



## 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: Scarborough HSJCC

HSJCC Chair/Co-Chairs: Susan Boucaud and Mary Jarrell

Chair/Co-chairs contact: **Susan Boucaud**, [susan.boucaud@ontario.ca](mailto:susan.boucaud@ontario.ca) or 416-750-3513 ext 350 and **Mary Jarrell**, [Mary.Jarrell@ontario.ca](mailto:Mary.Jarrell@ontario.ca) or 416-326-4132

Transfer Payment Agency: CMHA – Toronto Branch

Transfer Payment Agency Contact: Steve Lurie, [slurie@cmha-toronto.net](mailto:slurie@cmha-toronto.net) 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 service 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 sector 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 recoveries over time.
- To assist in minimizing the amount of time people spend in correctional facilities waiting for the 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 and Identifying barriers to achievement of any of the above objectives, with particular focus on identifying and addressing barriers at the juncture between 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.

| Regional or Local HSJCC: Scarborough Local HSJCC   |  |  |   |               |
|--|--|--|---|---------------|
| 2015/2016 Annual Report (Due: June 1, 2016)  |  |  |   |               |
| HSJCC Activities<br>(Name and Brief Description)<br>What is done to meet program objectives  | MH&A Pillar(s)<br>this activity contributes to<br>(see page 1)   | Actual Outputs<br>(to be completed for annual reports)   | Actual Outcomes<br>(to be completed for annual reports)   | Actual Budget |
| <i><b>Example:</b><br/>Training and professional development: Provide training on appropriate prescribing for management of pain</i>   | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input checked="" type="checkbox"/> Pillar 4<br><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 may have co-occurring issues such as homelessness, substance use and/or a developmental disabilities. | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5            | <p><i>Held 5 S-HSJC meetings during May September, November, January and March</i></p> <ul style="list-style-type: none"> <li>• <b>67</b> committee members attended 5 meetings. 17 members attended the meetings regularly. Each meeting has an average of 13 members. Total membership is 58</li> <li>• <b>3</b> presentations at meetings,</li> <li>• <b>3</b> PowerPoint and resources distributed to the members</li> </ul> <p><i>Circulated current information about the human services and Justice issues such as training opportunities, workshops, job postings, available services, new</i></p> | <p><i>Increased information sharing on the Immigration and Refugee Law, Ontario Works/Ontario Disability Support Program, Access Point, Building a Service Resolution Function in Toronto, Mental Health and Pinewood Centre on the Scarborough Addiction Services, 24-hours pharmacies and pharmacies that dispense methadone</i></p> <p><b>78%</b> of committee members strongly agreed and/or agreed that the meetings are helpful and informative</p> <p><i>Increased knowledge exchange between systems and services leads to effective and on going cross-sectoral co-ordination and planning</i></p> <p><i>Conducted annual members evaluation</i></p> | \$0.00        |

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|   |   | <p><i>programs, information, educational resources, and community events</i></p> <p><i>Maintained and circulated membership list with meeting materials</i></p> <p><i>Upload HSJCC website with membership contact information and local PowerPoint presentations</i></p> <p><i>Committee members provide updates about new services and programs at meetings</i></p> | <p><i>and membership confirmation to ensure information is accurate and up-to-date.</i></p> <p><b>90%</b> of committee members are well-informed and/or somewhat informed about the activities of the HSJCC</p>   |   |
| 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. | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p><i>Increased membership from the cross-sectoral sectors</i></p> <p><b>8</b> welcome packages were sent</p> <p><b>58</b> membership total</p>   | <p><b>8</b> new members joined the committee from – Fred Victor (2) Cota (2) Voices from the Street, CMHA, Parole and Probation (2)</p> <p><i>Added membership resulted in increased cross-sectoral coordination, planning and collaboration</i></p> <p><b>100 %</b> of members who completed the member evaluation identified as female, <b>11%</b> as LGBTQ, <b>0%</b> Aboriginal, <b>0%</b> as racialized/visible minority and <b>11%</b> as other</p> | \$168 Honorarium for people with lived experience |

