



TORONTO
HIV/AIDS
NETWORK

HIV Sector Collaboration, Co-location and Integration Exploration

Report and
Recommendations

October 1, 2020

strategisense

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Introduction

The Toronto HIV/AIDS Network (THN) has undertaken an exploration and development of recommendations for Hub, collaboration, co-location, and integration options for the HIV sector in Toronto. THN members are committed to creating more inter-agency collaboration to better meet the needs of service users. A number of member organizations are also in the process of exploring options and opportunities for collaboration, service delivery, and co-location models. In addition, a concept paper, Toronto HIV Sector Service Delivery: Exploring Collaboration, Co-location and Integration, was commissioned by the THN in February 2020 to inform their exploration process and highlighted four key drivers:

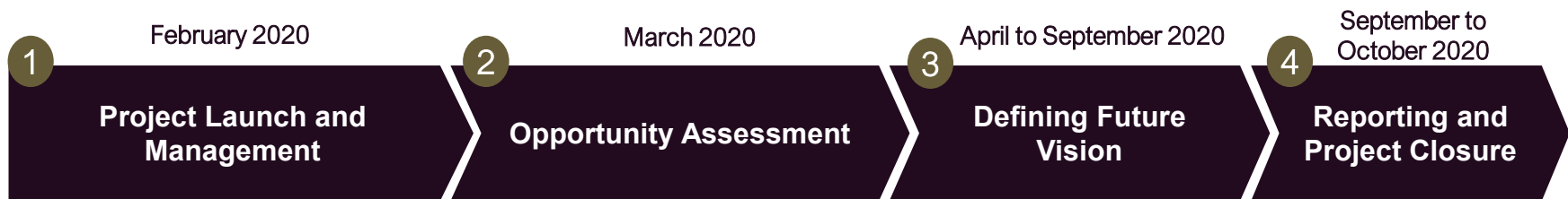
- “Improving client services as a foundational outcome through improved access, more coordinated, integrated and innovative services.
- Reduce operating costs, particularly for smaller agencies, sharing soaring rental costs and other operational and administrative expenses.
- Changing policy trends, ministerial frameworks, priorities and structuring with a focus on more integrated health services.
- Sustaining dedicated community-specific, culturally sensitive supports for vulnerable clients.”¹

Strategisense Consulting was engaged to undertake the first phase of this exploration – the Opportunity Phase – and conduct stakeholder consultations and promising practices review during February and March 2020. The consultation was intended to identify requirements, recommendations and options for new HIV/AIDS sector service delivery and colocation models. Using an appreciative inquiry framework, the consultation engaged over 100 individuals in both English and French and generated significant feedback. Consultations included partner interviews, key informant and funder interviews, and client and community engagement sessions. In addition, a focused review of promising practices was conducted to identify opportunities to leverage learnings from other related initiatives. The high-level themes that emerged during the consultations were outlined in an Opportunity Assessment Summary of Findings report. The recommendations and options provided in this report were developed and presented to support discussions of the Service Delivery Integration Working Group (SDWG) and participating organizations. Two SDWG Vision Design sessions were held to discuss the potential options for co-location, collaboration and integration opportunities.

This document provides an overview of the exploration process, the collaboration framework discussed, co-location options and agreements, and implementation next steps and recommendations.

The Co-location and Collaboration Exploration Process Overview

The steps of the co-location and collaboration exploration process between February and October 2020 are described below.



- 90-minute project launch meeting with Service Delivery Working Group (SDWG)
- 1-hour Project planning meeting with subgroup and THN Executive Director
- Gather and review background documentation
- Develop stakeholder engagement strategy
- Support development of communications messaging
- Ongoing project management including emails and phone calls with the THN Executive Director
- Assessment framework development
- Environmental scan and leading practices identification and five 30-minute key informant interviews
- Conduct stakeholder engagement
 - Partner interviews
 - Community engagement sessions
 - Partner surveys
- Prepare summary of findings and draft models
- Plan for Vision Design sessions
- Plan and deliver two Vision Design Session with the SDWG and interested partners
- Conduct and analyze a survey to inform the potential sub-groups for co-location
- Prepare draft findings from Vision Design session and circulate to SDWG
- Prepare final report with final recommendations, options, requirements and implementation considerations.
- Review by SDWG for input and finalize by email and phone if required.

Opportunity Assessment Summary of Findings

The Opportunity Assessment phase, of this exploration included stakeholder consultations and a review of promising practices. Using an appreciative inquiry framework, the consultations engaged over 100 individuals and generated significant feedback. Consultations included partner interviews, key informant and funder interviews, and client and community focus group sessions. In addition, a focused review of promising practices was conducted to identify opportunities to leverage learnings from related initiatives. The high-level themes that emerged during this phase are outlined in the Summary of Findings report and summarized below. A draft framework, recommendations and options were also provided in this report to support discussions of the Service Delivery Integration Working Group (SDWG) and participating organizations.

Foundational principles to inform decision making

The foundational principles that need to inform the process and potential model, as highlighted by stakeholders, include client-centredness, information sharing, communication, commitment to the vision and effective implementation of principles. As well as, clear structures and processes, and a focus on building a resilient collaboration.

Client services and experience

The strengths of services that client's access was consistently acknowledged. Strengths included the range of services available, an emphasis on community building, effective client engagement, and ensuring diverse and equitable spaces. Opportunities related to enhancing the identification and responsiveness to client needs, improving service access and quality (particularly for communities experiencing disparities in health outcomes), more effective and consistent equity and inclusion practices, and strengthening meaningful client engagement were identified. In addition, to the need to strengthen system navigation, enhance shared intake, expand virtual service delivery, and ensure effective advocacy.

Partnerships and collaboration

Over recent years, the HIV/AIDS service sector has built positive relationships and successful collaboration and co-location initiatives. This has expanded the range of services available to the community and improved the effectiveness and efficient utilization of resources. Opportunities still exist to develop more fully integrated service models and more effective collaborations. Including the development of clear common vision and principles, strengthening trust amongst partners, creating shared policies and practices, and sharing information. As well as, increasing the use of existing expertise, and integrating mechanisms to

sustain autonomy and mitigate power imbalances. Thus, ensuring meaningful representation of lived experience and marginalized voices in governance and other decision-making processes and structures.

Resources and infrastructure

Collaboration and co-location within the HIV/AIDS sector will require adequate resources for planning, implementation and sustainment. The required resources will include human resources, technology and physical spaces. These resources will need to be enabled by long-term financial modelling, capacity building, structures to ensure accountability and flexibility, social enterprises, and safe positive spaces.

Varied client needs and model options

Many of stakeholders consulted emphasized the opportunity to explore collaboration beyond physical locations. Across the participating partner organizations there are varied target audiences and services. Analysis of the mapping of needs and potential model options are proposed for discussion through a co-location and collaboration framework developed with input from the consultation and promising practices review.

