

Lanark Leeds & Grenville Ontario Heath Team (LLG OHT)

Collaborative Decision-Making Arrangement (CDMA) FAQ

1. What is the Collaborative Decision-Making Arrangement (CDMA)?

CDMAs are arrangements that enable multiple organizations to successfully engage in deliberative, consensus-oriented, collective decision-making to achieve shared goals, accountabilities, and opportunities for improving care. It is expected that CDMAs will evolve as OHTs develop, expand, and mature to the point of readiness for this shift.

To be eligible for any future OHT implementation funding opportunities, OHTs will be required to demonstrate they have established a CDMA between members. All OHT partners, whether noted as an anchor, affiliate or supporter member will be asked to sign the LLG OHT CDMA as a means to participate in the OHT moving forward. All members from here on out will be referred to as "Team Members".

2. What kind of content is outlined in this arrangement?

The CDMA includes the following:

- Overview of the LLG OHT vision, values and guiding principles;
- What an organization/individual is committing to by signing onto this arrangement;
- What is consensus decision-making;
- Overview of the Multi-Sectoral Committees and their draft Terms of Reference;
- Overview of the Collaboration Council and their Terms of Reference;
- Role of Patient/Clients/Families/Caregivers in the LLG OHT;
- Role of Primary Care Network in the LLG OHT;
- How the process for communication and engagement with internal and external LLG OHT stakeholders will be developed;
- How project agreements will be integrated into the LLG OHT;
- How principles around information sharing, transparency, privacy and confidentiality will be reflected; and
- Dispute resolution process.

3. Who signs the CDMA? Do Board Chairs and/or Board Members need to sign?

The Collaborative Decision-Making Working Group will be asking all OHT partners to sign off on the CDMA. All partners are signing the CDMA as a Team Member and agreeing to the terms. Boards are not required to sign the CDMA. Organizational senior leaders are encouraged to inform and/or discuss the content of the CDMA and the implications of signing on behalf of the organization with their Boards, as well as seek approval from their boards if required. Organizations are welcome to seek clarification from their own legal counsel as necessary.

The Ministry of Health (MOH) asked that OHTs complete and sign a CDMA attestation document by January 14th, 2021 to maximize the likelihood of receiving OHT implementation funds for the remainder of this fiscal year. We have asked for an extension to this date and will submit our CDMA by March 15, 2021.

4. What am I/my organization agreeing to by signing this arrangement?

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

- The shared guiding principles of the LLG OHT;
- Work with each other to achieve the Shared Objective and to endeavour to eliminate, minimize 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; and
- Give notices to the Collaboration Council and other Team Members as are required under this Framework in respect of involuntary or voluntary integrations or other corporate restructurings.

Commitments are geared towards continuing the development of the LLG OHT. The CDMA is not intended to be a legally binding document, and while organizations are committing themselves to the points outlined above, there is no legal liability for not following through.

5. Am I required to provide financial/other supports as a result of this arrangement?

Yes, if you are an anchor partner as outlined in the agreement there is a contribution that may be required as determined by the Collaboration Council in consultation with OHT members. Financial contributions and methodology of cost allocation will be reviewed annually. Projects supports provided by organizations/individuals will be outlined in project agreements that will be developed for each project the LLG OHT undertakes. The project agreements are intended to be operational and specifically identify commitments (financial, human resources and other supports) organizations will agree to commit to the OHT for completing specific projects and initiatives.

6. What is the difference between being an affiliate, supporter or anchor member?

Three levels of participation have been suggested to allow for broad participation within the OHT by organizations/entities of various sizes, interests, etc.

Anchor Members	Affiliates	Supporters
<ul style="list-style-type: none"> - Contribute to the health and well-being of the LLG community - Involved in decision-making, planning, design and projects of the OHT - Contribute to the success of the OHT by leveraging financial and/or in kind resources. 	<ul style="list-style-type: none"> - Contribute to the health and well-being of the LLG community - Provide input to enable decision-making and participate in planning, design and projects of the OHT. 	<ul style="list-style-type: none"> - Contribute to the health and well-being of the LLG community - Interested in providing input and receiving information on OHT activities, but not actively participate in planning and design.

