

HANSARD

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COMMITTEE

ON

PUBLIC ACCOUNTS

Wednesday, October 24, 2018

Legislative Chamber

**Correctional Facilities - Chapter 2,
May 2018 Report of the Auditor General**

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Public Accounts Committee

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Mr. Hugh MacKay
Hon. Christopher d'Entremont
Hon. David Wilson
Ms. Lisa Roberts

[Mr. Allan MacMaster was replaced by Ms. Barbara Adams]

[Hon. David Wilson was replaced by Ms. Claudia Chender]

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk

Mr. Gordon Hebb
Chief Legislative Counsel

WITNESSES

Department of Justice

Ms. Karen Hudson
Deputy Minister

Mr. Chris Collett
Executive Director - Correctional Services

Mr. Sean Kelly
Director - Correctional Services



House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, OCTOBER 24, 2018

STANDING COMMITTEE ON PUBLIC ACCOUNTS

9:00 A.M.

CHAIRMAN

Mr. Allan MacMaster

VICE-CHAIRMAN

Mr. Gordon Wilson

MR. GORDON WILSON (Chairman): Order, I'd like to call this meeting of the Standing Committee on Public Accounts to order. Today is October 24th, and today we have with us Correctional Facilities, the Department of Justice. This is in response to the May 2018 Report of the Auditor General, Chapter 2. We just completed a half-hour in camera with the AG on this topic.

I'd like to start off with reminding everybody in attendance to please put their phones on silent or vibrate. I will start by asking the committee members to introduce themselves.

[The committee members introduced themselves.]

MR. CHAIRMAN: Thank you. I'd now ask the Deputy Minister of Justice to introduce the staff that you have with you, your team, and any opening comments you'd like to have.

MS. KAREN HUDSON: Good morning. I am joined by Chris Collett, Executive Director of Correctional Services, and Sean Kelly, the Director of Facilities.

Mr. Chairman, the Auditor General's overall conclusion was that "improvements are needed" in our four adult facilities. I agree. His report called on corrections to move from being reactive to strategic and proactive. In other words, it's time for our facilities to have an overarching plan. That planning is under way.

Our plan will identify the key risks facing our facilities and that will guide us in setting measures to help us assess success. Secondly, the report called on us to do a better job complying with policies, and that includes better documentation. Documentation and feedback - by that, I mean improved opportunities for communication with our staff, colleagues, and inmates - will give us evidence to assess our strengths and weaknesses.

It is clear to me, Mr. Chairman, that my Correctional Services colleagues know their business. It was also apparent to the Auditor General who said: "It was evident during the audit that Department management understood the risks facing the correctional facilities and the measures in place to manage the risks."

The Auditor General also said that he found the department completed thorough investigations of major incidents. Finally, the Auditor General acknowledged that offender complaints and correctional officers' safety concerns were properly addressed. However, the Auditor General noted that we have to take those strengths and that knowledge and analyze it for trends and gaps, that we need to be more strategic and have strengthened audits and evaluations. We agree. We are working with Internal Services to develop this plan, and that work includes not just management of Correctional Services, but also front line.

With regard to the Auditor General's specific recommendations, we have continued to make progress. Since May, we have completed three of the 12 recommendations, which include:

(1) performance management and quality assurance framework to ensure that staff follow the proper procedures and policies;

(2) a consistent screening policy for volunteers coming into our correctional facilities; and

(3) in partnership with the Nova Scotia Health Authority, a clearer process for those in close confinement for medical reasons.

Other recommendations will be completed this calendar year. Those include:

(1) technology to track rounds and searches has been updated and outcomes are being assessed;

(2) improved monitoring of the use and review of close confinement;

(3) ensuring hiring policies are consistently applied and documented in all job competitions; and

(4) an updated policy to ensure medical history of inmates is reviewed prior to any situations where use of force is being contemplated.

The remaining five recommendations will be completed this Spring.

There are other areas outside of the Auditor General's Report where corrections is also improving. We've accelerated change in four specific areas: (1) programming; (2) working closer with community supports; (3) staff relationships; and (4) investments that create a safer environment within our facilities.

Our programs support inmates in a variety of areas, including educational upgrading, substance abuse, and anger management. In September, last month, we hired into nine new program officer positions, specifically to provide a dedicated, i.e. solely focused, lens on programming for inmates.

Within our correctional facilities, we have three social workers. We will be hiring two more social workers. We are also hiring an additional teacher.

Our transition day room - talking about programming still - that's a direct supervision unit and it's an innovation that provides an option between general population and close confinement. It's for inmates who struggle with developmental delays or mental health issues, yet they do not meet the criteria for the mentally ill offender unit. It is another option that has been added, and that innovation that came about three years ago has been recognized internationally. In fact, a staff colleague of mine is presenting at the International Corrections and Prisons Association Conference today in Montreal on the transition day room that we have in Nova Scotia.

I think in terms of programming, a number of our committee members here today would be familiar with the Working on Our Future program, WOOF. It is an example of innovation at work in Central Nova, and it was recognized last year as one of three noteworthy criminal justice innovations in a CBC series. It's provided in partnership with the SPCA. Dogs are trained and prepared for adoption.

We have a renewed commitment to work closer with community, and let me touch on just a couple of other examples. We worked this year with the Nova Scotia Community College to deliver a new program called Limitless that supports inmates gaining college credits and transitioning to community college upon their release. Forty inmates participated this Spring in that new program, and 10 this September, this Fall, have started community college upon their release.

Correctional Services also works closely with the Elizabeth Fry Society, and we have done so for a number of years. However, there's a change this year. Government has increased its funding to the Elizabeth Fry Society and increased our work efforts with them so that the Elizabeth Fry Society, in conjunction with Correctional Services, can provide more supports for female inmates. The Elizabeth Fry Society is dedicated to the needs of

female inmates. More than 70 per cent of those female inmates have been the victims of violence in the past. In Northeast, we work closely with the John Howard Society to provide a gardening program for inmates there.

One final community partnership I'd like to touch upon is the 7th Step Society. This society is a nationally recognized program. It's run by volunteers. Those volunteers include lawyers and ex-offenders, and they support inmates, male and female, to be accountable for their decisions and make pro social future decisions.

Finally, in terms of community supports, this Spring, all our correctional facilities completed inmate resource fairs. These events brought together local resource providers inside the facility so that inmates could meet with them and discuss their needs and help play a part in their own efforts for rehabilitation.

We have also invested significantly in our facilities. Among the improvements are restorations and renovations ongoing right now at Central facility in Burnside to introduce direct supervision units. It's the best practice standard. Having correctional officers in the day rooms is proven to reduce violence and models good behaviour. It also gives correctional officers the ability to defuse situations before they escalate.

Another important investment this year was the installation of body scanners this summer in all our adult facilities. These devices will dramatically reduce the smuggling of contraband.

In terms of staff relationships, our relationship with the union and our front-line staff is one that we value, and we continue to improve through ongoing communication this year - more communication, better communication.

I met with the head of the union and senior management and our front-line staff in July, and I've asked for a further meeting in November. We have focused on wellness working groups and increased communication opportunities as two of the main focuses from that meeting. We've also taken significant steps to bring more diversity into our workforce. That is included in improved cultural competency training for all our staff and recruiting more Indigenous and African Nova Scotian workers into Correctional Services. Our colleague, Michael Sampson, led that work and was honoured by a Premier's Award of Excellence for his work in terms of training, hiring, recruiting, and retaining more African Nova Scotian and Indigenous workers into Correctional Services. He was honoured by the Premier last month for that work.

Our focus, to conclude, is really threefold: investments, improvements, and accountability. I thank you for the opportunity to be here today, along with my staff, and we're happy to answer your questions.

MR. CHAIRMAN: Thank you very much, Ms. Hudson. We'll begin with the Progressive Conservative Party, Monsieur d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: Merci beaucoup, Monsieur le Président. Thank you so much to you, Deputy Minister, to be back in so soon since we saw you the last time. To the staff who are here today, thank you for being here to answer some of our questions.

