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## **Public Safety Canada and Correctional Service of Canada**

***Share your thoughts: Potential amendments to the  
Corrections and Conditional Release Regulations to  
support the proposed amendments in Bill C-83, An Act  
to amend the Corrections and Conditional Release Act  
and another Act***

MAY 2019

Canada

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## Consultation Objectives:

The Correctional Service of Canada (CSC) and Public Safety Canada (PS) are seeking feedback on potential amendments to the *Corrections and Conditional Release Regulations (CCRR)*. Interested parties have the opportunity to review potential regulatory amendments and share their comments with CSC and PS.

The potential amendments would clarify and operationalize proposed legislation under the authority of the *Corrections and Conditional Release Act (CCRA)*.

Consultation is an important part of the regulatory development process and supports the development of robust regulations. Comments could be based on the following questions:

1. What are your overall thoughts on the potential regulatory amendments?
2. How would you improve or change the potential regulatory amendments?
3. What ideas do you have about specific aspects of the potential amendments? For example, how inmates may be involved in different determinations, the type of determinations being considered, etc.

## Background:

Federal correctional services are an important part of our criminal justice system. CSC and PS continue to focus on ensuring that federal correctional institutions provide a safe and humane environment for inmates, with the goal of supporting the rehabilitation of offenders and their reintegration into the community, reducing the risk of re-offending, and keeping our communities safe.

There are times in federal correctional institutions when inmates must be separated from the mainstream inmate population for safety and security reasons. Under the current system, CSC uses administrative segregation to maintain the security of the penitentiary and the safety of any

person by not allowing an inmate to associate with other inmates, and by preparing for their safe reintegration into the mainstream inmate population. Inmates in administrative segregation have an opportunity for a minimum of two hours out of their cell daily, and are restricted in their ability to associate with others in the mainstream inmate population.

While there is no prescribed time for release, the CCRA mandates that an inmate be released from administrative segregation at the earliest appropriate time. The CCRA also establishes safeguards for inmates in administrative segregation such as visits by a registered health care professional at least once every day, and visits by the institutional head at least once every day or upon request by an inmate. The CCRA establishes further safeguards and timeframes for reviews of inmates in segregation, including a hearing by a Segregation Review board within five working days after the inmate's confinement in segregation, and at least once every 30 days thereafter. In some cases, inmates may choose to remain in segregation for their own safety. During an inmate's placement in administrative segregation, programming may be interrupted, which might hinder inmates' abilities to achieve their correctional plan objectives, including the healing components for Indigenous offenders. This may impact their ability to reintegrate into the mainstream inmate population.

Reports and findings from organizations such as the Office of the Correctional Investigator, recommendations by United Nations (UN) Special Rapporteurs and human rights treaty bodies, and legal challenges by advocacy groups and inmates have raised concerns about the effects of administrative segregation, especially on inmates with mental health needs. CSC and PS have also noted the adoption in 2015 of the revised UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), a non-binding set of norms that includes specific guidance on solitary confinement.

Consequently, the Government and CSC have fully considered these findings and the Government has acted by introducing new legislation that would eliminate segregation and introduce significant changes focused on interventions to address safety and security risks and the successful reintegration of inmates back into the mainstream inmate population.

## Current Context - Transforming Federal Correctional Services:

Bill C-83, An Act to amend the *Corrections and Conditional Release Act* and another Act:

In October 2018, the Government of Canada introduced Bill C-83, An Act to amend the *Corrections and Conditional Release Act*, and another Act. The legislative changes being proposed would transform federal correctional services by:

- eliminating the use of segregation in all federal correctional institutions;
- implementing a new correctional interventions model, structured intervention units (SIUs), which would be established to provide the necessary resources, with the appropriate expertise, to address the safety and security risks of inmates who cannot be managed safely within the mainstream inmate population. Inmates in a SIU would:
  - receive daily health care visits by a registered health care professional engaged by the service;
  - receive structured interventions and programming tailored to their specific needs;
  - have access to mental health services where required;

- have an opportunity for a minimum of four hours a day outside of their cell;
- have an opportunity for a minimum of two hours a day of meaningful human contact;
- receive continued programming to help them progress toward their correctional plan objectives.
- requiring regular reviews of inmates' placement in SIU, setting out some specific requirements for conditions in the SIUs, and introducing independent external decision makers to review decisions made to have inmates remain in SIU;
- enhancing the role of registered health care professionals in decision-making, while strengthening clinical independence for health care and services to better address the mental health needs of vulnerable inmates;
- better supporting victims in the criminal justice system; and
- enshrining in legislation the requirement to consider the systemic and background factors affecting Indigenous offenders.

