



**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: Toronto Regional HSJCC

HSJCC Chair/Co-Chairs: Steve Lurie

Chair/Co-chairs contact: Steve Lurie, slurie@cmha-toronto.net or 416-789-6886

Transfer Payment Agency: CMHA – Toronto Branch

Transfer Payment Agency Contact: Steve Lurie, slurie@cmha-toronto.net or 416-789-6886

II. HSJCC Objectives

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

The T-HSJCC works collaboratively:

- To provide a planning table to bring together service providers to find solutions to the problem of the criminalization of people with defined unique needs, and;
- To develop a model of shared responsibility and accountability in dealing with this group of people at points of intersection with the justice system.

b) Committee's specific objectives:

The T-HSJCC works collaboratively:

- To assist in facilitating communication through effective linkages among health, criminal justice and social service sectors, and between local committees.
- To assist in identifying issues with respect to service delivery and capacity.
- To assist in addressing issues such as access to and duplication of services.
- To consult with local committees to determine predominant issues.
- To assist in coordinating regional training opportunities for all sectors involved in serving the target population.
- To assist in providing informed input and advice concerning research, system design, planning, program implementation, and resource allocation to the partner ministries.

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: Toronto Regional HSJCC				
2015/2016 Annual Report (Due: June 1, 2016)				
HSJCC Activities (Name and Brief Description) What is done to meet program objectives	MH&A Pillar(s) this activity contributes to (see page 1)	Actual Outputs (to be completed for annual reports)	Actual Outcomes (to be completed for annual reports)	Actual Budget
Example: <i>Training and professional development:</i> Provide training on appropriate prescribing for management of pain	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5			
1. Facilitate communication through effective linkages among health, criminal justice and social service sectors, and between local committees.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<p><i>Held 4 Toronto Regional meetings during May, October, November and March</i></p> <p><i>59 committee members attended 4 meetings. 23 members attended the meetings regularly. Each meeting has an average of 15 members. Total membership is 48</i></p> <p><i>Held 4 Toronto Steering Committee meetings during May, October, November and March</i></p> <p><i>Each meeting has an average of 8 members. Total membership is 13</i></p> <p><i>Held 20 Local meetings</i></p> <p><i>HSJCC Coordinator provides support to the Toronto Service Resolution Project Committee and attended 7 Justice Collaborative & Implementation committee</i></p>	<p><i>Increased cross-sectoral communication on Provincial System Support Program, Building a Service Resolution Function in Toronto, Provincial Secretariat, A Conversation About the Police Response to Street Involved People during the Pan Am Games, New Courthouse Consortium</i></p> <p><i>Increased communication between systems and services leads to effective and on going cross-sectoral co-ordination, shared responsibility and planning</i></p> <p><i>Conducted annual members evaluation and membership confirmation to ensure information is accurate and up-to-date.</i></p> <p><i>100% of Regional committee members</i></p>	<p><i>See Attached HSJCC Financial Report</i></p> <p><i>Coordinator - \$38,102</i></p> <p><i>\$336 Honorarium for people with lived experience</i></p>

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		<p>meetings and 4 Provincial CKE meetings</p> <p>Toronto Regional Chair attends P-HSJCC meetings</p> <p>286 committee members attended 5 Local HSJCC meetings. 86 members attended the meetings regularly. Local meetings have an average of 53 members</p> <p>Circulated current information about the human services and justice sector such as training opportunities, job postings, available services, new programs, workshops, information, educational resources, community events.</p> <p>Maintain and circulate Regional, Local and TSRP membership lists</p> <p>Continue with regular regional and local meetings and minutes distribution</p> <p>Update PHSJCC website with local/regional membership contact information and local resources</p> <p>Regional Chair provides updates regarding identified issues at the P-HSJCC meetings</p> <p>Local Co-chairs provide updates about identified issues at the T-HSJCC meetings</p> <p>3 new members joining the Regional committee</p> <p>32 new members joined the Locals</p>	<p>strongly agreed and/or agreed that the meetings are helpful and informative</p> <p>100% of Regional committee members agree that they are well-informed about the activities of the HSJCC</p> <p>Added membership resulted in increased cross-sectoral coordination, planning and collaboration</p> <p>3 new members joined the Regional committee from – Provincial System Support Program, TSDC and Regional Coordinator, MAG</p> <p>32 new members joined the Local committees - African Canadian Legal Clinic, Bail Program (2) Youth Court Action Planning Program, Justice of the Peace, PACE, Salvation Army (2), Fred Victor (2) Cota (2) Voices from the Street (3), CMHA, Parole and Probation (2), Bail Program (3), Toronto South Detention Centre (2), Duty Counsel, Youthdate Treatment Centre, Wood Green Centre, YMCA of Greater Toronto -Youth Substance Abuse Program, Victim Witness Assistance Program; Public Health, Schizophrenia Society of Ontario</p>	