I'll start off with sort of the same question I asked the last time. When were you notified of the audit and when did the audit take place?

MS. HUDSON: With respect to the audit, in 2016, the notification of the audit being under way, the audit period was from April 2015 to February 2017. The fieldwork took place mostly during the Spring and Fall of 2017. We received the draft report, I believe, in March 2018, and the final report was the end of May 2018.

MR. D'ENTREMONT: Of course, the notification, when they go back and look at it. This has been a process that has been, I would say, closely looking at the facilities, really trying to understand what's going on in a long period of time. I think it was actually 600-some days' worth of audit time that they were looking at.

The Auditor General said his audit of the correctional facilities has resulted in more recommendations than any audit he has conducted previously. I think that speaks volumes about the state of affairs in our facilities. Do you feel the Auditor General has been fair in his criticisms of Correctional Services? I know you sort of said in your opening remarks that you accept his recommendations and you agree with him, but do you accept the criticisms as they were put forward?

MS. HUDSON: We accept that there is a need to be better. We have actioned being better. The audit period was looking at a time period from 2015 to 2017. A number of the areas outlined by the Auditor General were areas that we had already identified as needing work.

We do support the whole, broad concept - I do, myself - the concept of accountability. Certainly, having an Auditor General who comes in and looks at programs in any government department is a value-add.

With respect to specifically correctional facilities, it has accelerated our work. It provides that third-party objectivity. So yes, I do accept that there was a need to do better and I have been asking, what are we doing? I have asked for Mr. Collett to reach back with me and ensure that he has specific follow-ups on specific items. As I've said, we have accepted that we need to do better. I believe we have done better and that we will do better.

MR. D'ENTREMONT: Nova Scotia is spending about \$250 per day per offender. Is there any sense of how that ranks amongst other provinces in Canada?

[9:15 a.m.]

MS. HUDSON: I would ask that Mr. Kelly follow up on this after my comment. I'm aware that from our 2016-17 figures that the cost per inmate per day is approximately \$245. There are fixed costs that factor into that. At any given time, we have approximately a little under 500 people in our facilities. I think the last figure that I had looked at on a snapshot day last week was that we had 485 people in our facility, but some of the costs are fixed, so if you have 400 people or 500 people, you have certain costs that take to run. However, the cost as I understand it is \$245 per day on average, figuring in the costs of the facility and all the staff and meeting the needs of the inmates therein.

With respect to how that compares in other jurisdictions, Mr. Kelly can speak to that, but I will share with you what I know from reading a number of reports and meeting with people like Howard Sapers who was Canada's correctional investigator who is now, until December, I believe, working in Ontario as Ontario's correctional auditor and investigator. The cost in Correctional Services Canada is also a comparable cost to what Nova Scotia has. I would ask if Mr. Kelly has anything specifically to add regarding other provinces or territories.

MR. SEAN KELLY: I certainly don't have that information on hand. What I can say, we're one or two of the lowest incarceration rates in Canada, so if you're looking at economy of scale, typically the larger jurisdictions with greater populations are able to house inmates cheaper. Thankfully, we don't have that experience in Nova Scotia. I think we're very proud to see the level of incarceration rates as compared to other provinces in Canada. Many of them, in fact, are double our incarceration rate, so I think we're doing quite well.

MR. D'ENTREMONT: A follow-up on a comment that the deputy made - a correctional auditor investigator, what is that? Do we have one?

MS. HUDSON: I think that I mangled, I'm sorry to say, Howard Saper's former title in terms of Correctional Services Canada. He was Correctional Services Canada's investigator in terms of compliance reporting and focusing.

With respect to what we have in terms of our ability to ensure greater accountability, and I spoke to that in my opening remarks, that I always believe - and certainly in Corrections, too - that we need to have a more specific focus on accountability, evaluations, and audits. We now have our chief superintendent who has his focus on the audit schedule that we have put in place.

We have also ensured that Chief Superintendent John Scoville loops back on a very regular basis at least once per month on the audit schedule to the deputy superintendents who are in charge of each of the four facilities - so we have a head office chief superintendent and then we have a head of each facility.

MR. D'ENTREMONT: Moving right along, the report includes a summary of monthly incidents within the facilities. These are statistics for the entire audit period, so I guess that was about 615 or so assaults. Does that mean that we have an assault or an incident, one per day? That's kind of what happens - so maybe talk about the incidents that are highlighted in this report.

MS. HUDSON: With respect to this, I'll ask Mr. Collett to follow up and provide some specifics. I don't think it's a surprise to you all that with respect to the populations for whom we are providing the oversight, safety, security, and rehabilitation focus, they are the most dangerous and the most vulnerable members of our society. That focus on safety and security and rehabilitation is one that our correctional officers do take very seriously, but it is a very challenging environment for them.

Before I turn it over to Mr. Collett to talk about the number of incidents and is that a surprise, is essentially what I hear the question to be, I would say that we also have a major incident reporting policy so that we can be transparent with Nova Scotians with respect to major incidents that we do have in our facilities.

MR. CHRIS COLLETT: Incidents that occur in our facilities - they do occur daily. There's no secret to that. That is what drove us to look at what we're doing in Central facility in terms of our construction and direct supervision focus.

We see, by and large, that incidents are much less protracted in a direct supervision facility and that the ability of our staff to intervene is a lot quicker than an indirect supervision model. An indirect supervision model involves the staff not being on the units, and they are coming into the units within every 30 minutes to do a round. They can be, on average, in a unit for less than a minute or two minutes every hour. In direct supervision, we find them on the units interacting with the inmates and intervening quicker in incidents that have occurred.

We don't have any evidence that we've created since we have opened the new units in Burnside. We know just by the nature of incidents that we're seeing, how quickly they're managed and taken care of, that we've seen an increase in our ability to intervene in those incidents.

Are we still going to have incidents? We're still going to have incidents in our facilities. Our ability to manage them and keep them from getting larger and causing things like hospital escorts or people being injured is being impacted by the new supervision that we have employed at Central. I would ask Mr. Kelly to build on that as well. He may have some more to add.

MR. KELLY: In fact, if you were to look at our disclosure policy, we probably have the most transparent disclosure policy in Canada. We record virtually every incident of conflict with offenders when it comes to incidents of violence, for instance, even as little as a shove, which can be the start of an argument and the start of a potentially violent situation. We record those types of incidents, and those are recorded as an assault. That's why you see our numbers being as high as they are.

In terms of the approach that we're taking, as Mr. Collett mentioned, it's important for us to intervene quickly, and that's the reason why our staff are situated in the day rooms in our facilities. We did a lot of research before we looked at renovating our facilities. We looked at best practice standards, not just across Canada but across North America, and we found significant research to support the direct supervision approach.

I always like the story that I heard in one explanation of direct supervision that talked about, for instance, a classroom in which a teacher spent four to five minutes an hour in a classroom. What do you think would happen for the other 55 minutes of the hour? Really, that's what we're talking about in terms of direct supervision. It's about staff working in the day rooms, interacting with offenders, being able to pick up on the subtleties of behaviours in those day rooms and intervening very quickly to prevent something from escalating to the point where there is violence.

We're very pleased in terms of the impact that direct supervision has had in our Northeast facility, and we're very confident that it will be very helpful in terms of reducing acts of violence and vandalism in our facility in Burnside.

MR. D'ENTREMONT: I know my time is starting to tick down - roughly eight minutes - so let's go to something a little more uncomfortable.

In 2014, an inmate, Clayton Cromwell, died while in custody. He was found unresponsive in his cell after an alleged methadone overdose. Was Mr. Cromwell taking methadone under prescription, or was it something that was brought in to him?

MS. HUDSON: I would like to have the committee consider an objection from me with respect to answering that question, if I could outline my thinking on this for your consideration.

