



HEALTH & HUMAN SERVICES COMMITTEE AGENDA

Thursday, February 25, 2021 at 1:00 p.m.

By video conference – The meeting will be live streamed on YouTube at the following link: <https://www.youtube.com/channel/UCCx9vXkywflJr0LUVkKnYWQ>

Land Acknowledgement Statement

Roll Call

Declarations of Pecuniary Interests

PUBLIC QUESTION PERIOD

Questions can be submitted to info@dufferincounty.ca or 519-941-2816 x2500 prior to 4:30 p.m. on February 24, 2021.

REPORTS

1. **HEALTH & HUMAN SERVICES – February 25, 2021 – ITEM #1**
Reallocation of Funding Notice

A report from the Administrator of Dufferin Oaks, dated February 25, 2021, to provide information around a notice received from the Central West LHIN regarding approval to reallocate funding for the 2020/21 year.

Recommendation:

THAT the report of the Administrator dated February 25, 2021 with regards to the Reallocation of Funding Notice be received;

AND THAT Council authorizes the Warden to sign the Reallocation of Funding Notice on behalf of Council for submission to the Central West LHIN.

2. HEALTH & HUMAN SERVICES – February 25, 2021 – ITEM #2
Declaration of Compliance

A report from the Administrator of Dufferin Oaks, dated February 25, 2021, to approve the signing of the Declaration of Compliance as required by Long Term Care Home Accountability Agreement.

Recommendation:

THAT the report of the Administrator of Dufferin Oaks dated February 25, 2021, regarding the Declaration of Compliance be received;

AND THAT Council authorizes the Warden to sign the Declaration on behalf of Council for submission to the Central West LHIN.

3. HEALTH & HUMAN SERVICES – February 25, 2021 – ITEM #3
Social Assistance Transformation

A report from the Director of Community Services, dated February 25, 2021, to share the plans for Social Assistance Transformation as released by the Ministry of Children, Community and Social Services (MCCSS),

Recommendation:

THAT the report of the Director, Community Services dated February 25, 2021, titled Social Assistance Transformation, be received.

4. HEALTH & HUMAN SERVICES – February 25, 2021 – ITEM #4
Ontario Health Team – Hills of Headwaters Collaborative Update

A report from the Director of Community Services, dated February 25, 2021, to provide an update on the progress of the Hills of Headwaters Collaborative and to request Council authorize the signing of their Collaborative Decision Making Agreement (CDMA).

Recommendation:

THAT the report of the Director, Community Services, titled Ontario Health Team – Hills of Headwaters Collaborative Update, dated February 25, 2021 be received;

AND THAT Council authorize the signing of the Hills of Headwaters Collaborative Ontario Health Team Collaboration Agreement.

5. HEALTH & HUMAN SERVICES – February 25, 2021 – ITEM #5
Quarterly Community Services Activity Report – Fourth Quarter 2020

A report from the Director of Community Services, dated February 25, 2021, to provide a summary of work undertaken by the Community Services Housing, Ontario Works and Children's Services Division.

Recommendation:

THAT the report of the Director, Community Services, titled Quarterly Community Services Activity Report – Fourth Quarter, 2020, dated February 25, 2021 be received.

6. HEALTH & HUMAN SERVICES – February 25, 2021 – ITEM #6
Dufferin County Vaccination Clinic Planning

A report from the Chief Administrative Officer, dated February 25, 2021 with respect to Dufferin County Vaccination Clinic Planning.

TO BE DISTRIBUTED WHEN AVAILABLE.

Next Meeting

Thursday, March 25, 2021 at 1:00 p.m.
Video Conference

REPORT TO COMMITTEE

To: Chair Ryan and Members of Health and Human Services Committee

From: Brenda Wagner, Administrator

Meeting Date: February 25, 2021

Subject: **Reallocation of Funding Notice**

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Inclusive & Supportive Community – support efforts to address current & future needs for a livable community

Purpose

The purpose of this report is to provide members of the Health and Human Services Committee information around a notice received from the Central West LHIN regarding approval to reallocate funding for the 2020/21 year.

Background & Discussion

Dufferin County Community Support Services provides quarterly updates to the Central West LHIN that outlines services provided to community members for programs funded through the Central West LHIN. Due to COVID-19, many of these programs, such as the Adult Day Program, Transportation and Community Bathing program, have either been unable to operate or have had their numbers drastically reduced. DCCSS reported a projected year-end surplus of \$195,000 in its 2020/21 Q3 interim report. From this surplus, the Central West LHIN has approved Dufferin County for a one-time reallocation of up to \$121,664 for the items listed below.

Description of Item	Allocation
Upgrade to existing Tub Room that supports bathing program for Adult Day Program, Community Referrals and Assisted Living Program	\$30,000
Wheelchair Accessible Van	\$50,000
Bridging You Home Program	\$41,664
Total	\$121,664

Financial, Staffing, Legal, or IT Considerations

By accepting this reallocation of funding, there will be an impact on the 2021 Capital Budget of approximately \$80,000.00 as the Tub Room and Wheelchair Accessible Van were both approved capital projects that will now be funded through the Central West LHIN.

Recommendation

THAT the report of the Administrator dated February 25, 2021 with regards to the Reallocation of Funding Notice be received;

AND THAT Council authorizes the Warden to sign the Reallocation of Funding Notice on behalf of Council for submission to the Central West LHIN.

Respectfully Submitted By:

Brenda Wagner
Administrator

Attachments:
Reallocation of Funding Notice – Appendix A

February 3, 2021

199 County Court Blvd.
Brampton, ON L6W 4P3
Tel: 905-796-0040
Toll Free: 1-888-733-1177
www.centralwestlhin.on.ca

199, boul. County Court
Brampton, ON L6W 4P3
Téléphone: 905-796-0040
Sans frais: 1-888-733-1177
www.rlisscentre-ouest.on.ca

Electronic Delivery Only

Mr. Kurtis Krepps
Manager
Dufferin County Community Support Services
167 Centre Street
Shelburne, ON
L9V 3R8

Dear Mr. Krepps:

Re: One-time Funding Request for 2020-21

Dufferin County reported a projected year-end surplus of \$195,000 in its 2020/21 Q3 interim report. From this surplus, I am pleased to approve Dufferin County for a one-time reallocation of up to \$121,664 for the items listed below. Central West LHIN (LHIN) will process a one-time recovery of \$50,000.

Short Description of Item	Allocation
Dufferin County:	
Upgrade to existing Tub Room that supports bathing program for Adult Day Program, Community Referrals and Assisted Living Program	\$30,000
Add Wheelchair Accessible Van to Transportation Program	\$50,000
Total	\$80,000
For Lord Dufferin:	
PSW April-March *	\$41,664
Grand Total	\$121,664

*see below chart

Lord Dufferin Funding Details:

Description	April	May	June	July	August	SubTotal	Sept	Oct	Nov	Dec	Jan	Feb	March	Subtotal	Grand Total
# of Clients Served	6	6	6	6	5	29	5	5	5	5	5	5	5	35	64
Hours per Week per Client	36	36	34.25	35	29		25	23	23	23	23	23	23		
# of Weeks	2	4	4	5	4		5	4	4	5	4	4	4		
Rate	31	31	31	31	31		31	31	31	31	31	31	31		
Cost	\$ 2,232	\$ 4,464	\$ 4,247	\$ 5,425	\$ 3,596	\$19,964	\$ 3,875	\$ 2,852	\$ 2,852	\$ 3,565	\$ 2,852	\$ 2,852	\$ 2,852	\$ 21,700	\$ 41,664

This approval will be contained within the 2020/21 allocation. It is understood that this allocation will not impact Dufferin County's ability to deliver planned services, nor will this approval have any effect on future funding approvals.

Dufferin County will maintain financial records for this funding. Any funds not used for the intended purpose without the approval of the LHIN are subject to recovery. Please note, that a full accounting and reconciliation of the funding will be required and the LHIN or the Ministry of Health will recover surplus funds.

All purchases are subject to procurement guidelines and policies as per SAA.

The LHIN hereby gives notice that, subject to Dufferin County's agreement, it proposes to amend the Multi-Sector Service Accountability between CCS and the LHIN the ("M-SAA") with effect as of the date of this letter.

Please indicate Dufferin County's acceptance of the funding adjustment, the conditions on which it is provided, and Dufferin County's agreement to the amendment of the M-SAA by signing the attached and returning one copy of this letter to the LHIN at (cwdocuments@lhins.on.ca) by **February 4, 2021**.

Should you have any questions, please contact Ivan Todorov, Manager, Funding and Allocation, at Ivan.Todorov@lhins.on.ca.

Sincerely,



Brock Hovey
Vice President, Corporate Services, Accountability & Quality (Central West LHIN)
Interim CFO & Vice President, Finance, Performance and Corporate Services
(Mississauga Halton LHIN) Ontario Health (Central)

C: Donna Cripps, Interim CEO, Central, Central West, Mississauga Halton & North Simcoe Muskoka LHINs, Transitional Regional Lead, Ontario Health (Central)

AGREED TO AND ACCEPTED BY:

Dufferin County, 2020/21 One-time Recovery of \$50,000.

By:

Pam Hillock, County Clerk
I have the authority to bind Dufferin County

Date: _____
mm/dd/yy

And By:

Darren White, Warden
I have the authority to bind Dufferin County

Date: _____
mm/dd/yy

REPORT TO COMMITTEE

To: Chair Ryan and Members of Health and Human Services
Committee

From: Brenda Wagner, Administrator

Meeting Date: February 25, 2021

Subject: **Declaration of Compliance**

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is to approve the signing of the Declaration of Compliance as required by Long Term Care Home Accountability Agreement.

Background & Discussion

As a requirement of the Local Health System Integration Act, 2006, each health service provider funded by the LHIN (Local Health Integration Network) must enter into a service accountability agreement with the LHIN in order to receive funding. The current Long Term Care Home Service Accountability Agreement (L-SAA) 2019-2022 requires that each health service provider sign and submit a Declaration of Compliance after the completion of every funding year during the Agreement. The Declaration is a standard form that was included as Schedule E in the Long Term Care Home Service Accountability Agreement. The Declaration confirms to the LHIN that the health service provider has fulfilled its obligations under the Long Term Care Home Service Accountability Agreement, is compliant with the terms of the Local Health System Integration Act and has accurately completed all required reporting.

The Declaration of Compliance for Dufferin Oaks is attached and the LHIN requires that an individual be authorized by Council to make the Declaration on the Council's behalf.

Financial, Staffing, Legal, or IT Considerations

At this time there are no Financial, Staffing, Legal, or IT Considerations

Recommendation

THAT the report of the Administrator of Dufferin Oaks dated February 25, 2021 regarding the Declaration of Compliance be received;

AND THAT Council authorizes the Warden to sign the Declaration on behalf of Council for submission to the Central West LHIN.

Respectfully Submitted By:

Brenda Wagner
Administrator

Attachments:
Declaration of Compliance

DECLARATION OF COMPLIANCE

Issued pursuant to the Long Term Care Service Accountability Agreement

To: **The Board of Directors of the Central West Local Health Integration Network** (the "LHIN").
 Attn: Board Chair.

From: **Corporation of the County of Dufferin - Dufferin Oaks Home For Senior Citizens** (the "HSP").

Date: **February 25, 2021**

Re: January 1, 2020 – December 31, 2020 (the "Applicable Period")

The Committee of Management has authorized me, by resolution dated February 25, 2021 to declare to you as follows:

After making inquiries of Brenda Wagner, Administrator of Dufferin Oaks, and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Committee's knowledge and belief, the HSP has fulfilled its obligations under the long term care service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that:

- (i) it has complied with the provisions of The *Local Health System Integration Act, 2006*: and with any compensations restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2019.

Darren White, Warden

REPORT TO COMMITTEE

To: Chair Ryan and Members of the Health and Human Services Committee

From: Anna McGregor, Director of Community Services

Meeting Date: February 25, 2021

Subject: **Social Assistance Transformation**

In Support of Strategic Plan Priorities and Objectives:

Good Governance - ensure transparency, clear communication, prudent financial management

Inclusive and Supportive Community – support efforts to address current and future needs for a livable community

Purpose

This report shares with Council details recently released by the Ministry of Children, Community and Social Services (MCCSS) on the plans for Social Assistance Transformation.