COVID-19 Pandemic

The emergence of COVID-19 and the related developments continue to impact people living with HIV/AIDS (PHAs), their access to services, and partner organizations in a range of ways. These developments occurred towards the end of the consultation process of this initiative, resulting in the key impacts below.

- **Impact on Consultation Process:** Most stakeholder consultations were conducted prior to the COVID-19 pandemic outbreak. Due to the operational disruption caused by the pandemic and the social distancing requirements, one community engagement session was cancelled - a focus group with prisoners and ex-prisoners.
- **Impact on Key Themes, Questions and Next Steps:** Since the consultations were conducted before the COVID-19 outbreak, the themes and the key questions and issues raised did not consider the impact of COVID-19 on client needs, organizational capacity, service delivery models, operating models and space requirements. Key questions and issues related to the COVID-19 impact and the post-lockdown "new normal" were added and integrated into the SDWG discussions.

Defining Future Vision

Building on the consultation and opportunity assessment phase findings, the below activities were conducted with SDWG and partners to define the future vision for co-location and collaboration in the HIV/AIDS sector in Toronto.

Vision Design Session 1

This included a review of the key findings, a discussion of implications, and the prioritization of key discussion questions. Some of the key discussion questions include:

- What are the principles and values that will inform the development of a new model/co-location and collaboration?
- What are the potential future scenarios for our context as a result of COVID-19? What implications does that have on our colocation/ collaboration model? How do we need to evolve and adapt our thinking regarding potential models?
- Given the varied client needs, are there sub-sets of organizations (sub-groups) that we should consider for co-location? If so, what are they?
 - By types of clients?
 - By financial/staff size?
 - By geography?
 - By current relationships (referral partnerships, space sharing, Board relationships, back-office initiatives, etc.)

Defining Co-location and Collaboration Sub-groups

A survey was conducted to inform the definition of the subgroups. The input was analyzed and options were presented to the SDWG in the second Vision Design Session. The options were discussed and the group agreed on next steps to further define the subgroups.

Vision Design Session 2

A framework for sub-group definition and potential sub-groups were presented based on the input received during the survey and discussions. SDWG discussed the options and the implementation next steps agreed on a few subsequent meetings and actions. Each of the sub-groups will be further defined by potential partners, and will continue to have discussion about their own vision, and co-location model. An overview of these sub-groups, their key discussion questions, and recommendations are outlined in this report.

HIV SECTOR CO-LOCATION COLLABORATION AND SERVICE INTEGRATION FRAMEWORK

Co-Location and Collaboration Framework

Based on the consultation findings, promising practices review, and the SDWG discussions, a Co-location and Collaboration Framework was developed and includes elements and key questions to inform the design of the model. Some of these elements and questions were addressed during this process, some still require further discussion. This section of the report highlights the agreements of the SDWG to date. Further data, options, and recommendations to support future discussions and the selection of future co-location models are provided in the Summary of Opportunity Assessment Phase Findings report.

Addressing the elements of the Co-location and Collaboration Framework may have started in a linear fashion, however, it will likely require iterative discussion of many of these elements to finalize the future models.

COVID-19 implications on the sector and the community presented a new lens when examining the co-location and collaboration framework, and when discussing the proposed key questions. Several potential scenarios for the “next normal” post-pandemic were discussed and informed the options moving forward in terms of timeline and impact on service requirements.

Potential impacts on government policy and funding were also considered including:

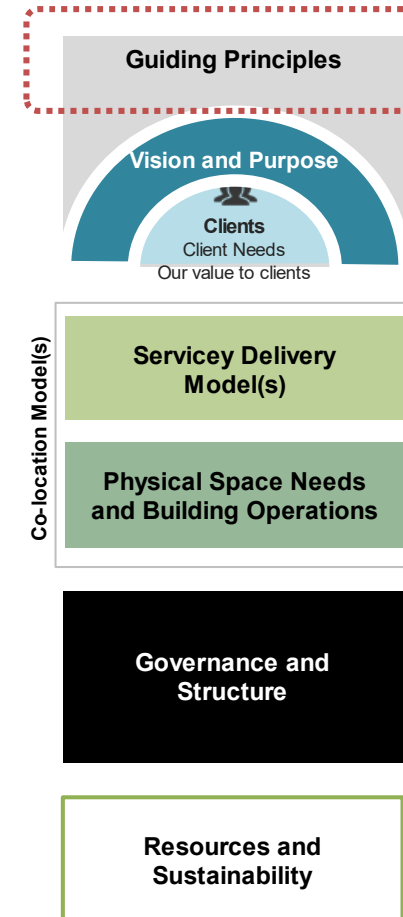
- Increased government spending in the short-term, presenting many opportunities for organizations
- Increased focus on sector efficiencies and support for sector collaboration
- Austerity and reduced funding to all initiatives in the long term
- Direction towards more formal integrations and mandated mergers of organizations

Key questions relating to the pandemic were integrated in the key discussions in terms of the implications on the co-location/collaboration model, and how the group needs to evolve regarding potential models.

The draft Co-Location and Collaboration Framework outlines the key elements and questions to be addressed by the SDWG



1. GUIDING PRINCIPLES



Guiding Principles

What are the principles and values and that will inform the collaboration options?

The values and principles identified by the SDWG in their November and December 2019 meetings are organized thematically below. These principles and the corresponding themes are consistent with input received during the Opportunity Phase stakeholder consultations and subsequent SDWG discussions.

Client-centredness

- Client-centred practices
- Self-determination
- Harm reduction
- Trauma informed
- Strengths-based
- Holistic
- Evidence informed

Access, Equity and Social Justice

- Accessibility
- Inclusive
- Anti-Racism and Anti-Oppression
- Gender equity
- Cultural diversity
- Equity (literal and social)
- Supporting staff and volunteers
- Sex positivity
- Decolonization & reconciliation
- Human rights & justice
- Humanity (respecting each other)
- Security and Safety

Effective Community and Lived experience

Engagement

- GIPA/MEPA
- Community driven
- Greater engagement of priority populations & inter-generational

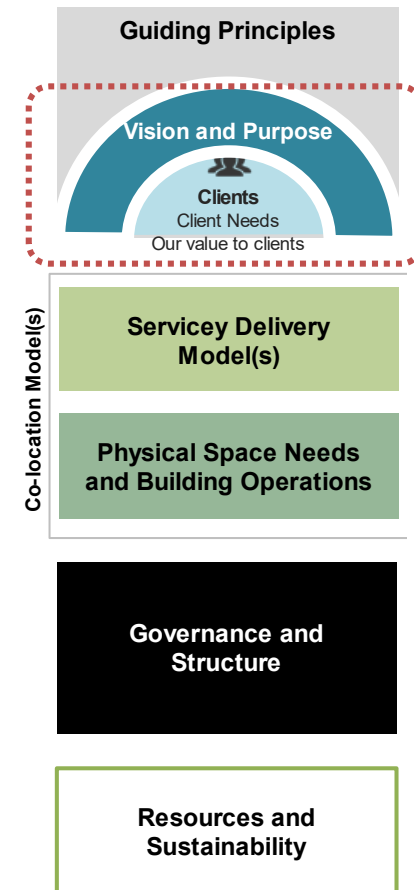
Inclusive Collaboration

- Collaborative
- Good neighbour
- Conflict resolution
- Transparency
- Commitment
- Open-mindedness

Confidentiality and Disclosure

- Organizational privacy and disclosure
- Client/ population privacy

2. CREATING A SHARED VISION & PURPOSE



Starting with clients...

