



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.
7. **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: **North York HSJCC**

HSJCC Chair/Co-Chairs: Andrew Graham, Tammy Tinney and Mary Murphy

Chair/Co-chairs contact: Andrew Graham graham_a@cotainspires.ca 416-785-9230 ext. 1035

Tammy Tinney, Tammy.Tinney@nygh.on.ca 416-633-9420 ext. 6385

Mary Murphy memurph@rogers.com 416-736-5029

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

Transfer Payment Agency Contact: **Steve Lurie**, slurie@cmhato.org or 416-789-6886

II. HSJCC Objectives

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

The NY-HSJCC works collaboratively:

- To engage in joint cross-sectoral planning, coordination, collaboration and integration of services for individuals with mental health and addiction 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 in addressing local needs and reporting to the Toronto HSJCC to help inform systems planning at a Regional level.

b) Committee's specific objectives:

The NY-HSJCC works collaboratively:

- To assist in developing and maintaining an accessible and well-functioning system of mental health, justice and related services. Work together to improve the transition between services and sectors of the Committee's target population, to and through the services and supports that they need when they need them.
- To assist in improving the quality of services for individuals with mental health issues who are involved with the criminal justice system, including the specific matches made between clients and services both initially and through clients' individual trajectories over time.
- To assist in minimizing 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 preventing and reducing recidivism.
- To assist in identifying barriers to the achievement of any of the above objectives, with a particular focus on identifying and addressing barriers at the juncture points among the mental health, criminal justice and related systems.

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								
12c. North York 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: <i>Training and professional development:</i> Provide training on appropriate prescribing for management of pain	<ul style="list-style-type: none"> # of health care professionals trained # of training sessions 	<ul style="list-style-type: none"> Level of competence Level of knowledge Intention to change practice as a result of training 	<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					
1. Information Sharing: Share information about mental health, addictions, criminal justice and related services that are accessible to individuals 16 years of age or older with a mental illness, who are currently involved or at significant risk of being involved with the criminal justice system. Individuals	<p>8-12 committee members attending meetings,</p> <p>4 presentations delivered at meetings.</p> <p>2 PowerPoint presentations and resources distributed to the members.</p> <p>Circulate current</p>	<p>Increase knowledge exchange between systems and services regarding how to support individuals with mental health and addictions issues who come into contact with the justice system.</p> <p>Increase usefulness of information sharing resulting in informed decision making and improved client services.</p>	<input type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 4 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 5	April 2017-March 2018		Held 5 NY-HSJCC meetings during May, September, November, January and March. 67 committee members attended 5 meetings. 13 members attended the meetings regularly. Each meeting has an	Increased information sharing on Staged Screening and Assessment and the Ontario Perception of Care tool, Personality Disorders, Toronto Bail Program: Mobile Crisis, Intervention Teams, FOCUS Table and Métis Nation of Ontario. Increased knowledge exchange	