Background and Discussion

On February 11, 2021 Minister Smith announced Ontario's new vision for social assistance. The renewed system, it is hoped, will be designed to help more people move towards employment and independence.

Ontario's social assistance programs play a key role in supporting Ontarians in need. Programs like Ontario Works (OW) and the Ontario Disability Support Program (ODSP) are critical to helping those who have lost their jobs or are unable to work.

However, both the Provincial Government and local Service Managers recognise the system itself faces challenges that limit its ability to help people get back on their feet.

Change is Needed

Social Assistance has for several years been the focus of attention, with the Provincial government wanting to make it work better for those who receive it. Details on previous changes can be found in CS 2019-01-24 Provincial Program Changes Impacting Community Services and CS 2019-04-23 Provincial Changes Update.

In reviewing how the social assistance system can better support those in need, the Provincial Government found many of its processes are too bureaucratic, too paper-heavy, and more focused on enforcement and technical aspects than actually helping people improve their lives. The COVID-19 pandemic has exacerbated those challenges.

Collaboration

Service Managers will be partners in the design and implementation of what is hoped will be a modern, sustainable system that connects people to the supports they need. To facilitate that collaboration the Province established the Provincial-Municipal Social Assistance and Employment Committee (PMSAEC). This table has representation from all of 47 Service Managers in Ontario.

The current anticipated plan is documented on the attached "SA Vision Placemat" and "SA Vision Q&A".

While this plan identifies a path forward, it is the start of collaboration. The Provincial-Municipal Social Assistance and Employment Committee (PMSAEC) will work to refine details of the co-design process to support a better understanding of how the Province and the Service Managers will collectively work together over the coming months.

This co-design process will occur at the same time as Employment Services Transformation. (Report CS 2019-06-27 Employment Services Transformation) where the Province plan to integrate social assistance employment services into Employment Ontario under one Service System Manager (SSM) model, grouped by Economic Regions.

In July 2019, the government announced three catchment prototype areas, Hamilton-Niagara, Muskoka-Kawarthas and Peel Region. The new Service System Managers (SSMs) for those regions are: a consortium led by Fedcap for Hamilton-Niagara Peninsula; Fleming College for Muskoka-Kawarthas; and WCG, part of the APM Group for Peel. (No Municipal entities were selected to be SSMs for the prototype areas.)

Employment services across the rest of the province will gradually move to the new system over the next few years as Social Assistance Transformation also takes place.

Financial, Staffing, Legal, or IT Considerations

The plan for transformation is ambitious. It requires significant consideration of how to realign roles and responsibilities to best support clients. It will also involve legislative and regulatory changes to enable greater flexibility in decision making and service delivery, as well as a new approach to funding. None of those details are known at this time.

Recommendation

THAT the report of the Director, Community Services dated February 25, 2021, titled Social Assistance Transformation, be received.

Respectfully Submitted By:

Anna McGregor
Director, Community Services

Attachments:
SA Vision Placement
SA Vision Q&A

A working vision for social assistance

Vision:

To create an efficient, effective and streamlined social services system that focuses on people, providing them with a range of services and supports to respond to their unique needs and address barriers to success so they can move towards employment and independence.

How we will realign:

Province

Delivers:

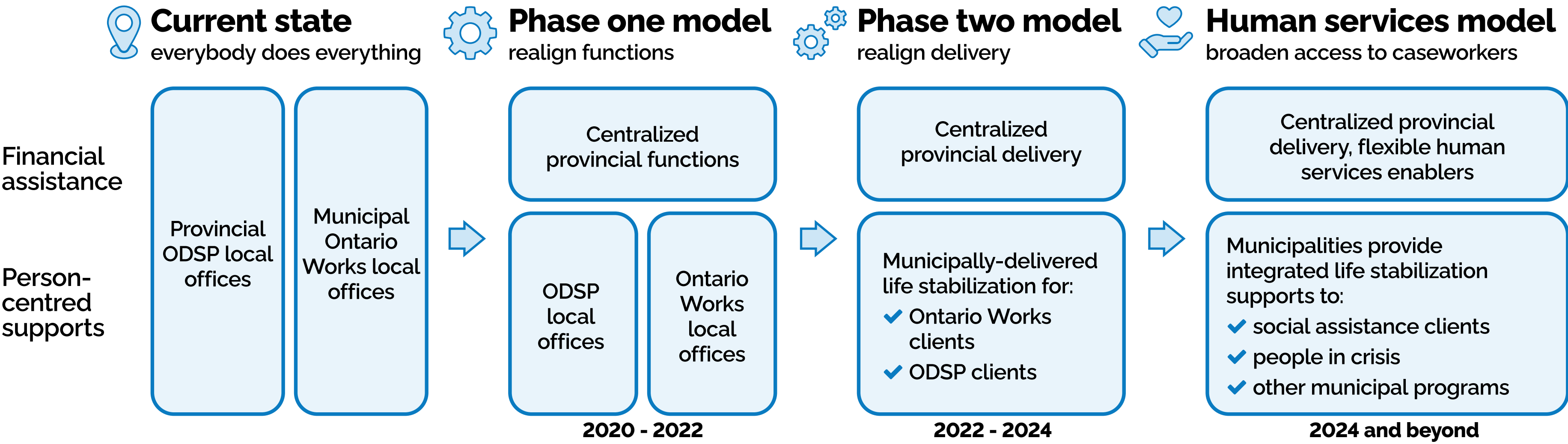
- ✓ Centralized financial assistance
- ✓ Financial controls and back-office functions suited to centralization or automation

Municipalities

Delivers:

- ✓ Life stabilization – including needs assessment, service planning, warm referrals, discretionary benefits
- ✓ Person-centred, connected supports, and navigation of broader system (e.g., housing, employment, mental health)

How we will evolve over time:



Integrated client services:

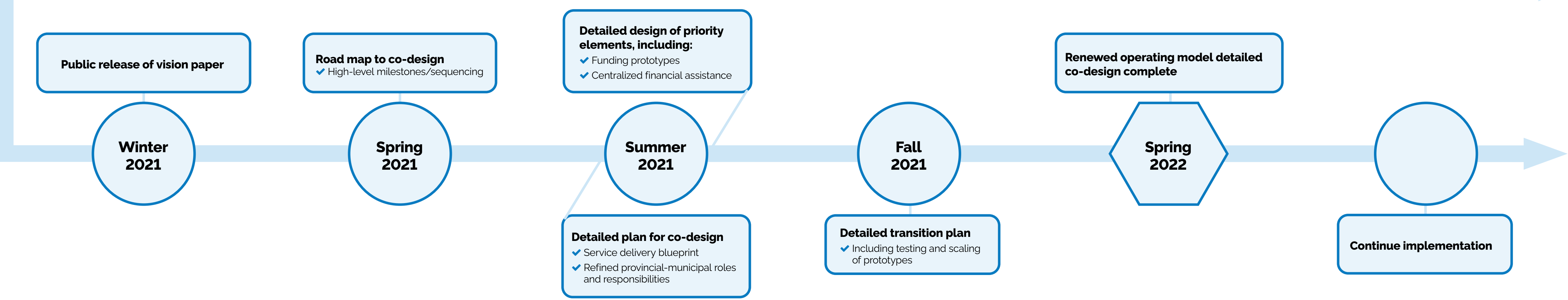


Social assistance: where we're headed

In the short term: co-designing a renewed operating model

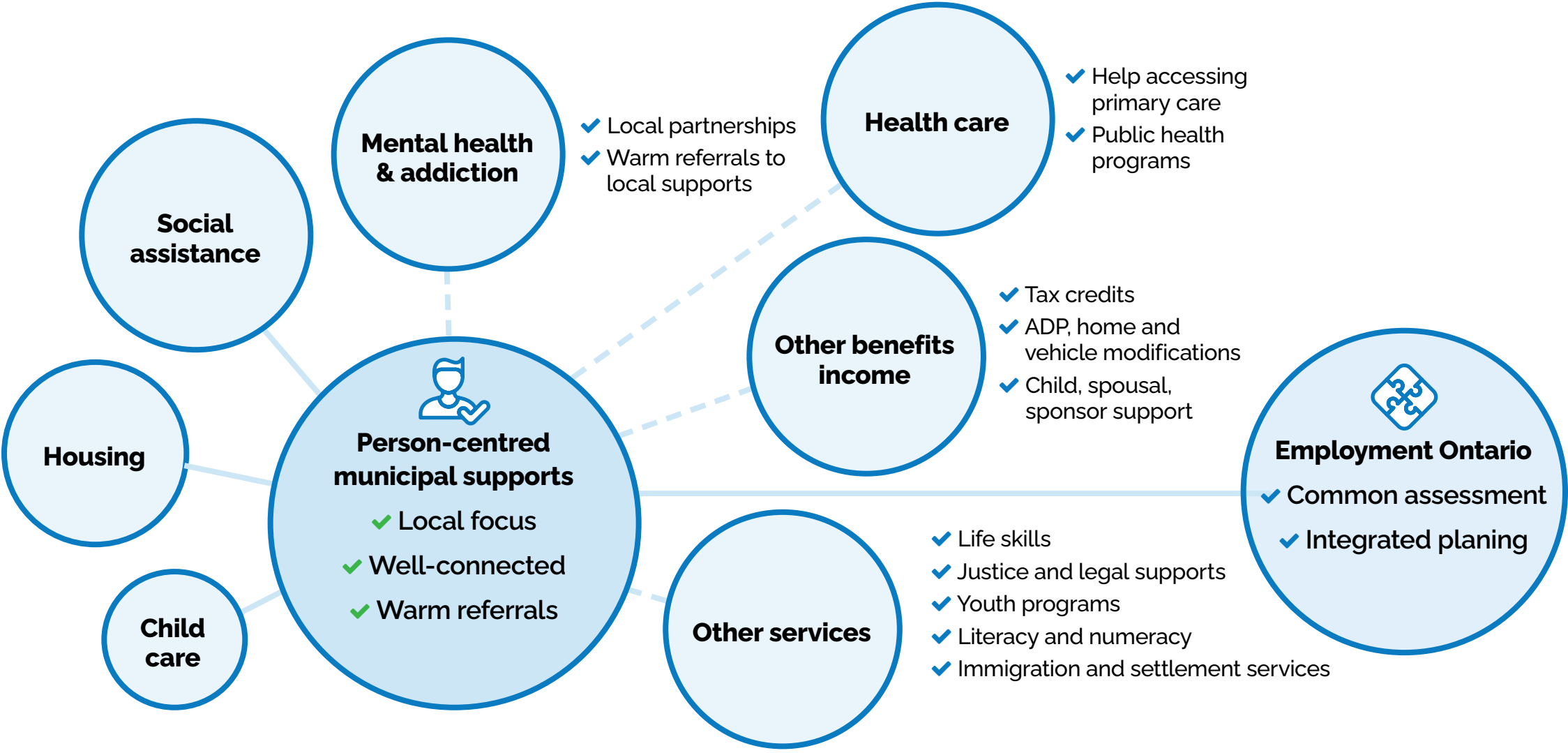
Prototype and implement: developing centralized provincial functions, starting with intake, and tools and processes to support life stabilization

Co-design: engaging to design key operating model layers, provincial and municipal functions, principles and processes



In the long term: moving to a human services delivery model

- ✓ In the human services model, benefits like social assistance become “tools” in the caseworker toolbox, as opposed to the other way around
- ✓ Caseworkers are knowledgeable about the broader system of benefits and supports, and can guide people to the supports they need – whether Ontario Works or something else
- ✓ People seeking help are triaged by municipal caseworkers, supported as needed, and potentially diverted from social assistance



Ministry of Children, Community and Social Services
Social Assistance Recovery and Renewal
Questions and Answers for Stakeholders and Partners

General

1. Why does the social assistance system in Ontario require transformation?

The COVID-19 outbreak has shown us a new approach is needed now more than ever - more Ontarians are looking to us for help with basic needs, to stabilize their family's lives, and to get back to work and financial security. Now is the time to build on the learnings from COVID-19 and work to fundamentally change how we deliver services.

Ontario finds itself at a critical juncture, with uncertainties about what economic recovery will look like for our most vulnerable. Ontario's social assistance system must be ready to focus on supporting people back into towards employment, independence and stability.

