

CORPORATION OF THE COUNTY OF DUFFERIN


BY-LAW NUMBER 2023-07

A BY-LAW TO RATIFY THE ACTIONS OF THE WARDEN AND CLERK FOR EXECUTING AN AGREEMENT BETWEEN THE CORPORATION OF THE COUNTY OF DUFFERIN AND HILLS OF HEADWATERS COLLABORATIVE ONTARIO HEALTH TEAM. (Collaboration Agreement)


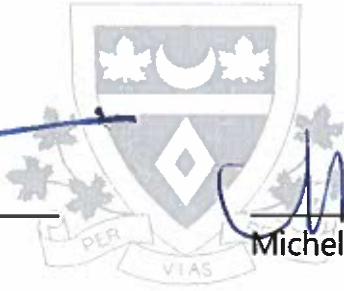
BE IT ENACTED BY THE MUNICIPAL COUNCIL OF THE CORPORATION OF THE COUNTY OF DUFFERIN AS FOLLOWS:

1. That the agreement between the County of Dufferin and Hills of Headwaters Collaborative Ontario Health Team, in a form substantially the same as attached hereto as Schedule "A" be approved.
2. That the staff of the County of Dufferin is hereby authorized to take such actions as are appropriate, and the Warden and Clerk are hereby authorized to ratify such documents as are appropriate to implement the agreement referred to herein.

READ a first, second and third time and finally passed this 9th day of February, 2023.



Wade Mills, Warden



Michelle Dunne, Clerk

HILLS OF HEADWATERS COLLABORATIVE ONTARIO HEALTH TEAM

COLLABORATION AGREEMENT

October 31, 2022

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HILLS OF HEADWATERS COLLABORATIVE ONTARIO HEALTH TEAM COLLABORATION AGREEMENT

This **COLLABORATION AGREEMENT** is made effective as of October 31, 2022

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 determined by the team member. Contributions will reflect the 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, strategic decision-making body of the HOH-OHT. The composition, mandate, and processes of the Collaboration Council are set out in Schedule 1. The Collaboration Council agreed the creation of an Anchor Council, a subset of the Collaboration Council, to provide direct oversight and facilitate decision making for the HOH OHT. The Collaboration Council 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 Anchor Council. The Anchor Council is the operational decision-making body of the HOH-OHT. All actions and decisions made at the Anchor Council are in line with the strategy agreed by the Collaboration Council. Any new items of strategic importance must be brought to the Collaboration Council for careful and considerate engagement. Membership is composed of one member of the Collaboration Council from the following sectors: Community Services; Community Wellness Council Core (Patient/Family); Congregate Settings; Home and Community Care; Hospital; Primary Care; Allied Health. Members are selected by vote at the Collaboration Council. The composition, mandate, and processes of the Anchor Council are set out in Schedule 1

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, or delegated sub-groups, 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, or delegated sub-groups, 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, or delegated sub-groups, 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 constating 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 until September 30, 2023 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.

