



The Correctional Investigator
Canada

L'Enquêteur correctionnel
Canada

P.O. Box 3421
Station "D"
Ottawa, Ontario
K1P 6L4

C.P. 3421
Succursale "D"
Ottawa (Ontario)
K1P 6L4

January 13, 2014

Ms. Catherine Latimer

Our file: A-2013-0013

Ms. Latimer;

This is further to your formal request, under the *Access to Information Act*, which was received in this institution on November 14, 2013 for the following:

"Any description or photographs of living arrangements for Ontario Regional Treatment Centre (RTC) inmates after the closure of RTC and any letters, memos, emails or records of other communication sent to Correctional Service of Canada relating to the closure of RTC and attendant plans for the RTC inmates."

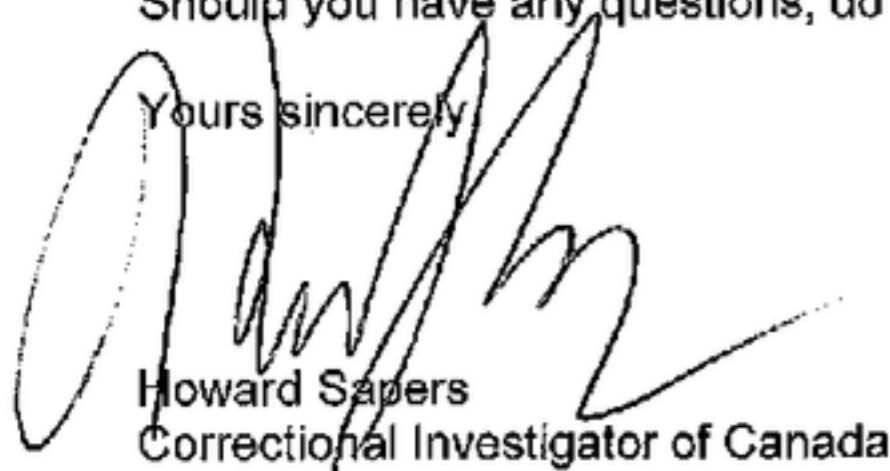
Enclosed is a copy of the information relevant to your request quoted above under the *Access to Information Act*. Information has been exempted pursuant to sections 19(1), 20(1), 21 and 23. Pursuant to section 183(1) of the *Corrections and Conditional Release Act*, additional information is provided on a USB key.

If you believe that the information you requested was improperly denied, you are entitled to complain to the Information Commissioner, within 60 days, by writing to:

Information Commissioner
Place de Ville, 22nd Floor, Tower B
112 Kent Street,
Ottawa, Ontario K1A 1H3

Should you have any questions, do not hesitate to contact me at the address above.

Yours sincerely



Howard Sapers
Correctional Investigator of Canada

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Law enforcement and investigations

16. (1) The head of a government institution may refuse to disclose any record requested under this Act that contains

- (a) information obtained or prepared by any government institution, or part of any government institution, that is an investigative body specified in the regulations in the course of lawful investigations pertaining to
 - (i) the detection, prevention or suppression of crime,
 - (ii) the enforcement of any law of Canada or a province, or
 - (iii) activities suspected of constituting threats to the security of Canada within the meaning of the Canadian Security Intelligence Service Act,if the record came into existence less than twenty years prior to the request;
- (b) information relating to investigative techniques or plans for specific lawful investigations;
- (c) information the disclosure of which could reasonably be expected to be injurious to the enforcement of any law of Canada or a province or the conduct of lawful investigations, including, without restricting the generality of the foregoing, any such information
 - (i) relating to the existence or nature of a particular investigation,
 - (ii) that would reveal the identity of a confidential source of information, or
 - (iii) that was obtained or prepared in the course of an investigation; or
- (d) information the disclosure of which could reasonably be expected to be injurious to the security of penal institutions.

Marginal note: Security

(2) The head of a government institution may refuse to disclose any record requested under this Act that contains information that could reasonably be expected to facilitate the commission of an offence, including, without restricting the generality of the foregoing, any such information

- (a) on criminal methods or techniques;
 - (b) that is technical information relating to weapons or potential weapons;
- or

- (c) on the vulnerability of particular buildings or other structures or systems, including computer or communication systems, or methods employed to protect such buildings or other structures or systems.

Personal information

19. (1) Subject to subsection (2), the head of a government institution shall refuse to disclose any record requested under this Act that contains personal information as defined in section 3 of the *Privacy Act*.

Where disclosure authorized

(2) The head of a government institution may disclose any record requested under this Act that contains personal information if

- (a) the individual to whom it relates consents to the disclosure;
- (b) the information is publicly available; or
- (c) the disclosure is in accordance with section 8 of the *Privacy Act*.

Third party information

20. (1) Subject to this section, the head of a government institution shall refuse to disclose any record requested under this Act that contains

- (a) trade secrets of a third party;
- (b) financial, commercial, scientific or technical information that is confidential information supplied to a government institution by a third party and is treated consistently in a confidential manner by the third party;
- (b.1) information that is supplied in confidence to a government institution by a third party for the preparation, maintenance, testing or implementation by the government institution of emergency management plans within the meaning of section 2 of the *Emergency Management Act* and that concerns the vulnerability of the third party's buildings or other structures, its networks or systems, including its computer or communications networks or systems, or the methods used to protect any of those buildings, structures, networks or systems;
- (c) information the disclosure of which could reasonably be expected to result in material financial loss or gain to, or could reasonably be expected to prejudice the competitive position of, a third party; or
- (d) information the disclosure of which could reasonably be expected to interfere with contractual or other negotiations of a third party.

Advice, etc.

21. (1) The head of a government institution may refuse to disclose any record requested under this Act that contains

- (a) advice or recommendations developed by or for a government institution or a minister of the Crown,
- (b) an account of consultations or deliberations in which directors, officers or employees of a government institution, a minister of the Crown or the staff of a minister participate,

- (c) positions or plans developed for the purpose of negotiations carried on or to be carried on by or on behalf of the Government of Canada and considerations relating thereto, or
- (d) plans relating to the management of personnel or the administration of a government institution that have not yet been put into operation,

If the record came into existence less than twenty years prior to the request.

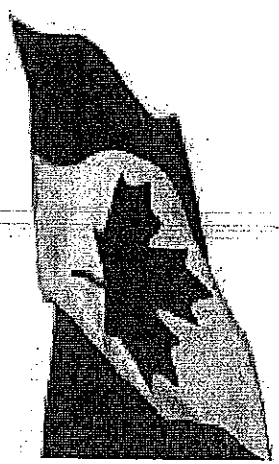
Marginal note: Exercise of a discretionary power or an adjudicative function

(2) Subsection (1) does not apply in respect of a record that contains

- (a) an account of, or a statement of reasons for, a decision that is made in the exercise of a discretionary power or an adjudicative function and that affects the rights of a person; or
- (b) a report prepared by a consultant or an adviser who was not a director, an officer or an employee of a government institution or a member of the staff of a minister of the Crown at the time the report was prepared.

Solicitor-client privilege

23. The head of a government institution may refuse to disclose any record requested under this Act that contains information that is subject to solicitor-client privilege.




Health in Federal Corrections: Key challenges impacting aging offenders and offenders with mental health needs

Presentation to the
Human Services and Justice Coordinating Committee
Provincial HSJCC 2013 Conference

The Changing World from Youth to Elderly in Human Services & Justice
November 25, 2013
Toronto, Ontario

Howard Sapers, Correctional Investigator of Canada


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Office of the Correctional Investigator Mission Statement

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“As the ombudsman for federally sentenced offenders, the Office of the Correctional Investigator serves Canadians and contributes to safe, lawful and humane corrections through independent oversight of the Correctional Service of Canada by providing accessible, impartial and timely investigation of individual and systemic concerns.”



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OCT By the Numbers

- The Office has 34 staff, the majority of which are directly involved in the day-to-day addressing of inmate complaints.
- 2012-2013
 - Investigators spent cumulatively 337 days in federal penitentiaries.
 - Responded to approximately 5,450 offender complaints.
 - Interviewed 1,500 offenders.
 - Conducted more than 1,400 use of force reviews and 165 reviews of deaths in custody and serious bodily injury cases.
 - Recorded over 18,000 toll-free contacts.

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Top '10' Complaints to the OCI

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Areas of Concern Most Frequently Identified by Offenders

Total Offender Population

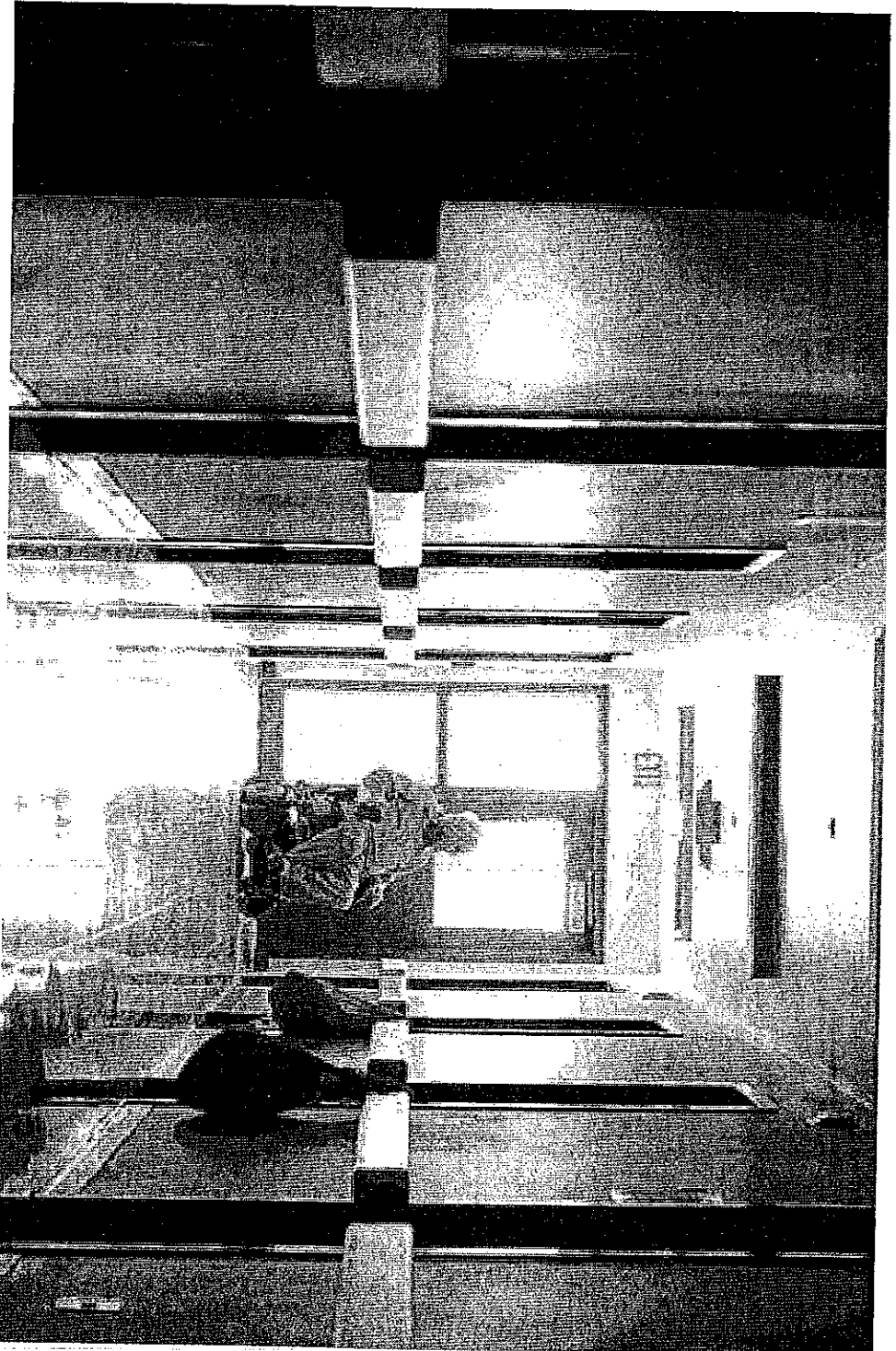
Category	#	%
Health Care	555	10.13%
Conditions of Confinement	509	9.29%
Administrative Segregation	424	7.74%
Cell Effects	399	7.29%
Transfers	376	6.87%
Decisions (general) – Implementation	372	6.79%
Staff	368	6.72%
Visits	213	3.89%
Parole Decisions	185	3.38%
Grievances	163	2.98%




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Accessibility



Source: <http://www.columbian.com/news/2010/aug/17/aging-inmates-putting-strain-on-states-prison-syst/>

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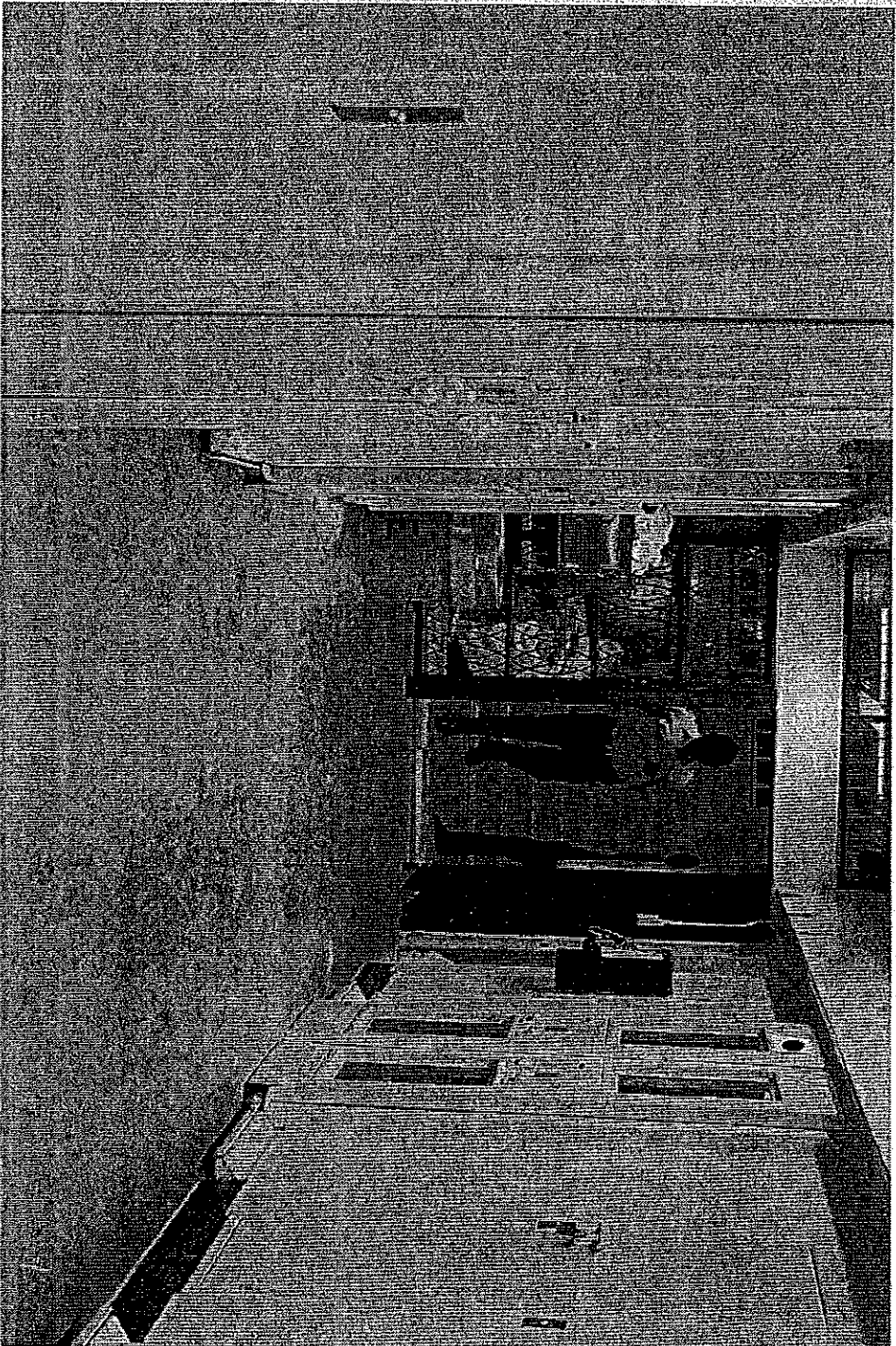
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Ontario Regional Treatment Centre

