	Ministry of Health and Long-Term Care **Community Mental Health and Addiction Programs** **Transfer Payment Agreement** **Schedules Guide and Template**
Ontario	

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: Brant Local HSJCC
HSJCC Chair/Co-Chairs: Cindy Kemp-Wonzo (chair)
Chair/Co-chairs contact: cindy@cmhabhn.ca   519-752-2998 ext 209
Transfer Payment Agency: CMHA Hamilton
Transfer Payment Agency Contact:

II. HSJCC Objectives

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

> The HSJCC of Brant will undertake joint planning, coordination and integration of service delivery for individuals with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol additions, and/or fetal alcohol syndrome who are in conflict with the law in Brant County.
>
> The HS&JCC of Brant will work toward articulating a strategy to meet the needs of this target population that includes:
>
> - Seamless service delivery recommendations;
> - System design recommendations;
> - Court diversion and court support plans;
> - How community services will be provided, eg. Crisis services, case management; and
> - How court assessments will be provided.

b)   Committee's specific objectives:

> *1. To provide a venue for community service providers to update on services, discuss system issues and problem solve solutions for vulnerable individuals involved in the criminal justice system*
> *2. .To provide assistance to clients to enhance access to community resources and treatment*
> *3.. To support educational opportunities for community and staff that are providing support to vulnerable individuals.*

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.

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☐ 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:								
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**
Example: *Training and professional development:* Provide training on appropriate prescribing for management of pain	• # of health care professionals trained • # of training sessions	• Level of competence • Level of knowledge • Intention to change practice as a result of training	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*April - August 2015*				
1. Support staff to facilitate quarterly local HSJCC meetings and related administrative duties.	*Minimum of four meetings to occur in this reporting period.* *Completion of required administrative duties related to the meetings and committee.*	*Provides ability for quarterly meetings to take place* *Maintains contact and relationships with members*	☒ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☒ Pillar 5	*April 2019- March 2020*	*$500 Admin Support* *$500 supplies and meetings*			
2. Explore Release from Custody Red Envelop Program for you in Brant County.	*Monitor development of Adult Release from Custody "red envelop" program in the region with plans to adopt process/procedures for youth population*	*Improve ability of clients to access required health care*	☐ Pillar 1 ☒ Pillar 2 ☒ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*April 2019- March 2020*	*$100*			

TEMPLATE FOR WORKPLANS AND ANNUAL REPORT SUBMISSIONS									
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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**
3. Provide education across systems	*At least one Brant educational activity will occur during this reporting period*	*Improve understanding of different systems and client needs across systems.* *HSJCC members to be supported to attend related educational activities.*	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☒ Pillar 5	*April 2019- March 2020*	*$1900*				
4. Provide support to indigent clients who have urgent needs around food, transportation, clothing and toiletries.	*Number of food vouchers, bus tickets, and, taxi rides provided to clients.* *Clothing and toiletries provided to clients as needed at time of release from custody and housing instability*	*Improve access to emergency food supplies and transportation for clients who are released from custody.* *Provide emergency clothing and toiletries for individuals released from custody.*	☒ Pillar 1 ☒ Pillar 2 ☒ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*April 2019 – March 2020*	*$1500*				
5. ID fund that clients can access in order to obtain the ID required to access health care.	*Number of individuals provided with assistance and funding to apply for required ID.*	*Improve ability of clients to access required health care.*	☐ Pillar 1 ☐ Pillar 2 ☒ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*April 2019- March 2020*	*$500*				

… add new rows as needed

Appendix A

HSJCC Example of Schedule "A" Scope of Program

Regional or Local HSJCC: Durham Regional HSJCC								
WORKPLAN (Due: March 1 of each year)							**Annual Report Submissions (Due: June 1 of each year)**	
Program/HSJCC Activity (Name and Brief Activity) What is done to meet program objectives	**Anticipated Output(s)** What is produced or delivered resulting from activities	**Anticipated Outcomes** What are the effects / changes that occur as a result?	**MH&A Pillar(s) this activity contributes to**	**Timeline** Start and End Date	**Anticipated Budget**		**Actual Outputs** (to be completed for semi-annual and annual reports)	**Actual Outcomes** (to be completed for semi-annual and annual reports)	**Actual Budget**
Collaboration & collaborative care Increase membership of the Durham Regional HSJCC to enhance community engagement with the committee	• # of new members	• Increase membership of the Durham Regional HSJCC to include new organizational partners and perspectives to increase collaboration	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	April 2014 – March 2015	$0.00		3 new members have been added to the Durham Regional HSJCC Added community membership from: Toronto Bail Court, Oshawa Legal Clinic and a person with lived experience	Added membership resulted in increased community collaboration.	$0.00
Training and professional development: Hold a full day training event on Aboriginal issues in criminal court system for Durham Region	• # of community agencies attending the training event	• Increase knowledge of Aboriginal issues in criminal court system for Durham Region	☐ Pillar 1 ☐ Pillar 2 ☒ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	March 2015	$2,000.00		Session attended by 72 community agencies	Improved understanding of Aboriginal issues in the criminal court system. Increased knowledge was demonstrated through pre and post event participant	$1,800.00