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		<p>committee</p> <p>35 Regional/Local welcome package sent</p> <p>48 Toronto Regional maintained members</p> <p>266 Local and Regional HSJCCs maintained members</p> <p>20 Toronto Service Resolution Project Committee maintained members</p> <p>Year - end regional and local member's evaluation and membership confirmation</p> <p>The Toronto Regional coordinates, provides administrative support to four Local HSJCC and the Toronto Service Resolution Project Committee</p>	<p>50 % of Regional members who completed the member evaluation identified as female, 33% as male, 16% as LGBTQ, 0% Aboriginal, 0% as Racialized/visible minority, 0% as person with a disability</p> <p>Toronto Regional Chair attends Provincial HSJCC meetings. He reports on the Toronto Regional identified issues and priorities resulting in increased coordination, planning and collaboration by building capacity and shared responsibility</p>	
2. To assist in identifying issues with respect to service delivery and capacity.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<p>Continued to provide Regional Updates to the Provincial HSJCC meetings</p> <p>Committee members continue to work collaboratively utilizing a participatory group decision-making model</p> <p>In collaboration with the Provincial System Support Program supported a Toronto Service Resolution Community Dialogue on March 4, 2015. For people who are currently, have a history of being involved with the justice system. 48 participants attended the forum.</p>	<p>Regional Updates were submitted to the Provincial HSJCC</p> <p>Member evaluation was conducted demonstrating increased collaboration and coordination between human services and justice sector.</p> <p>Participatory decision-making improves members involvement and increases cross-sectoral collaboration</p> <p>Increased Regional and Local collaboration, coordination and planning with the Toronto Service Resolution Project (TSRP) in</p>	\$0.00

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			<i>addressing system barriers for people involved with the justice sector who are hard to serve or are stuck due to systemic barriers</i>	
3. Work collaboratively to address issues such as access to and duplication of services.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<p><i>Formalized the Toronto Service Resolution Project partnership with the Provincial System Support Program CAMH by signing and Maintaining the MOU agreement.</i></p> <p><i>Provided feedback to the Provincial System Support Program, GTA Region/CAMH and Toronto Service Resolution Project</i></p>	<p><i>Increased shared responsibility, collaboration and coordination between human services and justice sector in addressing system barriers for people involved with the justice sector who are hard to serve or are stuck due to systemic barriers</i></p> <p><i>Continue to have Locals, TSRP and Justice Collaborative updates as an agenda item at every meeting. This increases collaboration, coordination, problem solving and build capacity.</i></p>	\$0.00
4. Consult with Toronto local committees to determine predominant issues.	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input type="checkbox"/> Pillar 4 <input type="checkbox"/> Pillar 5	<p><i>Continued to have Local HSJCCs updates as an agenda item at every meeting</i></p> <p><i>Analyze identified issues and respond appropriately</i></p>	<p><i>Local Co-chairs attend the Toronto Regional HSJCC and Steering Committee meetings. They report on the Local HSJCC's identified issues and priorities resulting in increased coordination and collaboration by building capacity and shared responsibility</i></p> <p><i>Effective and ongoing collaboration leads to better coordination by engaging</i></p>	

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		<p><i>TTC Tokens and food vouchers were distributed to the Locals courthouse and Reintegration Centre</i></p> <p><i>Committee members have input regarding presentation topics</i></p> <p><i>DT-HSJCC reported on the SWOT Analysis on Centralized Access Systems</i></p> <p><i>S-HSJCC compiled information on 24-hour pharmacies and pharmacies that offer methadone was shared with the Toronto Local HSJCCs.</i></p>	<p><i>in joint cross-sectoral knowledge sharing</i></p> <p><i>Quarterly TTC tokens and food vouchers reports were submitted to the Toronto HSJCC.</i></p> <p><i>Held a Toronto Regional webinar on A Conversation About the Police Response to Street Involved People during the Pan Am Games</i></p> <p><i>The SWOT Analysis on Centralized Access Systems was referred to the Toronto Regional for further coordination and issue identification</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</i></p>	<p><i>\$4225 TTC tokens</i></p> <p><i>\$4200 food vouchers</i></p>

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			<i>Toronto Locals HSJCC 218 membership</i>	