<p>may have co-occurring issues such as homelessness, substance use and/or developmental disabilities.</p>	<p><i>information about Human Services and Justice issues.</i></p> <p><i>Maintain and circulate membership list.</i></p> <p><i>Update PHSJCC website with membership contact information and locals resources</i></p> <p><i>Committee members provide updates about new services and programs at every meeting.</i></p> <p><i>Year end members' evaluation and membership confirmation.</i></p>				<p>average of 13 members. Total membership is 43.</p> <p>5 presentations at meetings.</p> <p>5 PowerPoint presentations and resources distributed to the members.</p> <p>Circulated current information about the Human Services and Justice sector such as training opportunities, job postings, available services, new programs, workshops, information, educational resources and community events.</p> <p>Maintained and circulated membership list with meeting materials.</p> <p>Upload HSJCC website with local PowerPoint presentations.</p> <p>Committee members provided updates about new services and programs at meetings.</p>	<p><i>between systems and services leads to effective and on going cross-sectoral co-ordination and planning.</i></p> <p><i>Conducted annual members' evaluation and membership confirmation to ensure information is accurate and up-to-date.</i></p> <p><i>85.4 % of committee members agree that the meetings are helpful and informative.</i></p> <p><i>100% of committee members agree that they are informed about the activities of the HSJCC.</i></p> <p><i>39 % increase in meeting attendance from 48 to 67.</i></p>
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<p>2. System-building: Develop effective linkages among the services in North York so as to increase their accessibility and capacity to effectively meet the needs of the target population and support community safety.</p>	<p>1 new member joining the committee.</p> <p>1 welcome package sent.</p> <p>31 members maintained.</p> <p>Hold 5 meetings per fiscal year.</p> <p># of members who identify as being from equity seeking groups.</p>	<p>Maintain and increase representation from across sectors and equity seeking groups such as Aboriginal, people with lived experience, families and seniors.</p> <p>Increase the knowledge and awareness of emerging issues and best-practices regarding individuals who come into contact with the justice system and support community safety.</p> <p>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.</p> <p>Strengthen relevant partnerships to improve coordination and transitions between services and sectors.</p>	<p><input type="checkbox"/> Pillar 1✓ <input type="checkbox"/> Pillar 2✓ <input type="checkbox"/> Pillar 3✓ <input type="checkbox"/> Pillar 4✓ <input type="checkbox"/> Pillar 5</p>	<p>April 2017- March 2018</p>		<p>Increased membership from cross-sectors.</p> <p>8 welcome packages were sent out.</p> <p>43 people comprise total membership.</p>	<p>8 new members joined the committee from Toronto Police Service(3), Metis Nation of Ontario, North York General Hospital(2) Voices from the Street, Probation and Parole.</p> <p>Added membership resulted in increased cross-sectoral coordination, planning and collaboration.</p> <p>57.1 % of members who completed the member evaluation identified as female, 28.6 % as male, 0% as LGBTQ, 0 % as Indigenous 14.2% as Racialized/visible minority, 0% as person with a disability, 14.2%, Other</p>

<p>3. <i>Issue identification:</i> Work collaboratively to identify issues and barriers to the achievement of the goals identified above and determine how to address aforementioned issues (i.e., at which internal/external forums or tables).</p>	<p><i>Continue to provide reports at the Toronto HSJCC meetings.</i></p> <p><i>Ensure Co-chair(s) participate in the T-HSJCC meetings.</i></p> <p><i>To collaborate with the Toronto Service Resolution Project (TSRP) in addressing system barriers for people involved with the justice sector who face significant barriers to service access due to systemic barriers.</i></p>	<p><i>Strengthen coordination and collaboration between human services and justice sectors</i></p> <p><i>Strengthen the awareness of the Toronto Service Resolution Project Committee at the NY-HSJCC meetings by providing regular reports.</i></p>	<p><input type="checkbox"/> Pillar 1✓ <input type="checkbox"/> Pillar 2✓ <input type="checkbox"/> Pillar 3✓ <input type="checkbox"/> Pillar 4✓ <input type="checkbox"/> Pillar 5</p>	<p><i>April 2017-March 2018</i></p>		<p><i>Members are active participants identifying issues to determine meeting presentations and Lunch and Learn topics and committee's goals and projects.</i></p>	<p><i>Member evaluation was conducted demonstrating increased participation with HSJCC and coordination between human services and justice sector.</i></p> <p><i>The NY-HSJCC Co-chairs attend the Toronto Regional HSJCC and Steering Committee meetings. They report on the NY-HSJCC's identified issues and priorities resulting in increased coordination and collaboration by building capacity and shared responsibility</i></p>
<p>4. <i>Problem solving:</i> Work collaboratively to identify issues and barriers to the achievement of the goals identified above and determine where identified issues should be addressed, i.e., at which internal /external forums or tables.</p>	<p><i>Continue to provide as last resort transportation and food vouchers to individuals who come into contact with the justice system at their point of release.</i></p> <p><i>Submit quarterly TTC tokens and food voucher reports to the T-HSJCC.</i></p> <p><i>Committee members continue to work collaboratively utilizing a participatory group decision-making</i></p>	<p><i>Increase collaboration and coordination to problem-solving/resolutions of systemic issues that impact individuals who come into contact or are at risk of involvement with the justice system.</i></p> <p><i>Continued shared accountability.</i></p> <p><i>Review minutes to ensure participatory group decision making.</i></p> <p><i>Review Action Items to ensure problem solving/ service coordination issues at</i></p>	<p><input type="checkbox"/> Pillar 1✓ <input type="checkbox"/> Pillar 2✓ <input type="checkbox"/> Pillar 3✓ <input type="checkbox"/> Pillar 4✓ <input type="checkbox"/> Pillar 5<input type="checkbox"/>✓</p>	<p><i>April 2017-March 2018</i></p>		<p><i>TTC tokens and food vouchers were distributed and quarterly reports on their use were submitted to the Toronto HSJCC.</i></p> <p><i>The committee meetings have a standing agenda item to discuss service resolution/coordination issues. Lunch and Learns and meeting presentation topics are discussed and approved at the</i></p>	<p><i>The various agencies and programs at the courthouse work collaboratively to ensure access to TTC tokens and food vouchers are available.</i></p> <p><i>TTC tokens and food vouchers are distributed at North York Courthouse and administered by the Duty Counsel.</i></p> <p><i>Participatory decision making improves members involvement and increases cross-sectorial collaboration.</i></p>