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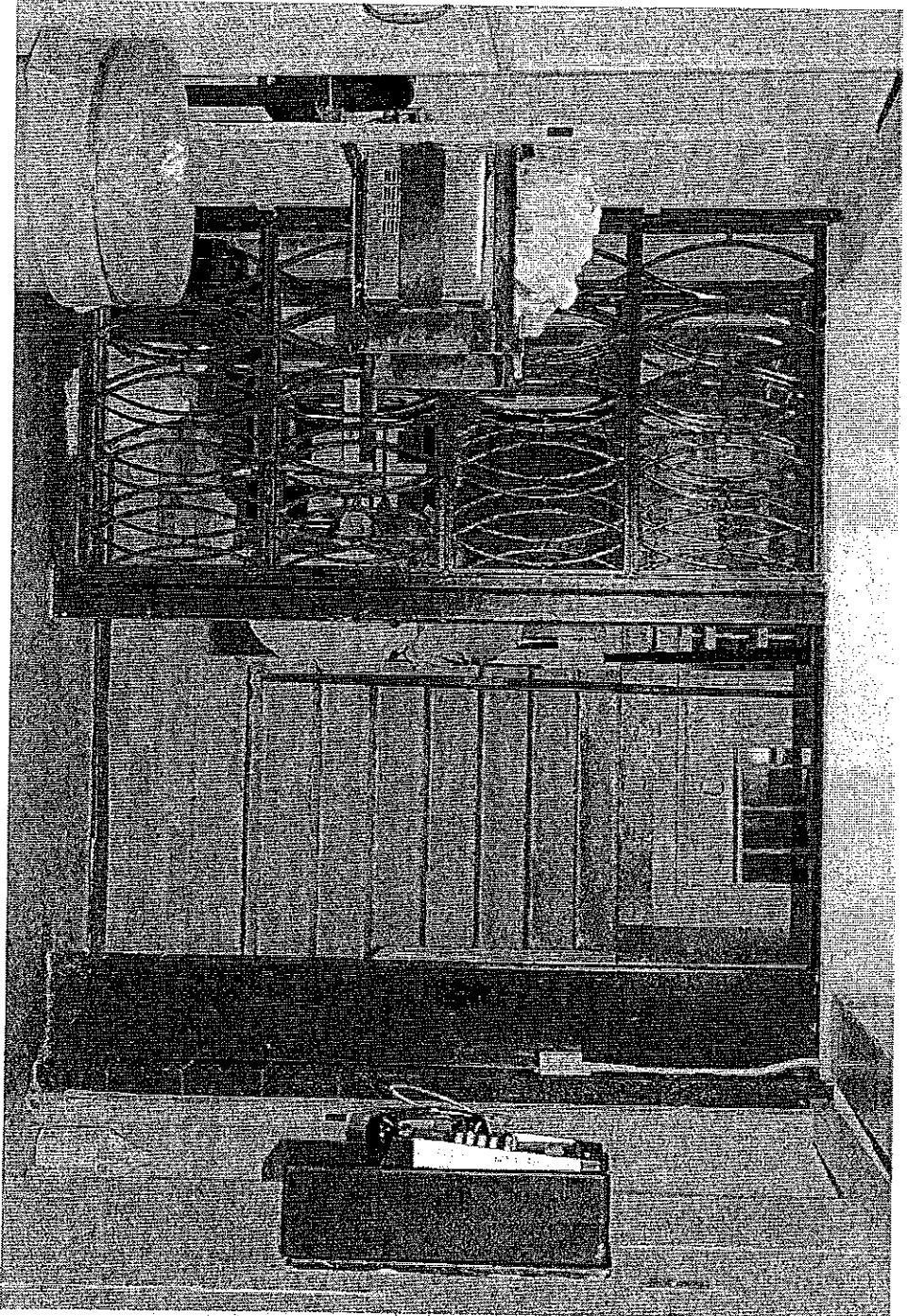


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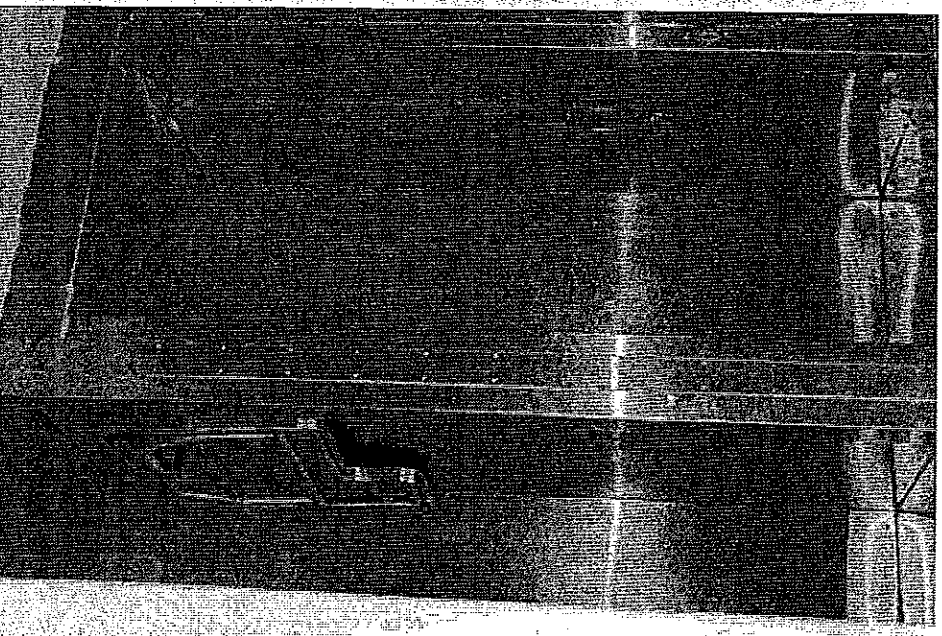
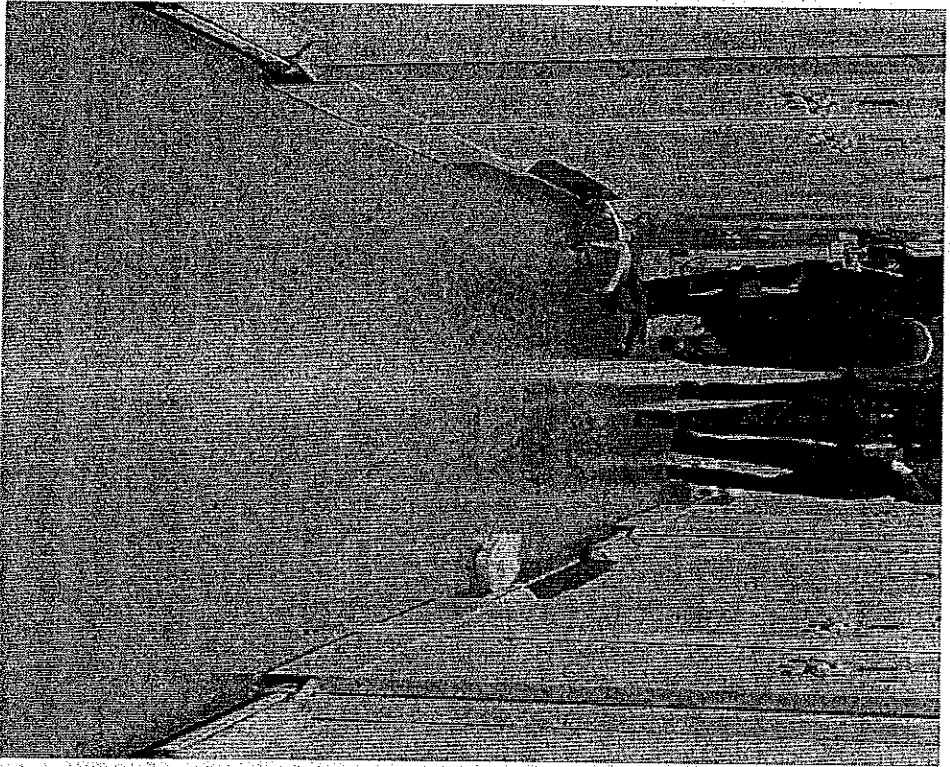
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Ontario Regional Treatment Centre

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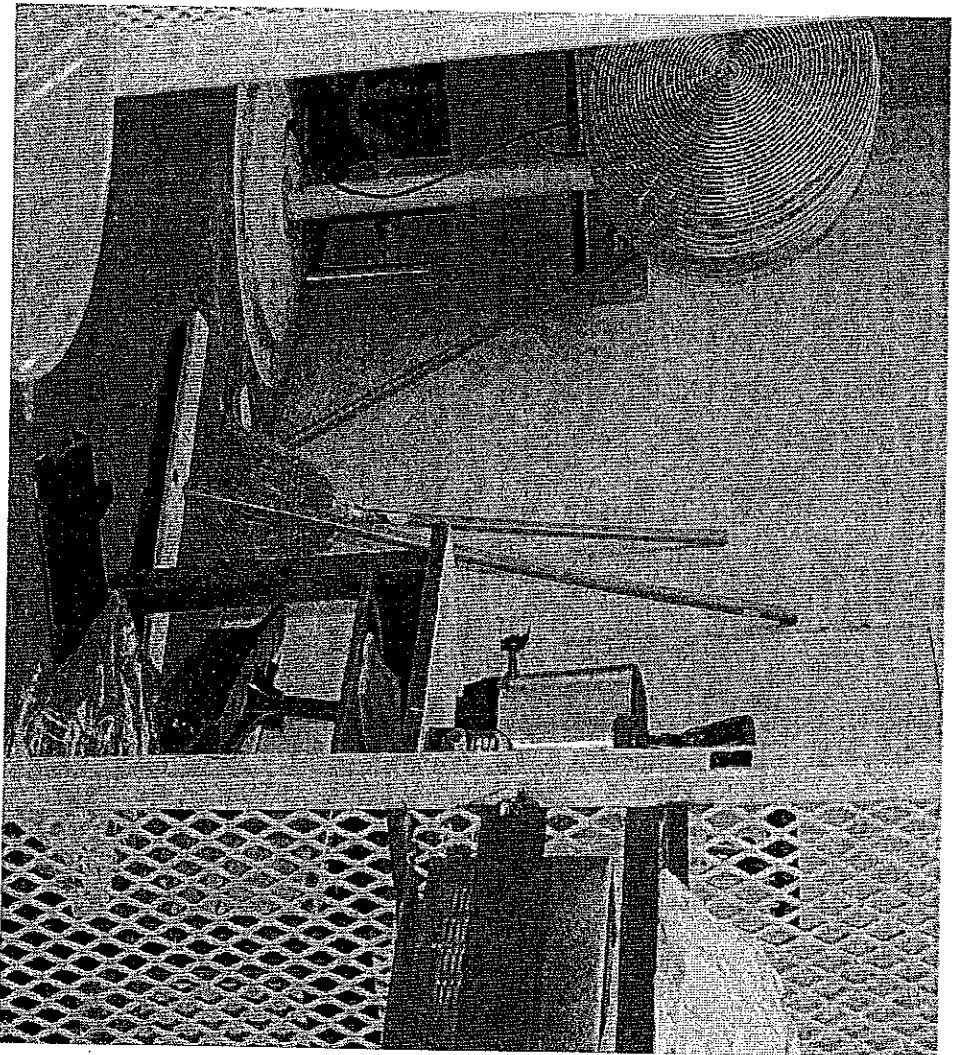
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Ontario Regional Treatment Centre



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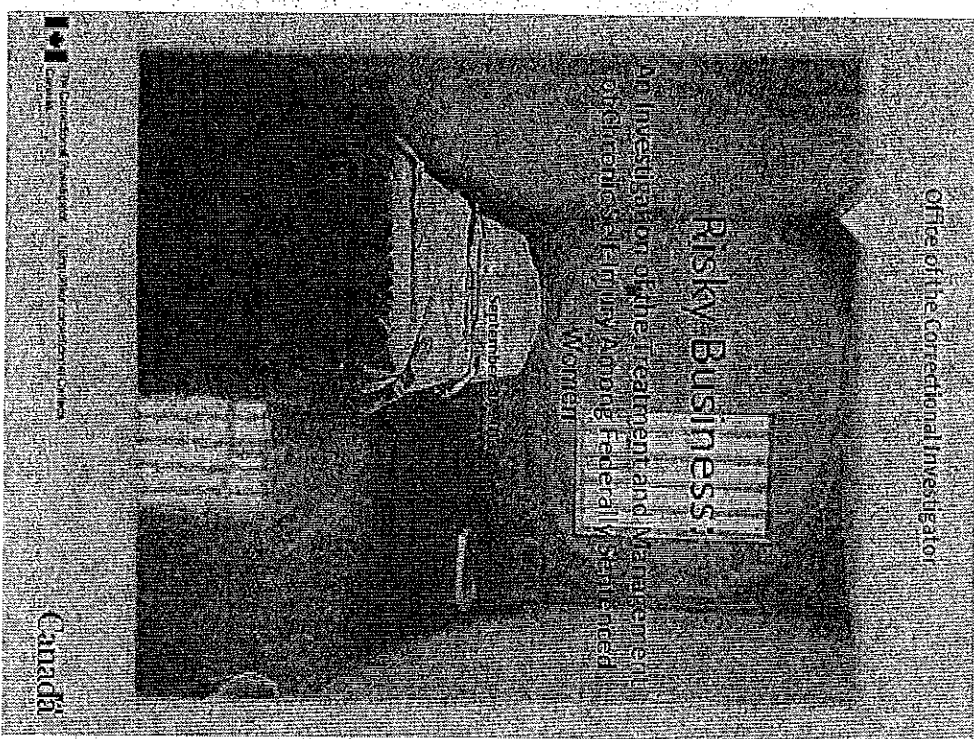
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Milwaukee

