



**PROVINCIAL HUMAN SERVICES AND JUSTICE
COORDINATING COMMITTEE**

Provincial Human Services and Justice Coordinating Committee Needs Assessment Results

October 1, 2009

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Prepared for the Provincial Human Services and Justice Coordinating Committee

Prepared by Canadian Mental Health Association, Ontario



Summary

Canadian Mental Health Association (CMHA) Ontario is providing policy support to the Provincial Human Services and Justice Coordinating Committee (HSJCC) to strengthen its provincial capacity. In order to scope the policy support that is required by the Committee, CMHA Ontario undertook a needs assessment of the Regional HSJCCs. Interviews were conducted in-person or by phone with each chair, co-chair and/or designate of each of the 14 Regional HSJCCs. Using a needs assessment questionnaire (Appendix A), a total of 20 HSJCC members were interviewed during 14 interviews. Based on the results of the needs assessment, a list of outstanding provincial issues was generated.

Priority populations:

- Clients with concurrent disorders
- Clients with dual diagnosis
- Forensic clients
- Youth
- Clients who are labeled “high risk”
- Clients from the federal justice system

System development and coordination:

- Need for establishing provincial standards for human services and justice initiatives
- Need for improving human services and justice coordination
- Need for expanding SMI (serious mental illness) criteria
- Need for increasing available information about probation orders
- Need for expanding research initiatives on human services and justice systems

Service issues:

- Need for expanding police/mental health initiatives
- Need for expanding mental health courts
- Need for establishing standard protocols for client release from court custody
- Need for increased access to and availability of Psychiatrists and psychiatric assessments
- Need for expanding bail support programs
- Need for expanding pre-charge diversion initiatives

Social determinants of health:

- Lack of access to and availability of housing
- Lack of culturally competent human services and justice initiatives
- Lack of access to and availability of transportation

Several HSJCC committee operations issues also surfaced during the course of the interviews including internal committee issues regarding committee communication, establishing relationships with the different ministries, committee funding, committee structure, developing workplans, maintaining committee membership, and establishing relationships with Local Health Integration Networks.

Introduction

In May 2009, Canadian Mental Health Association (CMHA) Ontario began providing policy support to the Provincial Human Services and Justice Coordinating Committee (HSJCC) to strengthen its provincial capacity. The role of CMHA Ontario is to assist the Committee in provincial level work related to agenda setting, identifying policy options, and supporting and/or monitoring policy implementation, to support a coordinated and responsive human services and justice system in Ontario for individuals with mental illnesses and/or addictions, developmental disability, acquired brain injury and/or other related special needs.

CMHA Ontario undertook a needs assessment of the Committee in order to scope the policy support that is required by the Committee. Interviews were conducted in-person or by phone with each chair, co-chair and/or designate of each of the 14 Regional HSJCCs. Using a needs assessment questionnaire (Appendix A), a total of 20 HSJCC members were interviewed during 14 interviews. In addition, several documents were reviewed to extract policy issues:

- Ministry of the Attorney General (MAG) Mental Health Roundtable discussion topics
- Johnston, V. [2009]. "Review of Ontario's Human services and Justice Coordinating Committees."
- "Provincial HSJCC response to the Ministry of Health and Long-Term Care discussion paper 'Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy.'" [2009].
- *Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario.* [1997].
- *SEEI Final Report: Moving in the right direction.* [2009].

Findings

Client populations

The report "Review of Ontario's Human Services and Justice Coordinating Committees" [2009] identified four priority populations. When asked to rank these populations in order of importance, the Regional HSJCCs prioritized the following: 1) clients with concurrent disorders, 2) clients with dual diagnosis, 3) forensic clients, and 4) youth. The Regional HSJCCs were also asked to share the research and policy support they felt was needed to address the issues for each of these client groups.

Clients with concurrent disorders

Six Regional HSJCCs rated clients with concurrent disorders as their top priority population. The HSJCCs felt that more education is needed on concurrent disorders for the human services and justice sectors. There is a need for more information about how addictions fit under mental health, as well as how the principles of recovery work in conjunction with the principles of harm reduction. Mental health and justice workers need to learn to recognize the signs and symptoms of addictions and concurrent disorders, and help to address the clients' mental health and addictions issues simultaneously.

