

THE JOHN HOWARD SOCIETY OF **CANADA**

JHSC ATD CCMS Case Management Protocol

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John Howard
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La SOCIÉTÉ JOHN HOWARD DU CANADA

This Document has been adapted from the Edmonton John Howard Society Independence Apartments Policies and Procedures, the John Howard Society of Kingston & District's Bail Verification and Supervision Program Local Practice Directives – WASH Court, and the John Howard Society of Manitoba's Bail Assessment, Support and Supervision Program Operating Manual. Many thanks to those who have graciously shared information and contributed their feedback in its creation.

NOTE: This Case Management Protocol was designed for the Medium Risk ATD CCMS program but will also apply to High Risk program case management, making adaptations/exclusions where necessary.

Also note that this CMP must be read in tandem with the requirements outlined in the respective Memorandums of Understanding (herein referred to as the "Agreement").

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LIST OF PROGRAM FORMS

BSF801 - CCMS Referral Form

BSF802 - CCMS Supervision Agreement

BSF805 - Case Summary Form

BSF806 - ATD Change Conditions Form

BSF807 - Report of Non-Compliance Form

JHS CCMS Consent for Release of Information Form

JHS Client Undertaking Agreement

SECTION I: INTRODUCTION TO THE JOHN HOWARD SOCIETY

1.1. MISSION STATEMENT

Effective, just, and humane responses to crime and its causes.

1.2. CORE VALUES & PRINCIPLES

The John Howard Society:

- Encourages the development of attitudes of personal accountability on the part of those people who have been in conflict with the law.
- Believes that all people have the potential to become responsible citizens.
- Shall make the public aware of the needs and issues involved in criminal justice.
- Encourages all citizens to become involved in the delivery and management of justice related services.
- Endorses a restorative model of justice and is committed to implementing that model in its own work.
- Promotes activities which contribute towards a safe and healthy community.

SECTION II: JOHN HOWARD SOCIETY ATD CCMS PROGRAM

2.1. INTRODUCTION

Consistent with the mission statement of the John Howard Society, the primary objective of the Alternatives to Detention (ATD) Community Case Management and Supervision (CCMS) program is to supervise individuals in the community for individuals who remain cooperative with the CBSA but who may lack a bondsperson, or who require social service support in addition to a bondsperson to mitigate risk upon release into the community.

The goals of the ATD CCMS program are to:

1. Provide supervisory and referrals services, guidance and empowerment for self-management within the community, as well as moral support for individuals who are released from detention by the CBSA where the conditions of release direct such individuals to participate in the program. This goal shall be achieved by:
 - Providing appropriate referrals to community resources and/or treatment centers as required.
 - Providing insight and self-awareness.
 - Demonstrating appropriate role modelling.
 - Providing a communal and supportive environment.
 - Mitigating risk of absconding and/or jeopardizing the integrity of the immigration continuum.
 - Mitigating risk to public safety.
2. Provide verified, neutral and factual information about potential and enrolled program participants to assist the CBSA and/or the Immigration and Refugee Board (IRB) in determining initial and ongoing suitability for program enrolment.
3. Provide verified, neutral and factual information about enrolled program participants to assist the CBSA and/or the IRB in determining the ultimate outcome of the participant's journey through the immigration continuum.

2.2. CCMS PROGRAM ELIGIBILITY ASSESSMENT PHASE

The decision to release someone to a JHS Affiliate into the CCMS program remains the sole authority of the CBSA and/or the IRB as per the *Immigration and Refugee Protection Act* (herein referred to as the "Act").

Only those individuals referred by the IRB and/or the CBSA can be considered by the JHS for programming.

Before a referral to the JHS occurs, individual eligibility for programming is first assessed by the CBSA and/or IRB based on the criteria outlined the sections below.

If the CBSA/IRB concludes, after assessment, that an individual is suitable for the CCMS program, the individual will be referred to the JHS for an evaluation assessment.

NOTE: All referred individuals must undergo an evaluation assessment and be considered as possible clients for the CCMS program before they are refused for programming.

2.2.1. CBSA/IRB Assessment Criteria

2.2.1.1. Flight Risk

The factors taken into consideration when assessing whether a person is unlikely to appear for examination, an admissibility hearing, removal from Canada, or at a proceeding that could lead to the making of a removal order by the Minister under subsection 44(2) of the *Immigration and Refugee Protection Act* (herein referred to as the “Act”) are:

- a) being a fugitive from justice in a foreign jurisdiction in relation to an offence that, if committed in Canada, would constitute an offence under an Act of Parliament;
- b) voluntary compliance with any previous departure order;
- c) voluntary compliance with any previously required appearance at an immigration or criminal proceeding;
- d) previous compliance with any conditions imposed in respect of entry, release or a stay of removal;
- e) any previous avoidance of examination or escape from custody, or any previous attempt to do so;
- f) involvement with a people smuggling or trafficking in persons operation that would likely lead the person to not appear for a measure referred to in paragraph 244(a) or to be vulnerable to being influenced or coerced by an organization involved in such an operation to not appear for such a measure; and
- g) the existence of strong ties to a community in Canada.

