

Meeting Agenda/Minutes

CSS Collaborative, Ontario East – 2026/09/17

Co-Lead (s)	Valerie Bishop DeYoung (co-lead)	NOTE TAKER:	Reem Haddad
	Nathalie Lafreniere (CSS Shared Resources, Ontario East, Regional Director) Attendees list	REGRETS:	Jennifer Lalonde, Stacey Moore,

ITEM#		ITEM DESCRIPTION	ITEM NOTES / ACTION / OUTCOME
1.0	WELCOME		
	1.1	Conflict of Interest Declarations	No conflict-of-interest declarations.
	1.2	Review of Agenda	Suggestion to add 4.2 Discussion Great Plains
2.0	HEALTH SYSTEM PARTNERS UPDATE		
	2.1	Ontario Health East Update	Ontario Health East Update (Shannon, Kasia, Navid) • ALS Self-Assessment Tool: Sent out over summer — great response, only 1 submission still outstanding from the East region. Required by the Auditor General to confirm HSP compliance with new ALS policy • Base Funding Update: Provincial methodology for CSS base funding allocation is still being worked out, no confirmed numbers yet. Expected approval timeline: November 2026 • One-time reallocation funding: OHE exploring expression of interest approach (same as previous years) for any unspent funds — not yet approved • Data Strategy: Work continues and is led provincially by Cecilia G at Ontario Health. Nathalie and other OE CSS representatives are part of this table.
	2.2	Ontario Health at Home	No representative from Ontario Health at Home.
	2.3	Ontario Community Support Coalition (OCSA)	OCSA Update — Patrick Boily (Day 4 back from leave) • Auditor General — Value for Money Audit: The Office of the Auditor General is now conducting a full sector-wide value for money audit on home care and community support services. OCSA has been interviewed and is working to ensure the AG understands the CSS sector properly

			• Enhanced Assisted Living Paper: Being launched soon, developed with Wood Green and Advantage Ontario. OCSA will present at the upcoming conference (nearly sold out) • Ontario Dementia Strategy/Framework: Ministry has engaged OCSA for feedback — meeting called for Tuesday with short turnaround. Documents to be shared for review. Important that CSS agencies participate or send feedback — ADP is barely mentioned in current draft Action — Nathalie: Follow up with AG team to flag the collaborative and its members as additional resources											
3.0	BUSINESS ARISING FROM PREVIOUS MEETING		CSS Collaborative Strategic Direction Endorsement Sept17 2026.pdf											
	3.1	Phase 3: Provider Priorities and Proposed Ontario East Strategic Direction	Strategic Directions — Proposed 4 Pillars (Nathalie): Based on discussions with the CSS Collaborative, 46 live poll responses during a CSS Ontario East Providers meeting and 22 follow-up survey responses from providers, the following 4 strategic directions were presented and formally endorsed by the Collaborative: <table><tr><th>Pillar</th><th>Outcome Goal</th></tr><tr><td>1. Demonstrate Impact</td><td>CSS impact clearly understood through consistent, reliable data supporting evidence-based decisions</td></tr><tr><td>2. Collective Voice</td><td>CCSN has a stronger, more unified voice and greater influence in the health system</td></tr><tr><td>3. Health System Partnerships</td><td>CCSN meaningfully included in health system planning and recognized as a key care pathway partner</td></tr><tr><td>4. Collective Capacity</td><td>CSS providers have greater shared capacity, knowledge, and readiness to respond to health system expectations</td></tr></table> Key discussion themes: • Sustainable base funding ranked #1 sector priority (91% of survey respondents) • Providers are NOT asking CSS Shared Resources to solve funding — they want tools, data, and infrastructure to make the case themselves • CSS is largely invisible to OHTs and primary care — critical opportunity to change this. • Nasser (new Data Analytics Lead, 5-year grant) is a key new resource available to support data and impact work		Pillar	Outcome Goal	1. Demonstrate Impact	CSS impact clearly understood through consistent, reliable data supporting evidence-based decisions	2. Collective Voice	CCSN has a stronger, more unified voice and greater influence in the health system	3. Health System Partnerships	CCSN meaningfully included in health system planning and recognized as a key care pathway partner	4. Collective Capacity	CSS providers have greater shared capacity, knowledge, and readiness to respond to health system expectations
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			- Community of practice idea raised — CSS agencies sitting at OHT tables should coordinate messaging - Leigh Couture suggested a sub-working group on health system partnership opportunities Vote:  All four strategic directions formally endorsed by the Collaborative. Action: Nathalie to present 4 strategic directions to James Fahey before October meeting. Nathalie with her team to develop draft operational plan with activities.
4.0	NEW BUSINESS		
	4.1	CSS Collaborative, TOR, Ontario East membership / Co-lead	Co-Lead Vacancy - Danielle has resigned as co-lead due to other pressures — Val is currently the sole co-lead - Call for volunteers: Anyone interested in co-lead role to contact Val or Nathalie - Suggestion raised for a 3-chair model to represent all 3 geographies (Champlain, Southeast, Central East). Terms of Reference Review Key suggestions raised: - Consider a 3-chair model to ensure all 3 sub-regions are represented - Clarify membership criteria and what each member represents - Establish a finance subcommittee process for budget accountability (Leigh — as transfer payment lead organization) - Nomination process already exists —
	4.2	Discussion/ Great Plains/	Great Plains Finance Software Phase-Out (2028) - Great Plains being retired in 2028 — Sandy Woodhouse raised concern about replacement - No coordinated provincial replacement plan expected - Alternatives mentioned: Sage (integrated with Dayforce), Alaya Care (integrated client and finance) Jennifer Hammond to send Sandy separate information on alternatives Monique: New Finance Manager being hired, will research and share findings.
5.0	NEXT MEETINGS		Ontario East CSS Providers meeting, 14th Oct, 2026. CSS Collaborative, Ontario East meeting, Nov 26th @ 2:00p.m. to 3:30p.m.