



Ministry of Health and Long-Term Care Community Mental Health and Addiction Programs

Transfer Payment Agreement Schedules Guide and Template

INTRODUCTION

The intent of the “Community Mental Health and Addiction Program” (CMHAP) funding is to strengthen system support functions and direct services for the purpose of advancing **Phase 2 of Ontario’s Comprehensive Mental Health and Addictions Strategy**, which consists of five strategic pillars:

- Pillar 1. Promote resiliency and well-being in Ontarians
- Pillar 2. Ensure early identification and intervention
- Pillar 3. Expand housing, employment supports, and encourage diversion and transitions from the justice system
- Pillar 4. Right service, right time, right place (improve coordination and transitions)
- Pillar 5. Fund based on quality and need (funding reform)

CMHAP activities relate to one or more of the following system support functions and/or direct services:

1. **Information Management:** activities related to the management of mental health and addiction service system information, including personal client information.
2. **Collaboration & Collaborative Care:** activities related to collaborative care and collaboration in general, including new inter-agency relationships resulting in new protocols and agreements.
3. **Training and Professional Development:** activities intended to ensure appropriate initial & ongoing education and training of professionals/ para-professionals required to perform the full range of system functions.
4. **Knowledge Translation and Exchange:** activities intended to influence service provider behaviour through better knowledge of emerging issues and best-practices. Activities include clinical guideline development, promising practice identification, knowledge translation, knowledge transfer and mentoring, as well as monitoring and evaluation of the success of research and knowledge exchange.
5. **Service and System performance, Monitoring and Evaluation:** all quality assurance and standards activities intended to ensure that: a) services and supports are producing desired client outcomes; b) the system is operating in a way that supports improved client outcomes.
6. **Direct services:** activities involving client assessment and care planning, referrals to follow-up services/supports, and interventions to improve functioning and quality of life, support self-management, wellness, recovery and harm-reduction.

INSTRUCTIONS FOR COMPLETION OF SCHEDULES

This template is the required format for Schedule A.

SCHEDULE "A"

PROGRAM DESCRIPTION AND TIMELINES

I. HSJCC Information:

Regional or Local HSJCC: Peel Regional HSJCC
HSJCC Chair/Co-Chairs: Mary Lou McDougall
Chair/Co-chairs contact: mcdougallm@cmhapeel.ca Ph: 416-540-5821
Transfer Payment Agency: CMHA Peel Dufferin
Transfer Payment Agency Contact: Colin Gemmell

II. HSJCC Objectives

a) Committee's over all goals and key commitments:

The major goal is to find local solutions to local problems through more effective service coordination.

Each committee should articulate a strategy to meet the needs of this target population that include:

- Prevention Strategy
- System Design Recommendations
- Crisis Plans
- Community Intervention Plans
- Court Assessment Plans
- Case Management Plans

Task Goals are concerned with:

- Achieving specific and concrete tasks
- Solving specific problems
- Reaching identifiable outcomes (outcomes may be one-time events or ongoing)

Process Goals are more concerned with:

- The working relationship among groups in the community, the building community integration and the service capacity.
- Developing self-sustaining problem-solving structures.
- Improving the power base of the community.
- Stimulating wider community interest and participation.
- Fostering collaborative attitudes and practices within the community

b) Committee's specific objectives:

- 1) Facilitate communication through effective linkages among the health, the criminal justice and the social service sectors.
- 2) Identify issues with respect to service delivery and capacity.
- 3) Address issues such as access to and duplication of services.
- 4) Complete a needs assessment to determine predominant issues.
- 5) Foster understanding of the target population through community education.
- 6) Provide informed input and advice concerning system design, planning and resource allocation to the partner ministries.
- 7) Evaluate the committee within the eight (8) performance domains:
 - a) **Acceptability:**
Meets expectations of community providers and funders.
 - b) **Accessibility:**
Is located in the right place based on needs.
 - c) **Appropriateness:**
Provides service, which is relevant to community needs.
 - d) **Competence:**
Individual member's knowledge and skills are appropriate to meet the needs of the committee.
 - e) **Continuity:**
Provides uninterrupted, coordinated service to the community over time.
 - f) **Effectiveness:**
Interventions or actions achieve desired results.
 - g) **Efficiency:**
To function in the most cost-effective manner.
 - h) **Safety:**
Considers the potential risks of recommendations or actions and ensures that the risk is avoided or minimized.

III. System Support Function and/or Direct Services

a. Please check one or more of the relevant boxes to indicate which system support function(s) (see page 1 for descriptions) the program and activities correspond to.

- Information management
- Collaboration & collaborative care
- Training and professional development
- Knowledge translation & exchange
- Service and system performance, monitoring and evaluation
- Direct services

IV. Scope of Program

Provide the list of activities to be completed. Each activity should be mapped to one or more outputs and outcomes. Please also demonstrate how the activity contributes to one or more of the MH&A strategic pillars. Provide the start and end date of each activity. See Appendix A for more examples.

