

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.
- 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 followup 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: <u>akellen@Jhst.ca</u> or 416-925-4386 ext 227; <u>debbie.lynch@ctys.org</u> or 416-924-2100 ext. 229; <u>ppagnani@torontobailprogram.com</u> or 416-252-3735 ext. 221 Transfer Payment Agency: CMHA Toronto Transfer Payment Agency Contact: Steve Lurie at <u>slurie@cmhato.org</u> or 416-789-6886

II. HSJCC Objectives

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

The WT-HSJCC works collaboratively:

- To engage in cross-sectoral planning, coordination, collaboration and integration of services for individuals with mental health and substance use 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 transitions 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 that work together to improve the transition between services and sectors, of the Committee's target population. This includes service provision to and through the services and supports that they need, when they need them.
- To assist with improving the quality of services for individuals with mental health and substance use issues who are involved with the criminal justice system, including making specific matches between clients and services both initially and through clients' individual recoveries over time.
- To assist to minimize the amount of time people spend in correctional facilities waiting for 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 reducing recidivism.

• To assist in the identification of barriers to achievement within the above objectives, with particular foci on identifying and addressing barriers at the juncture points between the mental health, substance use, 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.
 - \Box Information management $\sqrt{}$
 - \Box Collaboration & collaborative care $\sqrt{}$
 - \Box Training and professional development $\sqrt{}$
 - \Box Knowledge translation & exchange $\sqrt{}$
 - $\hfill\square$ Service and system performance, monitoring and evaluation $\sqrt{}$
 - \Box Direct services $\sqrt{}$

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.

		WORKPLAN AND ANN	IUAL REPORT S	UBMISSIONS				
Regional or Local HSJCC:	West Toronto Local HSJ	00						
	WORKPLAN (Due: March 1 of each year)						Report Submissic une 1 of each yea	
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
1. Information Sharing: Share information about mental health, substance use, criminal justice and related services that are accessible to individuals 16 years of age or older with a mental illness and/or substance use who are currently involved or at significant risk of being involved with the criminal justice system. Individuals may have co-occurring issues such as homelessness, substance	 6-12 committee members attend meetings. 4 presentations at meetings. 2 PowerPoint presentations and resources distributed to members. Circulate current information about the human services and justice issues identified at committee meetings. 	Increase knowledge exchange between systems and services re: how to support individuals with mental health and substance use issues who come into contact with the justice system. Increase usefulness of information sharing resulting in informed decision making and improved client services.	 □ Pillar 1 □√ □ Pillar 2 □√ □ Pillar 3 □√ □ Pillar 4 □√ □ Pillar 5 	April 2019- March 2020				

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use and/or a developmental disability.	Maintain and circulate membership list. Update PHSJCC website with membership contact information and local resources. Committee members provide updates about new services and programs at every meeting. Year - end members' evaluation and membership confirmation.							

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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 join the committee. 2 Welcome packages sent. 32 members maintained. Hold 5 meetings per fiscal year # of members who identify as being part of equity seeking groups. 	Maintain and increase representation from across sectors and equity seeking groups such as Aboriginal, people with lived experience, families and seniors. Increase the knowledge and awareness of emerging issues and best-practices regarding individuals who come into contact with the justice and mental health systems and support community safety initiatives. Increased collaboration and awareness of client-centred approaches to improve coordination and transition between services and sectors for individuals who come into	 □ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5 	April 2019- March 2020		5 meetings held		

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		contact with the justice system. Strengthen relevant partnerships to improve coordination and transitions between services and sectors.						
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 to the Toronto HSJCC at meetings. Ensure Co-chair(s) participate at the T- HSJCC meetings. To collaborate with the Service Resolution Toronto Project (SRTP) in addressing system barriers for people involved with the justice sector who face significant system	Strengthen coordination and collaboration between human services and justice sectors. Enhance awareness about the Service Resolution Toronto Project Committee at the WT- HSJCC meetings by providing regular reports and updates.	 □ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5 	April 2019- March 2020				

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	barriers to service access.								
	To provide feedback on the Video Bail Program. To provide feedback to								
	the John Howard Society of Toronto Reintegration Service Site.								
4. Problem solving: Work collaboratively to address issues and barriers to the achievement of the aforementioned goals and determine where/how they should be addressed (i.e.,	Continue to provide, as a last resort, transportation and food vouchers for individuals who come into contact with the justice system at their time of release.	Increase collaboration and coordination to solve problems with the resolution of systemic issues that impact individuals who come into contact (or are at risk of involvement) with the justice system.	 □ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5□√ 	April 2019- March 2020					
at which internal /external forums or tables).	Submit quarterly TTC token and food voucher reports to the T-HSJCC.	Continue with shared accountability. Review minutes to ensure							

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	Committee members continue to work collaboratively, utilizing a participatory group decision-making model. Continue to have service resolution and coordination issues on the agenda item at every meeting.	 participatory group decision making takes place. Review Action Items and follow- up to ensure problem solving and service coordination issues have been dealt with at every meeting. Improve functioning and quality of life re: clients within the target populations social determinants of health. Reduce recidivism by supporting improved client outcomes. 						

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5. Communication: Coordinate a forum and facilitate communication between and among service providers in West Toronto.	Continue with regular committee meetings and distribution of minutes. Continue to discuss service resolution and coordination issues at every meeting. Committee members have input regarding presentation and Lunch and Learn topics. Continue to maintain and circulate a membership list.	There is evidence of engagement and participation from the cross-sectoral membership as identified in the Committee's goals.	 □ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5 	April 2019- March 2020				

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6.Education: Provide educational opportunities for the cross sectoral membership on relevant topics relating to mental health, substance use, criminal justice, service providers, people with lived experience, families, and communities of interest.	 3 Lunch and Learns on topics directed by members input. Collate and review Lunch and Learn evaluations. 6 resources i.e. slide decks etc. circulated from other local HSJCC's Lunch and Learns. 20-25 participants attend Lunch and Learns. 	Increase knowledge and awareness about client-centred best practices and trends related to people who come in contact with the justice system. Increase knowledge and awareness about mental health and substance use and how they relate to the social determinants of health; housing status, poverty, social isolation, family breakdown etc. Enhance knowledge and awareness of the impact of stigma for individuals who come into contact with the justice system and work to address through increased education.	 □ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5 	April 2019- March 2020				

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7. Monitor the performance of the Committee: Collect, analyze, monitor and share data and information to continuously improve the systems' ability to meet the needs of its target population.	 6- 12 members attend committee meetings. Foster openness about different perspectives through discussion as well as recognizing and incorporating evaluation/ research and evidence-based practices to inform decision making. Analyze identified issues and respond appropriately. 2 PowerPoint presentations shared among members. 	Increased access to reliable and current information and analysis of human services and justice issues. Provide a forum for data and information sharing through educational presentations.	 □ Pillar 1√ □ Pillar 2√ □ Pillar 3√ □ Pillar 4√ □ Pillar 5 	April 2019- March 2020				

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	1 research paper shared among members.									