

Special Handling Unit Audit Report



Performance Assurance Sector
Correctional Service Canada

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Executive Summary

The audit of the Special Handling Unit (SHU) was conducted as part of the Performance Assurance, National Headquarters (NHQ) audit calendar for 2003/2004. The audit of the SHU is planned on a biannual basis and serves as the primary vehicle for the accountability process by providing in-depth analysis, review, and reporting of issues related to the operation of this Unit. The audit provides a complete and detailed analysis of specific compliance issues that are not addressed by other mandatory reporting functions, such as the National Advisory Committee's (NAC) Annual or Quarterly reports. The audit of the SHU was completed in two phases: 1) an initial review in September 2003; and 2) a follow-up verification in February 2005.

Compliance was measured by comparing the actual operations of the SHU against the standards that govern the Correctional Service of Canada. These standards are outlined in the Corrections and Conditional Release Act (CCRA sections 28 and 29) <http://laws.justice.gc.ca/en/C-44.6/index.html>, the Corrections and Conditional Release Regulations (CCRR 11 to 16) <http://laws.justice.gc.ca/en/C-44.6/SOR-92-620/index.html>, departmental policy (Commissioner Directive (CD) 006 "Classification of Institutions" <http://infonet/cds/cds/006-CD.DOC>, CD 540 "Transfer of Offenders" <http://infonet/cds/cds/540-CD.DOC>, CD 551 "Special Handling Unit" <http://infonet/cds/cds/551-CD.DOC>, and Standard Operating Practices SOP-700-15 "Transfer of Offenders") <http://infonet/cds/cds/sop/english/700-15sope.doc>.

Five key functions were examined for compliance with the above legislation and policy. The objectives of the audit included:

- Assessing compliance with policy requirements for the transfer of offenders to the SHU.
- Reviewing and evaluating the reception and assessment processes in the Unit.
- Reviewing the programming offered at the SHU.
- Assessing the quality of case preparation for transfer from the SHU to other institutions.
- Reviewing and evaluating the mandate of the National Advisory Committee.

As a result of reviewing the above objectives, the audit team has identified the following findings:

- **Finding 1:** Transfers to the SHU from all regions are completed as per policy.
- **Finding 2:** Psychological assessments are not always completed for offenders who refuse to meet with the psychologist.
- **Finding 3:** Offender correctional treatment plans were found in all cases reviewed. However, the majority of plans were generic and did not consist of individualized objectives that are specific to the treatment needs of each offender.
- **Finding 4:** Limited programming is offered at the SHU.
- **Finding 5:** Decision-makers report obtaining all the necessary information in order to render an informed decision to transfer. However, some cases prepared for transfer out of the SHU do not contain sufficient *documented* analysis to support the decision rendered.
- **Finding 6:** CD 551 requirements pertaining to four month reviews (i.e., scheduling, information sharing, inmate interviews, timeframes) are being adhered to.

- **Finding 7:** Roles and responsibilities of staff involved in the Special Handling Unit process have not been clearly defined.

While overall the SHU was found to be in compliance with legislative and policy requirements, concerns pertaining to quality and comprehensiveness of documentation were identified. The first of these involved the completeness of the assessment and maintenance process, namely the quality of the initial assessment and offender's treatment plan, and the documentation of progress against the plan. In addition, the level of analysis found in reports for both the assessment and maintenance process and for the transfer of offenders back to parent institutions, was lacking.

Further to the above, it was noted that programming at the SHU is very limited and that behavioural stability of offenders is the key consideration for transfers from the SHU. Finally, the audit identified a need to clarify the roles and responsibilities at each of the institutional, regional, and national levels, with respect to the operation of the SHU.

In February 2005, a follow-up verification was conducted to examine the key issues identified by the initial review. The purpose was to provide management with an assessment of the current state of operations at the SHU. Although, improvements were noted in some areas, the follow-up found that the majority of issues identified in the initial review still require management attention. It was noted that issues pertaining to documentation and quality control have been identified in previous audits.

It is the opinion of the Performance Assurance Sector that sufficient audit work has been performed and the necessary evidence has been gathered to support the conclusions contained in this audit report. Implementation of the recommendations of the audit will contribute to greater compliance with established standards and improve the effectiveness of the SHU program.

Introduction

As the most secure facility in the Correctional Service of Canada (CSC), the Special Handling Unit (SHU) is reserved for inmates considered to pose a danger to staff, inmates or any other persons to be managed in another maximum security facility. Since the closure of the Prairie SHU in October, 1997, the CSC has operated only one SHU which is national in scope and is located in the Regional Reception Centre (RRC) at Ste-Anne-des-Plaines (Quebec Region).

Inmates are transferred to the SHU for assessment via an involuntary transfer under the authority of the Deputy Commissioner of the region in which the offender is incarcerated. Formal admission, however, is decided following a thorough assessment period to determine if the inmate meets the criteria outlined in the Commissioner's Directive on the "Special Handling Unit" (CD 551), or if the risk could be more appropriately managed in another maximum security facility.

All admission and transfer decisions for the SHU are made nationally while the Quebec Region is responsible for the day-to-day operations of the Unit. As per CD551, the members of the SHU National Advisory Committee (NAC) are responsible for making recommendations on admissions and transfers directly to the final decision maker, the Senior Deputy Commissioner (SDC) or his/her alternate¹. The SHU NAC is authorized to make recommendations to the SDC or his/her alternate on:

- a) which offenders shall remain in the Special Handling Unit, based on the assessment that the offender can be most effectively managed in that unit; and
- b) the transfer of an offender from the Special Handling Unit.

Inmate Population Profile

As of September 30th, 2003 there were 72 inmates placed at the Special Handling Unit. The majority of SHU inmates have been transferred for the assault of either staff (20 of 72) or of other inmates (21 of 72). The remainder of the offenders transferred to the SHU as of September 30th had committed various acts of violence, including the murder of inmates, attempted escape, and threatening behaviour. During the audit review, 43% of the offenders placed in the Unit were between the ages of twenty and twenty nine with the next largest number, 32%, being between the ages of thirty and thirty nine.

The majority of offenders in the population of the SHU (54%) had been placed in the Unit for less than a year at the time of the review, while 22% had been housed in the Unit between one and two years. Of the whole offender population, only 12% had been incarcerated at the SHU for more than five years. While a few of the inmates housed at the SHU as of September 30th had been transferred to the SHU for the third or fourth time (13 of 72), for the large majority this was their first (43 of 72) or second (16 of 72) transfer to the Unit.

¹ On September 14, 2004, CD 551 was revised "to allow the Commissioner to designate an alternate to the Senior Deputy Commissioner for responsibilities accorded to him or her under this directive." Policy Bulletin 179.

Similar inmate profile statistics were extracted for the follow-up verification². There has been a significant reduction in the total number of inmates placed at the SHU (62 inmates) and the number returning for the third time or higher (6 of 62, or ten percent). As a result of the latter, an increase in the number of inmates transferred to the SHU for the first time (41 of 62, 66%) is evident. Although the statistics for the remaining trends identified during the initial review have increased or decreased slightly, no significant changes were noted. Assault on staff and other inmates continues to be the primary reasons for transfers to the SHU. Forty-five percent of the inmates were between the ages of twenty and twenty-nine, with 35% between thirty and thirty-five. Finally, it was noted that the majority of inmates had been placed at the SHU for less than a year.