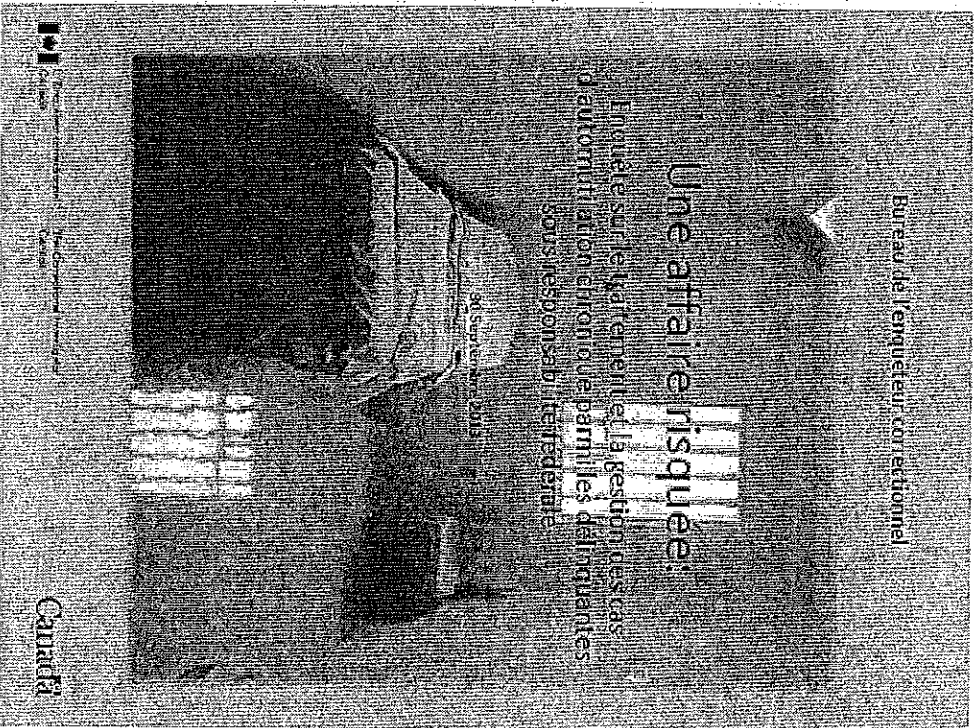
Chronic Self-Injury

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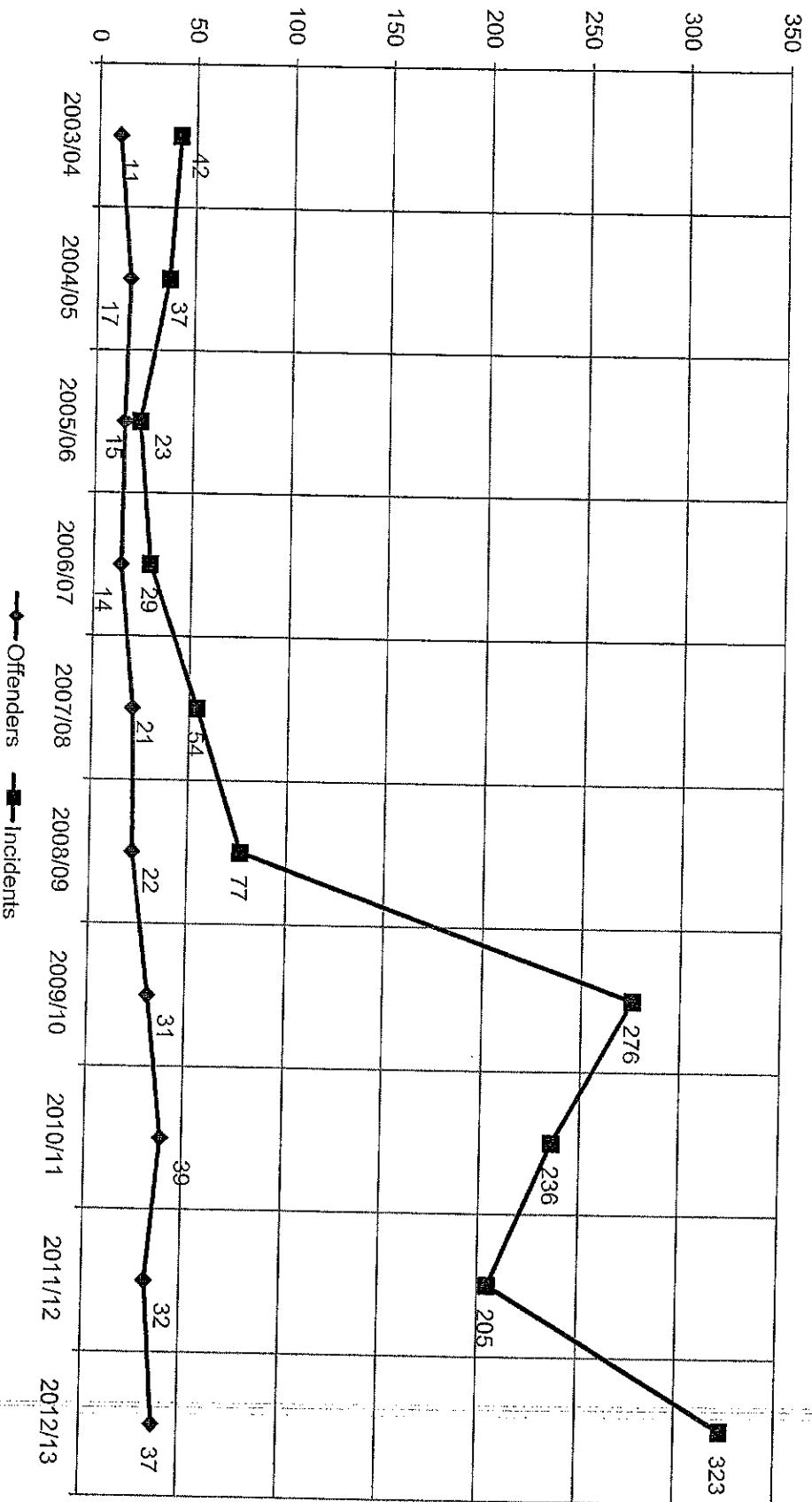
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Number of Incidents of Self-Injury Involving Federally Sentenced Women Inmates



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**Remarks for Howard Sapers
Correctional Investigator of Canada**

***'Health' in Federal Corrections: Key Challenges Impacting Aging Offenders and
Offenders with Mental Health Needs***

**Presentation to the
Human Services and Justice Coordinating Committee
Southwest Region Conference 2013**

**November 25, 2013 @ 9:30-10:30
Toronto, Ontario**

Introductory Comments

- It is a pleasure to be in your company. Thank you to the Conference organizers for the invitation to address this distinguished group.
- Today I would like to provide some remarks on the changing federal inmate population profile as viewed through a health perspective. I will provide some comment on the capacity of the Correctional Service of Canada (CSC) to meet the rising needs and costs associated with a population that is growing older, sicker, more addicted and has more complex mental health needs. I will review gaps in how prison health care services are organized, structured and delivered for these groups in federal custody.
- To ground these concerns, I will share some critical reflections on offenders growing older and dealing with chronic disease behind bars. I will also discuss the recent transfer of acute needs offenders from the Regional Treatment Centre Ontario, which was housed behind the walls of Kingston Penitentiary until its closure on September 30, to Millhaven Institution. And I will draw on a recently released investigation by my Office examining chronic self-injury

among federally sentenced women to illustrate the challenges of managing complex mental health needs in a prison setting.

- I will conclude with some suggestions about reforms that are both urgent and necessary in providing essential, accessible and quality prison-based health care services.

Slide 2

- Let me first take a few moments to remind you of my Office's mandate. The Office of the Correctional Investigator functions as an ombudsman for federally sentenced offenders, those serving sentences of two years or more.
- As Correctional Investigator, I am authorized under Part III of the *Corrections and Conditional Release Act* to conduct investigations into problems of offenders related to decisions, recommendations, acts and omissions of the Correctional Service of Canada (CSC). Decisions to commence, or terminate, as well as the methods used to conduct an investigation, are at my discretion.
- I am independent of the Minister and the Correctional Service. My staff has complete access to all facilities, records and staff of the CSC. I report to Parliament on the individual and systemic concerns that offenders bring to my Office, and the ability of the CSC to implement solutions.
- The Office is an oversight, not an advocacy body; my staff does not take sides when investigating complaints against the Correctional Service. We look for compliance, fairness and legality. We view corrections through a human rights lens.

Slide 3

- The Office is small in number, but on an annual basis receives and addresses thousands of offender complaints, contacts and inquiries annually.
- The Office currently has 34 staff, the majority of which are directly involved in the day-to-day addressing of inmate complaints.
- My staff regularly visits federal institutions to meet with both offenders and staff. Last year (2012-13), investigators spent 337 days in federal penitentiaries, responded to approximately 5,450 offender complaints and interviewed more than 1,500 offenders.
- The Office also conducted more than 1,400 use of force reviews and 165 reviews of deaths in custody and serious bodily injury cases.

SLIDE 4

- The top areas of concern most frequently identified by federal offenders in 2012-13 were:
 1. Health care
 2. Conditions of confinement
 3. Administrative Segregation
 4. Cell effects
 5. Transfers

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- Health care remains the single most frequent area of offender complaint to my Office. In fact, it consistently tops the list of concerns brought forward by inmates to my Office. When we break that number down a bit further, it is in the area of access and availability to health care that inmates most frequently complain. Investigations and findings from prisons across the country confirm that timely access and quality of care remains spotty and problematic, especially in more remote penitentiaries.
- Inmates have very little practical choice over who takes care of their health care needs, how or where that care is administered or what constitutes an “essential” health care item, service or need. Unlike most of us when we need physical or mental health care, inmates are offenders first and patients second. They take what they can get, when they can get it; they have no other alternative but to rely on the correctional authority to protect and promote their health.
- CSC is legally required to ensure reasonable access to essential health care in conformity with professionally accepted standards. Federal inmates are excluded from the *Canada Health Act* and they are not covered by provincial health care systems. The CSC is further obligated to consider an offender’s state of health and health care needs in all decisions, including placements, transfer, segregation, discipline and community release and supervision.

- CSC has made some important investments and progress in terms of how health care services are structured and delivered. There has been a significant infusion of new money to resource the main pillars of the Service’s mental health strategy. There is now a well-defined institutional mental health strategy, as well as a community health component. Offenders are now being

screened for mental health problems at intake. Training in mental health awareness has been rolled out across the country and more multi-disciplinary interventions teams are in place to manage complex cases.

- In June 2012, the *Mental Health Strategy for Corrections in Canada* was released. This *Strategy* was the result of consultations and partnerships between CSC and the Mental Health Commission of Canada, Federal, Provincial, and Territorial partners, key stakeholders and offenders. This important undertaking, sparked in part by recommendations flowing from my Office's investigation into the death of Ashley Smith, outlines some significant guiding principles and priorities aimed at improving the capacity of correctional authorities to address the mental health needs of offenders.
- CSC has also achieved accreditation of their physical health services and realigned the health care functions and reporting relationships at the five treatment centres.

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- While I am encouraged by these efforts, CSC faces increasing challenges related to a changing and more complex offender profile. The Service is confronted with rising mental health and physical health care needs and demands related to an increasing number of aging, minority, women and Aboriginal offenders behind bars.
 - Many inmates come from economically disadvantaged or vulnerable backgrounds. Offenders often arrive in prison with chronic or unaddressed health conditions. The prevalence of mental disorders is much higher among offenders compared to non-offenders. CSC data suggests that between 35 and 40% of offenders at intake to a federal penitentiary require a follow-up mental health assessment or intervention.

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- It is a compromised population that presents multifaceted mental health, physical health and criminogenic needs that often exceed the system's capacity.
- The federal inmate profile is especially revealing from a determinants of health perspective:
 - One in five federal inmates are aged 50 or older. Many have chronic health problems associated with arthritis, back problems, cardiovascular disease, endocrine disorders, respiratory diseases, sensory deficits (hearing and vision impairments) and substance abuse. A significant number will require specialized and expensive end of life care.
 - 23% of the total inmate population is Aboriginal, despite comprising just 4% of the general Canadian population.
 - 9% of inmates are Black Canadians, almost triple their representation rates in general society.
 - In the last 5 years, the number of federally incarcerated women has increased by almost 40%. In the 10 year period between 2002 and 2012, the number of Aboriginal women in federal custody has grown a staggering 93%. One in three federally sentenced women is now of Aboriginal ancestry.
 - The average level of educational attainment upon admission to a federal penitentiary is Grade 8.
 - Close to 70% of federally sentenced women report histories of sexual abuse and 86% have been physically abused at some point in their life.
 - Before prison, most offenders are chronically under-employed.
 - Addiction or substance abuse plagues 80% of offenders. Two-thirds of federal offenders were intoxicated when they committed their index offence.
 - 31% of the inmate population is a carrier of Hepatitis C and 5% are HIV positive.

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- At admission, nearly 40% of male offenders require further assessment to determine if they have mental health needs. 30% of women offenders had previously been hospitalized for psychiatric reasons.
 - A recent snapshot of CSC data indicates that 63% of federally sentenced women were prescribed psychotropic medication. In the Atlantic region in particular, almost 3 in 4 women were prescribed psychotropic medication.
- These data are indicative of significant resource and capacity challenges facing CSC. In many cases, they are probably lower than actual estimates, particularly measures of mental health prevalence, which tend to be under-reported in a prison setting.

- Providing prison-based health care is increasingly complex and expensive. Health care is consuming a greater share of the corrections budget envelope. The total annual health services expenditure for federal corrections now exceeds \$210M. The cost to provide physical health care to inmates accounts for the majority of the budget - almost 70% or \$150M annually. In contrast, mental health care services account for about one-third or \$66.4 M.
- • The CSC has five regional treatment centres which operate under applicable provincial mental health legislation and offer acute and chronic mental health care to inmates suffering from the most serious conditions requiring in-patient treatment. The total capacity of the treatment centres is approximately 680 acute care beds. The total operating costs of the regional centres is approximately 110M annually.

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- The CSC has grown into the largest single employer of nurses and psychologists in the federal public service. Today, the Correctional Service employs a total of approximately 1,200 health care professionals, of which the vast majority are nurses followed by psychologists, pharmacists, medical doctors and social workers.
- I have reported previously that CSC faces serious staffing, recruitment and retention challenges. I appreciate the challenge that CSC faces to recruit and retain these professionals particularly when it comes to issues related to scope of practice, inter-provincial licensing, pay, professional development, and terms and conditions of employment. Additionally, it is a difficult and challenging environment – prisons are not intended to be hospitals and security issues often trump any other concerns.
- For FY 2011-12, the national vacancy rate for all health care positions in CSC was just over 8.5%. The psychologist vacancy rate in 2011-12 was 16% or 51 positions. In reality, the vacancy rate is much higher considering that 50 of 329 psychologist positions (or 15%) were filled by incumbents who are non-licensed staff (or “under-fills”) and cannot deliver the same level or range of services as licensed psychologists. In other words, last year nearly one-third of CSC’s total psychologist staff complement was either vacant or “under-filled”.
- Nurses specially trained in palliative care and psychiatry are also in great need within CSC. Those with specialized training are better equipped to treat and manage the care of some of the most vulnerable inmates.

- The physical conditions of confinement in today’s federal penitentiaries are far from optimal or healthy. To quote a recent legal study of prison health:
“(Prisoners may be) ...incarcerated in overcrowded, unsanitary, stressful and

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violent conditions, alongside others who share the same increased health vulnerabilities. As a result, the prison environment is one marked by disease transmission, environmentally exacerbated health decline and death, and heightened risks of mental illness.”

SLIDE 5

- The physical conditions and limitations of prison confinement are particularly problematic for aging or elderly offenders who may be dealing with issues such as physical mobility and accessibility, independent care and living, and palliative care.

- The number of older offenders (aged 50 and over) is growing, reflecting larger demographic patterns in Canadian society, sentencing trends and the accumulation of life-sentenced offenders behind bars. Each year about 35 offenders die in CSC custody from natural causes – cancer, cardiovascular disease, infection and respiratory disease, being among the most common. Providing end of life care in a prison setting is complex and costly. The average age of offenders who die either in custody or still under sentence in the community is far below the national life expectancy raising a number of questions and concerns:
 - Are ‘natural’ cause mortality rates for federal inmates within ‘expected’ ranges when compared to national averages?
 - What is the mortality rate for federal inmates by major chronic disease compared to the general population?
 - What specific preventive or protective factors have been put in place to mitigate the incidence of cancer, cardiovascular disease, infection, respiratory failure in federal corrections?

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- What specific risk factors (incidence and spread of infectious disease, diet, exercise, unhealthy lifestyles) does long-term institutionalization entail for incarcerated populations?
 - What is CSC's duty of care to mitigate health care risks that contribute to mortality behind bars?
- I am seeking some answers to these questions through an investigation into CSC's mortality review process. A report on this work will be released early in the New Year.