The new vision for social assistance aims to create an efficient, effective and streamlined social services system that focuses on people, connecting them with a range of services and supports to respond to their unique needs and address barriers to success. It is a critical enabler to a whole-of-government approach to accessing human services that will not only help more people succeed in employment, but also support better outcomes in other areas of life, like health and education. The pandemic has caused a protracted economic downturn and for some, a longer than expected absence from employment and as such, it will take an all of system approach to achieve economic recovery and supporting people back into jobs. That is why we need to act now and accelerate work towards this critical transformation to support Ontario's economic recovery.

2. What will the roles of the province, and municipalities and DSSABs be in the new vision?

At the core of this plan is a new delivery model for social assistance that looks at provincial and municipal roles - not along the traditional program lines of Ontario Works and ODSP, but around who can best provide the service to get the best results.

The premise of the vision is for the province to automate, streamline and realign functions that are largely administrative (e.g., provision of financial assistance),

making it quick and easy for people to access the system while ensuring program integrity.

At the same time, municipal partners will use their expertise in delivering person-centred casework and knowledge of local community supports to provide all of the activities that support people on a pathway to greater independence and employment.

We will start by exploring how to realign ‘who does what’, designing with our municipal partners a phased multi-year plan that will transform the delivery of social assistance in Ontario. Broad engagement, testing and prototyping, and appropriate phasing will be key.

3. Why is there a focus on realigning provincial and municipal roles and responsibilities?

In the current state, we know that programs are hard to navigate, and many clients are unable to access the broader system of supports they need. By working with other ministries to build better connections between programs, Ontarians will better be able to access the supports they need.

We envision a human services model where:

- people can access support to stabilize their lives before and after someone qualifies for social assistance
- supports across the system are better aligned and integrated where possible
- social assistance is just one of many tools available to help people improve their quality of life

This system will allow caseworkers to focus on results for people, rather than on paperwork, helping those people who can get back to work and support the Province’s economic recovery.

The changes will support us achieving this vision by allowing the province to leverage its ability to provide a consistent, efficient, cost-effective, and technology-based administrative system. It will also allow municipalities and DSSABs to leverage in-depth knowledge of local communities to help build a life stabilization framework that works at the local level.

This builds on our continued focus on the integrity and sustainability of social assistance programs. By specializing based on function rather than program, we increase the efficiency, integrity and effectiveness of the overall system and free up

space to enable us to provide the level of service people need to make a difference in their lives.

4. How will other ministries be involved in this process?

Work is underway with other ministries to build better connections between programs so Ontarians can access the supports they need. Taking a whole-of-government approach will not only help more people succeed in employment, it will also support better outcomes in other areas of life, like health and education.

We will work across government to engage partner ministries to collaborate and align on pieces of this work.

5. Where and when are these changes taking effect?

These changes will take effect over the next several years in phases.

We are working with municipalities and DSSABs to co-design and implement a plan that will gradually transform the delivery of social assistance across Ontario, beginning with co-designing a new operation model and consolidating financial assistance.

In general, 2021 and 2022 will be largely “learning and testing years,” as multiple projects are being prototyped, iterated and evaluated starting with a small sample of local offices and gradually expanding into more offices.

By the end of 2022, we hope to have reached full consolidation of financial assistance, and by 2024, we hope to begin rolling out a new human services model.

6. How will municipalities and DSSABs deliver life stabilization supports?

As the ministry seeks to improve client outcomes and relieve administrative burden for local office staff, life stabilization will become the foundational and measurable component of supporting a client’s progress towards employment.

The province, municipalities and community at large must all work together to help stabilize people’s lives and better employment outcomes for those who need help. The new vision is a starting point for further discussion among all sectors. The Province will continue to work with our municipal and DSSAB partners to engage with clients, staff, the community and those who will be an essential part of this transformation.

The province has been working with municipalities and DSSABs to develop a life stabilization framework and to work through what supports and changes are needed

and how we will continue to support clients to help them prepare for participation in employment activities.

7. Given the current COVID-19 emergency, why isn't the government raising social assistance rates?

The amount of financial assistance a person may be entitled to will depend on their individual circumstances including their income, expenses and family composition.

During the COVID-19 pandemic, the government has made significant additional investments through the Social Services Relief Fund, so that shelters, food banks, charities, non-profits and municipalities will have access to flexible funding to help cope with growing demands and extraordinary circumstances.

We are working with our municipal partners on developing a social assistance system that is modern, sustainable, and connects people to the supports they need to help them on a path to greater independence and employment. Our plan will see people on social assistance achieve independence and financial resilience through a network of supports that are right for them and their communities.

It's a long road ahead and we continue to build on the work we are doing to transform employment services in Ontario, streamline processes to make it easier for people to connect to the services they need, and refocus the efforts of caseworkers to provide one-on-one help to those who need it in this difficult time.

8. Are ODSP and Ontario Works being merged into one program?

No, the ministry is not combining the Ontario Works and ODSP programs. These programs remain distinct programs with different policy objectives. We are realigning the work that is done in both programs along functional lines to enhance effectiveness and efficiency.

Ontario Works

9. How was this vision developed?

Municipal and district partners, such as the Provincial Municipal Social Assistance and Employment Committee, the Association of Municipalities of Ontario and the City of Toronto, have been key partners in the development of this work and will continue to be engaged, along with other stakeholders and partners, as this work moves forward.

This new vision builds on the conversations that have been ongoing at various tables with municipal and DSSAB partners for a number years and learnings from previous reform plans and efforts, as well research in this sector including the Lankin and

Sheikh 2012 Report to MCCSS by the Commission for the Review of Social Assistance in Ontario: [Brighter Prospects: Transforming Social Assistance in Ontario](#) and the more recent Maytree [Report on System Transformation in Ontario Works](#). Both of these reports focus on the importance of aligning and integrating human services around locally delivered services and a person-centred approach.

The new vision for social assistance also takes into consideration the recommendations from the Auditor General, which highlighted the need to focus administration and strengthened program integrity.

While this plan identifies a path forward, it is the start of collaboration, not the end. The Province will continue to work closely with its municipal delivery partners – and with others – to refine the plan to create a better system for Ontarians.

10. What is in scope for co-design and who will be engaged?

We are committed to working collaboratively to co-design throughout the transformation process. Leveraging the capacity and expertise of the province and municipalities and DSSABs is central to developing a system that meets the needs of social assistance clients.

The co-design process will focus on developing a new operating model for social assistance, including roles and processes, the new human services approach, and funding, performance and accountability frameworks.

Representatives from across the social assistance and human services sector in Ontario will all have a role to play in the co-design process. This includes municipalities and DSSABs, partners across the provincial government, frontline staff, client groups, community organizations, disability organizations, urban Indigenous partners and other key partners.

As we consider the broader human services system and navigation of services to support life stabilization, sectors beyond social assistance will also be included as necessary (e.g., housing, child-care, mental health and addictions).

11. How will municipalities be engaged on co-design and implementation?

The Province will work with municipalities and DSSABs to set the stage for system transformation that drives outcomes, accountability and system performance.

This work will take place through channels such as the Provincial-Municipal Social Assistance and Employment Committee (PMSAEC), PMSAEC subcommittees and the Provincial Municipal Human Services Collaborative (PMHSC). PMHSC will be a forum to share information and receive early input from

municipal and DSSAB partners into the design process. PMSAEC is working to refine a detailed co-design plan that will provide clarity as to how different delivery partners and stakeholders will be able to participate.

We are committed to prototyping as much as possible, and the evidence from these prototypes will inform how we proceed as we work together to transform the social assistance system. Municipalities and DSSABs will also be involved in prototyping a range of initiatives including the Employment Services Transformation and centralized intake prototypes that are already underway.

12. Do these plans apply to First Nations Ontario Works delivery partners?

No. In recognition of their unique needs and priorities, the province will work with First Nations delivery partners, including at the MCCSS-First Nations Joint Social Services Table on a separate plan to renew social assistance in First Nations communities.

13. How will Ontario Works applicants and clients be informed of any potential impacts?

Clients will be contacted by their local office as needed, and we will utilize the MCCSS website and social media to ensure clients are made aware of any changes as they take place.

The province will work closely with municipalities and DSSABs at the Provincial Municipal Social Assistance Employment Committee to plan communications in a coordinated and aligned way.

14. How do these changes fit with the Employment Services Transformation in Ontario Works prototype offices?

The new vision for social assistance builds on work that is currently underway to transform employment services in Ontario, starting with three prototype sites.

In the prototype sites, municipalities are now focused on life stabilization activities, and these prototypes will help inform how life stabilization is delivered.

15. When will EST be rolled out province-wide? When will municipalities and DSSABs be informed?

EST is currently in the prototyping phase as MTLSD monitors and evaluates the prototypes. Lessons learned from the prototype regions will be applied to the future roll-out across the province.

Once timelines for full provincial implementation have been established, they will be communicated with to partners and stakeholders. The ministry remains committed to providing regular communications to help our partners and stakeholders understand and prepare for any changes.

16. Will funding for municipal and district delivery agents be affected?

As transformation of both employment services and social assistance delivery proceeds, the funding model will evolve alongside the shifts in roles and responsibilities.

The co-designed system will include a new approach to funding and a new performance and accountability framework. The province and municipalities will work together to develop a funding approach that addresses administrative costs appropriately and realigns any municipal and provincial savings.

17. Who should municipalities and DSSABs contact if they have questions or concerns?

For program-specific questions, please contact your program supervisor.

Ontario Disability Support Program

18. How will this vision affect people with disabilities?

Streamlining and automating financial assistance and expanding digital and self-serve options will allow us to redirect resources to provide more life stabilization supports to people with disabilities. The new vision for the social assistance system where municipalities deliver life stabilization supports has the potential to provide a significant benefit to Ontarians with disabilities.

There is no immediate impact to the way ODSP clients access services, except for previously announced life stabilization supports being prototyped in the Employment Services Transformation (EST) prototype sites.

19. How will ODSP clients be informed of any potential impacts?

Clients will be contacted by their local office as needed. We will also use the MCCSS website and social media to ensure clients are made aware of any changes as they take place.

To support further communication, we will also work with municipal service managers to share information and resources with community services agencies and networks.

20. How will this impact ODSP local offices and their staff?

Today's announcement is introducing the long-term vision for social assistance transformation, that will happen in phases, taking place over several years. There are no immediate changes within ODSP or to the way clients currently access ODSP.

REPORT TO COMMITTEE

To: Chair Ryan and Members of the Health and Human Services Committee

From: Anna McGregor, Director of Community Services

Meeting Date: February 25, 2021

Subject: **Ontario Health Team – Hills of Headwaters Collaborative Update**

In Support of Strategic Plan Priorities and Objectives:

Good Governance - ensure transparency, clear communication, prudent financial management

Inclusive and Supportive Community – support efforts to address current and future needs for a livable community

Purpose

The purpose of this report is to provide an update on the progress of the Hills of Headwaters Collaborative and to request Council authorize the signing of their Collaborative Decision Making Agreement (CDMA).

Background and Discussion

On December 6, 2019, the province formally announced the Hills of Headwaters Collaborative as one of the first 24 Ontario Health Teams (OHT). When announced, many of the Hills of Headwaters Collaborative partners were already working with one another to create a local system designed with patients, families, caregivers and providers to meet the needs of the Dufferin and Caledon communities. Working together under the umbrella of an Ontario Health Team reinforced their culture of collaboration. For more details see report CS 2020-01-23 Ontario Health Team – Hills of Headwaters Collaborative.

The Hills of Headwaters Collaborative is a collection of health, social care organisations and providers working together to improve the overall well-being of Dufferin and Caledon. It includes family physicians, long term care facilities, home and community care providers, Headwaters Health Care Centre and a long list of other health and social service providers, together with patients, families and caregivers within the Dufferin and Caledon communities.

The County of Dufferin are involved in various areas, for Dufferin, including Community Services, County of Dufferin Paramedics and the Dufferin Oaks Long Term Care Home. At this time, the Region of Peel is not actively involved with respect to these service in Caledon.

What is the Collaborative Decision-Making Agreement (CDMA)?

Collaborative decision making agreements are arrangements that enable leaders from multiple organisations to successfully engage in deliberative, consensus oriented, collective decision making to achieve shared goals, accountabilities, and opportunities for improving patient care.