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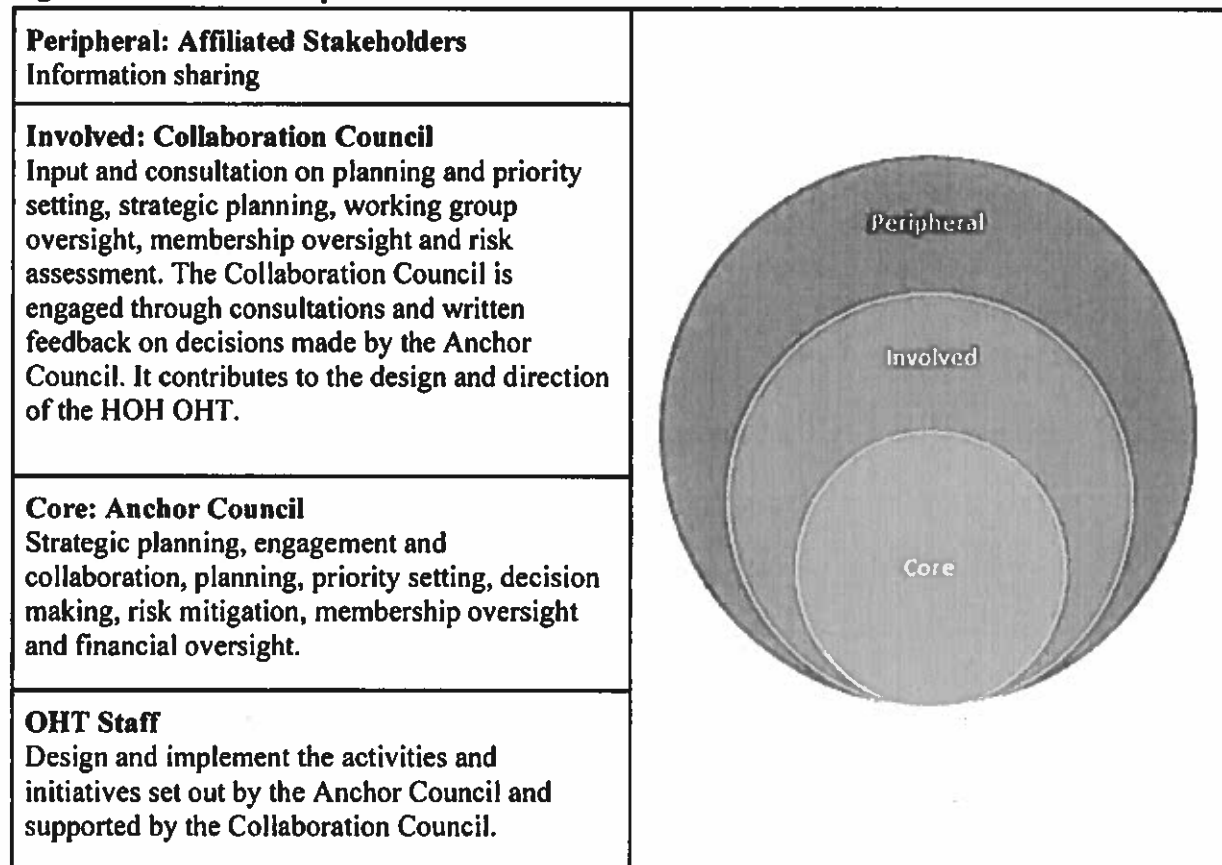
SCHEDULE 1 – Hills of Headwaters Collaborative OHT Governance, Structure and Decision-Making

This schedule sets out the governance, structure and decision-making process within the Hills of Headwaters Collaborative OHT (HOH OHT).

Levels of Participation

Many OHTs include different levels of participation and involvement for partners that require increasing amounts of commitment, accountability and resources. Figure 1 provides a summary of the structure for the HOH OHT..

Figure 1: Levels of Participation for HOH OHT Partners



Anchor Council	
Mandate	<p>The Anchor Council operates based on the HOH OHT's shared vision, values, and guiding principles. Its role is to provide a forum for the members to manage the operational decisions of the HOH OHT. All actions and decisions made at the Anchor Council must be in line with the strategy agreed by the Collaboration Council. Any new items of strategic importance must be brought to the Collaboration Council for careful and considerate engagement. The Anchor Council is accountable to the Collaboration Council.</p> <p>Anchor Council Members' commitments include:</p> <ul style="list-style-type: none"> ● Attend and actively participate in all required meetings. Members will <u>not</u> send a designate if they are unable to attend a meeting. ● A commitment to the shared vision, values, priorities, and guiding principles. ● Actively participate as members of the Anchor Council to manage the delivery HOH OHT strategic plan, priority objectives, budget and central brand. ● Work with each other to achieve the shared goals/priorities of the HOH OHT. ● Adhere to the provisions in the Collaboration Agreement with respect to information sharing, transparency, privacy, and confidentiality. ● Participate in the collaborative decision-making structures as provided in the Collaboration Agreement. ● Contribute resources (e.g. Financial, in kind support, etc.) to sustainability of the HOH OHT, as determined by the team member. Contributions will reflect their capacity and mandate. ● Be ambassadors for the vision of the HOH OHT within the broader community. <p>The Anchor Council's responsibilities include:</p> <p>Engagement and Collaboration</p> <ul style="list-style-type: none"> ● Ensure all decisions affecting the implementation of the HOH OHT are done so through proper and robust consultation with the Collaboration Council. ● Engage and seek input from HOH OHT members and sectors individually, as needed. ● Keep key stakeholders informed, involved, and engaged throughout the development and implementation of the HOH OHT. ● Provide updates to Collaboration Council and HOH OHT partners on status of projects, budgets and overall progress of HOH OHT

