

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: Susan Boucaud and Mary Jarrell

Chair/Co-chairs contact: Susan Boucaud, susan.boucaud@ontario.ca or 416-750-3513 ext 350 and

Mary Jarrell, Mary.Jarrell@ontario.ca or 416-326-4132 Transfer Payment Agency: CMHA – Toronto Branch

Transfer Payment Agency Contact: Steve Lurie, slurie@cmha-toronto.net or 416-789-7957 ext 271

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 ch	neck one or more of the relevant boxes to indicate which system support function(s)
	(see page	e 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.

		S-HSJCC 2016-2017 WORKPLAN AN	ND ANNUAL REI	PORT SUBMISSION	ON			
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
Example: Training and professional development: Provide training on appropriate prescribing for management of pain	 # of health care professionals trained # of training sessions 	 Level of competence Level of knowledge Intention to change practice as a result of training 	☐ 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-occurring issues such as homelessness, substance use and/or developmental disabilities.	meetings,	Increase knowledge exchange between systems and services. How to support individuals with mental health and addictions issues who come into contact with the justice system Increase usefulness of information sharing	☐ Pillar 1 ☐ Pillar 2 ☐ Pillar 3 ☐ Pillar 4 ☐ Pillar 5	April 2016- March 2017				

S-HSJCC 2016-2017 WORKPLAN AND ANNUAL REPORT SUBMISSION Regional or Local HSJCC: **Annual Report Submissions WORKPLAN (Due: March 1 of each year)** (Due: June 1 of each year) **HSJCC Activities** MH&A Actual Actual (Name and Brief **Anticipated Outputs Anticipated Outcomes (if available)** Pillar(s) this **Timeline Outputs Outcomes** What is produced or What are the regional or community **Anticipated Description**) activity Actual Start and End (to be (to be What is done to meet delivered resulting from effects / changes that occur as a contributes **Budget Budget** completed for Date completed for result? program objectives activities to annual reports) annual reports) (see page 1) Justice issues Maintain and circulate membership list Update PHSJCC website with membership contact information and local

resources

meetings

Committee members provide updates about new services and programs at every

Year - end member's evaluation and

membership confirmation

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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	2 Lunch and Learns directed by members input Collate and review Lunch and Learn evaluations 6 resources circulated from other local HSJCC's Lunch and Learns 15-20 participants attending Lunch and Learns	Increase knowledge and awareness about client-centred best practices and trends as it relates to people who come into contact with the justice system 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. Enhance knowledge and awareness of the impact of stigma for individuals who come into contact who are at risk of involvement with the justice system	□ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5	April 2016- March 2017	\$540 (2 Lunch and Learns)				

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... add new rows as needed