The first step in approaching the design of the co-location model is to fully understand the needs of the clients. To answer the questions: Who is our target population? What do we want to offer them? What is the desired impact we want to have?

The answers to these questions will inform the vision and the purpose of the collaboration.

Priority populations and subpopulations served by THN partners are summarized below. An initial mapping of the current services to different client groups was summarized in the Summary of Findings report, as a starting point for partner organizations to continue exploring.

Priority Populations

- People living with HIV/AIDS
- Gay, bisexual and other men who have sex with men, including Trans men
- African, Caribbean and Black communities, including people from HIV-endemic countries
- Indigenous men and women
- People who use drugs (PWID)
- At-risk women, including Trans women

Other sub-populations that were identified as under-served by consulted stakeholders include:

- The francophone community who need harm reduction services and peer support
- Racialized communities
- People experiencing homelessness
- People who require mental health support
- Undocumented people and people without status
- Families with children
- Seniors
- Prisoners and ex-prisoners
- Sex workers

Potential Co-location Partners and their Clients

It was also important to examine the potential partner organizations that expressed interest in being part of the co-location, and needs of the client populations they serve. The following page maps the needs of these organizations in terms of client access of populations they serve and space and infrastructure requirements. The analysis aimed to address key issues including:

1. Balancing different client population needs and related approaches relating to privacy and accessibility.
2. Creating efficiencies for all.
3. Determining the pace of implementation – the desired timeline for co-location.

Most partners have indicated they would like to preserve their own history, organizational identity, culture, and service strengths. This initiative is viewed as voluntary by most organizations - not a “big bang” revolution. Voluntary evolution requires time for discussion and achieving alignment and consensus at various levels within the organizations – boards, management, clients and families, and staff.

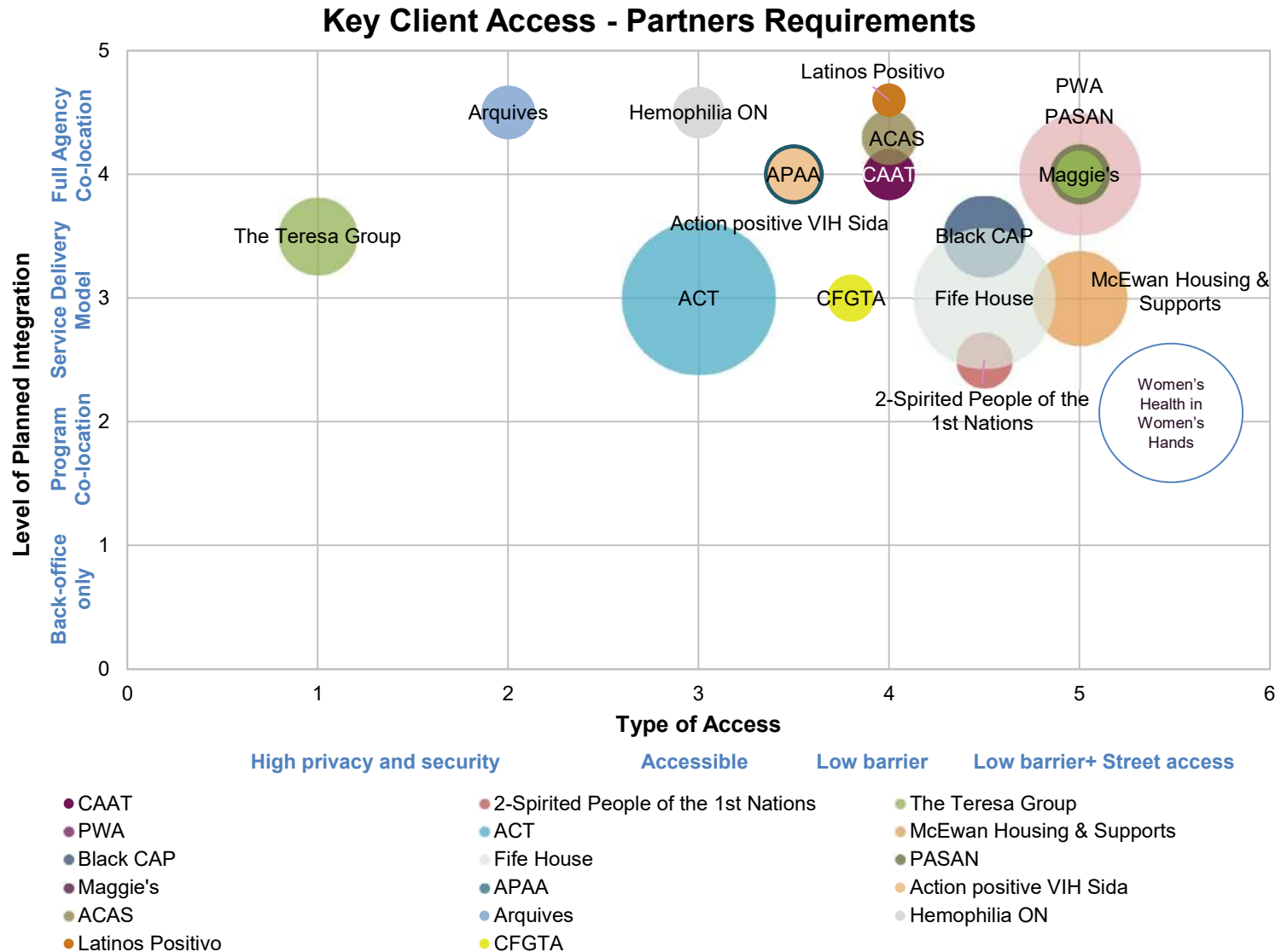
Considerations to setting up an evolutionary process to advance the conversation between the parties included:

- **Complexity:** There are many factors to be considered to move from the current state to a co-located hub(s).
- **Fit:** Target populations and needs, organizational missions, size, current space requirements etc.
- **Potential Sub-sets:** Are there sub-sets of organizations that should be considered for co-location? If so, what are they?

Key Partners have a range of needs in terms of desired level of integration and space accessibility

The Key Partners Requirements chart on the right depicts the key partners interested in this co-location and their requirements in terms of:

- Level of integration the agency is interested in - from back-office support to program co-location service delivery model integration; or full-agency co-location where the entire agency moves to the co-located model.
- The type of access the agency requires for their clients, including private secure spaces that are child-friendly, or low-barrier with street access.
- The size of the bubble representing each agency is reflective of the agency size in terms of revenue, based on their 2018 financials.



