

Pan-Canadian Joint Consortium for School Health AGREEMENT

THIS AGREEMENT made this 01 day of April, 2015.

BETWEEN:

Ministers of Education for the provinces of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan, and the territories of Northwest Territories, Nunavut, and Yukon,

(hereinafter referred to as "provincial and territorial Ministers of Education")

OF THE FIRST PART

AND:

Ministers of Health and/or Wellness for the provinces of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan, and the territories of Northwest Territories, Nunavut, and Yukon,

(hereinafter referred to as "provincial and territorial Ministers of Health")

OF THE SECOND PART

WHEREAS in 2005, provincial and territorial ministers of Education and provincial and territorial ministers of Health and the federal Minister of Health established the Pan-Canadian Joint Consortium for School Health to facilitate a comprehensive and coordinated approach to health promotion in the school setting. The JCSH received a second five-year mandate from the federal, provincial, and territorial deputy ministers of Health on June 19, 2009 and from the provincial and territorial deputy ministers of Education on September 03, 2009.

AND WHEREAS by virtue of this agreement ("the Agreement") being entered into by provincial and territorial Ministers of Education and the provincial and territorial Ministers of Health and/or Wellness, hereinafter collectively called "the Parties", the Pan-Canadian Joint Consortium for School Health ("JCSH") is continued (2015-2020).

THE PARTIES AGREE that the terms and conditions of their relationship are as follows:

1.0 Purpose of the JCSH

- 1.1 The purpose of the JCSH is to be a catalyst to strengthen cooperation and capacity among the Parties to better accomplish mutual goals and support shared mandates regarding the promotion of the health of children and youth in Canadian schools.
- 1.2 Recognizing that every province and territory has initiatives in place to foster healthy school environments, the JCSH provides a forum for key representatives of government ministries responsible for health and education to:
 - strengthen cooperation among ministries, agencies, departments, and others in the support of healthy schools;
 - build the capacity of the education and health sectors to work together more effectively and efficiently; and
 - promote understanding of, and support for, the concept and benefits of comprehensive school health.
- 1.3 Three long-term outcomes associated with achieving the JCSH's Vision are:
 - Increased System Capacity, Collaboration, and Efficiency
 - Increased Research Coordination
 - Increased Inter-Sectoral Action between Education and Health.

2.0 Commencement and Duration of Agreement

- 2.1 This Agreement commences April 1, 2015 and remains in force until March 31, 2020.

3.0 Governance Structure

Consortium Lead

- 3.1 British Columbia was the lead jurisdiction and hosted the JCSH Secretariat for the first five years (2005-2010). Prince Edward Island served as the lead jurisdiction and Secretariat host for the second five-year mandate (2010-2015). The Parties agree that Prince Edward Island will be the lead jurisdiction and Secretariat host for the duration of this Agreement.

Advisory Committee of Deputy Ministers of Education and Conference of Deputy Ministers of Health

- 3.2 The JCSH will be governed by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).
- 3.3 The CDMH shall invite the Public Health Agency of Canada to appoint a similarly senior representative to participate in discussions related to the JCSH in an advisory capacity.
- 3.4 The deputy minister of Health and the deputy minister of Education in the lead jurisdiction will act as liaisons between the JCSH and their respective provincial/territorial deputy ministers' tables. These liaison deputy ministers in the lead jurisdiction may name another deputy minister within the same sector in another jurisdiction to provide the leadership function.
- 3.5 As the governing bodies, the ACDME and the CDMH will provide strategic direction for the JCSH by:
- establishing a Management Committee as the operational committee of the JCSH;
 - providing strategic information and direction to the Management Committee;
 - approving the five-year strategic plan, submitted by the Management Committee to the ACDME and the CDMH;
 - reviewing and accepting the annual report with financial statements, submitted by the Management Committee; and
 - tabling the annual report at an annual intergovernmental meeting of the Ministers of Health and an annual intergovernmental meeting of the Ministers of Education.
- 3.6 Decisions of the ACDME and the CDMH shall be communicated by the respective liaison deputy ministers to the chair of the Management Committee.