RTC Ontario – SLIDES 6, 7, 8 and 9

- I recently visited the new RTC Ontario at Millhaven and was very concerned about some of the conditions under which mentally disordered inmates are confined.
- The Regional Treatment Centre (RTC) for Ontario was formerly located within the Kingston penitentiary campus. After KP closed on September 30, 2013, inmates that were in the RTC were transferred to two separate institutions. Those with acute needs were moved to Millhaven, while the remainder was moved, temporarily, to Collins Bay with a final destination of Bath Institution once construction there is completed.
- The most acute RTC patients are now held in the old segregation wing of Millhaven Institution. These cells are located on the first floor, underneath the current segregation unit and opposite the special needs unit. From a therapeutic perspective, this infrastructure is inadequate:
 - The facility is basically a narrow corridor, not a standalone area within the institution or built to hospital standards.

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- There is very little natural light and poor ventilation.
 - The laundry room so cramped and cluttered it is hard to imagine ~~actually being able to do laundry.~~
 - The food preparation area is situated close to where cleaning supplies and mops are kept.
 - There is no common area for inmates to congregate or eat their meals – offenders that prepare their food must return to their cell to eat.
 - The exercise yard is exceedingly small and sterile.
 - Dedicated program rooms are yet to be completed so programs are currently taking place in a temporary space.
 - There are patient confidentiality problems - the psychiatrist had been conducting interviews in the yard or upstairs in the unfinished program room. This has been partially addressed as two private interview spaces have recently been created.
- Staff reported to my office that they were concerned with the lack of routine in the unit, noting that this is not conducive for treatment and highly problematic for a population that requires routine as part of their mental health care. Overall, staff are frustrated that the RTC was moved so early given the disruptions in routine, programming and treatment for these patients.
 - In my opinion, this state of affairs is inadequate. As a psychiatric facility, it does not reflect community standards of care. My Office asked CSC to develop an immediate action plan to address the deficiencies. I know staff and management are working hard to resolve these issues and we will continue to monitor their progress.

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Self-Injury - SLIDE 10 & 11

- As you may recall, I reported last year that the incidence of prison self-injury in federal penitentiaries is increasing – it has more than tripled in the last five

years. An investigation released September 30th by my Office assesses the response of Correctional Service to incidents of chronic self-injury among eight federally sentenced women. I would like to share some of the findings and recommendations of *Risky Business* to you today.

- Over the 30-month review period, a total of 802 institutional security incidents were recorded for these eight women; just over half of these incidents were reported as self-injury or suicidal events. Nearly one-third of the documented self-injury incidents involved a use of force intervention (e.g. physical handling, pepper spray, use of restraints).
- Reminiscent of Ashley Smith's case, six women were convicted of other criminal offences resulting in time added to their sentence. Three were convicted for offences that occurred during staff interventions in acts of self-injury. Two had time added to their original sentence for these offences.
- We found considerable tension between mental health care and security-focused interventions. Indeed, perceived security concerns, regardless of individual risk, tended to trump clinical or mental health care needs. Seven of the women served considerable periods of time under some form of seclusion. Five women were routinely placed in administrative segregation following acts of self-injury. Resistive or assaultive behaviour most often occurred after staff intervened in an act of self-injury and was most frequently observed in context of mandatory strip searching required for an administrative segregation or clinical seclusion placement.
- In general, security and control responses were found to be disproportionate to the risk presented, inappropriate from a mental health needs perspective and counterproductive to therapeutic treatment aims. For example, for some women, prolonged periods of seclusion and isolation exacerbated the

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frequency and severity of their self-injury and/or escalated their resort to other resistive behaviours. Some women associated segregation as a form of ~~discipline or punishment for their acts of self-injury.~~

- Similarly, the frequent use of physical restraint equipment to gain control of, manage or prevent self-injury was often found to be problematic. Although CSC policy directs that physical restraints are neither a medical or clinical measure, some of the treatment plans provided for the “consensual” use of restraints to manage or prevent self-injury. In some extreme cases, reliance on the near perpetual use of physical restraints was deemed to be a “life-preserving” measure.

- The report contains sixteen recommendations including:
 - enhanced training for staff working with chronic self-injurious offenders;
 - strengthened monitoring and reporting on the use of physical restraints in the management of prison self-injury;
 - prohibition on placing self-injurious offenders in conditions of prolonged seclusion or segregation;
 - appointment of an independent patient advocate or quality care coordinator at each of the five regional treatment centres, inclusive of the Churchill Unit, RPC, Prairies; and
 - transfer the most chronic and complex cases of self-injury to external community psychiatric facilities.
- I am still waiting for CSC’s official response.

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- It is unfair to expect corrections to do the impossible. After all, corrections officials are in the business of running prisons, not hospitals. That said, prisons do house some seriously ill people, and sometimes their health care needs exceed available services, capacities and resources.

- This is particularly true when it comes to some of the most vulnerable groups like aging and mentally disordered offenders. Given rising needs, there are far too few specially trained and dedicated palliative care and psychiatric nurses employed by CSC. Training on issues affecting older offenders and mental health is basic. Current prison infrastructure is inadequate to meet the needs of today's complex prison population.
- I want to leave you with a few thoughts about what I believe to be among the most serious and urgent requirements for prison-based health care reform. This list is not an exhaustive or comprehensive, but it is an important starting point for initiating dialogue about priorities and reform.
- First, as I have stated before, there are a handful of mentally disordered offenders whose symptoms, behaviours or severity of illness is beyond the capacity of CSC to safely manage. It is time to explore alternative mental health care service delivery models rather than relying on institutions that were never designed to care for these individuals. A federal penitentiary is not the place for treating complex mental health cases. These offenders should be transferred to community psychiatric or forensic hospitals as a matter of priority.
- Second, the use of prolonged isolation or segregation to manage offenders at risk of suicide or self-injury as well as offenders with acute mental health issues should be prohibited. The conditions that prevail in segregation units (isolation, deprivation) can exacerbate symptoms of mental illness. As well, CSC data indicates that a disproportionate number of prison self-injury occurs in segregation cells under close observation.

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- Third, more staff with training and experience in palliative care, gerontology, mental health and psychiatry need to be hired. Sensitivity and awareness training regarding issues affecting the complex needs of the changing offender population should be added to the training courses of both new recruits and experienced staff.

- Fourth, in my opinion, correctional administrators could benefit from the appointment of independent patient advocates or quality care coordinators, particularly with respect to forensic or psychiatric treatment settings. While I appreciate that health care professionals routinely act as advocates for their patients, internal and external oversight structures are required to give effect to continuum of care models that meet the most rigorous standards of professional and community practice.

- Finally, all medium, maximum and multi-level prisons should have primary health care providers, on site, on a 24-7 basis. There are simply too many medical emergencies that, in my view at least, continue to result in premature or even preventable deaths in custody.
- While I see these reforms as urgently required and important, I understand that they cannot be accomplished by CSC alone. There is an important role for the provinces and territories to play in ensuring a coherent, integrated and seamless system – a system that begins at intake and continues to follow offenders as they reintegrate back into the community. As I mentioned at the beginning of this discussion, I was encouraged by the concerted national effort in developing the *Mental Health Strategy for Corrections in Canada*. More partnerships like this are key to ensuring quality health care services for offenders.

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Concluding Remarks

- The World Health Organization European Network on Prison Health recently released a report on the governance of prison health. The report outlines a number of standards and norms regarding the legal and ethical requirements of prison health. As this report states, “prisoners remain bearers of all human rights insofar as they are not lawfully restricted or limited to an extent demonstrably necessitated by the fact of incarceration. This also applies to their right to health.” The report states that prison health care services must meet the following criteria:
 - Availability – facilities, services and goods are available in sufficient quantity including trained medical and professional personnel and essential drugs.
 - Accessibility – facilities, services and goods have to be accessible without discrimination especially to vulnerable or marginalized groups.
 - Acceptability – facilities, services and goods must respect medical ethics and confidentiality and improve the health status of those concerned.
 - Quality – facilities, services and goods must be scientifically and medically appropriate with skilled health care staff.

- We would be remiss if we did not hold our federal correctional health care system and services to these same standards. Those serving time behind bars have no alternative but to rely on the state to protect and promote their health. This ‘special duty of care’ should not be taken lightly and we need to ensure that all offenders have quality care, particularly those that are the most vulnerable. Ultimately, a good prison health care system is important to public health and safety as most inmates will return to the community.

- Managing the mental and physical health care issues of prisoners will have a positive impact on public health, will return public safety results and, it is the law.

000028

- Thank you again for inviting me to here with you and for your attention.

000029

Kingsley Marie-France (NHQ-OCI)

From: Kingsley Marie-France (NHQ-OCI)
Sent: Wednesday, November 13, 2013 2:50 PM
To: Ogg Stacie (OCI-BEC)
Subject: FW: RTC Concerns

From: Stewart Shannon (NHQ-OCI)
Sent: Wednesday, November 06, 2013 1:08 PM
To: Kingsley Marie-France (NHQ-OCI)
Subject: FW: RTC Concerns

After a tense conversation on the phone today, I am pleased with this outcome!
Shannon

From: Snedden Kevin (ONT)
Sent: Wednesday, November 06, 2013 12:46 PM
To: Stewart Shannon (NHQ-OCI)
Cc: Storrington Allison (ONT); Looman Jan (ONT); Bird Chris (ONT); Ringler Larry (ONT); Willis Vicki (ONT); Kolotinsky Stephen (ONT); Legacy Angie (ONT)
Subject: RTC Concerns

Shannon,

Following our discussion today I attended Millhaven and met with Allison Storrington, Jan Looman, Chris Bird, Larry Ringler and Vicki Willis. We reviewed the areas of concern in relation to 16(1)(d) and toured the unit as well. Having done so I can offer the update below, I have also copied those involved in the discussion in case I have missed anything and I'd like to thank everyone for coming together on short notice to review these areas and for your commitment to find resolutions.

Cleanliness:

We discussed the importance of the matter and RTC advises they have additional cleaning resources attending 3 times a week to help augment the normal institutional resources. I also spoke to the inmate cleaner about organizing the areas and ensuring mops are stored correctly. While the range itself was clean we do have work left to do in the two small spaces at the head of the range and my works department will work with RTC staff to address their needs to better organize these spaces. As a temporary measure the hot water pot and toaster have been placed on the range for better access by the offenders.

Interview space:

000030

16(1)(d)

these rooms previously. Below are photos of these rooms.

Chris has advised staff of the availability of

16(2)(c)
16(1)(d)

16(2)(c)
16(1)(d)

Range time when an inmate is on direct observation:

Allison and Chris will jointly draft direction and message to staff that offenders can utilize the program space 16 as a substitute for range activities when direct observation is occurring. RTC is seeking out a TV to place in the area. Items such as this are still outstanding as they need to come from KP/RTC and efforts are being made to itemize and move the various items needed.

Phone access when an inmate is on direct observation

16(1)(a) 16(2)(c)

Vicki is also

costing one out should we not be able to secure one from KP.

Program space

During our discussion I asked RTC staff what room 16 they would prefer and they choose the one 16(1) 16(2) 16. I have confirmed for RTC that this space is dedicated to their use. It is clean and set up with tables and chairs. Once they receive the TV from the former RTC it will be placed in the area as well. The second space, 16 will be shared program space. The RTC staff spoken to today have advised that these areas will meet their needs. Photo of this area is below.

000031

16(1)(d)
16(2)(c)

Meds:

I confirmed with Allison ^{16(1)(d) 16(2)(c)} . However, I wasn't able to fully pass along what had been conveyed to you, so I'd that you provide clarification about the issue directly to Allison so she can follow up on it.

General discussions:

I shared with the group that we are planning to hold a "unit day" to provide an opportunity to get clinical and non-clinical staff assigned to the area together to further build the team approach. In the interim there was commitment that if issues do come up, that staff will be asked to ensure they bring the issue to their supervisor so that the matter can be looked at and not continue unresolved. Chris, as CM has also been meeting regularly with is counterparts on the clinical side to ensure coordination and communications are occurring. All agreed to keep this going.

Kevin

000032

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MEMORANDUM NOTE DE SERVICE		CORRECTIONAL INVESTIGATOR CANADA ENQUÊTEUR CORRECTIONNEL CANADA 60 Queen Street 11 th floor Ottawa (Ontario) K1P 6L4
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DATE	June 10, 2013
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TO/A	Ivan Zinger
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FROM/DE:	Marie-France Kingsley
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SUBJECT/OBJECT	This note provides current information on Millhaven Institution, including population management, programs, challenges and best practices, in preparation for your planned visit to the institution on June 14, 2013.
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General Information	<ul style="list-style-type: none"> • Millhaven's current total count is 120 male inmates, of whom seven are segregated. • Warden: Kevin Snedden, Deputy Warden: Larry Ringler • One area of concern this past fiscal year was that dozens of inmates were inter-regionally transferred as part of penitentiary placements due to population management issues related to the closure of Kingston Penitentiary. Although the pen placements out of region were consistent with policy, our Office received dozens of complaints that the transfers were involuntary. • Recently, the Assessment Unit for both new intakes to CSC and mental health ComHiss were moved to Joyceville. • There is currently a great deal of tension between staff and offenders due to the amalgamation of Kingston Penitentiary and Millhaven and the stress of the two institutions joining, each characterized by different histories, cultures, and types of offenders. • There have been numerous searches as of recent, classified as enhanced s. 53, and a current s. 128 all related to missing items within the institution (i.e. missing Pepsi glass, metal from exercise machine).
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000033

Aboriginal Portfolio

- 27 out of 120 inmates at Millhaven are Aboriginal, 22.5%.
- For Aboriginal Awareness week - May 21 to 24, 2013 a gathering was held for staff on the Aboriginal Grounds – Ceremony opened with welcome drum song and opening prayer by Institution Elder. As well other Elders and ALOs attended from other institutions. Aboriginal teachings were provided by Elder. Aboriginal traditional foods were served. Staff had a chance to ask questions about Aboriginal culture and traditions.
- There are two elders at Millhaven, Elder Andrew Reuben - full time- and Elder Albert Dumont – part time (twice monthly).
- Aboriginal Circles are held every Friday afternoon with the Elder and ALO on the Aboriginal Grounds.
- The ALO facilitates Aboriginal Hobby Craft time with Aboriginal offenders weekly.
- Aboriginal Sweats are held once a month on Aboriginal Grounds.

Programming for Aboriginal Population as of the end of fiscal year March 2012 / Aboriginal Programming completion:

- Basic Healing – enroll 9 – successful completion – 9
- VPP HIGH – enroll 6 – successful completion – 6

100% completion for both programs.

No ACPO at present time to deliver programs as part of Roving Team, expected to return in Summer of 2013.