My understanding is that the mandate of the PAC is essentially to examine the efficiency and the effectiveness of a program. The question that was given to me right now is with respect to an individual case. That is an individual case about an individual person and their individual family impacts.

There is also litigation under way with respect to this case. There are not only privacy issues with respect to talking about an individual and what happened to Mr. Cromwell in April 2014, but there's also an ongoing litigation with respect to this, and that means that we are into issues of solicitor-client.

I would, first of all, like to place that objection to answering the question as specifically framed.

MR. D'ENTREMONT: Let me maybe ask it in this direction: how prevalent is methadone in our facilities?

MS. HUDSON: Certainly, I'll start with this and I would ask for Mr. Collett or Mr. Kelly to give some very specific figures regarding this. What we know with respect to our male population coming into our adult correctional facilities is that 48 per cent of them have substance abuse and a similar amount also have mental health issues.

With respect specifically to methadone, I believe that Mr. Kelly can speak to that. With respect to the comment I made that our staff are working hard for populations that are very vulnerable and also very dangerous, but certainly understanding the addiction issues that face the population of inmates that we have, the approximately 475 to 500 at any time in our four adult facilities, knowing their needs, and also knowing the needs of women in terms of coming into our facilities.

The needs of women with respect to drug issues is also very high and that need of women in terms of addiction issues and treatment for addiction issues flows from the fact that the vast majority of those women have suffered violence themselves in the past. The women in our institutions are only about 30 to 35 a day, out of about 475 people a day; however, we know the issues faced by women in terms of addictions are also very high.

With respect to specifics of methadone treatment, I would ask if my colleagues can give specifics regarding that.

MR. KELLY: I was just about to send a text to ask the question. I don't have the precise numbers. I know, for instance, when I asked some time ago, I think we had approximately 35 individuals who were receiving methadone in our Burnside facility, but don't hold me to that number. I can certainly follow up and get you that more precise number.

I can tell you that the methadone clinics operate in the facility very well. We've made a number of significant improvements to our policies with respect to methadone over the last several years. I have recently talked to the clinical staff at the hospital and they feel that our procedures with respect to methadone are very safe and appropriate, in relation to present-day standards. I don't know if you have any further questions.

MR. D'ENTREMONT: Again, I'm trying to wash them up a little bit. I know we probably could have gone in camera and talked specifically about Mr. Cromwell, but I'm trying to wash up my questions.

How are inmates monitored when they're taking methadone and they're suspected to be taking some kind of substance, some kind of drug? It seems in this particular case that there was something extra going on. How are inmates monitored if something similar is going on?

MR. KELLY: I can talk in very general terms. When the inmates are actually called down from their units into the health care suite, we have the medication being given to the inmates in custody. They're actually placed in a vestibule. They call it a sally port, a small waiting area that is secure. The staff members are responsible to supervise the offenders who are placed in that area. They are required to stay there for a minimum of a half-hour before they go back to the unit.

We've had, for instance, instances in the past where people have taken medication back inside the units. If I may be a little bit graphic, for instance, they've done things like taken juice packs with them into the vestibule and spit the methadone into the juice packs, and they were able to take that back with them. We learned very quickly that we wouldn't allow inmates to take any kind of drinks with them into those vestibules. We have also had occasion where inmates have taken methadone and swallowed it, and when they got back to the units, they actually regurgitate it. They can actually save it for later use or pass it along to another inmate in custody.

[9:30 a.m.]

It has been a huge problem for us in the past. We have done a lot of research, and we feel that, with the changes that we've made, it's now considered to be a safe practice.

MR. D'ENTREMONT: From a privacy standpoint, there was a FOIPOP request into Mr. Cromwell's passing. It was returned with significant portions redacted. The Privacy Commissioner has stated that she believes more information should have been released. Do you agree with the Privacy Commissioner or not?

MS. HUDSON: With respect to the FOIPOP and the applicant who made the application for the FOIPOP, the application materials went out to the applicant, I believe, back in 2015. I believe the applicant was not satisfied with the amount that was released, and therefore, they made a review application for the privacy review officer.

The privacy review officer this year said that more information should be shared. What we did was we did share significantly more information. Why we did not share it the first time around, from memory, is that, at that time, the police investigation and the internal investigation were under way.

With respect to what has now been released, pursuant to the privacy review officer, I believe that approximately - if I had to put an estimate on it - 50 per cent to 60 per cent more information was shared. There were still items that needed to be redacted. Those items touch on issues of law enforcement safety, so looking at issues of policy and the

practices to share that information could endanger the safe environment - for example, when searches might be done, what the policies are, what the time frames are, et cetera, in terms of law enforcement, environment, and some personal items were also redacted, personal names.

MR. CHAIRMAN: The time has expired. We'll now revert to the NDP. Ms. Chender.

MS. CLAUDIA CHENDER: Thank you for coming in today. I similarly want to start by noting, as my colleague did, that I was somewhat surprised - although not all that surprised - to hear from the Auditor General, both in his report and then again this morning, that this report resulted in such an enormous number of recommendations. I think as you put it, deputy, working with the most vulnerable - in your words - and most dangerous population, we are left in a situation where there just isn't all that much scrutiny of what goes on in Corrections. It's obviously worrisome for those of us whose job it is to make sure that the provincial government is running properly, particularly those of us in Opposition who have the opportunity to ask questions, that there were so many challenges identified.

One of the things that was really front and centre in our conversation this morning and that also kind of jumped out from the report was the issue of staff training. We know that in the audit, four of 20 staff that they surveyed actually had the appropriate training. The courses that were missing were Understanding and Responding to Mental Illness, emotionally disturbed persons, and suicide prevention. Those were the examples the Auditor General gave.

In fact, we also understand that Understanding and Responding to Mental Illness didn't really exist during the time period of the audit. It was stopped in 2014 and was not reinstated until February 2017. We know that in the intervening period, without asking you and your staff to comment, we had the suicide of an intellectually disabled inmate at Burnside. We have a class action lawsuit pending, we have a number of habeas corpus writs that have been filed from solitary.

We see in your response to the Auditor General's Report that the proposal is that all correctional officers will have these courses by 2020, which stands in somewhat stark opposition to the speed with which you have responded to the other recommendations. I wonder whether the deputy could comment on this delay.

MS. HUDSON: Taking those comments in reverse order, regarding the mental health training, yes, the original response was 2020. We have now accelerated that, and that training will be completed by 2019 at the beginning of the fiscal year. That was what I asked for, and Mr. Collett and his team have said yes. They, too, agree that it is very important.

The amount of training given to our correctional officers is huge. What we have done is increased focus on the training, and since May of this year, we have had 189 of our staff receive their re-certification training. We have the plans for the re-certification training for the remainder to be done in November and December. There are some, however, that are on long-term illness or maternity leave or paternity leave that we are not going to be able to get to until June.

In terms of overall training, a huge amount of training is given. In terms of the issues about re-certification, we have accelerated that; 189 since May alone - and that was a statistic from last month - have been re-certified. Others are going to be re-certified in terms of November and December, and those who are out, we hope to have the vast majority of everybody by June 2019, as I believe it to be.

With respect to a couple other comments you made regarding our training, I would also like to share that we've put in place a new system to track the training. That uses technology. This new system will be in place by January 2019, because in our correctional facilities - it's a 24/7, 365-day-a-year operation, and we have 550 correctional officer positions, correctional staff associated with facilities. It is a huge number of staff, some of whom are out on lengthy periods of time, in terms of the maternity. Essentially, the majority of them will have their certification this calendar year, and then everybody - it's our plan - by June 2019.

In terms of specifically the mental health training, that has been accelerated into 2019, not 2020. With respect to looking at how we are doing this and keeping our eye on it - because that was one of the key themes from the Auditor General, evaluation and accountability and keeping our eye on things. We have been able to get a new tracking system that will be able to track the training of each and every one of our colleagues and when they are expired and when they are in need of it. That will assist us in that lens of accountability.