	<p><i>model.</i></p> <p><i>Continue to have service resolution and coordination issues as standing agenda items.</i></p>	<p><i>every meeting.</i></p> <p><i>Improve functioning and quality of life with respect to the determinants of health that impact individuals who come into contact with the justice system.</i></p> <p><i>Reduce recidivism by supporting improved client outcomes.</i></p>				<i>committee meetings.</i>	
<p>5. Communication: Coordinate a forum and facilitate communication between and among service providers in North York.</p>	<p><i>Continue with regular committee meetings and the distribution of minutes.</i></p> <p><i>We continue to have Service Resolution and Coordination issues as an agenda item at every meeting.</i></p>	<p><i>There is evidence of engagement and participation from the cross-sectoral membership as identified in the committee's goals.</i></p>	<p><input type="checkbox"/> Pillar 1✓</p> <p><input type="checkbox"/> Pillar 2✓</p> <p><input type="checkbox"/> Pillar 3✓</p> <p><input type="checkbox"/> Pillar 4✓</p> <p><input type="checkbox"/> Pillar 5</p>	<p>April 2017- March 2018</p>		<p>Held 5 meetings. Minutes were distributed and membership was updated prior to each meeting.</p>	<p>Circulated 5 NY-HSJCC PowerPoint presentations to the Toronto Local HSJCC's and posted on the HSJCC website. Total of 240 local HSJCC members received the information.</p> <p><i>Circulated meeting minutes and regularly updated membership, posted meeting minutes, and PowerPoint presentations on the HSJCC website. PowerPoint meeting presentations were circulated to Toronto Regional, Scarborough, West Toronto and Downtown Toronto Local HSJCCs.</i></p> <p><i>Effective and ongoing collaboration leads to better coordination by engaging in joint cross-sectoral knowledge sharing.</i></p>

