



Provincial  
Human  
Services &  
Justice  
Coordinating  
Committee

# Structure and Reporting Changes for the HSJCC Network

Tuesday, November 10, 2015

Michael Dunn, Provincial HSJCC Co-Chair

Katie Almond, Provincial HSJCC Co-Chair



# HSJCC Webinar



- We will have a Q&A period at the end of our webinar. To ask a question, please type your question in the chat box.
- Power-point presentation will be emailed to you following the webinar.
- Please complete the brief evaluation survey following the webinar.



# Overview of Presentation



- Overview of Ontario's Mental Health and Addictions Strategy
- Overview of the new Structure of HSJCC Network
- Review of new standardized reporting requirements and comments from LHIN
- Questions & Comments



# Presenters



- **Amanda Baine**, A/Manager, Strategic Policy and Mental Health Secretariat Unit, Ministry of Health and Long-Term Care
- **Uppala Chandrasekera**, Director, Public Policy, Canadian Mental Health Association Ontario
- **Fides Coloma**, Manager, Program Management Unit, Strategic Policy and Planning Division, Ministry of Health and Long-Term Care
- **Miruna Couvillon**, Policy Advisor, Strategic Policy and Planning Division, Ministry of Health and Long-Term Care
- **Mike O'Shea**, Senior Officer, Mental Health North East Local Health Integration Network

# Ontario's Mental Health and Addictions Strategy: Strategy Overview & Linkage with HSJCC

**Provincial HSJCC Conference**  
November 2015

# Overview of Ontario's Mental Health and Addictions Strategy

**Sean Court**, A/Director, Strategic Policy Branch  
MOHLTC Strategic Policy and Planning Division  
Ministry of Health and Long-Term Care

# Mental health and addictions issues impact Ontarians:

## Overall prevalence:

30% of the Ontario population aged 15+ will experience a mental health or substance abuse problem at some point during their life.

## Prevalence of mental health issues:

 Almost 5% of Ontario adults reported experiencing symptoms of major depression in 2012 (StatsCan), and 2.2% reported suicidal ideation in the last 12 months (CAMH).

 Mental health conditions are often co-occurring. For example, almost 50% of Ontarians with schizophrenia also report a substance abuse problem.

## Prevalence of substance abuse & addictions:

 18.8% of adults reported exceeding low-risk alcohol guidelines in the past year. 6.8% of adults and 19.8% of students report binge drinking.

 2.8% of adults and 12.4% of high school students reported using prescription opioids for non-medical use in 2013.

 4.7% of Ontarians report having a gambling problem.

## Cost to the province:

 Mental illness and addictions cost Ontario's economy an estimated **\$38.1B a year**. These costs include:

- health care costs.
- law enforcement costs.
- research and prevention
- other direct costs (e.g. fire, accidents).
- indirect costs (lost productivity due to disability and premature mortality).

## Socials costs to Ontarians:

 **Alcohol-related crash fatalities:** 255 deaths in 2009 (MADD).

 **Suicides:** 8.1 per 100,000 (2011 StatsCan).

 **Burden of disease on young adults:** Alcohol and drug addictions are most prevalent in the 25-34 age bracket.

## Examples of Populations at Risk:

Many populations are at higher risk of either developing a mental health issue, or of being marginalized from participating in mental health services. For example:

- **First Nations population:** First Nations youth commit suicide about five to six times more often than non-Aboriginal youth (Health Canada).

- **Individuals with dual diagnosis:** Roughly 44 % of the 18-64 year old cohort of Ontarians who have a developmental disability also have a mental illness (HCAARD).

- **Children and youth:** Mental health problems among children and youth are predicted to increase by 50 per cent by the year 2020.

# MH&A are complex, and cut across many different sectors and levels of government:



## Implications:

### **Confusion/frustration for clients:**

- System navigation is complicated by the number of players in the MH&A sector.

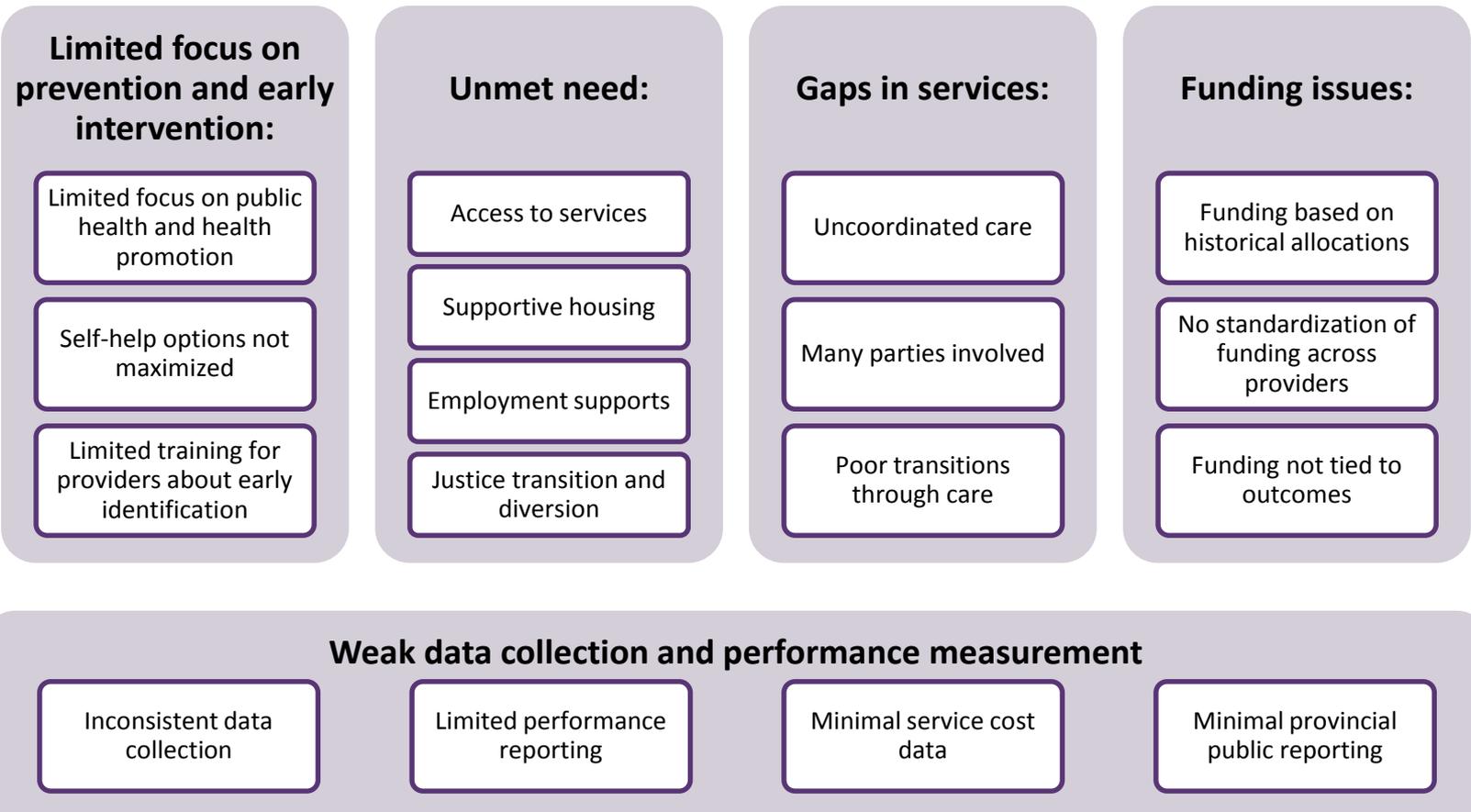
### **Resources not maximized:**

- Lack of coordination and alignment across and between sectors/providers.
- Competing priorities across the sector.

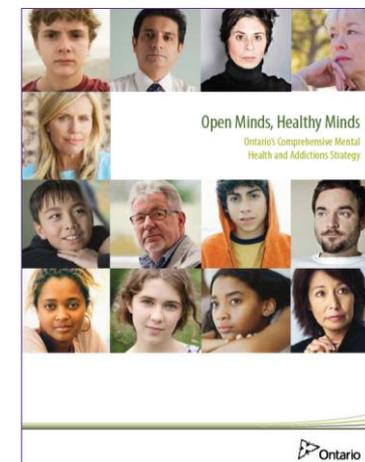
### **Hard to make the case for results and investments:**

- Overlap in clients served makes it difficult to approximate total government spend or cost per MH&A client.
- Different data systems are in use and/or key gaps exist in the data (e.g. wait times, demand).

# Despite best efforts by all parties, significant MH&A system challenges remain:



- Launched in 2011, ***Open Minds, Healthy Minds*** is Ontario's comprehensive mental health and addictions strategy, which aims to address these systemic issues.
- **Strategy vision statement:** Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.
- The Strategy is divided into two phases:



## Phase 1: Launched 2011

- Led by MCYS.
- Focused on children and youth mental health.
- Ongoing transformation in children and youth mental health system will be aligned with Phase 2.

## Phase 2: Launched 2014

- Led by MOHLTC.
- Expanded scope and scale of Phase 1 to focus on adults, transitional aged youth, addictions, transitions, funding reform, and performance measurement across the system.

# Phase 1 made significant progress:

more than  
**50,000**

additional children and youth are receiving services.

 - 5,000 Children & Youth



more than  
**770**

new mental health workers have been hired in communities, schools and courts.

 - 77 Workers



 more than  
**1,000**

post-secondary students a month using a province-wide helpline dedicated to mental health supports for post-secondary students.

**14/34**

14 lead agencies have been identified and another 20 will be introduced in 2015 as part of our Moving on Mental Health plan to strengthen the mental health system, delivering what children and youth need, when they need it, as close to home as possible.



**Launched**

Ontario's youth suicide prevention plan to help communities better respond to young people in crisis.

**18**

Service Collaboratives improving access and transitions for vulnerable children and youth across health, social and justice services.



**Investing**

in safe schools and equity and inclusive education to support school boards and school communities.