Defining Sub-Groups

Given the size of the sector and the range of client needs, it has been recommended that sub-groups are define for co-location and/or service integration. Organizations were asked for their ideas on potential sub-groups and models that could be considered for co-location and collaboration through a survey focused on the following questions:

1. Are there sub-sets of organizations (sub-groups) that we should consider for co-location? If so, what are they?
 - By target clients? By financial/staff size? By geography? By current relationships (referral partnerships, space sharing, Board relationships, back-office initiatives, etc.?)
2. What could be integrated across different sub-groups e.g. joint in-take, back-office, specific programs?

A survey was distributed in August 2020. Six agencies responded to the survey. The the suggested themes for sub-grouping included:

- By priority populations – gay bi queer men; ACB communities; francophone populations
- By smaller agencies that require space
- Agencies that are currently exploring intakes (with OHTN)
- Peer Support
- Capacity Building
- Sharing of physical space
- Focus on agencies already collaborating
- Financial Factors
- Catchment areas
- Focus on prevention and harm reduction

Additional Themes

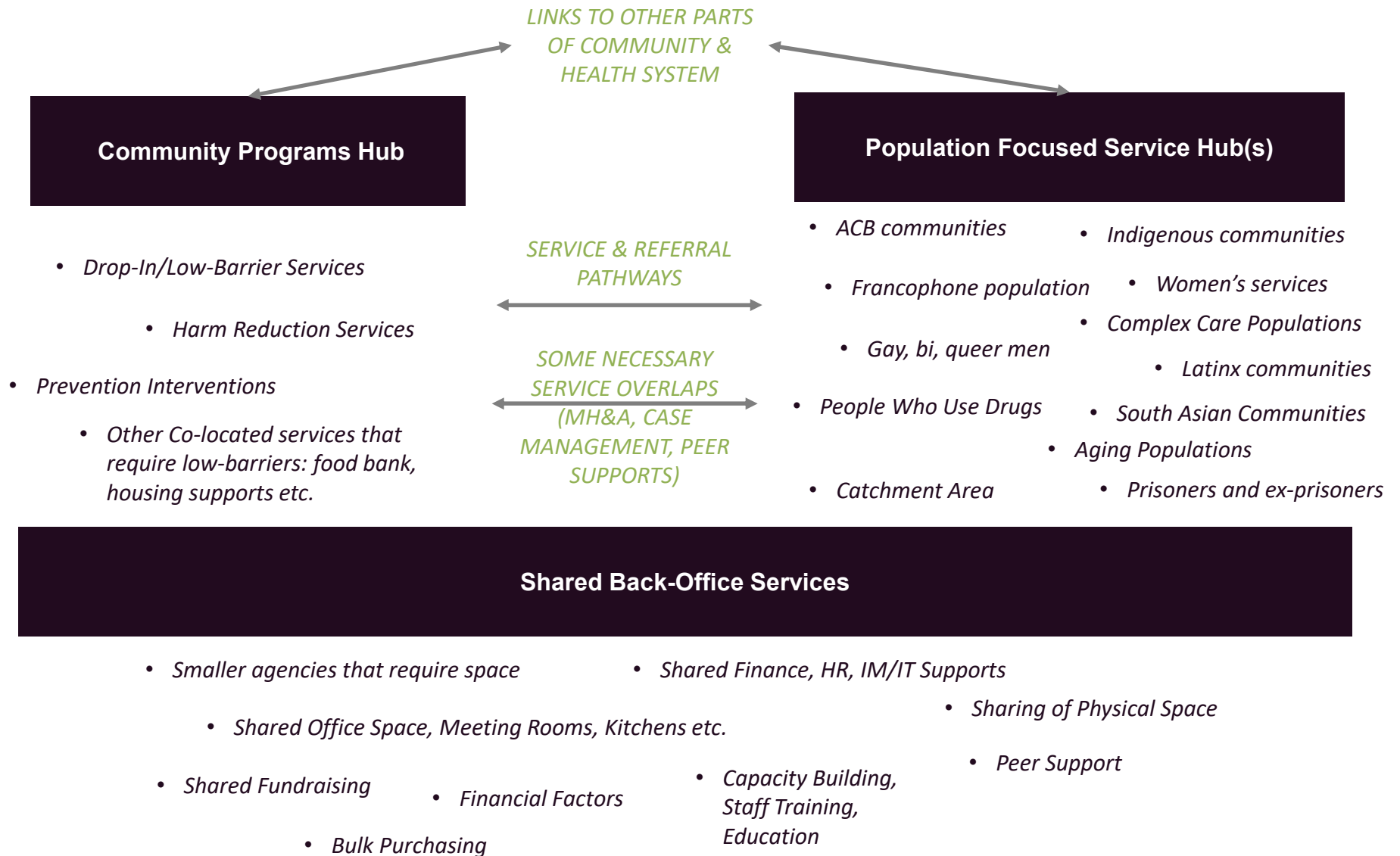
The areas below have been identified as potential integration and collaboration initiatives in previous work (including at previous SDWG conversations, input from the consultation and the THN HIV Sector Service Delivery Concept Paper: Exploring Collaboration, Co-location & Integration):

- Priority and/or Racialized Populations – focus on women, black and indigenous populations
- People who use drugs
- Prevention interventions
- Focus on Integrated Services
 - Integration of spectrum of services – “one-stop shop”
 - Links to other agencies providing services/supports to PHAs, family supports or at-risk populations
 - Links to other parts of the broader community supports systems (housing, legal aid, food bank, financial planning and supports, ODSP-OW etc.)
 - Links to other parts of the health system (OHTs, primary care, mental health & addiction services, in-home supports)
- Care/Service Pathways
- Harm reduction services
- Low barrier services/drop-in services
- Complex care services (MH&A, justice system)
- Mental health support (counselors, case managers)
- Aging populations
- Capacity building
- Shared Fundraising
- Shared Services – office space, kitchens, back-office supports