Audit Objectives

Throughout the audit of the Special Handling Unit, the audit team examined five main objectives to ensure compliance in all areas of legislation and policy.³ These objectives included:

1. Transfer to the SHU - Assessing the extent to which current placement procedures are in compliance with law and policy. Under this objective the team ensured that inmate transfers into the SHU met the criteria identified in CD 551, specifically that the Assessment for Decision has a complete and proper analysis with documentation of the offender's past behaviour, potential for continued violence, as well as the reason that a transfer to the SHU is the only alternative.
2. Assessment at the SHU – Reviewing the reception and assessment process at the SHU. This objective consisted of ensuring all necessary elements of the process have been established within the Unit, including the creation of an Assessment and Program Committee, an initial assessment of each inmate completed by a psychologist, a Correctional Plan and Progress Report (CPPR) has been completed, and all information sharing requirements are met.
3. Maintenance at the SHU – Assessing the programs in place at the SHU to ensure all essential programs (as identified by CD 551) are available to inmates, and that these programs will aid the offenders in making a timely and effective return to a maximum security institution. Also this area of the audit verified that inmates are placed in the environment of control that best suits their programming needs, and that the level of control is gradually reduced as the inmate demonstrates more pro-social behaviour.
4. Transfer from the SHU – Evaluating the quality of case preparation when offenders are preparing to be transferred to another maximum security institution. Under this objective, the audit team verified that inmate progress is monitored and reviewed at least every four months, reports contain comprehensive analysis on each offender, and finally that management/reintegration plans have been prepared by the receiving institution.

² Data extracted for February 2005.

³ A complete listing of objectives and criteria can be found in Appendix A.

5. Role of the National Advisory Committee – Assessing the mandate of the Advisory Committee to ensure all roles and responsibilities have been fulfilled. This included verifying a proper system has been put in place to aid the Advisory Committee in successfully achieving their mandate.

Audit Scope and Methodology

a) Initial Review

The audit of the Special Handling Unit focused on the operational procedures that must be followed to ensure the effective and timely transfer of offenders. The objectives allowed the audit team to identify successful operational practices, as well as any procedures and practices that require corrective action on the part of the institution. The review also assessed the thoroughness and objectivity of the SHU process leading to a transfer decision. The audit focused on compliance with the law and policy, specifically in the areas of case preparation, quality of reports, inmate notification and response, and decision making.

The assessment of the SHU's operations was based on the following legal and policy sources:

- Correctional and Conditional Release Act <http://laws.justice.gc.ca/en/C-44.6/index.html> and its Regulations <http://laws.justice.gc.ca/en/C-44.6/SOR-92-620/index.html>;
- Commissioner's Directive (CD) 006 "Classification of Institutions" <http://infonet/cds/cds/006-CD.DOC>;
- CD 551 "Special Handling Unit" <http://infonet/cds/cds/551-CD.DOC>;
- CD 095 "Information Sharing with Offenders" <http://infonet/cds/cds/095-CD.DOC>;
- CD 803 "Consent to Health Service Assessment, Treatment, and Release of Information" <http://infonet/cds/cds/803-CD.DOC>;
- CD 540 <http://infonet/cds/cds/540-CD.DOC> and SOP 700-15 "Transfer of Offenders" <http://infonet/cds/cds/sop/english/700-15sope.doc>; and
- SOP 700-1 "Information Sharing and Disclosure" <http://infonet/cds/cds/sop/english/700-01e.doc>.

Using a list of offenders placed at the SHU as of July 2003, the audit team chose a random sample of approximately 25% of the overall population to review all applicable case management and programming issues as related to the requirements in the above legislation and policy. Once this sample was chosen, and prior to an onsite visit, a file review was conducted using the Offender Management System (OMS) to verify compliance with all requirements. Compliance was also verified during an onsite visit to the Unit, which consisted of a further review of hardcopy files as well as staff interviews. Once a comprehensive review of all necessary materials was complete, the audit team debriefed senior management at the institution, Regional Headquarters (RHQ), and National Headquarters (NHQ).

The case selection and onsite visit took place between July and October of 2003. The sample selected was based on offenders who had been incarcerated in the SHU between October 2002 and July 2003.

b) Follow-up Verification

Subsequent to the completion of the verification phase of the initial review in September 2003, a number of significant management changes occurred at the SHU (including Warden, Unit Manager, Coordinator Case Management), at Regional Headquarters (RHQ) (Deputy Commissioner) and NHQ (Chair and Senior Advisor to the National Advisory Committee, and Director, Correctional Planning and Strategies). In addition, programming modifications were underway at the SHU through the Motivation Based Intervention Strategy (MBIS) initiative.⁴

As a result, a follow-up of the key issues identified by the initial review was conducted in order to provide management with an assessment of the current state of operations at the SHU. The following areas were examined:

- Psychological assessments;
- Correctional Plan Progress Reports and offender correctional treatment plans;
- Program availability;
- Case preparation documents;
- Management plans;
- Quality control process; and
- Roles and responsibilities of staff at the institutional, regional and national levels.

Two audit samples were selected for the follow-up verification. The samples consisted of 10 cases for each of the following phases - the assessment phase, and the progress monitoring/transfer phase. A total of 17 cases were reviewed for the follow-up verification (three cases were consistent for all phases noted above). For the assessment phase, cases that were admitted to the SHU in 2004 were selected. Cases transferred from the SHU in 2004, or at the beginning of 2005, were selected for the progress monitoring/transfer phases. Interviews and file reviews were completed on site on February 9-11, 2005. Site, regional and national briefings were conducted. The methodology used for the follow-up verification was similar to that of the initial review (e.g., file reviews, interviews, site visit, etc.). The results of the follow-up verification have been incorporated into the findings of the initial review.

⁴ MBIS is designed to address CSC's desire to be more efficient in motivating disruptive offenders (High-Need, High-Risk) to change their behaviour in Maximum Security settings. (From "MBIS – Motivation Based Intervention Strategy. Frequently Asked Questions & Answers").

Objective 1 – To assess the extent to which current transfer procedures are in compliance with policy and legislation.

Under this objective, the audit assessed if the current transfer/placement procedures were in compliance with the requirements established by the Corrections and Conditional Release Act, the Corrections and Conditional Release Regulations as well as the Commissioner's Directive 551 (Special Handling Unit) and Standard Operating Practice 700-15 (Transfer of Offenders).

The audit therefore examined if:

- inmates transferred to the SHU meet the criteria established in CD 551;
- CSC is complying to the standards relating to the involuntary transfer of inmates to the SHU;
- requirements of Information Sharing and Duty to Act Fairly are being respected; and
- required offender's files are being transferred on a timely basis.

The audit reviewed a sample of thirteen cases transferred from the five regions from October 2002 to September 2003. The thirteen transfer cases reviewed constituted 30% of the total transfers to the SHU during the period covered by this audit.

The Corrections and Conditional Release Act directs the Correctional Service to take all reasonable steps to ensure that the institution in which the person is confined is one that provides the least restrictive environment for that person taking into account the degree and kind of custody and control necessary for:

- a) the safety of the public;
- b) the safety of that person and other persons in the institution; and
- c) the security of the institution.

