

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**
Minutes of the Meeting of the Audit Committee June 21, 2017

A meeting of the Audit Committee of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on June 21, 2017, at the Webster/Albion Falls Room, Hamilton Niagara Haldimand Brant Local Health Integration Network, 211 Pritchard Road, Unit 1, Hamilton, Ontario, beginning at 12:00 p.m.

Present Voting Members: Bill Thompson, Chair
Saqib Cheema, Member
Madhuri Ramakrishnan, Member

Regrets: Dominic Ventresca, Member

Non voting: Janine van den Heuval, Board Chair

HNHB LHIN Staff
in Attendance Donna Cripps, Chief Executive Officer
Derek Bodden, Director, Funding
Emily Christoffersen, VP Commissioning, Performance and
Accountability
Dilys Haughton, VP Home and Community Care
Linda Hunter, Director, Strategic Priorities
Miranda Ingribelli, VP People and Talent Management
Trish Nelson, Director, Communications
Tom Peirce, Executive Lead, Transition and Project Management
Office
Rosalind Tarrant, Director, Planning
Cindy Ward, VP Resource Stewardship and CFO

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Saqib Cheema

SECOND: Madhuri Ramakrishnan

That the agenda of June 21, 2017, be adopted, as circulated.

CARRIED

The Chair recognized that today is National Aboriginal Day and expressed gratitude and appreciation for the original peoples of the land. The Chair acknowledged that the LHIN is committed to the journey towards reconciliation and are grateful for the opportunity and privilege to work with communities across this territory.

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Minutes of the last meeting

B.1 Approval of the Minutes of May 24, 2017 and May 31, 2017

MOVED: Madhuri Ramakrishnan

SECOND: Saqib Cheema

That the minutes of May 24, 2017 and May 31, 2017, be adopted, as circulated.

CARRIED

C. Consent Agenda

C.1 Consent Agenda of June 21, 2017

MOVED: Madhuri Ramakrishnan

SECOND: Saqib Cheema

That the Audit Committee adopts the consent agenda of June 21, 2017 consisting of:

- i. Confirmation of Funding
- ii. Hospital Waivers
- iii. Hospital and Community Infrastructure Renewal Funding (HIRF/CIRF) Update

CARRIED

Key Points of Discussion:

- Clarification regarding confirmation of funding. Information in red (or with brackets) are funds returned to the Ministry.
- Clarification about which community agencies qualify for CIRF funding.
- Clarification about when waivers can be offered.

D. New/Other Business

D.1 Financial Statement – HNHB CCAC Operating Statement, April 1 to May 9, 2017

MOVED: Saqib Cheema

SECOND: Madhuri Ramakrishnan

That the Audit Committee Recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the HNHB Community Care Access Centre (CCAC) financial statements (unaudited) for the period April 1 – May 9, 2017.

CARRIED

Key Points of Discussion:

- Discussion about what is included in 'other income'.
- Discussion about patient care contracted out services.
- Discussion about property tax rebate status and HST rebate.

- Staff and Audit Committee Chair are working together to ensure that the documents that are provided to the Audit Committee balancing the needs of the committee with potential confidentiality of contracts.

D.2 Financial Statement – 2017-18 HNHB LHIN Operating Budget

MOVED: Madhuri Ramakrishnan

SECOND: Saqib Cheema

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the 2017-18 HNHB LHIN budget representing the combined operating activities of the legacy HNHB LHIN and legacy HNHB Community Care Access Centre (CCAC).

CARRIED

Key Points of Discussion:

- Discussion about how financial statements will be presented in the future.
- The HNHB LHIN is planning its activities to realize a balanced position by year end with the required efficiency savings of \$993,100 by March 31, 2018. This must be carefully balanced with the increased demand for in home services so as to ensure people receive the care they require.

D.3 Mental Health Supportive Housing Funding

MOVED: Madhuri Ramakrishnan

SECOND: Saqib Cheema

That the Audit Committee recommends that the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve:

- Up to \$630,000 base funding in 2017-18 and up to \$462,000 base funding in 2018-19 to the health service providers listed in Table 2 (below) for Mental Health and Addiction staff, to support the 104 rent supplements that will be funded by the Ministry of Health and Long-Term Care, pending final confirmation of funding from the Ministry of Health and Long-Term Care.
- The health service providers listed in Table 2 (below) receive the approved 104 rent supplements funded directly from the Ministry of Health and Long-Term Care.