Current Aboriginal Programming Waitlist:

- Aboriginal Basic Healing Program-Revised (15)
- Aboriginal High Intensity Family Violence Prevention (1)
- Aboriginal Offender Substance Abuse (2)

Mental Health Portfolio

Below is an excerpt from last debriefing to the Warden:

Over the coming months, the transition of moving hundreds of inmates from Kingston Penitentiary to Millhaven will begin. Our Office acknowledges Kingston Penitentiary has received funding for their intermediate mental health unit for

000034

	<p><i>the past three years. At the time of writing this letter, KP's mental health intermediate unit was at capacity, 32 inmates. Presumably, the majority of these inmates will be transferred to Millhaven.</i></p> <p><i>Please advise if Millhaven has secured funding to open a similar intermediate care concept at Millhaven? If so, could you identify if the intermediate care range would be open at the time these offenders with mental health needs are transferred to Millhaven?</i></p> <p>Preliminary Response from Warden: Millhaven has secured temporary funding for an intermediate mental health care unit; however the amount secured is unknown at this time but the funding will not come from Millhaven's base budget. He will follow up with our Office with the amount of funding provided at a later date.</p>												
Correctional Programming	<p>Below are program results for May 2013: NSAP-Moderate (6 participating) NSAP-Maintenance (3 participating) VPP-Moderate (6 participating) VPP-High (6 participating) Family Violence (9 participating)</p>												
Employment	<table border="0"> <tr> <td>FT employed</td> <td>96</td> </tr> <tr> <td>½ employed</td> <td>20</td> </tr> <tr> <td>FT unemployed</td> <td>11</td> </tr> <tr> <td>TOTAL</td> <td>127</td> </tr> <tr> <td>School Program</td> <td>36</td> </tr> <tr> <td></td> <td>25</td> </tr> </table> <p>*Note, there are only 120 inmates incarcerated at Millhaven, this contributes to the high level of employment availability at the institution.</p>	FT employed	96	½ employed	20	FT unemployed	11	TOTAL	127	School Program	36		25
FT employed	96												
½ employed	20												
FT unemployed	11												
TOTAL	127												
School Program	36												
	25												
RTC	<p style="text-align: right;">000035</p> <p>E-Block will be 27 cells with solid steel doors with small food slots and observation windows. E-Block was previously used as a segregation unit and was in a bad state of disrepair. It is now undergoing several changes in anticipation of the arrival of the former RTC inmates from Kingston. The key "improvements" include:</p> <ul style="list-style-type: none"> • New flooring; • Installation of cameras in 6 of the 27 cells; 												

	<ul style="list-style-type: none">• Two wheel chair accessible cells, used to accommodate Pinel beds;• 2 of the 3 shower rooms will be demolished to allow for an additional cell and a soiled linen area;• The "yard" is enclosed within a maximum security institution where lockdowns, disturbances and population management challenges are commonplace; and• Treatment unit is adjacent to Millhaven's segregation ranges
FROM/DE:	Prepared by: Shannon Stewart Approved by: Marie-France Kingsley

000036

Stewart Shannon (NHQ-OCI)

From: Zinger Ivan (NHQ-OCI)
Sent: Monday, November 04, 2013 11:14 AM
To: Sapers Howard (NHQ-OCI); Hooey David (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI); Vernier Mélanie (NHQ-OCI); Kingsley Marie-France (NHQ-OCI); McKenzié Paul (NHQ-OCI)
Subject: FW: Photos du CTR Ontario - Lien

Howard, please see link below.

Thx Shannon for taking these picture of RTC Ontario. Looking forward to your written debriefing. The one picture with the feet in Pinel restraint is chilling. Many suggest gross neglect re maintenance and hygiene. Thx Mel for downloading them. Ivan

Ivan Zinger, J.D., Ph.D.
Executive Director and General Counsel/
Directeur exécutif et avocat général
Office of the Correctional Investigator, Government of Canada/
Bureau de l'enquêteur correctionnel, Gouvernement du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
CP 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel/Tél: (613) 990-2690
Fax/Télécopieur: (613) 990-9091
ivan.zinger@oci-bec.gc.ca

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From: Vernier Mélanie (NHQ-OCI)
Sent: Monday, November 04, 2013 11:07 AM
To: Zinger Ivan (NHQ-OCI)
Subject: Photos du CTR Ontario - Lien

000037

Voilà Ivan, les photos du CTR ont été sauvegardées tel que demandé. Voir le lien

G:\Institutions & Regions -établissements & régions\2013\RTC-Ontario\Pictures - Acute Unit 2013

Mélanie Vernier

Senior Investigator - Enquêtrice Sr.

Office of the Correctional Investigator

Bureau de l'Enquêteur correctionnel

Tel: (613) 991-6168

Fax: (613) 990-9091

VernierMe@oci-bec.gc.ca

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000038

Page(s) 39 to 54

is/are exempt entirely

pursuant to section(s) 16(1)(d) 16(2)(c)

of the *Access to Information Act*

Stewart Shannon (NHQ-OCI)

From: Kingsley Marie-France (NHQ-OCI)
Sent: Thursday, October 03, 2013 2:16 PM
To: Zinger Ivan (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI); Vernier Mélanie (NHQ-OCI)
Subject: FW: Millhaven RTC September 23

Done. À suivre

MF

From: Stewart Shannon (NHQ-OCI)
Sent: Thursday, October 03, 2013 2:06 PM
To: Snedden Kevin (ONT); Kingsley Marie-France (NHQ-OCI)
Cc: Drouin Marie-Andrée (ONT); Vernier Mélanie (NHQ-OCI)
Subject: Millhaven RTC September 23

Good Afternoon,
Please see attached a letter reviewing our last visit to Millhaven RTC.

If you have any concerns, please feel free to contact me directly.
Thank you in advance,
Shannon



Millhaven RTC
September 23.pdf...

000055



P.O. Box 3421, Station D
Ottawa, Ontario
K1P 6L4

C.P. 3421, Succursale D
Ottawa (Ontario)
K1P 6L4

Telephone: 1-877-885-8848

Téléphone: 1-877-885-8848

October 3, 2013

Mr. Kevin Snedden
Ms. Marie-Andrée Drouin
Millhaven Institution-RTC
Highway 33
P.O. Box 280
Bath, ON, K0H 1G0

Mr. Snedden and Ms.Drouin:

This note provides an overview of the concerns with regard to the recent relocation of RTC to Millhaven. On Monday September 23rd, our Office visited the RTC and noted the following:

- The unit is housed on the first floor, underneath the segregation range and opposite the special needs range. It is not in a standalone area of the institution.
- The two program rooms assigned to the RTC are located physically out of the RTC unit, on the upper units beside said ranges: Millhaven segregation and special needs ranges. It is anticipated that the program rooms will eventually be shared with segregation inmates given their proximity to those ranges.
- One of the two program rooms relies on the elevator that food services use for Millhaven.
- Inmates from segregation must physically pass through the program rooms in order to get to the rest of the institution.
- There are issues with regard to the control of the door to enter/leave the RTC unit, which is operated by security staff. Clinical staff have underlined that it is difficult to facilitate movement into and out of the unit, especially at night. CSC has added another staff to that post; however it has not resolved the issue entirely. It is anticipated this problem will become worse when RTC treatment rooms become available since these rooms are located outside the RTC unit.
- The door to the ECU (segregation) at the end of the RTC unit is being utilized to move offenders to\from health care and dentist appointments (contrary to previous instruction that it would not be used as a short cut through the institution).
- The Program rooms are not completed for use; therefore no programs are being facilitated right now at the RTC.
- There is no common eating room for the inmates/patients who prepare food in the unit. Instead offenders must return to their cell to eat.

000056

- Dr. Hillen (psychiatrist) has been conducting interviews in the yard or upstairs in the unfinished program room because there is no functional room to meet with inmates/patients.
- There is constant construction, loud drilling, banging as they construct the range around the inmates/patients living on the range. The noise is constant and so loud that it is difficult to hear people speaking beside you.
- Numerous staff advised us that they were concerned with the lack of routine in the unit; noting that this is not conducive for treatment, and highly problematic for a population that requires routine as part of their mental health needs.
- It is anticipated that the construction for the treatment rooms and program rooms will be another two months.
- Staff are frustrated that RTC was moved so early given the impact on routine/treatment of patients.

Our Office recommends that Millhaven-RTC review these concerns and establish an immediate action plan to remedy the concerns noted. Kindly provide timelines with regard to the action plan.

Regards,

Shannon Stewart
Manager of Investigations

CC: Melanie Vernier, Senior Investigator

000057

Stewart Shannon (NHQ-OCI)

From: Zinger Ivan (NHQ-OCI)
Sent: Thursday, October 03, 2013 9:55 AM
To: Stewart Shannon (NHQ-OCI); Kingsley Marie-France (NHQ-OCI)
Cc: Sapers Howard (NHQ-OCI); Hooley David (NHQ-OCI)
Subject: FW: Briefing note on RTC Millhaven

Shannon/M-F: This is good work. Please cut and paste this in your debrief letter to the Warden and ask for an immediate action plan with timelines to remedy the concerns. Thx again! Ivan

PS Howard: This briefing note supports our initial concerns raised with the Commissioner and shared with the MO.

Ivan Zinger, J.D., Ph.D.
Executive Director and General Counsel/
Directeur exécutif et avocat général
Office of the Correctional Investigator, Government of Canada/
Bureau de l'enquêteur correctionnel, Gouvernement du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
CP 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel/Tél: (613) 990-2690
Fax/Télécopieur: (613) 990-9091
ivan.zinger@oci-bec.gc.ca

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From: Kingsley Marie-France (NHQ-OCI)
Sent: Thursday, October 03, 2013 9:46 AM
To: Zinger Ivan (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI)
Subject: Briefing note on RTC Millhaven

000058

Bonjour Ivan,

PTI.

Merci Shannon!

MF



BN RTC Final.docx

000059

MEMORANDUM		CORRECTIONAL INVESTIGATOR CANADA ENQUÊTEUR CORRECTIONNEL CANADA
NOTE DE SERVICE		60 Queen Street 11th floor Ottawa (Ontario) K1P 6L4

DATE	October 3, 2013
TO/À	Ivan Zinger
FROM/DE:	Marie-France Kingsley
PREPARED BY:	Shannon Stewart
SUBJECT/OBJECT	Concerns Regarding Recent RTC Acute Range

This note provides an overview of the concerns with regard to the recent relocation of RTC to Millhaven. On Monday September 23rd, our Office visited the RTC and noted the following:

- The unit is housed on the first floor, underneath the segregation range and opposite the special needs range. It is not in a standalone area of the institution.
- The two program rooms assigned to the RTC are located physically out of the RTC unit, on the upper units beside said ranges: Millhaven segregation and special needs ranges. It is anticipated that the program rooms will eventually be shared with segregation inmates given their proximity to those ranges.
- One of the two program rooms relies on the elevator that food services use for Millhaven.
- Inmates from segregation must physically pass through the program rooms in order to get to the rest of the institution.
- There are issues with regard to the control of the door to enter/leave the RTC unit, which is operated by security staff. Clinical staff have underlined that it is difficult to facilitate movement into and out of the unit, especially at night. CSC has added another staff to that post; however it has not resolved the issue entirely. It is anticipated this problem will become worse when RTC treatment rooms become available since these rooms are located outside the RTC unit.
- The door to the ECU (segregation) at the end of the RTC unit is being utilized to move offenders to\from health care and dentist appointments (contrary to previous instruction that it would not be used as a short cut through the institution). 000060
- The Program rooms are not completed for use; therefore no programs are being facilitated right now at the RTC.
- There are currently no functional washing machine nor dryer. Some

inmates have been without their own clothing since their arrival three weeks ago (they are working to complete this work by week's end).

- There is no common eating room for the inmates/patients who prepare food in the unit. Instead they must return to their cell to eat.
- Dr. Hillen (psychiatrist) has been conducting interviews in the yard because there is no functional room to meet with inmates/patients.
- There is constant construction, loud drilling, banging as they construct the range around the inmates/patients living on the range. The noise is constant and so loud that it is difficult to hear people speaking beside you.
- Numerous staff advised us that they were concerned with the lack of routine in the unit; noting that this is not conducive for treatment, and highly problematic for a population that requires routine as part of their mental health needs.
- It is anticipated that the construction for the treatment rooms and program rooms will be another two months.
- Staff are frustrated that RTC was moved so early given the impact on routine/treatment of patients.

000061

Stewart Shannon (NHQ-OCI)

From: Vernier Mélanie (NHQ-OCI)
Sent: Wednesday, September 18, 2013 1:45 PM
To: Branchaud Terra (OCI-BEC)
Cc: Stewart Shannon (NHQ-OCI); Kingsley Marie-France (NHQ-OCI)
Subject: FW: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

Hi Terra, we will need to change my car reservation for September 23rd. Warden at RTC has asked if it would be possible to change the date of our visit as she is unavailable on the 25th.

From: Stewart Shannon (NHQ-OCI)
Sent: Wednesday, September 18, 2013 1:13 PM
To: Vernier Mélanie (NHQ-OCI); Kingsley Marie-France (NHQ-OCI)
Subject: RE: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

The 23rd is good for me!

From: Vernier Mélanie (NHQ-OCI)
Sent: Wednesday, September 18, 2013 12:43 PM
To: Kingsley Marie-France (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI)
Subject: FW: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

FYI can we make some changes? I would prefer having Marie-Andrée there to say honestly...

From: Drouin Marie-Andrée (ONT)
Sent: Tuesday, September 17, 2013 8:16 PM
To: Vernier Mélanie (NHQ-OCI)
Subject: RE: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

Bonsoir Mélanie,

Je t'ai laissé un message téléphonique en fin de journée pour te demander s'il est possible de déplacer ta visite prévue pour le 25 septembre car je ne serai pas disponible pour te rencontrer en raison de la visite du Ministre. Le 23 ou 24 septembre serait idéal pour nous. Si cela n'est pas possible, je vais m'assurer que la sous-directrice soit présente pour votre séjour.

Merci de me revenir à ce sujet et désolée de bousculer ton horaire. Au plaisir Mélanie.

Marie-Andrée

000062

From: Vernier Mélanie (NHQ-OCI)
Sent: Friday, September 13, 2013 11:34 AM
To: Drouin Marie-Andrée (ONT)
Subject: RE: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

Merci Marie-Andrée,

Je compte être à l'établissement vers 10h30 am au plus tard si tout va bien sur la route bien sûr.

From: Drouin Marie-Andrée (ONT)
Sent: Thursday, September 12, 2013 9:00 PM
To: Vernier Mélanie (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI); Snedden Kevin (ONT); Legacy Angie (ONT)
Subject: RE: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

Bonsoir Mélanie,

Hoping my message finds you well. I look forward to your visit along with Manager of Investigations Shannon Stewart on September 25th. We will make the necessary arrangements to accommodate interviews as necessary.

Thank you,

Marie-Andrée

From: Vernier Mélanie (NHQ-OCI)
Sent: Thursday, September 12, 2013 3:40 PM
To: Drouin Marie-Andrée (ONT)
Cc: Stewart Shannon (NHQ-OCI); Snedden Kevin (ONT)
Subject: Office of the Correctional Investigator - Closed Visit to RTC Acute Unit Sept. 25th 2013

Hi Marie-Andrée hope you're doing well.

This is to inform you that I will be visiting RTC acute unit on September 25th 2013. Shannon Stewart, Manager of Investigations who is currently assigned to Millhaven institution will be joining me in the course of my visit.

Although this will be a closed visit, I would appreciate if we could arrange for an interview room in case we need to conduct any interviews.

Thank you kindly for your assistance, please do not hesitate to contact me if you have any questions or concerns.

Mel

Mélanie Vernier
Senior Investigator - Enquêtrice Sr.
Office of the Correctional Investigator
Bureau de l'Enquêteur correctionnel
Tel: (613) 991-6168
Fax: (613) 990-9091
VernierMe@oci-bec.gc.ca

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000063

Stewart Shannon (NHQ-OCI)

From: Kingsley Marie-France (NHQ-OCI)
Sent: Thursday, September 12, 2013 2:28 PM
To: Vernier Mélanie (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI); Branchaud-Terra (OCI-BEC)
Subject: RE: Visit RTC Ontario acute Unit (Millhaven)

Approved, remember the all staff on the 26, the following day. Bonne visite!

MF

From: Vernier Mélanie (NHQ-OCI)
Sent: Thursday, September 12, 2013 12:28 PM
To: Kingsley Marie-France (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI); Branchaud Terra (OCI-BEC)
Subject: Visit RTC Ontario acute Unit (Millhaven)

Bonjour Marie-France, tel que discuté ce matin dans notre réunion Shannon et moi aimerions rendre visite à l'unité de santé mentale une fois les transferts complétés.