As the Special Handling Unit is the most secure institution in the country, it is expected that only offenders requiring a most restrictive environment for their care and custody be transferred to the SHU. The Corrections and Conditional Release Regulations and SOP 700-15 identify the specific requirements that must be followed as part of this process.

The detailed file review conducted as part of this audit objective reported the following results pertaining to transferring offenders to the SHU from the different regions:

Finding #1 – Transfers to the SHU from all regions are completed as per policy.

All the transfers examined met the criteria established in the Commissioner Directive 551 for the transfer of offenders to the SHU.

Overall, the analysis of the offender's behaviour to date, as well as an assessment of the offender's potential for continued violent behaviour which is essential when assessing whether an offender should be considered for transfer to the SHU, was found in the Assessment for Decision prepared by the sending institution.

The one area of the Assessment for Decision reports that was found to be lacking was that of alternatives to the SHU being explored by the Case Management Team (CMT). In seven (7) of the thirteen (13) cases reviewed, we noted that the reports prepared by the CMT recommending transfer to the SHU did not indicate if any other options were investigated, such as the possible transfer of the offenders to another maximum security institution or a transfer to a regional treatment center. As controls at the SHU are more restrictive than any other maximum security institution it is required that the Case Management Team explore all other options before recommending placement for assessment at the Unit. It is important to note that when alternatives were not documented at the institutional level, in all seven cases the regional reviews, as well as the decision rationale by the Regional Deputy Commissioners (RDCs), verified that placement at the SHU was the least restrictive option for the offender. As a result, the audit team is satisfied that in the seven cases where options were not documented at the institutional level, the transfer to the SHU was appropriate. *However, institutions must ensure that alternatives explored prior to recommending a SHU placement are documented as per SOP 700-15 Annex A.*

A review of the decision-making process, including process for the review of any rebuttal by an offender on the proposed involuntary transfer, indicated that for all the cases reviewed, CSC complied with the requirements for information sharing and the Duty to Act Fairly.

In all the cases reviewed the required offenders' files were transferred to the RRC/SHU the same day as the offender. It should also be noted that a large amount of information is already available to the staff of the SHU prior to the physical transfer of the offender, as they can access this information through the Offender Management System. In addition, information of any emergent issue required to be exchanged with the SHU from the sending institution is e-mailed or a telephone call takes place prior to the inmate's arrival (e.g., health care, incompatibles, etc.).

Overall the audit team found that the risk relating to the transfer of offenders to the SHU was well managed. Although improvements should be made in documenting alternatives explored prior to recommending a SHU placement, it was evident to the audit team that decision-makers were made aware of all relevant information required to make an informed decision. The procedures and reports required as part of this transfer process were assessed to be in compliance with the requirements established by legislation and departmental policy.

Objective 2 – To review and evaluate the reception and assessment process in place at the Special Handling Unit.

Through this objective the audit team reviewed the reception and assessment process in place at the SHU to ensure compliance with the requirements established under CD 551, SOP 700-05A, and SOP 700-15. During the assessment process the CMT will determine and make recommendations on whether the offender should be placed at the SHU for a period of time to address his violent behaviour, or returned to another maximum security institution.

This section of the audit examined whether:

- an Assessment and Program Committee has been established at the SHU;
- offenders undergo an initial assessment upon transfer to the SHU, including a comprehensive assessment done by the psychologist as per CD 551;
- a correctional plan is prepared addressing the offender's violent behaviour, including a recommendation to maintain the offender at the SHU or transfer to another maximum security institution or treatment facility; and
- information sharing requirements are met.

The audit team reviewed twelve (12) cases that were assessed by various Case Management team members during the period of October 2002 – September 2003.

The reception process at the Special Handling Unit is designed to ensure that only those offenders who qualify for placement in the SHU are maintained after the initial transfer is complete. Once this need has been established, extensive assessments and correctional plan progress reports are completed to determine the most appropriate intervention strategy to address the violent behaviour of each inmate. The processes regarding reception and assessment are detailed in departmental policies, and the audit team used the sample of assessment cases to verify that the requirements listed above were met as part of the assessment process.

The review conducted by the team yielded the following results:

An Assessment and Program Committee (referred to as the Program Board) has been established at the SHU to approve programming and employment as recommended by the Parole Officer. A Unit Board then reviews cases that are presented by the Parole Officers with regards to assessment and maintenance at the SHU. The Unit Board makes recommendations to the National Advisory Committee (NAC) on all cases. Minutes of the Unit Boards are maintained at the SHU.

<p><i>Finding #2</i> – Psychological assessments are not always completed for offenders who refuse to meet with the psychologist.</p>
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A main component of the assessment process is an initial screening assessment completed by the psychologist. In the three cases where the offender met with psychology, an assessment, inclusive of rationale, was completed and found on OMS. The majority of offenders (9 of the 12 cases reviewed) refused to meet with psychology during the assessment phase and, therefore, no assessment (or file review) was completed. It should be noted, however, that during the initial review, where risk assessments were required by the National Parole Board for a hearing, the assessment was completed via file review.

The majority of the cases reviewed for the follow-up audit, met with the psychologist and the resulting psychological assessment was found on file. However, in one case reviewed it was noted that based on CD 803 (par. 3) “Consent to Health Services Assessment, Treatment and Release of Information”, psychology did not complete the file assessment because the primary purpose of the assessment was not for the interest of the public safety. CD 803 (par. 3) requires that “...even if an offender refuses to consent to an assessment, in the interest of public safety, a risk assessment will be done based on available information.” Interviewees confirmed that this rationale has been used in other cases.

Clarification was sought from Health Services at NHQ with respect to the above-noted practice. The audit team was advised that CD 803 (par. 3) does not require that the assessment be completed by the psychologist or psychiatrist and that under these circumstances the assessment could be completed by the Parole Officer.

CD 551 clearly requires that a psychological assessment must be completed for all offenders transferred to the SHU. Both the initial review and follow-up verification found that this is not occurring in every case. As such, clarification is required with respect to the completion of a psychological assessment for offenders transferred to the SHU who refuse to meet with the psychologist for assessment purposes.

In addition, it was noted that CD 551 (par. 24), requires that “each offender transferred to the Special Handling Unit shall undergo an initial screening assessment by the psychologist. Based on this assessment, the psychologist shall come to one of the following conclusions: a. no further assessments are required; b. the offender shall undergo a psychological assessment (this may include consultation between the psychologist and psychiatrist, as required, but shall not result in a psychiatric assessment); or c. the offender shall undergo both psychological and psychiatric assessments.” A statement pertaining to whether further assessment is or is not required, was found in less than half the psychological assessments reviewed.

Recommendation #1:

That clarification be issued with respect to the responsibilities for the completion of a psychological assessment in cases where an offender refuses to meet with psychology for assessment as per CD 551 (par. 24).

Action by: A/ACCOP

Finding #3 – Offender correctional treatment plans were found in all cases reviewed. However, the majority of plans were generic and did not consist of individualized objectives that are specific to the treatment needs of each offender.