2.2.1.2. Danger to the Public

The factors taken into consideration when assessing whether a person is a danger to the public are:

- a) the fact that the person constitutes, in the opinion of the Minister, a danger to the public in Canada or a danger to the security of Canada under paragraph 101(2)(b), subparagraph 113(d)(i) or (ii) or paragraph 115(2)(a) or (b) of the Act;
- b) association with a criminal organization within the meaning of subsection 121(2) of the Act;
- c) engagement in people smuggling or trafficking in persons;
- d) conviction in Canada under an Act of Parliament for:
 - i. a sexual offence, or
 - ii. an offence involving violence or weapons;
- e) conviction for an offence in Canada under any of the following provisions of the [Controlled Drugs and Substances Act](#), namely,
 - i. section 5 (trafficking),
 - ii. section 6 (importing and exporting), and
 - iii. section 7 (production);
- f) conviction outside Canada, or the existence of pending charges outside Canada, for an offence that, if committed in Canada, would constitute an offence under an Act of Parliament for
 - i. a sexual offence, or
 - ii. an offence involving violence or weapons; and
- g) conviction outside Canada, or the existence of pending charges outside Canada, for an offence that, if committed in Canada, would constitute an offence under any of the following provisions of the [Controlled Drugs and Substances Act](#), namely,
 - i. section 5 (trafficking),
 - ii. section 6 (importing and exporting), and
 - iii. section 7 (production).

2.2.1.3. Identity Not Established

The factors taken into consideration when assessing whether a person is a foreign national whose identity has not been established are:

- a) the foreign national's cooperation in providing evidence of their identity or assisting the Department or the Canada Border Services Agency in obtaining evidence of their identity, in providing the date and place of their birth as well as the names of their mother and father, in providing detailed information on the itinerary they followed in travelling to Canada or in completing an application for a travel document;
- b) in the case of a foreign national who makes a claim for refugee protection, the possibility of obtaining identity documents or information without divulging personal information to government officials of their country of nationality or, if there is no country of nationality, their country of former habitual residence;
- c) the foreign national's destruction of their identity or travel documents, or the use of fraudulent documents by the foreign national in order to mislead the Department or the Canada Border Services Agency, and the circumstances under which the foreign national acted;
- d) the provision of contradictory information by the foreign national with respect to their identity during the processing of an application by the Department or the Canada Border Services Agency; and
- e) the existence of documents that contradict information provided by the foreign national with respect to their identity.

2.2.2. CBSA/IRB Referral

If the CBSA/IRB has deemed an individual suitable for CCMS programming, it will refer them to the JHS for CCMS programming. Referrals should always be accompanied by form **BSF801 – CCMS Referral Form** but may also include other information related to the individual's case.

2.2.3. JHS Eligibility Assessment

When a referral is received, an Eligibility Assessment (EA) must be undertaken in order to determine the individual's suitability for CCMS programming.

The objectives of the EA are to:

- assess the viability of the individual's willingness to comply with imposed conditions and to participate in the CCMS program to a level that would sufficiently mitigate their level of risk and increase the likelihood of their successful integration into the community; and
- determine whether or not the JHS is able to meet their needs and manage their risk within the community.

The decision to accept or refuse an individual for programming will be based on the EA.

2.2.3.1. Eligibility Assessment Process

1. A new client case for the individual will be created in CAMS within 24 hours of the referral; assign the case to the Waitlist.
2. The date and time of the EA Interview will then be determined and communicated to the CBSA CLO as soon as possible following the referral, with priority being given to individuals falling within the 48 hour detention review window after an initial apprehension. For these individuals only, the determined date and time of the EA Interview must, to the extent possible, be communicated to the CBSA CLO *before the 48 hour delay window expires*. Work with the CBSA CLO to find out the exact date and time of the delay window expiration and to find alternative solutions if scheduling the EA interview within the 48 hour delay window is impossible.

For all other referred individuals, the date and time of scheduled EA interviews should be communicated to the CBSA CLO within 5 business days of the referral.

3. EA interviews should occur within 10 days of referral and no later than 15 days after an initial referral.
4. Before the EA Interview occurs, form **BSF801** as well as all other documentation provided for the individual by the referring authority must be reviewed.

NOTE: Travel to CBSA offices may be required to consult prospective individual files and meet with CBSA officials to discuss possible individuals for enrolment, but communication via electronic means and telephone should be prioritized wherever possible.