The HSJCCs interviewed felt that there is a lack of services for clients with concurrent disorders. There is also a need to better coordinate addictions, mental health and justice services. A specialized provincial care network for coordinating concurrent disorder services and dual diagnosis services is needed. Dedicated funding is necessary to assist clients with concurrent disorders who are in contact with the justice system. Treatment courts for clients with concurrent disorders are needed, and a judiciary dedicated to concurrent disorder cases is needed for each region.

Key questions to be considered: What are the definitions of concurrent disorders? What is the prevalence of concurrent disorders among clients in the human services and justice system? What are the causes of addiction? How do concurrent disorders affect clients across the lifespan? What are the needs and gaps in service for these clients? Who is being missed and why? What is causing the gaps in service? What are the best practices for assisting clients with concurrent disorders? How do Community Treatment Orders (CTOs) affect clients with concurrent disorders? What are the effects of oxycodone?

Clients with dual diagnosis

Five Regional HSJCCs rated clients with dual diagnosis as their top priority population. The HSJCCs felt that more education is needed on developmental disabilities for the human services and justice sectors, and more information is needed about how developmental disabilities and fetal alcohol spectrum disorder fits under mental health. More education is needed regarding the assessments that are used to identify developmental disabilities. Provincial guidelines are needed for coordinating services for clients with dual diagnosis, and a specialized provincial care network needs to be established for dual diagnosis and concurrent disorder services.

The HSJCCs felt that there is a lack of access and availability of services for clients with dual diagnosis. Due to the lack of availability of developmental disabilities services in the community, there are few places where clients with developmental disabilities can go when they have been released from custody. In addition, there is a lack of assessments for developmental disabilities, and many clients do not have proper documentation to prove that they have a developmental disability. The HSJCCs have observed that clients with dual diagnosis are often victimized in the corrections system, and they face much stigma and discrimination in the community. Due to their complex needs, clients with developmental disabilities are often screened out of services by Family Physicians, Psychiatrists and community support programs. There is a need for dedicated staff in community mental health agencies that coordinate services especially for clients with dual diagnosis.

Key questions to be considered: What are the definitions of dual diagnosis? What is the prevalence of developmental disabilities among clients in the human services and justice system? How to prevent clients with dual diagnosis from entering the justice system? How to reduce stigma and discrimination for clients with dual diagnosis? What are the needs and gaps in service for these clients? Who is being missed and why? What is causing the gaps in service? What are the best practices for assisting clients with dual diagnosis?

Forensic clients

Three Regional HSJCCs rated forensic clients as their top priority population. Forensic assessments are currently being discussed at the MAG roundtables, and the need for anti-stigma and anti-discrimination initiatives for forensic clients and clients in the human services and justice system was included in the Provincial HSJCC response to the Ministry of Health and Long-Term Care (MOHLTC) discussion paper “Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy” [2009].

The term “forensic” needs to be clearly defined. The HSJCCs have observed that the term is being used differently in different contexts; sometimes forensic refers to mandated clients, and sometimes forensic refers to any client with mental illness who has come into contact with the justice system. More education needs to be provided for the human services and justice sectors on the unique needs of forensic clients as well as information about how to navigate the forensic system. Due to the “forensic”

label, these clients face much stigma and discrimination. Forensic clients are often victimized in the correctional system, and once they are released from custody, they are often screened out of support services by Family Physicians, Psychiatrists and community support programs.

Key questions to be considered: What are the definitions of “forensic” being used by hospitals, MOHLTC, MAG, community mental health programs and correctional services? What is the difference between mandated clients vs. volunteer clients in the human services and justice system? What are the best practices for navigating the forensic system? What are the needs and gaps in service for these clients? Who is being missed and why? What is causing the gaps in service?

Youth

Two Regional HSJCCs rated youth as their priority population, and youth services is also being discussed at the MAG roundtables. The HSJCCs interviewed felt that more education is needed for the human services and justice sectors on the unique issues for youth with mental illness. Currently, there is a lack of mental health assessments for youth, and a lack of accessibility and availability of programs for youth who come into contact with the justice system. Provincial guidelines are needed for coordinating services for youth. Additional funding is needed to develop youth-specific human services and justice initiatives and expand pre-charge and post-charge diversion programs. A dedicated mental health court is needed for youth in every region, and dedicated staff are needed in community mental health agencies to coordinate services for youth.

