

1. Integration

Roles/Responsibilities

Probation Officers

- Officers of the Court
- First choice to go to court (default)
- Breaches, CSO calculations, etc
- Information access to Justin, Cornet

Native 'Case' Worker (not Court 'Case' Worker)

- Break down legal terms for 1st Nations community
- "Community liaison"/community engagement
- Liaise with First Nations resources
- Access to programs for Native clients
- Provide updates to Crown for Native clients
- Alternative measures interview for First Nations clients
- Case worker with Case management Team

Vancouver Police Department

- 15% of morning specific task-Triage
- 15% deal with Crown requests
- 70% Case Management Team work
- Case Manager for 11 clients
- Liaison for VPD—i.e. recovering property from police station
- Access Prime—VPD database for all police contacts across Canada/B.C.
- All chronic offenders with VPD or persons of interest
- Identify other person of interest that may benefit working with VPD, i.e. s.22
- Can provide info re: outstanding warrants, next court dates, where incarcerated

MHSD

- Direct responsibility of ALL DCC income assistance—intent to rent, PPMB, PWD, Identification, nutritional supplements, employment plans, etc.
- Cheque administration, cheque distribution at DCC
- No one but MHSD give cheques to clients
- Triage involvement in a.m.
- Confirmation of Income Assistance for legal aid services (Sylvia)
- Referral service for "Success," "Job Waves," Open Door Group
- Must meet client on CMT before bringing in their MHSD file to DCC
- "Signal"—puts holds on the cheques
- Issues crisis grants, clothing grants

VCH – Justice Liaison Workers

- Information for Crown i.e. backfill for Roger in Triage when away (until 8:30 a.m.)
- As Triage backup, does not screen for Burnaby Centre or Drug Court
- Info access for hospitals in Vancouver including VGH and Providence hospitals including St. Paul's, St. Joseph's etc.

Nurses / OT

- Info access from PARIS
- Referrals online to Axis 1 for Detox
- Liaise with VCH resources ie. POS, COT, CHT
- Comprehensive Assessment on every client—can print

Manager and Senior Probation Officer

- **Manager - Deb**
 - Direct supervisor for Community Corrections staff
 - Responsible for program; who gets accepted to CMT, declined, case management activities
 - Functional supervision of everyone except Tony and Kevin
 - Responsibility for administration such as staff coverage (holiday scheduling), staff safety protocols, communication with Community Court managers and agencies.
 - Responds to interpersonal staff issues; labour relations in conjunction with other agency off-site managers
 - Quality Management
- **Senior Probation Officer - Fiona**
 - Onsite —receives CMT referrals, assigns new referrals to CMT
 - Duty roster, backfill for Manager and PO's on leave
 - Backfills for Tammy on Triage team
 - Not responsible for responding to staff conflict or labour relation.
 - Assist with info from C2, Justin
 - Receive Crown requests for updates and distributes to staff
 - Case conferencing with CMT
 - Mentoring
 - Mentoring, case conference with Mental Health Assessment (MDO Diversion) team
 - CSO calculations
 - Ongoing development of Senior Probation Officer role

Office Coverage

- Assigned Duty worker responds to client requests when staff are out of the office (outreach)
- Duty worker has to be onsite or make arrangements for coverage
- Fiona completes the Duty schedule
- Lunch coverage for Glauca (Intake) responsibility of Court Team

Messaging changes to Community/Court

- Every team member needs to meet clients now and be interchangeable
- Use of meeting rooms instead of interview rooms encouraged – more space, more comfortable for clients.
- Communication regarding team organization and client assignment to be provided to Coordinator, Crown, Defence and reception.

Case Management Planning and Resources

New Referrals

- Meet client

- Meet with all team members
- Review client needs (immediate)
- Brainstorm ideas to meet needs
- Housing: BC Housing, AT Home, Housing First, Team housing search
- Physical/mental health needs
- Financial (PWD, PPMB)

Existing Caseloads

- Review with team re: case plans to meet client needs
- What else do we do?
- Review housing referral status for clients who are homeless
- DCC Programs— meeting CMT client needs?
- BC Housing—status of referrals
- BCMH – can clients at BCMH be transferred off of CMT?
- Recovery House—transfers?
 - MHSD—*all* MHSD cheques for DCC clients disbursed at DCC.
 - Discuss how to reduce stress on cheque day for staff and clients
 - Referrals to forensic, mental health teams, addiction services, BCMH, and other programs

NOTES/ADDITIONS:

2. Outreach

What (A) leaving office to connect with clients/other resources/community at large
(B) engage/develop rapport/build trust with client (goal)
Advocate and troubleshoot to get from point A to B

Why Better understanding of clients in the community
Give staff a realistic perspective of clients' life circumstances

- How clients interact with others in the community, how the community interacts with clients
- Assessment tools (barriers/conditions)
- To facilitate change/ improve quality of life
- Behavioural management
- Social interaction/pro-social modelling
- Supportive housing, team being present