7. What will happen with any existing funding agreements I/my organization has currently with the Ministry of Health?

At this time, there are no changes to the funding agreements you or your organization currently hold with the Ministry of Health and other funders. Any implementation funding that the OHT receives from the Ministry of Health is outside of any existing contracts or funding provided to organizations or individuals, and will be used for OHT specific projects that will be approved by the Collaboration Council with input from all Team Members including the Lived Experience Advisory Network (LEAN) and Primary Care Network (PCN).

8. What happens if I sign this arrangement and later on decide to no longer be a part of the LLG OHT?

The CDMA outlines the process for withdrawing participation in the OHT in s. 15b: Voluntary Withdrawal. A Team Member may withdraw from this Framework by providing at least 90 days’ notice to the other Team Members and to the Collaboration Council.

If a Team Member has made other commitments in a separate Project Agreement, there may be other provisions, which will be binding upon them if indicated in the Project Agreement. However, there is a withdrawal process in the CDMA for such Project Agreements, as well, similarly including a 90 day notice to the Collaboration Council. There may be obligations, which continue after such a withdrawal, but only those a Team Member had agreed to in a Project Agreement, related to participation and contribution they agreed to give for a service or other project of the OHT.

9. What are the next steps for the OHT in becoming its own entity?

It has been made clear from the Ministry of Health that the goal for OHTs in the future is to

become their own entities. At this time, we have no timelines provided from the Ministry of Health as to when OHTs will move to become their own entities. Recent communications from the Ministry indicate that OHTs in cohort 2 (approved November 2020), including LLG OHT will receive up to \$937,500 in FY 2021-22 and \$187,500 in Q1 FY 2022-23 in one-time funding to support OHT implementation activities, subject to the ministry's receipt of the necessary appropriation and the OHT meeting any additional requirements.

10. What is the purpose of the Collaboration Council and how will information flow to/from organizations not represented on the Council?

The purpose of the Collaboration Council is to act as a steering committee to enable strategic decisions and facilitate the implementation of collaborations and other initiatives in an efficient manner to achieve the Shared Objectives. Membership of the Council will be determined by the Multi-Sectoral Committees and will include representation from the Lived Experience Advisory Network and Primary Care Network. The Collaboration Council members are collectively responsible for seeking input from and relaying information to all Team Members at the Multi-Sectoral Committees, Lived Experience Advisory Network and Primary Care Network.

11. Why are two Multi-Sectoral Committees needed?

In year one, there will be two regional Multi-Sectoral Committees to ensure robust communication and equal opportunity for all partners to share and contribute to the OHT development and activities. This will enable relationship building across the wide range of partners, sectors and geographical area served by the LLG OHT. This model will be reassessed after the first year to evaluate effectiveness and ongoing need as the OHT matures.

Team Members can sit at both the North and South Multi-Sectoral Committees. Decisions will be made by consensus; ensuring recommendations put forth to the Collaboration Council have the support of all Team Members. If decisions cannot be made using consensus and voting is required, to ensure equity, organizations will only be able to vote at one Committee and therefore must select a primary designation (North or South Multi-Sectoral Committee) for voting purposes.

12. What is consensus decision-making?

Consensus decision making is a creative and dynamic way of reaching agreement in a group. Instead of simply voting for an item and having the majority getting their way, a consensus group is committed to finding solutions that everyone actively supports – or at least can live with. In consensus no decision is made against the will of an individual or a minority. This means that the whole group has to work hard to find win-win solutions that address everyone's needs.

http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/OHT_CDMA_Guidance_Doc.pdf

13. What does the OHT Operational Structure look like?