We have updated the training schedule, and I believe Mr. Collett might be able to fill in anything I may have missed. He lives this environment each day, every day, all day.

MR. COLLETT: In particular, the Understanding and Responding to Mental Illness, we did have a program in place in 2015-16 that was suspended. The issue we had with that was the program had to be offered in concert with a trained psychologist, so a psychologist had to offer it along with our staff.

Due to the numbers, as our deputy indicated - 550 staff - we were taxing the services of the psychologist quite heavily, wanting to train every couple of weeks and we were having difficulties acquiring a psychologist to do that course.

The opportunity came to us through the federal government to switch over to the R2MR training, Road to Mental Readiness training. We had to go through a bit of a process to develop and launch that program. We've gone back and retrained everybody who went through the initial program and have accelerated that course for all our staff, realizing that it's an important part of what we do.

We've also embedded in our direct supervision training for new recruits, and for existing staff who are coming into direct supervision units, emotional and mental health training for those staff. We are getting through the training for mental illness, and we see it as a huge issue for us. We understand how it impacts what we do on a daily basis.

Our transitional day room, all our staff has specialized training in that program to work in that unit because it's a partnership with Capital District Health Authority. Our staff are specially trained to work in there and specially selected to work in there. In our general living units, the training that we're executing now until June 2019 is to address that issue.

In terms of our learning management system, which is the new electronic system that the deputy mentioned, for us, it's going to move us out of a paper environment, which is where we were with our training - tracking papers and documents. It will actually give us alerts when re-certifications are due. Some of the impacts on re-certifications are people being off work, staffing, our ability to manage training in terms of our ability to run the units. We still have to run the units and still have to train the staff. It does have an impact. We recognize that.

Last year I came into the chair that I'm in now in February 2017, and we moved to create two new positions, two training officers who execute all of our training, all of our re-certifications throughout the system. That has allowed us to accelerate some of our training.

MS. CHENDER: With respect, I would just like to move along so I get a chance to ask a couple more questions. I will just comment that while all those explanations are reasonable, it still seems somewhat unreasonable given the degree to which mental illness is an issue in our correctional facilities, one that's widely acknowledged, acknowledged by you and your staff, that because you were taxing a psychologist, we had no course for two and a half years. If I'm putting myself in the shoes of front-line staff, that's a very challenging place to be because, of course, they will wear a lot of the issues that arise in the jail. I certainly hope that the federal replacement is sufficient. I hope that that course is as effective and that, if it isn't and you need a psychologist, you continue to tax the work of the psychologist because it seems like a good use.

I want to move on to close confinement. This is, as the deputy knows, something I have been asking about somewhat ad nauseum since I was elected. We have been trying and trying to get more transparency. I've been so happy to hear the deputy say so many times this morning the value of accountability and external monitoring and evaluation,

although we have none of that, as we know, in the area of close confinement. We have gotten some responses to FOIPOP requests. We see some information here.

As we know, in this report, we were told that in nine of the 47 cases examined, offenders were placed or held in confinement longer than allowed without approval. In some cases, there was no documentation explaining why they were there at all. There were issues with medical confinement. All in all, for such a dramatic and horrible loss of liberty for someone, it was just completely unacceptable, I think, to the Auditor General and to those of us reading the report the way that people were being moved into close confinement. I know that there's a myriad of reasons why offenders will end up in that space, or accused, in many cases. As we know, many of the people particularly in the Central Nova facility are on remand, so they haven't been convicted of anything at all.

At issue in the class actions in Ontario and Nova Scotia is the use of administrative segregation, where inmates are isolated either to ensure their own safety or that of others in the institution. We hear a lot about this from the minister. We hear a lot about this in the media as a response to these questions about close confinement.

[9:45 a.m.]

We heard today about your transitional day room, but nonetheless, we still have a very high level of administrative segregation. We have the transitional day room. We have direct supervision. We have all these things, and yet we still have lockdowns regularly, all kinds of issues, but we also still have a high number of people in administrative segregation. I'm wondering if the deputy, Mr. Collett, or Mr. Kelly could comment on that.

MS. HUDSON: I will start, and Mr. Collett can follow up. With respect to the population of inmates who are in close confinement on a day-by-day basis, it varies, but it's generally between 1 per cent and 2 per cent of our inmate population. We might have somewhere between six and 18 people in close confinement per day. It's also worthwhile to know that the average length of stay in close confinement, from an October report or statistic that I looked at, was 4.65 days.

With respect to the public accountability issue, as the question was framed in terms of asking for information, when Ms. Chender did request information, we have followed up and provided as much information as possible to you in terms of the Spring and again in early October. However, I have discussed with Mr. Collett that we would like our accountability report in government to also include more information as we go forward with respect to statistics about close confinement. I think it is good to know two things: one, improvements have been made; and two, we are continuing to have oversight on close confinement. We will provide more information going forward in the Department of Justice's accountability report.

I am also discussing with Mr. Collett about providing a public report, in terms of the issue of close confinement, in approximately June or July next year. Why that amount of time is that we need the time to continue accelerating and auditing how we are doing.

With respect to that time, I would like to provide just a couple of things that have changed. The Auditor General noted that in May 2017, we changed our policy with respect to close confinement so that only the Executive Director of Corrections for all facilities can approve an extension beyond 10 days for anybody in close confinement. That change in the policy was noted in the Auditor General's Report, but the Auditor General noted that came after the time period of his audit.

We have also seen better improvements in our disciplinary close confinement. We have moved to a situation where we have an adjudicator in head office who makes the decisions with respect to disciplinary close confinement. Because of that change over the course of the last 18 months, we have gone from an average of 5.5 days in disciplinary close confinement to 3.5 days. We have also added the issue of close confinement on our monthly audit schedule. I have asked Mr. Collett to meet with me in December regarding how we are doing on that.

We have a new relationship with the Ombudsman regarding doing quarterly reports on audits, and we expect the first one to come out in November. That is why I'm asking for a meeting in December to see how we are doing in terms of looking at the number of people in close confinement, in terms of looking at the decrease in the number of days in close confinement, in terms of looking at the changes in the policy, and finally a commitment to keeping our eye on auditing it on a monthly basis. This is one of the items that is audited monthly by the chief superintendent who reports to Mr. Collett and the heads of all those four facilities.

MS. CHENDER: Maybe we'll come back to this because my time is winding down. I appreciate all that information. I think what I'm getting to, which is something that won't be a surprise, I don't think, is that given the federal changes - and we'll see how those roll out - the way they are being presented is that they are doing away with close confinement altogether and moving to structured intervention units.

I understand this is on your audit schedule, it is still internal. I'm happy to hear that we will have more public information in your reports. Nonetheless, do you not think that it would be prudent to have an external review not just of your close confinement policies, but of close confinement altogether? We are in a situation now where the federal Corrections universe is enormous compared to what we have here in Nova Scotia, and taking Mr. Kelly's earlier comments into account, a happily low number I suppose. Wouldn't it be prudent to examine the practice altogether at this point, not internally but with the help of external expertise?

MS. HUDSON: I would say two things. I do not think this is the appropriate time or that it is needed to have an external review of close confinement. My reason for saying that is that we have made improvements, and we have committed to reporting on those improvements.

I have outlined before, and I would just like to reiterate that we have made substantial improvements. We have a process now where we are looking monthly at focusing on the reviews being done. From 2016 to 2018, we went from a 24 per cent compliance rate of reviews in the 24-hour review that is to be done, to 100 per cent in three of our institutions. That is good news that we wish to share, and we have committed to sharing that through our Department of Justice accountability reports.

We have made improvements. Those improvements are substantial improvements, and we are continuing to improve.

Also, and I'll just wind up by saying, we are looking at a new intervention unit to open early next year in Burnside, our largest jail. What close confinement is - you have close confinement, which the federal government looked at, and then you have general population, and you need something in between. Nova Scotia has already been there with our transition day room, which we are reporting on at an international conference today. We are taking another step with a new intervention unit that will be focused on people who are in administrative close confinement now and could have more openness and more ability for programs and not be in a cell but in a unit.

