



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: **Kenora Rainy River District HSJCC**

HSJCC Chair/Co-Chairs: Will Scutt & Sara Dias

Chair/Co-chairs contact: Will Scutt: 807-468-2835 William.Scutt@ontario.ca & Sara Dias: 807-468-1838 ext. 229 sdias@cmhak.on.ca

Transfer Payment Agency:

Transfer Payment Agency Contact:

II. HSJCC Objectives

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

- To identify both service and service coordination gaps at the local level;
- To establish a delivery model of care through ongoing partnership agreements and protocols;
- To coordinate resources and services and plan more effectively for people who are in conflict with the law
- To provide a planning table to bring together service providers to find solutions to the problem of the criminalization of people with serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, fetal alcohol spectrum disorder and/or dual diagnosis
- To develop a model of shared responsibility and accountability in dealing with individuals with serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, fetal alcohol spectrum disorder and/or dual diagnosis at points of intersection with the justice system
- To develop creative local solutions to problems or issues through more effective service coordination
- Share best practices
- Provide informed input and advice to relevant bodies concerning research, system design, planning, program implementation, and resource allocation

b) Committee's specific objectives:

- To review existing protocols with HSJCC member agencies and establish new protocols where identified
- To identify and advocate for changes to improve the experience of individuals who come into contact with the criminal justice system
- To identify systemic problems and submit to the Regional Committee
- To promote education and training for committee members and community partners

- To monitor progress and promote opportunities for collaboration within the Mental Health Court & Drug Court
- To share information from the provincial and regional committees to local committee members and community partners
- To promote collaboration between the police and mental health and human resources
- To identify challenges within areas of serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, fetal alcohol spectrum disorder dual diagnosis, locally and within the District

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:								
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. Dual Diagnosis Evaluation follow-up	Tracking tool developed to collect data in regards to individuals who are developmentally disabled who are involved within the criminal justice system who are a part of the Court Diversion/Court Support Program at CMHA Kenora Branch	Provide information to Developmental Services Ontario around numbers of individuals who have been referred to Developmental Services who are involved within the criminal justice system who are: <ul style="list-style-type: none"> • <i>Awaiting an assessment for Diagnosis</i> • <i>On the DSO waitlist</i> • <i>Assessor Summary Report completed and client is awaiting services</i> • <i>Those receiving services</i> 	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input checked="" type="checkbox"/> Pillar 5	April 2016-March 2017	No funds required			
				April 2016-March 2017	\$500			

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	clinical supports has been established for individuals with a dual diagnosis to access when in a state of transition.	Data will be reviewed by the KRRHSJCC to establish <ul style="list-style-type: none"> • <i>Effectiveness of the partnership</i> • <i>Review indicators established with the LOGIC Model that related to client satisfaction, access, and community need in regards to specialized services etc.</i> 						
2. Information Sharing Network Evaluation	Service Agreement between all parties who provide services to individuals with mental health, developmental disabilities, concurrent disorders, brain injuries, dual diagnosis, FASD who are involved within the criminal justice system in Kenora. Evaluation of indicators established for the	LOGIC Model developed and indicators across all service providers are collected the same. This will occur twice within the year and information will be reported to the KRRDHSJCC. Navigation Map for adults and youth involved within the criminal justice system are disseminated to all community partners within the Kenora to provide to:	<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 2016- March 2017	\$1500			

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	service agreement within Kenora. Navigation Map developed for the adult and youth populations for individuals involved within the criminal justice system within the Sioux Lookout area.	<ul style="list-style-type: none"> • <i>Organizations that have clients involved within the criminal justice system both youth and adult</i> • <i>Provide to clients and families</i> Development of a Service Agreement with all service providers within the Sioux Lookout area who provide service to those individuals with mental health, developmental disabilities, dual diagnosis, brain injuries, FASD, & concurrent disorders who are involved within the criminal justice system. This will include a creation of an adult and youth criminal justice navigation map for Sioux Lookout						

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3. Mobile Crisis Model Reviews	Review of new models being developed within the province around mobile police crisis services.	The KRRDHSJCC will review unique models that are being piloted within the province to determine what can be utilized within our region. The models to be reviewed are the following: <ul style="list-style-type: none"> • <i>Sioux Lookout OPP</i> • <i>Thunder Bay Police Service with CMHA Thunder Bay</i> 	<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	May 2016- March 2017	\$150			
4. Forensic Training	Training developed in partnership with the Regional HSJCC to provide to all members within Northwestern Ontario.	Training areas identified for the 2016-2017 by the KRRDHSJCC are the following: <ul style="list-style-type: none"> • <i>Risk Management models within First Nation Communities</i> • <i>Vicarious Trauma & Compassion Fatigue</i> • <i>Trauma-Informed Care</i> • <i>Awareness of potential issues that affect those with mental health, developmental disabilities, dual</i> 	<input checked="" type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	April 2016- March 2017	\$5000.00 (this includes funds to be requested from the Regional HSJCC for support for the training)			

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		<i>diagnosis, brain injuries, FASD, & concurrent disorders who are involved within the criminal justice system (e.g. human trafficking, lack of knowledge for clients and families on the impacts of the forensic mental health system).</i>						
5. Inventory of mental health & addiction resources available within First Nation Communities within the Northwest LHIN	Development of a complete directory of mental health & addiction resources available within First Nation Communities.	Directory will be disseminated to all community partners, families and clients for information on available resources. Seamless navigation of resources to clients residing in First Nation communities that require access to mental health & addiction services.	<input 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	April 2016- March 2017	\$500			

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6. Review of bail programs within the NorthWest LHIN	Development of an Accelerated Resolution & Return Option for individuals mental health, developmental disabilities, dual diagnosis, brain injuries, FASD, & concurrent disorders who are involved within the criminal justice system	Provide examples of bail models that have demonstrated effective outcomes on placing individuals return to their home community with proper supports to reduce contacts within the criminal justice system. Development of a data tracking tool between the Ontario Provincial Police (Fort Frances, Sioux Lookout & Kenora) & Treaty 3 Police around: <ul style="list-style-type: none"> • <i>Number of highest location of repeat calls within each area</i> • <i>Profile of highest repeat offenders in each area</i> 	<input checked="" 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 2016-March 2017	No budget required for this activity.			
7. Form 2 Protocol	Development of a Form 2 Protocol between the Kenora Courthouse and the Lake of the Woods District Hospital.	Provide a clear mechanism for those accused persons with mental health issues to access the civil mental health system appropriately. Development of a Protocol that outlines the clear process	<input type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	April 2016-March 2017	No budget required for this activity			

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		around utilization of a Form 2 under the Mental Health Act.						
8. Form 1 Agreement Development	Development of a Form 1 Service Agreement between the Kenora District Jail and the Lake of the Woods District Hospital.	Provide a clear process for inmates who have been formed under the Mental Health to receive access to the Schedule 1 Inpatient Unit at the Lake of the Woods District Hospital. Service Agreement would be established between the Health Care Department at the Kenora District Jail and the Schedule 1 Inpatient Unit at the Lake of the Woods District Hospital.	<input 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	April 2016- March 2017	No required budget for this activity			

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