4.0 JCSH Committees

Management Committee

- 4.1 The Management Committee provides the main forum for executive-level discussion and decisions affecting the work of the JCSH. Its members are appointed by the deputy

ministers in each member jurisdiction and are generally positioned at the executive management level from the Health and/or Education department/ministry.

- 4.2 The Management Committee is chaired by a Management Committee member from the lead jurisdiction.
- 4.3 The roles and responsibilities of the Management Committee are outlined in the Management Committee Terms of Reference, attached as Schedule 2.

School Health Coordinators' Committee

- 4.4 The School Health Coordinators' Committee (SHCC) works collaboratively to move forward the work of the JCSH and its member provinces and territories through the early identification and analysis of issues, gaps, emerging trends, and areas of interest.
- 4.5 School Health Coordinators' Committee members are appointed by each JCSH member jurisdiction.
- 4.6 The SHCC is co-chaired by a school health coordinator from the lead jurisdiction and a school health coordinator from another member jurisdiction. The co-chairs provide updates on the work of the SHCC to the Management Committee.
- 4.7 The SHCC is accountable to the Management Committee. Individual school health coordinators are accountable to their respective jurisdictions in the manner determined by individual jurisdictions.
- 4.8 The roles and responsibilities of the SHCC are outlined in the SHCC Terms of Reference, which are approved by the Management Committee.

5.0 JCSH Secretariat

- 5.1 The Parties agree to continue the operation of a JCSH Secretariat ("the Secretariat").
- 5.2 The Secretariat coordinates the activities of the JCSH, and provides administrative, policy, planning, logistical, and communication support to the JCSH and its members under the direction of the executive director.

- 5.3 The Secretariat is the central point of contact for JCSH members and maintains an active communication with other related organizations.
- 5.4 In collaboration with the JCSH member provinces and territories, the Secretariat promotes the collective voice and the collective impact of JCSH outcomes at meetings, conferences, and consultations across the country.
- 5.5 The lead jurisdiction hosts the JCSH Secretariat and is responsible for hiring, supervising, and evaluating the Secretariat executive director.
- 5.6 The executive director is responsible for hiring, supervising, and evaluating the Secretariat staff.
- 5.7 The executive director, following the financial policies of the lead jurisdiction, manages the budget of the JCSH.

6.0 Addition of a Provincial/Territorial Jurisdiction to the JCSH

- 6.1 A government entity may be invited to join the JCSH on the condition that it becomes a party to this Agreement. Participation is contingent upon payment of the amount in accordance with the formula as set out in the Cost-Sharing Agreement¹.

7.0 Withdrawal of a Provincial/Territorial Jurisdiction from the JCSH

- 7.1 Any party can withdraw from the Agreement by providing 90-day written notification to the liaison deputy ministers in the lead jurisdiction.
- 7.2 In the event of withdrawal, the party shall pay a pro-rated portion of its contribution fees for the fiscal year in which it withdraws from the JCSH.

8.0 Funding

- 8.1 The Parties agree to fund the salary, benefits, travel, and program costs associated with the obligations of their respective representatives serving on the Management Committee.

¹ See Schedule 1.

- 8.2 The Parties agree to fund the salary, benefits and program costs associated with the obligations of SHCC members. Travel costs associated with committee meetings for one school health coordinator member per jurisdiction will be covered by the JCSH. Travel costs associated with attendance at the Management Committee meetings will be covered by the JCSH for one SHCC co-chair.
- 8.3 The Parties agree to provide funding according to Schedule 1 of this Agreement. Funding obligations by parties are contingent each year upon federal government funding being provided for that year as specified in Schedule 1. The lead jurisdiction will invoice for member contribution fees by April 15th of each year of this Agreement; fees are due within thirty days of receipt of invoice, and are to be accounted for separately by the lead jurisdiction.
- 8.4 Notwithstanding any other provision of this Agreement, the payment of money by any Party is subject to:
- (a) there being sufficient monies available in an appropriation, as defined in the applicable legislation of the jurisdiction of the relevant Party (the "Appropriation Legislation"), to enable the applicable Party, in any fiscal year or part thereof when any payment of money falls due under this Agreement, to make that payment; and
 - (b) the treasury board or other similar decision body of the applicable party, not having controlled or limited, under the Appropriation Legislation, expenditure under any appropriation referred to in paragraph (a).
- 8.5 The JCSH may seek other funding sources to supplement funding arrangements articulated in this Agreement.