	<p>Planning and Priority Setting</p> <ul style="list-style-type: none"> ● In consultation with Collaboration Council, establish an overall strategic plan for the HOH OHT and an annual work plan consistent with the strategic plan ● In consultation with Collaboration Council, identify and measure the priority populations for the HOH OHT and the impact of decisions on them ● Enable strategic decisions and facilitate the implementation of collaborations and other initiatives in an efficient manner. <p>Financial Oversight</p> <ul style="list-style-type: none"> ● Approve expenditures of any net new resources, funds, and staffing in accordance with work plans and agreements to advance the work of the HOH OHT. ● Hire staff as needed to support the work of the Collaboration Council and Working Groups after consultation with the respective body. ● Develop guidelines for the allocation and sharing of costs and resources, including funding earmarked for the HOH OHT as well as human resources, capital, and facilities and costs related to supporting the work of the HOH OHT. ● Approve expenditures made by the Collaboration Council and Working Groups (i.e., work plan expenditures). <p>Membership Oversight</p> <ul style="list-style-type: none"> ● Act as an arbitrating body for any HOH OHT partnership concerns. ● Review membership of the Collaboration Council. <p>Risk Assessment</p> <ul style="list-style-type: none"> ● Identify risks and consider risk allocation, mitigation, and corrective actions for HOH OHT activities
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Membership	<p>The Anchor Council shall be comprised of the following voting members from the following sectors (1 member per sector):</p> <ol style="list-style-type: none"> 1. Community Services 2. Community Wellness Council Core (Patient/Family) 3. Congregate Settings 4. Home and Community Care 5. Hospital 6. Primary Care 7. Allied Health <p>Members on the Anchor Council are identified by the Collaboration Council and sit at both councils. Members must be not-for-profit senior decision makers. They must endeavor to ensure sectoral representation. Members are expected to bring their knowledge and leadership experience from their sector. No organization with the same ED/CEO may be represented at the Council twice. The patient/family participant will be selected from the Community Wellness Council (CWC) Core.</p> <p>Members will serve two-year terms subject to re-appointment by the Collaboration Council. Terms should be staggered to maintain continuity of Council. Terms may be shortened for members who are unable to meet their responsibilities.</p> <p>OHT Staff (non-voting members) also sit on the Anchor Council as needed and could include an Executive Director, Project Manager, etc. They will receive direction, get clarification on duties, gather feedback and provide updates. Guests may be invited to assist the Council as appropriate.</p>
Selecting and Changing Membership	<p>Anchor Council members who are designates of the Collaboration Council shall be selected through a process approved by the Collaboration Council.</p> <p>An Anchor Council member may be replaced by another sector representative from the Collaboration Council with reasonable notice to the Collaboration Council provided the process followed is acceptable to the Collaboration Council.</p> <p>The Collaboration Council can replace an Anchor Council member where that member is not acting in accordance with the guiding principles and in pursuit of the Shared Objectives of the HOH OHT. The replacement member shall be selected through a process approved by the Collaboration Council</p>

Co-Chairs	<p>The Anchor Council shall have two Co-Chairs, who shall be elected by a majority vote of the Anchor Council members. The Co-Chairs shall alternate the meeting chair responsibilities. Both Co-Chairs participate in deliberations and decision-making of the Anchor Council.</p> <p>The Co-Chairs shall be elected annually from among the members of the Anchor Council. Co-chairs will serve overlapping terms to ensure continuity of the table.</p>
Meetings	<p>Meetings shall be held at a minimum monthly. Meetings will be held at the call of the Co-Chairs or upon the request of another Anchor Council member in consultation with the Co-Chairs. The Co-Chairs may determine the meeting procedures. Agendas will be sent two days in advance and indicate if decisions are known to be required. Meetings may be by any available technology. Guests may attend a meeting upon consent of the Co-Chairs.</p> <p>In addition, based on the focus of individual agenda items, there may be times when additional individuals will be invited to participate in meeting discussions. Permission should be sought from the Co-Chairs.</p>
Quorum	<p>Quorum will be all members of the Anchor Council present in person or electronically. If voting is required, quorum is defined as 50% of voting members plus one. If quorum is not present, the members present may meet for discussion purposes only and no decisions shall be made.</p>
Decisions	<p>The Anchor Council has no authority to make a decision binding on a member organization. The Anchor Council will not duplicate or replace any member's governance or operational decision-making.</p> <p>For all decisions, consensus will be sought. Consensus means that each member is prepared to support the decision or, if applicable, recommend it to their board of directors, organization, or respective sector, as the case may be, even if they do not agree with the decision/recommendation.</p> <p>When consensus cannot be achieved, a majority vote of the members will carry the decision. Quorum must be established in order to vote. If consensus cannot be reached and making a decision or 'acting' at that time would be critical to the OHT, the Anchor Council may decide to vote. Each Anchor Council member will have one vote, excluding the OHT staff members. Where voting is required, all members must participate and be recorded on the decision (this may include by email or virtual contact).</p>