**Expanded**

eating disorders treatment services, including inpatient, day treatment and outpatient programs.



more than  
**2,500**

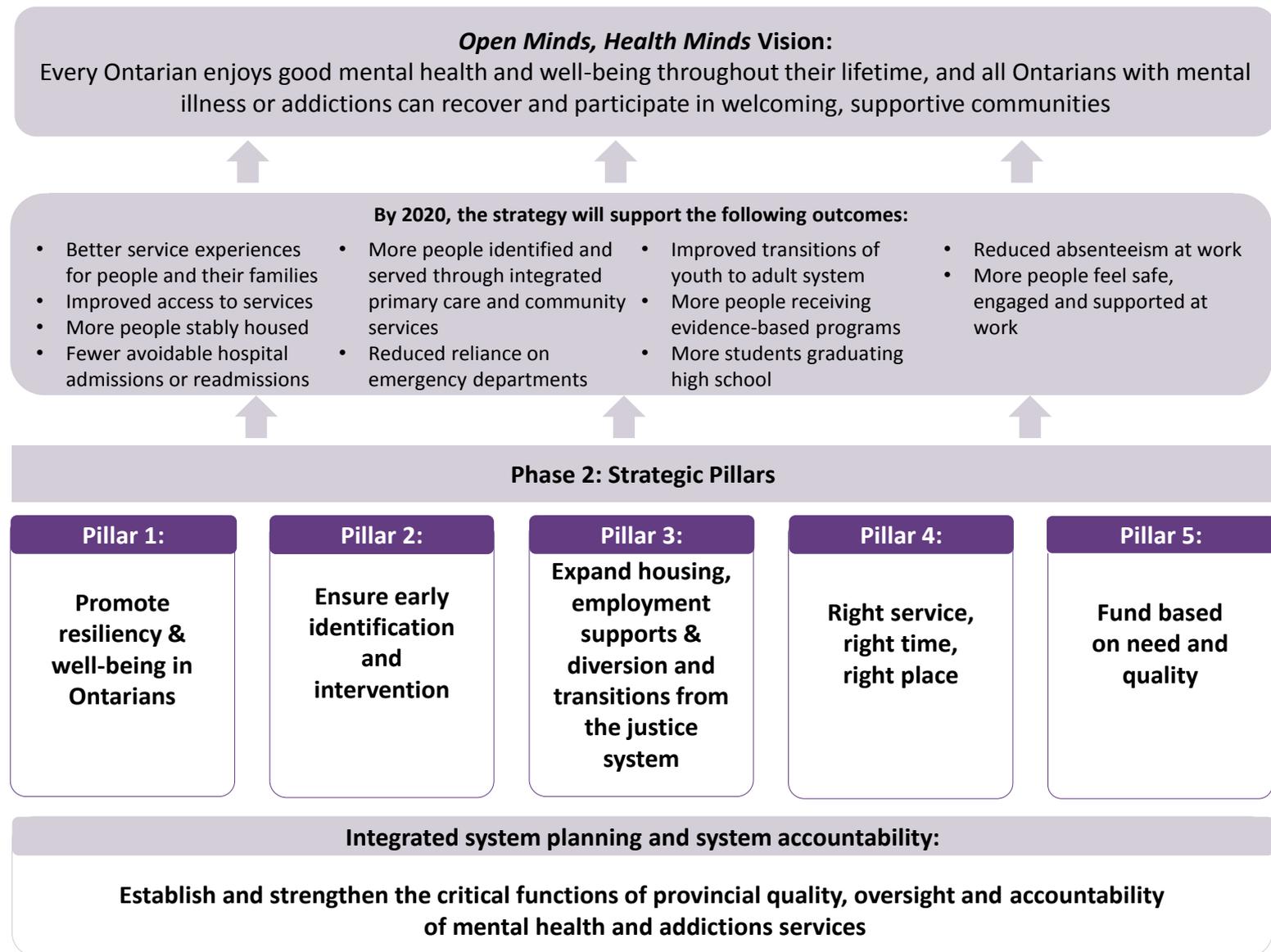
additional psychiatric consultations per year through an expanded and enhanced Tele-Mental Health Service for kids in remote, rural and underserved regions.

# Phase 1 key initiative: Moving on Mental Health



- Building on the foundational work in the first three years of *Open Minds, Healthy Minds*, the *Moving on Mental Health* (MOMH) plan was launched in 2012.
- The plan will result in a simplified and improved experience for children and youth with mental health problems and their families so that, regardless of where they live in Ontario, they will know:
  - What mental health services are available in their communities; and
  - How to access the mental health services and supports that meet their needs.
- To achieve the goals of MOMH, MCYS is leading and coordinating efforts to:
  - Create and support clear pathways to care;
  - Define core services;
  - Establish lead agencies in every Ontario community that will be responsible for the planning and delivery of services;
  - Develop a transparent, equitable funding model; and
  - Put in place appropriate legislative, regulatory, and accountability tools.
- A key element of MOMH is lead agencies. In 2014/15, MCYS identified 16 lead agencies for service areas across Ontario. In August 2015, an additional 12 lead agencies were identified. It is expected that the remaining agencies will be identified in 2015/16.

# Phase 2 of the strategy is supported by five strategic pillars:



## There are three initial implementation priorities for Phase 2:

1.

**Improved performance measurement:** Work with Health Quality Ontario (HQO) and the Institute for Clinical Evaluative Sciences (ICES) developing a scorecard and evaluation framework to measure progress and outcomes.

2.

**New initiatives and funding investments:** \$138 million over three years through the 2014 Budget to community service agencies to help increase access to services such as peer support groups, treatment programs, and crisis and early intervention initiatives.

3.

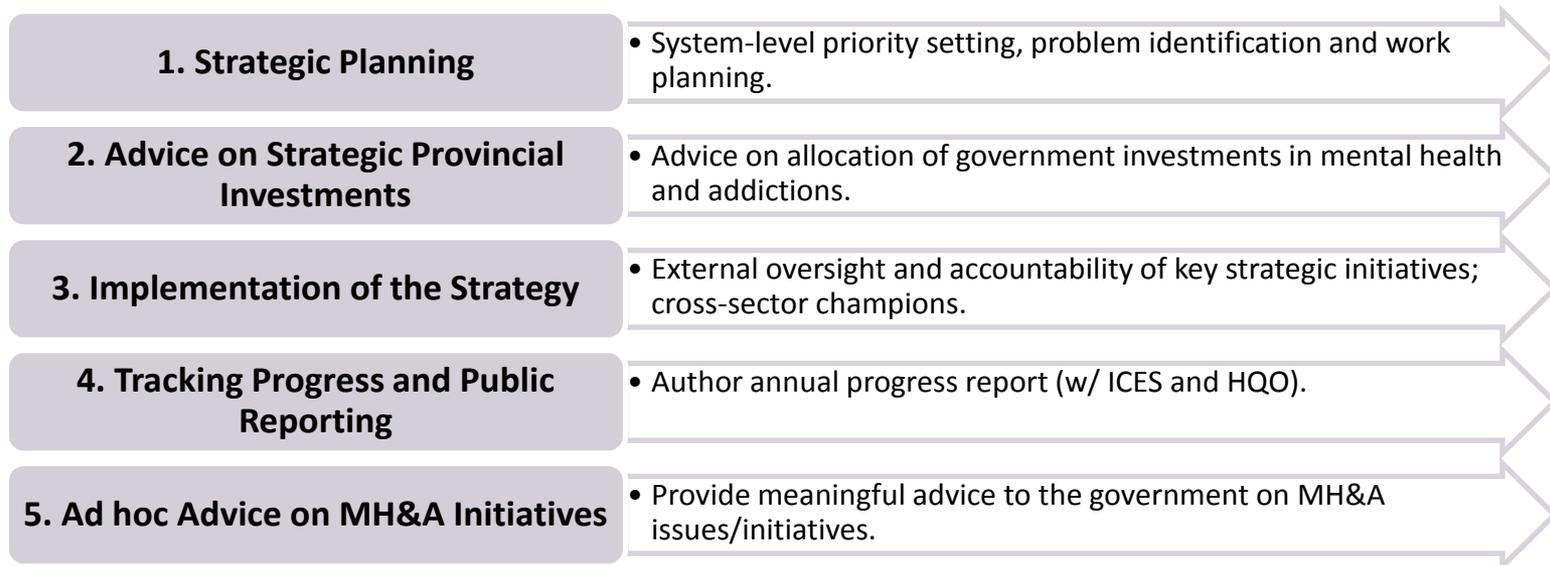
**Enhance oversight and accountability:** Establish Mental Health and Addictions Leadership Advisory Council to advise the Minister and to report on Phase 2 progress, and establish a dedicated Aboriginal engagement process.

# Several key new MOHLTC initiatives are already underway:

- Investments of \$138M over three years to be invested in proven local mental health and addiction initiatives that align with the Strategy's five strategic pillars.
- \$2.75M to improve access to mental health care and reduce wait times at four speciality psychiatric hospitals (Centre for Addiction and Mental Health in Toronto, Waypoint Centre for Mental Health in Penetanguishene, The Royal in Ottawa and Ontario Shores Centre for Mental Health Services in Whitby).
- \$16M to create 1,000 more supportive housing spaces over three years, as part of the Poverty Reduction Strategy.
- Improving supports for youth with eating disorders through a pilot program with Ontario Shores, which has opened a new 12-bed paediatric residential treatment unit treating 32 patients per year.
- Creation of a province-wide inpatient bed registry that will allow hospitals to access information about the availability of inpatient psychiatric beds in Schedule 1 facilities across Ontario.
- Partnering with the province's public health units to increase awareness, address stigma and promote mental health in schools and in the workplace.
- The Ontario Hospital Association (OHA) is developing new suicide prevention standards for hospitals across Ontario.
- The Centre for Addiction and Mental Health (CAMH) and the University of Toronto are launching an ECHO (Extension for Community Healthcare Outcomes) mental health project that will use videoconferencing sessions to develop mental health expertise among health care providers.
- Youthdale Treatment Centre will be provided with \$5.2M in funding for a 10-bed unit, making it Ontario's first in-patient mental health unit for transitional aged youth, aged 18-25.