<p>6.Education: Provide educational opportunities for the cross sectoral membership on relevant topics relating to mental health, addictions, criminal justice and related services for people with lived experience, families, and the public.</p>	<p><i>Committee members have input regarding presentations and Lunch and Learn topics</i></p> <p><i>Continue to maintain and circulate a membership list.</i></p> <p><i>Continue to provide information to the Regional and Provincial HSJCC.</i></p> <p>3 Lunch and Learns directed by members' input.</p> <p><i>Collate and review Lunch and Learn evaluations.</i></p> <p>6 resources circulated from other local HSJCC's Lunch and Learns.</p> <p>20 - 120 participants attended Lunch and Learns.</p> <p><i>Explore webinars for Lunch and Learns at the courthouse.</i></p>	<p><i>Increase knowledge and awareness about client-centred best practices and trends as it relates to people who come into contact with the justice system.</i></p> <p><i>Increase knowledge and awareness about mental health and addictions and how they relate to the social determinants of health; housing status, poverty, social isolation, family breakdown etc.</i></p> <p><i>Enhance knowledge and awareness of the impact of stigma for individuals who come into contact or are at risk of involvement with the justice system.</i></p>	<p><input type="checkbox"/> Pillar 1✓</p> <p><input type="checkbox"/> Pillar 2✓</p> <p><input type="checkbox"/> Pillar 3✓</p> <p><input type="checkbox"/> Pillar 4✓</p> <p><input type="checkbox"/> Pillar 5</p>			<p>Held 3 Lunch and Learn webinars on:</p> <p><i>Keeping Sane in an Insane World, Cannabis and Mobile Crisis Interention Teams (MCIT).</i></p>	<p>277 participants attended three sessions (webinar and courthouse).</p> <p>191 people participated in the 3 webinars.</p> <p>86 people participated at the courthouse.</p> <p><i>Increased knowledge about trauma, compassion fatigue and burnout; cannabis and MCIT as demonstrated on the evaluations.</i></p> <p><i>Posted Lunch and Learn PowerPoint presentaiions on the HSJCC website.</i></p>
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<p>7. Monitor the performance of the committee: Collect, analyze, and share data and information to continuously improve the system's ability to meet the needs of its target population.</p>	<p>8-12 members attending committee's meetings.</p> <p><i>Fostering openness about different perspectives through open discussion. Value and use evaluation/research and evidence-based practices for decision making.</i></p> <p><i>Analyze identified issues and respond accordingly.</i></p> <p>5 PowerPoint presentations shared among members.</p> <p>4 research papers shared among members.</p>	<p>Increased access to reliable and current information and analysis of human services and justice issues.</p> <p><i>Provide a forum for data sharing through educational presentations.</i></p>	<p><input type="checkbox"/> Pillar 1✓ <input type="checkbox"/> Pillar 2✓ <input type="checkbox"/> Pillar 3✓ <input type="checkbox"/> Pillar 4✓ <input type="checkbox"/> Pillar 5</p>	<p>April 2017- March 2018</p>		<p>Held 5 meetings with the following educational presentations: Staged Screening and Assessment and the Ontario Perception of Care tool, Personality Disorders, Toronto Bail Program: Mobile Crisis, FOCUS Table and Métis Nation of Ontario.</p> <p>Updated members contact information prior to all meetings.</p>	<p>Increased access to reliable and current information and analysis of human services and justice issues as demonstrated by the member evaluation and Lunch and Learn evaluations.</p> <p><i>Provide a forum for data sharing through educational presentations at committee meetings.</i></p> <p><i>Year- end member's evaluation and membership confirmation completed.</i></p> <p>Circulated 3 Lunch and Learn webinar links of Keeping Sane in an Insane World, Cannabis and MCIT to the Toronto Local HSJCC 240 membership.</p> <p>Circulated 1 PowerPoint presentation on The Cannabis Act: Youth, Mental Health and Public Safety?</p> <p>Circulated 7 PowerPoints presentations from other local HSJCC's Lunch and Learns and meeting presentations, Métis Nation of Ontario , Cannabis, HSJCC Secretariat, Opportunities to Improve The Health of Person in Custody in Ontario, Understanding basic medication related issues in client with common psychiatric conditions,</p>
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							<p>Central East LHIN Sub-region planning tables, and PASAN.</p> <p><i>Increased cross-sectoral members' knowledge and awareness on trauma, compassionate fatigue, cannabis and MCIT.</i></p> <p>Circulated 8 research reports: Substance Use Prevention and Harm Reduction Guideline, 2018; Truama Informed Tool Kit; Cannabis, Bail and Remand in Ontario Report, Segregation in Ontario & Corrections In Ontario Directions for Reform, Understanding basic medication related issues in client with common psychiatric conditions, Toronto Overdose Action Plan: Prevention & Response and Developmental Disability Tool Kit and video Link.</p> <p>44 % of regular members completed the evaluation (4 out of 9 regular members from a total of 43).</p>
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