Establishing effective Ontario Health Team collaborative decision making arrangements will be crucial to advancing integrated care to the levels of integrated funding, integrated accountability structures, and integrated performance management and quality improvement measures. It is expected that collaborative decision making arrangements will evolve as Ontario Health Teams develop, expand, and mature.

Who Signs the CDMA?

The Ministry of Health (MOH) asked that Ontario Health Teams complete and sign a CDMA attestation document. The attestation document states that Ontario Health Teams must develop and document their own CDMA.

The CEO of Headwaters and Co-Chair of the Hills of Headwaters Collaborative signed the CDMA attestation document on behalf of the Collaborative which was discussed in a meeting and confirmed via email by all partners. It was determined that by September 30, 2020 enough progress had been achieved on the Hills of Headwaters Collaborative CDMA and that it would be completed and ready to share with all partner Boards of Directors and Councils by the end of October 2020.

All partners of the Hills of Headwaters Collaborative (County of Dufferin is one of many) would be signing the CDMA as a Team Member, agreeing to the same terms.

See the attached Hills of Headwaters Collaborative Ontario Health Team Collaboration Agreement.

By signing the CDMA, all partners are jointly committing to:

- The shared vision, values and guiding principles of the Hills of Headwaters Collaborative
- Work with each other to achieve the Shared Objective and to endeavour to eliminate, minimise or mitigate any conflict between the Shared Objectives and any of their other contractual and service obligations and relationships
- Work with each other towards opening communication channels with other potential team members, and towards the concept of representative networks
- Adhere to the provisions of the CDMA with respect to information sharing, transparency, privacy and confidentiality
- Participate in the collaborative decision making structures described in the CDMA, and acknowledge the Collaboration Council and its decision making authority as described in the CDMA
- Receive funding or participate in fees/other participation which may, with appropriate consultation and agreement with Team Members, be determined by the Collaboration Council to be necessary in future
- Give notices to the Collaboration Council and other Team Members as are required under the Framework in respect of involuntary or voluntary integrations or other corporate restructurings
- Commitments are geared towards continuing the development of the Hills of Headwaters Collaborative
- The CDMA is not intended to be a legally binding document, and while organisations are committing themselves to the points outlined above, there is no legal liability for not following through

Moving Forward

It has been made clear by the Ministry of Health that the goal for Ontario Health Teams in the future is to become their own entities. At this time, there are no timelines provided as to when that may occur. The Hills of Headwaters Collaborative will receive Ministry funding to fund projects until March 31, 2022.

On February 16, 2021 the Hills of Headwaters Collaborative announced the appointment of Alexander (Alex) Lim as its Transformation Lead.

As Transformation Lead, Alex Lim will lead the creation and implementation of an organisational framework which supports improved models of care that are patient centred, efficient and simplified for patients and providers within the region.

Financial, Staffing, Legal, or IT Considerations

County staff from Community Services, County of Dufferin Paramedics and Dufferin Oaks Long Term Care Home are already involved with and attend various meetings both for the Hills of Headwaters Collaborative Leadership group and various working groups. At this time no other resources are required.

Recommendation

THAT the report of the Director, Community Services, titled Ontario Health Team – Hills of Headwaters Collaborative Update, dated February 25, 2021 be received;

AND THAT Council authorize the signing of the Hills of Headwaters Collaborative Ontario Health Team Collaboration Agreement.

Respectfully Submitted By:

Anna McGregor
Director, Community Services

Attachments:

Hills of Headwaters Collaborative Ontario Health Team Collaboration Agreement

HILLS OF HEADWATERS COLLABORATIVE ONTARIO HEALTH TEAM

COLLABORATION AGREEMENT

September 30, 2020

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HILLS OF HEADWATERS COLLABORATIVE ONTARIO HEALTH TEAM COLLABORATION AGREEMENT

This **COLLABORATION AGREEMENT** is made effective as of September 30th, 2020.

BETWEEN AND AMONG the Team Members who have signed it.

BACKGROUND and PURPOSE:

- A. The Organizations and Individuals (“Team Members”) who have signed this Agreement wish to be designated as the Hills of Headwaters Collaborative Ontario Health Team (“HOH-OHT”), an Ontario health team currently under formation and approved to proceed to full application to become a designated Ontario Health Team recognized by the Minister of Health under the *Connecting Care Act, 2019*.
- B. The Team Members have agreed to work together to achieve their shared vision of providing a continuum of integrated health care and support services to the persons to whom they provide care and services, predominantly in the geographic areas of the County of Dufferin and in Caledon, the northerly portion of the Region of Peel, as the Ministry of Health has allocated specified populations to it (“Dufferin-Caledon”).
- C. The Purpose of this Agreement is to:
 - (i) set out and govern how the Team Members will work together before designation as an Ontario Health Team;
 - (ii) establish a collaborative council (“Collaboration Council”) and other organizational structures to enable the work of the Team Members to fit for the purpose of achieving their Shared Vision, Guiding Principles and Commitments as set out in this Agreement; and
 - (iii) set out the rights and commitments of Team Members, with recognition by the Team Members that this Agreement is a transitional organizing document intended to serve its stated purposes as an interim step in the process of the HOH-OHT moving towards designation as an Ontario Health Team, likely to be in place for a few years at most or as may be determined is most fitting and useful, anticipated to be amended over time as the HOH-OHT organizes further and to be replaced with other appropriate organizing documentation at a point prior to greater operational integration and/or financial integration.

FOR VALUE RECEIVED, the Team Members agree as follows:

ARTICLE 1 – INTERPRETATION

1.1 Definitions. In this Agreement:

- (a) **“Agreement”** means this collaboration agreement, and includes all schedules, as amended from time to time.
- (b) **“Confidential Information”** means information of a Team Member that by its nature is confidential and proprietary but does not include information that:
 - (i) was known to or received by the receiving Team Member before its receipt from the disclosing Team Member (unless acquired on a confidential basis), and such knowledge or receipt is documented);
 - (ii) was public knowledge at the time received by the receiving Team Member or later became public knowledge through no fault of the receiving Team Member; or
 - (iii) was independently developed by a Team Member without reference to the Confidential Information previously disclosed by a Team Member.
- (c) **“Participants”** means those entities that are parties to a Project Agreement but that are not Team Members.
- (d) **“Project”** means the work associated with improving health and related social care for the HOH-OHT’s chosen priority populations. First year Projects at time of signing are planned to be: (1) Mental Health and Addictions, (2) Palliative Care and, (3) Complex Vulnerable Patients.
- (e) **“Project Agreement”** means any agreement executed by the participating Team Members and, where applicable, Participants, that sets out the details and work plan about a specific Project.
- (f) **“Team Members”** means the signatories to this Agreement.
- (g) **“HOH-OHT”** means the Hills of Headwaters Collaborative Ontario Health Team, comprised of the Team Members.

1.2 Non-Derogation. Nothing in this Agreement shall derogate from a Team Member’s ongoing autonomy of its board of directors, or its right to safeguard the quality of health services provided by it, or to exercise its respective rights and meet its respective responsibilities under applicable laws and any government funding agreements. This Agreement shall not create legally binding obligations between Team Members or by any Team Member to third parties. This Agreement does not set precedent for the future or for future agreements.

ARTICLE 2 – SHARED VISION, GUIDING PRINCIPLES, VALUES AND COMMITMENTS

2.1 Shared Vision. The Team Members share the following vision for the HOH-OHT:

To create one community working together to improve the health and well-being of everyone who lives and provides care across Dufferin-Caledon.

2.2 Guiding Principles. The Team Members are committed to the following guiding principles for the HOH-OHT, set out in the following Relationship Charter:

Relationship Charter: Expectations	Description and Guiding Principles
Constructive and transparent communication	<ul style="list-style-type: none">• We will communicate frequently, openly and honestly with each other.• We will provide a forum for discussion and be open to each other's operating environment.• We will communicate in advance of changes, updates (i.e., "no surprises").• We will develop shared strategies and will not discuss sensitive issues with individuals outside of the relationship.• We will ensure that as members, our respective organizations will be kept up-to-date on sub region discussions, decisions and action items.• We will respect the diversity of cross-cultural communication styles so a safe space is enabled for free generative thinking.
Commitment and Responsibility	<ul style="list-style-type: none">• We will ensure that the leaders, executive staff or an assigned delegate with decision-making power is in attendance of meetings.• We are committed to consistent participation, aiming for a minimum of 75% attendance in a given year.• We will take responsibility to proactively review materials for upcoming meetings and meetings that have been missed.• We will not allow current funding agreements to be a barrier to actively working together on innovative solutions.

Highly cooperative and collaborative	<ul style="list-style-type: none"> • We will jointly identify initiatives and assume responsibility for action. • We will ensure that system and patient interests are prioritized over organizational commitments. • We will look for win-win situations. • We will work together to solve problems. • We will incorporate and strengthen inclusiveness and equity in collaborative discussions.
Healthy Conflict Resolution	<ul style="list-style-type: none"> • We recognize conflict as natural and will focus on solving the problem collaboratively whenever possible, not apportioning blame. • We will approach problem resolution with mutual understanding, empathy and respect, recognizing expertise and consulting appropriately. • We will share risk and responsibility while acting in ways that are best for the patient. • We will resolve conflict by following the defined resolution process. • Further detailed in Schedule 2.
Continuous improvement driving quality patient care and innovation in delivery of services	<ul style="list-style-type: none"> • We will focus on improving population health outcomes with a systems-based approach that ensures the interests and perspectives of the patient are integrated into solutions. • We will use evidence-informed decision making and leverage leading practices as a collaborative and as a system to drive innovation and continuous improvement in the quality of patient care. • With input from patients, caregivers and partners, we will assess local population health needs, patient access and wait times and the capacity of health providers to serve the community. • We will build a culture of openness where we are encouraged to speak up and offer a forum for new ideas and generative thinking.
Seek efficiency while evaluating quality, time, cost parameters	<ul style="list-style-type: none"> • We will strive to build capacity whenever possible without sacrificing patient outcomes. • We are committed to using health care resources in a sustainable, effective, and efficient way that demonstrates quality and value to the community.

2.3 Values. The Team Members endorse the following values for the HOH-OHT:

- (a) The Values of the HOH-OHT have been recorded in the Relationship Charter of the HOH-OHT set out in s. 2.2 and also in this s. 2.3, created to demonstrate the intent of the Team Members to work collaboratively to improve health outcomes for all Dufferin-Caledon residents and to reflect how we will work together to be successful. The Relationship Charter in s. 2.2 sets out jointly agreed-upon expectations, values and behaviours of the HOH-OHT and associated work group stakeholders; this is a living document and will be reviewed and updated as the partnerships evolve.
- (b) Collaboration and partnership are integral elements of the relationship, stakeholders are viewed as investors that can achieve improvements in the patient experience. The Relationship Charter is a visible statement of commitment to the goals and success of this collaboration.
- (c) Specifically, the benefits to establishing a Relationship Charter for the HOH-OHT and work groups include:
 - ✓ Improved **quality of care** for patients, based on agreed-upon mutual deliverables and expectations.
 - ✓ More effective **strategic alignment** to remove identified barriers and health gaps, resulting in a consistent quality of patient experience and outcomes.
 - ✓ Transparency of expectations.
 - ✓ Increased **understanding** of the environment in which each stakeholder operates.
 - ✓ Shared **proactive planning** of initiatives required to improve patient experience.
- (d) The four cornerstones of partnering in this Relationship Charter are:
 1. An Agreement on shared and **mutual objectives**.
 2. The adoption of a **collaborative**, ‘win-win’ approach to **problem solving**.
 3. Commitment to frequent, open and honest **communication**.
 4. A commitment to pursuing continuous, measured quality improvement.
- (e) The Team Members also agree that the HOH-OHT shall be operated to achieve the **Quadruple Aim** of:
 1. better patient and population health outcomes;
 2. better patient, family and caregiver experience;
 3. better provider experience; and,
 4. better value.