TEMPLATE FOR WORKPLANS AND ANNUAL REPORT SUBMISSIONS								
Regional or Local HSJCC: Peel Regional HSJCC								
WORKPLAN (Due: March 1 of each year)						Annual Report Submissions (Due: June 1 of each year)		
HSJCC Activities (Name and Brief Description) What is done to meet program objectives	Anticipated Outputs What is produced or delivered resulting from activities	Anticipated Outcomes (if available) What are the regional or community effects / changes that occur as a result?	MH&A Pillar(s) this activity contributes to (see page 1)	Timeline Start and End Date	Anticipated Budget	Actual Outputs (to be completed for annual reports)	Actual Outcomes (to be completed for annual reports)	Actual Budget
1. Risk and Recovery Conference 2019 The Risk & Recovery Conference features international experts in the field of forensic psychiatry	<ul style="list-style-type: none"> Increased knowledge of current research and education regarding risk assessment, risk management and recovery #of participants 	<ul style="list-style-type: none"> Increased knowledge regarding risk assessment, risk management and recovery Attendees prepare a summary presentation of sessions attended to the HS&JCC Relate any learnings from sessions attended relevant to the committee 	<input type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5		\$425 pp x 3 \$1275.00			
2. Prisoner belonging transportation	<ul style="list-style-type: none"> Protocol of prisoner belonging transportation system created # of instances the transportation system was used 	<ul style="list-style-type: none"> Improve efficiency of belongings acquisition for individuals requiring items from Maplehurst and/or Vanier once released from the William G. Davis court 	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	April 2018- March 2019	\$500.00			

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3. Family Navigation tools for Mental Health and Addictions courts and Justice system. Including an opportunity for feedback from families	<ul style="list-style-type: none"> • # of individuals accessing navigational supports • The feedback from families and individuals coming in contact with the Mental Health Justice System will aid in identifying strengths and gaps in system navigation • Knowledge exchange with provincial HSJCC with findings 	<ul style="list-style-type: none"> • Increase capacity and understanding of clients and families entering the court system • Increased satisfaction for families relating to the court system 	<input checked="" type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input checked="" type="checkbox"/> Pillar 5	<i>April 2018-March 2019</i>	\$4,000			
4. Crisis Continuum of Care COI	<ul style="list-style-type: none"> • Explore knowledge transfer opportunities regarding the crisis continuum which would include holistic crisis planning and be extended to 	<ul style="list-style-type: none"> • The COI will: • Engage people with lived experience to better understand crisis care pathways with a focus on equity-seeking populations • Enhance communication and collaboration between sectors in the crisis 	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<i>April 2018-Mar 2019</i>	\$500.00			

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	engaging informal support networks and sectors <ul style="list-style-type: none"> # organizations participating with Holistic Crisis Planning # of informal support networks and sectors engaged 	continuum services <ul style="list-style-type: none"> Better understand the role of the social determinants of health (such as housing, employment and income) in relation to the crisis continuum Better understand the potential uses of technology in relation to support individuals and families experiencing crisis Share, establish and support the implementation of best practices through capacity building and knowledge sharing across sectors 						
5. Engaging Spiritual Leaders in the community	<ul style="list-style-type: none"> The creation of partnership and direct connection to faith communities Providing education and knowledge exchange with community partners, bridging gaps and 	<ul style="list-style-type: none"> Increased capacity to support and understand diversities amongst our multicultural community members 	<input checked="" type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<i>April 2018- Mar 2019</i>	\$1000.00			

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	creating awareness of mental health and justice issues							
6. Pre-Charge Diversion program. Identifying and diverting individuals 18 years and up who have engaged in low level criminal activity from the justice system to community supports	<ul style="list-style-type: none"> • Decrease number of low level criminal matters in court • Decreased court time to deal with low level offences • Increased access to mental health supports • Decreased recidivism • Decrease officers time spent in court 	<ul style="list-style-type: none"> • Decrease individuals in the justice system • Decrease # of officers in court • Increased supports available to clients and families • Decreased strain on institutions 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input checked="" type="checkbox"/> Pillar 5 	<i>April 2018- Mar 2019</i>	\$2,000.00			

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7. Increase membership of the Peel Regional HSJCC to enhance community engagement with the committee	<ul style="list-style-type: none"> # of new members 	<ul style="list-style-type: none"> Increase membership of the Peel Regional HSJCC to include new organizational partners and perspectives to increase collaboration 	<input checked="" type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<i>April 2018 – March 2019</i>	\$500.00			
8. Case Conferencing Training and materials and protocol	<ul style="list-style-type: none"> # of participants in training Increased knowledge with case conferencing and structured process for staff to utilize. 	<ul style="list-style-type: none"> Increased Knowledge and toolkit with case conferencing model Increased use of Case Conferencing model across programs Mapping the Protocol to relevant assessments i.e. OCAN, Coordinated Care Plan, GAIN Q3 MI ONT 	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<i>April 2018 – March 2019</i>	\$3,650.00			