Minutes	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 Anchor Council members. Minutes will be shared with the Collaboration Council.
Information Sharing	The Anchor Council shall develop a protocol for how information is shared with members and their respective boards of directors or governing bodies, the Collaboration Council, the CWC Core, working groups and affiliate members.
Confidentiality	<p>Anchor Council members shall respect the confidentiality of information received by, and discussions of, the Anchor Council.</p> <p>Anchor Council members shall share information in accordance with the protocol adopted by the Anchor Council.</p> <p>Anchor Council members shall each sign an acknowledgement confirming their agreement to respect the confidentiality of information received in their capacity as a member of the Anchor Council and to adhere to these Terms of Reference and any protocols, policies or procedures adopted by the Anchor Council from time to time.</p>

Collaboration Council	
Mandate	<p>The Collaboration Council sets the strategic vision and objectives of the HOH-OHT. It brings forward recommendations and informs decisions made by the Anchor Council. It provides a forum for all members to contribute meaningfully to the activities of the HOH- OHT.</p> <p>Collaboration Council Members' commitments include:</p> <ul style="list-style-type: none"> ● Attend and actively participate in all required meetings or send a designate if unable to do so. A designate must be a senior leader in that member's organization or, in the case of the CWC Core member, a designate must be from the CWC Core. ● Collaboratively determine the shared strategy and priorities of the HOH OHT. ● A commitment to the shared vision, values, priorities, and guiding principles. ● Work with each other to achieve the shared goals/priorities of the HOH OHT. ● Adhere to the provisions in the Collaboration Agreement with respect to information sharing, transparency, privacy, and confidentiality. ● Contribute resources (e.g., financial, in-kind support, staff resources, etc.) to the sustainability of the HOH OHT, as determined by the team member. Contributions will reflect their capacity and mandate. ● Be ambassadors for the vision of the HOH OHT within the broader community. ● Sign a membership agreement, to be created, when joining the Council. ● Members are expected to bring their knowledge of community planning and their leadership experience. When the work of this Council is outside the scope of a member, they will call upon another colleague in their organization for support (e.g., working groups, consultation). <p>The Collaboration Council's responsibilities include:</p> <p>Engagement and Collaboration</p> <ul style="list-style-type: none"> ● Decisions made by the Anchor Council will receive feedback from the Collaboration Council. The Collaboration Council will discuss and provide recommendations before all decisions are to be made at the Anchor Council level. ● Provide input and advice to the Anchor Council and OHT Staff on governance, planning, design, implementation activities to

	<p>enable decision-making.</p> <ul style="list-style-type: none"> • Participate and provide input on a wide range of engagement, planning and co-design activities • Keep key stakeholders informed, involved, and engaged throughout the development and implementation of the HOH OHT. • Seek input from working groups and affiliated councils to support decision making at the Anchor Council. <p>Planning and Priority Setting</p> <ul style="list-style-type: none"> • Provide consultation and feedback to the Anchor Council in establishing an overall strategic plan for the HOH OHT and an annual work plan. • Provide consultation and feedback to the Anchor Council in identifying and measuring the priority populations for the HOH OHT and the impact of decisions on them. <p>Working Group Oversight</p> <ul style="list-style-type: none"> • Review and provide input on Working Groups' work and expenditure plans. • Approve the work plans and any agreements that support the implementation at the Working Group level. • Contribute to membership of working groups, individually or at an organizational level, as appropriate. Each organization should participate in at least one working group. • Approve any changes to the vision, values and guiding principles of the HOH OHT. • Annually review the performance of the HOH OHT. <p>Membership Oversight</p> <ul style="list-style-type: none"> • Develop membership agreement for participation on the Collaboration Council. • Provide recommendations to the Anchor Council on composition of the Collaboration Council. • Develop selection and replacement processes for electing members to the Anchor Council. • Elect members to the Anchor Council. <p>Risk Assessment</p> <ul style="list-style-type: none"> • Identify risks for consideration at the Anchor Council for all HOH OHT activities.
Membership	<p>Membership is open to health care and human service organizations, municipalities, networks, alliances, and groups that serve or are stakeholders of the Hills of Headwaters Collaborative OHT. Members must sign a membership agreement (to be created).</p>