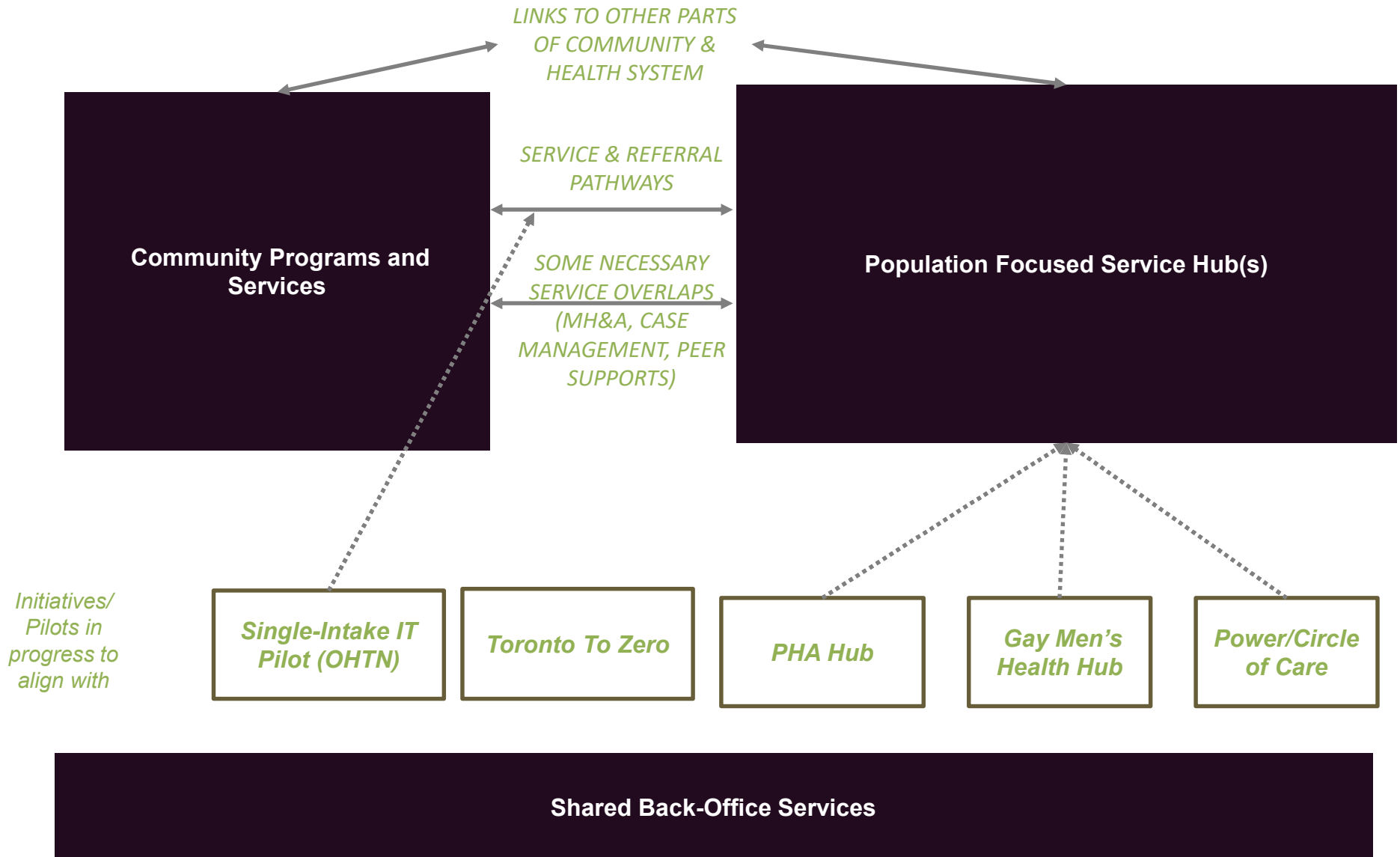
Developing a Sub-grouping Framework

- The following pages were presented to the SDWG as an attempt to organize and structure a process to move the collaboration, co-location and integration conversation forward.
- The framework is not meant to be a comprehensive solution with “all the answers”. Given that this is a complex eco-system with many different organizations all with their own focus, services, supports, communities and organizational issues (HR, financial, IM/IT etc.), The framework is to create an understanding of how the system may inter-relate and set the course for next steps.
- Specific details of how the components relate to one another will evolve over time as organizations collaborate and work together.

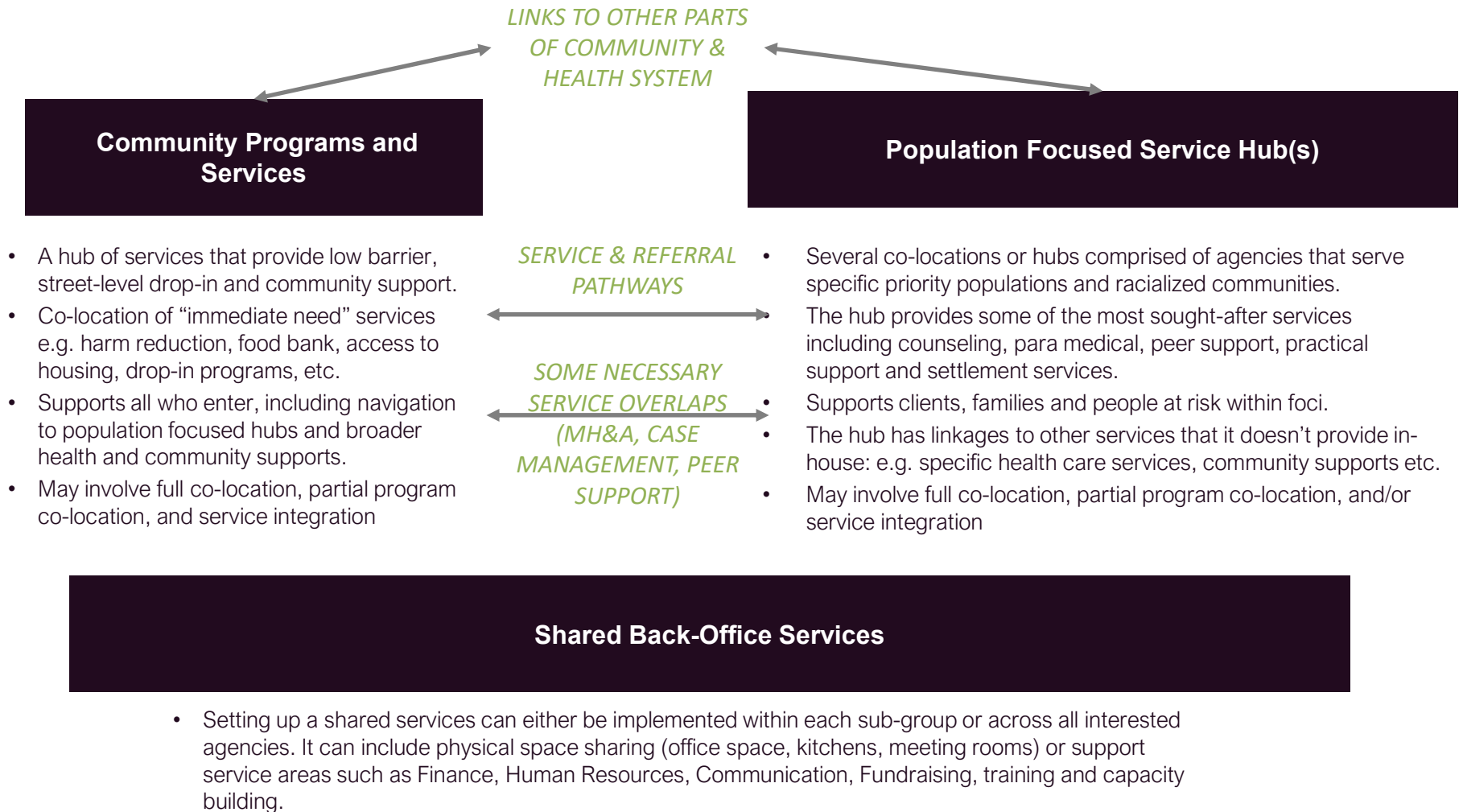
Recommended Sub-grouping Framework



Linkages to Other Initiatives in the Sector



Potential Sub-grouping Framework



Considerations

Population Focused Hub(s)

- This would be a voluntary process, and is not meant to be prescriptive.
- This framework is not advocating for each population to have its own hub. Collaboration between partners will lead to evolutionary approach to consolidation of sites and services.
- Moving forward it is recommended to examine organizational alignments – population overlap, volume of activity, organizational size, service overlap, complementary services, physical space requirements etc.

