



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: West Toronto HSJCC

HSJCC Chair/Co-Chairs: Amber Kellen, Debbie Lynch, Patricia Pagnani,

Chair/Co-chairs contact: Amber Kellen at akellen@jhst.ca or 416-925-4386 ext. 227, Debbie

Lynch at debbie.lynych@ctys.org or 416- 924-2100 ext. 229, Patricia Pagnani, at

ppagnani@torontobailprogram.com or 416-314-3765

Transfer Payment Agency: CMHA

Transfer Payment Agency Contact: slurie@cmhato.org or 416-789-6886

II. HSJCC Objectives

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

The WT-HSJCC works collaboratively:

- *To engage in joint cross-sectoral planning, coordination, collaboration and integration of services for individuals with mental health and addiction issues who are involved or at significant risk of being involved with the criminal justice system.*
- *To identify local priorities for planning coordinated services, and establish a process for planning and joint problem solving in relation to these local priorities.*
- *To improve transition at juncture points within services and systems for individuals who come into contact with the justice system.*
- *To assist with addressing local needs and reporting to the Toronto HSJCC to help inform systems planning at a Regional level.*

b) Committee's specific objectives:

The WT-HSJCC works collaboratively:

- *To assist in developing and maintaining an accessible and well-functioning system of mental health, justice and related services. 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 trajectories 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 in identifying barriers to achievement of any of the above objectives, with particular focus on addressing barriers at the juncture points among the mental health, criminal justice and related systems.*

III. System Support Function and/or Direct Services

a. Please check one or more of the relevant boxes to indicate which system support function(s) (see page 1 for descriptions) the program and activities correspond to.

- Information management
- Collaboration & collaborative care
- 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.

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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 homeless, substance use and/or developmental disabilities.	<p>6-12 committee members attending meetings,</p> <p>4 presentations delivered at meetings,</p> <p>2 PowerPoint presentations and resources distributed to members.</p> <p>Circulate current information about Human Services and Justice issues identified at the committee meetings.</p> <p>Maintain and circulate</p>	<p>Increase knowledge exchange between systems and services regarding how to support individuals with mental health and addictions issues who come into contact with the justice system.</p> <p>Increase usefulness of information sharing resulting in informed decision making and improved client services</p>	<input type="checkbox"/> Pillar 1 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 2 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 3 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 4 <input checked="" type="checkbox"/> <input type="checkbox"/> Pillar 5	April 2017- March 2018		<p>Held 5 WT-HSJCC meetings during May September, November, January and March.</p> <p>38 committee members attended 5 meetings. 9 members attended the meetings regularly. Each meeting has an average of 8 members. Total membership is 45.</p> <p>4 presentations were delivered at meeting.</p> <p>3 PowerPoint</p>	<p>Increased information sharing on Provincial Secretariat, Toronto Bail Program: Prisoners HIV/AIDS Support Action Network (PASAN), Aboriginal Legal Services.</p> <p>Conducted annual members' evaluation and</p>	See attached T-HSJCC Financial Report

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	<p><i>membership list.</i></p> <p><i>Update PHSJCC website with membership contact information and local resources.</i></p> <p><i>Committee members provide updates about new services and programs at every meetings.</i></p> <p><i>Year - end members' evaluation and membership confirmation.</i></p>					<p><i>presentations and resources distributed to the members.</i></p> <p><i>Circulated current information about the human services and justice sector such as training opportunities, job postings, available services, new programs, workshops, information, educational resources, and community events.</i></p> <p><i>Maintained and circulated membership list with meeting materials.</i></p> <p><i>Updated HSJCC website with local PowerPoint</i></p>	<p><i>membership confirmation to ensure information is accurate and up-to-date</i></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>100% <i>of committee members agree that the meetings are helpful and</i></p>	

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						<p><i>presentations.</i></p> <p><i>Committee members provide updates about new services and programs at meetings.</i></p>	<p><i>informative</i></p> <p>100% <i>of committee members agree that they are informed about the activities of the HSJCC</i></p> <p><i>Increased information sharing on</i></p> <p><i>Conducted annual members evaluation and membership confirmation to ensure information is accurate and up-to-date</i></p> <p><i>Increased knowledge</i></p>	

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							<i>exchange between systems and services leads to effective and on going cross-sectoral co-ordination and planning.</i>	
2. System-building: Develop effective linkages among the services in West Toronto so as to increase their accessibility and capacity to effectively meet the needs of the target population and support community safety.	2 new members joining the committee. 2 welcome packages sent. 32 members maintained. Hold 5 meetings per fiscal year.	<i>Maintain and increase representation from across sectors and equity seeking groups such as Aboriginal, people with lived experience, families and seniors.</i> <i>Increase the knowledge and awareness of emerging issues and best-practices regarding individuals who come into contact with the justice system and support</i>	<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 2017-March 2018</i>		<i>Increased membership from the cross-sectoral sectors.</i> 6 welcome packages were sent out. 45 members in total.	7 new members joined the committee from: Toronto Police Service, Metis Nation of Ontario, Centre for Urban Health, Canadian Mental Health Association (2), Community Head Injury	

