

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.
- 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

I. HSJCC Information:

Regional or Local HSJCC: Kenora Rainy River District HSJCC

HSJCC Chair/Co-Chairs: Sara Dias

Chair/Co-chairs contact: 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 identity 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.

 - 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 R	EPORT SUBM	MISSIONS						
Regional or Local HSJCC:	Regional or Local HSJCC:										
	WORKPI	_AN (Due: March 1 of each year)					Report Submission une 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	Continue to collect data using the 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 Dual Diagnosis Court Diversion/Court Support Program at CMHA Kenora Branch		☐ Pillar 1 ☐ Pillar 2 ☑ Pillar 3 ☑ Pillar 4 ☑ Pillar 5	April 2018- March 2019	No funds required						

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		services individuals who have accessed urgent response						
	Stabilization/transition al bed with intensive clinical supports has been established for individuals with a dual diagnosis to access when in a state of transition.	MOU signed and evaluation model continued. Data will be reviewed by the KRRHSJCC to establish • Effectiveness of the partnership • Review indicators established with the LOGIC Model that related to client satisfaction, access, and community need in regards to specialized services etc.		April 2018- March 2019	No funds required			

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		disseminated to all community partners within the Kenora to provide to: • Organizations that have clients involved within the criminal justice system both youth and adult • Provide to clients and families Discussion of expansion of service agreement by presenting agreement to the Dryden area to those organizations 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 Dryden						

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3. Mobile Crisis Model Reviews	Development of a model of mobile police crisis services for the Kenora Rainy River District.	The KRRDHSJCC will partner with the Kenora Rainy River District Crisis Response Services to review current data and develop a mobile police service model for the Kenora Rainy River District.	⊠ Pillar 1⊠ Pillar 2⊠ Pillar 3⊠ Pillar 4⊠ Pillar 5	April 2018- March 2019	No budget required							
	Review outcomes of the Enhanced Mobile Crisis Services for At Risk Youth	The KRRDHSJCC will review outcomes of the project yearly and provide input as necessary. The KRRDHSJCC will participate in coordination and participation of on all stakeholders meeting to disseminate the findings of the project to the membership for ongoing information exchange.										

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	Training developed to provide to all members within Northwestern Ontario.	Training areas identified for the 2018-2019 by the KRRDHSJCC are the following: • FASD within the criminal justice system • Concurrent Disorders and models of intervention • Trauma-Informed Care • Housing Models for individuals with mental health, developmental disabilities, dual diagnosis, brain injuries, FASD & concurrent disorders involved within the criminal justice system • Mental Health Awareness & Screening Tools for lawyers involved with individuals with mental health, developmental disabilities, dual	 ☑ Pillar 1 ☑ Pillar 2 ☑ Pillar 3 ☑ Pillar 4 ☑ Pillar 5 	April 2018- March 2019	\$2500.00			

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		diagnosis, brain injuries, FASD & concurrent disorders.							
5. Drug Court Training	Building awareness and capacity within the Kenora Rainy River District around the Drug Court Model	Development of a training day to stakeholders within the criminal justice system and the KRRDHSJCC network on the Drug Court Model and fidelity of the delivery of this model.	☐ Pillar 1 ☐ Pillar 2 ☑ Pillar 3 ☐ Pillar 4 ☐ Pillar 5	April 2017- March 2018	\$250				
6. 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. Update of the directory will occur on an annual basis to ensure accuracy. Seamless navigation of resources to clients residing in First Nation communities that	 ⊠ Pillar 1 □ Pillar 2 □ Pillar 3 ⊠ Pillar 4 □ Pillar 5 	April 2018- March 2019	\$500				

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		require access to mental health & addiction services. Discussion of central database with Connex Ontario on the development of this directory							
7.Form 2 Protocol	Development of a Form 2 Protocol between the Kenora Courthouse and the Lake of the Woods District Hospital and develop awareness within the community on the utilization of a Form 2.	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 around utilization of a Form 2 under the Mental Health Act. Dissemination of the Form 2 Navigation Map to family members, organizations and criminal justice partners for utilization and information. Development of training/information session to	 ☑ Pillar 1 ☑ Pillar 2 ☑ Pillar 3 ☑ Pillar 4 ☐ Pillar 5 	April 2018- March 2019	\$100				

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		organizations on what a Form 2 is and how to access and navigate the process.						
8.Form 1 Agreement Development	Development of a Form 1 Service Agreement between the Kenora District Jail, Lake of the Woods District Hospital and the Canadian Mental Health Association, Kenora Branch.	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, the Schedule 1 Inpatient Unit at the Lake of the Woods District Hospital and the Forensic Psychiatry Program at the Canadian Mental Health Association, Kenora Branch.	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☑ Pillar 4 ☐ Pillar 5	April 2018- March 2019	No funds required			

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9. Development of Post Custody Enhancement Program Collaboration Agreements	Identified areas of need for this program within the Kenora Rainy River District for easier transition of clients wo are sentenced and transitioned out of the criminal justice system.	Consultation with the Post Custody Enhancement Program to identify areas of need for individuals transitioning out of the criminal justice system. Development of collaboration agreements with organizations and agencies where identified need exists. Development of a Discharge from Distant Court Protocol Program within the Kenora Rainy River District in partnership with the Ministry of Community Safety and Correctional Services.	☐ Pillar 1 ☐ Pillar 2 ☑ Pillar 3 ☑ Pillar 4 ☐ Pillar 5	April 2018- March 2019	No funds required						
10. Rapid Intervention Services Kenora (RISK) data review and system issues identified and discussed with the North West Community Mobilization Network (formerly the Regional	Development, strengthen of partnerships locally. Identification of areas of need locally, regionally and provincially.	Yearly report reviewed by the KRRDHJCC for discussion and Identification of areas of need locally, regionally and provincially from the data reviewed.	 ⊠ Pillar 1 ⊠ Pillar 2 □ Pillar 3 ⊠ Pillar 4 ⊠ Pillar 5 	April 2018- March 2019	\$1400						

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HSJCC) & Provincial HSJCC Committees.		Alignment of areas of need with the Community Safety And Well- being Plan for the City of Kenora Areas identified to be disseminated to appropriate tables for discussion and review.								
11. Kenora Rainy River District Human Service & Justice Coordinating Committee Meetings	Continue to strengthen and broaden the activities and work for the KRRDHJSCC.	Enhancement of membership where appropriate. Engagement of members within Workplan for 2018-2019. Hosting of 4 meetings per year.	 ⊠ Pillar 1 ⊠ Pillar 2 □ Pillar 3 ⊠ Pillar 4 ⊠ Pillar 5 	April 2018- March 2019	\$2000					

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