**AGM HSC GROUP ONE**

**Accountability Structure**

\*multi-year contracts

\*How many years is “multi”? i.e.: 3 -5 yrs.? -termination clause

\*Why can there not be an “open-ended” contract?

\*What does renewal look like?

\*Security of contract?

\*Better partnerships within the community

\*Support agencies- designate for overseeing the agencies and governing jobs within the home

**Funding**

\*Included in the home budget?

\*Block funding requirements- Level of care, individual client needs, operational- (hydro, phone, tv, food, property tax, staff, maintenance, furniture, repairs, vehicles, insurance, utilities, financing)

\*Salary, vacancies, medical expenses (respite care), staff, cost of living, CPP, owners insurance, emergencies, repairs (tenant damage, bed buds)

\*What type of reporting required for funds received?

\*Being accountable for funding based on contractual agreement

\*Considerations with a new approach to funding? - residents handling $- are residents able to handle themselves and backup plan if not?

 **AGM HSC GROUP TWO**

**STUCTURE**

\*Weekly, bi-weekly, monthly?

\*Re: Loadable cards? If items are not purchases by a 3rd party, it is a GREAT likelihood that they won’t be: additional hands-on support needed

\*Same agreement for all? -possibility

\*Able to dissolve?

\*Can be terminated for “cause”

\*No end dates?

\*How do we ensure individual personalities do not dictate the continuance? -appeal panel??

\*Transferring of contracts? -home sale?

\*Requesting 24-hour support for non-ACTT clients

\*Seamless Psychiatric care (lack of fulltime Psychiatrists an issue for many)

\*CMHA-works

\*Transportation- monthly pass, clients need to be mobile to reach and continue desired levels of independence

\*Mobile support treatment team-we need after 5pm/ 24 hour/ weekend support

\*Improved/easy access to Psychiatrists

**FUNDING**

\*Use beds available from closed homes

\* Staffing -reflecting knowledgebase-training needed-wages (min start wage $20/hr.)

\*Include $600 clothing in budget-some need more funds

\*Better billing cycle for return of homeowner funds or advanced funding as homes can’t always afford to put the money out first

\*A “cushion” for unplanned circumstances

\*More $ for clients means more work/challenges, trouble for clients, other clients and homeowners i.e.: increased drug use, cigarettes not necessities

\*Budget items: staff salaries, travel, repairs and maintenance, respite care, pest control, outings, internet, cable, utilities, groceries, taxes, accounting fees, client clothing, special diet, incontinence, sheets and bedding, grounds maintenance, mattresses, appliances and furniture, client damage, fire insp. Fees, bus/ttc passes

\*Monthly statements??

\*fund clients’ functionality level

\*By-Law requirements-if needed?

 **AGM HSC GROUP THREE**

**ACCOUNTABLITIY STRUCTURE**

\*Will there be continuity for contract renewals I.E. when a new service provider is in charge?

\*Evergreen agreements with “termination clauses”

\*Waterloo region with “Chippy” funding was unreasonable with requirements and homes were lost/ closed

\*Security/ renewal piece is very important

\*Trying to move away from licensing under act because it’s difficult to make changes i.e. funding

\*Contracts would make “levels of care” changes easier

\*Easier to change outside of legislation

\*Chippy funding is distributed by persons who don’t necessarily understand our roles/ clients

\*Overall Provincial standard would be good

\*Accommodation, meals, care services: Provincial standards or body

\*Standard agreement but with local flexibility for “extras”, “differences”

\*If CMHA was in charge this could be a conflict of interest

**FUNDING**

\* Still some “say “in what clients would be a “safe”/ “good fit” in the home,

\*What to include in homes’ budget? empty beds, block funding, private vs. semi-private, staff funding, regular maintenance, food, fire safety, insurance, contingency for spikes in utilities/ food, emergency funds, internet, bed bugs, damages by clients, plumbing, electrical, regular housing supplies, bedding, incontinence supplies, activities, hygiene products, transportation, buses, medical supplies, pharmacy needs, utilities, medical transport

**ACCOUNTABILITY OF HOMES**

\*Audited financial statements

\*How do we show a return on our investment

\*Qualify our time

\*Accountability of “Best Practices”

\*Performance indicators? What should they be?

\*How are private nursing homes accountable?

**A NEW APPROACH TO FUNDING**

\*Mandated base rate

\*Extra for extra services

\*Base rate cannot be changed by future/ different agencies that are in charge of administration of funding

\*Funding for empty beds

\*How to fund owners so they’re not relying on clients to pay them, having to chase them for rent etc.

\*Increased independence for clients about $ not Per Diem

\*Some clients get full PNA with no problems

\*Suggesting “Good Practices” to clients that are less capable

\*Currently this is delegated to home owner

\*Trustee program that ensures homeowner is paid and helps clients make appropriate financial decisions

\*Rent would be automatically covered

\*Are we “caring” or are we “housing”? – If you take money accountability into consideration this will be a problem

\*Smoking needs own budget

\*Not all clients necessarily have the ability to learn and grow from mistakes, benefiting only those who are capable and harming those who are not

\*Should be allowed to make mistakes but this needs to be corrected at some point, who will step in when not working for some??

\*Community will not appreciate clients who are dirty, without proper clothing, who haven’t purchased necessities and hygiene products

\*Family could be involved but are often not, or there is no family

\*How will they get their money? Some clients are not capable of doing their own banking, have extreme anxiety about daily independent tasks and travelling, being in the community. This will increase anxieties and fear for some clients and we need to be sensitive to that issue and have a plan for those who will be negatively impacted by new practices. Prepare for full spectrum and how to best serve the CLIENT in all scenarios. What may benefit one, could hinder another.