Who

- Prioritize
 - Newer client, unconnected clients with higher needs
 - Safety (self and community), shelter, food
- Needs vs. Wants (differences)
- Crisis management

How

- Pairs vs. Solo (case by case)
- Safety
- Efficiency
- Team goals

Examples of Outreach

- Housing search
- Positive reinforcement, behaviour management
- Social rapport building/coffee, lunch
- Appointments: medical, psychiatric, hospital, resources
- Connection to resources; Coast, CCD, support groups
- Home visits—SRO, houses, shelters
- Looking for clients in community
- Connection with other professionals
- Pro-social modelling—life skills management, financial management

Case Management Team Discussions

- Be aware of clients financial issues (ie: when administered, etc)
- Fostering dependency/triangulation/enabling tool for encouragement
- Assist clients in circumstances
- Positive reinforcement (ie: rewards)
- Food vouchers, treats, cigs, coffee, lunch, clothes, hygiene, etc
- Crafts, outreach, activities

Case by Case

- Outreach Visit
- Jails/hospital/recovery program
- Pairs—1st time mtg
- Discharge plans
- Case conference
- Support/special circumstances
- Purpose driven→question how often
- Time management balance vs. Documentation
- Phone call vs. Visit (maintenance, efficiency)
- Receive phone calls
- Car Access – 1 government car, use own car (VCH staff)

NOTES/ADDITIONS

3. Data Entry/Information Management/Office Procedures

Intake for new referrals:

- CMT staff meet client and provide paperwork to Pat (in-tray on Pat's desk)
- Pat to make Community Court Blue File which includes:
 - Consent
 - Needs status report
 - Copy of order
 - C2 face sheet
 - Case plan (once developed)
 - Miscellaneous paper (referrals etc.)
 - New file checklist
- Pat will open client profile in shared drive and return blue file to the CMT assigned.
- What to do when closed/transferred? Close summary? What's the purpose of these files? No rules/direction for storage? Need to purge that file?

Admin Support Duties - Pat

- Bus tickets
- Petty cash for miscellaneous parking
- Office supplies
- Any IT issues – Pat will determine what requires Diane's assistance
- Any building issues - Pat will liaise with Diane
- Clear fax in-box at end of day (sort into mailboxes)

Log Book

- Same format (types of books) for everyone may be more useful
- Up to the pair shared.
- If DO and rebooking client, place appointment time in shared log book *
**Need to establish place for log books to stay for DO to have access*

Justin

- Probation Officers and Tony have access to look up next court dates.

DCC Shared System

- Each team will enter a brief summary of client interactions during day – recommend entries be made together as a team.
- Not required to enter every interaction.
- Case plan developed with team and entered on shared drive.

Email

- Use as an alert for your team members.
- Communication tool if unable to speak to your team (flex days).
- Brain storm re: managing → emails from certain sender can go in folder other than your in-box.

Goal

- Reduce CMT's at the computer
- Reduce duplication
- Reduce clerical functions of CMT staff

- Develop consistent admin practices

Unresolved

- File storage? Active and closed. DCC and Corrections files.

Pat's inbox
Paper flow

NOTES/ADDITIONS:

4. Environment

Quiet Room (AKA "Wellness Room", CMT Boardroom)

Recommendations/Discussion:

- Computer desk
- Blinds and curtains
- Couch (comfortable), plants, donate persona items
- Common understanding that staff need a space that they can control for work/personal use
- Booking schedule for quiet room

Cubicle Etiquette

Recommendations/Discussion:

- Awareness of common space and need to respect personal needs/individual tolerance levels
- Earphones
- Better communication about tasks and better use of communication tools
 - Individual message boards (magnetic)
 - Cubicle indicators when busy (red/green signal)
 - Shared log book
- Paper morning/quiet time—to be reviewed
- Be cognizant of noise level
- Cell phone jar (to collect fines for leaving cell phones to ring?)
- Be proactive in personal efforts towards improvement
- Acknowledge that increased outreach may lessen this problem to some degree
- Consistent and active utilization of communication tools such as message boards and "stop sign"
- Reassess at later date

Professionalism

Recommendations/Discussion:

- Workshop in future?—guidelines
- Ensuring consistent, sensitive approach with healthy boundaries
- Making sure not to present varying responses that swings from friend to foe (client interactions)
- Awareness of how hypersensitive our clients are
 - Risk of misinterpreting
 - Be careful not to swear, make sarcastic comments
 - Not to attach personal sentiments with clients' negative outcomes (guilt, disappointment)
- Self-care practices
 - Self-awareness of mood and managing in front of colleagues/clients
- Possible consultation with CMT when reviewing new intakes to consider client special needs/previous history of having worked with that client
- Foster healthy communication to reduce gossip, miscommunication, negative environment
- Possibility to approach supervisor or team about switching client to another team—may be offset by teams
- Extend professionalism to peers at DCC, clients, community. Representatives in community for DCC

DCC Session Notes with Pat Fisher

- Being able to ask for clarification and receive respectful answer

NOTES/ADDITIONS: