing complexes with allow more opportunities for EMS services to implement this new model.

North Bay has also opened up a new palliative care hospice that provides an opportunity for local EMS to plan, implement and execute a palliative care program within this region in conjunction with Community Paramedicine. This speaks specifically to the treat and release/treat and refer models released by the province.

Q.15 How can community paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the province?

A.15 Nipissing District Paramedic Service's vision for enhancement includes several different avenues that we believe would dramatically enhance service. With the rising call volumes specifically the senior population (≥65 years) we have seen a 48% increase from 2014 to present date. Some of these calls require acute care with a larger percentage having a low priority return that puts added strain on hospital systems. One way to prevent unnecessary transport and connecting patients to the right care is through the implementation of a CPRU (Community Paramedicine Response Unit) which would have a substantial impact. This unit would be mobile throughout the district in high call volume areas, intercepting with EMS units on calls that could benefit for a Community Paramedic assessment adopting the "treat and refer" model. This CP would be monitoring radio activity, looking for key call details (chronic illness, falls, inability to cope, mental health/withdrawal management, homelessness.) with the end goal of executing the treat and refer to primary care with the prevention of EMS transportation and hospital visit. In order to consider this model, Nipissing EMS would have to enhance current staffing model in order to ensure program compliance throughout the district. This would be optimized by incorporating the Community Paramedicine Dispatch Officer.

Nipissing District also has the appetite to obtain medical oversight separate from base hospitals (according to current standards) with expanding the CP scope of practice. By doing so, this provides opportunities to gain partnership with local OHT providing treatment and procedures in long term care homes where EMS and hospitals experiences high call volumes. Having the capability to perform point of care blood work, antibiotic treatment, fluid rehydration, community influenza vaccine programs and referral to primary care could have a significant impact for the health care system and improve CP operations within our district. Because of programs like this, it is paramount to have the connection and oversight from a Medical Director that understands community based needs and provide medical directives as seen fit.

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HEALTH EQUITY: ACCESS TO SERVICES ACROSS REGIONS AND COMMUNITIES

Q.16 What initiatives could improve delivery of emergency health services to Indigenous communities?

A.16 We need to work with key stakeholders from diverse cultural and language groups and remote regions to create partnerships, make better decisions and support training, including language and cultural sensitivity training.

Q.17 How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?

A.17 A good starting point would be injecting this education into community Paramedic colleges and continuing this education throughout a Paramedics career through service LMS.

Q.18 How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?

A.18 Typically in far northern communities call volume is on a lower scale so utilization of on-shift Paramedics or community Paramedics could be the starting point for improved service. Far northern communities typically have a health service retention problem as opposed to EMS being a reliable option.

Q.19 What improvements to EHS can be made for rural areas?

A.19 Improvements to EHS for rural areas would be adjusting the funding formula with consideration of the local tax base. Northern services are continually challenged with larger geography resulting in complex deployment and limited resources. Low call volumes areas within Nipissing District (Mattawa, Temagami, and South Algonquin) are subjected to on-call services and increased response times for these specific locations. With the addition of on call after set hours, contribution towards district deployment is limited and at times effects provided service. In order to combat these issues the service will up-staff vehicles based on specific scenarios and at times paying time and one half. The other challenge within our region is remote calls with outfitting and training Paramedics for these responses which is an additional cost where southern services would not have to face; Specific winter gear, snowmobile safety equipment, floater suits, and various other circumstances in the North. The current 50:50 funding model (provincial: municipal) does not reflect the unique challenges that Northern Ontario faces in regards to its vast geography, the rural and remoteness of its communities, and growing health care needs. Like some of the other ministries, the MOHLTC should consider a funding formula for EMS that reflects these northern characteristics.

On a related note, the First Response Teams (FRT) play an important role in rural areas of Ontario where the wait time for an ambulance can far exceed the ambulance response time standards. The teams are comprised of dedicated volunteers who are trained by the Ministry of Health (Canadian Red Cross First Responder course) and recertified every three years. The FRT members also conduct their own training throughout the year to stay current and are on call 24/7.

In Nipissing District, there are six teams that respond to medical emergencies in rural areas and provide emergency services and support until the paramedics arrive on scene. Five of these teams are located in some of the district's rural municipal and unincorporated areas (Field, East Ferris, Bonfield, Phelps and Thorne/Eldee) while the other team operates out of Bear Island (Temagami First Nation). In 2019, these teams responded to 482 EMS 911 calls in Nipissing District.