9.0 General Provisions

Schedules

- 9.1 The Schedules to this Agreement shall have the same force and effect as if expressly set in the body of this Agreement and any reference to this Agreement shall include the Schedules.

Variation of the Agreement

9.2 This Agreement may be amended at any time by unanimous agreement of the Parties.

Termination of the Agreement by Mutual Agreement

9.3 This Agreement may be terminated at any time by unanimous agreement of the Parties.

9.4 Termination of this Agreement is without prejudice to the rights, duties, and liabilities of the Parties accumulated prior to termination.

9.5 Intellectual property developed under the Agreement shall become the property of the lead jurisdiction at the time of termination. The lead jurisdiction shall grant licences to the Parties for full use of intellectual property developed pursuant to this agreement.

Legal Rights and Responsibilities

9.6 The creation of the JCSH does not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the provincial or territorial ministers of Education, or any of the provincial or territorial ministers of Health.

9.7 The Agreement creates legal rights and responsibilities of the Parties with respect to Sections 2 (duration), 7 (withdrawal), and 8 (funding).

Evaluation

9.8 The Parties agree to further evaluation of the JCSH, as determined by the Management Committee.

Signatures

9.9 This Agreement may be executed in any number of counterparts, each of which will be deemed to be an original and all of which taken together will be deemed to constitute one and the same instrument and notwithstanding their date of execution, shall be deemed to bear the effective date. Delivery of an executed signature page to this Agreement to the Secretariat by any party by facsimile or electronically scanned copy will be as effective as delivery of a manually executed copy of this Agreement by such party.

IN WITNESS WHEREOF the Parties have executed this Agreement as of the day and year first above written:

<p>_____ Witness</p> <p>_____ Witness</p>	<p>Alberta</p> <p><i>Stephen Mandel</i> Minister of Health</p> <p><i>Gordon Dineen</i> Minister of Education</p> <p>Approved Pursuant to the <i>Government Organization Act</i>:</p> <p><i>[Signature]</i> Alberta International and Intergovernmental Relations</p>
<p>_____ Witness</p> <p>_____ Witness</p>	<p>British Columbia</p> <p>_____ Minister of Health</p> <p>_____ Minister of Education</p>
<p>_____ Witness</p> <p>_____ Witness</p>	<p>Manitoba</p> <p>_____ Minister of Healthy Living and Seniors</p> <p>_____ Minister of Education and Advanced Learning</p>
<p>_____ Witness</p> <p>_____ Witness</p>	<p>New Brunswick</p> <p>_____ Minister of Healthy and Inclusive Communities</p> <p>_____ Minister of Education and ECD</p>
<p>_____ Witness</p> <p>_____ Witness</p>	<p>Newfoundland and Labrador</p> <p>_____ Minister of Seniors, Wellness and Social Development</p> <p>_____ Minister of Education and ECD</p>
<p>_____ Witness</p> <p>_____ Witness</p>	<p>Northwest Territories</p> <p>_____ Minister of Health and Social Services</p> <p>_____ Minister of Education, Culture and Employment</p>



1032393

MAY 08 2015

Ms. Katherine Kelly
Executive Director
Joint Consortium for School Health
Holman Centre
101 - 250 Water St
Summerside PE C1N 1B6

Dear Ms. Kelly:

We are pleased to inform you that the BC Ministries of Health and Education will renew their support for an additional five-year mandate (2015 to 2020) for the Joint Consortium for School Health (the Consortium).