Nous avons pensé au mercredi 25 septembre 2013. Nous aurons besoin d'une voiture et bien sûr des frais encourus pour l'essence et notre diner.

Si tu approuves, Shannon et moi te ferons parvenir notre demande de voyage.

Melanie

Mélanie Vernier
Senior Investigator - Enquêtrice Sr.
Office of the Correctional Investigator
Bureau de l'Enquêteur correctionnel
Tel: (613) 991-6168
Fax: (613) 990-9091
VernierMe@oci-bec.gc.ca

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Stewart Shannon (NHQ-OCI)

From: Drouin Marie-Andrée (ONT)
Sent: Wednesday, November 13, 2013 9:18 AM
To: Stewart Shannon (NHQ-OCI)
Cc: Vernier Mélanie (NHQ-OCI); Legacy Angie (ONT); Snedden Kevin (ONT)
Subject: OCI Response

Good morning Shannon,

Please find attached our response to your correspondence from your last visit to the RTC Acute Unit located on 16



OCI Response.docx

Please do not hesitate to contact us if you have any questions.

Thank you,

Marie-Andree and Kevin

000065



Shannon Stewart
Manager of Investigations
Office of the Correctional Investigator

November 13, 2013

Dear Ms. Stewart,

Thank you for your note dated October 3rd, 2013. In responding to your concerns I want to take this opportunity to ensure that you are aware of our constant efforts and actions in moving forward with making the RTC acute unit located on the 1st range at Millhaven Institution the therapeutic environment that we all envision. I have addressed your concerns in the order that your correspondence presented them.

1. As you note, the acute unit is housed on the 1st floor. It has been designated as a standalone Psychiatric Facility under the mental health legislation and it operates separately from the rest of the Institution. The routines are such that they are self sufficient and there is no interaction with the remainder of the offender population at Millhaven.
2. Although the program room assigned strictly for RTC use is upstairs, it is appropriate for program delivery and interventions. While at the old RTC, the offenders would move from their range to other program areas, so this movement is not seen as different. This area will not become a shared area.
3. The program room now identified strictly for RTC use does not have the elevator and therefore this is no longer a concern.
4. The issue of segregation inmate movement through the unit has been rectified by the assignment of a program area to RTC. The area assigned is not a walk through area. Although RTC will have access to the other program area, it will not be utilized during any type of movement and is designated as a back up area only.
5. There has been some progress in working through the movement off and on the unit. Although this continues to be an area of focus, there have been some gains in resolving these challenges.
6. The clinical and security teams have determined that they will use the least obstructive path, where no inmate contact will occur, in order to ensure the RTC offenders are moved to clinics safely when they require necessary health care intervention.

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7. The program room has now been set up for use. Clinical intervention is now being facilitated for the RTC offender population.
8. Unfortunately there is not a common area for the offenders to eat together. However, this offender population does not normally want to be in a common area together for meals. They do have the option to meet together in the area provided upstairs for socialization at other times.
9. There has now been appropriate space identified for interviews. All staff and visitors requiring interview space will be given access to this area. There are two spaces/offices RTC can utilize that are in the corridor that leads into the unit. These spaces are clean and have a desk, phone and chair and staff have PPA's should they require emergency assistance.
10. The noise from the construction is unpreventable given the need to finish those projects as these are providing the much needed space to ensure robust, effective intervention takes place with this offender population. However, a plan has been implemented that clearly states loud construction must stop during interviews. In order to do this, construction times may be altered for the period of the interviews.
11. There is an established routine that continues to be worked through and adjusted where required.
12. Construction has been moving ahead quickly with significant progress. The program room does not require construction and only more furniture that will be moved in shortly. Completion timeframes for RTC interview rooms has not been determined. As an interim measure, RTC is provided access to two interview rooms and one other program room. Access to these areas provides adequate intervention space.
13. The manner by which individuals respond to a change of this magnitude varies considerably. That being, there are many staff embracing this challenge and trying to make it work. Others, as you probably witnessed, are frustrated and still grieving the closure of the old RTC. These are issues that need time to work through and are a direct result of personal opinions and adaptability skills. Fast pace change is not easy but it will continue and therefore, strong management presence is critical to provide the necessary guidance and leadership to staff experiencing a greater sense of frustration. In addition, a number of measures have been taken and will continue to unfold as we progress. For instance, the CX designated for the unit were brought in to meet one another and to meet the non-cx prior to the unit opening. This was done to help build relationships and promote communications. The management has committed to continue working with all staff in an attempt to build morale and strengthen the work environment for the RTC staff. For example we are jointly planning a follow up to that effort. During the initial set up, we provided an additional dedicated resource above the approved funding levels to help staff understand and further develop the routine.

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ON-GOING EFFORTS:

RTC has had their A/AWO attend regularly at the RTC acute unit located on W range in order to provide leadership, expertise and advice. The RTC Executive Director and the RTC Deputy Warden have been attending on a regular basis to continue that momentum. Videoconferencing has also been utilized regularly to strengthen communication.

Allison Storing- Nursing Coordinator, Jan Looman- Clinical Manager, Chris Bird-Unit Correctional Manager, Vicki Willis-AWMS, Larry Ringler-Millhaven Deputy Warden and Kevin Snedden- Millhaven Warden toured the unit to review areas of concern and ensure clear understanding of the issues and resolution by our managers. We are planning on continuing these regular tours, twice monthly, with the Executive Director and/or RTC Deputy Warden to ensure we keep things on track.

RTC and Millhaven management teams are working very closely on addressing the issues raised in your letter and as noted by the comments above, there has been progress made on many fronts. The move was difficult for both the staff and offenders who have spent entire careers or incarcerations at the old site and could not imagine an RTC anywhere else. The adjustment period appears to be moving along.

Please do not hesitate to contact us directly if you have any further questions or concerns.

Sincerely,

Marie-Andree Drouin
Regional Treatment Centre Executive Director

Kevin Snedden
Millhaven Institution Warden

Cc: Melanie Vernier, Senior Investigator

000068

Stewart Shannon (NHQ-OCI)

From: Stewart Shannon (NHQ-OCI)
Sent: Thursday, October 03, 2013 9:30 AM
To: Kingsley Marie-France (NHQ-OCI)
Subject: FW: BN RTC Final

Hi Marie France,
Stacy is writing a piece on RTC, when this is approved can you let me know so that I can send to her for information purposes only?
Thanks,
Shannon

From: Stewart Shannon (NHQ-OCI)
Sent: Wednesday, October 02, 2013 4:41 PM
To: Kingsley Marie-France (NHQ-OCI)
Subject: BN RTC Final



BN RTC Final.docx

000069

MEMORANDUM		CORRECTIONAL INVESTIGATOR CANADA ENQUÊTEUR
NOTE DE SERVICE		CORRECTIONNEL CANADA 60 Queen Street 11th floor Ottawa (Ontario) K1P 6L4

DATE	October 2, 2013
TO/À	Ivan Zinger
FROM/DE:	Marie-France Kingsley
SUBJECT/OBJECT	Prepared by: Shannon Stewart Concerns regarding recent RTC Acute Range

	<p>This note provides an overview of the concerns with regard to the recent relocation of RTC to Millhaven. On Monday September 23rd, our Office visited the RTC and noted the following:</p> <ul style="list-style-type: none"> • The unit is housed on the first floor, underneath the segregation range and opposite the special needs range. It is not in a standalone area of the institution. • The two program rooms assigned to the RTC are located physically out of the RTC unit, on the upper units beside said ranges: Millhaven segregation and special needs ranges. It is anticipated that the program rooms will eventually be shared with segregation inmates given their proximity to those ranges. • One of the two program rooms relies on the elevator that food services use for Millhaven. • Inmates from segregation must physically pass through the program rooms in order to get to the rest of the institution. • There are issues with regard to the control of the door to enter/leave the RTC unit, which is operated by security staff. Clinical staff have underlined that it is difficult to facilitate movement into and out of the
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	<p>unit, especially at night. CSC has added another staff to that post; however it has not resolved the issue entirely. It is anticipated this problem will become worse when RTC treatment rooms become available since these rooms are located outside the RTC unit.</p> <ul style="list-style-type: none"> • The door to the ECU (segregation) at the end of the RTC unit is being utilized to move offenders to\from health care and dentist appointments (contrary to previous instruction that it would not be used as a short cut through the institution). • The Program rooms are not completed for use, therefore no programs are being facilitated right now at the RTC. • There is currently no functional washing machine nor dryer. Sme inmates have been without their own clothing since their arrival three weeks ago (they are working to complete this work by week's end). • There is no common eating room for the inmates/ patients who prepare food in the unit. Instead they must return to their cell to eat. • Dr. Hillen (psychiatrist) has been conducting interviews in the yard because there is no functional room to meet with inmates/ patients. • There is constant construction, loud drilling, banging as they construct the range around the inmates/ patients living on the range. The noise is constant and so loud that it is difficult to hear people speaking beside you. • Numerous staff advised us that they were concerned with the lack of routine in the unit; noting that this is not conducive for treatment, and highly problematic for a population that requires routine as part of their mental health needs. • It is anticipated that the construction for the treatment rooms and program rooms will be another two months. • Staff are frustrated that RTC was moved so early given the impact on routine/treatment of patients.
FROM/DE:	Shannon Stewart

000071

Stewart Shannon (NHQ-OCI)

From: Stewart Shannon (NHQ-OCI)
Sent: Wednesday, June 12, 2013 3:09 PM
To: Kingsley Marie-France (NHQ-OCI)
Subject: BN for Millhaven Trip revised with RTC

Hi Marie France,

Ivan is booked to take a tour with the warden Kevin Snedden on Friday at 11am. I have faxed the form for his camera. They have confirmed receipt of this form and a note will be left at the front permitting him to bring in the camera. Let me know if you require any further information.



BN for Millhaven
Trip revised....

Thanks
Shannon

000072

MEMORANDUM		CORRECTIONAL INVESTIGATOR CANADA ENQUÊTEUR CORRECTIONNEL-CANADA
NOTE DE SERVICE		60 Queen Street 11 th floor Ottawa (Ontario) K1P 6L4

DATE	June 10, 2013
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TO/A	Ivan Zinger
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FROM/DE:	Marie France Kingsley
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SUBJECT/OBJECT	This note provides current information on Millhaven Institution, including population management, programs, challenges and best practices, in preparation for your planned visit to the institution on June 14, 2013.
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General Information	<ul style="list-style-type: none"> • Millhaven's current total count is 120 male inmates, of whom seven are segregated. • Warden: Kevin Snedden, Deputy Warden: Larry Ringler • One area of concern this past fiscal year was that dozens of inmates were inter-regionally transferred as part of penitentiary placements due to population management issues related to the closure of Kingston Penitentiary. Although the pen placements out of region were consistent with policy, our Office received dozens of complaints that the transfers were involuntary. • Recently, the Assessment Unit for both new intakes to CSC and mental health ComHiss were moved to Joyceville. • There is currently a great deal of tension between staff and offenders due to the amalgamation of Kingston Penitentiary and Millhaven and the stress of the two institutions joining, each characterized by different histories, cultures, and types of offenders. • There have been numerous searches as of recent, classified as enhanced s. 53, and a current s. 128 all related to missing items within the institution (i.e. missing Pepsi glass, metal from exercise machine).
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Aboriginal Portfolio

- 27 out of 120 inmates at Millhaven are Aboriginal, 22.5%.
- For Aboriginal Awareness week - May 21 to 24, 2013 a gathering was held for staff on the Aboriginal Grounds – Ceremony opened with welcome drum song and opening prayer by Institution Elder. As well other Elders and ALOs attended from other institutions. Aboriginal teachings were provided by Elder. Aboriginal traditional foods were served. Staff had a chance to ask questions about Aboriginal culture and traditions.
- There are two elders at Millhaven, Elder Andrew Reuben - full time- and Elder Albert Dumont – part time (twice monthly).
- Aboriginal Circles are held every Friday afternoon with the Elder and ALO on the Aboriginal Grounds.
- The ALO facilitates Aboriginal Hobby Craft time with Aboriginal offenders weekly.
- Aboriginal Sweats are held once a month on Aboriginal Grounds.

Programming for Aboriginal Population as of the end of fiscal year March 2012 / Aboriginal Programming completion:

- Basic Healing – enroll 9 – successful completion – 9
- VPP HIGH – enroll 6 – successful completion – 6

100% completion for both programs.

No ACPO at present time to deliver programs as part of Roving Team, expected to return in Summer of 2013.

Current Aboriginal Programming Waitlist:

- Aboriginal Basic Healing Program-Revised (15)
- Aboriginal High Intensity Family Violence Prevention (1)
- Aboriginal Offender Substance Abuse (2)

Mental Health Portfolio

Below is an excerpt from last debriefing to the Warden:

Over the coming months, the transition of moving hundreds of inmates from Kingston Penitentiary to Millhaven will begin. Our Office acknowledges Kingston Penitentiary has received funding for their intermediate mental health unit for

000074

	<p><i>the past three years. At the time of writing this letter, KP's mental health intermediate unit was at capacity, 32 inmates. Presumably, the majority of these inmates will be transferred to Millhaven.</i></p>												
	<p><i>Please advise if Millhaven has secured funding to open a similar intermediate care concept at Millhaven? If so, could you identify if the intermediate care range would be open at the time these offenders with mental health needs are transferred to Millhaven?</i></p> <p>Preliminary Response from Warden: Millhaven has secured temporary funding for an intermediate mental health care unit; however the amount secured is unknown at this time but the funding will not come from Millhaven's base budget. He will follow up with our Office with the amount of funding provided at a later date.</p>												
<p>Correctional Programming</p>	<p>Below are program results for May 2013: NSAP-Moderate (6 participating) NSAP-Maintenance (3 participating) VPP-Moderate (6 participating) VPP-High (6 participating) Family Violence (9 participating)</p>												
<p>Employment</p>	<table border="0"> <tr> <td>FT employed</td> <td>96</td> </tr> <tr> <td>½ employed</td> <td>20</td> </tr> <tr> <td>FT unemployed</td> <td>11</td> </tr> <tr> <td>TOTAL</td> <td>127</td> </tr> <tr> <td>School Program</td> <td>36</td> </tr> <tr> <td></td> <td>25</td> </tr> </table>	FT employed	96	½ employed	20	FT unemployed	11	TOTAL	127	School Program	36		25
FT employed	96												
½ employed	20												
FT unemployed	11												
TOTAL	127												
School Program	36												
	25												
	<p>*Note, there are only 120 inmates incarcerated at Millhaven, this contributes to the high level of employment availability at the institution.</p>												
<p>RTC</p>	<p>E-Block will be 27 cells with solid steel doors with small food slots and observation windows. E-Block was previously used as a segregation unit and was in bad state of disrepair. It is now undergoing several changes in anticipation of the arrival of the former RTC inmates from Kingston. The key "improvements" include:</p> <ul style="list-style-type: none"> • New flooring; • Installation of cameras in 6 of the 27 cells; 												

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	<ul style="list-style-type: none"> • Two wheel chair accessible cells, used to accommodate Pinel beds; • 2 of the 3 shower rooms will be demolished to allow for an additional cell and a soiled linen area; and • The "yard" is enclosed enveloped within a maximum security institution where lockdowns, disturbances and population management challenges are commonplace. • Treatment unit is adjacent to Millhaven's segregation ranges
<p>FROM/DE:</p>	<p>Prepared by: Shannon Stewart Approved by: Marie-France Kingsley</p>

000076

Stewart Shannon (NHQ-OCI)

From: Stewart Shannon (NHQ-OCI)
Sent: Wednesday, September 04, 2013 2:38 PM
To: Kingsley Marie-France (NHQ-OCI)
Cc: Dagenais Patrick (OCI-BEC)

Hello!