Key questions to be considered: What are the unique issues for youth? What are the best practices for addressing the issues? What are the needs and gaps in service for these clients? Who is being missed and why? What is causing the gaps in service?

Two additional client populations also emerged during the course of the interviews:

Clients who are labeled “high risk”

The issue of “high risk” clients was brought forward by two Regional HSJCCs. These HSJCCs have observed that clients who are labeled “high risk” are often perceived as being violent because they have come into contact with the justice system. Often these clients are denied access to community mental health services and programs, and they are screened out and excluded by Psychiatrists and Family Physicians. Although there are many different definitions of “high risk,” the underlying implication is that these clients have the potential to cause harm to staff and the community at large. Clients who are labeled “high risk” face much stigma and discrimination; therefore, provincial guidelines and protocols are needed to ensure that these clients are able to access the services they need.

Key questions to be considered: What is the definition of a “high risk” client? What are the needs and gaps in service for these clients? Who is being missed and why? What is causing the gaps in service? What are the best practices for risk management?

Clients from the federal justice system

Addressing the unique issues of clients from the federal justice system was brought forward by one Regional HSJCC, and this issue was also included in the Provincial HSJCC response to the MOHLTC discussion paper. Clients with mental illness from the federal justice system often require intensive support for their complex mental health needs. Currently, there is limited capacity across the province to provide community services for these clients. Increased collaboration between the federal justice

system and the provincial justice system is necessary to provide seamless services and ensure continuity of care.

Key questions to be considered: What are the needs and gaps in service for clients from the federal justice system? Who is being missed and why? What is causing the gaps in service? What are best practices for coordinating services between the provincial and federal justice systems?

Policy Issues

To gather information about current regional policy issues, each regional representative was asked the following questions:

- What are the two biggest issues facing your Regional Committee?
- What policies or practices are working well to address these issues?
- What problems remain regarding these issues?
- In what ways can current policies or practices be improved to better address these issues?
- What further research and policy support is needed to address these issues?

Below is a list of policy issues that were brought forward by the Regional HSJCCs as potential policy projects for the Provincial HSJCC.

System development and coordination

Need for establishing provincial standards for human services and justice initiatives

The need to establish human services and justice standards was brought forward by six Regional HSJCCs. According to the HSJCCs interviewed, currently there are no provincial guidelines or standards for human services and justice initiatives. Although there are standards for crisis intervention initiatives, there are no standards for court support initiatives, diversion initiatives, etc. Provincial standards need to be established for all human services and justice initiatives.

In addition, the HSJCCs felt that there is a need for provincial standards for educating staff in the human services and justice sectors. The need for cross-sectoral education was also included in the Provincial HSJCC response to the MOHLTC discussion paper; mental health education is needed for justice staff, and mental health staff are in need of education about the justice system. Several HSJCCs suggested that a primer be developed for each sector that outlines the key players in the sector, common acronyms used, important contact information, etc. There is also a need for diversity education for staff in all of the human services and justice sectors; a point that was also included in the Provincial HSJCC response to the MOHLTC discussion paper.

Key questions to be considered: What are best practices for developing provincial standards for human services and justice initiatives? What are the best practices for providing cross-sectoral education regarding the mental health system and the justice system? What are the best practices for providing diversity education?

Need for improving human services and justice coordination

The need to improve coordination between human services and justice systems was brought forward by four Regional HSJCCs. The interaction between civil mental health and criminal justice systems is also an

issue being discussed at the MAG roundtables, and the need to improve inter-ministerial approach to human services and justice coordination was included in the Provincial HSJCC response to the MOHLTC discussion paper. One HSJCC used the term “super system” to refer to the group of six core human services and justice systems: criminal justice, mental health, addictions, acquired brain injury, dual diagnosis and fetal alcohol spectrum disorder. Many HSJCCs interviewed stated that they would greatly benefit from additional support and guidance around coordinating and integrating services within this super system.

The HSJCCs interviewed have observed that the lack of coordination between services in the super system has led to the lack of continuity of care. This issue was also addressed in the Provincial HSJCC response to the MOHLTC discussion paper. The HSJCCs feel that although the funding investments made in 2005 at the program level have improved community mental health services and increased the number of clients served, client needs have since exceeded the system capacity available in the community. Clients are also unable to access existing services in a timely manner. Furthermore, as stated previously, due to stigma and discrimination, forensic clients and clients who have come into contact with the justice system are often perceived as “high risk” and thus prevented from accessing follow-up care in the community.