5. If an ATD plan was received from the CBSA that documents the proposed CCMS release plan for the individual, the eligibility assessment must be based against the proposed plan with changes recommended as necessary.
6. If an IRB release order accompanies a referral, the terms of the release order must be abided by when conducting the eligibility assessment and enrolment activities, if the individual is accepted for programming.

2.2.3.2. Eligibility Assessment Interview

1. The goal of the Eligibility Assessment Interview is to verify the completeness and accuracy of information provided by the individual to the CBSA, and by the CBSA to the JHS, and to gather more information about the individual in order to determine suitability for CCMS programming.
2. Prior to commencing the interview, have the individual read and sign the **Consent for Release of Information** form and ensure that they are informed of the purpose for which they are being interviewed and questioned and that the information gathered will not necessarily be kept confidential and may be shared with other government partners, CCMS subcontractors, the CBSA and/or other JHS Affiliates.

3. Begin the interview and be sure to discuss and confirm the following information; a corresponding Needs Assessment must also be completed in CAMS – additional information can be recorded using CAMS Case Notes.
 - a) Tombstone data must be accurate and up-to-date
 - b) Date and source of referral
 - c) Client Identification Number (UCI No.)
 - d) Current and previous address(es), including length of residence
 - e) Nationality/Country of origin
 - f) Current and previous employment history
 - g) Family and community ties
 - h) Financial resources or income
 - i) Educational history and goals
 - j) Criminal history and outstanding charges – **NOTE:** If a review of the individual’s criminal history and outstanding charges suggests that release into the community would constitute a clear danger to residents, staff and the community, the individual may be rejected on those grounds.
 - k) Physical health (history and current status)
 - l) Mental health (history and current status)
 - m) Mental illness and psychiatric criteria
 - n) Substance use, including addiction history and commitments to treatment
 - o) Willingness and ability to comply with conditions of community supervision (history and current context) – **NOTE:** Individuals must be amenable to supervision and must fully understand and be willing to comply with all program requirements.
 - p) Willingness and ability to complete travel document application(s).
 - q) Potential bondspersons – **NOTE:** Should the individual present information about a potentially suitable bondsperson who might support release of that individual, the JHS must highlight this information in the ATD Plan in the “Additional Comments” section of **Part 3** or form **BSF801 – CCMS Referral Form**.
 - r) Any relevant information about the client’s state of mind, level of literacy, unusual behaviour, attitude, any immediate threats, etc.
 - s) Any other relevant information for the purposes of case planning
4. After the EA interview, complete **Part 3** of form **BSF801** and either confirm the proposed plan, suggest amendments or mark the referred individual as declined for programming; form **BSF801** must be returned to the CBSA CLO via approved secure communications immediately after the eligibility assessment is completed, and/or within six (6) hours of completing the assessment.
5. Print the Needs Assessment and any relevant Case Notes, photocopy all other relevant documents, including **BSF801 – CCMS Referral Form** and the **Consent for Release of Information** form, and file in the individual’s file for records.

2.3. CCMS ENROLMENT PHASE

If an individual is approved for CCMS programming, the CBSA will confirm via secure communications that the individual has been approved for enrolment and will direct the individual to meet with the JHS in-person at 10:00 AM local time the next business day for an enrolment interview, or at another time if approved by the JHS and the CBSA. To the extent possible, the enrolment interview will be scheduled to take place within 24 hours of release.

2.3.1. CCMS Enrolment Interview

The CCMS enrolment interview will take place at 10:00 AM local time the next business day, unless otherwise approved by the CBSA.

Before the enrolment interview, the following should be reviewed :

- results of the individual's Eligibility Assessment as well as the Needs Assessment in CAMS;
- Form **BSF801**; and
- any and all other information relevant to the individual's case.

During the interview, complete form **BSF802 – CCMS Supervision Agreement** and :

1. Reassess and confirm the results of the individual's Eligibility Assessment and Needs Assessment.
2. Confirm the required Level of intervention (as defined in the Statement of Work).

NOTE: If the individual is qualified as High Needs, check "High" in the Level of Intervention section of Part 1 on form **BSF802** and specify that they are High Needs in the Comments section, including a justification for why they have been qualified as such.

3. Identify the specific type and frequency of CCMS services required for the individual and develop a Service Plan in CAMS designed to address these needs.
4. Confirm the individual's acceptance to attend all required appointments, and/or immigration interviews/proceedings with and/or required by the CBSA, IRB, and Provincial and/or Federal court.
5. Explain to the individual all previous and new release conditions, where relevant, including any and all conditions imposed as part of their participation in CCMS programming, as well as mandatory attendance to all required appointments, and/or immigration interviews/proceedings with and/or required by the CBSA, IRB, and Provincial and/or Federal court.
6. Confirm the individual's acceptance to comply with all conditions and requirements imposed as part of their participation in CCMS programming.
7. Respond to any questions the individual may have about program participation and the services they will receive.
8. Explain to the individual the consequences of a breach of conditions of the program or a failure to comply with their conditions of release.