	<p>Members must be active participants, contributing resources to support the sustainability of the HOH OHT to remain on the council. Co-chairs are recommended one additional member from their organization/agency on the Collaboration Council. All other members are recommended to have an alternate should they not be able to attend.</p> <p>The Community Wellness Council (CWC) Core will have up to two members on the Collaboration Council to represent the patient-family perspective.</p> <p>Collaboration Council is formed of senior leaders from partner organizations, with Co-Chairs selected from the group.</p> <p>OHT Staff (non-voting members) also sit on the Collaboration Council as needed and could include an Executive Director, Lead, etc. They will receive direction, get clarification on duties, gather feedback and provide updates.</p> <p>Guests may be invited to assist the Council as appropriate.</p>
Selecting and Changing Membership	<p>All members must sign a membership agreement, to be created and approved by the Collaboration Council. Members do not sit on the Council for a defined term and can choose to leave the Council at any point. If a member can no longer sit on the Council, the member will provide their resignation and seek a replacement representative from their organization.</p>
Co-Chairs	<p>The Collaboration Council shall have two Co-Chairs, who shall be elected 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.</p> <p>The Co-Chairs shall be elected annually from among the members of the Collaboration Council. Co-chairs should be members of the Anchor Council and must not be from the same sector. Co-chairs will serve overlapping terms to ensure continuity of the table.</p>
Meetings	<p>Meetings shall be held at a minimum monthly. Meetings will be held at the call of the Co-Chairs or upon the request of another Collaboration Council member in consultation with the Co-Chairs. The Co-Chairs may determine the meeting procedures. Agendas will be sent at least two days in advance and indicate if decisions are known to be required. Meetings may be by any available technology. Guests may attend a meeting upon consent of the Co-Chairs.</p> <p>In addition, based on the focus of individual agenda items, there may</p>

	<p>be times when additional individuals will be invited to participate in meeting discussions. Permission should be sought from the Co Chairs.</p>
Quorum	<p>Quorum will be all organizations of the Collaboration Council present in person or electronically. Each organization, regardless of the number of staff on the Collaboration Council, shall receive one vote. If voting is required, quorum is defined as 50% of voting members plus one. If quorum is not present, the members present may meet for discussion purposes only and no decisions shall be made.</p>
Decisions	<p>The Collaboration Council has no authority to make a decision binding on a member organization. The Collaboration Council will not duplicate or replace any member's governance or operational decision-making.</p> <p>When feedback and advice is sought by the Anchor Council, especially when it pertains to items with substantial impact on the HOH OHT, the Collaboration Council shall vote on any recommendations provided to the Anchor Council.</p> <p>For all decisions, consensus will be sought. Consensus means that each organization is prepared to support the decision or, if applicable, recommend it to their board of directors, organization, or respective sector, as the case may be, even if they do not agree with the decision/recommendation.</p> <p>When consensus cannot be achieved, a majority vote of the organizations will carry the decision. Quorum must be established in order to vote. If consensus cannot be reached and making a decision or 'acting' at that time would be critical to the OHT, the Collaboration Council may decide to vote. Each Collaboration Council member organization will have one vote. OHT Staff do not have a vote. Where voting is required, all member organizations must participate and be recorded on the decision (this may include by email or virtual contact).</p>
Minutes	<p>Meeting minutes will document deliberations and os. Where applicable, these will be shared with the Anchor Council for their decision making. 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 Collaboration Council members.</p>

Information Sharing	The Collaboration Council shall develop a protocol for how information is shared with members and their respective boards of directors or governing bodies, the Collaboration Council, the CWC Core, subcommittees, working groups and affiliate members.
Confidentiality	<p>Collaboration Council members shall respect the confidentiality of information received by, and discussions of, the Collaboration Council.</p> <p>Collaboration Council members shall share information in accordance with the protocol adopted by the Collaboration Council.</p> <p>Collaboration Council members and all members of subcommittees or working groups 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 applicable and to adhere to these Terms of Reference and any protocols, policies or procedures adopted by the Collaboration Council from time to time.</p>