2.4 Commitments.

- (a) Commitments - Team Members are those organizations or individuals who have signed this Agreement. By signing this Agreement, Team Members have confirmed their commitment to:

- (i) The Shared Vision, Values and Guiding Principles set out above;
 - (ii) Work with each other to achieve the HOH-OHT's goals and work plans;
 - (iii) Work with each other towards opening communication channels with other potential team members, and towards the concept of representative Networks as set out below;
 - (iv) Adhere to the provisions of this Agreement with respect to information sharing, transparency, privacy and confidentiality set out in Article 6 below;
 - (v) Participate in the collaborative decision-making structures as provided in this Agreement including recognition of the Collaboration Council, as constituted, and acknowledgment of the decision-making processes set out in this Agreement for the HOH-OHT;
 - (vi) Support the work of the HOH-OHT by offering in-kind or other resources/supports which may, with appropriate consultation and agreement with Team Members, be determined by the Collaboration Council to be necessary in future; and
 - (vii) Give notices to the Collaboration Council and other Team Members as are required under this Agreement in respect of involuntary or voluntary integrations or other corporate restructurings.
- (b) The Team Members commit to consideration of forming into network groups of organizations or individuals with similarities in role or purpose as relates to the HOH-OHT, with the goals of appropriate communication with, and representation and involvement of, all stakeholders who are intended by the Ministry of Health to be involved in the HOH-OHT. Including and adding new Team Members is a goal of the HOH-OHT and they may become signatories of this Agreement at any time during its term.

2.5 Ontario Health Team. The HOH-OHT has been identified as an Ontario Health Team under formation under the *Connecting Care Act, 2019* effective December 6, 2019 and, as such, the HOH-OHT will be the recipient of interim funding from the Ministry of Health and/or Ontario Health which shall be received and managed by Headwaters Health Care Centre, under agreement with the Ministry of Health. The Team Members will contribute resources (e.g., funds, people, capital, and facilities) to the shared priorities and accountabilities of the HOH-OHT as may be agreed, such contributions to be made recognizing different abilities and depth in resources and funding.

2.6 Disclosure, Minimizing Conflicts, and Transparency.

- (a) The Team Members shall engage in on-going communication and disclosure and shall provide information to each other and to the Collaboration Council and its subcommittees and working groups to achieve the benefits of this Agreement.

- (b) Each Team Member will try to eliminate, minimize, or mitigate any conflict between the HOH-OHT and its other contractual and service obligations and relationships outside of the HOH-OHT.
- (c) If a Team Member becomes aware of any fact or circumstance that may harm that or another Team Member's ability to perform its obligations under this Agreement or a Collaboration or Project Agreement, it will promptly notify the Collaboration Council and the other Team Members of the nature of the fact or circumstance and its anticipated impact so that the Team Members through the Collaboration Council may consider how to remedy, mitigate, or otherwise address the fact or circumstance.

ARTICLE 3 – GOVERNANCE

3.1 Collaboration Council. The Team Members establish the Collaboration Council as the collaborative decision-making body of the HOH-OHT. The composition, mandate, and processes of the Collaboration Council are set out in Schedule 1. The Team Members recognize the need for smaller, more nimble subgroups who can work on a consensus basis to make needed operational decisions for the HOH-OHT and shall delegate specific tasks to subgroups which they will agree at the Collaboration Council to form. Where consensus cannot be reached, the Collaboration Council shall use the Collaboration Council Decision-Making Framework set out in Schedule 2, basing its choices on how to proceed on the use of the RACI approach, where required. The subcommittees and working groups which have already been set up will continue to operate and are responsible to the Collaboration Council to address specific issues and projects to accomplish the goals of the HOH-OHT; these groups will report up to the Collaboration Council, which will keep the HOH-OHT informed of its actions by way of minutes and reports.

3.2 Chairs' Council. The current Governance Working Group will establish a plan to create a Chairs' Council for the HOH-OHT. The composition, mandate, terms of reference and processes of the Chairs' Council are to be planned out and decided during the Term of this Agreement and will be further discussed and defined by the Governors of all HOH-OHT membership.

3.3 Patient/Client, Family, and Caregiver Involvement. The Hills of Headwaters Community Wellness Council (the "HOH-CWC") was established in 2019, and represents a collective of patients, clients, families, and caregivers. The HOH-CWC will provide advice directly to the Collaboration Council and will have representation on appropriate subcommittees and working groups. The HOH-CWC will elect two (2) of its members to serve as voting members of the Collaboration Council and to act as a liaison and ensure that the voice of those who seek or receive health care or related services from the HOH-OHT, or support those seeking or receiving health care or related services from the HOH-OHT, is represented at the Collaboration Council. A Patient Declaration of Values for the HOH-OHT will be established by the Collaboration Council in consultation with the HOH-CWC.

3.4 Primary and Specialist Care Association. The Dufferin Caledon Physician Association ("DCPA") was established in 2019, and represents Primary and Specialist Care Physicians of the HOH-OHT. The DCPA will provide advice directly to the Collaboration Council and will provide leadership on appropriate subcommittees and working groups. The goal will be to have one (1)

member from the geographical area of Dufferin and one (1) member from the geographical area of Caledon, as soon as this is possible, and each will serve as a voting member of the Collaboration Council to act as a liaison and ensure that the voices of primary and specialist care providers are represented at the Collaboration Council.

ARTICLE 4 – PROJECTS

4.1 Implementation. The Team Members shall implement each Project as follows:

- (a) The Collaboration Council shall identify one or more initiatives, programs, and/or services as an opportunity for a Project.
- (b) The Collaboration Council shall develop a plan for each Project and, in doing so, shall be guided by the shared vision, guiding principles, and commitments of this Agreement and the Project principles and requirements set out in Sections 4.2 and 4.3. Each plan shall set out relevant considerations, terms, and conditions for the specific Project.
- (c) Where appropriate, the Collaboration Council shall develop a Project Agreement, consistent with the plan, setting out the details of each Project, including clear and transparent accountabilities. This Agreement governs each Project unless a Project Agreement provides otherwise.
- (d) Before approving and implementing a Project, each Team Member shall ensure that its participation complies with any applicable laws, industry and professional standards, and its own constituting documents and policies.
- (e) The participating Team Members (and any other Participants) will approve and execute a Project Agreement in accordance with their own delegation of authority.
- (f) Each Team Member shall maintain its separate corporate governance, and corporate mission, vision, and values throughout each Project.
- (g) Each Team Member shall retain all of its books and records made solely in connection with a Project in accordance with its own record retention policies and shall make them open to examination and copying by the other Team Members during their respective retention periods. All documents related to each Project shall be accessible to the other participating Team Members as required to enable them to meet their legislated reporting requirements.

4.2 Project Principles and Requirements. Where appropriate, each Project (and, if applicable, Project Agreement) will set out:

- (a) scope of services to be provided by each Team Member (and other Participants if applicable), and their accountabilities and responsibilities;
- (b) specified strategic objectives and performance measures;

- (c) costs and financial matters including: budget, transfers of funds, payment terms, applicable taxes, set-offs;
- (d) human resource considerations;
- (e) reporting and audit compliance requirements;
- (f) third-party approvals;
- (g) intellectual property;
- (h) an annual evaluation to review and monitor progress, determine value and achievement of progress and desired outcomes;
- (i) dispute resolution provisions if Article 7 is not to apply;
- (j) term, termination, withdrawal, and expulsion from the Collaboration, and consequences thereof; including a process for return of management functions, clinical and support services, and asset distribution on termination of the Collaboration; and
- (k) risk allocation including mitigation, liability, indemnification, and insurance requirements.

4.3 Costs and Financial Contributions. For each Project, costs and financial contributions will be consistent with the following principles:

- (a) allocation of costs are to be guided by principles of equitable allocation;
- (b) the direct cost of all shared positions (or termination of any shared positions) shall be allocated on a proportional basis, which may be based on time spent or respective budgets;
- (c) the Team Members will in good faith negotiate and agree to mid-year adjustments to reflect changes in the scope of services provided during the year; and
- (d) financial contributions and methodology of cost allocation will be reviewed annually.

ARTICLE 5 – INTEGRATION WITH OTHERS

5.1 Voluntary Integration with Others. If a Team Member is contemplating an integration with another entity that will have a significant impact on the vision and guiding principles of the HOH-OHT, then it shall notify the Collaboration Council and the other Team Members in writing at least 90 days before the completion of such integration. The notice shall describe:

- (a) name of the entity or entities;
- (b) terms of the proposed integration; and
- (c) assessment of the impact, if any, of the proposed integration on the HOH-OHT.

Within 21 days of receipt of the notice, the Collaboration Council shall assess the impact of the proposed integration on the HOH-OHT and deliver a written report with recommendations to the Team Members. If any Team Member objects to the proposed integration, it shall deliver a notice advising the Collaboration Council of its objection within 21 days of receipt of the report and the matter will be submitted to the dispute resolution provisions of this Agreement.

5.2 Involuntary Integration. The Team Members recognize that the Minister of Health may order an integration involving one or more of the Team Members with one or more third parties. If this occurs, the Collaboration Council shall meet and develop a recommendation to the Team Members as to the impact of such integration on this Agreement, the HOH-OHT, and whether any amendments are required to this Agreement, a Project or a Project Agreement. The Team Members shall endeavour to continue this Agreement and each Project unless it is determined it is not feasible to do so where the essential benefits of this Agreement or a Project will not be realized by the HOH-OHT..

ARTICLE 6 – PRIVACY AND CONFIDENTIALITY

6.1 Privacy. For the purposes of the HOH-OHT:

- (a) The Team Members will share personal health information with one another for the purposes of providing health services, and coordinating its provision, in accordance with applicable laws.
- (b) Team Members will enter into a data sharing agreement in respect of sharing personal health information for all other purposes.

6.2 Confidentiality. Team Members shall not disclose any Confidential Information of another Team Member to a third party, except: (a) with written consent of the relevant Team Member; (b) to the extent that disclosure is necessary to meet applicable laws or governmental or public authority directives or other requirements; or (c) as permitted under the terms of this Agreement. Unless required by applicable privacy legislation or specified by the Collaboration Council or its subcommittees to be confidential and therefore not to be shared external to the Team Members involved, information shared between Team Members or others involved in the Shared Purpose of the HOH-OHT is not considered confidential and may be shared by a Team Member without privacy obligation to any Team Member or parties external to the HOH-OHT.

6.3 Loss or Compromise of Confidentiality. If a Team Member discovers any loss or compromise of the Confidential Information of another Team Member, it will notify the Team Member promptly and cooperate with it to mitigate the loss or compromise. Upon request, each

Team Member shall return or destroy (with certification to the relevant Team Member) all Confidential Information of the relevant Team Member that it is not required to retain by applicable laws or other requirement. However, each Team Member may, at its option, retain one copy of such Confidential Information in its files for archival purposes subject always to the obligations of confidentiality under this Agreement. Each Team Member may use the Confidential Information of another Team Member to exercise its rights and protect its interests under this Agreement and as required by applicable laws. For greater certainty, this provision applies to the Confidential Information of a Team Member. Any loss or compromise of personal health information shall be addressed in accordance with applicable laws and any data sharing agreement entered into between and/or among the Team Members.

6.4 Public Notices and Media Releases. All notices to third parties and all other publicity concerning this Agreement or the HOH-OHT shall be planned, co-ordinated, and approved by the Collaboration Council, and no Team Member shall act unilaterally in this regard without the prior approval of the Team Members through the Collaboration Council, except where required to do so by applicable laws or governmental or public authority requirements. The spokespersons for the HOH-OHT shall be such member or members of the Collaboration Council as determined by the Collaboration Council from time to time.

ARTICLE 7 – DISPUTE RESOLUTION

7.1 Dispute Resolution. The Team Members shall use their best efforts to avoid disputes by clearly articulating expectations, establishing clear lines of communication, and respecting each Team Member's interests, using the Relationship Resolution Process as further detailed in Schedule 2. The Collaboration Council will make decisions by consensus wherever possible. However, if a dispute arises, the Collaboration Council and other HOH-OHT Team Members shall follow the procedures set out below and in Schedule 2, acting in good faith:

- (a) The Team Members shall use their best efforts to resolve any disputes in a collaborative manner through informal discussion and resolution.
- (b) The Collaboration Council shall work to resolve the dispute in an amicable and constructive manner. If the Collaboration Council members have made reasonable efforts, and the dispute remains unresolved, the Collaboration Council shall escalate the dispute as set out in Schedule 2.
- (c) If a dispute cannot be resolved, as determined by any Team Member after following these procedures, a Team Member may withdraw from the applicable Project, Project Agreement, or this Agreement in accordance Article 8.