#### Other Investments and Initiatives to Support Transforming Federal Corrections

In addition to legislative changes, CSC is also making significant investments to strengthen health care and services, as well as ensuring a gender-informed approach to managing incarcerated women.

To learn more about the proposed legislative changes in Bill C-83, the significant investments to strengthen health care and services in federal corrections, and CSC's gender-informed approach, please see **Annex A**.

### Summary of Potential Amendments to the *Corrections and Conditional Release Regulations (CCRR)*:

The potential regulatory amendments being considered would clarify and support the legislative reforms being proposed in Bill C-83. These amendments would aim to support a more transparent correctional system by outlining operational and procedural details, timeframes, and how inmates would be able to participate in different types of processes and decision-making.

The potential regulatory changes fall into five main categories:

1. Implementation of SIUs, including procedures for the transfer of an inmate to a SIU, and reviews of an inmate's conditions of confinement and continued confinement in a SIU.
2. The use of restraint.
3. Elaboration of the powers, duties, and functions of the independent external decision-maker.
4. Framework for the admission and discharge of inmates from health care units, and procedures for the referral of an inmate's case to health services.
5. Technical and consequential amendments.

The following list provides a high-level summary of the potential amendments to the CCRR.

# 1. Potential Amendments related to Structured Intervention Units (SIUs)

## **1.1. Transfer to a SIU and a decision within 5 working days on whether to maintain an inmate in SIU:**

(Related to section 29.01 and section 29.02 in Bill C-83)

Amendments to the CCRR would introduce regulatory procedures for the transfer of an inmate to a SIU and the decision on whether the inmate should remain in a SIU. The potential amendments would ensure that a process is in place that provides procedural fairness to inmates transferred to a SIU. Elements of procedural fairness include written notice to the inmate, disclosure of relevant information, the right to be heard by the decision-maker prior to a final decision, and written reasons for the final decision.

Between the decision by a staff member designated by the Commissioner to authorize the transfer of an inmate to a SIU, and the decision by the institutional head within 5 working days on whether the inmate should remain in a SIU, an inmate would receive:

- notice and reasons for the transfer, both orally and in writing;
- disclosure of all information, or a summary of it, that would be considered in the decision by the fifth working day;
- an opportunity to make representations in person or, if the inmate prefers, in writing; and
- a written decision, including the reasons, by the institutional head, which takes into consideration the inmate's representations, on whether the inmate should remain in the SIU.

In addition, as soon as the decision to authorize the transfer of an inmate into a SIU is made, CSC would have an ongoing obligation to provide the inmate with the opportunity to retain and instruct legal counsel.

## **1.2. SIUs – Prescribed circumstances when an inmate in a SIU would not be provided with the opportunity for time outside of their cell:**

(Related to paragraphs 36(1)(a) and (b), and 37 (1)(c) in Bill C-83)

Amendments to the CCRR would list circumstances when an inmate in a SIU might not receive their opportunity to have at least four hours out of their cell and to interact with others for at least two hours.

The potential amendments would identify examples of events that would be beyond the control of CSC and could present significant risks to the safe and secure operation of the penitentiary. Examples would include fires, natural disasters, riots, and labour action. The potential amendments would require CSC to inform the inmate, as soon as practicable, of the reasons that the opportunities could not be provided and when normal activities would resume. Amendments under Bill C-83 would require CSC to maintain a record in these cases.

The intent of these amendments would be to ensure that CSC only limits an inmate's time out of their cell in a SIU and their opportunity to interact with others when there are clear and exceptional circumstances related to safety and security.

### **1.3. SIUs – Manner to refer a case to health care:**

(Related to section 37.11 in Bill C-83)

Bill C-83 establishes that a staff member or a person engaged by CSC must refer the case of an inmate to health services should they believe that the confinement of an inmate in a SIU is having detrimental impacts on the inmate's health. Amendments to the CCRR would prescribe the manner of the referral.

