



## CO-LOCATION PARTNER TOWN HALL AGENDA

DATE:

TIME:

LOCATION:

AGENDA:

ITEM	SPEAKER
<b>Welcome</b>	
Introductions and Land Acknowledgement	
Overview of Integrated Care	
Overview of the Ontario Health Team	
<b>Project Overview</b>	
Project Description and Objectives	
Story or Anecdote (Why is this project needed? What gap is it filling?)	
Data and Supporting Evidence (Mobile Care Models)	
Overview of the Partnership	
Service Delivery Schedule	
Timelines, Deliverables and Outcomes	
<b>Communications and Branding</b>	
Overview of where to get up-to-date project information	
Review Identifiable Branding	
Available Resources	
<b>Question and Answer Period</b>	