Upon completion of the interview:

1. Have the individual sign and date the form **BSF802 – CCMS Supervision Agreement** as well as the **JHS Client Undertaking Agreement** and provide them with a copy of both.
2. Notify the individual of the date and location of the first in-person check-in appointment with their JHS caseworker, and the first appointment for community support services, as applicable.
3. Provide the CBSA CLO, within 24 hours and via approved secured communications, with a copy of the signed CCMS Supervision Agreement and a copy of any new information obtained during the CCMS Enrolment phase.

4. Print a copy of the Service Plan, Needs Assessment (if updated), form **BSF802** and all other relevant documents and file in the individual's file.
5. Upon receiving notification that the individual has been approved for release to the JHS and enrollment into CCMS programming, **change the individual's case status in CAMS to "Open"** and assign them a Caseworker (if not done already) based on their specific needs.

NOTE: If further assistance regarding an individual's specific immigration case is required, a referral to legal aid or the CBSA should be provided, where the services are available.

NOTE: If the client does not agree to the rules, regulations and conditions imposed as part of their enrolment into CCMS programming, or becomes noncooperative during a CCMS Enrolment Interview, refer to the procedure for **Noncooperation during a CCMS Enrolment Interview** below.

2.3.2. Noncooperation during a CCMS Enrolment Interview

During the course of the enrolment interview, if a client is deemed inappropriate for CCMS programming because they have become noncooperative or because they are refusing to agree to abide by the rules, regulations, and imposed conditions of the program, record the change of circumstances using Case Notes in the client's case in CAMS and contact the CBSA CLO via telephone immediately, in advance of a final decision to cease enrolment being made.

Enrolment of an individual during an enrolment interview must not be ceased without prior discussion with the CBSA; contact your program manager/supervisor or the JHSC for guidance regarding such issues if there is uncertainty about how to proceed.

The CBSA will determine the best course of action in such cases, which may include arrest and/or detention.

2.4. ACTIVE CASE MANAGEMENT AND COMMUNITY SUPERVISION PHASE

Community Supervision is undertaken once the individual is enrolled in the CCMS program and is residing in the community. It necessarily involves compliance monitoring requiring regular ongoing interactions and management of the individual in community to ensure that:

- the individual's flight risk and/or risk to public safety continues to be effectively managed;
- the individual continues to willingly comply with the terms of their CCMS Supervision Agreement;
- the individual is participating in all required programming;
- the CCMS services and support being offered to the individual are still relevant.

Ongoing communication regarding the progress of the client is required and must be documented, along with any other Information obtained in relation to the administration of a client's CCMS supervision agreement, by updating the client's case in CAMS and by using form **BSF805 – Case Summary Form** to regularly update the CBSA as required.

Community Supervision and Compliance Monitoring include in-person check-ins, telephone check-ins, Service Plan reviews and Standard Compliance Reviews.

2.4.1. Routine Compliance Monitoring

Caseworkers will meet with the client at the determined frequency, which is based on the client's level of intervention (see *Frequency of Check-ins* below). The goal of Routine compliance monitoring is to assess client behavior, Service Plan progress, overall attitude and compliance to the rules and regulations of the CCMS program. Caseworkers must discuss the client's progress, attitude, and motivation to achieve set goals, etc., and determine changes to the service plan and prescribed level of intervention as appropriate and required. Routine check-ins must primarily be in-person but can also be by telephone under certain circumstances.

2.4.1.1. In-Person Check-ins

In-person check-ins are the standard form of compliance monitoring. They are to be used where appropriate, at the frequency determined in the ATD plan and in accordance with the guidelines for Frequency and Duration of check-ins set out in this Protocol.

2.4.1.2. Telephone Check-ins

Telephone check-ins may be used in addition to or in lieu of in-person check-ins where appropriate and without contradicting the guidelines for Frequency and Duration of check-ins set out in this Protocol.