In the case of an emergency, the staff member or person engaged by CSC would be required to immediately contact a registered health care professional and not leave the inmate unsupervised until the inmate had been seen by a registered health care professional.

In all other cases, the staff member would have to ensure that the registered health care professional who performs the daily visit with the inmate is notified before their next visit to the inmate.

### **1.4. SIUs – The Institutional Head's determination, as soon as practicable after the recommendation of a health care professional that the inmate not remain in the unit:**

(Related to section 37.3 of Bill C-83)

Potential amendments to the CCRR would introduce a new scheme by which a registered health care professional, for health reasons, would recommend that the conditions of confinement of an inmate in a SIU should be altered or that the inmate should not remain in the SIU. The registered health care professional would be expected to inform, in writing, the institutional head as soon as reasonably possible after forming their opinion.

If an institutional head receives such an opinion from a registered health care professional, the institutional head would, without delay, implement the recommendation(s) of the health care professional or provide written reasons as to why the recommendation was not being implemented.

Copies of the written reasons, along with the registered health care professional's written advice, would be provided to the health care professional, the inmate, and, at the inmate's direction, to his or her counsel. In addition, when the institutional head decides that the inmate should remain in SIU, or not to alter their conditions of confinement in accordance with the recommendations of a registered health care professional, they would also provide written notification of the decision and reasons for the decision to the Health Committee established by the Commissioner.

The intent of these amendments is to provide for the autonomy of health care staff to exercise their professional judgement related to the health care needs of an inmate in a SIU, to create a process where health care professionals can make recommendations based on health care related issues, and to ensure that the inmate is fairly and properly kept informed of these matters. This would help ensure that the health care and mental health care needs of inmate's are considered and addressed.

**1.5. SIUs – Health Committee decision to determine whether the inmate’s conditions of confinement in a SIU should be altered or whether the inmate should remain in a SIU:**

(Related to section 37.31 and 37.32 in Bill C-83)

Amendments to the CCRR would support the establishment of a ‘Health Committee’ by the Commissioner, as set out in Bill C-83. In addition, amendments would outline procedural fairness elements related to the determination of whether an inmate’s conditions of confinement in a SIU should be altered or whether the inmate should be removed from a SIU, for health reasons.

The inmate would be provided with both a written notice of the review and all of the information, or a summary of all the information, which would be considered in the decision. The inmate would have the opportunity to prepare written representations for the Committee’s consideration. CSC would have an obligation to provide the inmate with an opportunity to retain and instruct legal counsel. The Committee could proceed by way of written submissions or a hearing though video-conference.

The intent of this amendment is to ensure that inmates have the ability to prepare and make representations for the Committee’s consideration, and to ensure that the inmate has sufficient information to be able to understand the Committee’s decision.

**1.6. Structured Intervention Units – The institutional head’s determination of whether or not an inmate is to remain in a SIU within 30-days of an inmate being transferred to a SIU**

(Related to section 37.3 and section 37.41 of Bill C-83)

The potential amendments would establish a committee - the Structured Intervention Unit Assessment Committee (SIUAC), which would be comprised of staff members designated by the institutional head to conduct a review, based on the grounds and factors set out in Bill C-83, of the case of an inmate confined in a SIU in advance of the institutional head’s 30 day decision.

The SIUAC would conduct a review of the inmate’s circumstances by way of an in-person hearing, to provide a recommendation to the institutional head as to whether or not an inmate should remain in a SIU. The SIUAC would provide the inmate, at least three working days before the hearing, with written notice of the review, including all information, or a summary of it, that would be considered in the decision. The inmate would also be given a reasonable opportunity to make representations in person, or in writing.

The SIUAC would then conduct its review in accordance with Commissioner’s Directives. Based on the grounds and factors set out in Bill C-83, and in consideration of the inmate’s representations, the SIUAC would formulate a recommendation and transmit it to the institutional head, along with the inmate’s representation, and advise the inmate in writing of its recommendation and the reasons for the recommendation.

The institutional head would then make a determination as to whether the inmate should remain in a SIU. The institutional head would provide to the inmate written notification of the final decision and the reasons for the decision, no later than 30 calendar days from the initial transfer into a SIU.