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		<p><i>community safety.</i></p> <p><i>Increased collaboration and awareness of client-centred approaches to improve coordination and transition between services and sectors for individuals who come into contact with the justice system.</i></p> <p><i>Strengthen relevant partnerships to improve coordination and transitions between services and sectors.</i></p>					<p><i>Resource Services (CHIRS), Aboriginal Legal Services.</i></p> <p><i>Added membership resulted in increased cross-sectoral coordination, planning and collaboration.</i></p> <p>87.5% of members who completed the evaluation identified as female, 12.5% as male, 0% as LGBTQ, 0% Aboriginal, 0% as</p>	

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							Racialized/visible minority, 0% as person with a disability 0% as other	
3. Issue identification: Work collaboratively to identify issues and barriers to the achievement of the committee's goals and determine where the identified issues should be addressed (i.e., at which internal/external forums or tables).	Continue to provide reports at the Toronto HSJCC meetings. Ensure Co-chair(s) participate at the T-HSJCC meetings. To collaborate with the Toronto Service Resolution Project (TSRP) in addressing system barriers for people involved with the justice sector who face significant barriers to service access due	Strengthen coordination and collaboration between human services and justice sectors. Enhance awareness about the Toronto Service Resolution Project Committee at the WT-HSJCC meetings by providing regular reports.	<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	April 2017- March 2018		. Members are active participants identifying issues to determine meeting presentations and Lunch and Learn topics and committee's goals and projects. WT-HSJCC had a presentation on opportunities to improve the Health Status of Persons in Custody in Ontario addressing concerns regarding	Member evaluations were conducted, demonstrating increased collaboration and coordination between human services and justice sector. Access to health care concerns were discussed at the Toronto Regional	

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	<p><i>to systemic barriers.</i></p> <p><i>To provide feedback on the Video Bail Program to members.</i></p> <p><i>To provide feedback to the Reintegration Centre.</i></p>					<p><i>access to health care for people in custody.</i></p>	<p><i>HSJCC.</i></p> <p><i>The WT-HSJCC Co-chairs attend the Toronto Regional HSJCC and Steering Committee meetings. They report on the WT- HSJCC's identified issues and priorities resulting in increased coordination and collaboration by building capacity and sharing responsibility.</i></p>	

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4.Problem solving: Work collaboratively to identify issues and barriers to the achievement of the aforementioned goals and determine where/how they should be addressed (i.e., at which internal /external forums or tables).	<p><i>Continue to provide as a last resource transportation and food vouchers to individuals who come into contact with the justice system</i></p> <p><i>Submit quarterly TTC tokens and food voucher reports to the T-HSJCC</i></p> <p><i>Committee members continue to work collaboratively utilizing a participatory group decision-making model.</i></p> <p><i>Continue to have Service Resolution and Coordination issues as standing agenda item.</i></p>	<p><i>Increase collaboration and coordination to problem solving/resolution of systemic issues that impact individuals who come into contact or are at risk of involvement with the justice system</i></p> <p><i>Continue with shared accountability</i></p> <p><i>Review minutes to ensure participatory group decision making took place.</i></p> <p><i>Review Action Items to ensure problem solving and service coordination issues have been dealt with at every meeting.</i></p> <p><i>Improve functioning and quality of life regarding clients' social determinants of</i></p>	<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 <input type="checkbox"/> ✓	April 2017-March 2018		<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.</i></p> <p><i>Lunch and Learns 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.</i></p> <p><i>TTC tokens and food vouchers are distributed at Metro West Courthouse and Reintegration Centre (administered by Duty Counsel and John Howard Society of Toronto).</i></p> <p><i>Participatory decision making improves</i></p>	

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		<i>health within the target population. Reduce recidivism by supporting improved clients outcomes.</i>					<i>members' involvement and increases cross-sectorial collaboration.</i>	
5. Communication: Coordinate a forum and facilitate communication between and among service providers in West Toronto.	<i>Continue with regular committee meetings and minutes distribution Continue to have Service Resolution and Coordination issues as standing agenda item for discussion at every meeting. Committee members have input regarding presentation and Lunch and Learn topics</i>	<i>There is evidence of engagement and participation from the cross-sectoral membership as identified in the committee's goals.</i>	<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 2017- March 2018</i>		Held 5 meetings. <i>Minutes were distributed and the membership list was updated prior to all meeting.</i>	Circulated 3 WT-HSJCC meeting PowerPoint presentations to the Toronto Locals HSJCC's and posted on the HSJCC website. Total of 240 local HSJCC members received the information. <i>Circulated meeting minutes and regular updated</i>	