Our Ministries value the substantial contribution of this table in supporting the optimal learning, health and well-being of students in our province. We anticipate the success of the Consortium under this renewed mandate in continuing to support the health-education collaboration, exploring opportunities to support the needs of diverse populations, including Aboriginal students, mobilizing research to support student health and learning, and building further capacity to advance comprehensive school health in BC.

We look forward to a continued partnership with the Consortium.

Sincerely,

Terry Lake
Minister of Health

Peter Fassbender
Minister of Education

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<p><i>Tim D. Smith</i></p> <p>Witness</p> <p><i>Thomas A. Cuthbert</i></p> <p>Witness</p>	<p>Manitoba</p> <p>_____</p> <p>Minister of Healthy Living and Seniors</p> <p>_____</p> <p>Minister of Education and Advanced Learning</p>
<p>_____</p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>New Brunswick</p> <p>_____</p> <p>Minister of Healthy and Inclusive Communities</p> <p>_____</p> <p>Minister of Education and ECD</p>
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<p>_____</p> <p>Witness</p> <p><i>A. S. Law</i></p> <p>_____</p> <p>Witness</p>	<p>Manitoba</p> <p>_____</p> <p>Minister of Healthy Living and Seniors</p> <p><i>[Signature]</i></p> <p>_____</p> <p>Minister of Education and Advanced Learning</p>
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<p><i>Arnie Giguere</i></p> <p>Witness</p> <p><i>Henry Giguere</i></p> <p>Witness</p>	<p>New Brunswick</p> <p><i>Colin Goss</i></p> <p>Minister of Health and Inclusive Communities</p> <p><i>Charmille</i></p> <p>Minister of Education and ECD</p>
<p>_____</p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>Newfoundland and Labrador</p> <p>_____</p> <p>Minister of Seniors, Wellness and Social Development</p> <p>_____</p> <p>Minister of Education and ECD</p>
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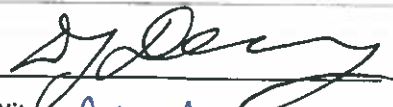

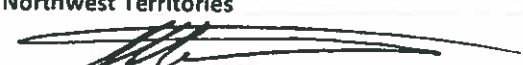
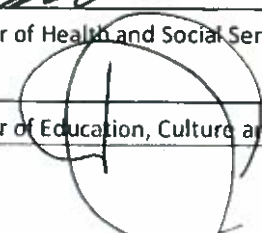
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<p><u>Madonna O'Rourke</u></p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>Newfoundland and Labrador</p> <p><u>Clyde Jackman</u></p> <p>Minister of Seniors, Wellness and Social Development</p> <p>_____</p> <p>Minister of Education and ECD</p>
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<p>_____</p> <p>Witness</p> <p><i>Janet Cormey</i></p> <p>Witness</p>	<p>Newfoundland and Labrador</p> <p>_____</p> <p>Minister of Seniors, Wellness and Social Development</p> <p><i>Susan Sullivan</i></p> <p>Minister of Education and ECD</p>
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<p><i>Paul Vaughan</i></p> <p>Witness</p> <hr/> <p>Witness</p> <hr/>	<p>Nova Scotia</p> <p><i>Dee Slavine</i></p> <hr/> <p>Minister of Health and Wellness</p> <hr/> <p>Minister of Education and ECD</p>
<p>Witness</p> <hr/> <p>Witness</p> <hr/>	<p>Nunavut</p> <hr/> <p>Minister of Health</p> <hr/> <p>Minister of Education</p>
<p>Witness</p> <hr/> <p>Witness</p> <hr/>	<p>Ontario</p> <hr/> <p>Minister of Health and Long-Term Care</p> <hr/> <p>Minister of Education</p>
<p>Witness</p> <hr/> <p>Witness</p> <hr/>	<p>Prince Edward Island</p> <hr/> <p>Minister of Health and Wellness</p> <hr/> <p>Minister of Education and ECD</p>
<p>Witness</p> <hr/> <p>Witness</p> <hr/>	<p>Saskatchewan</p> <hr/> <p>Minister of Health</p> <hr/> <p>Minister of Education</p>
<p>Witness</p> <hr/> <p>Witness</p> <hr/>	<p>Yukon</p> <hr/> <p>Minister of Health and Social Services</p> <hr/> <p>Minister of Education</p>