The intent of these procedures is to ensure procedural fairness by identifying the timeframes by which information must be provided, the ability for an inmate to make representations and the procedures for notification of the recommendations and the final decision of the institutional head. With procedural fairness built into the model, CSC can ensure the inmate is heard and is involved in the decision making process.

## **1.7. SIUs – Commissioner’s decision to determine whether an inmate should remain in a SIU at 60 days, and every 60 days after the Commissioner’s last determination:**

(Related to section 37.4 and section 37.41 in Bill C-83)

Amendments to the CCRR would introduce a scheme by which the Commissioner would ensure that a review of the case of an inmate in a SIU is conducted no later than 60 calendar days after the initial transfer of an inmate into a SIU. If the inmate subsequently remains in a SIU, then a similar review and determination would be conducted by the Commissioner every 60 days thereafter.

Potential amendments would authorize the Commissioner to establish a Structured Intervention Unit Review Committee (SIURC) to conduct a review of the case of an inmate, in accordance with Commissioner’s Directives and based on the grounds and factors set out in Bill C-83. The SIURC would provide a recommendation to the Commissioner, or the designated staff member, about whether or not the inmate should be maintained in a SIU.

The inmate would be given all of the information, or a summary of the information that would be considered in making the decision, as well as an opportunity to make representations in writing.

The amendments would also specify that a staff member designated by name or position for that purpose in Commissioner’s Directives could exercise the powers, perform the duties or carry out the functions that are assigned to the Commissioner.

The Commissioner, or staff member designated in accordance with the regulations, would consider the Committee’s recommendation and the inmate’s representation in determining whether an inmate is to remain in the SIU and would provide to the inmate written notice of the final decision and the reasons for the decision.

## **2. Potential amendments related to the use of restraints**

Amendments to the CCRR would clarify roles and responsibilities, as well as rules and processes, surrounding interventions that are currently the subject of *Commissioner’s Directive 843, Interventions to Preserve Life and Prevent Serious Bodily Harm*. For the first time, the use of restraints would be subject to regulations. The definition of restraint would capture an intervention that is not authorized by a registered health care professional, and which involves the imposition of controls by CSC to manage an inmate’s imminent risk of harming themselves. Such controls could include, for example, the use of the PINEL Restraint System or observation cells.

Informed by the principles of least restraint, respect for an individual’s autonomy and the duty to preserve life and security of the person, amendments to the CCRR would authorize the use of restraint as an exceptional measure of last resort.

Within the first 24 hours, the inmate who is subject to restraint would be seen by a registered health care professional, whether employed or engaged by CSC or not.

The duration of restraint would be subject to a prescribed limit, which would be informed by principles of least restraint and proportionality.

The CCRR would also introduce a new oversight mechanism for the use of restraint through reviews by the independent external decision-maker, as per the potential amendments discussed below.



### 3. Potential Amendments related to the Independent External Decision-maker (IEDM)

Amendments to the CCRR would supplement the provisions regarding IEDM that are to be set out in Bill C-83. The amendments fall under four broad categories.

#### **3.1. IEDM – Administrative organizations:**

(Related to sections 37.6 to 37.9 in Bill C-83)

Bill C-83 would allow for the Ministerial appointment of full and part-time IEDMs. A part-time IEDM would have the same powers and duties as a full-time IEDM. Potential amendments in the CCRR would also allow for the appointment of one or more Senior IEDM, who would be responsible for administrative functions in addition to decision-making. These administrative functions would include the assignment of files to IEDMs and organizing training for IEDMs.

Potential amendments would state that a Senior IEDM could make rules about procedure in situations when neither the CCRA nor the CCRR already prescribe the procedure. These rules would have to be accessible to inmates, staff members and the public. A Senior IEDM could also establish guidelines for the professional conduct and quality of decision-making.

Bill C-83 sets out that a Senior IEDM would be responsible for the publication of information related to IEDM decisions. Under the potential amendments, a Senior IEDM would publish a public report at least once a year that would include a representative sample of IEDM decisions. The decisions would not include personal information in accordance with the CCRA, or information that would jeopardize the safety of a person, the security of a penitentiary or the conduct of a lawful investigation.

#### **3.2. IEDM – Procedure and evidence:**

(Related to sections 37.6 to 37.9 in Bill C-83)

Amendments would allow for an IEDM to make more than one determination about the same inmate when the determinations are being made within the same timeframe. For example, it is possible that the review concerning a health care professional's recommendation could occur at the same time as another review related to a decision that an inmate remain in a SIU. This would support the principle that an IEDM should deal with matters that come before them as informally and as quickly as possible.