Proposed HNHB LHIN Allocation by HSP and Year

Allocations		# Rent Supplements	# Support FTEs	Support Funding
Year 1	CMHA Brant Haldimand Norfolk	18	2.25	\$189,000
	CMHA Niagara	10	1.25	\$105,000
	Gateway Residential and Community Support Services of Niagara	10	1.25	\$105,000
	Six Nations of the Grand River	8	1.0	\$84,000
	St. Leonard's Community Services	6	0.75	\$63,000
	Summit Housing and Outreach Programs ¹	8	1.0	\$84,000
	Year 1 Total	60	7.5	\$630,000
Year 2	Good Shepherd Non-Profit Homes Inc.	24	3.0	\$252,000
	Supports and Housing Halton ¹	8	1.0	\$84,000
	Six Nations of the Grand River	12	1.5	\$126,000
	Year 2 Total	44	5.5	\$462,000
Years 1 and 2 Total		104	13.0	\$1,092,000

Notes:

1. Joseph Brant Hospital will be the transfer payment agency to distribute the funding to these two HSPs who are primarily funded by Mississauga Halton LHIN but who serve Burlington.

CARRIED

Key Points of Discussion:

- A presentation was provided and is appended in the minutes.
- Communication about this meaningful investment was discussed. Audit committee identified that once funding is received that a communication plan be implemented.
- Rent supplement is available to an individual as long as they require the support. However, if the individual does no longer need the support then it could be used to support another individual.



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E. Meeting Adjournment

The Audit Committee Meeting adjourned at 1:04 p.m.

CARRIED

Original Signed by:

August 30, 2017

Bill Thompson, Audit Committee Chair

Date

Original Signed by:

August 30, 2017

Donna Cripps, Corporate Secretary

Date

Mental Health and Addictions Supportive Housing Funding

Presentation to the HNHB LHIN Audit Committee
June 21, 2017

Supportive Housing


- Supportive Housing (SH) generally refers to a combination of housing assistance and supports that enable people to live as independently as possible in their community¹
- A key element in enabling people with complex needs to find stable housing, lead fulfilling lives and live as independently as possible in their community¹
- Without appropriate housing it is often not possible to:^{2,3}
 - secure and retain employment
 - recover from mental illness or other disabilities
 - integrate into the community
 - escape physical or emotional violence
 - retain custody of children
- Appropriate housing and supports help to reduce and prevent homelessness, unnecessary hospital admissions, and involvement with the criminal justice system¹

1. Government of Ontario. Ontario Supportive Housing Policy Framework, March 2017.

2. Ontario Human Rights Commission. Housing as a human right, <http://www.ohrc.on.ca/en/right-home-report-consultation-human-rights-and-rental-housing-ontario/housing-human-right>.

3. Ottawa Charter for Health Promotion, 1986.

Ontario's Vision for Supportive Housing



Every person in need has quality, safe and affordable supportive housing, feels empowered to live as independently as possible, and flourishes in the community of their choice.

Mental Health and Addictions

Supportive Housing

- SH is a critical component of the recovery of individuals with serious mental illness and/or problematic substance use
- Necessary for efficient flow within the Mental Health and Addictions (MHA) system¹
- Results in better outcomes and in reduced use of health and emergency services, and is essential to meeting the province's goals for ending chronic homelessness²

Provincial Mental Health and Addictions Leadership Advisory Council (2016 Report)

Recommended the Ministry of Health and Long-Term Care (ministry) create at least 30,000 units of SH for people with MHA over ten years²

Council identified that there is a “well-known” and “critical gap” in SH in the MHA system



1. Centre for Addiction and Mental Health (CAMH), 2012.

2. Ontario's Mental Health and Addictions Leadership Advisory Council. Moving Forward: Better Mental Health Means Better Health. 2016 Annual Report. Available at: http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh_2016/moving_forward_2016.pdf.

MHA Supportive Housing “units” – Two Components



- Financial assistance that enables a household to pay rent that is geared to their income
 - Rent supplement amounts vary by LHIN and are set by the ministry
 - Ministry of Health and Long-Term Care (ministry) **directly** funds Health Service Providers (HSPs) that have an existing transfer payment agreement with the ministry
 - HSPs pay a landlord to supplement the amount of rent paid by the household
 - **LHIN role:** Identify the HSPs to receive funding from the ministry for the housing component
- Ministry funds the LHIN for MHA support staff who work with tenants to assist them in reaching their recovery goals
 - Funding is provided to the LHIN at \$84,000 annually per full-time equivalent (FTE) and at a ratio of 1 staff : 8 tenants
 - **LHIN role:** Identify the HSP to receive funding and the amount and contract with the HSP
 - LHINs may, at their discretion, flex the level of support services to create higher and lower intensity housing and support models