Key questions to be considered: What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What can be done to prevent Family Physicians, Psychiatrists and community mental health programs from screening out clients? What are the roadblocks for coordinating services? What are best practice examples for bettering integrating services across the super system?

Need for expanding SMI criteria

The issue of serious mental illness (SMI) criteria was brought forward by one Regional HSJCC. This HSJCC felt that the existing SMI criteria is too rigorous. Clients who do not fit the criteria and who do not have a psychiatric diagnosis are falling through the gaps of the human services and justice systems. The SMI criteria needs to be expanded to include a larger population of individuals who are in need of mental health services and supports.

Key questions to be considered: What is the current SMI criteria? What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are strategies for advocating for expanding SMI criteria?

Need for increasing available information about probation orders

The issue of probation orders was brought forward by one Regional HSJCC. This HSJCC felt that there is not enough information about probation orders for clients in the human services and justice system. Many of these clients receive repeat probation orders; therefore, more information is needed on this issue as well as strategies for assisting clients on probation orders.

Key questions to be considered: What are probation orders? What are the needs for clients in the human services and justice system who are on probation orders? What are the best practices for supporting clients on probation orders?

Need for expanding research initiatives on human services and justice systems

The need to expand research initiatives on human services and justice systems was highlighted in the Provincial HSJCC response to the MOHLTC discussion paper. Research initiatives, such as SEEI, have been effective in identifying the unmet needs of individuals living with mental illness and addictions who come into contact with the justice system. However, new investments are required to fund new research and evaluation initiatives. Building an ongoing infrastructure for research and development is necessary to discover more effective solutions and evidenced-based practices.

Key questions to be considered: What are the priority areas of research in the human services and justice systems? What agencies can the HSJCCs partner with to develop research initiatives? What sources of funding exist for these types of research projects?

Service issues

Need for expanding police/mental health initiatives

The need to expand police/mental health initiatives was an issue brought forward by six Regional HSJCCs, and this issue was included in the Provincial HSJCC response to the MOHLTC discussion paper. The HSJCCs felt that there are not enough resources to support existing police/mental health teams. Crisis Intervention Teams (CITs) and Mobile Crisis Intervention Teams (MCITs) need to be expanded and more provincial and municipal police officers are in need of CIT training. There are still many regions in Ontario that do not have crisis intervention programs. Support from local police services is needed in these regions to establish CITs and MCITs.

Communication between police services and the community mental health system needs to improve. The HSJCCs believe that every police detachment should have a partnership with a community mental health agency that has a designated staff person who coordinates police/mental health services for clients. In situations where a client is apprehended under the *Mental Health Act* and escorted to the hospital by police, there is a lack of communication between the police and the emergency departments (ERs). Police officers often share the details of the client's history and circumstances with ER staff; however, many ERs do not share information with the police. More information needs to be shared about the client in order to better coordinate services and meet the client's needs. The HSJCCs would like the privacy statements of police and the ERs to be clarified.

Another issue facing police is the increased wait-times in the ER. The HSJCCs have observed that police officers spend many hours waiting in the ERs until the client is assessed and admitted to the hospital or released from custody. Some ERs do not have their own security guards; therefore, the police are asked to stay to supervise the client until their assessment is completed. If a shift change occurs while the police are waiting in the ER, then the arresting officer is no longer available to provide information to the ER staff. There needs to be an inter-agency commitment to reducing wait-times in the ER. Service agreements between the police and the ERs should be established and standardized information sharing sheets developed.

Key questions to be considered: What are police/mental health initiatives? What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are the key issues for the police and for the ERs? What are the alternatives if CITs are not feasible? What are the

best practices for coordinating services for client after the crisis is over? How do the police fit into the circle of care?

Need for expanding mental health courts

The need to expand mental health courts was brought forward by five Regional HSJCCs, and this issue was included in the Provincial HSJCC response to the MOHLTC discussion paper. Mental health courts are not available in all regions and court procedures are varied across the province. Provincial standards need to be established for mental health courts. The HSJCCs felt that mental health courts should be mandated into the existing court system to ensure accountability, and a dedicated judiciary, who is educated on the issues relating to clients with mental illness, is needed for each region. Some HSJCCs felt that instead of referring to it as a mental health court, the court should be named a “special needs” court to be inclusive of clients with addictions, developmental disabilities, acquired brain injuries and other special needs.