RTC acute range is being moved next week to Millhaven. The rest of KP follows the next few weeks, 15-30 inmates a day to be completed by September 30th. FYI.

000077

Stewart Shannon (NHQ-OCI)

From: Stewart Shannon (NHQ-OCI)
Sent: Monday, September 23, 2013 2:39 PM
To: Kingsley Marie-France (NHQ-OCI)
Subject: Re: Revised Commissioner's Directives (CD) 843 -- Management of Inmate Self-Injurious and Suicidal Behaviour has been published

Yes, with guys in observation cells from overflow.

----- Original Message -----

From: Kingsley Marie-France (NHQ-OCI)
Sent: Monday, September 23, 2013 02:30 PM
To: Stewart Shannon (NHQ-OCI)
Subject: RE: Revised Commissioner's Directives (CD) 843 - Management of Inmate Self-Injurious and Suicidal Behaviour has been published

Is it full yet?

-----Original Message-----

From: Stewart Shannon (NHQ-OCI)
Sent: Monday, September 23, 2013 2:09 PM
To: Kingsley Marie-France (NHQ-OCI)
Subject: Re: Revised Commissioner's Directives (CD) 843 - Management of Inmate Self-Injurious and Suicidal Behaviour has been published

It is unlike their plans they shared with us. Huge concerns, operationally and as well from the clinical staff. As a side note, the chaos is overwhelming.

----- Original Message -----

From: Kingsley Marie-France (NHQ-OCI)
Sent: Monday, September 23, 2013 02:00 PM
To: Stewart Shannon (NHQ-OCI)
Subject: RE: Revised Commissioner's Directives (CD) 843 - Management of Inmate Self-Injurious and Suicidal Behaviour has been published

Welcome to a new reality. Drive safely!

-----Original Message-----

From: Stewart Shannon (NHQ-OCI)
Sent: Monday, September 23, 2013 1:52 PM
To: Kingsley Marie-France (NHQ-OCI)
Subject: Re: Revised Commissioner's Directives (CD) 843 - Management of Inmate Self-Injurious and Suicidal Behaviour has been published

RTC. Its awful.

----- Original Message -----

From: Kingsley Marie-France (NHQ-OCI)
Sent: Monday, September 23, 2013 11:51 AM
To: Stewart Shannon (NHQ-OCI)
Cc: Zinger Ivan (NHQ-OCI)
Subject: Revised Commissioner's Directives (CD) 843 - Management of Inmate Self-Injurious and Suicidal Behaviour has been published

000078

<http://infonet/Corporate/National/NewsWork/PolicyandProgramNews/2013/CDDC8432013092006.htm?lang=en>

This just posted today. Please read new version Shannon and let me know what has changed with respect to previous version. Important in context of imminent release of RB.

Thanks!

MF

000079

Zinger Ivan (NHQ-OCI)

From: Vernier Mélanie (NHQ-OCI)
Sent: Monday, November 04, 2013 11:07 AM
To: Zinger Ivan (NHQ-OCI)
Subject: Photos du CTR Ontario - Lien

Voilà Ivan, les photos du CTR ont été sauvegardées tel que demandé. Voir le lien

<G:\Institutions & Regions -établissements & régions\2013\RTC-Ontario\Pictures - Acute Unit 2013>

Mélanie Vernier

Senior Investigator - Enquêtrice Sr.
Office of the Correctional Investigator
Bureau de l'Enquêteur correctionnel
Tel: (613) 991-6168
Fax: (613) 990-9091
VernierMe@oci-bec.gc.ca

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000080

Zinger Ivan (NHQ-OCI)

From: Kingsley Marie-France (NHQ-OCI)
Sent: Thursday, October 03, 2013 9:46 AM
To: Zinger Ivan (NHQ-OCI)
Cc: Stewart Shannon (NHQ-OCI)
Subject: Briefing note on RTC Millhaven

Bonjour Ivan,

PTI.

Merci Shannon!

MF



BN RTC Final.docx

000081

MEMORANDUM		CORRECTIONAL INVESTIGATOR CANADA ENQUÊTEUR CORRECTIONNEL CANADA
NOTE DE SERVICE		60 Queen Street 11th floor Ottawa (Ontario) K1P 6L4

DATE	October 3, 2013
TO/À	Ivan Zinger
FROM/DE:	Marie-France Kingsley
PREPARED BY:	Shannon Stewart
SUBJECT/OBJECT	Concerns Regarding Recent RTC Acute Range

This note provides an overview of the concerns with regard to the recent relocation of RTC to Millhaven. On Monday September 23rd, our Office visited the RTC and noted the following:

- The unit is housed on the first floor, underneath the segregation range and opposite the special needs range. It is not in a standalone area of the institution.
- The two program rooms assigned to the RTC are located physically out of the RTC unit, on the upper units beside said ranges: Millhaven segregation and special needs ranges. It is anticipated that the program rooms will eventually be shared with segregation inmates given their proximity to those ranges.
- One of the two program rooms relies on the elevator that food services use for Millhaven.
- Inmates from segregation must physically pass through the program rooms in order to get to the rest of the institution.
- There are issues with regard to the control of the door to enter/leave the RTC unit, which is operated by security staff. Clinical staff have underlined that it is difficult to facilitate movement into and out of the unit, especially at night. CSC has added another staff to that post; however it has not resolved the issue entirely. It is anticipated this problem will become worse when RTC treatment rooms become available since these rooms are located outside the RTC unit.
- The door to the ECU (segregation) at the end of the RTC unit is being utilized to move offenders to\from health care and dentist appointments (contrary to previous instruction that it would not be used as a short cut through the institution).
- The Program rooms are not completed for use; therefore no programs are being facilitated right now at the RTC.
- There are currently no functional washing machine nor dryer. Some

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inmates have been without their own clothing since their arrival three weeks ago (they are working to complete this work by week's end).

- There is no common eating room for the inmates/patients who prepare food in the unit. Instead they must return to their cell to eat.
- Dr. Hillen (psychiatrist) has been conducting interviews in the yard because there is no functional room to meet with inmates/patients.
- There is constant construction, loud drilling, banging as they construct the range around the inmates/patients living on the range. The noise is constant and so loud that it is difficult to hear people speaking beside you.
- Numerous staff advised us that they were concerned with the lack of routine in the unit; noting that this is not conducive for treatment, and highly problematic for a population that requires routine as part of their mental health needs.
- It is anticipated that the construction for the treatment rooms and program rooms will be another two months.
- Staff are frustrated that RTC was moved so early given the impact on routine/treatment of patients.

000083

Zinger Ivan (NHQ-OCI)

From: Richard France (NHQ-OCI)
Sent: Tuesday, October 01, 2013 8:15 AM
To: Zinger Ivan (NHQ-OCI); McKenzie Paul (NHQ-OCI); Kingsley Marie-France (NHQ-OCI); Hooley David (NHQ-OCI); Marques Manuel (NHQ-OCI)
Cc: Sapers Howard (NHQ-OCI)
Subject: FW: Response: Proposed Location of the New RTC Ontario at Millhaven Institution

Good morning,

Attached is CSC response to Mr. Sapers letter to Mr. Head regarding proposed location of the new RTC at Millhaven.

Thanks.

Mrs. France Richard

Executive Assistant to the Correctional Investigator of Canada/
Adjointe exécutive de l'Enquêteur correctionnel du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
C.P. 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel./Tél.: (613) 990-2695/
Fax/télé.: (613) 990-9091
france.richard@oci-bec.gc.ca

From: GEN-NHQ CI Liaison
Sent: Tuesday, October 01, 2013 8:09 AM
To: Sapers Howard (NHQ-OCI)
Cc: Head Don (NHQ-AC); Van Allen Elizabeth (NHQ-AC); Ryan Mike (ONT); Keravel Julie (NHQ-AC); Côté Michael (NHQ-AC); Richard France (NHQ-OCI)
Subject: Response: Proposed Location of the New RTC Ontario at Millhaven Institution

Bonjour Mr. Sapers,

Please find attached our response to your letter of August 16, 2013. Original to follow.

Veillez trouver ci-joint notre réponse à votre lettre en date du 16 août 2013. Originale à suivre.



(039)

257985.response.pdf

Yours truly / Sincères salutations

000084

Sylvie S. Fanasch

Project Officer | Agente de projets

Correctional Investigator Liaison (CIL) | Liaison avec l'Enquêteur correctionnel (LEC)

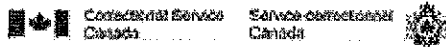
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Correctional Service Canada | Service correctionnel Canada

Telephone | Téléphone 613-995-4376 / Facsimile | Télécopieur 613-943-4391

Email / Courriel: GEN-NHQ CI LIAISON

Government of Canada | Gouvernement du Canada



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CCM: 257985 / 258128

Incoming correspondence from OCI:



Proposed Location
of the New R...

000085



Correctional Service Canada / Service correctionnel Canada

Commissioner
Ottawa, Canada
K1A 0P9

Commissaire

Your file / Votre référence

Our file / Notre référence

257985 / 258128

SEP 27 2013

Mr. Howard Sapers
Correctional Investigator
Correctional Investigator of Canada
P.O. Box 3421, Station "D"
Ottawa, Ontario
K1P 6L4

Dear Mr. Sapers:

In response to your correspondence dated August 16, 2013, concerning the proposed location of the new Regional Treatment Centre (RTC) at Millhaven Institution (MI), I would like to assure you that the required services, as well as the well-being of both offender populations at Collins Bay Institution (CBI) and the RTC are an ongoing priority as we move forward in the closure of the RTC.

Even though this is a temporary measure, extensive consultation and collaboration has already taken place between the RTC, CBI and Regional Headquarters (RHQ) senior management and National Headquarters Health Services Sector to ensure the safe transition and custody of mental health offenders. Procedures are being implemented to meet the physical and mental health needs of the population without negatively impacting the routine at CBI. Plans are also in place to ensure consistent and quality levels of care are provided at both MI and CBI locations. Both the transfer of offenders and the deployment of staff will unfold in a manner that promotes continuum of care and the least amount of disruptions in their daily routine.

.../2

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Canada

Although this is a challenging time for all staff and offenders, I am confident that the measures in place will adequately address your concerns and maintain the required level of service to offenders during this temporary arrangement.

I would invite your staff to liaise closely with the staff at RHQ and CBI to monitor any impacts of this temporary move.

Thank you once again for bringing this matter to my attention for further review.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Head", with a small dash to the right.

Don Head

c.c.: M. Ryan, A/Deputy Commissioner, Ontario Region

000087

Zinger Ivan (NHQ-OCI)

From: Richard France (NHQ-OCI)
Sent: Friday, July 12, 2013 2:59 PM
To: Head Don (NHQ-AC)
Cc: Sapers Howard (NHQ-OCI); Van Allen Elizabeth (NHQ-AC); GEN-NHQ CI Liaison; Brenning Michele (NHQ-AC)
Subject: Proposed Location of the RTC Ontario at Millhaven Institution

Dear Mr. Head:

Please find attached an advance copy of a letter from Mr. Howard Sapers dated 12 July 2013 regarding the above subject. The original letter will be sent to you via regular mail shortly.

Thank you.

Cher M. Head,

Veuillez trouver ci-jointe, copie d'une lettre de M. Howard Sapers datée du 12 juillet 2013 concernant le sujet ci-haut mentionné. Le document original vous sera envoyé par courrier régulier sous peu.

Merci.



2013-07-12 Ltr to
Don Head re ...

Mrs. France Richard

Executive Assistant to the Correctional Investigator of Canada/
Adjointe exécutive de l'Enquêteur correctionnel du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
C.P. 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel./Tél.: (613) 990-2695/
Fax/télé.: (613) 990-9091
france.richard@oci-bec.gc.ca

000088



The Correctional Investigator
Canada

L'Enquêteur correctionnel
Canada

P.O. Box 3421
Station "D"
Ottawa, Ontario
K1P 6L4

C.P. 3421
Succursale "D"
Ottawa (Ontario)
K1P 6L4

July 12, 2013

Mr. Don Head
Commissioner of Corrections
Correctional Service Canada
340 Laurier Avenue West
Ottawa, Ontario
K1A 0P9

Dear Mr. Head 

I am writing to share with you my concerns and recommendations regarding the proposed location of the Regional Treatment Centre (RTC Ontario) at Millhaven Institution.

As you are aware, I visited the site on July 11, 2013, accompanied by Ms. Marie-France Kingsley, Director of Investigations. We were received by Mr. Kevin Snedden, Warden, Mr. Larry Ringler, Deputy Warden, Ms. Michelle Brenning, AC Health Care, Mr. Mike Ryan, A/RDC, and Mr. Ian Irving, Regional Manager Clinical Services. The visit was both informative and constructive. Furthermore, it is apparent that management and staff at the institution are doing their very best considering the significant challenges. Nothing in this correspondence should be construed as a criticism of their commitment, dedication or effort.

The proposed RTC unit at Millhaven is a former segregation unit and is located in the oldest part of the prison complex, which was built in 1971. Despite efforts to remodel the unit and its surrounding infrastructure, my impression is that it is grossly inadequate as a psychiatric facility by both community and correctional standards. The unit is basically a narrow corridor with aging cells with little natural light, poor ventilation and no common areas.

The adjacent control room has been modified to add a counter where nursing staff will be stationed beside correctional staff, providing patients little assurance of medical confidentiality. Additional offices and small interview rooms are under construction and access to a grassy yard will be provided.

000089

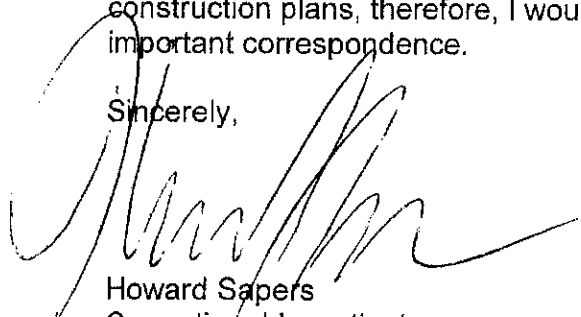
Despite these changes, the proposed infrastructure cannot be physically transformed into a therapeutic environment. The unit's close proximity to Millhaven's segregation area raises considerable concern. As currently configured, managing inmate movement will be exceedingly difficult. Given the lack of common areas, it is foreseeable that many of the most mentally disordered and in need of treatment in the Ontario Region will remain locked in their cell for unacceptable periods of time.

I understand that there is pressure to close Kingston Penitentiary (KP) and that part of the decision to remodel the proposed RTC unit at Millhaven was made in response to significant time constraints. Notwithstanding, I recommend that the CSC explore remodeling the new 96-bed unit to receive the RTC patients and that the intermediate care unit at KP be moved to the current proposed RTC unit at Millhaven. Inmates in the intermediate care unit are more likely to be out of their cells during the day and registered in various activities (education, core programming and employment) than those residing at the RTC. A new acute ward within the 96-bed unit could be modified to provide a more therapeutic and appropriate environment, inclusive of common areas and in-unit offices for health care professionals.

The CSC is not only required to provide bed space for RTC patients, but also a therapeutic environment that meets their significant mental health needs. The current proposal falls short and should not stand as currently envisioned. I fully appreciate that my recommendation may delay the closure of KP, but it seems unwise to proceed further in trying to modify infrastructure that is woefully inadequate and inappropriate for treating significant mental illness. Given that today's decisions will impact the institution for the next 30-40 years, a delay is insignificant to ensure the safety and wellness of both offenders and correctional staff.

I understand that time is of the essence should there be a need to change construction plans, therefore, I would appreciate a prompt response to this important correspondence.