Amendments would state that an IEDM is not bound by legal or technical rules of evidence in making a determination, and may base a determination on information that the IEDM considers trustworthy in the circumstances of the case. However, an IEDM would not accept or consider any information that would be inadmissible in a court by reason of any privilege under the law of evidence.

#### **3.3. IEDM – Determination:**

(Related to sections 37.6 to 37.9 in Bill C-83)

Amendments would allow the IEDM to decide how to proceed with a determination. This could be by way of written submission or an oral hearing. Specific rules for the conduct of oral hearings are outlined further below.

An IEDM would still be required to go ahead with a determination about an inmate who is confined in a SIU, even if the inmate has started legal proceeding about their confinement in a SIU.

An IEDM would not move forward with making a determination about an inmate who is no longer in a SIU at the time of written submissions or the oral hearing. However, if the inmate was only temporarily out of the SIU – for example, to attend a court date, then the IEDM would be required to proceed with the determination. Similarly, if an inmate is transferred from one SIU directly to another SIU, then the inmate’s confinement in a SIU would be treated as uninterrupted for the purpose of making a determination.

Upon an IEDM deciding that an inmate should not remain in a SIU, CSC would be required to transfer the inmate out of the SIU immediately or within the time fixed by the IEDM. The IEDM could provide for a time limit only if satisfied that the inmate’s immediate reintegration into a mainstream population would jeopardize the safety of the inmate, other inmates or staff. The time limit could be no longer than would be necessary to allow for the safe reintegration of the inmate – for example, to allow for a transfer to a penitentiary located elsewhere or for the adjustment of institutional routines within the penitentiary to address concerns of incompatibility with other inmates in the institution.

In making a determination that an inmate should not remain in a SIU, the IEDM would not be making a determination for CSC as to the appropriate environment for the inmate (e.g. security classification).

Amendments would require an IEDM to consider the systemic and background factors affecting Indigenous peoples of Canada, overrepresentation of Indigenous peoples, and Indigenous culture and identity, when making a determination in respect of an Indigenous inmate.

When proceeding by way of an oral hearing, an IEDM could allow the inmate to appear by way of videoconference or other similar technology. At an oral hearing, the inmate would be entitled to have an assistant participate. An assistant could be legal counsel or a person of the inmate’s choosing, other than another inmate, but the IEDM would have to be satisfied that the person would act in the inmate’s best interest.

### **3.4. IEDM – Prescribed reviews:**

(Related to sections 37.6 to 37.9 in Bill C-83)

Proposed amendments in Bill C-83 provide that an IEDM may conduct a review or make a determination as prescribed by the CCRR. In addition to the IEDM reviews that would be established by Bill C-83, these amendments to the CCRR would introduce three additional situations when IEDMs would be required to review an inmate’s case:

1. On referral by CSC, an IEDM would conduct a review of an inmate’s case for the purpose of making any recommendation that the IEDM considers appropriate in relation to the terms of the referral.
2. An IEDM would conduct a review of an inmate’s case when an inmate has been authorized to be transferred to a SIU four times within a period of 180 days, and if during that period, the inmate was not subject to an IEDM determination at 90 days, as set out in Bill C-83. The IEDM could make any recommendation that the IEDM considers appropriate in the circumstances of the case.

3. An IEDM would conduct a review when an inmate is subject to restraint for longer than 24 hours continuously. The IEDM could determine that the use of restraints be lifted. For clarity, an inmate would be treated as being subject to restraint continuously if, after the restraint was lifted, the inmate were to be placed under restraint again within 24 hours of having been subject to restraint. Furthermore, even if the inmate were no longer subject to restraint, the IEDM would still proceed with the review of the inmate's case to make an appropriate recommendation, having regard to the circumstances of the case and principles of least restraint and proportionality.

## 4. Potential Amendments related to health services

### 4.1. Admission to and discharge from health care units:

(Related to section 86.4 in Bill C-83)

Amendments to the CCRR would prescribe the process for the admission to, or discharge from, a health care unit. Upon referral by a registered health care professional employed or engaged by CSC, a designated health services official would assess the case according to criteria that would include consideration of the inmate's level of need, the availability of appropriate services, and the inmate's willingness to engage in treatment.