Community Programs and Services

- Examine drop-in needs for the communities/populations being served
- Define scope of services, accessibility, measure demand and other parameters
- Potential location(s) should enable greatest access

Shared Back-Office Services

- Different models exist – Internal, External, Hybrid
- Sensitive conversations require confidentiality agreements in place

SDWG Input to the Potential Co-location Sub-Groups

After a presentation of the proposed potential framing of the co-location sub-groups, participants in the second visioning session provided comments and feedback relating to the below themes.

1. Co-Location Model and Framework

Overall Framework and Sub-grouping

- Acknowledgement of the complexity especially with overlap of populations
- The framework is descriptive of where we are and where we would like to go. Need to have the more specific pieces to better understand where we fit.
- Expanded range of services for clients
- The framework provides different roots and organizations decide where and how they will get involved.
- Service integration is more complex than sharing space
- Functionality of the sub-groups is important. Serving diverse populations, there is no one culture that will fit all. We need to focus on functionality

Service Delivery Model and Shared Programming

- Looking forward to collaboration and shared intake.
- Concerns around shared intake ensuring it is simple and accessible and not an additional barrier. Also considerations regarding transitions between hubs, boundaries, and oversight and integration of clients
- Centralized vs. decentralized policies for service delivery

Shared Back-office and Resources

- Shared back-office requires clear guidelines for all to maintain integrity.
- Interest in community fundraising and having some shared resources.

Client Experience/Access and Environment

- Need to consider the environment that clients would experience if spaces changed
- Collaboration opportunities focusing on reducing barriers especially language barriers through potential collaborative peer support
- Exploring the potential of having hubs outside the downtown core

2. Partner Collaboration and Relationships

- Focus on building trust, collective bravery and openness
- Willingness to collaborate
- Focus on sharing experience and resources.

3. Integration of Key Principles

- Need to articulate the integration of ARAO principles and how they should inform the process,
- Address issues of conciliation and cultural safety.
- Mindfulness of the power imbalance and differences in size and being inclusive.
- Using an intersectional framework
- Alignment with ABR, conciliation, GIPA/MEPA
- The concept of status-neutral for further discussion

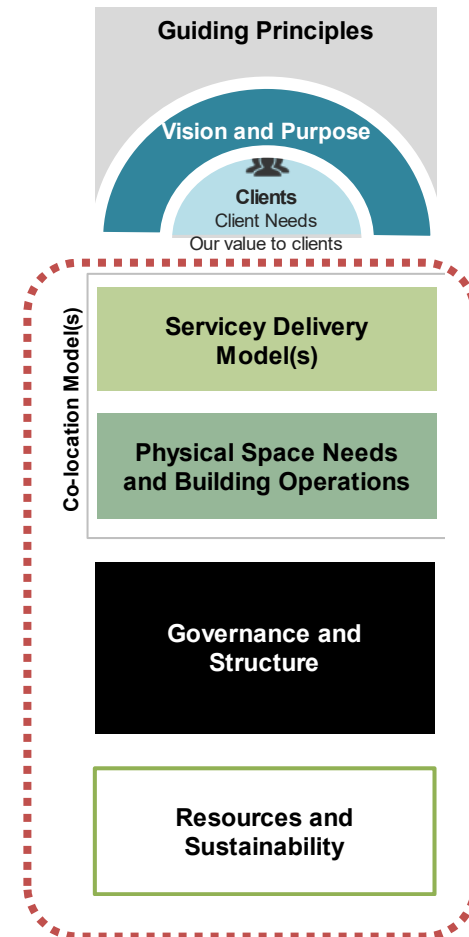
4. Alignment

- Aligning with other work that is being done

5. Implementation Process

- Moving forward with a phased approach. E.g. for the community programs space, agreeing who is involved and what services are provided, the space required, steps that can be implemented quickly as quick wins. Try to have early success and impact for clients while we continue to have the more complex conversations
- Connecting with existing hubs
- Facilitate a community process and creating pathways for clients.

3. CO-LOCATION MODEL(S), GOVERNANCE AND STRUCTURE AND SUSTAINABILITY



Co-location Model(s), Governance, Structure, and Sustainability

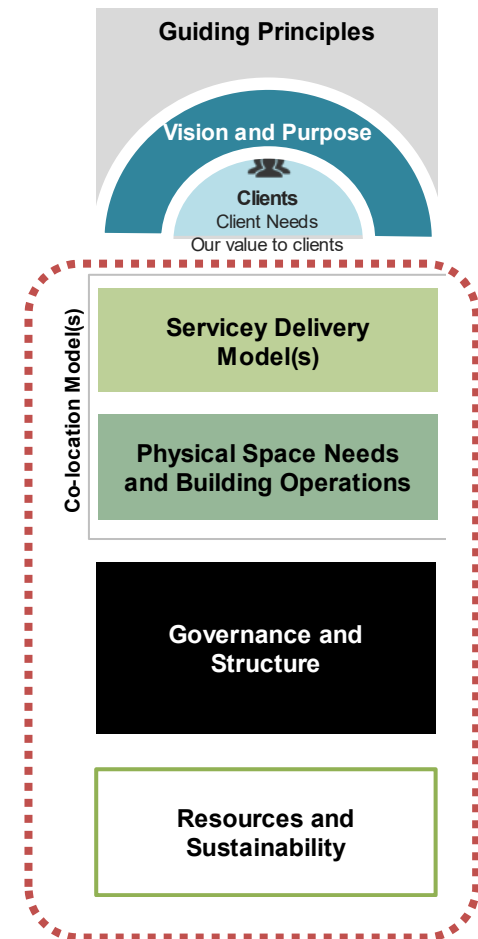
While some aspects of the co-location model, governance, structure, and resources and sustainability were discussed at a high-level by the SDWG during this process, further discussions need to be conducted at a sub-group level.