In all twelve cases reviewed, Correctional Plan Progress Reports (CPPRs) were completed for all offenders who were being assessed for admission to the SHU. When inmates refused to participate in preparing the CPPR, we found the information to be limited as to the plan for the offender. Objectives for the offender while at the SHU were primarily general comments (e.g. abide by rules and regulations of the institutions, attend programming, etc.) instead of specific individualized objectives that must be accomplished in order to be transferred out of the Unit. While in some cases content guidelines, as required in SOP 700-05 Annex A, were not completely adhered to, we noted that the plan always included a recommendation with respect to placement at the SHU.

Overall, the results of the follow-up audit confirmed that the offender treatment plans continue to require improvement. CD 551 (par. 28) requires that “*a detailed correctional treatment plan, to specifically address the offender’s violent behaviour, as well as other criminogenic factors, shall be prepared as a result of the assessment.*” The treatment plan (action plan in the CPPR) continues to contain general comments rather than individualized objectives. Offender expectations should be clear, attainable, and address needs. It was noted that many of the plans reviewed required that the offender participate in core programming. However, in many cases, the required programming was not available and as a result was not completed prior to transfer. This is discussed further in Objective 3.

In addition, it was found that the case management team (CMT) action plan was often generic, and provided very little information. Content guidelines are being adhered to in most cases for the remaining sections of the CPPRs as per SOP 700-15, Annex A.

All twelve cases were found to be in compliance with regards to information sharing. As well, offenders were given written notification within the two day timeframe, and a process is in place to ensure the offender’s right to be interviewed, as well as submit a rebuttal if they wish to do so, is respected.

The audit team found that an assessment process is in place at the SHU; however, enhancements are required. An initial screening assessment by the psychologist is not occurring in cases where the offender refuses to meet with the psychologist. Clarification of the responsibilities pertaining to psychological assessments in these cases has been recommended. In addition, although improvements have been noted in the quality of the CPPR and the adherence to content guidelines, the development of individualized treatment plans requires significant focus.

Objective 3 – To review and assess the programming in place at the Special Handling Unit to meet the needs of the offenders accommodated in the Unit.

Under this objective the audit team examined the programming offered to inmates at the SHU to ensure that offenders' needs are being addressed in order to enhance the likelihood for a timely and successful return to another maximum security institution. In order to achieve this objective the team reviewed a sample of 20 cases to verify that:

- offenders have access to all essential components of programming as described in CD 551.
- programming is sufficient to help modify the behaviour of offenders so as to encourage a more pro-social attitude
- offenders are assessed based on their participation in programs as well as their success in addressing identified needs.
- the control exercised with inmates is dependant on the programs they are participating in, and the amount of control is gradually reduced as offender behaviour is modified.

The purpose of the SHU as defined by CD 551 is to have “programs designed specifically to assess and address the needs of offenders who pose a danger to staff, inmates, or any other persons”. As such the programming offered at the SHU must be adequate to encourage the timely and safe return of offenders to a maximum security institution. The programs that are essential in meeting this goal include:

- treatment programs,
- psychiatric and psychological intervention,
- employment opportunities,
- personal development opportunities,
- recreational opportunities; and
- pastoral/spiritual counseling.

Finding #4 – Limited programming is offered at the SHU.

After completing an in-depth file review of the 20 cases, as well as various interviews with staff members responsible for programming and case management the audit team found that:

The SHU offers core programming as required by CD 551. However very limited programming space restricts the amount of programming that can be offered at any given time. Also the limited number of Program Officers and Psychologists in the Unit restricts the number of programs that can be offered in a year.

The following details the status of programs at the time of this audit:

- MBIS had yet to begin, the Violence Prevention Program (VPP) was being given to five offenders, a modified version of OSAPP was being offered, sex offender intervention was offered with one on one counseling;

- Psychological intervention was taking place with offenders who were willing to meet with the psychologist;
- Employment mainly consisted of range cleaners, with the responsibilities being shared among offenders;
- The education/school program had 30 offenders enrolled;
- Recreational opportunities consisted of gym and yard time;
- The Chaplain was active with offenders requesting pastoral counseling, and a Native Liaison Officer and Elder were available to offenders.

Currently, essential programming does not address the needs of all offenders as the programs detailed above cannot accommodate the identified program needs of the population housed at the SHU.

As identified in initial review, programming continues to be limited at the SHU. During the follow-up audit, it was noted that programming offered since April 2004 included – one Violence Prevention Program (VPP) (completed by three offenders), two Substance Abuse Programs (SAP) (completed by seven offenders), MBIS⁵ (completed by 30 offenders), limited psychological intervention, spiritual counseling, and education, employment, and recreational opportunities. It was noted through interviews that program availability at the SHU is being affected by a number of issues including:

Staff Resources

- Program Officer resources are shared with other institutions.
- Three part-time psychologists fill the resource complement for the SHU. Due to their part-time status there are issues relating to availability, consultation and development of strong working relationships with other staff. It was reported that the majority of psychologists' time is spent on conducting psychological assessments, leaving little time for psychological intervention. (Psychiatric intervention is not available at the SHU, however, an MOU is being implemented with Archambault Institution for the provision of mental health services).
- Since June 2004, no psychologist was available to facilitate VPP. One has recently been hired and is planning to begin a VPP in March 2005.

Physical structure/layout of unit

- The limitations (physical structure, space restrictions, etc.) identified during the initial review remain.

Program demand

- Although group programs are a significant component in assessing offenders' behaviour (interaction with others, ability to face challenging situations, etc.), interviewees indicated the programs are difficult to facilitate given the offender population needs. Incompatibility and offender profiles limit the number of offenders that can participate during any one program and offender commitment/motivation to programming is limited. Many offenders

⁵ The MBIS was implemented at the SHU in March 2004.

refuse programs, and others lack the commitment/motivation needed to complete the program.

CD 551 (par. 37) states that *“the offender’s progress shall be assessed on the basis of his participation in the recommended programming and his success in addressing identified needs”*. It was noted that the majority of offenders were being considered for transfer back to maximum security institutions based on their conformist behaviour. The offender’s potential for violent behaviour was assessed by unit staff based on their ability to demonstrate positive behaviour with staff and other offenders over a period of time. In some cases the CPPR requirements to complete a program were not addressed and the offender was transferred based on his ability to conform to institutional rules and regulations.

Ten cases were reviewed for transfer from the SHU during the follow-up audit. The offender treatment (action) plans of 9 cases included participation in programs (such as VPP, OSAPP, and/or Anger Management), yet only 3 offenders participated in programming at the SHU prior to transfer (2 offenders completed OSAPP, and one completed/participated in a sex offender program). The majority were transferred as a result of behavioural stability and not due to participation in programs.

Programming at the SHU has been the subject of discussion for a number of years. In 1999 a working group conducted a study on the *“Reintegration Programs at the Special Handling Unit”*. The study noted that although some programming is available that addresses *“...violent and sexual behavior... participation in these programs are low. The primary reason for poor program participation arises from offender refusals. In addition, contributing factors to poor participation include a lack of incentive for program involvement, inappropriate program settings, and specific security restriction”*.⁶

Further in 2004, a report entitled *“Management Plan Review”* reviewed the correctional plans of the highest risk, highest needs, male maximum security offenders. While SHU inmates were not a part of the sample cases selected, these offenders do meet the criteria of high risk, high needs offenders. The study found that *“the provision of effective programming in maximum security institutions is seriously impeded by a number of constraints given the sub-populations, incompatibilities and low motivation of this [study] group... The net result in the institutions visited is that few programs actually occur or are completed. This is particularly true for the highest risk – highest needs, most of whom are not motivated to change”*.⁷

The findings of these studies are similar to those noted during this audit.