Affiliated -Stakeholders	
Mandate	<p>Affiliated stakeholders receive electronic information and updates from OHT Staff, the Anchor Council, and the Collaboration Council, as appropriate. Affiliated stakeholders do not meet or contribute to the direction or outcomes of the HOH OHT.</p> <p>Affiliated Stakeholders' commitments include:</p> <ul style="list-style-type: none"> • This group is for information sharing. There are no commitments for individuals or organizations who chose to be affiliated stakeholders. <p>The Affiliated Stakeholders' responsibilities include:</p> <p>Information Sharing</p> <ul style="list-style-type: none"> • Stakeholders receive information electronically from the HOH OHT. They have no other responsibilities or accountabilities.
Membership	<p>Membership is open to all interested organizations, both for-profit and not-for-profit as well as individuals. Anyone interested in becoming a stakeholder must email the OHT Staff to be added to the mailing list. If a stakeholder no longer wants to receive updates, they must send an email to remove their name from the mailing list. Affiliated stakeholders do not contribute to the direction of the HOH OHT and can be anyone interested in receiving electronic updates from the HOH OHT.</p>
Meetings	<p>The Affiliated Stakeholders do not meet. Stakeholders may be convened once or twice a year for a town hall update or another engagement opportunity.</p>
Decisions	<p>The Affiliated Stakeholders do not make decisions.</p>
Confidentiality	<p>Any information received by Affiliated Stakeholders will not be confidential and can be shared as necessary.</p>

Affiliated Councils	
Mandate	<p>Affiliated councils are tables, groups, committees or councils that are loosely attached to the HOH OHT and may support HOH OHT priorities and Ministry related projects, as they deem appropriate.</p> <p>Affiliated Councils' commitments include:</p> <ul style="list-style-type: none"> • Determine their own involvement with the HOH OHT, as they deem appropriate. • When attending meetings associated with HOH OHT, actively participate and commit to the shared vision, values, priorities and guiding principles. <p>The Affiliated Councils' responsibilities include:</p> <ul style="list-style-type: none"> • Keep the HOH OHT Anchor Council updated on priorities, projects and needs, as appropriate. • Advocate and support the populations represented at their council within the HOH OHT structure.
Membership	Membership and representation at the Collaboration Council or Working Groups is determined by the individual council.
Meetings	When members of Affiliated Councils attend meetings associated with the HOH OHT, they shall follow the governance, commitments, and responsibilities of that group.
Decisions	As determined by the individual council.
Confidentiality	<p>Members of Affiliated Councils shall respect the confidentiality of information received by, and discussions of, the HOH OHT.</p> <p>If attending meetings, Affiliated Council members shall agree to respect the confidentiality of information received in their capacity as a participant of those meetings and to adhere to any protocols, policies or procedures adopted by that group.</p>

HOH OHT Working Groups	
Mandate	<p>The Working Groups are created to operationalize the HOH OHT priorities and Ministry related projects. Based on the HOH OHT's shared vision, values, and guiding principles, the Working Groups function to help achieve the goals and vision of the HOH OHT.</p> <p>Working Group Members' commitments include:</p> <ul style="list-style-type: none"> • Attend and actively participate in all required meetings or send a designate if unable to do so. • A commitment to the shared vision, values, priorities, and guiding principles. • Work with each other to achieve the shared goals/priorities of the HOH OHT. • Be ambassadors for the vision of the HOH OHT within the broader community. • Members are expected to bring their knowledge and experience from their service, occupation or specialization. <p>The Working Groups' responsibilities include:</p> <ul style="list-style-type: none"> • Based on the priorities identified by the Anchor Council and supported by the Collaboration Council, define scope of work and identify actions. • Create Terms of References, as necessary, for review at the Collaboration Council and approval at Anchor Council. • Develop work plans and budgets for Anchor Council approval. • Achieve the milestones outlined in the work plans and provide updates to the Collaboration Council and Anchor Council as necessary. • Identify risks for consideration at the Collaboration Council for all Working Group activities. • Create an annual budget based on anticipated expenses for review at the Collaboration Council and approval at the Anchor Council.

Date of Last Review:
October 31, 2022

SCHEDULE 2 – Relationship Resolution Process and Dispute Resolution

Relationship Resolution Process


1. The Team Members agree that the Collaboration and Anchor Councils have 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 Collaboration Council 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

5. 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

6. 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.