In the existing mental health courts across Ontario, the HSJCCs interviewed felt that there is a lack of office space available at the courthouse for mental health workers. If office space is provided, the rooms are often too small and cannot accommodate multiple staff or clients. Private office space for mental health workers is needed at the courthouse to ensure client privacy.

One HSJCC was concerned that court support workers from community mental health agencies are not permitted to testify in court. This HSJCC felt that in cases where a client is being diverted from jail, the court support worker should be able to testify in court as a means of providing input into the client’s treatment plan. Currently, the court support worker provides input to the crown attorney regarding the client’s treatment plan. However, this HSJCC felt that it would be more beneficial to the client if the court support worker was able to testify directly on the client’s behalf.

Key questions to be considered: What are mental health courts? What are the key issues relating to mental health courts? What are best practices for mental health courts? How can the Provincial HSJCC engage people in authority to address this issue?

Need for establishing standard protocols for client release from court custody

The issue of release from court custody was brought forward by four of the Regional HSJCCs. Core community support protocols are also an issue that is being discussed at the MAG roundtables. Currently, there are no policies or standardized procedures for clients being released from custody from the court; each court has a different set of protocols for release. The HSJCCs have observed that clients are often released from court custody without their personal effects such as clothing, identification, money, and medications. Some clients are not given their medications while in custody, and others are given an “equivalent” medication. Without their prescribed medications, the client’s condition often becomes worse, leading to a revolving door where the client may reoffend and reenter the justice system.

Furthermore, when a client is released from the court, they are often not provided transportation to return to the jail or correctional facility to pick up their belongings. They also are not provided access to transportation to return home from the court. Some courts have mental health workers that provide clothing, bus tickets and money to clients. However, additional mental health workers are needed to work longer hours to assist clients that are released from court afterhours.

Key questions to be considered: What strategies are currently in place to address this issue? What are best practices for protocols for release from court custody? How can the Provincial HSJCC engage people in authority to address this issue?

Need for increased access to and availability of Psychiatrists and psychiatric assessments

The issue of the lack of access to and availability of Psychiatrists and psychiatric assessments was brought forward by three Regional HSJCCs. Forensic assessments are also an issue being discussed at the MAG roundtables, and the issue of providing appropriate points of access to mental health services was included in the Provincial HSJCC response to the MOHLTC discussion paper. Often, the justice system is the first point of access into the mental health and addictions system; therefore, the HSJCCs felt that more points of access are needed in the human services system. Many clients are unable to gain access to Psychiatrists and psychiatric assessments. In many rural and northern communities, this issue is multiplied because of the shortage of Psychiatrists. As stated previously, even when clients with complex mental health needs are connected to a Psychiatrist, they are often screened out of services because they are perceived as “high risk” clients. Telemedicine initiatives and walk-in clinics are being accessed by clients as an alternative; however, many clients still are unable to access the assessments and follow-up care they need.

According to the HSJCCs, workforce incentives are needed to recruit Psychiatrists to work in rural and northern areas. In many communities in Ontario, there is a lack of funding to hire additional Psychiatrists. Some funding stipends were made available in some areas; however, there is a lack of accountability with regards to how the funding is being used to recruit new Psychiatrists. Another funding issue is in regards to Psychiatrists’ inability to bill for certain services. For example, Psychiatrists are not permitted to bill for their time if they are testifying in court proceedings. Due to this disincentive, many Psychiatrists are unwilling to testify in court on behalf of their clients. Often, community mental health agencies are left to cover the costs of these types of services.

Key questions to be considered: What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are the guidelines for funding stipends for recruiting Psychiatrists? Who is accountable for the stipends? What are alternative methods of covering costs for Psychiatrists’ services that are unbillable to OHIP?

Need for expanding bail support programs

The issue of bail support programs was brought forward by one Regional HSJCC. This HSJCC felt that bail support programs need to be expanded in communities across Ontario. Currently, there is no dedicated funding for bail support programs. Best practices for bail support programs should be established across the province.

Key questions to be considered: What are bail support programs? What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are other regions doing right now? What are funding sources for this type of program?