- The SDWG would continue to have an overarching role to ensure alignment and collaboration across sub-groups.
- Sub-groups would define the co-location/collaboration framework elements and explore the recommended key questions in relation to their specific clients, services, context, agencies, and requirements.

The next section on implementation recommendations provides a recommended structure for moving this co-location exploration process forward. Each sub-group would still need to define the model, structure and governance for its own co-location/collaboration.

In defining these elements sub-groups may also refer to:

- the Opportunity Assessment Phase Summary of Findings report for data, initial recommendations and options relating to these sections.
- The Vision Design sessions 1 and 2 Notes, for a summary of SDWG agreements.



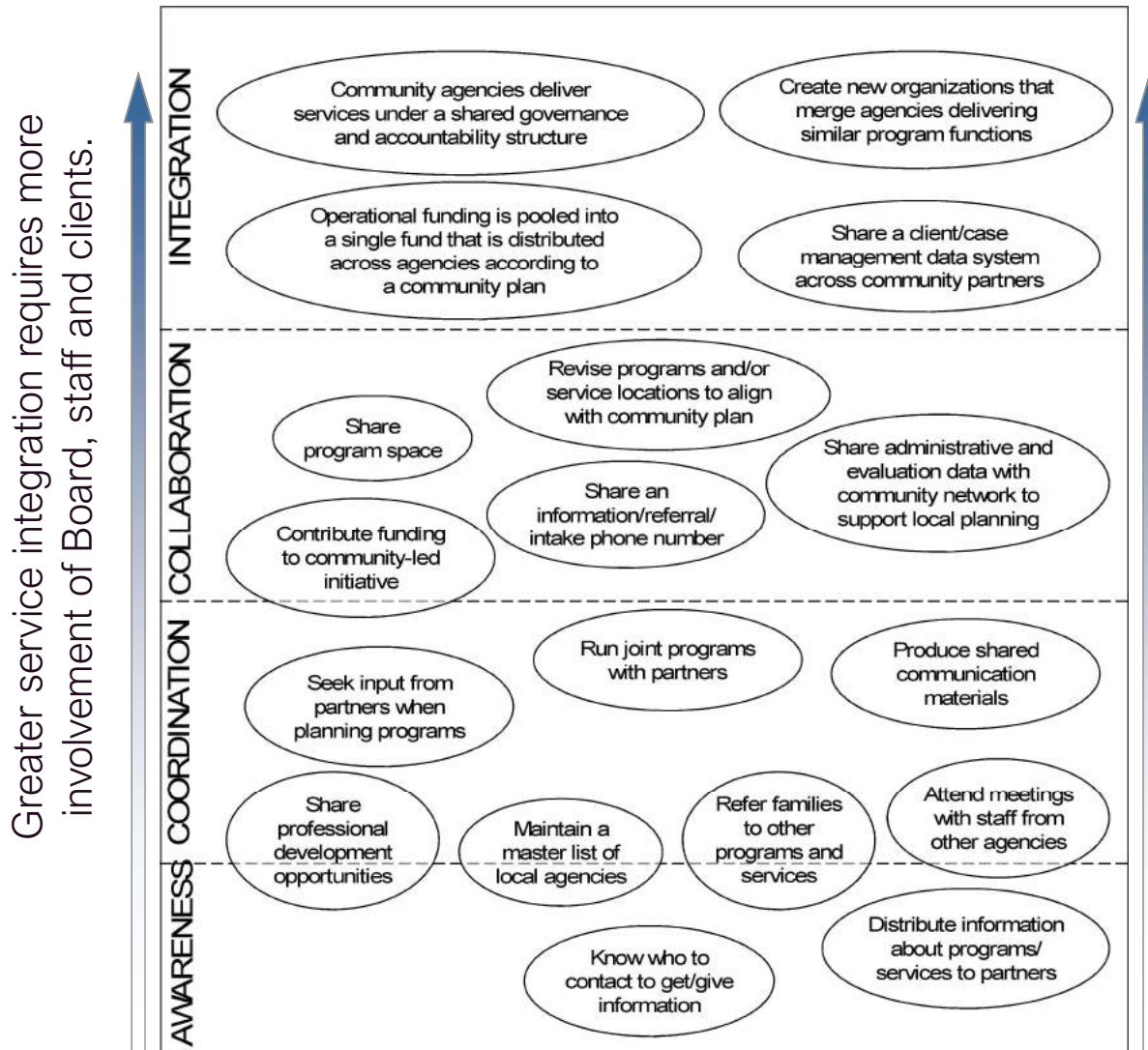
IMPLEMENTATION RECOMMENDATIONS AND NEXT STEPS

Integration models work by...

- Changing the status quo
- Moving towards greater integration requires change from all aspects of the organization:
 - Change what they do,
 - Change how they do it,
 - Change their relationships to other organizations,
 - Change location of services and volumes,
 - Change Individual roles (staff, managers, Directors)
- Requires multiple conversations at various levels within each organization and between organizations.
 - Management to management
 - Board to Board
 - Engagement of clients, staff and broader stakeholders

Examples of Indicators in the Integration Continuum

The diagram below depicts examples of indicators in the integration continuum from another area in the non-profit sector. It demonstrates what collaboration can look like at the different levels of service integration that are often considered. Agencies can decide what level they need as an end state.