ARTICLE 8 – TERM, TERMINATION, WITHDRAWAL, AND EXPULSION

8.1 Term. This Agreement shall start on the date of this Agreement and shall continue indefinitely, unless terminated in accordance with Section 8.2.

8.2 Termination of Agreement. The Team Members may only terminate this Agreement by mutual written agreement.

8.3 Withdrawal. A Team Member may withdraw from this Agreement by providing at least 90 days' notice to the other Team Members.

8.4 Expulsion. A Team Member may be expelled from the HOH-OHT, and thereby cease to be a party to this Agreement. Reasons for expulsion may include if the Team Member is not meeting its commitments under this Agreement or a Project Agreement, no longer agrees to the vision of the HOH-OHT, or is disruptive to the consensual governing process at Collaboration Council meetings. An expulsion may take place after following these procedures:

- (a) The Collaboration Council members, other than the member representing the Team Member at issue, must agree by at least a two-thirds majority vote that expulsion is advisable.
- (b) Following such agreement, the Collaboration Council members referred to in Section 8.4(a) shall, in writing, notify the Team Member at issue that it intends to recommend their expulsion to the other Team Members.
- (c) If reasonable in the circumstances, as determined by the Collaboration Council members referred to in Section 8.4(a), the Team Member may be provided with an opportunity to present and discuss their position and to rectify the issue(s) within a time period reasonably directed by such Collaboration Council members.
- (d) If it is not reasonable to allow for an opportunity for rectification or if rectification does not occur within the time period provided to the reasonable satisfaction of the other Collaboration Council members referred to in Section 8.4(a), such Collaboration Council members shall make a recommendation for expulsion to all of the other Team Members.
- (e) All of the Team Members, other than the Team Member at issue, shall consider the recommendation referred to in Section 8.4(d) and at least two-thirds of Team Members must, in writing through their authorized signatories, agree to the expulsion. Upon such written agreement, this Agreement shall be deemed amended to remove the expelled Team Member as a party.
- (f) Submission to the dispute resolution procedures under this Agreement may be used if the Collaboration Council agrees by at least a two-thirds majority vote that same shall be a pre-condition to further steps towards expulsion.

8.5 Withdrawals/Termination of Project Agreement. Unless a Project Agreement provides otherwise: (a) the parties to a Project Agreement may terminate the Project Agreement by mutual written agreement, provided that they give at least 90 days' notice to the Collaboration Council; and (b) a party to a Project Agreement may withdraw from the Project Agreement by giving at least 90 days' notice to the Collaboration Council and the other parties to the Project Agreement.

8.6 Consequences of Termination, Withdrawal or Expulsion.

- (a) A Team Member who withdraws or is expelled from this Agreement shall cease to be a party to this Agreement and shall cease to be a member of the HOH-OHT.
- (b) Termination of, or withdrawal or expulsion from, this Agreement shall not automatically constitute termination of, or withdrawal or expulsion from, any Project or Project Agreement.
- (c) Withdrawal from or termination of a Project or a Project Agreement shall not automatically constitute withdrawal from or termination of this Agreement or any other Project or Project Agreement, as the case may be.
- (d) A Team Member who withdraws or is expelled from this Agreement or withdraws from a Project or Project Agreement, as the case may be, shall remain accountable for its commitments and obligations, actions and omissions before the effective date of the withdrawal or expulsion and shall work with the Collaboration Council to develop strategies to reasonably fill any resource or service gaps left by the withdrawing or expelled Team Member.

ARTICLE 9 – GENERAL

9.1 Independent Contractors. The relationship between the Team Members under this Agreement is that of independent contractors. This Agreement is not intended to create a partnership, agency, or employment relationship between or among the Team Members. No Team Member shall have the power or authority to bind another Team Member or to assume or create any obligation or responsibility, expressed or implied, on another Team Members' behalf or in its name, nor shall it hold itself out to any third party as a partner, agent, or employee of another Team Member. Each Team Member shall be responsible and liable for its own employees, agents, and subcontractors, unless otherwise agreed to in a Project Agreement.

9.2 Notices. Where in this Agreement a Team Member must give or make any notice or other communication, it shall be in writing and is effective if delivered personally or sent by electronic means addressed to the intended Team Member at the address set below its respective signature. Notice or communication shall be deemed received one Business Day after delivery or sending. The address of a Team Member may be changed by notice as provided in this Section. “**Business Day**” means any working day, Monday to Friday, excluding statutory holidays observed in Ontario.

9.3 Entire Agreement. With respect to its subject matter, this Agreement contains the entire understanding of the Team Members and supersedes all previous negotiations, representations, understandings, and agreements, written or oral, between and among the Team Members respecting the subject matter of this Agreement.

9.4 Amendment. Subject to Section 8.6(a), this Agreement may be amended only by mutual written agreement. If a change in law or a directive from the Minister of Health or other governmental or public authority necessitates a change in the manner of performing this Agreement, the Team Members shall work cooperatively to amend this Agreement to accommodate the change. A Project Agreement may be amended in accordance with the provisions of the Project Agreement without necessitating an Agreement amendment.

9.5 Assignment. No Team Member may assign its rights or obligations under this Agreement without the prior written consent of the other Team Members. This Agreement enures to the benefit of and binds the Team Members and their respective successors and permitted assigns. Notwithstanding the foregoing, but subject to Section 5.2, a Team Member may assign this Agreement without consent in the event of an integration order of the Minister of Health.

9.6 No Waiver. No waiver of any provision of this Agreement is binding unless it is in writing and signed by the Team Member entitled to grant the waiver.

9.7 Severability. Each provision of this Agreement is distinct and severable. Any declaration by a court of competent jurisdiction of the invalidity or unenforceability of any provision shall not affect the validity or enforceability of any other provision.

9.8 Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which taken together constitutes one agreement. Delivery of an executed counterpart of this Agreement electronically in legible form shall be equally effective as delivery of a manually executed counterpart of this Agreement.

9.9 Governing Law. This Project Agreement is governed by, and interpreted and enforced in accordance with, the laws of the Province of Ontario and the laws of Canada applicable in the Province of Ontario.

9.10 Survival. Those articles which by their nature should survive a Team Member's withdrawal or expulsion from or termination of this Agreement shall so survive.

The undersigned, as Team Members, have executed this Agreement.

Signatures on following page are collected in counterpart.

[The remainder of this page has been intentionally left blank.]

**COUNTERPART SIGNATURE PAGE FOR
HILLS OF HEADWATERS COLLABORATIVE ONTARIO HEALTH TEAM
COLLABORATION AGREEMENT
effective September 30th, 2020**

Print full legal name of Organization or Individual:

Per: _____

Print name of signer: _____

Address: _____

I have the authority to bind the corporation, organization or myself as an individual.

If an Individual:

Print Name of Witness to signature

Signature of Witness

Enter Date Witness observed Signer's execution:

SCHEDULE 1 – Terms of Reference for the Collaboration Council

Collaboration Council – Terms of Reference	
Capitalized terms used throughout these Terms of Reference have the meaning given to them in the Agreement to which these Terms of Reference are a Schedule.	
Mandate	<p>The Collaboration Council’s role is to create a forum for the Team Members to plan, design, implement, and oversee the HOH-OHT. The Collaboration Council’s roles and responsibilities include to:</p> <p>Planning and Priorities</p> <ul style="list-style-type: none"> • establish an overall strategic plan for the HOH-OHT and develop an annual work plan consistent with the strategic plan; • identify and measure the priority populations for the HOH-OHT and the impact of decisions on them; • develop the name and central brand for the HOH-OHT; and • identify, implement, and oversee Projects and Project Agreements. <p>Quality and Risk</p> <ul style="list-style-type: none"> • review, collaborate on, and monitor safety and quality standards and performance and quality improvement for the HOH-OHT; • identify risk issues and consider risk allocation, mitigation, and corrective actions for HOH-OHT activities; • develop a complaints and significant event process for issues that impact more than one Team Member; • develop a risk management process for issues that could negatively impact the HOH-OHT; and • review and approve standards for cyber security risk. <p>Resources and Accountability</p> <ul style="list-style-type: none"> • develop guidelines for the allocation and sharing of costs and resources, including funding earmarked for the HOH-OHT and as well as human resources, capital, and facilities and costs related to supporting the work of the HOH-OHT; • review and collaborate on financial performance, resource allocation and use, best practice, and innovation; • determine membership fees to be paid by the Team Members, if any;

Collaboration Council – Terms of Reference

	<ul style="list-style-type: none"> • develop clinical and financial accountability standards; and • facilitate and oversee the development of a digital health strategy. <p>Engagement and Reporting</p> <ul style="list-style-type: none"> • develop and implement a joint communications strategy, including communication to stakeholders and the community; • engage with and seek input from Team Members; and • report from time to time to Team Members on the work of the Collaboration Council and any subcommittees or working groups. <p>Governance and Compliance</p> <ul style="list-style-type: none"> • evaluate and identify areas of improvement in the integrated leadership and governance structure of the HOH-OHT on an ongoing basis, including the establishment of a standardized process to identify and admit additional team members to the HOH-OHT, moving towards sectoral representation as appropriate; • discuss compliance with, and amendments to, these Terms of Reference, the Terms of Reference of the Chairs’ Council, the Agreement, or a Project Agreement; • facilitate dispute resolution; • develop a Code of Conduct for Team Members; and • ensure compliance with all reporting requirements. <p>Other</p> <ul style="list-style-type: none"> • perform the roles assigned to the Collaboration Council under the Agreement. <p>The Terms of Reference may be amended over time by the Collaboration Council and changes shall be recorded in its meeting minutes and shall be effective without formal amendment to this Agreement. The Agreement should be consolidated with all such changes at intervals to be determined by the Collaboration Council.</p>
<p>Subcommittees and Working Groups</p>	<p>The Collaboration Council may establish one or more subcommittees or working groups to assist it in fulfilling its role. The Collaboration Council shall determine the mandate and composition of any such subcommittee, or working group.</p>

Collaboration Council – Terms of Reference

Membership and Voting

Collaboration Council members shall be the Team Members as set out below and when consensus decision-making is not possible, the following Team Members shall have votes as set out:

- 2 members of the HOH-CWC, as provided Section 0 of the Agreement;
- 2 members of the DCPA, as provided in Section 3.4 of the Agreement;
- 1 vote for each of the following Team Members:
 - Alzheimer's Society of Dufferin
 - Bethell Hospice
 - Caledon Community Services
 - Caledon Meals on Wheels
 - Canadian Mental Health Association of Peel Dufferin
 - Central West LHIN
 - Community Living Dufferin
 - County of Dufferin
 - Dufferin Area Family Health Team
 - Dufferin Child and Family Services
 - Dufferin County Paramedic Service
 - Dufferin Oaks
 - Family Transition Place
 - Headwaters Health Care Centre
 - Hospice Dufferin
 - Region of Peel
 - SHIP (Services and Housing in the Province)
 - Wellington-Dufferin-Guelph Public Health Unit
- If a new Team Member joins the HOH-OHT, the Collaboration Council will consider the addition of that Team Member to the Collaboration Council with a voting right.

Changes in Membership

A Team Member may replace its member on the Collaboration Council or appoint a temporary alternative at its own discretion on reasonable notice to the other Team Members and to the Collaboration Council Co-Chairs, provided the replacement or alternative has decision-making authority comparable to the member being replaced.