MR. CHAIRMAN: Thank you. Time is up. We'll revert now to the Liberal Party, Ms. Suzanne Lohnes-Croft for 20 minutes.

MS. SUZANNE LOHNES-CROFT: It's good to have you back again this week. How did you determine your target dates? You have had 12 recommendations. That seems like an awesome task when I look at the day the report was released and then your dates. You did mention that you have moved up one of your dates earlier in your report. How did you determine your dates for meeting the recommendations?

MS. HUDSON: With respect to how we determine the dates, there are a couple of factors I'd like to draw to your attention, and I said one of them before. A number of these issues were already on our radar and were the focus of changes already. The work of the Auditor General is good because it helped us accelerate.

I can say that with respect to the amount of work being done - because those are challenging dates. Those are dates that are this summer, this Fall, and into the first quarter of the next year. Those are very challenging dates.

I can say that the amount of work that is under way now in Correctional Services is huge. This is not five days a week at the management level - this is seven days a week. I get calls, and I have conversations with Mr. Collett and Mr. Kelly sometimes - Thursday night, Friday morning, at seven o'clock in the morning, Saturday afternoon, and Sunday. We have a commitment because this is such important work. There were 12 recommendations.

Some of those recommendations are outside our purview, i.e. intermittent sentences, but we have committed to working with the criminal justice system about how we can better tackle the issue of the large number of intermittent sentences.

We know there is work to do, and we are committed to doing it. With respect to how we chose those dates, I would ask Mr. Collett to speak because we had a number of conversations about that.

I think it's framed because some of them were already on our radar, work was under way, and knowing the commitment that we wish Correctional Services to continue to make its improvements. The work our colleagues do is so important for the safety and security of Nova Scotians. Those inmates will stay with us 55 days, on average. The median length of time is only eight days, so half of the population are there for less than eight days, and the other half for more. They're with us a short period of time, inmates, and then they will go into community.

It's very important that we are as strategic and effective as we can be. We wish to see that you see our commitment to accelerating the change.

MR. COLLETT: With respect to how we came up with the dates, basically what we did is we got together a team that looked at the recommendations and how we could manage those. I would say that, when I came into this role in February 2017, I wanted to move our organization into a proactive approach of how we do our business. An audit schedule that we've heard spoken about today was implemented in 2017. We were already auditing when the AG Report came out, so we had some of that work already done.

Our performance targets were developed through that audit schedule, or audit matrix. Those things allowed us to accelerate our dates because we had already done some of the work on it. In terms of training, we had developed some training officers, so we were impacting our training already. We accelerated some of the training by freeing up some staff. Generally, a lot of our training is done through staff trainers, so we freed up people to get that training done.

Basically, the way we came to our dates was a weekly Auditor General meeting of a large group of staff and everybody taking on a task and identifying what they needed to get that task done and setting some goals for themselves - we can get this done by this date. I think we had to change one date because we noticed that we weren't going to get it done by April 1st. I think we moved it back to May. That's generally how we came up with the

dates. It was through weekly and daily activities, looking at what we needed to get done and looking at what we had already accomplished.

MS. LOHNES-CROFT: Just looking at the dates, I thought they were quite ambitious myself. There are quite a few that have October 2018 as their initial target. Yes, you moved the one to March 31st. You have a couple that are due this month and some finished last month. They all met their targets?

MR. COLLETT: Yes, they did. Some of it was policy work, redeveloping policy, like the volunteer policy. The policy already existed. We had several policies that existed for, say, our community component and our facility component, and we just assigned a policy analyst to bring that policy into one. It took only several weeks to do so, and so we were able to accomplish that quite quickly. We shared it out with our other components, electronically, and it's added to our staff meetings. If there's any training that comes out of a policy change, that training is managed by our training section. I don't know if Mr. Kelly wanted to add something.

MR. KELLY: When you look at all the work that needs to be done, we look at setting realistic targets, and we reallocate resources. Certainly, as you said, it was ambitious. It was a stretch target for us, and I think we did a good job in terms of putting the plan together.

MS. LOHNES-CROFT: I'd like to move on to your HR. I really believe that the better trained your staff are, that prepares them for the challenges of the job. I'm convinced that this is a very challenging job for the people who service the correctional centres.

You did an HR audit of employee files. I imagine a lot of that is confidential and you can't share it, but what did you learn from that?

MS. HUDSON: I would ask Mr. Collett to speak to that after just a couple of comments, and I'll keep them very specific. One is with respect to training because we had an earlier question on that. We have focused on the training. In terms of our human resources, our staff, one of the key elements for staff wellness in any situation is that they are provided with adequate supports regarding training. We have invested significantly in an updated training schedule and IT technology that gives us automatic reminders when person X needs re-certification. We have upgraded the amount and type of training that we are given.

[10:00 a.m.]

For example, with respect to direct supervision, after we had a conversation with some of our front-line people in the direct supervision - and this was rolled out in Northeast facility in 2015. We are rolling it out August 13th of this year in Central, in Burnside. After having a conversation with our front-line staff and union, we heard that there was a need

for more training, so we increased the amount of training for direct supervision. That direct supervision is now three-day training and includes scenario-based training.

Certainly, with respect to HR issues, one of the things that we heard from looking at it and one of the things I heard from conversations with my front-line colleagues is the need to have more training, and we have committed to doing that. We are developing a model specifically on close confinement so increased training to be coming on close confinement as we go forward.

MR. COLLETT: With respect to the HR audit, we did the HR audit of all of our facilities, of all of our staff who work in all the facilities, contracted for somebody to do so, so that we could identify any missing pieces that may exist in the HR file. What we found over the years is that some corporate changes in HR policy prevented documentation from being stored centrally. It was stored locally in facilities. That has since changed. Now there is a central electronic storage space for HR documentation on the SuccessFactors program that's operated by the PSC. We wanted to pull all those documents in so that we could get them on SuccessFactors. What we found was there were shadow HR files in a facility and then an HR file in our HR department, so we want to bring those together all as one . . .

MS. LOHNES-CROFT: Shadow files being?

MR. COLLETT: People kept documents from a hiring competition, or they had HR documentation that they may have sent a copy to HR, but they kept a copy in the facility, so you have duplicate file systems. We're amalgamating that into a single file system.

Mr. Kelly led that initiative, so he might want to fill in some of the spaces on that.

MR. KELLY: We did hire an individual to actually do an audit of our HR files. In addition, we asked the facilities to also audit the facility file, as the executive director mentioned, in terms of looking at the shadow file. What we're doing is we're now taking those files, and we're reconciling the facility file with the HR file so that we have a complete package. We're about 50 per cent of the way through, and we expect that work to be done before the end of this calendar year.

MS. LOHNES-CROFT: You've hired extra clerical staff. Is that in each facility, or is that overall?

MR. KELLY: We hired an individual to work with our HR component in the head office, and then the facilities are also doing the work themselves to pull that information and to reconcile with their HR file.

We also have one of our human resources business partners actually working out of the Burnside facility for a temporary period. She will be assisting staff in pulling together those typical HR processes that help the facility to run effectively.

MS. LOHNES-CROFT: Those people have HR backgrounds?

MR. KELLY: That's correct.

MS. LOHNES-CROFT: Which of your facilities is the most challenging to staff?

MR. KELLY: Most definitely our facility in Burnside. It's the largest adult facility in the province.

MS. LOHNES-CROFT: What do you attribute that to?

MR. KELLY: The size and complexity of the operation. Prior to closing down one of the day rooms for renovations, it was actually about half of the offender population in the province. It's actually a provincial resource as such. If you look at the makeup of the facility, they handle the most difficult offenders in the province. It's also co-located with a forensic hospital, so we have a shared service with the hospital. We operate a mentally ill offender unit in the shared space of the hospital. In terms of complication, it's a much more complicated operation and a larger operation - more staff and more offenders - and therefore, unfortunately, more issues and challenges to deal with.