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	<i>Continue to maintain and circulate a membership list</i>						<i>membership, posted meeting minutes, PowerPoint presentations on the HSJCC website. PowerPoint meeting presentations from all locals HSJCC's were circulated. Effective and ongoing collaboration leads to better coordination by engaging in joint cross-sectoral knowledge sharing.</i>	

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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	<p>3 Lunch and Learns on topics directed by members input.</p> <p>Collate and review Lunch and Learn evaluations.</p> <p>6 resources circulated from other local HSJCC's Lunch and Learns.</p> <p>20-25 participants attending Lunch and Learns.</p>	<p>Increase knowledge and awareness about client-centred best practices and trends as they relate to people who come into contact with the justice system.</p> <p>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.</p> <p>Enhance knowledge and awareness of the impact of stigma for individuals who come into contact with the justice system.</p>	<p><input type="checkbox"/> Pillar 1✓</p> <p><input type="checkbox"/> Pillar 2✓</p> <p><input type="checkbox"/> Pillar 3✓</p> <p><input type="checkbox"/> Pillar 4✓</p> <p><input type="checkbox"/> Pillar 5</p>			<p>Held three Lunch and Learns session on: Opportunities to improve the health status of persons in custody in Ontario; understanding basic medication related issues in client with common psychiatric conditions and cannabis.</p>	<p>106 participants attended three Lunch and Learn sessions. 15.2 % participants increase from previous year.</p> <p>Increased knowledge about Opportunities to improve the health status of persons in custody in Ontario, Understanding basic medication related issues in client with common psychiatric conditions and cannabis.</p>	

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							86% rated the content of the information as very good to excellent	
7. Monitor the performance of the committee: Collect, analyze, monitor and share data and information to	6- 12 members attending committee meetings Fostering openness about different	Increased access to reliable and current information and analysis of human services and justice 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	April 2017- March 2018		Held 5 meetings with the following educational presentations: Provincial Secretariat,	Increased access to reliable and current information and analysis of	

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continuously improve the systems' ability to meet the needs of its target population.	<p><i>perspectives through discussion. Valuing and use evaluation/ research and evidence-based practices to inform decision making.</i></p> <p><i>Analyze identified issues and respond appropriately.</i></p> <p>2 PowerPoint presentations shared among members.</p> <p>1 research paper shared among members.</p>	<p><i>Provided a forum for data sharing through educational presentations.</i></p>				<p>Toronto Bail Program, PASAN, Aboriginal Legal Services.</p> <p><i>Update members' contact information prior to all meetings.</i></p>	<p>human services and justice issues as demonstrated by the member evaluation and Lunch and Learn evaluations</p> <p><i>Provide a forum for data sharing through educational presentations at committee meetings</i></p> <p><i>Year- end members' evaluation and membership were confirmed.</i></p> <p><i>Circulated 3 Lunch and Learn PowerPoints presentations on: Opportunities to</i></p>	

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							<p><i>improve the health status of persons in custody in Ontario; Understanding basic medication related issues in client with common psychiatric conditions and Cannabis to the Toronto Local HSJCC 240 membership.</i></p> <p><i>Circulated 3 webinar links from other local HSJCC's Lunch and Learns: Keeping Sane in an Insane World, Cannabis and</i></p>	

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							<i>MCIT Circulate 10 PowerPoints presentations from other local HSJCC's Lunch and Learns and meeting presentations: Personality Disorders, Focus Situation Table, Métis Nation of Ontario, MCIT, Keeping Sane in an Insane World, Cannabis, Central East LHIN Sub-region planning tables; Forensic Early Intervention Service (FEIS),</i>	

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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
							<i>the Screening and Assessment and the Ontario Perception of Care tool, The Cannabis Act: Youth, Mental Health and Public Safety?</i> <i>Increased cross-sectoral members knowledge and awareness on The Cannabis Act, improving health outcomes for persons in custody and understanding basic medication related issues in client with common psychiatric</i>	

WT-HSJCC 2017-2018 WORKPLAN AND ANNUAL REPORT SUBMISSIONS

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							<i>conditions.</i> Circulated 8 research reports: <i>Substance Use Prevention and Harm Reduction Guideline, 2018; Trauma Informed Tool Kit; Cannabis, Bail and Remand in Ontario Report, Segregation in Ontario & Corrections In Ontario Directions for Reform, Toronto Overdose Action Plan: Prevention & Response, Developmental Disability Tool Kit and video Link and</i>	

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							<i>Understanding basic medication related issues in client with common psychiatric conditions</i> 62.5% of regular members completed the evaluation. 5 out of 8 regular members from a total of 45.	