2.4.1.3. Frequency of Check-ins

Unless otherwise required by the CBSA or IRB, and unless otherwise justified by the client's needs and/or level of flight risk, risk to public safety, or change in circumstances affecting level of risk, check-in frequencies should be consistent with the following:

Low Intervention Clients

In-person check-ins:	Once per week for the first 8 weeks of program enrolment, tapering off to once every 10 -14 days thereafter.
Telephone check-ins:	For the first 8 weeks of program enrolment: in addition to in-person check-ins, as appropriate and as required. After 8 weeks of program enrolment: in lieu of in-person check-ins, as appropriate and as required (eg. check-ins may alternate between in-person and telephone check-ins)

Medium Intervention Clients

In-person check-ins:	Once or twice per week depending on what is required by the client's level of risk, tapering off to once every 10 days as soon as possible and appropriate.
Telephone check-ins:	In addition to in-person check-ins, as appropriate and as required.

High Intervention Clients

In-person check-ins:	Twice per week tapering off to once every 10 days if possible and appropriate.
Telephone check-ins:	In addition to in-person check-ins, as appropriate and as required.

High Needs Clients

In-person check-ins:	Twice per week for the duration of program enrolment or until de-escalation to a lower intervention level.
Telephone check-ins:	In addition to in-person check-ins, as appropriate and as required.

2.4.1.4. Duration of Check-ins

In-person check-ins may be up to one hour in the first weeks of program enrolment as adjustments may need to be made, but should decrease to an average of 30 minutes after the first 3 weeks of program enrolment. Monthly Service Plan reviews and Standard Compliance Reviews will however remain at an average of 1 hour in duration to ensure a thorough and comprehensive review.

2.4.1.5. Verifying Compliance with Prescribed Services

Caseworkers are responsible for verifying that clients are following all of the conditions outlined in their ATD plans. This can be accomplished using attendance verification forms (signed and dated by the health care/community service provider that the client did indeed attend the program/appointment), contact with family members or friends, collecting copies of paystubs for employment, etc. All such verifications, along with any important information discussed, must be recorded in CAMS with a hard copy stored in the individual's file for records, as applicable. This information is to be kept confidential and destroyed with the client's file in accordance with the procedure outlined in section 2.7.6.4.

2.4.1.6. Documenting Client Progress in CAMS

Information collected from meetings and check-ins must be documented by adding Case Notes and updating the Monthly Service Plan Report in CAMS, as applicable.

Notes are to be added in the Current Progress section and should reflect the following format:

Meeting date (YYYY-MM-DD): Progress notes.

Use Case Notes to track general notes that are unrelated to a specific goal. For example:

2018-07-03: Routine Compliance MON. Reporting – client whereabouts and attendance to community program X verified; no discussion on progress related to SP goals.

2018-07-10: Routine Compliance MON. Reporting – client whereabouts and attendance to community program X verified; no discussion on progress related to SP goals.

Update the Monthly Service Plan Report to track progress related to a client's specific goals. For example:

<<in *Employment and Education*>>

2018-07-17: **Goal Mid-Month Review:** Client attended a resume building workshop as well as an interviewing skills building workshop and has also sent out a number of applications, but has not yet obtained an interview. Goal still In Progress.

2018-07-31: **Goal End-of-Month Review:** Client has successfully secured part-time employment. Goal achieved.

As goals are Achieved, update the goal's status in the Monthly Service Plan Report so that the goal in question does not carry over to the next month. Goals that are still "In Progress" automatically carry over to the next month.

The Status Date for the goal in question must also be updated every time new progress notes are added; the date should reflect the date of the actual meeting with the client.

NOTE: Progress notes in CAMS operate on a monthly cycle, so you will only be able to update the status date within one same month. Before adding progress notes for a subsequent month, you must generate a new Monthly Report in CAMS for the new month – you will then be able to add progress notes for all ongoing goals in the new month. You may also add a New Goal to a client's Service Plan during any month by going to current Monthly Report of the Service Plan and clicking the "Add New Goal, Strategy and Progress" tab above the Goal, Strategy and Progress section. The Status Date of the new goal should reflect the date the goal was actually created.

2.4.1.5. Client Progress Reporting

A review of the client Service Plan must be completed at the end of each month.

Reviews are completed by reviewing progress on all ongoing goals with the client and adding progress notes and updating goal statuses, as applicable.

When notes for all ongoing goals have been added and all statuses have been updated as applicable, generate the monthly report for the upcoming month and add any new goals that may have been identified as areas needing to be worked on.

Print a copy of this report for the closing month and file in the client's file.

A summary of this information for each client enrolled must also be provided to the CBSA CLO at the end each month using form **BSF805 – Case Summary Form** as well as via the format prescribed by the JHSC. Such information may also be provided upon request of the CBSA CLO, as required.

If routine compliance monitoring reveals information about a client that could be used to justify a change in their prescribed level of intervention, the types of support/services they are receiving, or a withdrawal or graduation from CCMS programming, this information must be communicated to the CBSA CLO using form **BSF806 – ATD Change Conditions Form**. In the event that such information must be communicated, it should accompany form **BSF805 – Case Summary Form** following a monthly assessment, but it may also be communicated following a breach or non-compliance review. The Caseworker must consult his/her program Supervisor and obtain his/her approval before communicating such recommendations to the CBSA.