The Collaboration Council, through a majority vote, may require a Team Member, or the HOH-CWC or the DCPA, as the case may be, to replace its Collaboration Council member where that member is not acting in accordance

Collaboration Council – Terms of Reference	
	with the guiding principles and in pursuit of the shared vision of the HOH-OHT. The replacement member shall have authority comparable to the member being replaced.
Co-Chairs	The Collaboration Council shall have two Co-Chairs, who shall be elected annually by a majority vote of the Collaboration Council members. The Co-Chairs shall alternate the meeting chair responsibilities. Both Co-Chairs participate in deliberations and decision-making of the Collaboration Council.
Fund Manager	The Collaboration Council will, by majority vote, select a Team Member to be a “Fund Manager” (for a term to be agreed) to, as directed by the Collaboration Council, receive, manage, distribute, and keep accurate accounts of, pooled resources, including funding earmarked for the HOH-OHT. The Fund Manager will submit financial reports to the Collaboration Council on a monthly basis and retain financial records for at least seven years. Where a Team Member representative has a conflict of interest related to the Fund Manager role, they will recuse themselves, should a vote become necessary.
Meetings	Meetings will be held at a minimum monthly. Meetings will be held at the call of the acting Co-Chair or of four Collaboration Council members. The acting Co-Chair may determine the meeting procedures. Agendas will be sent in advance and indicate the topics where decisions are to be required. Meetings may be conducted using any available technology. Guests may attend a meeting upon consent of a majority of the Collaboration Council members participating in the meeting.
Quorum	<p>Quorum will be 75% of the total of the Team Members of the Collaboration Council present in person or electronically.</p> <p>If a Team Member is not able to attend, the member may (but is not required to):</p> <ul style="list-style-type: none"> • send a designate for that meeting, who shall be included in quorum and may vote, or • assign their vote to a proxy who is a Team Member who will be at the meeting, including a Co-Chair, and give notice to a Co-Chair of the provision of a proxy, or • consent to the meeting proceeding in the member’s absence by so informing the acting Co-Chair, and if no such consent is provided, the member shall be deemed to have consented to all business transacted at the meeting.

Collaboration Council – Terms of Reference

Decisions	<p>Unless otherwise specified in the decision framework in Schedule 2, decisions will be made by consensus.</p> <p>Consensus means that each member is prepared to support the decision or, if applicable, recommend it to their board of directors or governing body, even if they do not agree with the decision/recommendation. If consensus cannot be reached, the Collaboration Council shall resort to the decision making and dispute resolution provisions in Schedule 2 of this Agreement.</p> <p>All Team Members will be expected to demonstrate fairness and a commitment to in-depth evaluation of a matter under review and to endeavour to put the persons served by the HOH-OHT, and the success and sustainability of the HOH-OHT, above their respective organizations.</p>
Minutes	<p>Meeting minutes will document deliberations and recommendations. Discussion during meetings shall be open, frank, and free-flowing, and while contents of minutes will be shared, they will not include attribution of individual contributions made by members. Meeting minutes shall be distributed to the Team Members and posted on the HOH-OHT website so as to promote transparency, accountability and full communication.</p>
Information Sharing	<p>The Collaboration Council shall develop a protocol for how information is shared with HOH-OHT Team Members and their respective boards of directors or governing bodies, the HOH-CWC, the DCPA, subcommittees and working groups.</p>
Confidentiality	<p>The Collaboration Council and all HOH-OHT Team Members shall respect the confidentiality of information received by, and discussions of, the Collaboration Council and the HOH-OHT as a whole, and its subcommittees and working groups.</p> <p>Collaboration Council members and members of sub committees or working groups of the Collaboration Council shall each sign an acknowledgement confirming their agreement to respect the confidentiality of information received in their capacity as a member of the Collaboration Council, or one of its subcommittees or working groups, as the case may be and to adhere to these Terms of Reference and any protocols, policies or procedures adopted by the Collaboration Council from time to time.</p>
Policies	<p>The Collaboration Council may adopt policies, protocols and procedures to support the work of the Collaboration Council, the HOH-OHT as a whole, and its subcommittees and working groups.</p>

Collaboration Council – Terms of Reference

Accountability and Reporting	Each Team Member will delegate a scope of authority to its respective Collaboration Council member. Each member must act within their own delegated scope of authority, and must report, and be accountable, to their own board of directors or governing body.
Amendment	These Terms of Reference shall be reviewed annually by the Collaboration Council and may be amended only with the written agreement of the Team Members.

Date of Last Review:

September 30, 2020

SCHEDULE 2 – Relationship Resolution Process and Dispute Resolution

Relationship Resolution Process


1. The Team Members agree that the Collaboration Council has authority to make decisions for the HOH-OHT on matters related to the work of the HOH-OHT. Decisions shall be made on a consensus basis wherever possible. The Collaboration Council shall work to resolve all matters in an amicable and constructive manner.
2. When it appears that consensus cannot be reached on a matter under consideration at the Collaboration Council, the Collaboration Council shall consider and use the following Relationship Resolution Process with the goal of moving a matter forward. The intention is that the matter may be pursued so that consensus may be possible at a later date or that the matter will be submitted to a decision-making process which involves other than consensus. The decision to use a decision-making process other than consensus shall be made by consensus of the Collaboration Council.
3. In order to be as transparent as possible, a relationship resolution process for the HOH-OHT has been created and endorsed. The relationship resolution process is designed to promote engagement and communication with the aim to resolve problems quickly and easily, i.e. problems that are a barrier for the HOH-OHT to address its priorities. If matters cannot be collectively resolved then elevation must occur. The intention of the Relationship Resolution Process is to achieve improved quality and client care through collaborative problem solving and ongoing process improvements. Also imperative to a healthy and successful relationship, is sharing good news stories and giving praise or compliments when appropriate.
4. The following principles will guide the Relationship Resolution Process:
 - ✓ **Inform** – we will keep each other informed in a timely manner about anything that may negatively impact our relationship and the day-to-day operations of our organizations
 - ✓ **Consult** – we will consult each other and will listen to and acknowledge the issue or concern being raised and the resolution being brought forward
 - ✓ **Involve** – we will involve the other partner(s) directly when input is required to ensure that an informed decision is made and both parties are part of the resolution to the concern or issue regarding the relationship
 - ✓ **Elevate** – we will involve and obtain input from senior leadership of relevant parties when resolution on something has not been formulated from the other principles
 - ✓ **Escalate** – we will escalate the matter to the senior staff of the relevant parties and the Collaborative when a final decision has to be made if prior satisfactory resolution has not been possible
 - ✓ **Understand** – we will try to understand and share feelings on an issue in order to find resolution as early as possible


- ✓ **Respect** – we will respect each other throughout the resolution process and work towards a common goal and mutual satisfaction in every respect

- As it relates to Elevate and Escalate, the following outlines the parties involved in the standardized steps to resolution.

Elevate		Escalate	
Step 1	Step 2	Step 3	Step 4
Subcommittee or Work Group members and Co-Chairs of the Collaboration Council	Collaboration Council of the HOH-OHT for consensus resolution	Collaboration Council of the HOH-OHT for voting where 2/3 majority carries, or such other process as agreed by consensus of the Collaboration Council	Mediation process as set out below

- The following matrix depicts the engagement, communication and resolution process in the context of increasing complexity of a problem. It is meant to act as a guideline only in terms of notification methods and timelines and at the process steps of inform, consult, and involve. The parties involved in the resolution process steps Elevate and Escalate are as prescribed above. At all steps, mutual understanding and respect are integral to successful resolution.

Increasing Complexity of Problem					
LOW		MEDIUM		HIGH	
					
<i>Levels of Complexity</i>	INFORM each other	CONSULT each other	INVOLVE each other	ELEVATE each other	ESCALATE for decision making
<i>Description</i>	<ul style="list-style-type: none">• Keep you informed• Let you know about the solution	<ul style="list-style-type: none">• Keep you informed• Will listen to and acknowledge concerns• Will provide feedback	<ul style="list-style-type: none">• Will work directly with each other to ensure input from everyone is part of the resolution	<ul style="list-style-type: none">• Need to obtain additional input from other levels within the Collaborative structure	<ul style="list-style-type: none">• Need a higher authority to weigh in and/or make the final decision
<i>Methods of notification</i>	<ul style="list-style-type: none">• Phone• Email	<ul style="list-style-type: none">• Phone• Face to face• In writing	<ul style="list-style-type: none">• Face to face meeting	<ul style="list-style-type: none">• Face to face meeting	<ul style="list-style-type: none">• Use Steps as set out above

Increasing Complexity of Problem					
LOW		MEDIUM		HIGH	
					
<i>Levels of Complexity</i>	INFORM each other	CONSULT each other	INVOLVE each other	ELEVATE each other	ESCALATE for decision making
<i>Timeline to resolution</i>	<ul style="list-style-type: none">• Within 1 week	<ul style="list-style-type: none">• Within 2 weeks	<ul style="list-style-type: none">• Within 1 month	<ul style="list-style-type: none">• Escalation to this level immediately if no prior resolution	<ul style="list-style-type: none">• Immediate escalation and resolution
<i>Examples</i>	<ul style="list-style-type: none">• Need more information regarding the situation	<ul style="list-style-type: none">• Misunderstanding re: expectations or scope of operations	<ul style="list-style-type: none">• Policy or procedure does not enable independent or collective action as required	<ul style="list-style-type: none">• Resolution requires broader input, affects precedence	<ul style="list-style-type: none">• Authority required for Team Member to adjust its obligations

Dispute Resolution by Mediation

7. The Team Members shall use the Relationship Resolution Process set out above to come to decisions and resolve issues which arise. The Team Members shall use their best efforts to resolve any matters which remain in dispute in a collaborative manner through informal discussion and resolution, in one of the formats set out above or another format agreed by the Collaboration Council by consensus. If the Collaboration Council members have made reasonable efforts, and a dispute between specific Team Members or the HOH-OHT as a whole remains unresolved, the Collaboration Council shall appoint a third party mediator, either by consensus or by two-thirds majority if consensus is not possible. Each specific party to the mediation shall pay its own costs of mediation. The costs of the mediator shall be split equally between the parties in dispute; that is, as an example, if one Team Member (“First Party”) is in dispute with all of the other Team Members (“Second Party”), then the costs of the mediator shall be split 50% to the First Party and 50% to the Second Party.
8. If a dispute cannot be resolved, as determined by any Team Member after following these procedures, a Team Member may withdraw from the applicable Project, Project Agreement, or the Framework in accordance with the relevant provisions of this Agreement.

REPORT TO COMMITTEE

To: Chair Ryan and Members of the Health and Human Services Committee

From: Anna McGregor, Director of Community Services

Meeting Date: February 25, 2021

Subject: Quarterly Community Services Activity Report – Fourth Quarter 2020

In Support of Strategic Plan Priorities and Objectives:

Economic Vitality - promote an environment for economic growth and development

Good Governance - ensure transparency, clear communication, prudent financial management

Inclusive and Supportive Community - support efforts to address current and future needs for a livable community

Purpose

The purpose of this report is to provide Council with the quarterly infographics that summarize work being undertaken by the Community Services Housing, Ontario Works and Children's Services Divisions.

Background and Discussion

Attached is the Housing Services, Ontario Works and the Children's Services Activity Reports for the fourth quarter of 2020. Services and programs continued to be provided in a modified manner in Q4 of 2020 (October, November, December) due to the pandemic. The attached infographics provide quick reference information for consideration.