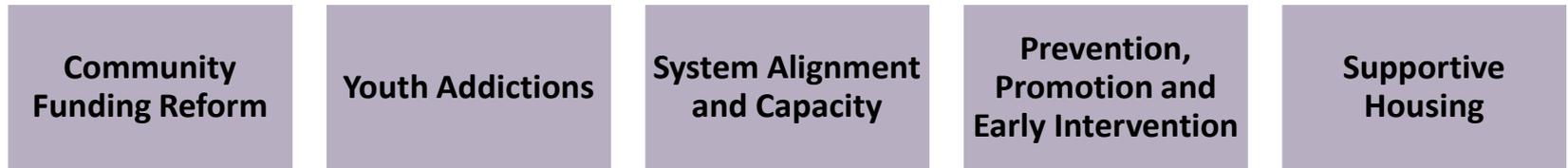
# To support Phase 2, the MH&A Leadership Advisory council has been established:

- In November 2014, the Minister of Health and Long-Term Care announced the creation of the Mental Health and Addictions Leadership Advisory Council.
- The members of the new Mental Health and Addictions Leadership Advisory Council represent diverse sectors that work on mental health and addictions issues.
- The Council will meet 3 times per year, and will be supported by a Secretariat from the Ministry. The Council will also establish working groups as required.
- The Council has the following key deliverables:



# The Council has identified five priority areas:

- The Council met for the first time on February 6, 2015 to discuss where they would like to focus their energy for the upcoming year and over their three year mandate.
- It was agreed that five working groups would be established to support their priorities, including supportive housing:



- Cross-cutting these issues are topics and concepts such as health equity, access, harm reduction, a focus on recovery and impacts on specific population groups (for example Aboriginal communities, marginalized and racialized groups, immigrants, etc.).
- Each working group is chaired by a Council member, and membership has been sought from a broad spectrum of organizations, communities and perspectives. Working Groups have met several times to establish their workplans.

## Planned next steps for the Council:

- Working groups will continue to meet in between each planned Council meeting. The next Council meeting is scheduled for late September.
- A dedicated Aboriginal engagement process is underway, whereby the ministry has sought proposals through the key Aboriginal health tables.
- The first annual report is planned for release in fall/winter 2015. The Council collaborated with the Institute for Clinical Evaluative Sciences and Health Quality Ontario in developing the report.
- The Council would like to include justice issues as a substantive discussion item at their February 2016 meeting.

- Using CMHA Ontario as a transfer payment agency, the MOHLTC has provided the Provincial HSJCC with funding to advance the Council's priorities in mental health and addictions.
- Provincial HSJCC has significant knowledge and expertise in this area and we look forward to collaborating.
- The first priority the MOHLTC has identified is to initiate an inter-ministerial system change project focused on reducing wait times for police-accompanied visits to hospital Emergency Departments.
- Other priorities are to be determined.

# Overview of the New Structure of the HSJCC Network and Reporting Changes

# Funding from MOHLTC



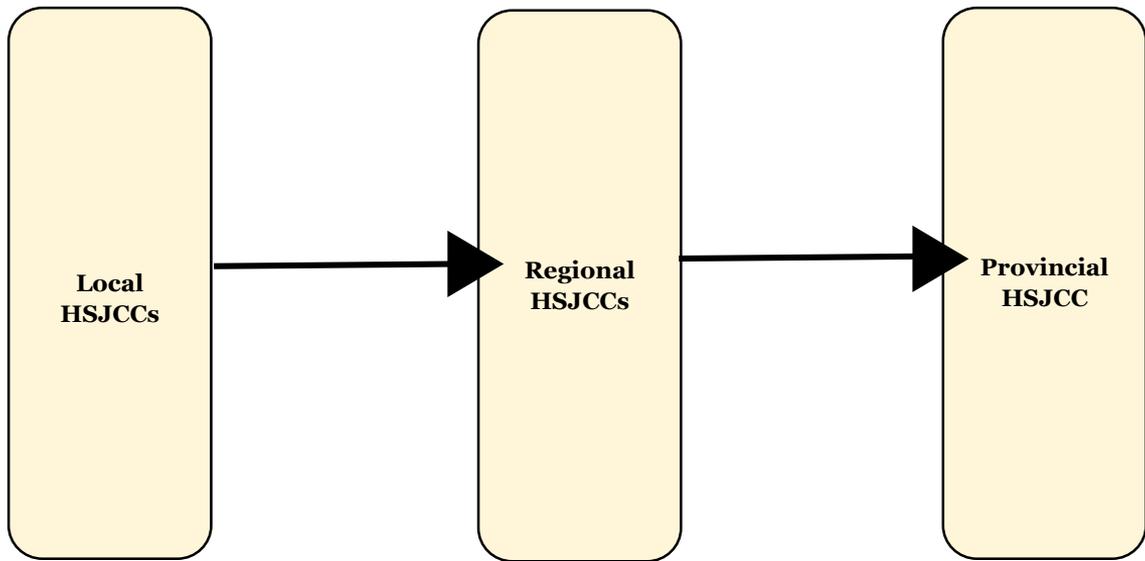
- On July 24, 2015 the P-HSJCC received a letter from the Strategic Policy Branch of the Ministry of Health and Long Term Care indicating that they will be increasing the capacity of the committee through providing additional staff resources.
- CMHA Ontario Division was named as the transfer payment agency and new funds became available as of July 1, 2015.
- Reporting requirements will include completing a standardized reporting template that will track work plans, budgets and performance indicators in a consistent format, and show how the work of the P-HSJCC will align with [Phase 2 of Ontario's Comprehensive Mental Health and Addictions Strategy](#).
- The first priority for the P-HSJCC will be to initiate an inter-ministerial system change project focused on reducing wait times for police accompanied visits to hospital emergency departments.

# Structure & Reporting Changes for Provincial HSJCC

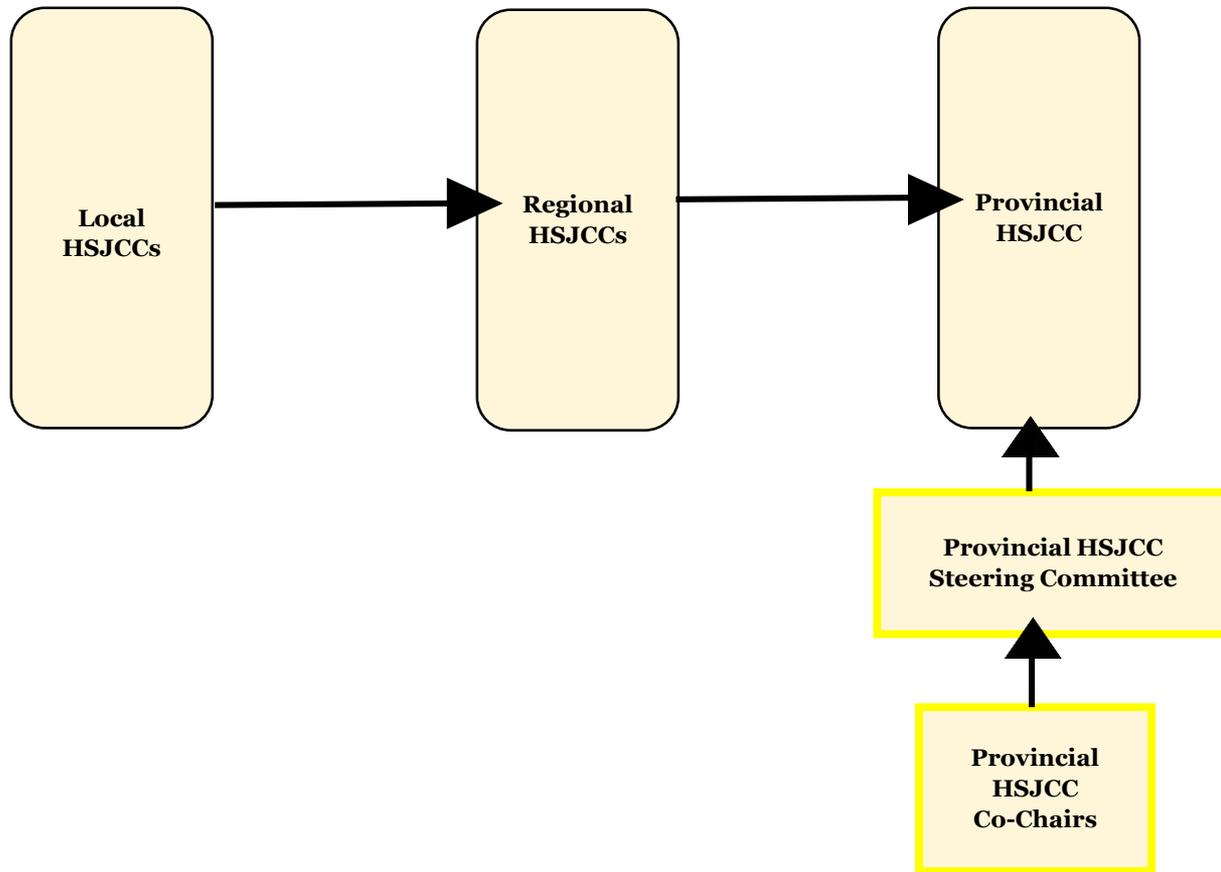


The following slides will provide an overview of the current P-HSJCC structure and reporting mechanisms and then review the changes to this structure with the additional resources from MOHLTC.