The FRTs can play an increasingly important role in the modernization of emergency health services and providing emergency care in rural and remote communities. While the Nipissing model works well there is room for improvement through more coordinated planning, and volunteer skill development and recognition. Adding an FRT /rural component to the provincial EMS funding formula (above) would provide further investments in these areas and the First Response Teams. This special-purpose allocation would also recognize the unique operating challenges and costs associated with providing emergency medical response and patient care in Ontario's remote and rural areas.

Q.20 Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?

There is a great opportunity for Northern services with none or limited Community Paramedicine service to have the capability of networking or having accessibility to larger CP programs in order to connect complex Northern patients with the care they require. This can be accomplished by enhanced technology (on-scene OTN) or utilization of Community Paramedic dispatch as mentioned above. These services should also be imbedded in OHT to improve available resources at hand.

Q.21 Are there opportunities to address social determinants of health and health disparities in rural, remote and Northern regions to reduce the need for EHS transport of patients out of these regions?

A.21 Working with marginalized populations in the social determinants of health (SDH) areas such as housing, employment and working conditions, food insecurity, poverty, homelessness, and access to health services, etc. could be included in the Community Paramedic scope from an educational and networking/referral standpoint. We tend to only concentrate on health care needs from a CP standpoint but working with these populations from a SDH perspective with an emphasis on prevention and connecting the patients to the right service at the right time limit the progression to more complex health care needs. This approach will also help to keep patients in their communities and should be a focus in these remote areas.

Q.22 What improvements could be made to the provision of services in French to Francophone communities?

A.22 Services with Francophone communities should revisit their recruitment practices and improve relationships with Francophone Paramedic colleges.

**SUBMITTED BY STEPHEN MERKLEY, ACP MANAGER-DEPUTY CHIEF, NIPISSING
PARAMEDIC SERVICE-NORTH BAY REGIONAL HEALTH CENTRE**



Resolution No. 2020-42

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Whereas the Province of Ontario is moving forward with social assistance modernization and employment services reform;

Be It Resolved THAT the Board accept this update on the Employment Services Transformation for information as presented in report SSE01-20.

CARRIED _____

MARK KING
CHAIRPERSON

CARRIED _____

CATHERINE MATHESON
SECRETARY

BRIEFING NOTE

SSE01-20

For Information/Discussion For Decision For Approval For Advocacy

Date: March 18, 2020

Purpose: Update on Employment Services Transformation

Prepared by: Director, Employment and Social Services

Reviewed by: Catherine Matheson, CAO

1.0 Recommendation

Whereas the Province of Ontario is moving forward with social assistance modernization and employment services reform;

Be It Resolved that the Board accept this update on the Employment Services Transformation for information as presented in report SSE01-20.

2.0 Background

- In February 2019, the Ontario Government announced its plan to transform employment services to better meet the needs of all clients, inclusive of those in receipt of social assistance;
- The plan is being developed through a multi-ministerial approach between the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Labour, Training and Skills Development (MLTSD);
- The new model will see employment-related functions of the municipal Ontario Works and the provincial Ontario Disability Support Program integrate with the provincial Employment Ontario network into a single employment services system.¹

¹ASSOCIATION OF MUNICIPALITIES OF ONTARIO, *Employment Services Prototype Service Managers: No Municipal Applicants Selected*, February 14, 2020, <http://www.amo.on.ca/AMO-Content/Policy-Updates/2020/EmploymentServicesPrototypeServiceManagers>

- This change will transfer employment services from 47 Consolidated Services Managers/District Social Services Administration Boards to 15 Employment Ontario catchment areas across the province.²
- In July 2019, the Ontario Government announced that the new employment services model would first be implemented in three prototype regions: Region of Peel, Hamilton-Niagara and Muskoka-Kawarthas.
- In August 2019 a new competitive process open to any public, not for profit and private sector organization was launched to select Service System Managers for the three prototype regions.