⁶ “Reintegration Programs at the Special Handling Unit.” Working Group Report. November, 1999. Page 4

⁷ “Management Plan Review: A Report on the Review of the Correctional Plans of the Highest Risk, Highest Needs Male Maximum Security Offenders.” July 30, 2004. Page7.

All offenders who complete programming receive a program report that addresses their participation in programming as well as the success or failure of the inmate in addressing identified needs. Program reports are then shared with the case management team to ensure they are included in the Assessment for Decision that will be used for a recommendation to maintain or transfer the offender from the Unit. The audit found that all reports are completed on time, however increased quality control is needed to ensure complete content and analysis can be found in the Assessment for Decision reports.

Of the 10 cases reviewed for the follow-up audit, only two cases had program reports on file. The information presented within the program reports was only found in the Assessment for Decision for one case.

The environment and controls exercised over the offenders who have been placed at the SHU are currently considered the least restrictive based on the present operation and nature of the unit. At this time program participation is not directly related to the amount of control exercised over the inmate. This is expected to change once the motivation based intervention strategy (MBIS) has been implemented. It allows for a gradual reduction of control over inmates as programs are completed and behaviour improves (phased approach). It is important to note that while the program has yet to be implemented, staff have been trained for the process.

It was noted in the follow-up audit that while the offender intervention segment of MBIS has been implemented, the phased approach, however, has not. Thus, the amount of control exercised over the offenders continues to remain the same as was identified in the initial review.

It is not clear to what extent the above-noted issues have affected the SHU's ability to maintain the national format of the programs being offered, and what the resulting implications of program modifications have had with respect to approved program standards. The audit team is of the opinion that the effectiveness of the programs at the SHU to address the needs of the offender population is a significant concern and requires further evaluation.

Recommendation #2:

That offender programs at the Special Handling Unit be: a) reviewed to ensure that the needs of offenders are being met pursuant to the requirements of CD 551; and b) delivered as accredited.

Action by: SHU and A/ACCOP

Objective 4 - To review and assess the quality of case preparation for return to a parent (or other maximum security) institution.

This section of the audit focused on the process that is in place to facilitate preparation of a case file for transfer to a maximum security institution. Under this objective the audit team examined the quality of the information used to make the recommendations for transfer while ensuring that these were reviewed at the appropriate level and that the process was completed within the required timeframes. More specifically the team verified that:

- the Assessment and Program Committee monitors inmates' progress, in accordance with their Correction Plans;
- inmates' progress is reviewed at least every four months and the results and any recommendations are forwarded to the Advisory Committee for consideration;
- progress reports are a true assessment of the inmates' progress and contain enough information to allow the Assessment and Program Committee to make the appropriate recommendations; and
- Management/Reintegration plans prepared by maximum security institutions are completed and provide sufficient detail for a decision to be rendered by the SDC to transfer an offender to a maximum security institution from the SHU.

Finding #5 – Decision-makers report obtaining all the necessary information in order to render an informed decision to transfer. However, some cases prepared for transfer out of the SHU do not contain sufficient documented analysis to support the decision rendered.

Through a review of 20 case files, Assessment and Program Committee meeting minutes, as well as staff interviews the team found that:

- As noted under Objective 2 of this report, the Unit Board monitors the progress of offenders with regards to their Correctional Plans.
- In all cases the Unit Board reviewed the inmate's progress every four months. The Board then forwards any relevant information, as well as their recommendations for maintaining or transferring offenders, to the Advisory Committee.
- In the sample of 20 cases the audit team found that 13 reports met content requirements and contained sufficient analysis to ensure that an informed decision could be made. Reports are completed every four months so a decision can be rendered as per the requirements of CD 551. In seven of the cases reviewed, the content of the reports was lacking in one or more of the following areas:
 - the extensive copying of information from previous reports;
 - the lack of analysis justifying either continued placement at the SHU or transfer from the SHU;
 - required content guidelines were not always respected;

- the absence of a synopsis of professional opinions (i.e., psychiatric or psychological opinions);
- the lack of clear and concise objectives for offenders to meet; and
- a clear synopsis of program participation.

In addition, Structured Casework Records (SCWR) often lacked the detail necessary to monitor the change in offender behaviour.

Of the twenty cases in the sample, only two cases were recommended for transfer back to a maximum security institution (an additional five cases were reviewed from inmates transferred between the months of January to August 2003). Prior to inmates being returned to the parent or another maximum security institution, a comprehensive analysis and risk assessment is required to ensure the offender can be managed at the maximum security level. As this assessment is essential for the Senior Deputy Commissioner to approve or deny transfer, the progress reports must be inclusive of all factors that may influence the successful reintegration of the offender into another maximum security institution. The audit team reviewed this sample of cases to ensure the quality of case preparation meets CSC standards.

Progress reports were found to be lacking in analysis and detail. In one of the cases examined there was no behavioural analysis done in the Assessment for Decision, and in the second the Assessment for Decision did not address an issue that was raised by the receiving institution in the reintegration plan.

Overall the results of the follow-up audit corroborate the findings of the initial review. An audit sample consisting of 10 cases was reviewed. Although some improvements have been made in minimizing the amount of cut and paste, providing a professional opinion synopsis and documenting progress against the expectations of the NAC and SDC (or his/her alternate) within the Assessments for Decision, there continues to be a need to strengthen the documentation of risk assessment within these reports. However, a number of issues aggravate this situation:

- CD 551, par. 37, states that an “...offender’s progress shall be assessed on the basis of his participation in the recommended programming and his success in addressing identified needs.” However, only three cases in the sample reviewed for the follow-up audit participated in programs. As previously indicated under objective #3, core programming is limited at the SHU.
- For the majority of cases reviewed, progress was assessed against behavioural stability. However, documentation on offender behaviour was generally lacking in the files reviewed:
 - SCWRs provide limited information on behaviour and progress. In only 5 of 17 cases reviewed, SCWRs discussed offender behaviour/progress for the review period as per SOP 700-05 (par. 13);
 - Although school has the highest level of participation by the offender population, little information is documented (in the offender’s program report or the Assessment for Decision) with respect to offender behaviour

and progress. Reference made to school in the Assessment for Decision indicates that the offender is "doing well" or his progress is "deemed satisfactory";

- The information that is documented (i.e., in program reports and casework records) is not being included in the risk assessment in the Assessment for Decision in every case;
- The offender's progress is not being linked back to his initial action plan and readjusted as required as per CD 551.

It was noted that documentation (in the form of casework records) pertaining to behaviour and overall progress was more consistently available for offenders participating in MBIS. The offender's involvement in the disciplinary process continues to remain a key element in the assessment of risk of violent behaviour.

Interviewees indicated that informal and formal discussions at meetings and conference calls occur frequently between staff and that the verbal information exchange on offender progress is high. The Alternate to the SDC indicated that enough information is available to make a sound decision on cases being reviewed. Should there be any concerns or lack of written documentation, the Committee is able to obtain this information verbally from staff during case submission.