MS. LOHNES-CROFT: We had an in camera session beforehand, and I was asking questions about what kind of training there is for correctional officers here in Nova Scotia besides what you do. Is there a program that they can take, like at NSCC? I know there's one for sheriffs. I'm not sure about correctional officers.

MR. KELLY: The deputy wants to take this question.

MS. HUDSON: There is a course, the diploma course out of community college, and Success College. They are one-year and two-year courses.

What we are doing is investing significantly in our staff resources for the training. The schedule of the training and the content of the training, i.e. the focus, is a document that is approximately seven pages long. Then we are talking about applying that document and ensuring that 550 people - because it's a 24/7, 365-day-a-year operation - actually have the training.

With respect to your issue and your question about which of our facilities is the most challenging. From our front-line staff perspective, as Mr. Kelly said, that is our Central facility, commonly known as Burnside. He talked about a number of reasons there. We have the largest inmate population there in that facility. It's generally just under 200

inmates a day. I think the last count I saw was 185 inmates there at Burnside. We have a capacity for approximately 200.

We also have the largest remand population in Burnside, and that is a very challenging inmate population for people to deal with, our front-line staff. They are coming in, they are there for a few days only, generally. In Burnside last week, approximately 80 per cent of our population were the remand population. It varies from day to day, and it can go anywhere from 55 per cent to 80 per cent. Last week it was at a high level, so we have a population that is not only large, but it's also a remand population.

We also have, with respect to what was going on in the last few months, change management. Burnside was moving into the renovations, so they were working in an environment that was under renovation and renovating the air handling system, renovating going into direct supervision units, and then change for how the work of our front-line correctional officers is going to change. We increased the training and the communication to them about how direct supervision is going to work for them and what it means for them.

MS. LOHNES-CROFT: Is there continual PD that will follow up on this? You have re-certification, of course, for some of the programs, like mental health first aid, and suicide prevention. Those would be re-certified programs. Can people take any of this online as well?

MS. HUDSON: I would ask Mr. Collett to talk about that. Certainly, we are looking at more online courses. We have some now, and we are also looking at an online course with respect to close confinement as it is one of our key issues going forward. It has been and will remain a key issue going forward.

MR. COLLETT: We do have access to online training. Online training presents its own challenges as well, to get access for staff who are working a 24/7 operation to be freed up. You still have to free the staff up, whether they do it online or whether they do it in a classroom. There is the ability to do online training during night shifts and quiet times in facilities. That is available. We have a number of courses that are available online, both through Correctional Services and through the PSC. It is something that we look at and that we leverage for training purposes.

MS. LOHNES-CROFT: Where you have incidents - schools have several every day - you're averaging one a day. What about debriefing? I feel that's a really serious component to helping staff cope with situations that arise. How consistent are debriefings? Is there follow-up to debriefings? You may, through a debriefing, feel there are particular staff who are more affected than others by an incident. Does someone follow up with that person following the debriefing?

MS. HUDSON: I will turn it over to Mr. Collett because I have asked him the same question, so I will let him give the answer to you. I asked it a number of months ago.

MR. COLLETT: We do have a focus on Critical Incident Stress Management. Our training coordinator in head office is our lead for CISM - that is the term we would use. He has a small team of trained staff throughout the province. As well, we contract with a psychologist for the purpose of CISM and CISM's are identified through major incidents that occur in facilities, and staff can request a CISM through their supervisor. However, we offer CISM for incidents that we determine are quite significant, where someone has been injured, where we may have had a death in custody, or where something has happened that can really affect people. Our CISM trainers are highly skilled, highly trained, and very committed to this program. We offer it on the weekends and in the evenings. There is follow-up through our CISM coordinator with those staff and through our EFAP program for employees.

I don't know if you have anything to add to that.

MR. KELLY: The only other thing I might add is that after every incident, we hold what's called an operational debrief. Managers are trained to pick up on behaviours where staff are showing signs of stress as the result of an incident. Those individuals are referred off to someone, for instance, for a hot debrief, and then they'll determine whether or not a CISM is required as well if it's a significant incident. We have a good triage system, I think, to pick up on staff who are experiencing stress as a result of incidents in the facilities.

MR. CHAIRMAN: Twenty seconds.

MS. LOHNES-CROFT: Okay, I'll let the Opposition go.

MR. CHAIRMAN: We'll now revert to the Progressive Conservative Party. Ms. Barbara Adams, 12 minutes.

MS. BARBARA ADAMS: I would first like to start out by thanking the Auditor General for the report and for taking the extra time that was needed to include all the issues and recommendations he wanted to make.

I want to go back to his Recommendation 2.9: "The Department of Justice should ensure correctional officer duties, such as the completion of rounds and searches, are completed as required and adequate documentation is maintained to show they have occurred."

That is all going to go back to an appropriate staffing level. I have had the privilege of having several friends who work in Corrections as well as treating a number of them as a physiotherapist. Their concerns about their safety in the workplace go to this question, that they can only get done what they are staffed to do.

One of the articles was published on July 9, 2018, by CBC: “The filth and fears inside one wing of Nova Scotia’s largest jail.

“For two stretches last year guards refused to work in a section of Central Nova, citing safety concerns . . .

“Jason MacLean, president of the Nova Scotia Government and General Employees Union, said he’s concerned management isn’t planning to station enough staff in the common areas . . .”

My question is: How have staffing levels been addressed? Staff call in sick, or there are maternity leaves. Are staffing levels maintained at 100 per cent? He did allude that you were limited in terms of getting staff trained because it’s a 24-hour-a-day facility, but education is part of the job, so you would need to staff it.

I’m just wondering about the concerns that were raised here about staffing levels being sufficient, both in common areas and for training purposes.

MS. HUDSON: I’ll start and ask Mr. Collett to also talk about this. It is a very important question.

I think probably five things. First of all, I did have a conversation with Jason MacLean, and Chris Collett was there, and I asked Sean Kelly to be there too. That conversation was on July 5th. I also asked some of our front-line people to have that conversation.

[10:15 a.m.]

I have also gone into the facilities. When I go into the facilities - I was in Cape Breton probably two weeks ago in that facility, and in Central, in Burnside, likely early in September. It is important that I have those conversations and that not everything is just filtered up to me through a briefing. What we heard from that conversation with Jason MacLean, our senior management, and a group of our front-line staff, led to a change.

We heard about the issue of staffing levels of direct supervision in Burnside. As a result of that conversation, we increased the staffing levels of direct supervision in Burnside to go from one officer in the unit to two officers in the unit and another float officer. That is a specific change that took place as a result of a conversation. I have always understood and valued the importance of having conversations with front-line people.

I would also say that with respect to absenteeism, as noted by Mr. Collett a little bit earlier, we have put an HR support into the Central facility that is working with management and our front-line staff there on issues about clarity and community. Clarity about having performance evaluations done - the staff have actually said they would like

to have their performance evaluations done, and we will have those done by the end of this fiscal year.

There's having opportunities like town halls and get-togethers to ensure that there is no set agenda, but people can raise their own agenda items as they come forward. Then finally, we have committed to and have shown improvements in the training that has been offered. I think it was 189 people re-certified since May of this year only. There's training, conversations and communication, and increased levels of staffing in Burnside. That's direct supervision staffing, and I talked earlier about new program staff coming in and new social work staff too.

MS. ADAMS: I want to go back to another quote from the same article: "The Department of Justice said it took steps to avoid work refusals this past weekend." I'm wondering what that means when you're taking steps to avoid staff refusing to work. What did that look like?

MR. COLLETT: I don't know about that specific incident, but I would suggest that what we would normally have happen is, if an employee brings forward a complaint or an issue that suggests there's an issue of safety, it's immediately taken to the joint occupational health committee within the facility. That group will work together to create a plan to mitigate that risk and put in temporary measures until a formal plan can be put in place to address and mitigate risks that may have been identified.

