



## **DOWNTOWN TORONTO HUMAN SERVICES AND JUSTICE COORDINATING COMMITTEE (DT- HSJCC)**

### **TERMS OF REFERENCE February 5, 2016 (Final)**

#### **BACKGROUND AND OVERVIEW**

Regional Human Services and Justice Coordinating Committees have been established within the province of Ontario, including one in Toronto. They were established in response to a recognized need to coordinate services and plan more effectively for people with mental illnesses who are in conflict with the law.

Regional Committees include representatives from the Ministries involved in this initiative: Ministry of Health and Long-Term Care, Ministry of Community and Social Services, Ministry of Children and Youth Services, Ministry of Community Safety and Correctional Services, Ministry of the Attorney General and the Ministry of Public Infrastructure and Renewal.

The goal of the Regional Committees is to **develop an integrated, coordinated, seamless service delivery system that meets the needs of this client population and supports community safety.**

The Toronto Human Services and Justice Coordinating Committee (THSJCC) determined the need for Local Human Services and Justice Coordinating Committees (Local HSJCCs) in the following four areas: Scarborough (already established), West Toronto, North York and Downtown Toronto. The four Local HSJCCs will identify local priorities for planning coordinated services, and establish a process for planning and joint problem solving in relation to these local priorities. Each Local HSJCC is responsible for working together to address local needs and reporting to the THSJCC to help inform systems planning at a regional level.

#### **Mandate of the DT-HSJCC**

The mandate of the DT-HSJCC is to engage in joint cross-sectorial planning, coordination and integration of services for individuals with a mental illness who are involved or at significant risk of being involved with the criminal justice system.

Please see Diagram 1 for a schematic representation of the T-HSJCC's mandate in relation to related Planning Tables, Committees and Networks.

## **Target Population**

The target population is individuals 16 years of age or older with a mental illness, who are currently involved or at significant risk of being involved with the criminal justice system. Individuals may have co-occurring issues such as homelessness, substance use and a developmental disability.

## **Objectives and Goals**

- Develop and maintain an accessible and well-functioning system of mental health, justice and related services that work together to connect and move the members of the Committee's target population to and through the services and supports that they need when they need them.
- Improve the quality of services for individuals with mental health issues who are involved with the criminal justice system, including the specific matches made between clients and services both initially and through clients' individual recoveries over time.
- 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.
- Prevent/reduce recidivism.
- Identify and address barriers to achievement of any of the above objectives, with particular focus on identifying and addressing barriers at the interfaces between the mental health, criminal justice and related systems.

## **Functions and Activities**

- *Information-sharing:* Share information about mental health, criminal justice and related services which are available to this target population.
- *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.
- *Issue identification:* Work together to identify issues and barriers to the achievement of the goals identified above and determine where identified issues should be addressed, i.e., at which forums or tables.
- *Problem solving:* Work together to discuss and develop solutions to local operational and systemic issues and barriers, particularly those at the interfaces of the mental health, criminal justice and related service systems.
- *Communication:* Provide a forum through which to coordinate and facilitate communication between and among service providers in West Toronto.
- *Education:* Provide education on relevant topics to mental health, criminal justice and related service providers, and to the public, including people with lived experience and/or families.
- *Performance monitoring:* Collect, analyze, monitor and share data and information on the performance of Downtown Toronto's mental health, criminal justice and related services through a variety of approaches and mechanisms so as to continuously improve the system's ability to meet the needs of its target population.

- *Work planning and budgeting:* Develop and submit an annual workplan and budget for approval to the Toronto Human Services and Justice Coordinating Committee.

### **Geographic Boundaries**

The geographic scope of the work of this Committee is defined flexibly to include, but not be limited to, all of the people and services interacting with the Downtown Toronto Court, i.e., Old City Hall, 60 Queen St. West

### **Membership**

DT-HSJCC is comprised of representatives from mental health, addictions, harm reduction, criminal justice and related service sector member organizations, people with lived experience and family members. Member organizations and/or individuals can commit to attend meetings regularly and actively participate in the committee's efforts through sharing in the work and activities of the committee for a minimum of one year. Representatives will be a mix of senior decision-makers, direct service personnel and people with lived experience who are knowledgeable about their organizations, the system and their communities. Representatives may designate an alternate in the *occasional* event where the regular representative cannot be present.

Membership will typically include representatives from the following groups and/or organizations:

- Local community mental health organizations, including representation from all service types funded under the Mental Health and Justice Initiative, e.g., Short-Term Residential Beds, Prevention; Housing, Court Consortium, Release from Custody, Case Management, Mobile Crisis Intervention Team
- Local addictions and harm reduction organizations
- Downtown Toronto hospitals
- Downtown Toronto's designated forensic mental health program
- Toronto Police Service
- Crown Attorney's office
- Duty Counsel
- Bail Program
- Probation and Parole
- Correctional facilities
- Local community criminal justice service organizations
- People with lived experience and/or family members
- Other community and related social services, e.g., developmental services agencies, acquired brain injury service organizations, ethnoracial/ethnocultural-specific organizations

## **Conflict of Interest**

A conflict of interest may occur when a member may have an opportunity to benefit personally/privately from their membership or participation in the group. Some examples relevant to the HSJCC may be: selling products/services for personal or professional gain, recruiting clients for profit-generating services, using information gained through the committee for purposes other than which it was shared, participating in decision making that will benefit you or a personal relationship without declaring your personal interest.

