

Toronto Human Services and Justice Coordinating Committee (T-HSJCC) Terms of Reference Final Approved - April 25/07 Updated June 2010

Preamble

The Ontario government's policy framework for people with clinical needs who come in conflict with the law, *A Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario*, was approved in June 1997.

Human Services and Justice Coordinating Committees were established in response to a recognized need to coordinate resources and services, and plan more effectively for people who are in conflict with the law. Priority consideration will be made for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addictions, and/or fetal alcohol syndrome. The committees are a cooperative effort of the Ministries of the Attorney General, Community and Social Services, Children and Youth Services, Health and Long-term Care, and Community Safety and Correctional Services.

The two primary areas of emphasis for the committees are:

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

Regional committees are established to coordinate communication and service integration planning between health, criminal justice and developmental service organizations within specific regions.

It is understood that the Terms of Reference will apply primarily to Regional Human Services and Justice Coordinating Committees, and that local committees will be formed as required in each Region. See appendix A for local committee guidelines and membership. Regional Committees may adopt goals and objectives in addition to those stated in this document.

A Provincial Human Services and Justice Coordinating Committee will address provincial service and policy issues, identify solutions to systemic problems and make recommendations to appropriate Ministries. Membership of the Provincial committee will consist of Chairs of the Regional Human Services and Justice Coordinating Committees, representation from the Inter-ministerial Working Group, and with support from Mental Health and Addictions Branch, Ministry of Health and Long-term Care.

Toronto Human Services and Justice Coordinating Committee Goal

To develop an integrated, coordinated and seamless service delivery system that meets the needs of this client population and supports community safety.

Objectives

1. Facilitate communication through effective linkages among health, criminal justice and social service sectors, and between local committees.
2. Identify issues with respect to service delivery and capacity.
3. Address issues such as access to and duplication of services.
4. Consult with local committees to determine predominant issues.
5. Coordinate regional training opportunities for all sectors involved in serving the target population.
6. Provide informed input and advice concerning research, system design, planning, program implementation, and resource allocation to the partner ministries.

Membership

The Toronto Human Services and Justice Coordinating Committee will be comprised of one representative from each Local HSJCC committee and:

1 chair

1 vice chair

6 reps chosen by the Toronto Mental health and Justice Network, representing service types (ie housing, safe beds, crisis prevention, court support, case management & discharge planners)

1 rep from the Law and Mental Health program

1 rep from the dual diagnosis sector

2 reps from consumer/survivor organizations who have experience with the justice system

1 family rep

1 rep from the Psychiatric Patient Advocate Office (PPAO)

1 rep from ARCH Disability Law Centre

1 rep from Toronto Police Service - Senior Officer designated by Toronto Police

1 rep from Toronto Police Service - officer responsible for mental health issues from the Community Mobilization Unit

1 rep from the ABI network

1 rep from the Concurrent Disorder network

In addition, the Regional Committee will include representatives from the ministries involved in this initiative: Toronto area LHINS, Ministry of Community and Social Services, Ministry of Children and Youth Services, Ministry of the Attorney General, Ministry of Community Safety and Correctional Services. The committee will also include representation from the Forensic Program of a

designated facility. (see above) Representatives from other networks will be invited as working relationships are established.

1 rep from CSC

1 rep from each community corrections – Elizabeth Fry and John Howard

Frequency of Meetings

The Regional committee will meet at least quarterly throughout the year.

Managing the Committees' Work

The Committee will develop an annual work plan, and review those of the local committees to identify opportunities for sharing of best practices and innovative service solutions. Work plans will be reviewed annually to identify outcomes, work that has been completed, and projects that will be continued in the next year. The Toronto Mental Health and Justice Network will report on progress achieved as a result of the MOHLTC Service Enhancement funding and HSJCC resources will be available to assist them with monitoring and service coordination. The Regional Committees will review the committee structure for that region and will determine the need for additional local committees.

The work plans will be submitted to the Provincial Committee for information purposes and to identify provincial opportunities for sharing of best practices and innovative service solutions.

Reporting Relationship

The Local Committees will develop work plans and budgets¹ and will submit those to the Regional Committees. The Regional Committees will develop a work plan and budget² for the Region (encompassing all local and regional plans), which will be submitted to the regional designated transfer payment agency. The transfer payment agency will submit budgets and work plans to the Central LHIN for accountability purposes.

Relationship with the Judiciary

The committee will meet from time-to-time with the judiciary to report on issues pertaining to services provided to mentally disordered accused persons in the court houses in Toronto. Meetings will be arranged at the request of the judiciary or by the committee chair when court related issues require input or comment from the judiciary. At least once per year, the committee chair will canvass the Senior Administrative Judge in Toronto regarding the delivery of services in the courts.

¹ Local committees may allocate budgets to administrative costs, meeting costs, travel, training and special projects.

² Regional committees may allocate budgets to administrative costs, meeting costs, travel, regional training and special projects.

Appendix A

Local Committees

Preamble

The following is meant to serve as a guideline to assist in the management of Local committees. Committees will develop terms of reference that will include the following minimum standards.

Guidelines

It is recognized that many Local Committees have been in existence for some time and have been structured in response to local need. Local Committees may be called Local Human Services and Justice Coordinating Committees, but some may have other titles which better reflect the need of the particular community.

Local Committees will undertake joint planning, coordination and integration of service delivery for individuals with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol additions, and/or fetal alcohol syndrome who are in conflict with the law.

The committees will coordinate communication and establish effective linkages and liaison mechanisms between criminal justice, health and social service agencies, in the local area. The committees will plan in conjunction with other local planning tables related to this target population.

The committees will identify local priorities for planning coordinated services and establish processes for planning, joint problem solving and integrated seamless service delivery. A work plan and budget for the committee will be prepared annually, and will be provided to the Regional Committee.

Each committee may articulate a strategy to meet the needs of this target population that includes:

- Seamless service delivery recommendations;
- System design recommendations;
- Court diversion and court support plans;
- Crisis plans;
- Community intervention plans;
- Court assessment plans; and
- Case management plans.

Membership

Local Committees may involve representatives from the following representative groups. The Committees may have additional associate memberships and/or ad hoc committees to assist with specific projects:

- Community mental health and agencies;
- Acquired Brain Injury organizations and Addictions services;
- Police;
- Crown attorney's office;
- Local jail(s)/detention centre(s);
- Probation and parole office;
- Community service providers from the developmental services system;
- Consumer, family and community stakeholders
- Mental health program of the public hospital(s);
- Forensic Program of a designated facility;
- Representatives from health, developmental services, and justice ministries.

In addition, linkages should be established with the defense bar, the judiciary, Legal Aid Ontario, Victim's Services, and other relevant agencies to meet the varied needs of individuals who come in conflict with the law. Social service or other agency involvement may be in response to the identification of those individuals with distinct service needs (e.g., people with substance abuse or sexual problems, members of ethno-racial groups, aboriginal people, individuals with acquired brain injury or fetal alcohol syndrome, or women who are victims of violence).