3.0 Report

- On February 14, 2020, in a news release from the Ministry of Labour, Training and Skills Development three Service System Managers were announced for the following three prototype regions³:

Prototype Region	Service System Managers
Region of Peel	WCG is a Canadian subsidiary of The International APM Group Pty Ltd (APM), a global human service organization based in Australia. In the last year, APM supported more than 350,000 people across 10 countries by designing and delivering employment, health and rehabilitation services.
Hamilton-Niagara	The consortium led by Fedcap includes two current Employment Ontario service providers (Canadian Council on Rehabilitation and Work, Operation Springboard) and two current providers of Ontario Disability Support Program Employment Supports (Corbrook, Community Living Toronto).
Muskoka - Kawarthas	Fleming College has more than 50 years of experience delivering education, skills training and employment services to students, job seekers and employers. Each year, 3,000 job seekers access Employment Ontario services via Fleming College.

² MAYTREE, POVERTY, RIGHTS, CHANGE, *System transformation in Ontario Works Considerations for Ontario*, January 8, 2020, <https://maytree.com/wp-content/uploads/System-Transformation-in-Ontario-Works-Executive-Summary.pdf>

³ ONTARIO NEWSROOM BACKGROUNDER, *Ontario Moving Ahead with the Reform of Employment Services*, February 14, 2020, <https://news.ontario.ca/mol/en/2020/02/ontario-moving-ahead-with-the-reform-of-employment-services.html>

4.0 Policy Implications

- The Association of Municipalities of Ontario (AMO) has expressed its disappointment that no municipal candidates were selected as a result of the competitive process.⁴
- AMO has also raised concerns “about the fiscal, programmatic, accountability, and labour relations impacts of this fundamental change to the delivery of services at the community level”.⁵
- None of the three prototype regions selected by the Province are from the North.
- One of the three Service System Managers selected in the prototype region of Peel, WCG, is a Canadian subsidiary of the APM Group, an Australian **private** sector company.
- The impact this transformation will have on the future of the Ontario Works program will be significant.
- Details are not yet known regarding what the impact of this transformation will be on Ontario Works performance measures.
- Ontario Works policy directives and regulations will need to be updated if and when this transformation is rolled out across the Province as the current legislation does not reflect this new vision.
- To date, Ontario Works Administrators have been advised by MCCSS that they will continue to have a significant role in the delivery of employment services albeit a different one. For this reason, the focus of the current service delivery model for DNSSAB will need to shift. The new direction in the future will need to be focussed on strategies related to addressing participants with significant barriers versus the job ready.
- The Provincial election in 2022 could impact the current government’s long term vision on the future of employment service delivery in Ontario depending upon the outcome.

⁴ ASSOCIATION OF MUNICIPALITIES OF ONTARIO, *Employment Services Prototype Service Managers: No Municipal Applicants Selected*, February 14, 2020, <https://www.amo.on.ca/AMO-Content/Policy-Updates/2020/EmploymentServicesPrototypeServiceManagers.aspx>

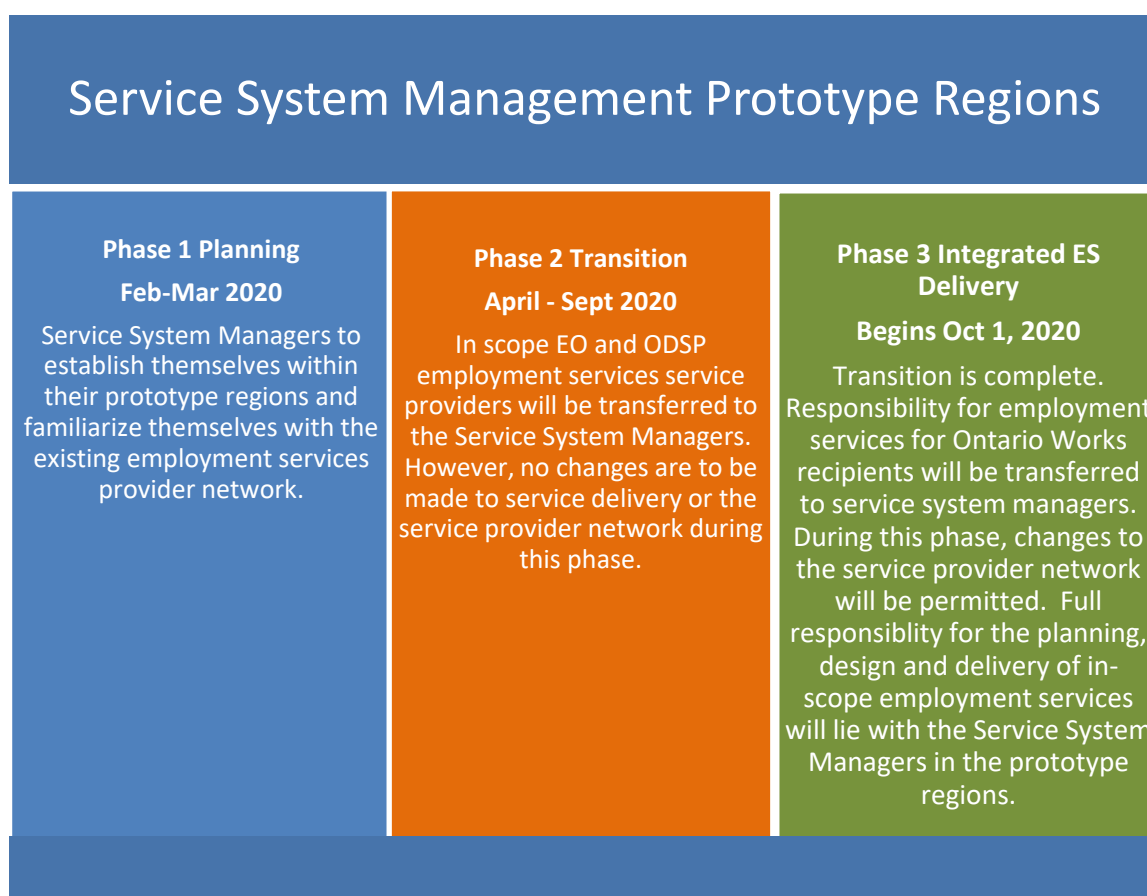
⁵ ASSOCIATION OF MUNICIPALITIES OF ONTARIO, *Employment Services Prototype Service Managers: No Municipal Applicants Selected*, February 14, 2020, <http://www.amo.on.ca/AMO-Content/Policy-Updates/2020/EmploymentServicesPrototypeServiceManagers>