HNHB MHA Supportive Housing Investments and Allocation Approach

2014 Investment

- 2014: Ministry announced funding for 1,000 SH units across Ontario over three years
- Ministry allocated units across LHINs utilizing allocation methodology co-designed with the LHINs, considering demand, supply, and social demographic indicators
- HNHB LHIN, in partnership with MHA HSPs, used the provincial allocation model, incorporating local data, for sub-region allocation of units
- **2014 HNHB LHIN allocation:** \$924,000 for 88 units and 11 FTE MHA support staff

2017 Investment

- 2017: Ministry announced funding for 1,150 units across Ontario (planned) over two years
- Ministry updated the model developed in 2014 for use in the 2017 program allocation (supported by the LHINs)
- The HNHB LHIN's 2014 allocation model was updated to include most recent data (incl. current supply as per HSP surveys submitted), and Indigenous population data
- Data on the indigenous population was incorporated into the allocation methodology resulting in a proportion of the sub-regions' allocation being identified for the Indigenous community
- **HNHB LHIN allocation:** \$1,092,000 for 104 units and 13.5 FTE MHA support staff

MHA Supportive Housing Units for Indigenous Peoples Living On and Off Reserve



Needs

- Indigenous Peoples represent a high proportion of the homeless population across the HNHB LHIN
- Concurrently, First Nations Peoples in Ontario continue to report high rates of suicidal ideation, feelings of helplessness, and lack of access to culturally appropriate care which can lead to avoidance of seeking health care services
- Indigenous Peoples are often faced with complex health issues requiring a greater intensity of clinical service and support that can extend beyond the individual to include family members and the broader community



Housing Current State

- Six Nations of the Grand River (Six Nations) is the sole HSP that receives LHIN MHA SH funding for the LHIN's Indigenous population
- The ministry's rent supplement calculations excluded Six Nations data; average market rent (AMR) on Six Nations is higher than HNHB LHIN's most expensive AMR
- Six Nations' current MHA support worker to client ratio for their existing units is higher than 1:8 (Note: The LHIN has been advised that other HSPs also operate at a higher ratio)
- Six Nations' current MHA Supportive Housing capacity is 30 units; 24 located within the Six Nations community and six located in Brantford

2017 HNHB LHIN Allocation Process

- **May 2017:** HNHB LHIN met with LHIN-funded MHA SH HSPs (including those funded by Mississauga Halton LHIN to serve Burlington) and the Housing Service Managers
- **HNHB priority populations:** Homeless/risk of homelessness, and:
 - Transitional-aged youth
 - Persons who have repeat Emergency Department visits for MHA
 - Persons with concurrent disorders
 - Indigenous Peoples
 - Youth with addictions
 - Persons who experience long inpatient hospital stay
 - Francophone population
- HSPs collaborated with partners to submit a single recommendation per sub-region
 - Niagara and Niagara North West combined
 - Six Nations submitted one recommendation as the lead for the Indigenous allocation

Target population:

Ontarians living with serious mental health issues and/or problematic substance use who are homeless or at-risk of being homeless

2017 HNHB LHIN Allocation

HNHB LHIN Allocation by Sub-Region							
Allocations		HNHB LHIN Total	Brant	Burlington	Haldimand Norfolk	Hamilton	Niagara and Niagara NW
Year 1	Indigenous-Specific	8	4	--	4	--	--
	Other	52	12	8	12	--	20
	Sub-region Total	60	16	8	16	0	20
Year 2	Indigenous-Specific	12	4	--	--	4	4
	Other	32	--	8	--	24	--
	Sub-region Total	44	4	8	0	28	4
Total Year 1 and 2	Indigenous-Specific	20	8	--	4	4	4
	Other	84	12	16	12	24	20
	Sub-region Total	104	20	16	16	28	24

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Community Engagement

- 2015 MHA strategic planning resulted in a focus on SH
- Broad engagement in the planning process for the 2017 MHA SH program, including direct engagement by LHIN staff with the leads for each of the sub-region's submissions
- The LHIN plan for the 2017 MHA SH program allocation has also been endorsed by the HNHB MHA Advisory Committee, which includes persons with lived experience representation in its membership
- The priority populations selected by each of the sub-regions is as a result of a demonstrated local need, identified by existing wait lists and the HSPs' experience working with those in need in their communities

Measures of Success

- In preparation for implementation in October 2017, an outcomes framework to guide the evaluation of the 2017 investment, as well as of existing and future investments, will be developed, guided by and aligned with:
 - The ministry's evaluation of the 2014 MHA SH investment currently underway
 - The recommendations of the Office of the Auditor General of Ontario's (OAGO) 2016 Value for Money Audit on MHA SH
 - The Ontario Supportive Housing Policy Framework and Best Practice Guide

Questions