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| <p>3. <i>Issue identification:</i><br/>Work collaboratively to identify issues and barriers to the achievement of the goals identified above and determine how identified issues should be addressed, (i.e., at which internal/ external forums or tables).</p> | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p><i>Compiled information on 24- hour pharmacies and pharmacies that offer methadone.</i></p> <p><i>Increase membership from people with lived experience</i></p> | <p><i>Increased access to psychiatric medication based on the needs of the clients/patients/inmates and family members who require medication outside regular pharmacy hours by circulating information on 24 hours pharmacies and pharmacies that offer methadone</i></p> <p><i>Increased service coordination as referral information from ConnexOntario and 2-1-1 Ontario was circulated to the Toronto Locals HSJCC 218 membership</i></p> <p><i>The S-HSJCC Co-chairs attend the Toronto Regional HSJCC and Steering Committee meetings. They report on the Scarborough HSJCC's identified issues and priorities resulting in increased coordination and collaboration by building capacity and shared responsibility</i></p> <p><i>Adding people with lived experience increased the committee's inclusion and diversity perspectives</i></p> |               |

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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. | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p><i>TTC tokens and food vouchers were distributed and quarterly reports 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 Learn and meeting presentation topics are discussed and approved at the committee meetings</i></p> | <p><i>The various agencies and programs at the courthouse work collaboratively to ensure access to TTC tokens and food vouchers is available to people in need.</i></p> <p><i>TTC tokens and food vouchers are distributed at Scarborough Courthouse by the Canadian Mental Health Association</i></p> <p><i>Participatory decision making improves members involvement and increases cross-sectorial collaboration</i></p>   | <p><i>\$500 TTC tokens</i></p> <p><i>\$500 food vouchers</i></p> |
| 5. <i>Communication:</i><br>Coordinate a forum through which to and facilitate communication between and among service providers in Downtown Toronto                         | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p><b>Held five meetings</b>, minutes were distributed and membership was updated prior to meeting</p>  | <p><i>Circulated 1 S-HSJCC meeting PowerPoint presentations to the Toronto Locals HSJCC's and posted on the HSJCC website. Total of 224 local HSJCC members receiving the information.</i></p> <p><i>Circulated meeting minutes and regular updated membership, posted meeting minutes, PowerPoint presentations on the HSJCC website. PowerPoint meeting presentations were circulated to and from the Downtown Toronto, North York and West Toronto Local</i></p> | <p><i>\$0.00</i></p>   |



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|   |   |  | <p>HSJCCs.</p> <p>Effective and ongoing collaboration leads to better coordination by engaging in joint cross-sectoral knowledge sharing</p>  |               |
| 6. Education: Provide educational opportunities for the cross sectoral membership on relevant topics relating to mental health, addictions, criminal justice and related service providers, people with lived experience, families, and the public    | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p>Held three Lunch and Learns session on: OW/ODSP Benefits, Immigration and Refugee Law and Access Point</p>  | <p>36 participants at three sessions</p> <p>Increased knowledge about client centred best practices regarding OW/ODSP benefits, Immigration and Refugee Law and Access Point as demonstrated on the evaluation.</p> <p>82% rated the content of the information as very good to excellent</p> <p>Posted Lunch and Learn PowerPoint on the HSJCC website</p> | \$340.66      |
| 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 | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p>Held 5 meetings with the following educational presentations: OW/ODSP Benefits, Immigration and Refugee Law, Access Point, Building a Service Resolution Function in Toronto, Mental Health and Pinewood Centre on the Scarborough Addiction Services</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>We provide a forum for data sharing through educational presentations at</p>  |               |

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|---|--|--|--|---------------|
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| HSJCC Activities<br>(Name and Brief Description)<br>What is done to meet program objectives   | MH&A Pillar(s)<br>this activity contributes to<br>(see page 1) | Actual Outputs<br>(to be completed for annual reports) | Actual Outcomes<br>(to be completed for annual reports)  | Actual Budget |
| involved or at significant risk of being involved with the criminal justice system. Individuals may have co-occurring issues such as homelessness, addictions and a developmental disability. |  |  | <p><i>committee meetings</i></p> <p><i>Year- end member's evaluation and membership confirmation.</i></p> <p><i>Circulated Lunch and Learns audio video recording of the Ontario Works/Ontario Disability Benefits and Immigration and Refugee Law and Circulated 1 PowerPoints of Ontario Works/Ontario Disability Benefits to the Toronto Local HSJCC 224 membership.</i></p> <p><i>Increased cross-sectoral members knowledge and awareness on Ontario Works/Ontario Disability Benefits, Access Point and Immigration and Refugee Law to enhance clients/inmates/patience centered best practices.</i></p> <p><i>Circulated 4 audio video recording from other local HSJCC's Lunch and Learns and meeting presentations: Assessment 101, Fitness Hearings, ABI Symptoms and Intervention Strategies, and Legal and Psychosocial Perspective on Dementia</i></p> <p><i>Circulated 1 Toronto Regional webinar link and PowerPoints on A Conversation About the Police Response to Street</i></p> |               |