Need for expanding pre-charge diversion initiatives

The need to expand pre-charge diversion initiatives was brought forward by one HSJCC, and this issue was also included in the Provincial HSJCC response to the MOHLTC discussion paper. This HSJCC felt that

pre-charge diversion programs need to be expanded in communities across Ontario, and best practices for pre-charge diversion initiatives should be established across the province.

Key questions to be considered: What are pre-charge diversion initiatives? What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are other regions doing right now?

Social determinants of health

Lack of access to and availability of housing

The issue of lack of access to and availability of housing was brought forward by three Regional HSJCCs, and addressing social determinants of health including poverty and housing was included in the Provincial HSJCC response to the MOHLTC discussion paper. The funding investments made to provide supportive housing in 2005 were sufficient to fill the gaps at the time; however, the HSJCCs felt that the need for affordable, supportive and supported housing has greatly increased since. In Ontario, there is a limited access and availability of family shelters. There is also limited availability of Francophone housing services and Aboriginal housing services. Due to the lack of accessibility and availability of housing, there are many clients who are “couch surfing” and living with friends or family members.

Key questions to be considered: What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are the current housing statistics for clients in the human services and justice system? What are the statistics on clients who are turned away from housing services?

Lack of culturally competent human services and justice initiatives

The need for developing culturally competent human services and justice initiatives was brought forward by one HSJCC and this issue was included in the Provincial HSJCC response to the MOHLTC discussion paper. Across Ontario, there is a lack of culturally specific services for clients from Francophone communities, Aboriginal communities and racialized communities. These marginalized groups have unique needs that require custom solutions. As stated previously, there is also a need for diversity and cultural competency education for staff in all of the human services and justice sectors.

Key questions to be considered: What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are the best practices for developing culturally competent services?

Lack of access to and availability of transportation

The issue of transportation was brought forward by one Regional HSJCC. In many rural and northern communities in Ontario, there are no systems of public transportation. Many clients living in these regions do not have access to transportation to travel to their medical appointments or to their court appearances. For communities without public transit, additional funding needs to be allocated specifically for transportation.

Key questions to be considered: What are the needs and gaps in service? Who is being missed and why? What is causing the gaps in service? What are alternatives available to clients living in areas without public transportation?

HSJCC committee operations

The report “Review of Ontario’s Human Services and Justice Coordinating Committees” [2009] identified several important issues facing the HSJCCs in order of priority: Funding and resource development; Policy and ministerial direction; Developing cross-sectoral linkages, collaboration and partnership; and Committee operation. During the course of the interviews, several of these issues relating to committee operations were brought forward by the Regional HSJCCs.

Committee communication

Issues relating to committee communication were brought forward by all 14 Regional HSJCCs. Members interviewed felt that the communication between the Provincial, Regional and Local HSJCCs is fragmented. Members would appreciate more frequent communications from the Provincial HSJCC. Some suggestions for addressing these communications issues are to develop a communications template as well as a tracking system for monitoring ongoing committee initiatives. Dedicated resources are needed and a staff person is required to develop knowledge exchange initiatives, increase the frequency of communications, provide website updates, and update committee distribution lists, etc. Currently, it is the responsibility of the regional chairpersons to communicate all information from the Provincial HSJCC to the Regional and Local HSJCCs. Many HSJCCs feel that it would be helpful if the Provincial Committee provided guidance around what information is important to communicate. Another suggestion was to provide funding for more than one person to attend provincial meetings so that there are two people available to bring back information to the regions.

Relationship with ministries

Issues relating to the HSJCCs’ relationship with the ministries were brought forward by 13 Regional HSJCCs. Members interviewed felt that there is a lack of ministry involvement at the committee level. There is inconsistent ministry participation on Regional Committees. There is also a lack of collaboration and ministerial direction at the committee level. Many members felt that committee initiatives and discussions should move beyond mental health issues and include other human services and justice sectors. A clear reporting structure between the Provincial HSJCC and the ministries has not been established. Benchmarks and standards need to be set, and clear accountability agreements should be put in place to ensure that HSJCC issues are moving forward and being addressed. The members interviewed felt that the ministries should consult the community agencies of the HSJCCs prior to implementing ministry-wide initiatives.

