

NORTH YORK HUMAN SERVICES AND JUSTICE COORDINATING COMMITTEE (NY-HSJCC)

TERMS OF REFERENCE September 29, 2015 (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 NY-HSJCC

The mandate of the NY-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 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.
- 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 the mental health, criminal justice and related services that are available to this target population.
- *System-building:* Develop effective linkages among the services in North York 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 North York.
- *Education:* Provide education on relevant topics to mental health, criminal justice and related service providers, and to the public, including consumers and families.
- *Performance monitoring:* Collect, analyze, monitor and share data and information on the performance of North York'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 1000 Finch Avenue West Court.

Membership

The NY-HSJCC is comprised of representatives from mental health, addictions, criminal justice and related service sector member organizations. Membership on the NY-HSJCC commits an organization to consistent representation at NY-HSJCC meetings and active participation in NY-HSJCC efforts through sharing in the work and activities of the Committee. Representatives will be a mix of senior decision-makers and direct service personnel 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 organizations
- North York hospitals
- North York'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
- Other community and related social services, e.g., developmental services agencies, acquired brain injury service organizations, ethnoracial/ethnocultural-specific organizations

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 NY-HSJCC looks for ways of bringing consumers, families and diverse communities, including traditionally marginalized groups, to the table, e.g., through membership in Sub-Committees, focus groups, and reference groups.

The NY-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 NY-HSJCC subject to due consultation and decision-making processes involving all parties affected.

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

Leadership

The NY-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 NY-HSJCC meetings.

- Two Co-Chairs are elected by the membership.
- A Co-Chair's term shall be two (2) years and subject to reelection.
- The Co-Chairs will facilitate the participation of all voices 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 NY-HSJCC shall strive for decisions to be made by consensus, i.e., where recommendations are being decided upon, the NY-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 NY-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 NY-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 (66.67%) of the Committee's *core* voting members votes in favour of the specific motion.

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 NY-HSJCC's mandate in relation to related Planning Tables, Committees and Networks. Advice or recommendations developed by the NY-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 member organizations are funded by the Government of Ontario, the NY-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 NY-HSJCC objectives and goals.

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

The NY-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 NY-HSJCC by the Toronto HSJCC.

Meeting Frequency

The NY-HSJCC meets at least 6 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

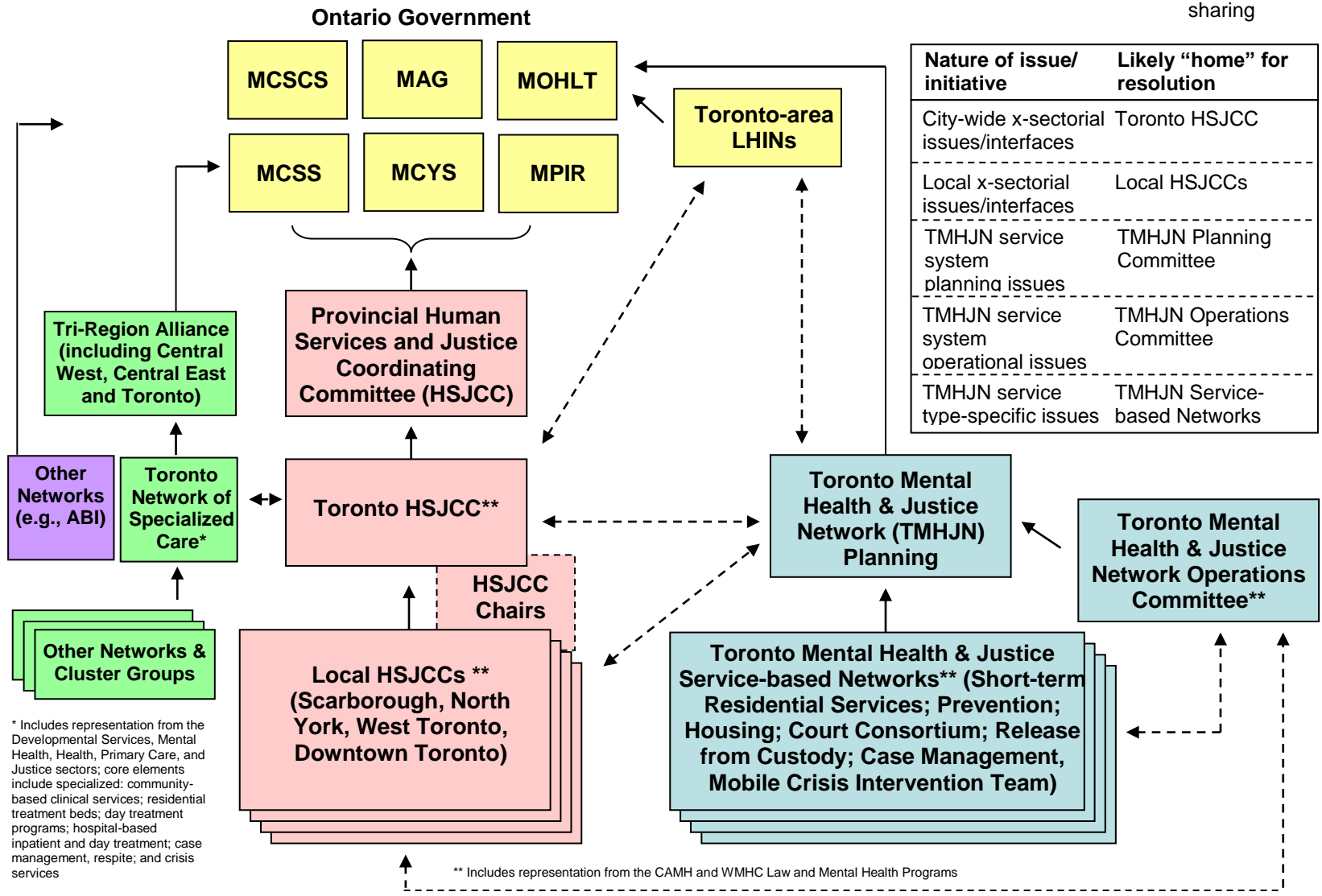
The NY-HSJCC is established as a permanent body. Its mandate/functioning is reviewed on an annual basis.

Resources

Resources available to the NY-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



Nature of issue/initiative	Likely "home" for resolution
City-wide x-sectorial issues/interfaces	Toronto HSJCC
Local x-sectorial issues/interfaces	Local HSJCCs
TMHJN service system planning issues	TMHJN Planning Committee
TMHJN service system operational issues	TMHJN Operations Committee
TMHJN service type-specific issues	TMHJN Service-based Networks

* Includes representation from the Developmental Services, Mental Health, Health, Primary Care, and Justice sectors; core elements include specialized: community-based clinical services; residential treatment beds; day treatment programs; hospital-based inpatient and day treatment; case management, respite; and crisis services

** Includes representation from the CAMH and WMHC Law and Mental Health Programs