Sincerely,



Howard Sapers
Correctional Investigator

000090

c.c.: Michele Brenning, AC, Health Services, CSC
Elizabeth Van Allen, A/AC, Policy, CSC

Zinger Ivan (NHQ-OCI)

From: 1911 @theroyal.ca
Sent: Monday, January 28, 2013 3:20 PM
To: Zinger Ivan (NHQ-OCI)
Subject: FW: Floor Plan
Attachments: STU Plans.pdf; Site Plan.pdf

Ivan,

20(17)(b)

I hope this helps. Let me know if you have questions.

19(1)

My email has changed - please update your records

T. 613.722.6521 ext. 1911	1145, ave. Carling Ave.
F. 613.722.7686	Ottawa, Ontario
1911 @theroyal.ca	Canada K1Z 7K4



Royal Ottawa
Health Care Group

Services de santé
Royal Ottawa

000091

From: 19(1)
Sent: Monday, January 28, 2013 2:26 PM
To: 'Zinger Ivan (NHQ-OCI)'
Subject: RE: Floor Plan

Ivan,

Sorry for the delay.

2d(1)(b)

Let me know if you have any questions.

19(1)

19(1)

My email has changed - please update your records

T. 613.722.6521 ext. 19(1) 1145, ave. Carling Ave.
F. 613.722.7686 Ottawa, Ontario
19(1) @theroyal.ca Canada K1Z 7K4



Mental Health - Care & Research
Santé mentale - Soins et recherche

Royal Ottawa
Health Care Group

Services de santé
Royal Ottawa

From: Zinger Ivan (NHQ-OCI) [<mailto:Ivan.Zinger@OCI-BEC.GC.CA>]

Sent: Friday, January 04, 2013 3:21 PM

To: 19(1)

Subject: Floor Plan

19(1)

I have a favour to ask. Do you have a floor plan of your current secure unit? I will trade you this one in exchange – the planned acute RTC unit at Millhaven, which will replace KP. We need a comparison....a floor plan of a more therapeutic environment.

Thx again and all the very best for 2013.

Ivan

Ivan Zinger, J.D., Ph.D.
Executive Director and General Counsel/
Directeur exécutif et avocat général
Office of the Correctional Investigator, Government of Canada/
Bureau de l'enquêteur correctionnel, Gouvernement du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
CP 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel/Tél: (613) 990-2690
Fax/Télécopieur: (613) 990-9091
ivan.zinger@oci-bec.gc.ca

000092

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000093

Page(s) 94 to 99

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pursuant to section(s) 20(1)(b)

of the *Access to Information Act*

Zinger Ivan (NHQ-OCI)

From: Sapers Howard (NHQ-OCI)
Sent: Thursday, July 04, 2013 9:25 AM
To: Zinger Ivan (NHQ-OCI)
Cc: Kingsley Marie-France (NHQ-OCI); Richard France (NHQ-OCI)
Subject: RE: Brockville

Hi – I will travel to Kingston on July 11. Please let the Region and the Institution know I will at Millhaven at 10:30 and would like a tour of the new RTC. I will have a camera. Marie-France – you are most welcome to join me. Please contact the Region and suggest that the AC Health meet me at the site.
Howard

From: Zinger Ivan (NHQ-OCI)
Sent: Wednesday, July 03, 2013 5:27 PM
To: Sapers Howard (NHQ-OCI)
Cc: Kingsley Marie-France (NHQ-OCI)
Subject: Fw: Brockville

Howard:

21(1)(a)
23

We can discuss further tomorrow.

Ivan

From: Snedden Kevin (ONT)
Sent: Wednesday, July 03, 2013 04:40 PM
To: Zinger Ivan (NHQ-OCI)
Subject: RE: Brockville

Ivan,

000100

Sorry, I had seen your email on my bb and had not realized there was information/questions below
19(1) contact info. My apologies for not getting back to you sooner.

As discussed during your visit my staff and I are working to provide RTC with suitable facilities to continue to provide mental health services to our offenders. With respect to what other options may or may not be

considered on a regional basis I will refer these questions to RDC. In terms of photographs I understand this was discussed and that we will be taking photos and sending them to you shortly once the unit is closer to completion.

Thank you

Kevin

From: Zinger Ivan (NHQ-OCI)
Sent: Wednesday, July 03, 2013 4:12 PM
To: Snedden Kevin (ONT)
Cc: Zinger Ivan (NHQ-OCI)
Subject: RE: Brockville

Kevin:

I haven't heard from you regarding my email below – no response or acknowledgement. Can you please update me. Thx again. Ivan

Ivan Zinger, J.D., Ph.D.
Executive Director and General Counsel/
Directeur exécutif et avocat général
Office of the Correctional Investigator, Government of Canada/
Bureau de l'enquêteur correctionnel, Gouvernement du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
CP 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel/Tél: (613) 990-2690
Fax/Télécopieur: (613) 990-9091
ivan.zinger@oci-bec.gc.ca

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From: Zinger Ivan (NHQ-OCI)
Sent: Monday, June 17, 2013 2:35 PM
To: Snedden Kevin (ONT)
Cc: Zinger Ivan (NHQ-OCI)
Subject: Brockville

000101

Kevin:

Thank you for taking me on a tour of the future site of RTC Ontario at Millhaven. I very much appreciate your time, dedication and efforts to make the best out of an imperfect situation.

As discussed, there may be value in having you and your staff visit Brockville and share experiences and best practices in advance of the opening of the new RTC. It may be beneficial also to see how a MH purpose-built secured facility operates. My contact at the RHO is 1911 His coordinates are:

1911

My email has changed - please update your records

T. 613.722.6521 ext. 1911
F. 613.722.7686
1911 @theroyal.ca

1145, ave. Carling Ave.
Ottawa, Ontario
Canada K1Z 7K4

<< OLE Object: Picture (Device Independent Bitmap) >>

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Health Care Group

Services de santé
Royal Ottawa

Finally, after my visit, I remain concerned about the actual infrastructure for the future RTC. The limitations of the current proposed infrastructure will be hard to overcome, even with your best efforts. The lack of common space will likely result in offenders spending an inordinate amount of time in their cell, and the overall environment (narrow corridor with cells designed for hard core corrections; and architecture from a different era with an outdated punitive correctional philosophy) will likely never provide the much-needed therapeutic environment required at an RTC.

I wonder if other options exist or were considered. For example, what about the new 96 bed unit? Can a separate range with common space be designated as RTC? Could the current proposed unit for the RTC be used for MI's intermediate care unit instead?

000102

I shared my concerns with Mr. Sapers, and he would like a few photographs of the proposed unit itself and the nursing station. I know it is not quite finished, but I doubt that what remains to be completed will significantly alter our concerns.

Thx again.

Ivan

Ivan Zinger, J.D., Ph.D.
Executive Director and General Counsel/
Directeur exécutif et avocat général
Office of the Correctional Investigator, Government of Canada/
Bureau de l'enquêteur correctionnel, Gouvernement du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
CP 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel/Tél: (613) 990-2690
Fax/Télécopieur: (613) 990-9091
ivan.zinger@oci-bec.gc.ca

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000103

Zinger Ivan (NHQ-OCI)

From: Zinger Ivan (NHQ-OCI)
Sent: Friday, January 04, 2013 3:21 PM
To: 19(11)
Subject: Floor Plan

19(11)

I have a favour to ask. Do you have a floor plan of your current secure unit? I will trade you this one in exchange – the planned acute RTC unit at Millhaven, which will replace KP. We need a comparison....a floor plan of a more therapeutic environment.

Thx again and all the very best for 2013.

Ivan

Ivan Zinger, J.D., Ph.D.
Executive Director and General Counsel/
Directeur exécutif et avocat général
Office of the Correctional Investigator, Government of Canada/
Bureau de l'enquêteur correctionnel, Gouvernement du Canada
P.O. Box 3421, Station "D", Ottawa, ON K1P 6L4/
CP 3421, Succursale "D", Ottawa, ON K1P 6L4
Tel/Tél: (613) 990-2690
Fax/Télécopieur: (613) 990-9091
ivan.zinger@oci-bec.gc.ca

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Page(s) 105 to —

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of the *Access to Information Act*



Correctional Service Canada / Service correctionnel Canada

Commissioner
Ottawa, Canada
K1A 0P9

Commissaire

Your file / Votre référence
Our file / Notre référence
CCM: 256874/256907

AOÛT 08 2013
AUG 08 2013

Mr. Howard Sapers
Correctional Investigator
Office of the Correctional Investigator
PO Box 3421, Station D
Ottawa, Ontario
K1P 6L4

Subject: RTC Ontario

Dear Mr. Sapers:

I am responding to your letter of July 12, 2013, concerning the proposed location of a component of the Regional Treatment Centre (RTC Ontario) at Millhaven Institution.

Thank you for your comments concerning the staff at Millhaven Institution in regard to the RTC move. They along with RTC and RHQ staff are making every effort to ensure this move goes as smoothly as possible as well as provide the necessary care of these special needs inmates.

In November 2012, 1911 prepared a report to the Minister of Health and Long-Term Care, Ontario, for the re-designation of RTC Ontario under the *Mental Health Act*. He noted in his Report that the RTC Ontario has a history of successful operation under the *Mental Health Act* and the CCRA in managing mentally disordered offenders. The quality of patient care has been consistently confirmed by Accreditation Canada. The model which has been utilized will be transferred to two different structures, with no loss of program or security integrity and with all the safeguards and oversight offered by the Federal and Provincial Legislation. As such, on February 2, 2013, CSC received a letter from the Minister of Health and Long-Term Care, Ontario (attached), indicating that the RTC Ontario – Millhaven Institution Site, was designated under the *Mental Health Act* as a psychiatric facility. Also, NHQ Health Services monitors all Treatment Centres against their results on a number of standardized processes and key performance indicators implemented in response to the Audit of Treatment Centres in 2010. Furthermore, Accreditation Canada will survey all Regional Treatment Centres in spring 2014. This will provide an opportunity to determine if there are any issues that require further attention.

000106

.../2

Canada

With regard to lighting, ventilation and common areas, institutional management has informed me that the Acute Unit has 26 cells. Of the 26, 18 are regular cells; 2 are equipped for handicap inmates and include Pinel restraints; and, 6 are observation cells with 16 mainly for suicide watch and will have larger windows in the doors as per CD 843 - Management of Inmate Self-Injurious and Suicidal Behaviour. There is also a plan to retrofit each door of the 18 regular cells to increase the viewing area.

Ventilation work is being conducted throughout the Institution i.e. ductwork cleaning and some modifications to ductwork where necessary. This will help with air cleanliness and increase air flow. With regard to a common area for the Acute Unit, it is currently being planned and discussions are underway to determine refurbishing requirements to make it suitable for the acute care patients. Every effort is being made to ensure the common area is available as soon as possible.

The counter you describe is only for those inmates who are able to come and get their medication and be directly observed to ensure that they take their medication. The previous Servery area will be converted into an onsite satellite pharmacy, a treatment room, medication room, doctor's office/examination room and interview rooms that will be multi-purpose for psychologists, psychiatrists, etc. to meet with patients. These interview rooms will provide patients with medical confidentiality when necessary. Also, the yard at Millhaven is larger than the current one and is equipped with 16 to monitor inmate activities while in the yard and will be handicap accessible.

CSC is committed to ensuring the safety and wellness of both offenders and correctional staff. As you are aware, Kingston Penitentiary and RTC are to close this September and it was decided that Millhaven could provide the necessary and appropriate therapeutic environment which has been re-designated by the Minister of Health and Long-Term Care. As mentioned above, there will be constant monitoring by institutional management as well as NHQ Health Services.

Thank you for bringing this matter to my attention and I look forward to working with you to make the new RTC Acute Unit at Millhaven a success.

Sincerely,



Don Head

Attachment

000107



The Correctional Investigator
Canada

L'Enquêteur correctionnel
Canada

P.O. Box 3421
Station "D"
Ottawa, Ontario
K1P 6L4

C.P. 3421
Succursale "D"
Ottawa (Ontario)
K1P 6L4

August 16, 2013

Don Head
Commissioner of Corrections
Correctional Service Canada
340 Laurier Avenue West
Ottawa, ON
K1A 0P9

Dear Mr. Head:

Thank you for your August 8, 2013 correspondence in which you respond to my concern about the proposed location of the new Regional Treatment Centre (RTC Ontario) at Millhaven Institution.

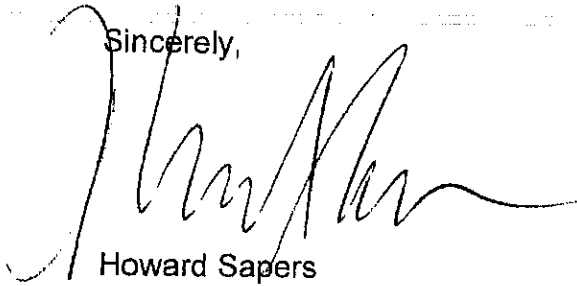
In addition to my continued concerns about the appropriateness and capacity of Millhaven Institution to provide an environment conducive to treatment for offenders with acute mental health issues, I am now concerned about the CSC decision to temporarily house the remaining RTC offenders destined to Bath Institution at Collins Bay Institution. I understand that this decision was made in response to significant construction delays at Bath Institution.

There is no doubt that the interim measure to house mentally ill inmates at Collins Bay will be highly disruptive for both this vulnerable population and for staff. Treatment and programming will inevitably suffer. Transferring these offenders ahead of permanent placement in a purpose-built facility will unnecessarily disrupt their routine and add additional stresses that may well exacerbate their illness. Moreover, the transfer will present a significant challenge to the general operation of Collins Bay Institution. The institution is already above its rated capacity and this influx of high-needs inmates will increase crowding, double bunking and add pressure on existing programs, services and case management.

000108

I recommend that you delay the closure of the Ontario Regional Treatment Centre until the CSC can appropriately and permanently accommodate all current RTC offenders.

Sincerely,

A handwritten signature in black ink, appearing to read 'Howard Sapers', written in a cursive style.

Howard Sapers
Correctional Investigator of Canada

c.c.: Lori MacDonald, RDC Ontario

000109



Correctional Service Canada Service correctionnel
Canada

Commissioner
Ottawa, Canada
K1A 0P9

Commissaire

Your file Votre référence

Our file Notre référence

257985 / 258128

SEP 27 2013

Mr. Howard Sapers
Correctional Investigator
Correctional Investigator of Canada
P.O. Box 3421, Station "D"
Ottawa, Ontario
K1P 6L4

Dear Mr. Sapers:

In response to your correspondence dated August 16, 2013, concerning the proposed location of the new Regional Treatment Centre (RTC) at Millhaven Institution (MI), I would like to assure you that the required services, as well as the well-being of both offender populations at Collins Bay Institution (CBI) and the RTC are an ongoing priority as we move forward in the closure of the RTC.

Even though this is a temporary measure, extensive consultation and collaboration has already taken place between the RTC, CBI and Regional Headquarters (RHQ) senior management and National Headquarters Health Services Sector to ensure the safe transition and custody of mental health offenders. Procedures are being implemented to meet the physical and mental health needs of the population without negatively impacting the routine at CBI. Plans are also in place to ensure consistent and quality levels of care are provided at both MI and CBI locations. Both the transfer of offenders and the deployment of staff will unfold in a manner that promotes continuum of care and the least amount of disruptions in their daily routine.

...000110

Canada

Although this is a challenging time for all staff and offenders, I am confident that the measures in place will adequately address your concerns and maintain the required level of service to offenders during this temporary arrangement.

I would invite your staff to liaise closely with the staff at RHQ and CBI to monitor any impacts of this temporary move.

Thank you once again for bringing this matter to my attention for further review.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Head", with a small horizontal dash to its right.

Don Head

c.c.: M. Ryan, A/Deputy Commissioner, Ontario Region

000-111

Page(s) 112 to 114

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Page(s) 115 to 117

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Page(s) 118 to —

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Page(s) 119 to 122

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of the *Access to Information Act*

Page(s) 123 to 126

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