Committee funding

Issues relating to committee funding were brought forward by 12 Regional HSJCCs. Members interviewed felt that the current funding structure was unclear and that there was an inequitable distribution of funds. A transparent funding formula is needed to ensure that there is an equitable distribution of funding. Several Regional HSJCCs felt that there is a lack of funding to support Local HSJCCs, and funding is needed for administrative support as well as for attending provincial meetings and conferences. New funding sources are needed from ministries other than the MOHLTC.

Committee structure

Issues relating to the structure of the HSJCCs were brought forward by 11 Regional HSJCCs. Members interviewed felt that a clear reporting structure needs to be established between the Regional HSJCCs and the Provincial HSJCC, and a clear reporting structure needs to be established between the Provincial HSJCC and the ministries. Clear accountability measures should be put in place among the HSJCCs, and

between the Provincial HSJCC and the ministries. The mandate of the Provincial HSJCC should be more clearly defined, and there needs to be clarity around whether the HSJCCs are only coordinating mental health and justice initiatives or whether the HSJCCs are coordinating all human services and justice initiatives. In terms of workload, many members felt that more funding is needed to hire coordinators to carry out the work of the Regional HSJCCs.

Workplans

Issues relating to the workplans of the HSJCCs were brought forward by nine Regional HSJCCs. Members interviewed felt that there is a lack of standard methods for developing, implementing, monitoring and evaluating the committee workplans. Aside from education and networking initiatives, many regions face difficulty in setting clear objectives, targets and goals. Many members would appreciate support from the Provincial HSJCC in setting annual targets, as well as additional funding to formally evaluate the work that is completed each year.

Committee membership

Issues relating to committee membership were brought forward by seven Regional HSJCCs. Members interviewed have observed that there is low attendance at regional meetings. Many regions face difficulties in recruiting justice representatives to their Committees (including crown attorneys and community based justice and correctional staff). Ministry directives should be established to assist the recruitment of ministry representatives in the regions. Some HSJCCs in rural and northern Ontario communities face challenges attending regional meetings and provincial meetings in Toronto. A video conferencing strategy is needed to support rural and northern members who are unable to travel long distances to attend meetings. Many members would appreciate support from the Provincial HSJCC regarding creating succession plans to ensure that all agencies and ministries continue to be represented at meetings even after previous committee members have left their positions in their respective agencies/ministries.

Relationship with LHINs

Issues relating to the HSJCCs' relationship with the Local Health Integration Networks (LHINs) were brought forward by four Regional HSJCCs. Members interviewed felt that they need support from the Provincial HSJCC to develop a link and establish relationships with the LHINs. Many regions do not have LHIN representatives on their Committees. LHIN agreements with the HSJCCs should be established to ensure accountability and to ensure that human services and justice coordination is a priority for the LHINs.

Appendix A

Provincial Human Services and Justice Coordinating Committee Needs Assessment Questionnaire

Purpose:

CMHA Ontario will be providing policy support to the HSJCC Provincial Committee to strengthen its provincial capacity. CMHA Ontario will prepare an inventory of potential policy projects for the Provincial HSJCC. This information will be presented to the Committee at the general meeting in October at which point the Provincial HSJCC will prioritize the list of projects. CMHA Ontario will undertake the policy project that is most feasible.

Background information regarding Regional HSJCCs:

1. What is the mandate of your Regional HSJCC?
 - a. What stakeholders are involved with your Regional Committee?
 - b. Has your Regional Committee developed a process for setting goals?

Key issues for Provincial and Regional HSJCCs (that can be addressed through a policy project):

2. What are the two biggest issues facing your Regional Committee?
 - a. What policies or practices are working well to address these issues?
 - b. What problems remain regarding these issues?
 - c. In what ways can current policies or practices be improved to better address these issues? What further research and policy support is needed to address these issues?
3. The 2009 HSJCC Review (the Johnston Report) indicated four important issues facing the Provincial HSJCC in order of priority: Funding and resource development; Policy and ministerial direction; Developing cross-sectoral linkages, collaboration and partnership; and Committee operation.
 - a. What research and policy support is needed to address each of these areas?
4. The 2009 HSJCC Review indicated four emerging issues and populations that the HSJCCs intend to focus on: dual diagnosis, youth, concurrent disorders and forensic.
 - a. What research and policy support is needed to address each of these emerging issues?
 - b. How would you rank these emerging issues in order of importance?

If you have any further comments or questions, please do not hesitate to contact:

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