While management/reintegration plans were prepared by the receiving maximum security institutions in all cases, the reports were lacking in detail and analysis. Interviews with staff revealed that the SHU must make several requests before receiving management plans from the receiving institution and that timeliness in receiving these plans is an issue.

The management/reintegration plans are a significant component in the successful reintegration of an offender in another maximum security environment. Five of the 10 cases reviewed during the follow-up verification provided a solid plan for managing the offender at the receiving maximum security institution. In the remaining cases, specific objectives and monitoring plans are lacking. In some of these cases, plans consist of the following expectations - follow rules of institution, do not become involved in illicit activities, etc. In other cases, the plan involved direct placement in segregation and no reintegration plan was evident in these cases.

In addition, it was noted that many of the plans include a lengthy case review (which is already included in the Assessment for Decision completed by the SHU PO). It was also found that in the cases involved in MBIS, follow-up was not always part of the management plan. Staff at 3 sites have been trained in MBIS, and some of the progress made by SHU POs in aiding the offender in identifying problematic areas should be continued and included in the management plans. Finally, interviewees indicated that timeliness in receiving these plans remains an issue.

Management plans are an important tool in assisting offender to successfully reintegrate into another maximum security facility. However, in order to ensure that this occurs, a

comprehensive, realistic and effective plan must be established. *The receiving institution must ensure that quality plans are developed and timeframes respected to provide transferring offenders with the means to successfully reintegrate into another maximum security facility.*

Enhanced quality control is necessary to ensure that reports meet content guidelines and contain sufficient analysis to render recommendations. The audit team also found that contrary to SOP 700-A, quality control is currently being completed by the CCM and the report is signed by the Unit Manager as quality control agent. Reports are completed on time, however completing an Assessment for Decision on each offender every four months results in excessive repetition (cut and paste) as offender progress over such a short timeframe generally is minimal. Although written documentation is not always complete, interviewees stated that information required to make an informed decision is received during oral conference calls and national meetings.

The follow-up audit confirmed that the CCM continues to conduct quality control of CPPRs and Assessment for Decision s for the NAC. As per National Direction from the Reintegration Division, quality control is to be completed by the Unit Manager, and not the CCM.

Efforts are underway to strengthen the quality control of case management documentation (i.e., ensuring expectations made in the decision record are reported on, etc.) However, greater focus is necessary in meeting requirements as noted-above (e.g., with treatment plans, risk analysis in Assessment for Decision, etc.)

It was noted in the preliminary findings of the initial review that in the two cases reviewed for transfer, the decision record by the SDC did not specifically address reasons for transfer.

The follow-up found evidence that efforts have been made to better document in the decision record:

- information reviewed to render decision;
- significant progress made since last review; and
- expectations for upcoming reviews.

It was reported to the audit team that decision makers are receiving the necessary information to render an informed decision. Overall, however, documentation of treatment plans, offender progress against their treatment plan, risk assessments, etc., is lacking to the extent where, in some cases, the documented assessment does not support the recommendation being made to the National Advisory Committee (NAC). The audit team is of the opinion that enhancements are necessary in order to ensure quality reports that support the decisions rendered.

Recommendation #3:

That the Special Handling Unit enhance the quality control process to ensure that:

- a) psychological assessments include a conclusion pertaining to assessment as required by CD 551;**
- b) offender treatment plans consist of individualized objectives that are specific to the treatment needs of each offender;**
- c) the Assessments for Decision reflect the content and analysis found in the Program/Evaluation Reports;**
- d) offender progress is documented as per CSC policy requirements;**
- e) risk analysis in the Assessments for Decision supports recommendation being made to the NAC; and**
- f) that responsibilities for quality control of case management reports are carried out in accordance with SOP 700-A.**

Action by: SHU

Objective 5 – To assess the mandate of the Advisory Committee.

The SHU National Advisory Committee has been established to make recommendations to the Senior Deputy Commissioner in regards to which offenders are to remain in the Special Handling Unit and which are to be transferred to another maximum security institution. This section of the audit reviewed the mandate of the Committee as detailed in CD 551. Specifically the audit team examined if the Advisory Committee has:

- established a system to ensure effective scheduling of reviews in the SHU,
- met the information sharing requirements relating to the decision making,
- conducted and documented the interviews required with inmates,
- monitored operations within the SHU and has made changes to these operations whenever a problem has been identified.

As is required by CD 551 the Advisory Committee in place at the SHU is comprised of a Senior Advisor from a region other than Quebec; a Clinical Coordinator (currently the CCM at the SHU); and at least two Institutional Heads of maximum security institutions (at this time all Wardens of maximum security institutions sit on the Committee). The SHU also has a contract with a Community Member to sit on the board to satisfy the requirement of a member who is external to CSC. In addition the Citizens Advisory Committee has a standing member involved

in operations at the SHU, and this person occasionally attends SHU Advisory Committee meetings.

Finding #6 – CD 551 requirements pertaining to four month reviews (i.e., scheduling, information sharing, inmate interviews, timeframes) are being adhered to.

A detailed file review was completed and the audit team compiled the following results:

- The SHU Clinical Coordinator and Advisory Committee ensure that all reviews are scheduled accordingly.
- Parole Officers and the NAC met all information sharing requirements in the given timeframes as related to decision-making.
- All files reviewed contained a memo that informed the offender of his right to be interviewed, and included the date when the review would take place. The NAC meets with all inmates who request to be interviewed. The recommendations and rationales given by the Committee are then documented in the Offender Management System (OMS). All notes regarding SHU Advisory Committee meetings are maintained by the Clinical Coordinator.
- The Advisory Committee is responsible for submitting quarterly and annual reports to the SDC which includes the monitoring of operations at the SHU. These reports also identify areas where further action is required. It should be noted that the Annual Report for 2002-03 has not yet been finalized or submitted to the Commissioner. The Senior Deputy Commissioner has requested that the format and overall content of this report be examined so that required changes can be reflected in the 2003-04 report.

After reviewing the key findings for this area, the audit team found that the Committee is composed of the required members, and all prescribed timelines are being respected. In all cases pertaining to the sharing of information the files were up-to-date, and included all necessary written notifications. The SHU Advisory Committee is acting in compliance with the mandate found in Commissioner's Directive 551 paragraphs 6-14.

Finding #7 – Roles and responsibilities of staff involved in the Special Handling Unit have not been clearly defined.

Although the role of the NAC has been clearly identified in CD 551, extensive interviews with staff at the institutional, regional, and national level indicate that clarification of the roles and responsibilities of each of these three levels is required.

The follow-up audit validated the concerns raised by the initial review with respect the need for the clarification of the roles and responsibilities of staff at the institutional, regional and national levels. A number of changes have occurred since the initial review:

- CD 551 was revised “...to allow the Commissioner to designate an alternate to the Senior Deputy Commissioner for responsibilities accorded to him or her under this directive... The changes... allow for greater flexibility in the designation of an alternate to the SDC for decisions pertaining to the SHU”.⁸ As a result, an alternate member has been presiding over the NAC for the past 6 months;
- the position of Senior Advisor to the NAC is no longer occupied;
- quarterly reports are no longer being submitted to the SDC or his/her alternate as required;
- annual reports are not consistently being presented to the Commissioner at the end of every fiscal year. Although, it was reported that data requests for the completion of this report have been ongoing for over a year; and
- a number of other significant managerial changes have taken place (such as the Warden, Unit Manager, Director, Correctional Planning and Strategies (NHQ), etc.).