MS. ADAMS: The other part of that sentence says: "Offenders serving intermittent sentences spent much of the weekend in their cells because the risk assessment on direct supervision still isn't complete." I'm just wanting to know if that report on direct supervision has been completed.

MR. COLLETT: Yes, it has been completed.

MS. ADAMS: Where would we get a copy of that?

MR. COLLETT: Mr. Kelly can maybe speak to that.

MR. KELLY: I would suggest submitting a request through FOIPOP. Some of that information would be considered to be potentially a breach of security if some of that information was released. When we do a violence risk assessment, which was undertaken at the facility - in fact, it's a document that is probably 60 or 70 pages - it looks at every detail of the risk in the facility, and then they implement measures to address that risk. Some of that information I think absolutely could be released.

MS. ADAMS: I would like to request that that report be submitted to the committee.

The paragraph that I just read talked about intermittent sentences, so that's where I would like to go now.

In Paragraphs 2.58 and 2.59, there are some statistics on intermittent sentences, and it appears that Nova Scotia has anywhere from two to eight times the number of intermittent sentences compared to another province, say like Alberta. Apparently, of those serving intermittent sentences, 77 per cent have more than 10 prior convictions, 26 per cent have been incarcerated more than five times previously, and 86 per cent have been involved in internal incidents during periods of previous incarceration. I'm just wondering whether the use of intermittent sentencing in Nova Scotia is being done for economic reasons compared to, say, Alberta or if there's another reason why we're using that system here in Nova Scotia so much more than others.

MS. HUDSON: I'll start with respect to that and ask that Mr. Collett follow up. With respect to intermittent sentences, Nova Scotia has one of the highest rates of intermittent sentences. With respect to the mitigation plan, it is twofold, I would say.

First of all, we will be working with the Criminal Justice Transformation Group, and I will explain what that is, in terms of looking at the numbers of people who are sentenced to an intermittent sentence. Correctional Services receives the people. We don't make the decision that they are coming to us on an intermittent sentence. The courts set that it will be an intermittent sentence, and then we respond to that need. It is not up to Correctional Services. The solution doesn't lie solely with Correctional Services.

However, we have committed to and have reached out to the Criminal Justice Transformation Group, and that is a group that I chair. It is a group of the judiciary and direct stakeholders focused on criminal justice issues. With respect to that, it has had a focus on delay issues, and because we come together monthly, we have had significant impact on delay. We have a meeting this week. That is a group that will be looking at why so many people in Nova Scotia are sentenced to an intermittent sentence.

The other thing that we are doing in terms of mitigation is that we are looking at whether, after we do our assessment, people who are coming in on an intermittent sentence could be released after a certain amount of time and not have to come in and do all of their sentence in a facility but be released on a conditional sentence. There are eligibility criteria assessing risk and supervision levels that are assessed with respect to that.

There are two mitigations: looking at a criminal justice system mitigation, and then looking at our ability to conditionally release back into the community if issues of risk and supervision can be addressed.

MS. ADAMS: I know of one case, and I'm sure there are probably others, where somebody who was assigned to be in jail on the weekends didn't have to go because there was no room at the prison. He was home on the weekend, and of course, he was free to drink and do drugs. I'm just wondering how often people who are expected to be in prison on the weekends are not there because there's no room.

MS. HUDSON: I'll be very quick and then ask Mr. Kelly to fill in the blanks. With respect to intermittent sentence and release back into the community, that is not with respect to "I'm sorry, we're full." This is looking at whether the risks around that offender can be managed within the community. There are also options of electronic supervision to address compliance checks.

Perhaps Mr. Kelly can more sufficiently answer your question.

MS. ADAMS: No, I would like to answer that. This person, I was told by the police that he was not in the prison because there was no room for him to be there. This was not an alternative plan. There was no room for him to go that weekend.

MR. KELLY: That would be incorrect.

MS. ADAMS: Well, that's what I was told, so that's the question. You're saying that there's never a time when somebody is not in prison when there's no room.

MR. KELLY: We have never turned anybody away. Our doors are always open.
(Laughter)

If you actually want to take a look at our population, speaking seriously, we're operating at about 85 per cent capacity throughout the week and about 91 per cent on the weekends, and that's across the province. But if you want to look at Burnside, more specifically, they're operating at about 90 per cent capacity through the week and 100 per cent on the weekends. When we release somebody on the weekend, we release them on the basis of doing an appropriate risk assessment in the community. We would not release somebody in the community who was potentially putting the public at risk, so we do an in-depth look at that individual and we make a decision on the basis of risk.

MR. CHAIRMAN: Order, time is up. We'll now revert to the NDP, Ms. Roberts for 12 minutes.

MS. LISA ROBERTS: Thank you very much, I really appreciate the conversation today, particularly hearing from the deputy how the department has changed and improved in response not just to the Auditor General's Report, but also in response to correctional officers' comments. Another source of informed proposals for improvement is, in fact, the inmate population themselves.

I think we saw this Fall quite an impressive, given the challenges of communication and organization within correctional facilities, a campaign organized around a list of proposals, demands, including better access to health care, improved access to contact visits with loved ones, healthy food, access to books, for example. I am wondering, has the department responded or can it comment on the response to those demands from inmates?

MS. HUDSON: I will ask Mr. Collett to give specifics. Certainly, with respect to a number of the issues that came out of the peaceful protest, one of those issues, and you mentioned it too, was air handling. Part of the \$6.8 million renovation in Burnside has focused on a renovation with respect to the air handling unit, and it is my understanding that that has been completed now.

Regarding health care and access to health care, there are two things. Health care is provided by the Nova Scotia Health Authority and under the direction of the Minister of Health and Wellness, Health Care Services, but we know we need to have more communication and better communication between the Department of Justice and the Department of Health and Wellness.

With respect to health care, I have spoken with the Deputy Minister of Health and Wellness with respect to issues, including addiction services in our correctional facilities. I am looking forward to having a conversation specifically on that next month and I'm hoping to have Dr. Strang, the Chief Medical Officer for Nova Scotia, be part of that conversation, to bring addiction services, which is not within the purview of the Department of Justice, into correctional facilities.

In correctional facilities we are doing our part in terms of increased number of social workers in the facility. Those social workers and our case management workers can identify what the health care needs are and then have the conversation with health care, so we are putting increased resources into the health care side of it. I've had conversations with the Deputy Minister of Health and Wellness about further steps we can take.

With respect to issues of food, we have responded to those issues. We follow Canada's Food Guide with respect to that issue. I believe that Mr. Collett can provide further specifics about the issues.

MR. COLLETT: In relation to a number of the requests that were made during that time, some of the issues brought forward were under construction at that moment. The air handling system is up and running now at Burnside, so air handling is in place. Exercise equipment was a little delayed for us because each new unit has an outdoor yard attached to it so that inmates can go outside and get fresh air. There is exercise equipment attached to those yards, and the equipment has been procured and will be in those yards in the coming months. I'm not sure - Mr. Kelly can probably expand on that - of the time frame of those yards that will be open for the new units. Certainly, by the end of December we expect all construction to be done at Burnside.

Contact visits are a bit of an issue for us. Contact visits involve significant staff time and the introduction of contraband in the facility, in terms of safety. We have discussed, since we've brought in body scanners and we're able to use that technology, that we can impact the possibility of contact visits and manage it within the case management process, in terms of what an inmate may be going through in the facility in terms of what their needs are, to try to access a contact visit. But to make a global policy on contact visits is not something we are currently looking at. We're looking at a case-by-case situation.

[10:30 a.m.]

Personal clothing on units creates a huge problem. It creates an economy within the facility where people have more than other people or try to take things from other people because they're their personal belongings. That's why having institutional clothing that everybody has access to creates kind of a level playing field. So personal clothing is not going to be used in the facility. They do have access to it for external appointments and court appearances so that they can get their personal clothing. I know there was an issue around pregnant women that were going to appointments outside the facility. They all go in their personal clothing now. There's no institutional clothing for that purpose.

