

## 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 SCHEDULE

This template is the **required** format for Schedule A.

### **SCHEDULE "A"**

### PROGRAM DESCRIPTION AND TIMELINES

### I. HSJCC Information:

Regional or Local HSJCC: Scarborough HSJCC

HSJCC Chair/Co-Chairs: Samim Hasham and Mary Jarrell

Chair/Co-chairs contact: Samim Hasham, <a href="mailto:samim.morrish.hasham@gmail.com">samim.morrish.hasham@gmail.com</a>

or 416-287-6674 and **Mary Jarrell**, <u>Mary.Jarrell@ontario.ca</u> or 416-326-4132

Transfer Payment Agency: CMHA – Toronto Branch

Transfer Payment Agency Contact: Steve Lurie, <a href="mailto:slurie@cmhato.org">slurie@cmhato.org</a> or 416-789-6886

### II. HSJCC Objectives

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

### The S-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 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 S-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 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 achievements 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
	<ul> <li>Training and professional development</li> </ul>
	☐ Knowledge translation & exchange
	<ul> <li>Service and system performance, monitoring and evaluation</li> </ul>
	□ 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.

	S-HSJCC 2017-2018 WORKPLAN AND ANNUAL REPORT SUBMISSION										
12d. Scarborough Local HSJCC											
	WORKPL	LAN (Due: March 1 of each year	r)				I Report Submissions 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)	<b>Timeline</b> 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	<ul> <li># of health care professionals trained</li> <li># of training sessions</li> </ul>	<ul> <li>Level of competence</li> <li>Level of knowledge</li> <li>Intention to change practice as a result of training</li> </ul>	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☑ Pillar 4 ☐ 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 may have co-	10-20 committee members attending meetings.  3 presentations at meetings.  2 PowerPoint presentations and resources distributed to the members.  Circulate current information about the	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.  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 2017- March 2018		Held 5 S-HSJC meetings during May September, November, January and March.  64 committee members attended 5 meetings. 13 members attended the meetings regularly. Each meeting has an average of 13	Increased information sharing on: Toronto Bail Program, Streets To Homes, Staged Screening and Assessment and the Ontario Perception of Care tool, Cannabis, the Central East LHIN, Service Resolution Project, Legal and	See Attache HSJCC Financial Report			

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occurring issues such as homelessness, substance	human services and Justice issues.					members. Total membership is 60	Psychosocial Perspectives on	
homelessness, substance use and/or developmental disabilities.	Maintain and circulate membership list.					3 presentations at meetings.	Dementia, and FOCUS Tables.	
	Update PHSJCC website with membership contact information and locals' resources.					3 PowerPoint presentations and resources distributed to the members.	100% of committee members agreed that the meetings are helpful and informative.  Increased knowledge exchange between as systems and services	
	Committee members provide updates about new services and programs at every meeting.  Year - end member's evaluation and					Circulated current information about the Human Services and Justice issues such as training opportunities, workshops, job postings, available services, new		
	membership confirmation.					programs, workshops, information, educational resources and community events.	Conducted annual members' evaluation and membership confirmation to ensure information is accurate and up-to-	

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						Maintained and circulated membership list with meeting materials.  Upload HSJCC website with local PowerPoint presentations.  Committee members provided updates about new services and programs at meetings.	date.  100% of committee members agree that they are informed about the activities of the HSJCC	
2. System-building: Develop effective linkages among the services in Scarborough so as to increase their accessibility and capacity to	5 new members joining the committee 5 welcome packages sent 50 members maintained.	Maintain and increase representation from across sectors and equity seeking groups such as aboriginal groups, people with lived experience, families and seniors	☐ Pillar 1√ ☐ Pillar 2√ ☐ Pillar 3√ ☐ Pillar 4√ ☐ Pillar 5	April 2017- March 2018		Increased membership from cross sectors.  15 welcome packages were sent out.  60 people comprise	15 new members joined the committee from: Probation and Parole, Toronto East Detention Centre (3), Toronto Housing, Homes First, Salvation Army, Metis	

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minority 9% as other

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resulting in increased

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perspectives.

		S-HSJCC 2017-2018 WC	RKPLAN AND	ANNUAL REP	ORT SUBMISS	SION		
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4.Problem solving: Work collaboratively to address issues and barriers to the achievement of the goals identified above i.e., at which internal /external forums or tables.	Continue to provide as a last resort for transportation and food vouchers to individuals who come into contact with the justice system at their point 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.	Increase collaboration and coordination for problem solving/resolutions 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.  Review Action Items to ensure problem solving service coordination issues at every meeting.  Improve functioning and quality of life with respect to the social determinants of health that impact individuals who come into contact with	☐ Pillar 3√	April 2017- March 2018		TTC tokens and food vouchers were distributed and quarterly reports on there use were submitted to the Toronto HSJCC.  The committee meetings have a standing agenda item to discuss service resolution/coordinatio n issues.  Lunch and Learn and meeting presentation topics are discussed and approved at the committee meetings.	The various agencies and programs at the courthouse work collaboratively to ensure access to TTC tokens and food vouchers are available.  TTC tokens and food vouchers are distributed at Scarborough Courthouse by the Canadian Mental Health Association.  Participatory decision making improves members' involvement and increases cross-sectorial collaboration.	

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health and addictions and how

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7. Monitor the performance of the committee: Collect, analyze, monitor and share data and information to continuously improve the system's ability to meet the needs of 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 may have co-occurring issues such as homeless, addictions and a developmental disability	10-20 members attending committee's meetings.  Fostering openness about different perspectives through open discussion. Value and use evaluation/research and evidence-based practices for decision making.  Analyze identified issues and respond appropriately.  2 PowerPoint presentations shared among members.  2 research paper shared among members	Increased access to reliable and current information and analysis of human services and justice issues  Provide a forum for data sharing through educational presentations.	□ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5	April 2017- March 2018		Held 5 meetings with the following educational presentations: Streets To Homes, Toronto Bail Program, Staged Screening and Assessment and the Ontario Perception of Care tool, the Central East LHIN, Service Resolution Project and the FOCUS Tables.  Updated members contact information prior to all meetings.	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.  Provide a forum for data sharing through educational presentations at committee meetings.  Year- end member's evaluation and membership confirmation completed.  Circulated 1 Lunch and Learns		

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				9			PowerPoint to the Toronto Local HSJCC 240 membership.	
							Increassed cross- sectoral members knowledge and awareness on Staged Screening and Assessment and the Ontario Perception of Care tool, the Central East LHIN, and the FOCUS Tables.	
							Circulated 3 webinar links from other local HSJCC's Lunch and Learns: Keeping Sane in an Insane World, Cannabis and MCIT.	
							Circulated 9 PowerPoint slides from other local	

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							HSJCC's Lunch and Learns and meeting presentations:	
							Personality Disorders, MCIT, Keeping Sane in an Insane World,	
							Cannabis, HSJCC Secretariat,	
							Opportunities to Improve The Health	
							of Persons in Custody in Ontario,	
							Understanding basic	
							medication related issues in client with	
							common psychiatric conditions, PASAN	
							and Métis Nation of Ontario	
							Increassed cross- sectoral members	

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							knowledge and awareness on Cannabis and Legal and Psychosocial Perspectives on Dementia	
							Circulated 8 research findings: Substance Use Prevention and Harm Reduction Guideline, 2018;	
							Trauma 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	

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