Following that determination, the transfer or movement of the inmate to the health care unit would fall to the appropriate staff member, who would consider the safety of others and the security of the penitentiary. In the case of a transfer, the appropriate staff member would consider the principle of providing the least restrictive environment, and other factors such as access to family and cultural environment and availability of programs.

In addition, the amendments would provide that an inmate would be discharged from a health care unit in three circumstances: when a health services official makes a determination in accordance with the same criteria outlined above; when an appropriate staff member effects the transfer or movement of the inmate for the safety of a person or the security of a penitentiary, as well as all other factors in the case of a transfer; and when it is necessary by operation of law, such as when an inmate would reach statutory release or warrant expiry.

Amendments would also identify roles and responsibilities. Where a health services official, upon referral by a registered health care professional employed or engaged by CSC, determines that the inmate should not be admitted to a health care unit, the health services official would be required to provide their decision in writing, with reasons, to the inmate.

If a health services official determines that an inmate should be admitted to a health care unit, but the appropriate staff member determines that the inmate's presence in the health care unit would jeopardize the safety of a person or the security of penitentiary, then the staff member would be required to provide their decision in writing, with reasons, to the inmate.

The amendments would also require that CSC, prior to an inmate's admission or discharge from a health care unit, provide a plan to facilitate the continuity of care for the inmate.

### 4.2. Health Services – Grievance procedure:

(Related to section 86.1 in Bill C-83)

Under the CCRR, a first level grievance must be addressed by either the institutional head or area director. Amendments to the CCRR would provide that an inmate's first level grievance, which concerns the provision of health care services, would now be addressed by a health services official.

The intent of this amendment is to realign the grievance procedure with principles that support the professional autonomy and clinical independence of registered health care professionals and promote decision-making that is based on the appropriate health care criteria.

## 5. Potential Amendments related to technical and consequential amendments

### 5.1. Repeal or Amend References to Administrative and Disciplinary Segregation:

Technical amendments would be made throughout the CCRR to remove references to those provisions related to administrative and disciplinary segregation, or to replace them with the appropriate reference to SIUs.

These sections would be updated to reflect the changes introduced by Bill C-83 to eliminate administrative and disciplinary segregation. This would include amending the regulations to remove sections 19 to 23, 29 and 40. It would also include amending the regulations to replace references to administrative segregation with references to SIUs, as appropriate.

### 5.2. Placements and Transfers:

A technical amendment is required in the "Placement and Transfers" section of the CCRR. This section would be updated to reflect changes introduced in Bill C-83, which amend section 29 and 29.01 of the CCRA in order to provide for the Commissioner's authority to transfer an inmate across institutional security levels within a penitentiary and authority to transfer to a SIU. Specifically, section 16 of the CCRR would be amended to provide that a warrant to effect a transfer would only be required when an inmate is transferred from one penitentiary to another, or to a provincial correctional facility or hospital.

### 5.3. Indigenous Considerations:

Amendments will be made to change references from 'aboriginal' to 'Indigenous' to ensure consistency in language with Bill C-83.

## Providing Comments:

To provide comments on the potential amendments to the CCRR, please mail or email us at:  
Director, Corrections and Criminal Justice Division  
Public Safety Canada  
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Ottawa, ON K1A 0P8

Email: [ps.correctionspolicy-politiquecorrectionnelles.sp@canada.ca](mailto:ps.correctionspolicy-politiquecorrectionnelles.sp@canada.ca)

Comments received will be considered in drafting the final regulatory amendments and addressed in the Regulatory Impact Analysis Statement (RIAS) for final publication in the *Canada Gazette Part II*.

Once approved by the Governor General in Council, the regulatory amendment and RIAS will be published in the *Canada Gazette Part II* and come into force on the date or time period stated in the regulations.