If you have a current matter before any courthouse, inform the Co-chairs

If you have a matter before the courts you do not discuss it at the HSJCC meetings.

## **New Members**

To address the members who may want to attend for reasons other than our stated purpose, if the person is not representing a member agency which is part of the system, then they complete a short application form and meet with the committee's Co-Chairs to review the application. The form will include: who they are, why they are interested and what they will contribute.

In addition, linkages will be established with Legal Aid Ontario, Victim Services and other relevant agencies to meet the varied needs of individuals with mental health issues who come into contact with the criminal justice system.

The DT-HSJCC looks for ways of including people with lived experience, families and diverse communities, including traditionally marginalized groups, to the table.

The DT-HSJCC reviews its membership composition annually to ensure it is best able to accomplish its goals and objectives. The current membership is not necessarily exclusive and other members may join the DT-HSJCC subject to due consultation and decision-making processes involving all parties affected.

The DT-HSJCC also establishes time-limited Sub-Committees as needed to fulfill various roles and functions. Sub-Committees serve in an advisory role to the DT-HSJCC and may be formed and disbanded as needed. The DT-HSJCC shall provide Sub-Committees with the task they are to undertake, and will appoint one member to Chair each Sub-Committee and report back to the DT-HSJCC. Members voluntarily join Sub-Committees and Sub-Committee membership is not restricted to members of DT-HSJCC.

## **Leadership**

The DT-HSJCC membership will choose Co-Chairs who reflect a composite of the membership of the group, i.e., one representing mental health and one representing the criminal justice service sector. The Co-Chairs will be

responsible for organizing the meeting agendas and facilitating DT-HSJCC meetings.

- Two Co-Chairs are elected by the membership.
- A Co-Chair's term shall be two (2) years and subject to re-election.
- The Co-Chairs will facilitate the participation of all members to address issues related to serving the target population.
- Co-Chairs will participate in Local HSJCC Co-Chair meetings, which involve the Toronto HSJCC Chair and the Co-Chairs from the Scarborough, West Toronto, North York and Downtown Toronto HSJCCs.
- Co-Chairs will participate as members of the Toronto HSJCC.

### **Decision-making**

The DT-HSJCC shall strive for decisions to be made by consensus, i.e., where recommendations are being decided upon, the DT-HSJCC will seek consensus among all members. Consensus is considered to be achieved when each person is able to state explicitly that s/he has been heard and is prepared to support the decision even if the decision is still not the member's preference.

If within a reasonable period of time, as determined by the Co-Chairs, the DT-HSJCC finds that it is not reaching consensus, the Co-Chairs will introduce a more formal decision-making process, which will include discussion, debate and the holding of a vote on the question at hand. In this scenario, a specific motion will be carried if:

- Quorum has been achieved with at least two thirds (2/3rds) of the DT-HSJCC's *core* membership being present at the meeting, with each core member organization having one vote, no matter how many representatives it has at the table.
- Sixty-six and two-thirds percent (66%) of the Committee's *core* voting members votes in favour of the specific motion.
- A member is allowed to appoint another member as a proxy to vote on motions on their behalf. The member must make sure that the committee Co-Chairs are notified 48 hours before the relevant meeting. Written notification such as email is required.
- Core membership is defined as a member agency representative who attended at least 60% of the committee's regular meetings during the past 12 months (three out of the five meetings).

When a decision must be made in between meetings, either of the Co-Chairs can call an emergency meeting with a minimum of 24 hours notice. This meeting may take place face-to-face, by teleconference, or by e-mail.

### **Relationship to Other Planning Tables, Committees and Networks**

Please see Diagram 1 for a schematic representation of the DT-HSJCC's mandate in relation to related Planning Tables, Committees and Networks. Advice or recommendations developed by the DT-HSJCC will be shared with relevant bodies/organizations, e.g., other service providers, other service

providing Planning Tables, Networks, Committees, Government Ministries, Local Health Integration Networks. However, these bodies are not bound by the work, unless endorsed by the appropriate accountable entities.

### **Accountability**

To the extent that members and member organizations are funded by the Government of Ontario, the DT-HSJCC is accountable to the public, the local community and relevant Government of Ontario Ministries or Local Health Integration Networks that fund its members' services, for the efficient and effective use of these resources and for accomplishment of DT-HSJCC objectives and goals.

Members are mutually accountable for contributing to the achievement of the DT-HSJCC goals and objectives through mutually agreed upon activities and according to mutually agreed upon time frames.

The DT-HSJCC is accountable to the Toronto HSJCC for the submission of an annual workplan and budget, and for the efficient and effective use of any resources provided to the DT-HSJCC by the Toronto HSJCC.

### **Meeting Frequency**

The DT-HSJCC meets at least five times per year. Meeting frequency is reviewed annually and is established based on the requirements of the Committee's workplan for the year.

### **Duration of Mandate**

The DT-HSJCC is established as a permanent body. Its mandate/functioning is reviewed on an annual basis.

### **Resources**

Resources available to the DT-HSJCC include representative time, member organization personnel and other "in-kind" contributions. Financial resources for a specific project may be requested from the Toronto HSJCC. Resources required for initiatives are reviewed on a case-by-case basis, and resource allocation requests and decisions are reached, where necessary, according to the decision-making framework outlined above.

# Diagram 1 – HSJCC roles & relationships

→ Accountability  
 ← - - - Mutual information sharing