Some of these changes have widened the gap identified in the initial review in terms of clarifying roles and responsibilities. The follow-up audit identified key areas where role clarification is required:

- *Correctional Officers* - At the institutional level, correctional officers are not always aware of the roles/responsibilities of staff in the unit (e.g., psychologists).
- *Senior Advisor* - it is currently not clear who is responsible for the tasks formerly completed by the incumbent of the Senior Advisor position (e.g., annual report). The responsibilities of this position, however, are being reviewed and staffing is proceeding.
- *Director, Correctional Planning and Strategies (COP Sector/NHQ)* - SHU staff are not clear as to the role of the oversight manager (case briefings to NAC, Chairperson, etc.). It was reported that work is currently underway to delineate and disseminate the role of this position with respect to the Unit.

In addition, interviewees during the follow-up review indicated that the SHU has been referred to as a national institution. However, this role has not been clearly defined. A Working Paper on “*The Role of the SHU as a National Institution*” was completed in July 2003 which discussed a number of issues including roles and expectations of NHQ, RHQ, and Wardens, programming, case management, funding, etc. However, no further progress has been made in this area.

Overall, the audit can provide assurance that the NAC is, for the most part, adhering to its mandate as prescribed by CD 551. It was noted, however, that the roles and responsibilities of

⁸ Policy Bulletin 179.

other staff members involved in the SHU program require clarification and dissemination to reduce confusion and streamline the program.

Recommendation #4:

Clarification of role statements and specific responsibilities as they relate to the SHU must be clearly delineated and disseminated.

Action by: SHU and A/ACCOP

Annex A – Audit Objectives and Criteria

Note: a follow-up verification of the key issues identified by the initial review was conducted in order to provide management with an assessment of the current state of operations at the SHU

Objective 1 – To assess the extent to which current transfer procedures are in compliance with policy and legislation.

Initial Review:

Criterion 1 - The inmates transferred into the Special Handling Unit meet the criteria established in CD551.

Criterion 2 - The standards relating to the involuntary transfer of inmates to the SHU are being followed. Specifically; in the Assessment for Decision an analysis of the offender's behaviour to date as well as an assessment of the offender's potential for continued violent behaviour that poses serious risks to staff or offenders in a lesser security institution. The reason for the transfer to the Special Handling Unit as the only reasonable alternative should be clear. (Annex 700-15A)

Criterion 3 - The offender is provided with the opportunity to respond, in writing or in person, to the recommendation for the SHU placement. If an offender responds to the reasons for the transfer, the content of the response is taken into account by the decision-maker (RDC) in the case.

Criterion 4 - Complete offender files are forwarded with the offenders, or in an emergency, at least the preventive security, health care and case management files are sent.

Objective 2 – To review and evaluate the reception and assessment process in place at the Special Handling Unit.

Initial Review:

Criterion 1 – There is an Assessment and Program Committee in place at the Special Handling Unit.

Criterion 2 - The psychologist completes an initial assessment on each new transfer.

Criterion 3 - The CPPR is comprehensive in nature and includes a detailed correctional plan that addresses the offender's violent behaviour as well as other contributing factors. It also includes a recommendation as to the institution, treatment facility or special unit in which the intervention strategy would be the most effective.

Criterion 4 - The offender is given written notice of the recommendation including the reasons. The offenders have two working days or longer as is appropriate to prepare a response to the proposed placement. Meet with the offender to explain the reasons for and give him an opportunity to respond to the recommendation in person or in writing. Responses in person must be recorded in OMS "Casework Record Rebuttal".

Criterion 5 - The offender's response is forwarded to the SHU Advisory Committee. The offender is given written notice of the final decision and the reasons for the decision within two working days of the decision being made. On recommendation of the Advisory Committee the Senior Deputy Commissioner shall make the decision.

Follow-up Verification:

Criterion 1 - The psychologist completes an initial assessment on each new transfer.

Criterion 2 - The CPPR is comprehensive in nature and includes a detailed correctional plan that addresses the offender's violent behaviour as well as other contributing factors. It also includes a recommendation as to the institution, treatment facility or special unit in which the intervention strategy would be the most effective.

Criterion 3 – The content guidelines for CPPRs, as per SOP 700-05, are adhered to.

Objective 3 – To review and assess the programming in place at the Special Handling Unit to meet the needs of the offenders accommodated in the Unit.

Initial Review:

Criterion 1 - The essential programming components include treatment, psychiatric and psychological intervention, MBTS/SIBM, employment, personal development, recreation, pastoral and spiritual counselling.

Criterion 2 - Programming within the unit shall be designed to assist the offender in addressing his need to change his behaviour, as well as to actively encourage him to participate in constructive activities and demonstrate increasing capacity to interact with others. Programming to meet the needs of the offender population at the SHU as well as frequency of programming will be reviewed.

Criterion 3 - The inmates' progress in the Unit is assessed on his participation in recommended programming and his success in addressing identified needs. The objective of the programming shall be the safe return of the offender to a maximum security institution at the most opportune time.

Criterion 4 - The environment in the Unit and the control exercised on the inmates directly relates to the programs that they are involved in and the benefits they derive from these programs. Restrictions imposed are gradually reduced as the inmates demonstrate more responsible behaviour.

Follow-up Verification:

Criterion 1 - Programming within the unit shall be designed to assist the offender in addressing his need to change his behaviour, as well as to actively encourage him to participate in constructive activities and demonstrate increasing capacity to interact with others. Programming to meet the needs of the offender population at the SHU as well as frequency of programming will be reviewed.

Objective 4 - To review and assess the quality of case preparation for return to a parent (or other maximum security) institution.

Initial Review:

Criterion 1 - The Assessment and Program Committee monitors inmates' progress, in accordance with their Correction Plans.

Criterion 2 - The inmates' progress is reviewed at least every four months and the results and any recommendations are forwarded to the Advisory Committee for consideration.

Criterion 3 - Progress reports are a true assessment of the inmates' progress and contain enough information to allow the Assessment and Program Committee to make the appropriate recommendations.

Criterion 4- Management/Reintegration plans prepared by maximum security institutions are completed and provide sufficient detail for a decision to be rendered by the SDC to transfer an offender to a maximum security institution from the SHU.

Follow-up Verification:

Criterion 1 - Case preparation documents are comprehensive and adhere to content guidelines outlined in departmental policy. Specifically, the documents provide an assessment of an offender's progress against his treatment plan and contain enough information to allow the Assessment and Program Committee to make the appropriate recommendations.

Criterion 2 - Control system is in place to review case preparation documents to ensure content guidelines are adhered to and contain sufficient analysis to render recommendations.

Criterion 3 - Management/Reintegration plans prepared by maximum security institutions are completed and provide sufficient detail for a decision to be rendered by the Chair of the National Advisory Committee to transfer an offender to another maximum security institution from the SHU.

Objective 5 – To assess the mandate of the Advisory Committee.

Initial Review:

Criterion 1 - The SHU Advisory Committee has a system in place to ensure effective scheduling of reviews in the Special Handling Unit.