Updates to Service Delivery in Q4

Housing Services:

- Move-ins for Rent Supplement and County units are still occurring. Units are not shown until vacant. If a tenant chooses not to accept a unit due to COVID it does not count as a refusal
- Community Support Workers (CSWs) call County tenants bi-weekly unless they request not to be
- Maintained normal business practices where possible, such as Annual Reviews and Operational Reviews
- Rent Geared to Income (RGI) Simplification was implemented on July 1, 2020
- The Homelessness Prevention Program is still being provided
- The Homeownership Program is open for applications
- COHB (Canada Ontario Housing Benefit) has been implemented
- OPHI (Ontario Priorities Housing Initiative) Housing Allowance has been implemented
- CHHAP (Chronic Homeless Housing Allowance Program) has been implemented
- CATH (Co-ordinated Access Transitional Housing) Program has been implemented
- SSRF (Social Services Relief Fund) has been allocated

Ontario Works:

- The Orangeville Employment Resource Centre at the Edelbrock Centre continued to operate for essential in-person visits only, 8:30 a.m. - 11:00 a.m., Monday – Friday. The ERC Co-ordinator screens clients at the door and ensures safety protocols are adhered to
- The SERC reopened for essential in-person visits only, 8:30 a.m. - 11:00 a.m., Monday – Friday. The ERC Co-ordinator screens clients at the door and ensures safety protocols are adhered to
- Intake phone calls and online applications are being managed remotely and applications for Ontario Works are completed over the phone with required documentation
- MyBenefits App - the online service available to those receiving Ontario Works (OW) – is now “paperless”
- In December 2020, staff started the two-way messaging pilot through MyBenefits. MyBenefits users have the ability to securely send and receive messages and attach documents through MyBenefits. Caseworkers now have the ability to securely communicate with MyBenefits users by sending and receiving messages and documents

Children Services:

- EarlyON sites were closed as a result of the pandemic on March 16, 2020
- EarlyON Outdoor Programming continued to be offered. Programs ran in Orangeville, Shelburne and in Grand Valley
- EarlyON virtual programming has been well attended. For a list of programs and descriptions please see the attached flyer
- EarlyON phone communications with parents continued in Q4
 - Healthy Babies Healthy Children is a partnership with Public Health where follow up calls are made to moms who have given birth in the last 7-10 days. EarlyON staff are able to do a check-in and provide additional supports and resources as requested by the parent. The calls take place Monday - Friday, 9 a.m. - 4 p.m.
 - The Ask EarlyON phone line is open Monday - Friday, 9 a.m. - 4 p.m. and offers parents the opportunity to call and speak to a staff member with any parenting/child related questions and concerns
- The EarlyON Facebook page continued to be an important communication tool to reach families with information, resources and parenting support. Staff have been able to connect and engage with families and support them in a responsive and inclusive way through virtual programming, including live Facebook programming and by sharing articles, links, pages, resources, videos and other informative tools
- In-Person socially distant sessions began with our three support programs (CUP, FAB, FYC – please see attached program flyer for descriptions). These groups rely on social connections and community partners to support postpartum and new parents
- Raising the Bar held a number of virtual workshops in Q4
- The Dufferin Child Care Provider Supervisor network and our community partners came together in companionship through multiple Zoom gatherings to navigate, collaborate and support each other within this fast paced, ever-shifting climate in the child care sector

Financial, Staffing, Legal, or IT Considerations

There is no impact.

Recommendation

THAT the report of the Director, Community Services, titled Quarterly Community Services Activity Report – Fourth Quarter, 2020, dated February 25, 2021 be received.

Respectfully Submitted By:

Anna McGregor
Director, Community Services

Attachments:

Quarterly Community Services Report Q4 2020 – Housing
Quarterly Community Services Report Q4 2020 – Ontario Works
Quarterly Community Services Report Q4 2020 – Children
EarlyON Virtual Program Flyer

HAD¹ COMPOSITION & AVERAGE WAIT TIMES

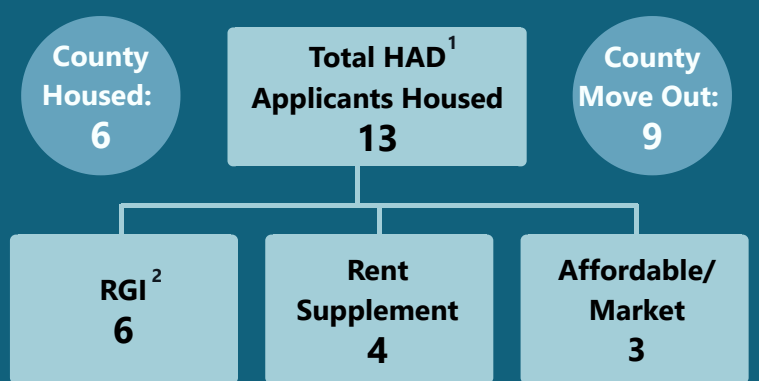


HAD¹ Average Wait Times for Housed Applicants



Please note: Wait times vary depending on family size, age of applicant and choice of location the applicant selects

HOUSED APPLICANTS



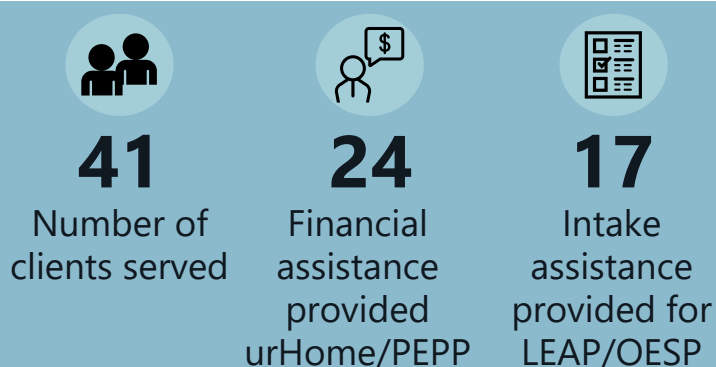
UNIT COMPOSITION

Total Units with Rental Support Supplied: 387



HOMELESSNESS PREVENTION PROGRAM (HPP)

Please note: The Edelbrock Centre reduced its services in mid-March due to COVID-19. It continues to be open for essential in-person visits only, 8:30 a.m. - 11:00 a.m., Monday - Friday



NEW ANNOUNCEMENTS THIS QUARTER

Due to the pandemic, in lieu of the usual holiday gathering at each of the County housing buildings, County of Dufferin tenants were given holiday gift bags. Gift bags contained a County of Dufferin Mug, a packet of hot chocolate, hand sanitizer, the housing newsletter, COVID info from WDG Public Health, and more. The Facilities Department delivered the bags to all 298 County of Dufferin units on December 21 & 22.

The County of Dufferin launched the *Are You Homeless in Dufferin* contact card and flyer in early December. Over 3,000 cards have been dispersed so far to OPP officers, paramedics, service providers (i.e. Choices, Salvation Army, etc.), local businesses, churches, the hospital and more. Individuals can call a number located on the back of the card for assistance, which may include a hotel stay.

¹ HAD - Housing Access Dufferin ² RGI - Rent Geared to Income

* please note: statistics are accurate as of January 25, 2021

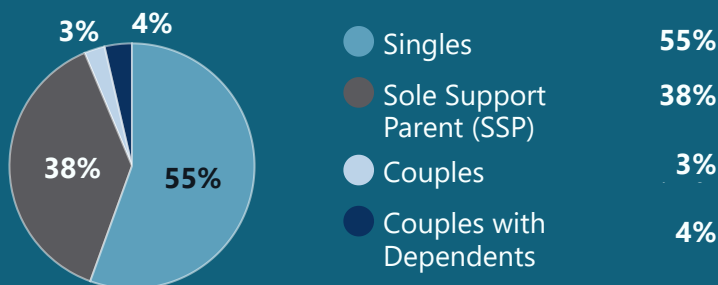
INTAKE



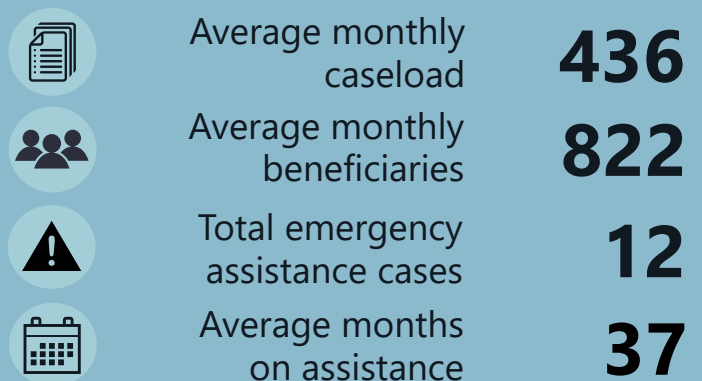
CLIENT OUTCOMES



CASE COMPOSITION



CASELOAD



EMPLOYMENT RESOURCE CENTRES & MORE

The **OERC²** is open:

- 8:30 a.m. - 11:00 a.m., Monday - Friday for essential in-person visits only
- Required documentation can be submitted by placing the documents in the mail box located at Entrance B

The **SERC³** is open:

- 8:30 a.m. - 11:00 a.m., Monday - Friday for essential in-person visits only
- Required documentation can be submitted by placing the documents in the mail box located outside of Entrance E at the Mel Lloyd Centre

- Throughout Q4, the Ontario Works staff have continued to provide exceptional service to those in need
- Applications and updates are still being completed over the phone and through e-mail
- One staff member remains in the office at all times to ensure the most vulnerable clients are served in person
- The Program Assistants have continued to work diligently to ensure all calls are quickly answered and paperwork is processed

NEW ANNOUNCEMENTS THIS QUARTER

In December 2020, Dufferin County went live with the two-way messaging pilot through MyBenefits. Dufferin County is the only Ontario Works site to have this feature. MyBenefits users have the ability to securely send and receive messages and attach documents through MyBenefits. Caseworkers in Dufferin County now have the ability to securely communicate with MyBenefits users by sending and receiving messages and documents.

December was the first month that those registered for MyBenefits were "paperless". The system automatically defaulted to paperless allowing clients to receive all letters, cheque inserts and pay (DBD, RPC) statements electronically. Clients who are not registered for MyBenefits continue to receive all information in paper format.

¹ Average # of business days from screening to financial eligibility decision

² Orangeville Employment Resource Centre is located at the Edelbrock Centre

³ Shelburne Employment Resource Centre is located at the Mel Lloyd Centre

* please note: statistics are accurate as of January 25, 2021

CHILD CARE FEE SUBSIDY

Average monthly number of children receiving fee subsidy **230**

Total number of new children receiving fee subsidy **9**

Fee Subsidy age groups by percentage

0	9%	28%	22%	41%
Infant	Toddler	Preschool	Kindergarten	School Age

SOCIAL MEDIA

EARLYON FACEBOOK Q4 STATS

We are connecting, supporting and engaging with families through live Facebook programming and by sharing articles, links, videos and more.

End of Oct.

1,776

Followers

End of Nov.

1,792

Followers

End of Dec.

1,808

Followers

EARLYON CHILD & FAMILY CENTRES¹

OUTDOOR PROGRAMMING

EarlyON Outdoor Programming started on September 22. Programs ran in Orangeville, Shelburne and in Grand Valley.

Outdoor Programming total participants **194**

Number of participants by location	• Orangeville	60
	• Shelburne	70
	• Grand Valley	64

VIRTUAL & OTHER PROGRAMMING²

15

Ask EarlyON total calls

27

Healthy Babies Healthy Children³ total calls

72

Feelings After Birth total participants (virtual and in person)

30

Come Understand Parenting total participants (virtual and in person)

33

Fill Your Cup total participants (virtual and in person)

RAISING THE BAR

RAISING THE BAR PROGRAM⁴

Total number of virtual workshops in Q4 **4**

Total number of registered early childhood educators served in workshops in Q4 **133**

SPECIAL NEEDS RESOURCING

iCAN (Inclusion for Children with Additional Needs)

36

Average monthly number of children up to and including Senior Kindergarten age receiving programming

7

Average monthly number of school age children receiving programming

NEW ANNOUNCEMENTS THIS QUARTER

The EarlyON staff planned and organized outdoor photo shoots for our families at three locations in Dufferin. Families registered through the EarlyON and received one free digital photo by a professional photographer.

Federal Safe Restart funding was provided in September to help support licensed child care centres. Eligible costs include health and safety requirements and absenteeism due to COVID-19 protocols up to March 2021.

Children's Services supported the initiative of a Natural Playground, officially opened at Island Lake in October. It features nature-inspired play opportunities to help build connections to the natural world and in the local environment.

¹EarlyON sites closed in mid-March

²For program descriptions please see the attached flyer

³Healthy Babies Healthy Children is a partnership with Public Health. Follow up calls are made to moms who have recently given birth

⁴Raising the Bar (Early Learning Quality Accreditation Program)

* please note: statistics are accurate as of January 25, 2021

We are here for you virtually by offering...



Ask EarlyON

Call or text Monday to Friday
9-4 to talk to an EarlyON staff
member- 519-938-0559

Come Understand Parenting

A emotionally safe support
group which offers the parent
or pregnant mom the
opportunity to acquire positive
parenting skills, access
community resources and the
opportunity to meet other
parents.


EarlyON Dufferin Facebook

Follow our facebook page for
updated resources, current
information and our programs



Feelings After Birth

A safe and confidential support group
for women who want to come together
and discuss the sometimes difficult
emotions after the birth or adoption of
a baby.



Fill Your Cup

A support group which offers
mothers the opportunity to meet
other mothers in their community,
share ideas and questions around
parenting, access to a variety of
knowledgeable guest speakers in a
welcoming and safe
environment.

Contact



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