Any breaches, nonconformities, changes in behaviour or progress (positive or negative), or any other information regarding the client must be recorded by updating the service plan in CAMS and using CAMS Case Notes, as applicable.

2.4.2. Standard Compliance Reviews (120 days)

Standard Compliance Reviews (SCR) must be undertaken for each client enrolled into CCMS programming as required by the CBSA but at a minimum within 120 calendar days of enrolment into the CCMS program, and every 120 days thereafter.

NOTE: The interval frequency of Standard Compliance Reviews for clients falling under the High Risk (mandatory residency) contract is at a minimum within thirty (30) calendar days of enrolment for the first review and every thirty (30) days thereafter.

The objective of a Standard Compliance Review is to review an individuals' progress against their CCMS Supervision Agreement in order to determine continuing suitability of enrollment into CCMS programming as well as the appropriateness of the prescribed level of intervention and associated programs and services.

2.4.2.1. Standard Compliance Reporting for the CBSA

Standard Compliance Review assessments must be documented using form **BSF805 – Case Summary Form**; completed forms must be filed in the client's file and also sent via approved secure communications to the CBSA CLO within five (5) business days of completion.

Follow the procedures outlined in the SOW section 2.3.5. for details on how to complete a Standard Compliance Review and on how to determine the appropriate outcome of a Standard Compliance Review.

Outcomes may be determined based on the results of the Service Plan Progress Report but not necessarily; the caseworker must exercise his/her judgement in making these decisions and seek the advice and/or authorization from a supervisor if a change in the level of intervention for the client is being considered.

2.4.2.1.1. Procedure for a De-escalation Outcome

Complete and send form **BSF806 – ATD Change Conditions Form** to your CBSA CLO via secure communications.

Follow the procedures outlined in the “Standard Compliance Review Sub-Phase” section of the SOW.

When you receive form **BSF806** back from the CBSA, follow the procedure outlined in section 2.3.5. *De-Escalation* of the SOW. **NOTE:** you will have to meet with the client and complete a new **BSF802 – CCMS Supervision Agreement** form reflecting the updated ATD plan. As per section 2.3.5. of the SOW, this meeting must occur within ten (10) calendar days of receiving the approved **Change Conditions** form from the CBSA. Revised forms must be sent to the CBSA CLO via encrypted email, or other secure file management system, as soon as possible following the meeting.

Print a copy of all new or updated forms and place in the client’s file.

2.4.2.1.2. Procedure for a Case Closure Outcome

Complete and send Form **BSF806 – ATD Change Conditions Form** to your CBSA CLO via secure communications and follow the procedures outlined in the “Standard Compliance Review Sub-Phase” section of the SOW.

Print a copy of all new or updated forms and place in the client’s file.

2.4.2.2. Standard Compliance Review Reporting in CAMS

Complete a Standard Compliance Review as you would complete a monthly review in CAMS but by undertaking a more detailed and thorough assessment of the client’s progress.

All goals should also be updated to either “Maintained”, “Achieved” or “Not completed”. Goals that are “maintained” should be only those that are to remain constant over the course of enrolment (eg. abstaining from consuming alcohol); these goals will be carried over to the next month. All other goals should either be updated to achieved or not completed. Goals that are not completed will need to be reassessed and either modified or reinstated, as applicable.

Any approved change in the client’s level of intervention must be recorded in the client’s case in CAMS (Intake Form → Case Statistical Info → Change in Level of Intervention (in Service)).

If the client’s level of intervention changes, be sure to update the Service Plan by adding all new applicable goals in the Monthly Report section of the month during which the change came into effect. Comments in the “Progress” section should include language explaining that the goal in question is being added in relation to the client’s change in level of intervention. A summary explanation for the change can be added to the client’s Case Notes on the date on which the change came into effect.

If you are completing a Case Closure, be sure to :

- add summary and concluding notes for all applicable goals in the client’s Service Plan;
- update all applicable information in the Case Statistical Info section, including the **Discharge Type/Level**.
- print the final monthly report;
- update the client’s state to “Discharge”.

Print a copy of the final Service Plan report and place in the client’s file.

2.4.3. Procedure for Non-Compliances/Breaches

Follow the procedure outlined in the SOW section entitled “Non-Compliance Review Sub-Phase”.

The CCMS Report of Non-Compliance Form refers to Form **BSF807 – Report of Non-Compliance**.

In addition to **Form BSF807**, you must complete and Incident Report in CAMS.