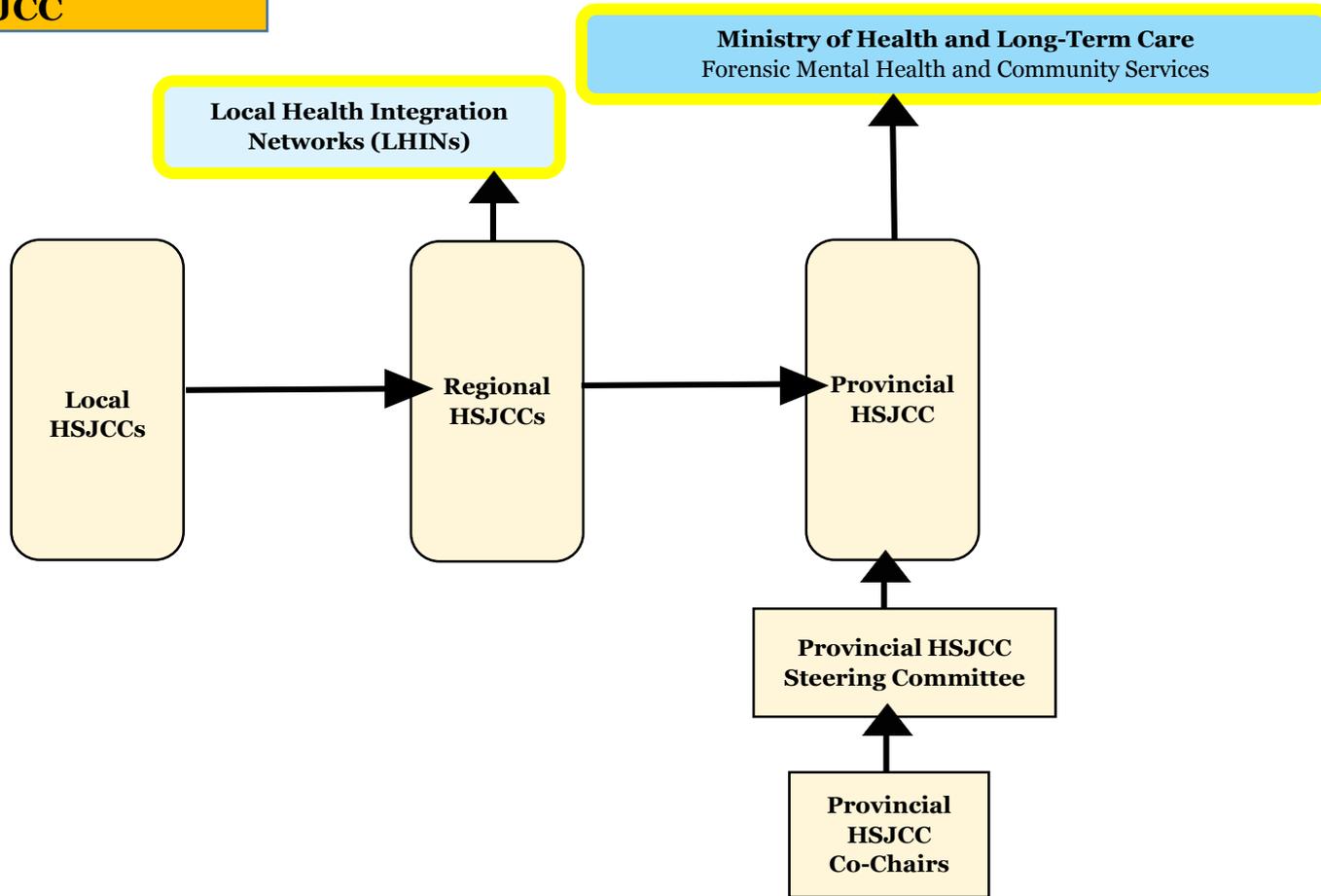
**Current Reporting  
Structure of the Provincial  
HSJCC**



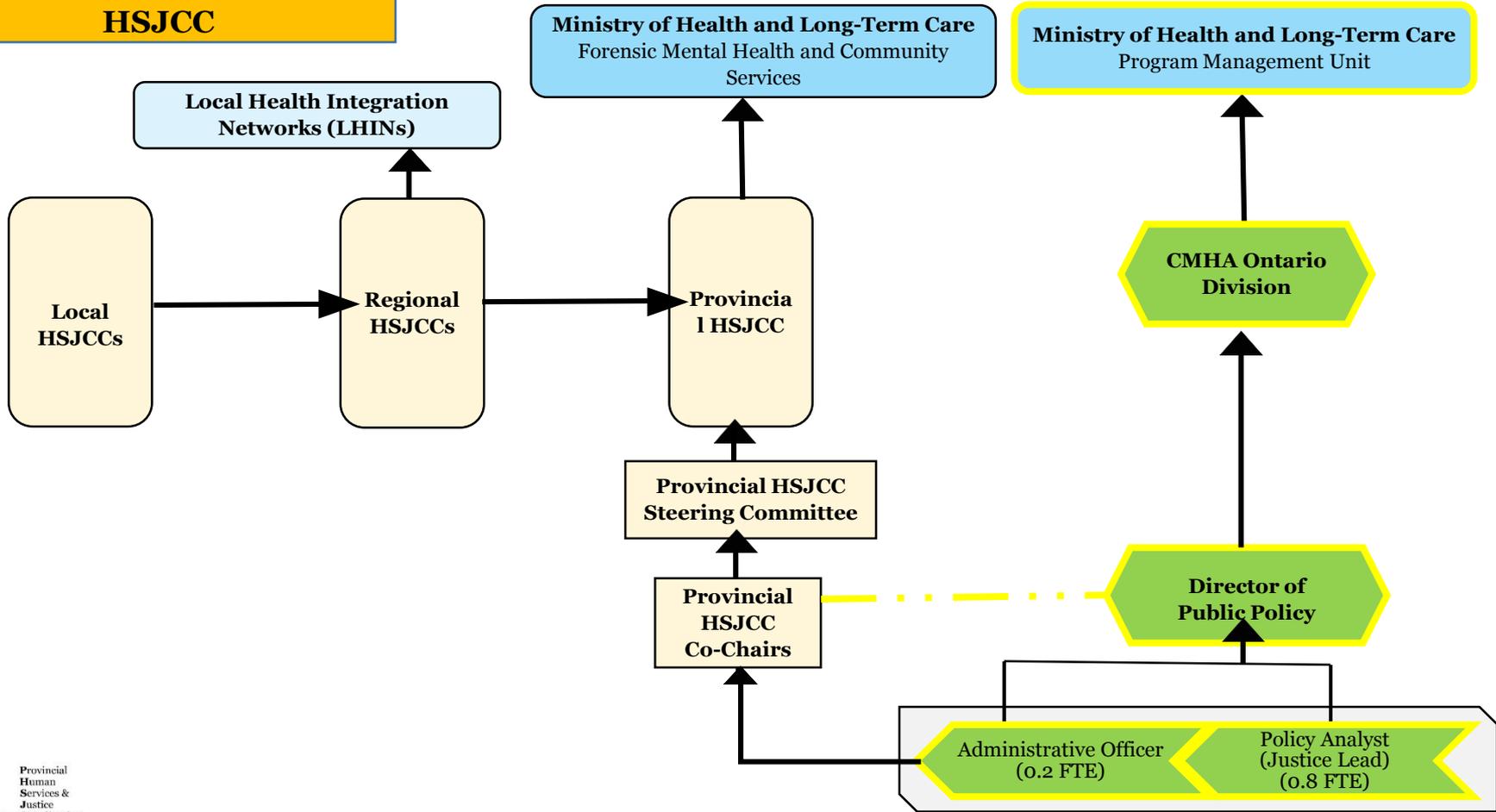
**Current Reporting  
Structure of the Provincial  
HSJCC**



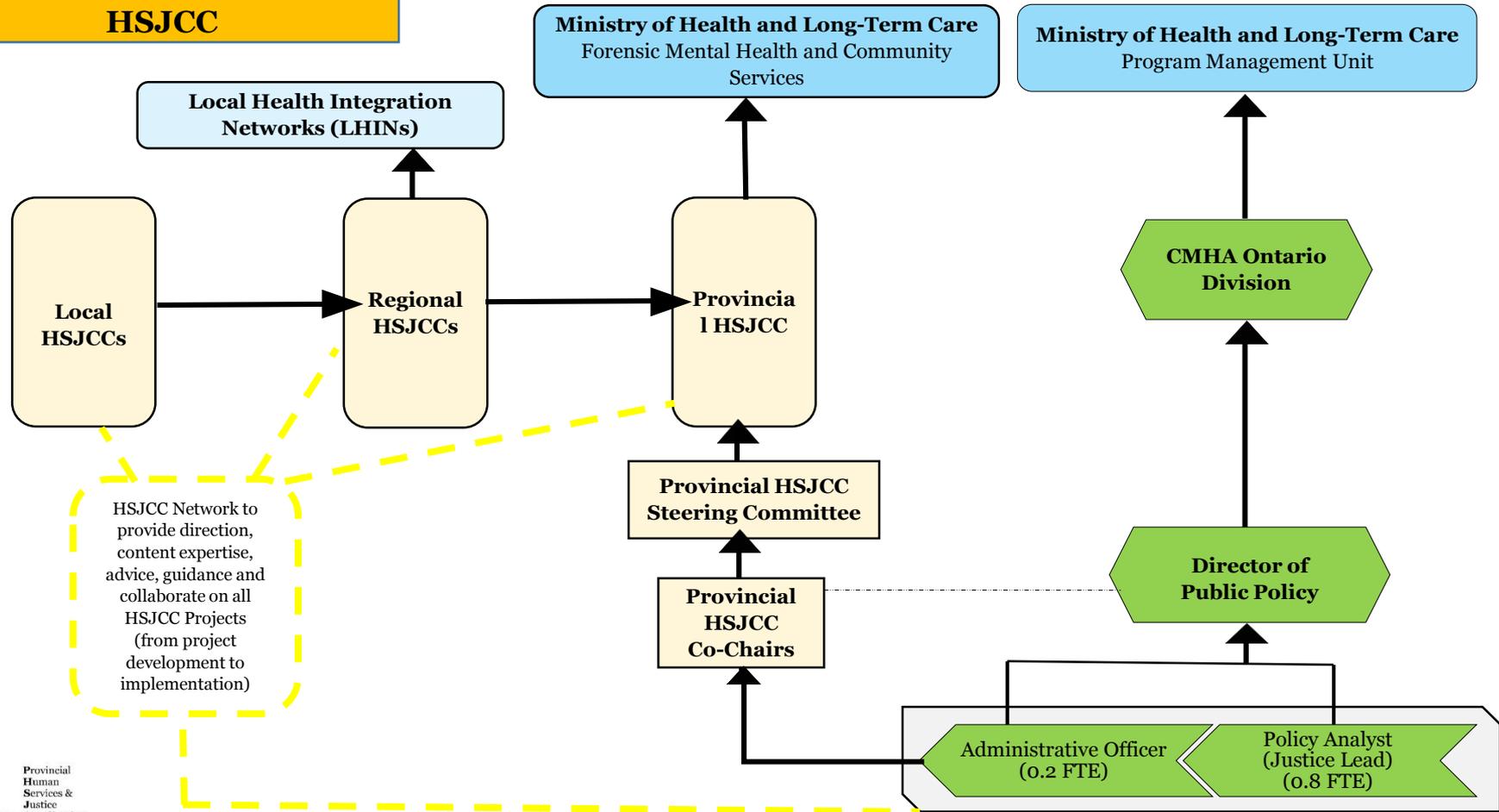
# Current Reporting Structure of the Provincial HSJCC



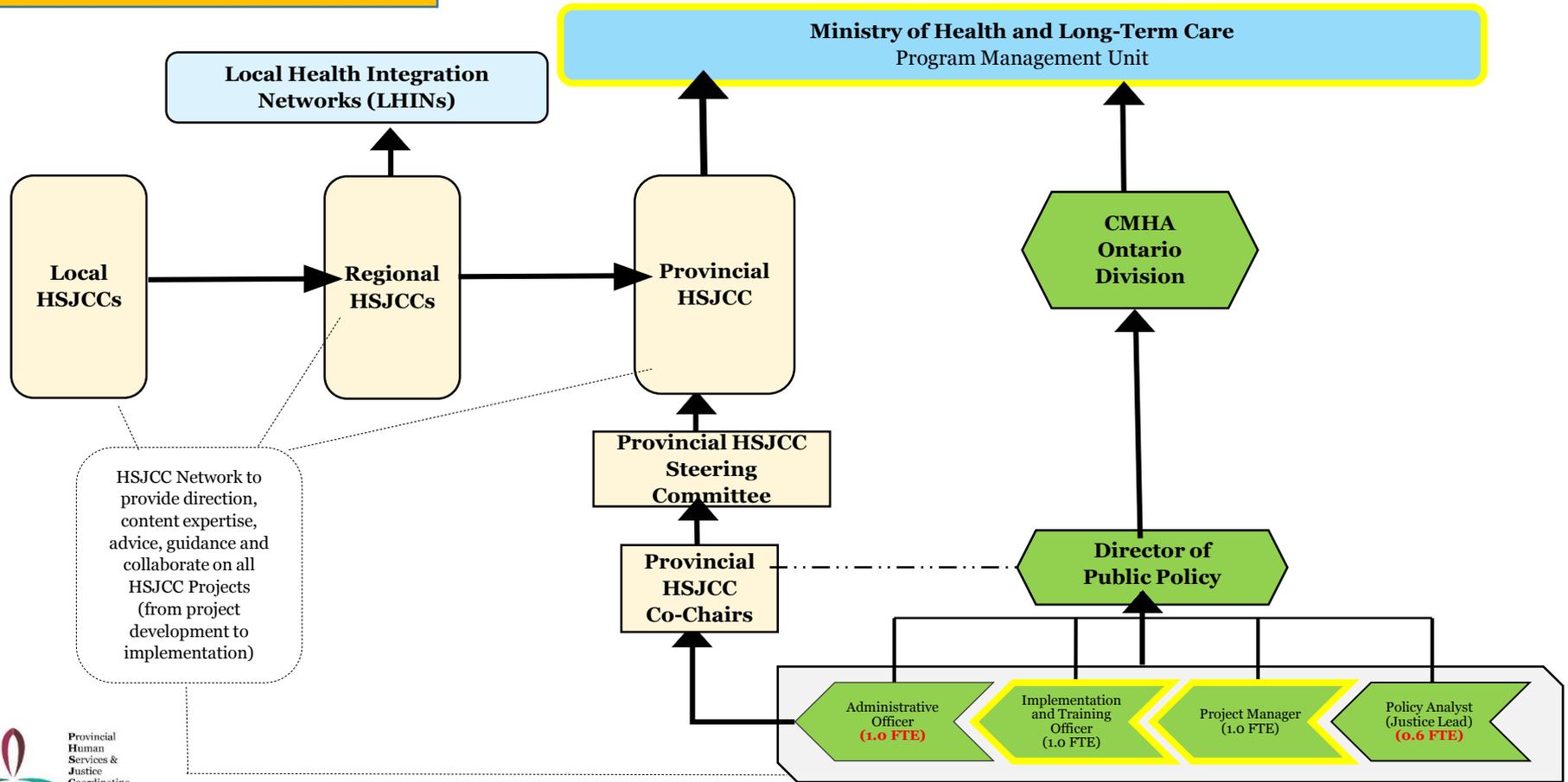
**Current Reporting Structure of the Provincial HSJCC**



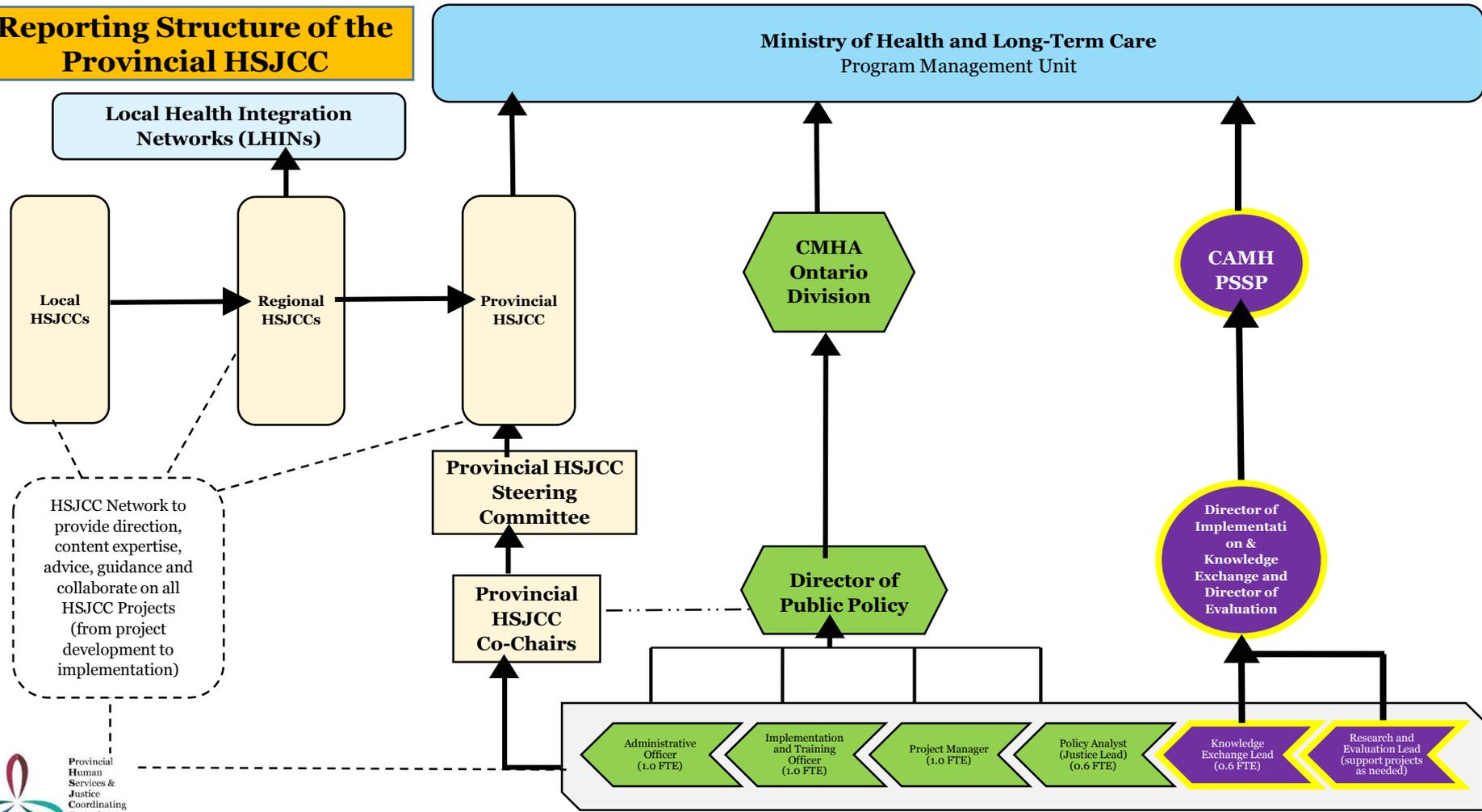
# Current Reporting Structure of the Provincial HSJCC



# New Reporting Structure of the Provincial HSJCC



# Reporting Structure of the Provincial HSJCC



# Reporting Structure of the Provincial HSJCC

Ministry of Health and Long-Term Care  
Program Management Unit

Local Health Integration Networks (LHINs)

Local HSJCCs

Regional HSJCCs

Provincial HSJCC

HSJCC Network to provide direction, content expertise, advice, guidance and collaborate on all HSJCC Projects (from project development to implementation)

Provincial HSJCC Steering Committee

Provincial HSJCC Co-Chairs

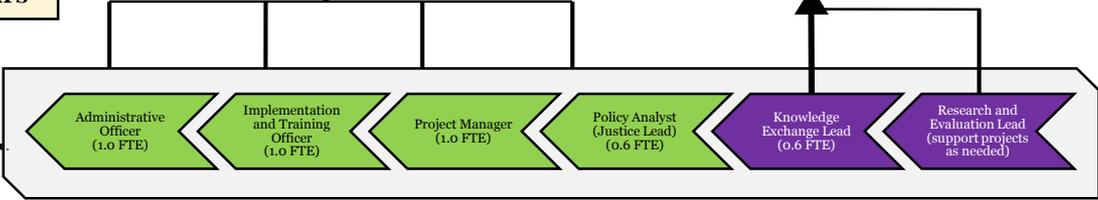
CMHA Ontario Division

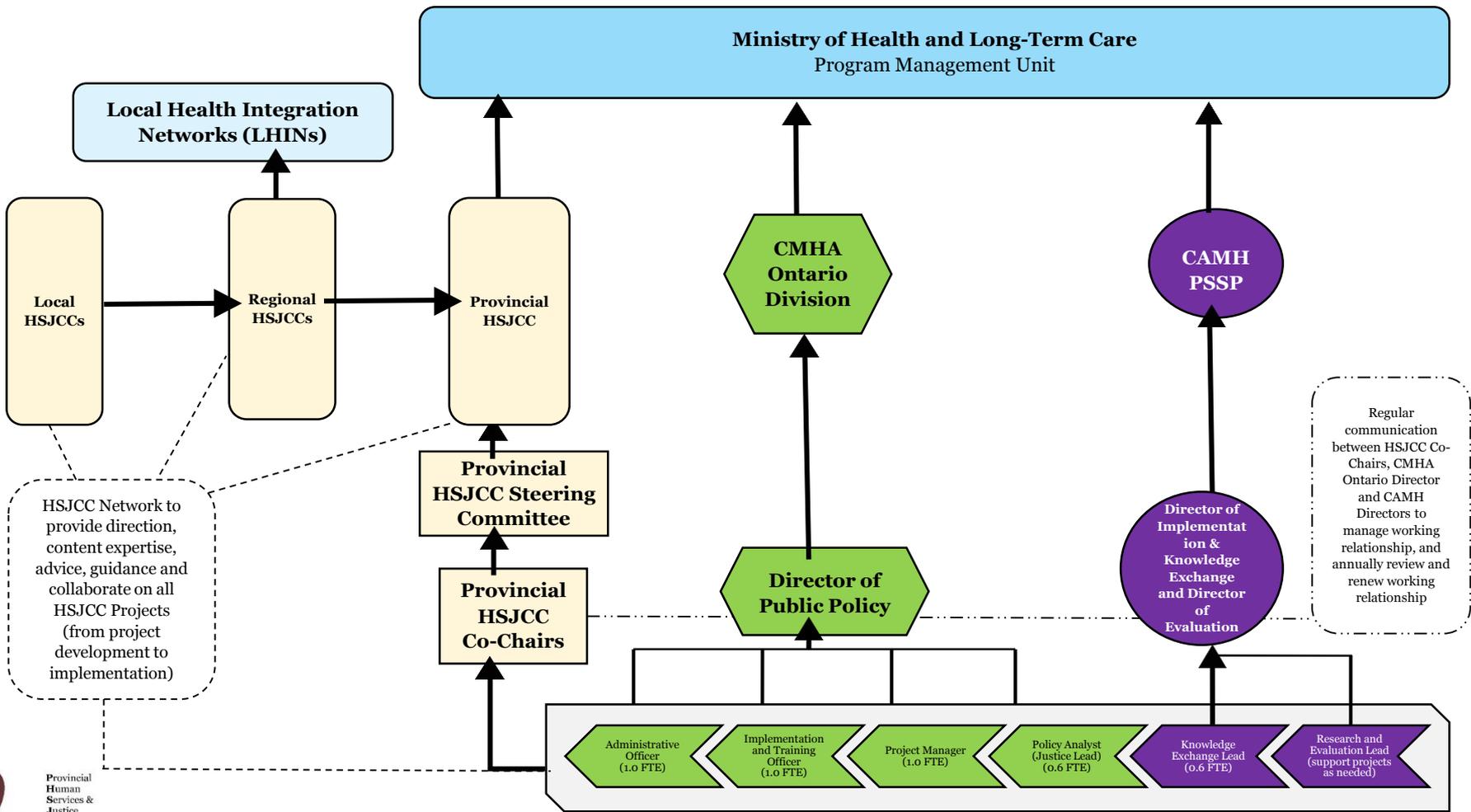
Director of Public Policy

CAMH PSSP

Director of Implementation & Knowledge Exchange and Director of Evaluation

Regular communication between HSJCC Co-Chairs, CMHA Ontario Director and CAMH Directors to manage working relationship, and annually review and renew working relationship





# New Reporting Format to MOHLTC

In accordance with the funding letter provided to the P-HSJCC in July 2015, reporting requirements will now include a **standardized reporting template** that will track work plans, budgets and performance indicators in a consistent format, and show how the work of the HSJCCs will align with [Phase 2 of Ontario's Comprehensive Mental Health and Addictions Strategy](#).

## V. 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.

Program 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 effects / changes that occur as a result?	MH&A Pillar(s) this activity contributes to (see page 1)	Timeline Start and End Date	Actual Outputs (to be completed for semi-annual and annual reports)	Actual Outcomes (to be completed for semi-annual and annual reports)
<i>Example:</i> <i>Training and professional development:</i> Provide training on appropriate prescribing for management of pain	<ul style="list-style-type: none"> <li>• # of health care professionals 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>• Intention to change practice as a result of training</li> </ul>	<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	<i>April - August 2015</i>		

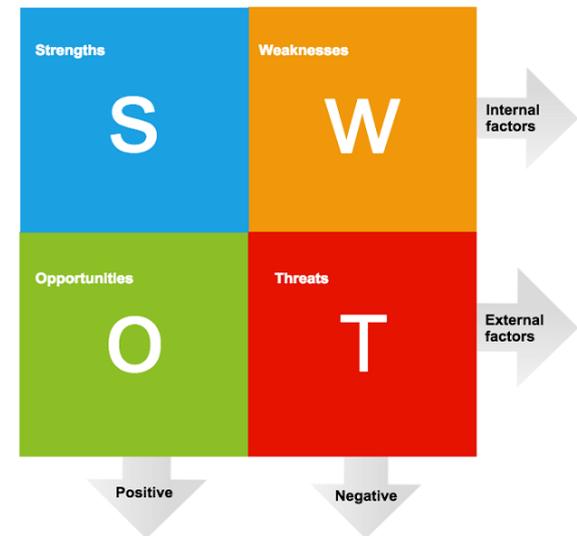
# Annual Work Plan & Budget Development



- Develop work plan based on MOHLTC reporting template
- Develop budget for each item on the work plan
- HSJCC Local Committee review and approve work plan and budget
- HSJCC Regional Committee review and approve work plan and budget
- Submit MOHLTC reporting template (work plan + budget) to Provincial HSJCC Secretariat annually
- Provincial HSJCC Secretariat submits all HSJCC work plans + budget to MOHLTC annually

# Priority Setting Exercise for Work Plan 2015-2016

- Add the Priority Setting Exercise to one of your meeting agendas between now and the end of 2015
- Priority Setting Exercise Survey Link:  
<https://www.surveymonkey.com/r/HSJCCPriorities>
- Submit responses to the Regional Committees by **January 1, 2016** by inputting your responses to the online survey
- We would like ONE response from each of the 14 Regional HSJCCs that include the perspectives of the Local HSJCCs within each region. If a local HSJCC would like to participate with their own response, they are welcome to do so by discussing the questions with their local committee members and filling out the survey.



# Overview of Ministry-Managed Community Mental Health and Addiction Programs (CMHAPs)

**Fides Coloma**, Manager, Program Management Unit  
Policy Coordination & Intergovernmental Relations Branch  
MOHLTC Strategic Policy and Planning Division

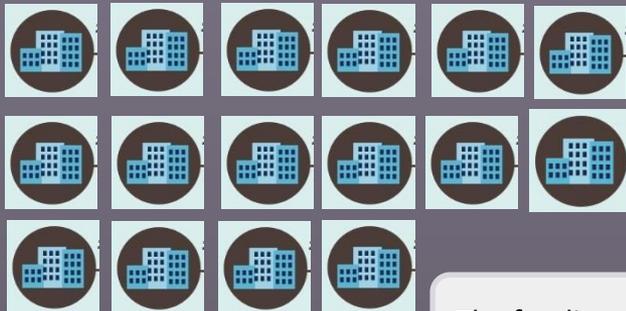
## Community Mental Health and Addiction Programs (CMHAPs)

Programs considered provincial in scope (e.g. not in the jurisdiction of the LHINs)

16 organizations (21 programs) that receive funding annually from MOHLTC

Funding objective: to strengthen system support functions and direct services in support of the MH&A Strategy

Organizations receive a total of \$19.5M annually



Canadian Mental Health Association (CMHA)



The funding contributes to over 40 activities identified by CMHA

CMHA receives annual funding from MOHLTC

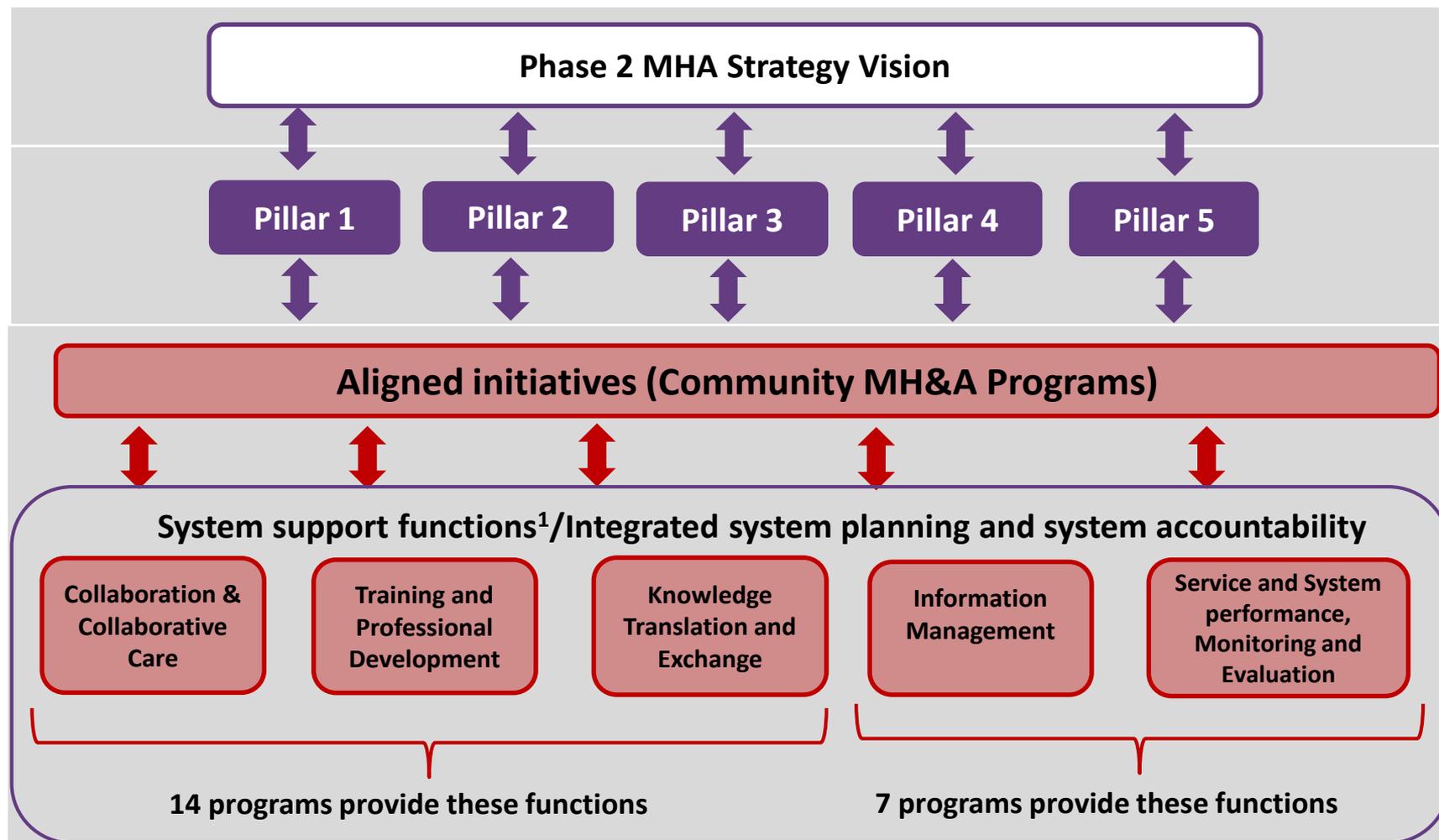
Activities identified must be in support of at least one system support function.

Provincial Human Services and Justice Coordinating Committee

- Dedicated funding to PHSJCC through transfer payment agreement with CMHA.
- MOHLTC funds to support the committee and the implementation of recommendations.

# System Support Functions

- The system support functions are the foundation for Phase 2 of the MH&A Strategy. The activities identified by each CMHAP should align with one or more of the support functions.



<sup>1</sup> This represents a list of system support functions developed by the System Design Theme Group (2009) to support the development of the MHA Strategy. These functions were developed from the evidence-informed service integration mechanisms noted previously and relate to the "system supports" box of the system model.

# Enhanced Accountability Mechanisms

- The 2014 Treasury Board Secretariat Mandate Letter prioritized **accountability, transparency** and **transfer payment reform**.
- As a result, **Transfer Payment Accountability Directive (TPAD)** principles and accountability mechanisms were implemented to ensure alignment between CMHAP initiatives and the MHA Strategic priorities.

## TPAD PRINCIPLES

- TP recipients are **responsible** for delivering funded services and **accountable** to ministries for the funds they receive and the results achieved.
- **Value for money** is expected when spending government funds.
- **Transparency** guides **good governance** and **accountability practices** for ministries and transfer payment recipients.

## WORK PLANS

Include:

- program **background** and **objectives**;
- demonstrated **need** for the program;
- planned activities and timelines;
- outputs outcomes (targets and actuals);

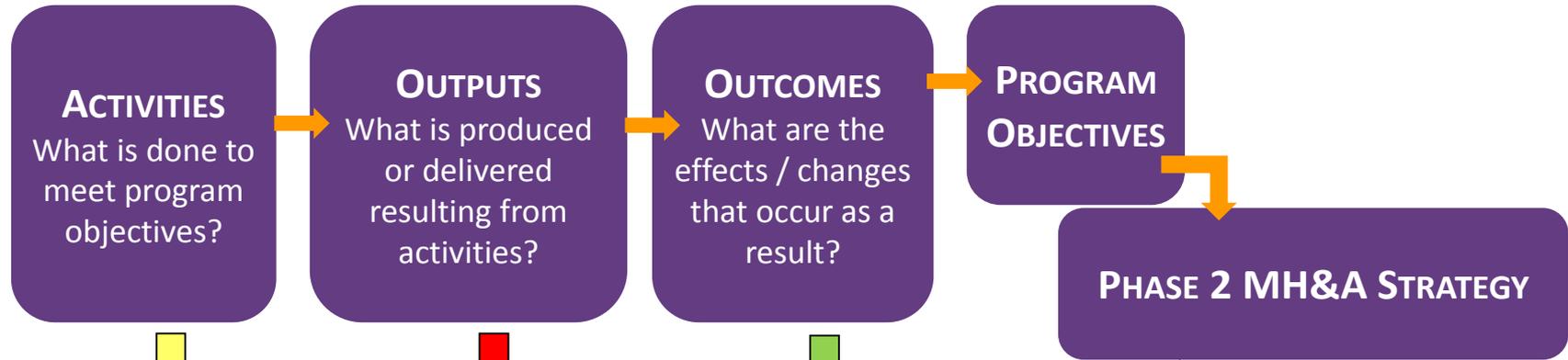
## STANDARDIZED BUDGETS

- Provide a detailed breakdown costs for each activity, including labour/non-labour, supplies, equipment and travel costs;
- Allow the Ministry to manage programs in a way that ensures **efficiencies** and **value for money**.

## STANDARDIZED REPORTING TEMPLATES

- Enhance accountability by reporting and tracking work plans, budgets and performance indicators in a consistent manner;
- Demonstrate how initiatives align with **Phase 2 of the MH&A Strategy**;

## Logic Model for Performance Measurement at the Program Level



PROGRAM ACTIVITIES (NAME AND BRIEF DESCRIPTION) <i>What is done to meet program objectives</i>	ANTICIPATED OUTPUTS <i>What is produced or delivered resulting from activities</i>	ANTICIPATED OUTCOMES (IF AVAILABLE) <i>What are the effects / changes that occur as a result?</i>	MH&A PILLAR(S) THIS ACTIVITY CONTRIBUTES TO <i>(see page 1)</i>
			<input checked="" type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5

TIMELINE <i>Start and End Date</i>	ACTUAL OUTPUTS <i>(to be completed for semi-annual and annual reports)</i>	ACTUAL OUTCOMES <i>(to be completed for semi-annual and annual reports)</i>

The standardized work plan format forms the basis of a **logic model** for performance measurement at the program level.

## SCHEDULE "A"

### V. Scope of Program

PROGRAM ACTIVITIES (NAME AND BRIEF DESCRIPTION) <i>What is done to meet program objectives</i>	ANTICIPATED OUTPUTS <i>What is produced or delivered resulting from activities</i>	ANTICIPATED OUTCOMES (IF AVAILABLE) <i>What are the effects / changes that occur as a result?</i>	MH&A PILLAR(S) THIS ACTIVITY CONTRIBUTES TO <i>(see page 1)</i>
1. <b>Organize full day training event</b> on Aboriginal issues in the criminal court system for the Durham Region;	<b>1</b> full day training <b>event</b> on Aboriginal issues organized in the Durham Region; <b>70 community agencies</b> attended the training event;	<b>Increased knowledge</b> of Aboriginal issues in criminal court system in the Durham Region.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5
2. <b>Develop protocol</b> regarding prisoner belongings transportation between the Oshawa and Lindsay criminal courts;	<b>1 protocol</b> developed on the transportation of prisoner belongings; <b>120 justice system partners</b> trained on the newly developed protocol; <b>50 instances</b> when the prisoner belongings transportation protocol was used;	<b>Improved efficiency and reliability</b> in regards to the acquisition of personal belongings for Oshawa individuals released from the Lindsay criminal court.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5
3. <b>Provide opioid training</b> to pharmacists;	<b>4 training sessions</b> held on best practices in methadone maintenance treatment; <b>100 pharmacists trained</b> on best practices in methadone maintenance treatment;	<b>Improved pharmacist knowledge and ability</b> to respond to opioid-related mental health issues in Ontario's communities. <b>Improved sector understanding</b> of best practices for methadone maintenance treatment;	<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

TIMELINE <i>Start and End Date</i>	ACTUAL OUTPUTS <i>(to be completed for semi-annual and annual reports)</i>	ACTUAL OUTCOMES <i>(to be completed for semi-annual and annual reports)</i>

# Standardized Reporting and Timelines

- By March 1<sup>st</sup>, each Local and Regional HSJCC must complete their reporting template indicating the activities that the HSJCC is planning to undertake in the upcoming fiscal year
- By June 1<sup>st</sup>, each Local and Regional HSJCC must complete their reporting template indicating the activities that the HSJCC undertook in the previous fiscal year



March 1

**WORK PLAN DEVELOPMENT: 2 parts**

- **Part 1** identify all of the **future activities, anticipated outputs** and **anticipated outcomes** for the coming funding year
- **Part 2** submit work plan to HSJCC Secretariat by March 1st



June 1

**ANNUAL PROGRAM REPORT: 3 parts**

- **Part 1** provide a **cumulative** update on the **activities, outputs** and **outcomes** achieved during the previous funding year
- **Part 2** identify **key results, conclusions** and **lessons learned**
- **Part 3** submit annual program report to HSJCC Secretariat by June 1st



Financial Reporting

- Continue your regular financial reporting to your Local Health Integration Network

# Part 1: Standardized Report - Sample

- By March 1<sup>st</sup>, each Local and Regional HSJCC must complete their reporting template indicating the activities that the HSJCC is planning to undertake in the upcoming fiscal year
  - Identify all of the **future activities, anticipated outputs and anticipated outcomes** for the coming funding year
- By June 1<sup>st</sup>, each Local and Regional HSJCC must complete their reporting template indicating the activities that the HSJCC undertook in the previous fiscal year
  - Provide a **cumulative** update on the **activities, outputs and outcomes** achieved during the previous funding year

V. Scope of Program

SCHEDULE "A"

OUTPUTS

PROGRAM ACTIVITIES (NAME AND BRIEF DESCRIPTION) <i>What is done to meet program objectives</i>	ANTICIPATED OUTPUTS <i>What is produced or delivered resulting from activities</i>	ANTICIPATED OUTCOMES (IF AVAILABLE) <i>What are the effects / changes that occur as a result?</i>	MH&A PILLAR(S) THIS ACTIVITY CONTRIBUTES TO <i>(see page 1)</i>
1. <b>Organize full day training event</b> on Aboriginal issues in the criminal court system for the Durham Region;	<b>1</b> full day training <b>event</b> on Aboriginal issues organized in the Durham Region; <b>70 community agencies</b> attended the training event;	<b>Increased knowledge</b> of Aboriginal issues in criminal court system in the Durham Region.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5
2. <b>Develop a protocol</b> regarding prisoner belongings transportation between the Oshawa and Lindsay criminal courts;	<b>1 protocol</b> developed on the transportation of prisoner belongings; <b>120 justice system partners</b> trained on the newly developed protocol; <b>10 instances</b> when the prisoner belongings transportation protocol was used;	<b>Improved efficiency and reliability</b> in the acquisition of personal belongings for Oshawa individuals released from the Lindsay criminal court.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5
3. <b>Provide opioid training</b> to pharmacists;	<b>4 training sessions</b> held on best practices in methadone maintenance treatment; <b>100 pharmacists trained</b> on best practices in methadone maintenance treatment;	<b>Improved pharmacist knowledge and ability</b> to respond to opioid-related mental health issues in Ontario's communities. <b>Improved sector understanding</b> of best practices for methadone maintenance treatment;	<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

TIMELINE <i>Start and End Date</i>	ACTUAL OUTPUTS <i>(to be completed for semi-annual and annual reports)</i>	ACTUAL OUTCOMES <i>(to be completed for semi-annual and annual reports)</i>
April 2014 – March 2015	<b>1</b> full day training <b>event</b> on Aboriginal issues organized in the Durham Region; <b>72 community agencies</b> attended the training event;	
April 2014 – March 2015	<b>1 protocol</b> developed on the transportation of prisoner belongings; <b>110 justice system partners</b> trained on the protocol; <b>8 instances</b> when the prisoner belongings transportation protocol was used;	
April 2014 – March 2015	<b>4 training sessions</b> held on best practices in methadone treatment; <b>103 pharmacists trained</b> on best practices in methadone treatment;	

# Part 1: Standardized Report - Sample, continued

## OUTCOMES

### SCHEDULE "A"

#### V. Scope of Program

PROGRAM ACTIVITIES (NAME AND BRIEF DESCRIPTION) <i>What is done to meet program objectives</i>	ANTICIPATED OUTPUTS <i>What is produced or delivered resulting from activities</i>	ANTICIPATED OUTCOMES (IF AVAILABLE) <i>What are the effects / changes that occur as a result?</i>	MH&A PILLAR(S) THIS ACTIVITY CONTRIBUTES TO <i>(see page 1)</i>
1. <b>Organize full day training event</b> on Aboriginal issues in the criminal court system for the Durham Region;	<b>1</b> full day training event on Aboriginal issues organized in the Durham Region; <b>70 community agencies</b> attended the training event;	<b>Increased knowledge</b> of Aboriginal issues in criminal court system in the Durham Region.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5
2. <b>Develop a protocol</b> regarding prisoner belongings transportation between the Oshawa and Lindsay criminal courts;	<b>1</b> protocol developed on the transportation of prisoner belongings; <b>120 justice system partners</b> trained on the newly developed protocol; <b>10 instances</b> when the prisoner belongings transportation protocol was used;	<b>Improved efficiency and reliability</b> in the acquisition of personal belongings for Oshawa individuals released from the Lindsay criminal court.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5
3. <b>Provide opioid training</b> to pharmacists;	<b>4 training sessions</b> held on best practices in methadone maintenance treatment; <b>100 pharmacists trained</b> on best practices in methadone maintenance treatment;	<b>Improved pharmacist knowledge and ability</b> to respond to opioid-related mental health issues in Ontario's communities. <b>Improved sector understanding</b> of best practices for methadone maintenance treatment;	<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

TIMELINE <i>Start and End Date</i>	ACTUAL OUTPUTS <i>(to be completed for semi-annual and annual reports)</i>	ACTUAL OUTCOMES <i>(to be completed for semi-annual and annual reports)</i>
<i>April 2014 – March 2015</i>	<b>1</b> full day training event on Aboriginal issues organized in the Durham Region; <b>72 community agencies</b> attended the training event;	<b>Increased knowledge</b> of Aboriginal issues in criminal court system in the Durham Region.
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<i>April 2014 – March 2015</i>	<b>4 training sessions</b> held on best practices in methadone treatment; <b>103 pharmacists trained</b> on best practices in methadone treatment;	<b>Improved pharmacist knowledge and ability</b> to respond to opioid-related issues in communities. <b>Improved sector understanding</b> of best practices for methadone maintenance treatment;

# Appendix 1: MH&A Leadership Advisory Council Membership List

1. Susan Pigott - Chair of Ontario's Mental Health and Addictions Leadership Advisory Council; has previously held senior positions with the Centre for Addiction and Mental Health and St. Christopher House
2. Pat Capponi - Psychiatric survivor with lived experience of poverty; part-time member, Consent and Capacity Board
3. Cynthia Clark - Caregiver
4. Gail Czukar - CEO, Addictions and Mental Health Ontario
5. Dr. Philip Ellison – Primary care provider
6. Dr. Suzanne Filion - Director, Strategic Initiatives, Mental Health and Addictions, Hawkesbury & District General Hospital
7. Carol Hopkins- Executive Director, National Native Addictions Partnership Foundation;
8. Mae Katt - Nurse Practitioner
9. Dr. Kwame McKenzie - CEO, Wellesley Institute
10. Dr. Ian Manion - CEO, Provincial Centre for Excellence for Child and Youth Mental Health, Children's Hospital of Eastern Ontario
11. Louise Paquette - CEO, North East Local Health Integration Network (LHIN)
12. Camille Quenneville - CEO, Canadian Mental Health Association - Ontario
13. Aseefa Sarang - Executive Director, Across Boundaries: An Ethnoracial Mental Health Centre
14. Dr. Kathy Short - Mental Health ASSIST lead, Hamilton-Wentworth Board of Education
15. Peter Sloy - Deputy Chief, Community Safety Command, Toronto Police Services
16. Adelina Urbanski - Commissioner, Community and Health Services, Regional Municipality of York
17. Victor Willis - Executive Director, Parkdale Activity and Recreation Centre
18. Eric Windeler - Founder and Executive Director, Jack.org
19. Dr. Catherine Zahn, CEO, Centre for Addiction and Mental Health

# Appendix 2: Examples of PHSJCC Activities and Outputs for 2015/16

- Through CMHA, the Provincial HSJCC will provide an update on their activities and outputs for CMHA’s semi-annual and annual program report submitted to MOHLTC.
- The following activities were identified in the Provincial HSJCC work plan:

Activities	Outputs
Maintain HSJCC Network membership database	<ul style="list-style-type: none"> <li>• Easily accessible and modifiable membership database</li> </ul>
Identify promising and exemplary practices from Local & Regional (Develop criteria for identifying exemplary practices and identify exemplary practices)	<ul style="list-style-type: none"> <li>• Profile 1 exemplary practice in each HSJCC newsletter</li> <li>• Include a Promising Practice section on website</li> <li>• Number of webinars conducted to share exemplary practices across HSJCC</li> <li>• Annual Report highlighting exemplary practices</li> </ul>
Share information across the HSJCC network and beyond	<ul style="list-style-type: none"> <li>• Online survey to identify activities</li> <li>• Priorities and additional issues list updated annually</li> <li>• Quarterly Document – updates from Regional Committees, Ministry Reps and other committee members</li> <li>• PHSJCC newsletter (Bi-monthly)</li> <li>• Social Media Guidelines established</li> <li>• Updated website with improved functionality and interface</li> </ul>

# Appendix 2: Examples of PHSJCC Activities and Outputs for 2015/16 (continued)

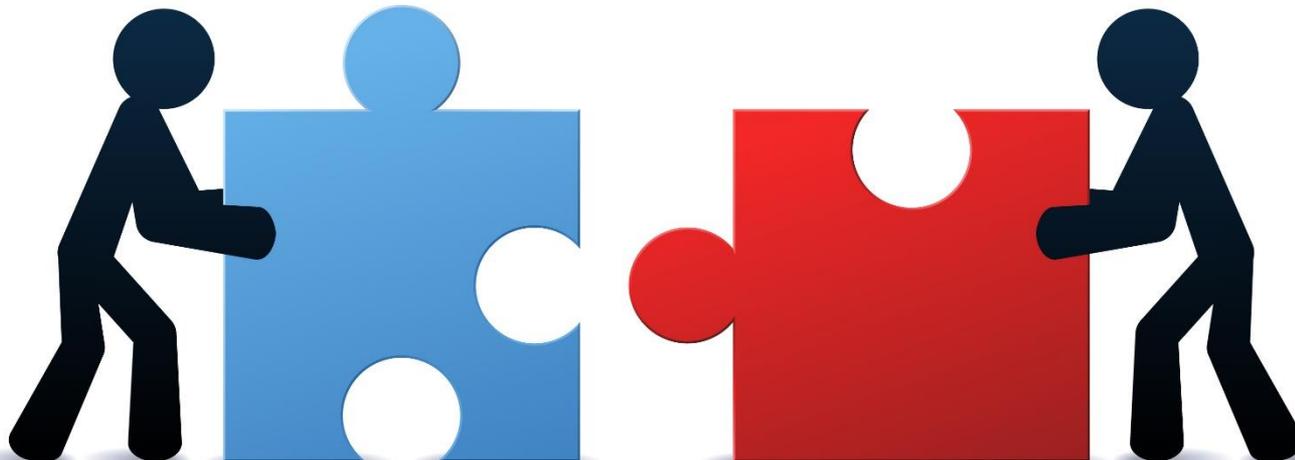
Activities	Outputs
Evaluation and monitoring of Provincial HSJCC work	<ul style="list-style-type: none"> <li>• Establish a Knowledge Exchange Evaluation Framework for HSJCC</li> <li>• Post webinar survey 6 months after presentation to assess impact</li> </ul>
Support provincial policies & directions	<ul style="list-style-type: none"> <li>• Number of responses to Government (and other stakeholders)</li> <li>• Number of key informant interviews and consultations</li> </ul>
Organize and deliver HSJCC provincial conference	<ul style="list-style-type: none"> <li>• Number of attendees for HSJCC provincial conference</li> <li>• Results from post-conference surveys</li> </ul>

# LHIN Perspective

- 14 Local Health Integration Networks (LHINs) inherited the funding for the HSJCC committees across the province
- Mandate to fund, plan & integrate
- LHIN engagement and participation with local/district HSJCCs varies across the province
- LHIN support for work of Provincial HSJCC - representation at Provincial HSJCC table
- Currently little funding accountability to LHINs for district or regional activities
- Need for consistent funding alignment & accountability through one regional HSJCC HSP/TPA per LHIN
- More effective reporting and accountability structure for the HSJCC Network is desired
- Allows LHINS to gain an improved understanding of the issues dealt with by the HSJCC's which aids in Health Care Planning, implementation and evaluation.

# LHIN Perspective, Cont'd...

- LHIN 16/19 IHSPs support/complementary to phase 2 strategy
- Support work of Mental Health & Addictions Leadership Advisory Council (Louise Paquette NE LHIN CEO)
- Support MOHLTCs efforts to improved performance measurement, oversight & accountability





Questions?  
Comments?

# Connect in person next week



Provincial  
Human  
Services &  
Justice  
Coordinating  
Committee

If you are attending the HSJCC Conference next week:

- Come to meet & greet new Secretariat Staff
- Ask questions about work plan development
- Ask questions about budget development
- Ask questions about MOHLTC reporting template

## **Date/Time**

Tuesday Nov 17<sup>th</sup>/12:30PM-1:30PM/York AB

# Contact Information



For more information about the Provincial HSJCC and to join the mailing list, visit: [www.hsjcc.on.ca](http://www.hsjcc.on.ca)