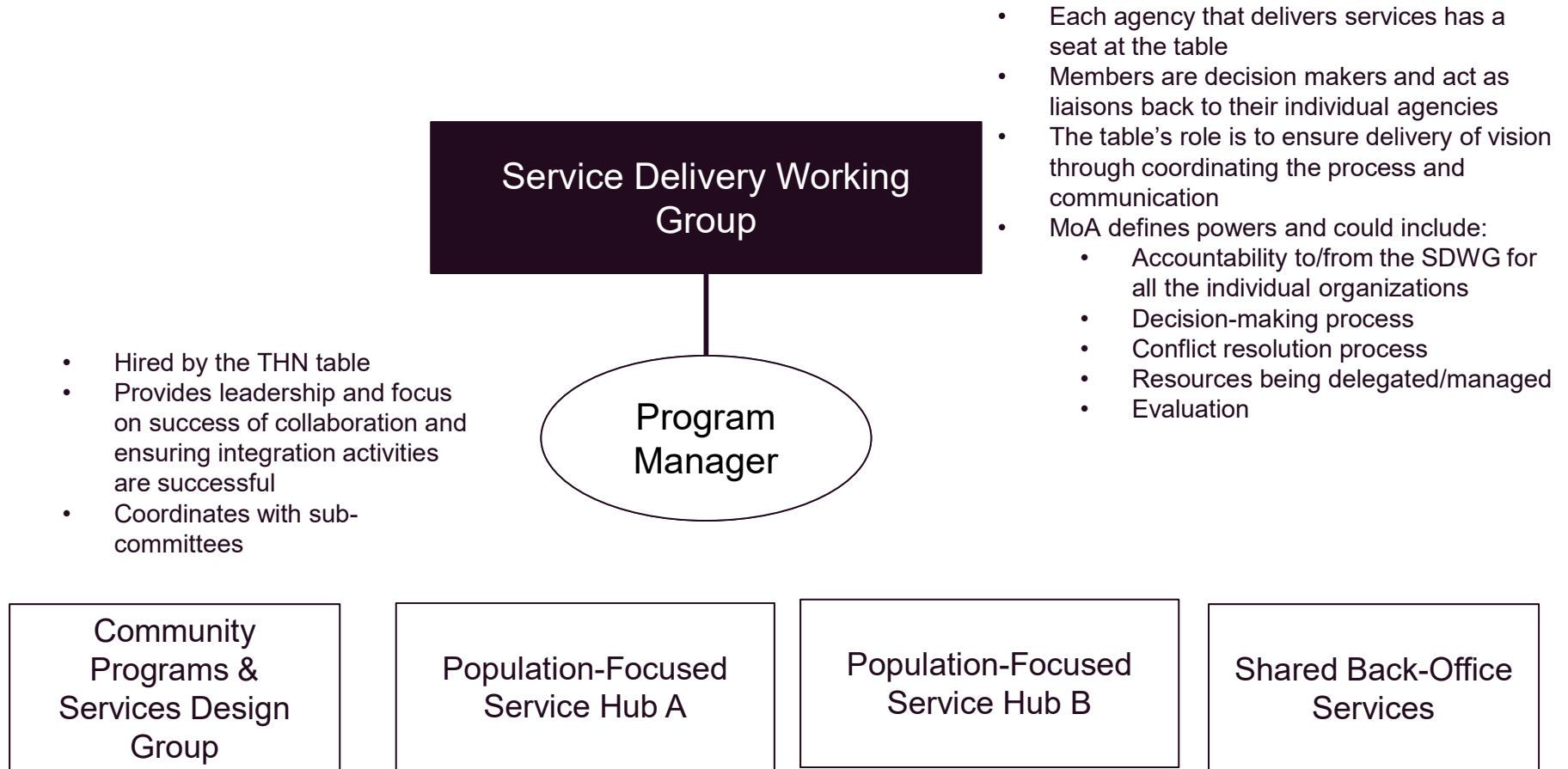


Clarify Structure & Process Moving Forward

- Process is not to manage multiple conversations between multiple partners but to *enable* these conversations and keep all parties apprised.
- Structure should be clear to all parties and supported by good communication supports.
- Resource and support the work appropriately
 - Smaller organizations may require additional support to participate fully, their work requirements are not less than others when it comes to integration and this work can be very time consuming
 - We have outlined one potential approach overleaf as an example for structuring the process

One Approach

A potential approach to moving forward in terms of structure is depicted below.



Co-Location Model – Clarification Issues

Partners exploring and defining this sub-group should explore the following questions.

Community Programs and Services

Discussion Questions:

- Process
 - Who needs to be involved in this group?
 - What outcomes or impact would mean that the group has been successful? In 6 months, 1 year, 2 years?
 - Who will lead/coordinate the work of this group for the next year?
- Clarify Focus/Population
 - Are we clear on the focus area (population or defined otherwise) for the group?
 - What are the objectives for this focus area from your perspectives? Who will this serve?
What services (theoretically) should be in a community drop-in location? What would be “nice to have”?
 - Where should this be located for maximum impact?
- Linkages
 - What synergies must exist across this sub-group and other sector initiatives?
 - How would clients self-select or be referred here?
 - What synergies must exist with other parts of the broader health and social supports systems (OHTs, CHCs/primary care, ED, MH&A, Justice etc)?

Co-Location Model – Clarification Issues

Partners exploring and defining this sub-group should explore the following questions.

Population Focused Service Hub(s)

Discussion Questions:

- Process
 - Allow for partners or groups to work together to define these hubs.
 - What outcomes or impact would mean that the group has been successful? In 6 months, 1 year, 2 years?
 - Who will coordinate and ensure linkages between the work of these groups for the next 12 months?
- Clarify Focus/Population
 - Are we clear on the focus area (population or defined otherwise) for the group?
 - What does an “integrated service” hub look like from the partners perspectives?
 - What services, supports and resources are required?
- Linkages
 - What synergies must exist across this sub-group and other sector initiatives?
 - When would clients come here vs other parts of the system? Is there a focus on complexity?
 - What synergies must exist with other parts of the broader health and social supports systems (OHTs, CHCs/primary care, ED, MH&A, Justice etc)?

Co-Location Model – Clarification Issues

Partners exploring and defining this sub-group should explore the following questions.

Shared Back-office

Note: There are many different models for Shared Service Organizations (SSOs) ranging from internal, external, outsourced, or hybrids thereof. The model must fit the circumstances and desires of the participating organizations.

Discussion Questions

- Process
 - Who should be part of this group? Who wants to lead this group?
 - Are there organizations that have a more immediate (fiscal year) need for space? Should this be a priority sub-group?
- Clarify
 - Confidentially quantify which organizations are having difficulty with back-office functions? (turnover, resourcing, focus in HR, Finance etc.).
 - How many organizations are having or about to have space issues for current or future supports such as office space, meeting space, service space (e.g. kitchen)?
 - Are there organizations that have extra capacity or are willing to take on back-office functions?
 - Examining potential for revenue generation through an SSO.
- Linkages
 - Are there current organizations who would be interested in being a deliverer of back-office services?
 - Are there other sector SSO discussions underway?
 - Are there SSOs in your broader environment that partners should link with?

Implementation Next Steps

Based on an initial discussion of the proposed next steps presented in a second Vision Design session on September 17, 2020. Agreements are summarized below.

Community Hub

- SDWG meeting focused on community programs mapping including end goal of a smaller working group identified - part of next phase

Population-focused Hub

- SDWG meeting focused on population focused hub and brainstorming possible partnerships, steps, structures and identify a lead(s) - part of next phase

Shared Back-Office

- Shared services Sub-Groups - member initiated at this point with open invite and THN support

Overall

- Solicit input and develop a scope for support of next phase of work (consider the staffing question, consulting support as well as other possible resources)
- Draft an SDWG structure for next phase - eventually decision-making can happen at sub-group tables, and the SDWG would be the overarching table ensuring coordination and connection across all sub-groups.
- Start with an MoU and confidentiality agreement to support discussions.
- AIDS Bureau briefing
- Solicit, confirm, coordinate support for next phase

This process is about building trust and being open. It requires having conversations and requires time. It is a voluntary process, so it is not prescriptive, and agencies can decide what they want to do. It requires buy-in across all stakeholders, Boards, clients, staff, management teams, and therefore will take time.

APPENDICES

Appendix 1. Related Documents

- Opportunity Assessment Summary of Findings Report
- SDWG Vision Design Session 1 Notes – August 10, 2020
- SDWG Vision Design Session 2 Notes – September 17, 2020

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