							surveys		
Service and system performance, monitoring and evaluation: Participate in Central East LHIN Crisis review	• # of meetings attended • # of committee members participating in review	• Improve understanding of the crisis response effectiveness within Durham Region	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☒ Pillar 5	April 2014 – March 2015	$0.00		3 Durham Regional HSJCC members participated in 5 meetings relating to this review The Crisis Review was completed Durham Regional Police were part of the Central East LHIN Crisis Review of Crisis services including the Mobile Crisis Intervention Team (MCIT)/Durham Regional Team.	Improved understanding of crisis response and community collaboration	$0.00
Direct services: Develop a prisoner belonging transportation system between Oshawa and Lindsay criminal courts	• Protocol of prisoner belonging transportation system created • # of instances the transportation system was used	• Improve efficiency of belongings acquisition for individuals requiring items from Oshawa once released from the Lindsay criminal court	☐ Pillar 1 ☐ Pillar 2 ☒ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	April 2014 – March 2015	$500.00		Protocol for transferring prisoner belongings was created by the HSJCC 8 individuals attained their belongings through the initiative	Ontarians requiring their belongings have received their items within a timely manner once released from custody from the Lindsay Criminal Court.	$625.00

Appendix B

General Example of Schedule "A" Scope of Program

General Examples:						
Program Activity What is done to meet program objectives	**Anticipated Output(s)** • What is produced or delivered resulting from activities	**Anticipated Outcomes** • What are the effects / changes that occur as a result?	**MH&A Pillar(s) this activity supports**	**Timeline** Start and End Date	**Actual Outputs** • (to be completed for semi-annual and annual reports)	**Actual Outcomes** • (to be completed for semi-annual and annual reports)
Information management of MH&A systems: Provide information to callers and reports to stakeholders; Develop website as central dissemination hub	• Volume of calls • # of report queries • Report turnaround speed • Site traffic statistics, social media shares	• Perceived usefulness of information (e.g. for planning, decision-making, self-management)	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*April – June, 2015*	• 10 report queries a month • Report turnaround time: 2 days • 10,000 hits on website since creation date	• People and organizations are quickly connected to the health and human services that are needed. • Online community of practice developed for addictions' counsellors.
Collaboration & collaborative care: Form new partnerships with MHA organizations	• Participation in "x" number of MHA coalition, alliances, committee groups • # of agreements and protocols developed with partners • # of collaborations and partnerships	• Level of collaboration between partners • Rate of referrals to or referrals from partner organizations	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*June 1 – August 1 2015*	• Participated in 3 MHA committee groups • 2 partnerships formed to collaborate on creating protocols around client information.	• Effective and ongoing collaboration leads to innovation in use of data and information among mental health care providers. • Inter-professional collaboration improves patient outcomes.

Training and professional development: Provide opioid training sessions to pharmacists	• # of staff trained • # of training sessions	• Level of competence Level of knowledge • Perceived usefulness / relevance of training	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*July 15 – September 2015*	• 103 participants at 4 training sessions held for methadone maintenance treatment best practices	• Improved understanding of best practices for methadone maintenance treatment among pharmacist students
Knowledge translation & exchange: Conduct knowledge exchange conference bringing together MHA frontline staff	• # of KTE conference participants • # products developed and disseminated with partners	• Intention to use new knowledge to improve practice	☐ Pillar 1 ☒ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☐ Pillar 5	*October – August 2015*	• 39 KTE conference participants • 14 training manuals developed and disseminated to 39 clinics	• Improvement in delivery of care and health promoting behaviours
Service and system performance, monitoring and evaluation: Develop quality assurance and standards for MHA care transition	• # of quality assurance and standards developed	• Rate of adoption of quality assurance and standards	☒ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*September 2015 – January 2016*	• 15 quality assurance and standards developed	• Improved effective transition from children to adults mental health services
Direct services: create plans of care, provide counselling and referrals	• # of individual clients assisted • # of group counselling sessions	• Level of patient experience, self-confidence, anxiety and depression	☐ Pillar 1 ☒ Pillar 2 ☐ Pillar 3 ☒ Pillar 4 ☐ Pillar 5	*January – March 2016*	• 24 group counselling sessions provided • 43 plans of care developed for clients	• A decrease in the need for crisis intervention and emergency treatment due to improved mental health and well being