5.0 Budget Implications

- The Ministry of Children, Community and Social Services has not yet confirmed how the employment transformation is going to impact the Ontario Works funding model. It is anticipated that there will be a funding reduction; however until confirmation of the depth of this reduction is received, any speculation would be premature.

6.0 Next Steps

The following diagram illustrates the three phases associated with the employment transformation that is underway in the prototype regions: ⁶



- Social Services will continue to monitor the progress being made in the prototype regions and will report its findings to the Board as information becomes available.

⁶ DNSSAB Internal Communication from the Ministry of Labour, Training, and Skills Development, Announcement of Service System Managers General Questions and Answers, February 14, 2020.

- Social Services has already started strategizing and planning around the future of employment service delivery and feels that it is well positioned to respond to future changes.

7.0 Conclusion

Time will tell if a performance based competitive employment service delivery framework is a good decision for the Province of Ontario. There is some evidence from similar models in other parts of the world that revealed that “many participants cycled on and off the program because the job placements were precarious, short-term work opportunities”.⁷ Critics of introducing the private sector into human services worry that for-profit models can erode the quality of service. There is no doubt that in the coming months and possibly years, organized bodies and other interested stakeholders will be paying close attention to this transition. Moving forward, it will be imperative that the Province evaluate both the social and fiscal impacts of this new model, as failure to do so could negatively impact some of the most vulnerable in our communities.

⁷ MAYTREE, POVERTY, RIGHTS, CHANGE, *System transformation in Ontario Works Considerations for Ontario*, January 8, 2020, <https://maytree.com/wp-content/uploads/System-Transformation-in-Ontario-Works-Executive-Summary.pdf>



Resolution No. 2020-44

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be It Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) moves in camera at _____, under section 47.4(11) of the DNSSAB By Laws (direction for negotiation).

CARRIED _____

MARK KING
CHAIRPERSON

CARRIED _____

CATHERINE MATHESON
SECRETARY



Resolution No. 2020-45

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be It Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) adjourns in-camera at _____.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



Resolution No. 2020-46

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be It Resolved THAT the District of Nipissing Social Services Administration Board (DNSSAB) approves the action/direction resulting from the in-camera discussion.

CARRIED _____
MARK KING
CHAIRPERSON

CARRIED _____
CATHERINE MATHESON
SECRETARY



Resolution No. 2020-47

Carried:

Defeated:

Date: March 18, 2020

MOVED BY:

SECONDED BY:

Be It Resolved THAT the Board meeting be adjourned at _____ p.m.

CARRIED _____

MARK KING
CHAIRPERSON

CARRIED _____

CATHERINE MATHESON
SECRETARY