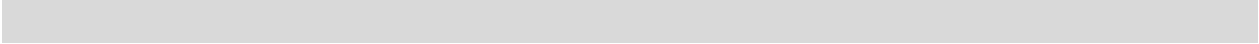
Criterion 2 - Inmates are provided with a written notice of each advisory committee decision and the reasons for the decision, within two working days after the final decision.

Criterion 3 - The Advisory Committee interviews the inmates during their stay in the Special Handling Unit and documents their decisions.

Criterion 4 - The Advisory Committee monitors the operations of the Special Handling Unit and ensures that operational changes are made whenever a problem is identified.

Follow-up Verification:

Criterion 1 - The roles and responsibilities of staff at the institutional, regional and national levels, including the National Advisory Committee, are clearly defined and understood.



Annex B – Management Action Plans

Recommendation #1:

That clarification be issued with respect to the responsibilities for the completion of a psychological assessment in cases where an offender refuses to meet with psychology for assessment as per CD 551 (par. 24).

Action by: A/ACCOP

The completion of psychological assessments in cases where offenders refuse to meet with psychology was addressed during the National Advisory Committee (NAC) on March 16, 2005. At this meeting, the SDC Alternate (SDCA) made it clear to the Warden of the SHU that file reviews for psychological assessments must take place if the inmate refuses to meet with the psychologist, as required in Commissioner's Directive 551 (par. 24). This was further stressed by the A/ACCOP in the memo that he sent to the Regional Deputy Commissioner (Quebec) on July 8, 2005. This matter is considered to be resolved and ongoing monitoring will continue.

A review of CD 551 is currently underway and will be discussed at the next SHU meeting in January 2006. What is required in these assessments will be outlined in the revised CD. In terms of monitoring compliance with the direction of the SDCA, each Assessment for Admission report is reviewed to ensure that a psychological assessment is conducted as per CD 551 paragraph 24.

The COP Sector will continue to monitor this matter in the future during our review of cases and relevant documents prior to each NAC-SHU review.

Recommendation #2:

That offender programs at the Special Handling Unit be: a) reviewed to ensure that the needs of offenders are being met pursuant to the requirements of CD 551; and b) delivered as accredited.

Action by: SHU and A/ACCOP

Correctional programs available within the SHU are currently accredited. More specifically, in our view the Violence Prevention Program (VPP), the National Substance Abuse Program – Moderate Intensity (NSAP-Moderate) and the Sex Offender program are essential requirements for safely returning an inmate to a maximum security institution. Further, a needs analysis of the SHU population shall be undertaken to determine the requirement for program delivery in support of adequate planning. It should be noted that only accredited programs are currently provided to SHU inmates.

The Program Manager, in collaboration with the Coordinator Case Management conducted a needs analysis. The objective was to identify required resources vs. actual resources and required programs vs. actual programs being delivered. The primary needs identified were in the

areas of substance abuse and violence prevention. At the same time we are evaluating how compatible inmates are with one another so that we can offer programs in small groups. A substance abuse program is scheduled to be delivered in January 2006 and a new psychologist has been hired to deliver a violence prevention program which will start in February 2006 after the psychologist is trained in January 2006.

Recommendation #3:

That the Special Handling Unit enhance the quality control process to ensure that:

- a) psychological assessments include a conclusion pertaining to assessment as required by CD 551;**
- b) offender treatment plans consist of individualized objectives that are specific to the treatment needs of each offender;**
- c) the Assessments for Decision reflect the content and analysis found in the Program/Evaluation Reports;**
- d) offender progress is documented as per CSC policy requirements;**
- e) risk analysis in the Assessments for Decision supports recommendation being made to the NAC; and**
- f) that responsibilities for quality control of case management reports are carried out in accordance with SOP 700-A.**

Action by: SHU

a) The SHU will monitor the conclusions of psychological assessments. Further clarification on this issue has been required by the Chief Psychologist at the SHU. As such, it was raised at the SHU Administration meeting in September 2005.

The SHU has confirmed that is it in compliance with this requirement. A preliminary psychological assessment is now completed for all offenders sent to the SHU for admission.

b) c) d) and e) Shortcomings identified further to the audit will be addressed through stepped-up quality control and discussions at regular team meetings. In fact, these points have already undergone quality control and individual clinical monitoring following the meeting between the audit team and the SHU management team at which major audit findings were discussed. Furthermore, these points were targeted as areas for improvement at the last case management staff meeting held in April 2005.

Additionally, quality control mechanisms have been implemented to ensure detailed documentation of offender progress in the casework records of the various members of the case management team and program reports.

There are inherent difficulties involved in developing a detailed treatment plan for an offender's stay in the SHU. Targeted programs within a Correctional Plan Progress Report should not all necessarily be completed within the SHU insofar as the plan is a continuum with updated correctional treatment goals. However, an offender's specific goals during his stay in the SHU should be more clearly spelled out.

f) At the local level, quality control of case management reports is conducted by the Coordinator Case Management. The cases are then reviewed by the Unit Manager and finally, by the Warden. At NHQ, reports are reviewed by the Senior Project Manager for the SHU in order to ensure that all required information is provided in order for the SDC Alternate to make an informed decision.

Given its role as a national resource, the Special Handling Unit has a special responsibility for offender assessment. In light of this particular expertise as well as the case review and evaluation requirements of CD 551, we believe the individual most capable of performing quality control duties is the Co-ordinator, Case Management (though the Unit Manager also plays an important part in clinical supervision). Further, given the SHU's specific operational functions, the Unit Manager also has special roles and responsibilities.

It is noted that according to policy (SOP 700-A), the Unit Manager is responsible for the quality control of Parole Officer reports, however, the practice at the SHU has always been that this is completed by the Coordinator Case Management. Thus, we are of the opinion that the requirements of SOP 700-A should be re-examined in relation to the particular responsibilities and requirements of the SHU as a unique national resource. A request was made to the Institutional Reintegration Operations group to have this reflected in policy and has been agreed to. It will be incorporated into CD 551. The initial consultation on this policy will take place in January 2006 with full national consultation by the end of the fiscal year.

Recommendation #4:

Clarification of role statements and specific responsibilities as they relate to the SHU must be clearly delineated and disseminated.

Action by: SHU and A/ACCOP

A meeting has not yet taken place to clarify the roles and responsibilities of staff at the Special Handling Unit. Further to a meeting held at National Headquarters on September 9, 2005, the manager of the Special Handling Unit proposed a training day for all Unit staff. This training would not take place under S.I.B.M. The various topics that might be addressed related directly to the specific needs identified, some of which were shared at the September 9 meeting.

Although the final content is still being developed, clarifying staff roles and responsibilities will remain an important focus throughout this training day. We anticipate that the syllabus for this training could be completed by March 2006.

We are still waiting for confirmation of funding from National Headquarters to enable us to hold this team meeting.

At the March 16th, 2005 National Advisory Committee (NAC) meeting the NAC supported the recommendation that the Director of Correctional Planning and Strategies become the permanent Senior Member of the NAC. However, the technical amendment to CD 551 was not approved by the Commissioner and a new SDC Alternate (Fraser McVie) has been identified. The CD will be reviewed in January 2006 and amendments proposed at that time.

Finally, the draft working paper entitled, "The Role of the SHU as a National Institution" will be revised as required and presented at a future EXCOM meeting.