

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.
- 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

Downtown Toronto HSJCC 2019-2020 Workplan (draft)

I. HSJCC Information:

Regional or Local HSJCC: **Downtown Toronto HSJCC** HSJCC Chair/Co-Chairs: **Katie Almond and Susan Davis**

Chair/Co-chairs contact: Susan Davis, susandavis@gersteincentre.ca or 416-929-0149 ext 222

and Katie Almond, Katie.almond@ontario.ca or 416-314-3771 ext 213

Transfer Payment Agency: **CMHA – Toronto Branch**

Transfer Payment Agency Contact: **Steve Lurie**, <u>slurie@cmha-toronto.net</u> or 416-789-6886

II. HSJCC Objectives

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

The DT-HSJCC works collaboratively:

- To engage in cross-sectoral planning, coordination, collaboration and integration of services for individuals with a mental health and substance use issues who are involved or at significant risk of being involved with the criminal justice system.
- To identify local priorities for planning coordinated services and establish a process for planning and joint problem solving in relation to these local priorities.
- To improve transition at juncture points within services and systems for individuals who come into contact with the justice system
- To assist with addressing local needs and reporting to the Toronto HSJCC to help inform systems planning at a regional level.

b) Committee's specific objectives:

The DT-HSJCC works collaboratively:

- To assist in developing and maintaining an accessible and well-functioning system of mental
 health, justice and related services that work together to improve the transition between
 services within the sectors of the Committee's target population. This includes service provision
 to and through the services and supports that they need, when they need them.
- To assist with improving the quality of services for individuals with mental health and substance use issues who are involved with the criminal justice system, including making specific matches between clients and services both initially and through clients' individual recoveries over time.
- To assist to minimize the amount of time people spend in correctional facilities waiting for assessments, e.g. (fitness, Form 6 and/or services they need to support their safe, successful release and re-integration back into the community).
- To assist in reducing recidivism.
- To assist in the identification of barriers to achievement within the above objectives, with particular foci on identifying and addressing barriers at the juncture points between the mental health, substance use, criminal justice and related systems.

III. System Support Function and/or Direct Services

a.	Please ch	eck 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.

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	WORKPLAN (Due: March 1 of each year)							ons ar)			
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								
1. Information Sharing: Share information about mental health, substance use, criminal justice and related services that are accessible to individuals 16 years of age or older with a mental illness and/or substance use issue who are currently involved or at significant risk of being involved with the criminal justice system. Individuals may have co-occurring issues such as homelessness, substance use and/or a developmental	15-25 committee members attend meetings, 5 presentations at meetings, 5 PowerPoint slide decks and resources distributed to the members. Circulate current information about human services and justice issues identified	Increase knowledge exchange between systems and services. Re: how to support individuals with mental health and substance use issues who come into contact with the justice system. Increase usefulness of information sharing resulting in informed decision making and improved client services.	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☐ Pillar 5	April 2020- March 2021							

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disability.	at committee meetings. Maintain and circulate membership list. Update PHSJCC website with membership contact information and local resources. Committee members provide updates about new services and programs at every meeting. Year- end members' evaluation and membership							

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2. System-building: Develop effective linkages among the services in Downtown Toronto so as to increase their accessibility and capacity to effectively meet the needs of the target population and support community safety.	5 new members join the committee. 5 Welcome packages sent. 82 members maintained. Hold 5 meetings per fiscal year. # of members who identify as being part of equity seeking groups.	Maintain and increase representation from across sectors and equity seeking groups such as Aboriginal groups, people with lived experience, families and seniors. Increase the knowledge and awareness of emerging issues and best-practices regarding individuals who come into contact with the justice and mental health systems and support community safety initiatives. Increased collaboration and awareness of client-centred approaches to improve coordination and transition between services and sectors for individuals who come into contact with the justice system. Strengthen relevant partnerships to improve coordination and transitions between services and	□ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5	April 2020- March 2021		5 meetings held		

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(Name and Brief Description) What is done to meet program	What is produced or delivered resulting from	available) What are the regional or community effects / changes	Pillar(s) this activity contributes to	Start and		(to be completed	Outcomes (to be completed for	
3. Issue identification: Work collaboratively to identify issues and barriers to the achievement of the committee's goals and determine where the identified issues should be addressed, (i.e., at which internal/ external forums or tables).	reports at the Toronto HSJCC meetings. Ensure Co-chair(s) participate at the T- HSJCC meetings. To collaborate and lead the Service Resolution Toronto Project (SRT)	collaboration between human services and justice sectors. Exploring the Committee's capacity to address and enhance its role with the Toronto Service Resolution	□ Pillar 2√ □ Pillar 3√ □ Pillar 4√					

4.Problem solving: Work collaboratively to address issues and barriers to the achievement of the goals aforementioned and determine where/how they should be addressed (i.e., at which internal /external forums or tables).	Continue to provide, as a last resort, transportation and food vouchers for individuals who come into contact with the justice system at their time of release. Submit quarterly TTC token and food voucher reports to the T-HSJCC. Committee members continue to work collaboratively, utilizing a participatory group decision-making model. Continue to have Service Resolution and Coordination issues as standing agenda item for discussion at every meeting.	Increase collaboration and coordination to solve problems with the resolution of systemic issues that impact individuals who come into contact(or are at risk of involvement) with the justice system. Continue with shared accountability. Review minutes to ensure participatory group decision making takes place. Review Action Items to ensure problem solving and service coordination issues have been dealt with at every meeting. Improve functioning and quality of life re: client's within the target populations over the social determinants of health. Reduce recidivism by supporting improved client outcomes.	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☐ Pillar 5	April 2020- March 2021		

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5. Communication: Coordinate a forum through which to and facilitate communication between and among service providers in Downtown Toronto.	Continue with regular committee meetings and distribution of minutes. We continue to discuss service resolution and coordination issues at every meeting. Committee members have input regarding presentations and Lunch N' Learn topics. Continue to maintain and circulate a membership list. Continue to provide information to the Regional and Provincial HSJCC.	There is evidence of engagement and participation from the cross-sectoral membership as identified in the Committee's goals.	□ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5	April 2020- March 2021				

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6.Education: Provide educational opportunities for the cross sectoral membership on relevant topics relating to mental health, substance use, criminal justice, service providers, people with lived experience, families, and communities of interest.	3 Lunch N' Learns on topics directed by members input. Collate and review Lunch and Learn evaluations. 6 resources i .e slide decks, etc. circulated from other local HSJCC's Lunch and Learns. 10-25 participants attend Lunch N' Learns.	Increase knowledge and awareness about client-centred best practices and trends related to people who come in contact with the justice system. Increase knowledge and awareness about mental health and substance use and how they relate to the social determinants of health; housing status, poverty, social isolation, family breakdown etc. Enhance knowledge and awareness of the impact of stigma for individuals who come into contact with the justice system and work to address through increased education.	□ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5	April 2020- March 2021				

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7. Monitor the performance of the Committee: Collect, analyze, monitor and share data and information to continuously improve the systems' ability to meet the needs of its target population.	15-25 members attend committee's meetings. Foster openness about different perspectives through discussion as well as recognizing and incorporating evaluation/research and evidence-based practices to inform decision making. Analyze identified issues and respond appropriately. 5 PowerPoint slide decks shared among members. 1 research papers shared among members.	Increased access to reliable and current information and analysis of human services and justice issues. Provided a forum for data and information sharing through educational presentations.	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☐ Pillar 5	April 2020- March 2021				