## Annex A: Bill C-83, An Act to amend the *Corrections and Conditional Release Act*, and another Act

Bill C-83 proposes to transform federal corrections through the following proposed legislative amendments to the *Corrections and Conditional Release Act*:

- a) eliminate the use of administrative segregation and disciplinary segregation;
- b) introduce Structured Intervention Units (SIUs) for the confinement of inmates who cannot be maintained in the mainstream inmate population for security or other reasons;
- c) emphasize core responsibility of health services to care for and advocated for the health and well-being of inmates throughout their incarceration;
- d) provide for the use of body scans as a less invasive alternatives to physical body cavity searches;
- e) affirm that CSC has the obligation to support the autonomy and clinical independence of registered health care professionals;
- f) ensure that clinical decision making for inmates is made by registered health care professionals and is based on health criteria;
- g) provide that CSC has the obligation to provide inmates with access to patient advocacy services;
- h) provide that CSC has an obligation to consider systemic and background factors unique to Indigenous offenders in all decision-making;
- i) provide a definition of the term Indigenous organization;
- j) provide that CSC may seek advice from an Indigenous spiritual leader or elder when providing correctional services to Indigenous inmates;
- k) introduce a new oversight mechanism in the form of independent external decision-makers to review the case of an inmate in SIU in specific circumstances; and
- l) improve victims' access to audio recordings of parole hearings.

SIUs would be established to provide the necessary resources, with the appropriate expertise, to address the safety and security risks of inmates who cannot be managed safely within the mainstream inmate population. Inmates in a SIU would:

- receive daily health care visits by a registered health care professional engaged by the service;
- receive structured interventions and programming tailored to their specific needs;
- have access to mental health services where required;
- have an opportunity for a minimum of four hours a day outside of their cell;
- have an opportunity for a minimum of two hours a day of meaningful human contact; and
- receive continued programming to help them progress toward their correctional plan objectives.

Bill C-83 also proposes to establish the role of an independent external decision-maker to review specific situations when inmates in a SIU do not spend a minimum of four hours out of their cell,

or have not interacted for a minimum of two hours a day with others for five consecutive days or for a total of 15 days during any 30-day period.

The independent external decision-maker would also review situations when inmates remain in a SIU for 90 days, and when a 'Health' Committee established by the Commissioner of CSC determines that an inmate should remain in a SIU or that the inmate's conditions of confinement should not be altered, contrary to the recommendations of a registered health care professional.

The needs and interests of Indigenous persons would be better supported by the legal requirement for CSC to ensure that systemic and background factors unique to Indigenous offenders are considered in all correctional decision-making.

The proposed reforms would also affirm CSC's obligation to provide mental health services to address the needs of vulnerable inmates, to provide proactive health care and treatment to mitigate placement to SIUs and to enable independence of health care professionals within the correctional environment. The reforms would also establish a patient advocacy system (as recommended by the Ashley Smith Inquest) to assist inmates in understanding their rights and responsibilities with respect to health services and to assist inmates to access appropriate health services.

Through significant investments, CSC would establish a mental health system consistent with what is available in the community, which would help CSC achieve acceptable standards and health resources to support the safe provision of care in primary and intermediate mental health care as well as Regional Treatment Centers. New investments would:

- enable diagnosis of mental illness and treatment beginning at intake and throughout the inmates incarceration;
- enhance primary health care to provide early intervention for those inmates with mild to moderate mental illness;
- enable professional practice leadership and clinical supervision to achieve quality patient care;
- enable 24/7 nursing care at select maximum security sites and regional women's facilities;
- establish a patient advocacy system;
- achieve adequate resourcing for Regional Treatment Centers in keeping with community standards.

To operationalize the proposed legislative amendments contained in Bill C-83, potential corresponding regulatory amendments are being considered in the CCR.

## Gender-informed approach in women offender institutions for SIUs

The profile of incarcerated women differs greatly from that of incarcerated men, as does CSC's overall approach to managing the small, yet diverse population of incarcerated women. These differences suggest the need for a gender-informed approach to SIUs in women offender institutions. Therefore, CSC is developing a different model for the women offender institutions, which would possibly comprise both a SIU within the Secure Units and an Enhanced Support House (ESH), both of which would focus on the provision of interventions to address individualized risk and needs.

The premise behind the ESHs is that the presence of trained staff in the house will allow for the delivery of interventions to a challenging subgroup of women inmates in a safe and supportive environment. It is anticipated that the impact of the ESHs would be both to prevent the reclassification of the women who are housed in the ESH from medium to maximum security as well as reduce transfers to the SIUs.

A gender-informed approach to SIUs for women is being developed by CSC in consultation with key stakeholders.