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HSJCC Activities (Name and Brief Description) What is done to meet program objectives	MH&A Pillar(s) this activity contributes to (see page 1)	Actual Outputs (to be completed for annual reports)	Actual Outcomes (to be completed for annual reports)	Actual Budget
		<i>Fostering openness about different perspectives through open discussion and value and use evaluation/research and evidence-based practices for decision making</i>	<p><i>members - FOCUS Team, Intensive Support and Supervision Program in Partnership with Youth Justice Services, The Reintegration Centre Peer Support Model and the Toronto South Detention Centre, Ontario Works/Ontario Disability Benefits, The Access Point, Assessment 101, A Conversation About the Police Response to Street Involved People during the Pan Am Games, ABI Symptoms and Intervention Strategies, Psychogeriatric Discussion: Program Information Sharing and Networking, Building a Service Resolution Function in Toronto, Provincial Secretariat, Salvation Army</i></p> <p><i>Circulated 6 audio video/webinar recordings from local HSJCC's Lunch and Learns: Immigration and Refugee Law, Assessment 101, Fitness Hearings, Ontario Works/Ontario Disability Benefits, ABI Symptoms and Intervention Strategies were shared among the Regional and/or Local members.</i></p> <p><i>Circulated 1 webinar from the Toronto Regional HSJCC</i></p> <p><i>PowerPoints are uploaded to the HSJCC website</i></p> <p><i>2 Research papers were shared among the Regional and/or Local members - The report on Building a Service Resolution Function in</i></p>	

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			<p><i>Toronto and Research on Immigration, Refugee and Mental Health</i></p> <p><i>Coordinated 9 Local HSJCC Lunch and Learns</i></p> <p><i>Reviewed Lunch and Learn evaluations for continues improvement and evidence- based decision making</i></p> <p>40% of regular members completed the evaluation. 6 out of 15 regular members from a total of 48.</p>	

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 (Due: June 1 of each year)		
Program/HSJCC Activity (Name and Brief Activity) What is done to meet program objectives	Anticipated Output(s) What is produced or delivered resulting from activities	Anticipated Outcomes 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 (to be completed for semi-annual and annual reports)	Actual Outcomes (to be completed for semi-annual and annual reports)	Actual Budget
<i>Collaboration & collaborative care</i> Increase membership of the Durham Regional HSJCC to enhance community engagement with the committee	<ul style="list-style-type: none"> # of new members 	<ul style="list-style-type: none"> Increase membership of the Durham Regional HSJCC to include new organizational partners and perspectives to increase collaboration 	<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	April 2014 – March 2015	\$0.00	3 new members have been added to the Durham Regional HSJCC 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> Hold a full day training event on Aboriginal issues in criminal court system for Durham Region	<ul style="list-style-type: none"> # of community agencies attending the training event 	<ul style="list-style-type: none"> Increase knowledge of Aboriginal issues in criminal court system for 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	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> Participate in Central East LHIN Crisis review</p>	<ul style="list-style-type: none"> • # of meetings attended • # of committee members participating in review 	<ul style="list-style-type: none"> • Improve understanding of the crisis response effectiveness within Durham Region 	<input type="checkbox"/> Pillar 1 <input type="checkbox"/> Pillar 2 <input type="checkbox"/> Pillar 3 <input type="checkbox"/> Pillar 4 <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 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> Develop a prisoner belonging transportation system between Oshawa and Lindsay criminal courts</p>	<ul style="list-style-type: none"> • Protocol of prisoner belonging transportation system created • # of instances the transportation system was used 	<ul style="list-style-type: none"> • Improve efficiency of belongings acquisition for individuals requiring items from Oshawa once 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	<p>April 2014 – March 2015</p>	<p>\$500.00</p>	<p>Protocol for transferring prisoner belongings was created by the HSJCC 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 What is done to meet program objectives	Anticipated Output(s) • What is produced or delivered resulting from activities	Anticipated Outcomes • What are the effects / changes that occur as a result?	MH&A Pillar(s) this activity supports	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)
<p><i>Information management of MH&A systems:</i> Provide information to callers and reports to stakeholders; Develop website as central dissemination hub</p>	<ul style="list-style-type: none"> • Volume of calls • # of report queries • Report turnaround speed • Site traffic statistics, social media shares 	<ul style="list-style-type: none"> • Perceived usefulness of information (e.g. for planning, decision-making, self-management) 	<ul style="list-style-type: none"> <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 	<p><i>April – June, 2015</i></p>	<ul style="list-style-type: none"> • 10 report queries a month • Report turnaround time: 2 days • 10,000 hits on website since creation date 	<ul style="list-style-type: none"> • People and organizations are quickly connected to the health and human services that are needed. • Online community of practice developed for addictions’ counsellors.
<p><i>Collaboration & collaborative care:</i> Form new partnerships with MHA organizations</p>	<ul style="list-style-type: none"> • Participation in “x” number of MHA coalition, alliances, committee groups • # of agreements and protocols developed with partners • # of collaborations and partnerships 	<ul style="list-style-type: none"> • Level of collaboration between partners • Rate of referrals to or referrals from partner organizations 	<ul style="list-style-type: none"> <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 	<p><i>June 1 – August 1 2015</i></p>	<ul style="list-style-type: none"> • Participated in 3 MHA committee groups • 2 partnerships formed to collaborate on creating protocols around client information. 	<ul style="list-style-type: none"> • Effective and ongoing collaboration leads to innovation in use of data and information among mental health care providers. • Inter-professional collaboration improves patient outcomes.

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