If the outcome of the Non-Compliance Review is:

- **No Change:** Be sure to complete and submit **BSF805 - Case Summary Form** to the CBSA CLO indicating “No Change”.
- **Escalation:** Be sure to complete and submit a new **BSF802 - CCMS Supervision Agreement** form to the CBSA CLO, update the Service Plan in CAMS and record the change in the Case Statistical Info section of the client’s Intake Form in CAMS.
- **Withdrawal of Services:**
Be sure to complete and submit **BSF805 - Case Summary Form** to the CBSA CLO and complete the following tasks if the Withdrawal of Services is approved:
 - add summary and concluding notes for all applicable goals in the client’s Service Plan;
 - update all applicable information in the Case Statistical Info section, including the Discharge Type/Level.
 - print the final monthly report;
 - update the client’s state to “Discharge”.

In all cases, print a copy of all relevant documents and place in the client’s file.

2.5. REPORTING REQUIREMENTS

In addition to the above-mentioned reporting requirements related to Compliance Monitoring, a monthly report containing the following information must be submitted to the CBSA CLO and the JHSC:

NOTE: All of this information can be retrieved by querying CAMS.

- a) A list of clients, including individual identification numbers, who have been enrolled into programming for 365 days or more;
- b) Number of new individuals referred to the Contractor during the month;
- c) Source for each individual referred during the month (i.e. CBSA, IRB, NGO, Individual, Legal aid, Lawyer, Other) (if known; if not known, inquire with your CBSA CLO, and if impossible to find the actual source, indicate CBSA);
- d) Number of individuals denied for programming during the month (with client identification Numbers for each person refused);
- e) Number of individuals enrolled for programming during the month;
- f) Number of individuals enrolled in each type of program during the month (i.e. Low intervention, Medium intervention, High intervention, High Needs);
- g) Number of individuals who were de-escalated from one level of intervention to another by category during the month (i.e.: High Needs to High Intervention, High intervention to Medium intervention, Medium intervention to Low intervention);
- h) Number of individuals who were escalated from one level of intervention to another by category during the month (i.e. Low intervention to Medium intervention; Low intervention to High intervention; Low intervention to High Needs, Medium intervention to High intervention, Medium intervention to High Needs, High intervention to High Needs);
- i) Number of individuals who have **graduated** from the program by category during the month (i.e. Low intervention, Medium intervention, High intervention, High Needs, including identification numbers);
- j) Number of individuals for whom services were **withdrawn** during the month;
- k) Number of individuals who failed to comply with conditions during the month, regardless of resolution;
- l) Number of individuals who absconded during the month;
- m) Total number of individuals enrolled in the CCMS program at the end of the month by level of intervention (i.e. Low intervention, Medium intervention, High intervention, High Needs);
- n) Number of individuals who received services within each category below during the month:
 - Compliance monitoring;
 - Linkages to health support;
 - Mental health assistance;
 - Addiction & substance abuse counselling and support;
 - Information related to housing and employment; and
 - Information related to child-related or family needs.

At each monthly report, each criteria above must also be proceeded with a year-to-date total in addition to the monthly total.

All of the above monthly reporting information is to be replicated in an annual report for period April 1 to March 31 of any given year.

2.6. GUIDELINES ON TOTAL NUMBER OF HOURS FOR CCMS ACTIVITIES

The total number of hours spent on CCMS activities – including routine Compliance Monitoring check-ins, Standard Compliance Reviews, Non-Compliance Reviews, and all administrative tasks related to active case management (eg. reporting requirements) – **must not exceed the following:**

Maximum number of hours per client in YEAR 1 (July 1st 2018 to March 31st 2019):

66 hours or Approximately 1.7 hours/client/week

Maximum number of hours per client in YEARS 2 and subsequent (April 1st 2019 to March 31st 2020, etc.):

110 hours or Approximately 2 hours/client/week

NOTE: The maximum number of hours permitted to be spent on Active Case Management activities per year is based on an hourly rate of \$41/hour, inclusive of overhead, administrative fees and all other program costs, as outlined in the Basis of Payment of the Agreement between the JHSC and the JHS Affiliate.

If appropriate, JHS Affiliates may deviate from the guidelines established in this Protocol if necessary and justifiable (e.g. by reallocating hours from a lower needs client to a higher needs client) but **must not exceed** the total budget of hours corresponding to the maximum number of hours permitted per client per year, as specified above, and EITHER the Affiliate's projected caseload specified in the Basis of Payment of the Agreement (for Affiliates falling under the Per Diem funding model), OR an average caseload of 25-30 cases per case manager (for Affiliates falling under the Block Funded Case Manager funding model).

2.7. OTHER SPECIFICATIONS

2.7.1. Seeing Residents in the Community

Upon seeing a client in the community, staff are to avoid engaging the client unless they approach staff first. It is imperative that the identity of the resident not be made known to anyone the staff member may be with at this time for the privacy and protection of all residents. Interaction should be kept to a minimum to preserve this privacy and prevent boundary confusion for the clients.