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| HSJCC Activities<br>(Name and Brief Description)<br>What is done to meet program objectives | MH&A Pillar(s)<br>this activity contributes to<br>(see page 1) | Actual Outputs<br>(to be completed for annual reports) | Actual Outcomes<br>(to be completed for annual reports)  | Actual Budget |
|   |  |  | <p><i>Involved People During the Pan Am Games</i></p> <p><i>Circulated findings on the 24- hour pharmacies to address clients/patients/inmates and family needs who require medication outside regular pharmacy hours</i></p> <p><i>Circulated 7 PowerPoints from other local HSJCC's Lunch and Learns and meeting presentations: Assessment 101, Salvation Army, Psychogeriatric Discussion: Program Information Sharing and Networking, ABI Symptoms and Intervention Strategies, FOCUS Team, Intensive Support and Supervision Program in Partnership with Youth Justice Services, and The Reintegration Centre Peer Support Model and the Toronto South Detention Centre</i></p> <p><i>Circulated 2 research papers: Building a Service Resolution Function in Toronto Report and Research on Immigration, Refugee and Mental Health</i></p> <p><i>59% of regular members completed the evaluation. 10 out of 17 regular members from a total of 58.</i></p> |               |

... add new rows as needed

## Appendix A

### HSJCC Example of Schedule “A” Scope of Program

| Regional or Local HSJCC: Durham Regional HSJCC   |  |  |   |                             |                    |   |   |               |
|--|--|--|---|-----------------------------|--------------------|---|---|---------------|
| WORKPLAN (Due: March 1 of each year)   |  |  |   |                             |                    | Annual Report Submissions<br>(Due: June 1 of each year)   |   |               |
| Program/HSJCC Activity (Name and Brief Activity)<br>What is done to meet program objectives  | Anticipated Output(s)<br>What is produced or delivered resulting from activities                       | Anticipated Outcomes<br>What are the effects / changes that occur as a result?   | MH&A Pillar(s) this activity contributes to   | Timeline Start and End Date | Anticipated Budget | Actual Outputs<br>(to be completed for semi-annual and annual reports)  | Actual Outcomes<br>(to be completed for semi-annual and annual reports)   | Actual Budget |
| <i>Collaboration &amp; collaborative care</i><br>Increase membership of the Durham Regional HSJCC to enhance community engagement with the committee | <ul style="list-style-type: none"> <li># of new members</li> </ul>                                     | <ul style="list-style-type: none"> <li>Increase membership of the Durham Regional HSJCC to include new organizational partners and perspectives to increase collaboration</li> </ul> | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input checked="" type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5            | April 2014 – March 2015     | \$0.00             | 3 new members have been added to the Durham Regional HSJCC<br><br>Added community membership from: Toronto Bail Court, Oshawa Legal Clinic and a person with lived experience | Added membership resulted in increased community collaboration.   | \$0.00        |
| <i>Training and professional development:</i><br>Hold a full day training event on Aboriginal issues in criminal court system for Durham Region      | <ul style="list-style-type: none"> <li># of community agencies attending the training event</li> </ul> | <ul style="list-style-type: none"> <li>Increase knowledge of Aboriginal issues in criminal court system for Durham Region</li> </ul>   | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input checked="" type="checkbox"/> Pillar 3<br><input checked="" type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | March 2015                  | \$2,000.00         | Session attended by 72 community agencies   | Improved understanding of Aboriginal issues in the criminal court system. Increased knowledge was demonstrated through pre and post event participant surveys | \$1,800.00    |

|  |   |  |   |                                |                 |  |  |                 |
|--|---|--|---|--------------------------------|-----------------|--|--|-----------------|
| <p><i>Service and system performance, monitoring and evaluation:</i><br/>Participate in Central East LHIN Crisis review</p>      | <ul style="list-style-type: none"> <li>• # of meetings attended</li> <li>• # of committee members participating in review</li> </ul>  | <ul style="list-style-type: none"> <li>• Improve understanding of the crisis response effectiveness within Durham Region</li> </ul>  | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input type="checkbox"/> Pillar 3<br><input type="checkbox"/> Pillar 4<br><input checked="" type="checkbox"/> Pillar 5            | <p>April 2014 – March 2015</p> | <p>\$0.00</p>   | <p>3 Durham Regional HSJCC members participated in 5 meetings relating to this review<br/>The Crisis Review was completed</p> <p>Durham Regional Police were part of the Central East LHIN Crisis Review of Crisis services including the Mobile Crisis Intervention Team (MCIT)/Durham Regional Team.</p> | <p>Improved understanding of crisis response and community collaboration</p>   | <p>\$0.00</p>   |
| <p><i>Direct services:</i><br/>Develop a prisoner belonging transportation system between Oshawa and Lindsay criminal courts</p> | <ul style="list-style-type: none"> <li>• Protocol of prisoner belonging transportation system created</li> <li>• # of instances the transportation system was used</li> </ul> | <ul style="list-style-type: none"> <li>• Improve efficiency of belongings acquisition for individuals requiring items from Oshawa once released from the Lindsay criminal court</li> </ul> | <input type="checkbox"/> Pillar 1<br><input type="checkbox"/> Pillar 2<br><input checked="" type="checkbox"/> Pillar 3<br><input checked="" type="checkbox"/> Pillar 4<br><input type="checkbox"/> Pillar 5 | <p>April 2014 – March 2015</p> | <p>\$500.00</p> | <p>Protocol for transferring prisoner belongings was created by the HSJCC<br/>8 individuals attained their belongings through the initiative</p>   | <p>Ontarians requiring their belongings have received their items within a timely manner once released from custody from the Lindsay Criminal Court.</p> | <p>\$625.00</p> |

## Appendix B

### General Example of Schedule “A” Scope of Program

| General Examples:  |  |   |  |                                      |   |   |
|--|--|---|--|--------------------------------------|---|---|
| Program Activity<br>What is done to meet program objectives  | Anticipated Output(s)<br>• What is produced or delivered resulting from activities   | Anticipated Outcomes<br>• What are the effects / changes that occur as a result?  | MH&A Pillar(s) this activity supports  | Timeline<br>Start and End Date       | Actual Outputs<br>• (to be completed for semi-annual and annual reports)  | Actual Outcomes<br>• (to be completed for semi-annual and annual reports)   |
| <p><i>Information management of MH&amp;A systems:</i><br/>Provide information to callers and reports to stakeholders;<br/>Develop website as central dissemination hub</p> | <ul style="list-style-type: none"> <li>• Volume of calls</li> <li>• # of report queries</li> <li>• Report turnaround speed</li> <li>• Site traffic statistics, social media shares</li> </ul>  | <ul style="list-style-type: none"> <li>• Perceived usefulness of information (e.g. for planning, decision-making, self-management)</li> </ul>                       | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pillar 1</li> <li><input type="checkbox"/> Pillar 2</li> <li><input type="checkbox"/> Pillar 3</li> <li><input checked="" type="checkbox"/> Pillar 4</li> <li><input type="checkbox"/> Pillar 5</li> </ul> | <p><i>April – June, 2015</i></p>     | <ul style="list-style-type: none"> <li>• 10 report queries a month</li> <li>• Report turnaround time: 2 days</li> <li>• 10,000 hits on website since creation date</li> </ul>               | <ul style="list-style-type: none"> <li>• People and organizations are quickly connected to the health and human services that are needed.</li> <li>• Online community of practice developed for addictions’ counsellors.</li> </ul>                   |
| <p><i>Collaboration &amp; collaborative care:</i><br/>Form new partnerships with MHA organizations</p>   | <ul style="list-style-type: none"> <li>• Participation in “x” number of MHA coalition, alliances, committee groups</li> <li>• # of agreements and protocols developed with partners</li> <li>• # of collaborations and partnerships</li> </ul> | <ul style="list-style-type: none"> <li>• Level of collaboration between partners</li> <li>• Rate of referrals to or referrals from partner organizations</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pillar 1</li> <li><input type="checkbox"/> Pillar 2</li> <li><input type="checkbox"/> Pillar 3</li> <li><input checked="" type="checkbox"/> Pillar 4</li> <li><input type="checkbox"/> Pillar 5</li> </ul> | <p><i>June 1 – August 1 2015</i></p> | <ul style="list-style-type: none"> <li>• Participated in 3 MHA committee groups</li> <li>• 2 partnerships formed to collaborate on creating protocols around client information.</li> </ul> | <ul style="list-style-type: none"> <li>• Effective and ongoing collaboration leads to innovation in use of data and information among mental health care providers.</li> <li>• Inter-professional collaboration improves patient outcomes.</li> </ul> |

|  |   |   |   |   |  |   |
|--|---|---|---|---|--|---|
| <p><i>Training and professional development:</i> Provide opioid training sessions to pharmacists</p>                                     | <ul style="list-style-type: none"> <li>• # of staff trained</li> <li>• # of training sessions</li> </ul>  | <ul style="list-style-type: none"> <li>• Level of competence</li> <li>• Level of knowledge</li> <li>• Perceived usefulness / relevance of training</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pillar 1</li> <li><input type="checkbox"/> Pillar 2</li> <li><input type="checkbox"/> Pillar 3</li> <li><input checked="" type="checkbox"/> Pillar 4</li> <li><input type="checkbox"/> Pillar 5</li> </ul>            | <p><i>July 15 – September 2015</i></p>      | <ul style="list-style-type: none"> <li>• 103 participants at 4 training sessions held for methadone maintenance treatment best practices</li> </ul>        | <ul style="list-style-type: none"> <li>• Improved understanding of best practices for methadone maintenance treatment among pharmacist students</li> </ul>              |
| <p><i>Knowledge translation &amp; exchange:</i> Conduct knowledge exchange conference bringing together MHA frontline staff</p>          | <ul style="list-style-type: none"> <li>• # of KTE conference participants</li> <li>• # products developed and disseminated with partners</li> </ul> | <ul style="list-style-type: none"> <li>• Intention to use new knowledge to improve practice</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pillar 1</li> <li><input checked="" type="checkbox"/> Pillar 2</li> <li><input type="checkbox"/> Pillar 3</li> <li><input type="checkbox"/> Pillar 4</li> <li><input type="checkbox"/> Pillar 5</li> </ul>            | <p><i>October – August 2015</i></p>         | <ul style="list-style-type: none"> <li>• 39 KTE conference participants</li> <li>• 14 training manuals developed and disseminated to 39 clinics</li> </ul> | <ul style="list-style-type: none"> <li>• Improvement in delivery of care and health promoting behaviours</li> </ul>   |
| <p><i>Service and system performance, monitoring and evaluation:</i> Develop quality assurance and standards for MHA care transition</p> | <ul style="list-style-type: none"> <li>• # of quality assurance and standards developed</li> </ul>  | <ul style="list-style-type: none"> <li>• Rate of adoption of quality assurance and standards</li> </ul>   | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Pillar 1</li> <li><input type="checkbox"/> Pillar 2</li> <li><input type="checkbox"/> Pillar 3</li> <li><input checked="" type="checkbox"/> Pillar 4</li> <li><input type="checkbox"/> Pillar 5</li> </ul> | <p><i>September 2015 – January 2016</i></p> | <ul style="list-style-type: none"> <li>• 15 quality assurance and standards developed</li> </ul>   | <ul style="list-style-type: none"> <li>• Improved effective transition from children to adults mental health services</li> </ul>  |
| <p><i>Direct services:</i> create plans of care, provide counselling and referrals</p>   | <ul style="list-style-type: none"> <li>• # of individual clients assisted</li> <li>• # of group counselling sessions</li> </ul>                     | <ul style="list-style-type: none"> <li>• Level of patient experience, self-confidence, anxiety and depression</li> </ul>                                      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pillar 1</li> <li><input checked="" type="checkbox"/> Pillar 2</li> <li><input type="checkbox"/> Pillar 3</li> <li><input checked="" type="checkbox"/> Pillar 4</li> <li><input type="checkbox"/> Pillar 5</li> </ul> | <p><i>January – March 2016</i></p>          | <ul style="list-style-type: none"> <li>• 24 group counselling sessions provided</li> <li>• 43 plans of care developed for clients</li> </ul>               | <ul style="list-style-type: none"> <li>• A decrease in the need for crisis intervention and emergency treatment due to improved mental health and well being</li> </ul> |