<p>_____</p> <p>Witness</p> <p><i>Wanda Smith</i></p> <p>_____</p> <p>Witness</p>	<p>Nova Scotia</p> <p>_____</p> <p>Minister of Health and Wellness</p> <p>_____</p> <p><i>Casey</i></p> <p>Minister of Education and ECD</p>
<p>_____</p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>Nunavut</p> <p>_____</p> <p>Minister of Health</p> <p>_____</p> <p>Minister of Education</p>
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<p>_____</p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>Nova Scotia</p> <p>_____</p> <p>Minister of Health and Wellness</p> <p>_____</p> <p>Minister of Education and ECD</p>
<p><i>S. Alaynes</i></p> <p>_____</p> <p>Witness</p> <p><i>[Signature]</i></p> <p>_____</p> <p>Witness</p>	<p>Nunavut</p> <p><i>5-76²³</i></p> <p>_____</p> <p>Minister of Health</p> <p><i>[Signature]</i></p> <p>_____</p> <p>Minister of Education</p>
<p>_____</p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>Ontario</p> <p>_____</p> <p>Minister of Health and Long-Term Care</p> <p>_____</p> <p>Minister of Education</p>
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<p>_____</p> <p>Witness</p> <p>_____</p> <p>Witness</p>	<p>Saskatchewan</p> <p>_____</p> <p>Minister of Health</p> <p>_____</p> <p>Minister of Education</p>
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Memorandum to Executive Council



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Agenda No. 3
ECM No. 2015-23.1
Dept.: EECD/HW
Date: 03.03.15
File: 1705-2

Page 1 of 4

Memorandum to Executive Council

Subject: Pan-Canadian Joint Consortium for School Health

Submitted by: Department of Education and Early Childhood Development and Department of Health and Wellness

(Department or Agency)

Approved by:

Signatures of Minister and Deputy Equivalent, dated JAN. 6/15 and FEBRUARY 13, 2015

1. PURPOSE:

The Department of Education and Early Childhood Development and the Department of Health and Wellness seek permission to sign the Agreement to extend PEI's membership in the Pan-Canadian Joint Consortium for School Health (JCSH) for another five years (2015 – 2020).

Permission is also sought for PEI, through the Department of Education and Early Childhood Development, to retain its role as JCSH Lead Jurisdiction and Secretariat Host.



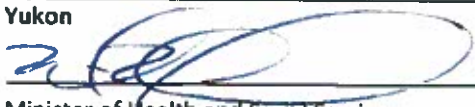

2. BACKGROUND:

- 2.1 The JCSH was established in 2005 by provincial and territorial ministries of Education and Health and the Public Health Agency of Canada to facilitate a comprehensive and coordinated approach to health promotion in the school setting. Its purpose was to be a catalyst to strengthen cooperation and capacity among Consortium members to better accomplish mutual goals and support shared mandates for the promotion of the health of children and youth in Canadian schools. Prince Edward Island was, along with British Columbia, a founding member of the JCSH.
- 2.2 The provinces, territories and federal government agreed to a structure outlined in an Agreement, which expires on March 31, 2015.
- 2.3 On July 7, 2014, PT Deputy Ministers of Education were presented with a proposal for JCSH mandate renewal (2015 – 2020), and indicated their support for a renewed mandate. On September 11, 2014, PT Deputy Ministers of Health were presented with, and agreed to, the same. (See attached Proposal for Mandate Renewal).

Feb 13/15 @ 3:05 PM

RL

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<p></p> <p>Witness</p> <p></p> <p>Witness</p>	<p>Yukon</p> <p></p> <p>Minister of Health and Social Services</p> <p></p> <p>Minister of Education</p>

Schedule 1 Cost-Sharing Agreement

Funding for the JCSH operations and the cost of the Secretariat will be shared among the federal and the provincial/territorial jurisdictions:

- Public Health Agency of Canada will contribute \$250,000 annually; and
- Provinces and territories will match this contribution annually according to the schedule outlined below.

Funds are committed for five years commencing April 1, 2015

Provincial/territorial jurisdictional contributions are based on a fixed contribution of \$2,000 annually plus a variable portion based on total population of their respective jurisdictions. Jurisdictions with less than one percent of the population will contribute the fixed portion only.

Proportional breakdown of the provincial/territory contribution:

Province/ Territory	Total Population	Pop %	Fixed	Variable	Total Contribution
AB	4,060,719	15%	\$2,000	\$33,983	\$35,983
BC	4,606,375	17%	\$2,000	\$38,550	\$40,550
MB	1,268,915	5%	\$2,000	\$10,619	\$12,619
NB	755,710	3%	\$2,000	\$6,324	\$8,324
NL	527,464	2%	\$2,000	\$4,414	\$6,414
NT	43,523	0%	\$2,000	\$0	\$2,000
NS	940,567	3%	\$2,000	\$7,871	\$9,871
NU	35,945	0%	\$2,000	\$0	\$2,000
ON	13,585,887	50%	\$2,000	\$113,697	\$115,697
PE	145,295	1%	\$2,000	\$1,218	\$3,218
SK	1,114,170	4%	\$2,000	\$9,324	\$11,324
YK	36,690	0%	\$2,000	\$0	\$2,000
Federal					\$250,000
Totals	27,121,260	100%	\$24,000	\$226,000	\$500,000

Schedule 2

Management Committee

TERMS OF REFERENCE

Preamble

The Pan-Canadian Joint Consortium for School Health (JCSH) was established in 2005 by the federal, provincial and territorial Deputy Ministers and Ministers of Health and the provincial and territorial Deputy Ministers and Ministers of Education. The purpose of the JCSH is to provide leadership and facilitate a comprehensive and coordinated approach to school health by building the capacity of the school and health systems to work together. The Consortium enhances the capacity of provincial/territorial education and health systems to work together to promote the healthy development of children and youth through the school setting.

The JCSH is governed by the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH). Under the terms of the Agreement, these committees must establish a Management Committee as the operational committee of the Consortium and approve its Terms of Reference.

Purpose

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The Committee is a forum for information sharing and consideration of strategic-level issues related to the purpose of the Consortium.

The Management Committee is responsible for ensuring that the purpose of the Consortium is carried out. It is accountable to the ACDME and the CDMH for the success of the Consortium in meeting its goals.

The Management Committee provides direction to the Secretariat, the operational unit created under the terms of the Agreement to carry out the day-to-day operations of the Consortium.

Principles

The Management Committee will be guided by the following principles:

- **Partnership:** Members will support decisions that strengthen partnerships across jurisdictional boundaries and across traditional health and education sectors.
- **Collaboration:** Members will work together in a spirit of collaboration and support decisions that meet the needs of the members, not just their own jurisdictional needs.

- **Integration:** Members will support decisions that strengthen integration of health and education objectives and goals.
- **Effectiveness:** Members will support decisions that are based on effective practices.
- **Open Communication:** Members will share information openly with other members where that information might affect the ability of the Consortium to meet its goals.
- **Promotion:** Members will actively support the goals of the Consortium within their own jurisdictions.
- **Commitment and Timeliness:** Members will support the operational requirements of the Secretariat by being engaged in the business of the Consortium and by ensuring decisions are made in a timely manner.

Mandate and Objectives

The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH. The mandate of the Committee is to further the Consortium's strategic priorities, as communicated by the ACDME and the CDMH, by:

- exchanging ideas, opportunities and concerns related to existing and emerging issues;
- providing oversight and direction for major projects endorsed by the Consortium and undertaken by the Secretariat;
- providing guidance and supporting linkages between the Consortium objectives and jurisdiction-specific health and educational issues;
- participating in discussions and making decisions on strategic or operational matters, as required, to support the Secretariat in moving the Consortium's agenda forward, as outlined in the strategic plan and annual business plan; and
- offering a forum for discussion on other health and educational issues where appropriate.

Operational responsibilities of the Management Committee are as follows:

- prepare a five-year strategic plan for approval by the ACDME and the CDMH , updated as necessary;
- provide leadership and guidance to the Secretariat, including setting direction and priorities;
- provide leadership and guidance to the School Health Coordinators' Committee (SHCC), including setting direction and priorities;
- approve the annual operating plan and budget prepared by the Secretariat;
- oversee the financial and administrative matters of the Consortium, in conjunction with the Lead Jurisdiction (as host of the Secretariat function);

- establish the Secretariat Executive Director's responsibilities based upon the annual budget and operating plan;
- participate in the hiring and evaluation of the Secretariat's Executive Director;
- approve an annual report and financial statements prepared by the Secretariat and submit them to the ACDME and the CDMH each fiscal year, on or before July 31;
- approve Terms of Reference for the SHCC; and
- approve mandate, work plans and Terms of Reference on an annual basis for external committees and working groups deemed necessary by members of the Committee to carry out the work of the Consortium. Ad hoc and external working groups and subcommittees are accountable directly to the Management Committee and are required to report back on work plans.

Membership and Process:

Membership: Management Committee members are appointed by the Deputy Ministers in each member jurisdiction and are generally positioned at the executive management level from the Health and/or Education department/ministry.

The Management Committee will invite the Public Health Agency of Canada (PHAC) to appoint a senior executive representative to participate in discussions of the Management Committee in an advisory capacity, but that representative will not be a member of the Committee.

Committee Chair: The Management Committee will be chaired by a Management Committee member from the Lead Jurisdiction.

Meetings: The Management Committee will meet a minimum of four times each year. Two meetings will be face-to-face. In addition, the Committee will meet as required to provide oversight and direction/advice on major issues.

SHCC co-chairs are to attend Management Committee meetings on an alternating basis.

The Secretariat Executive Director will attend meetings of the Management Committee.

Alternates at Meetings: An alternate may attend in place of a member, but must be empowered to make decisions on their behalf at the meeting.

Decisions: The Committee is a decision-making body. Representation from a minimum of fifty percent of the member jurisdictions is required for a quorum. Decisions or recommendations will be reached by consensus (defined below). All members will have a say. Divergent views will

be fully discussed. If consensus cannot be reached, the majority will rule. Differing opinions will be noted in the meeting records.

The following process will be used to reach consensus on an issue and to make a decision / recommendation. A decision timeframe will be determined by the urgency in which the decision or recommendation must be made:

Each member will state their position on the following four point scale:

Level 1: Fully support; Level 2: Support with reservations; Level 3: Require more information; Level 4: Cannot support.

Consensus has been reached if all members are at Levels 1 or 2. Members can explain their reservations or level of support as part of the meeting record.

If a member requires more information (Level 3), the member must clearly explain what information or discussion is required in order to make their decision.

If a member cannot support the decision (Level 4), the member must try to offer a solution that accommodates their needs and the needs of the rest of the group. All members must seek solutions, improvements or alternatives to meet the objectives of the entire group.

Members must respond to requests for information or input within the agreed upon timeframe. Members failing to respond by the agreed upon time forfeit the opportunity for further input into any related decision.

Communications: The JCSH Secretariat will keep meeting records of the Management Committee, including records of its decisions, and will distribute them to Management Committee members.

Accountability and Reporting: Accountability is to the ACDME and the CDMH.

An annual report including financial statements must be submitted to ACDME and CDMH on or before July 31. The annual report must include information on the progress made by the Consortium in meeting its goals and objectives as laid out in the five-year strategic plan approved by the ACDME and the CDMH.

Management Committee Budget: Administrative costs associated with meetings are covered by the JCSH budget. Travel and accommodation expenses of Members will be the responsibility of each jurisdiction.

Duration: Ongoing per Agreement.