2.7.2. Staff Phone Numbers

Staff home phone numbers are not to be given out for any reason to clients, ex-clients or their families. Only staff may have access to home numbers.

If you are unsure about the identity of the person requesting the phone number, do not give out any staff numbers. Instead, take down their phone number and contact the staff member yourself with the information. Any unusual requests for phone numbers should be recorded.

2.7.3. Transportation of Clients

Transportation of clients is not to occur unless approved by the CBSA.

2.7.4. Client Meetings

Staff must always meet clients in a secure and safe office location.

Offices should be arranged so as to ensure the safety of personnel.

All sharp objects, personal belongings and confidential materials and information must be out of sight from the client or in a locked cabinet.

If meeting with a client in a closed office, a staff member will ensure other on-duty staff know about the meeting, which office the meeting is in and with whom the staff member is meeting.

2.7.5. Decision Making

Decisions made with regard to a resident must be based on supported factual information about the client's risk factors and current behavior.

Whenever possible, collateral contacts with other professionals involved with the client should be made, and reasonable effort made to corroborate information used in assessment and case planning.

The Caseworker must be careful to weigh the opinion and assessments of other professionals and persons involved personally with the client, to ensure these assessments are objective and not based on emotional reaction or prejudice. Unsupported allegations and information which cannot be corroborated should not be considered in the decision making process.

All information used, including original sources and corroboration, must be clearly documented in the client's file. Reasoning used in the decision making process must be clearly articulated, and the Caseworker should be prepared to justify their decisions to their supervisor.

2.7.6. Document Control and Confidentiality

Information sharing and storage must be consistent with all applicable Document Safeguarding requirements.

2.7.6.1. Confidentiality

Confidentiality policies do not allow staff to reveal to anyone whether or not someone is a client of the Agency or has visited the program, unless legally compelled to do so or with written consent from the client. Should any person from outside the John Howard Society or CBSA request information on a client, staff will say:

- “We neither confirm nor deny our involvement with that named person” OR
- “We are not allowed to give out that information” OR
- “Due to confidentiality constraints, we cannot give out that information.”

2.7.6.2. Viewing Protected and Confidential Information

When not in use, storage media such as an encrypted USB flash drives must be secured in a protected location within the unit. Client information containing more than one (1) identifier (e.g. first name OR last name OR initials OR case number) should not be saved on removable storage media such as external hard drives or encrypted USB flash drives. If client information must be saved to removable storage media, only an approved encrypted and password protected USB flash drive may be used.

Client information is not to be transported off site on removable storage media such as an encrypted USB flash drive.

When protected and confidential information is being displayed on a computer screen or being viewed in printed format, it must not be viewable by unauthorized persons. On all computers used to store and/or process protected and confidential information, a password protected screen saver set to 5 minutes or less must be enabled, and Privacy screens should be used wherever possible.

2.7.6.3. Emailing Protected Client Information

Emails should not contain more than one (1) client identifier in either the body text of the email or an attachment. A single identifier such as, ONLY a first name OR last name OR initials OR case number should be used to refer to a client.

2.7.6.4. File Storage and Protection

All client information is classified Protected B information. While they are current, all files are to be locked a secure office file cabinet, having a locking device in accordance with CBSA requirements.

All documents that contain two identifiers of an individual must be stamped in the top right hand corner with a "Protected B" stamp.

When a client is discharged, all documents pertaining to the individual's file must be sent to the CBSA CLO via encrypted email or other secure file communication system within ten (10) calendar days of discharge. Digital data is to be disposed of within these same timelines, if requested by the CBSA (if the CBSA mentions nothing to this effect, seek confirmation from them).

Hard copy documents pertaining to an individual's file after discharge must also be packaged and sent to the CBSA CLO for proper disposal within thirty (30) days of discharge, if requested by the CBSA (if the CBSA mentions nothing to this effect, seek confirmation from them). Protected A, Protected B, and Confidential information must be transmitted as letter-mail in a single sealed envelope to the CBSA with no security markings by:

- Canada Post, OR
- a reliable courier service.

The information must be addressed as follows:

- Inner envelopes or enclosures should show the address of the recipient, the address of the sender, the highest security classification of the contents, including - where appropriate - any special markings such as "Restricted NATO" or "NATO" and any other special instructions. The inner envelope should have an attention line with a person's name.

If the CBSA does not request that discharged client documents be destroyed, client documents are to be kept on file for 2 years or until receiving notification that the individual has been removed from Canadian territory. After 2 years or upon notification of removal, client files will be permanently destroyed.