The same quality food as every other jail. As the deputy said, we follow Canada's Food Guide. We've looked at increasing some of the calorie content, particularly at Burnside. We've added healthier snacks to the canteen - protein bars, those types of things.

No limits on visits is a bit of a difficult one as well because that comes into the amount of time it takes to have visits. That's also something that can be managed through our case management process. Somebody that needs an extra visit can be arranged through their case management officer, but every facility has a schedule that they manage visits on and we try to give equal access to everyone to have visits.

Our library has been increasingly added to over the last number of months. We're increasing the number of teachers that are in all of our facilities that manage our library, so we're seeing increased access. We just actually received a truckload of textbooks from NSCC that we've made available in all our facilities. These are textbooks around trades - electric trade, plumbing trade - that are very popular on the units, and we've made that available to our inmate population. I'm not sure if Mr. Kelly has something to add to what I just provided.

MR. KELLY: In addition to that, we'll also purchase books for offenders if they're taking a special course. We'll actually go out and purchase those books for the offenders. Again, if it's part of their case management plan, we'll do what we can to meet those needs.

MS. ROBERTS: As a follow-up to that, it strikes me that it was an impressive organizational effort, challenge, by the fact that inmates tend to not have access to Internet, to email. You do have a significant portion of the prison population on remand, entering and exiting at different times, as well as the intermittent population. I'm wondering if

moving forward - given that you did see some value in the proposals, you were able to respond to some of them - does there need to be a resource, an external investigator or resource like Howard Sapers who is available to be in communication with inmates and continually hearing those concerns and proposals so that we can be acting on them moving forward?

MS. HUDSON: Three comments with respect to that, that I hope will give Nova Scotians some comfort. One is regarding the Ombudsman and the Office of the Ombudsman. There's a relationship with the Ombudsman where an inmate can call the Ombudsman any time that that inmate wants. We also have a new process where the Ombudsman is coming into our facilities now on a quarterly basis. The first one is under way, looking at the issue of close confinement.

Secondly, we are in the process of finalizing, and did so in September, a new relationship with the Human Rights Commission where the Human Rights Commission will be coming into the facilities - the four of them - on a regular basis. We do agree that it is good to have external oversight and input. We have actioned that, and not just said it. A new framework for the Ombudsman, a brand-new framework for the Human Rights Commission, and also with respect to having the Auditor General's Report, we have committed to increased accountability in our Department of Justice accountability report as we go forward. If Mr. Collett has anything specifically to add.

MR. COLLETT: I'm not sure that I have anything specific to add. I think that covers the issues that we're trying to address within our facilities. Those people who come in from those agencies meet with our superintendents in the building, after they have gone through the building, to bring up any issues they may have seen, to try to address them at the facility level. My office is also provided with a report on what transpired. We haven't gotten that report from the Human Rights Commission; they haven't yet completed their first visit. I think they've done their educational sessions at the Central facility, and they're going to start there shortly, in terms of those visits.

MS. ROBERTS: I recognize that I have almost no time for an answer, but I'm going to pose the question, and maybe it will get picked up somewhere. I'm just wondering how significant a challenge it is that you have a remand population that is housed with an intermittent population and to what extent you've been able to respond to that within the constraints of the Burnside facility.

MR. COLLETT: I can answer that quickly for you. Intermittent sentences are kept separate, in all of our facilities, from the entire population. They have their own spaces for intermittent sentences, and they are not mixed with remand or sentenced population.

MS. ROBERTS: A really quick follow-up question: when the Ombudsman comes in on a quarterly basis, do the Ombudsman's staff or the Ombudsman himself actually meet directly with inmates?

MR. COLLETT: Yes, they do, in both our adult and our youth custody sites.

MS. ROBERTS: Okay, thank you.

MR. CHAIRMAN: Fifteen seconds, so I guess we'll move on, unless you have a statement or comment.

MS. ROBERTS: In 15 seconds or less, no I don't. Thank you.

MR. CHAIRMAN: We'll now revert to the Liberal Party. Mr. Maguire.

MR. BRENDAN MAGUIRE: Thank you for being here today. I do want to follow up a bit on the remand inmates. I was a little surprised to hear that it's up to 80 per cent. There's a lot of difficulties, a lot of challenges, that staff face when you have such a high remand population.

One of the questions I had was around access to services. Do the remand inmates receive access to health care? Do they receive access to addiction services and mental health services? Are they receiving the same kind of services that inmates are receiving?

MS. HUDSON: Yes, they have access to services. It's my understanding, however, and Mr. Collett can correct me, that the degree of the access is not the same as it would be for our sentenced population, simply because they are there only, for the most part, for a number of days.

We did see an increase, in the 10-year period from 2004-05 to 2015-16, a 134 per cent increase in the remand population in Nova Scotia. That has been a challenge for Correctional Services. It has been a challenge for Nova Scotians to have that increase.

As we go forward in terms of specifically answering your question, yes, they have access to health services and other services. The depth and degree of that is not the same as for a sentenced population.

MR. COLLETT: The only thing that would impact that in terms of their access to services different than a sentenced person is that, oftentimes, a remanded inmate could be here today, gone tomorrow. They could be in on Friday and gone on Monday. They could be on long-term remand. Those people who are on long-term remand have generally the same access to programs and services as anybody who is sentenced to a facility.

We often see people on remand coming back and forth because there are breaches in the community, and they may come in for a short period of time and be released. That interrupts the ability to access, let's say, health care in a timely fashion because they're no longer with us.

MR. MAGUIRE: Just for clarification, when you say remand, you're talking about individuals waiting for trial, and you're also talking about people serving weekends and transfer.

MR. COLLETT: Remand is specifically about people waiting for trial.

MR. MAGUIRE: Just waiting for trial.

MR. COLLETT: Weekends is intermittent sentence . . .

MR. MAGUIRE: So that would be considered intermittent. Okay.

One of the things that piqued my interest, and I think it piqued a lot of people's interest around here on the committee, was your continually mentioning NSCC and education. Can you explain the partnership you have with NSCC and why it's important not to just take prisoners or inmates and throw them away and lock the door but also to educate them? It seems like the department has moved over the last while - maybe you can explain when it started - toward educating and providing the services that are needed for these inmates. I think we can all agree that one of the most important things to break the cycle is to help educate those inmates and make sure that when they are released, they see a future. It sounds like the partnership with NSCC is actually helping. Could you go into a little bit of detail on that?

MS. HUDSON: I'll start and ask Mr. Collett to follow up. With respect to NSCC, this is such an exciting program, and it is a new program. When we have had 40 of our inmates in the Spring of 2018 take the two courses in the facilities - those two courses are communications and math - and when we see that 10 inmates who are now finished being an inmate and are back in the community have commenced community college in September 2018, that is really something to celebrate.

We give such thanks to the Nova Scotia Community College and also to Don Bureaux, the President of the Nova Scotia Community College. When he had a meeting in our Southwest Nova facility a few years ago, from that meeting he had this great idea. He has secured funding from the Windsor Foundation, more than \$300,000, for this pilot project. That will address issues of our inmate population having a low attachment to the workforce.

Because he saw the need, because he actioned the need, because we were so happy to meet with him, what we have here is really a good-news story that is worthy of some celebration. I would ask Mr. Collett to fill in any of the other particulars regarding this.

MR. COLLETT: I would agree. I think we're very proud of the relationship we have with the Nova Scotia Community College, in particular the Limitless program. The Limitless program has impacted up to 35 inmates most recently throughout the province. It's not just focused in one facility.

As the deputy said, we have 10 inmates who have transitioned from the facility and into community college, and they're provided with some financial support through the Windsor Foundation grant to continue their education. We have also supported that through a case management individual with the Nova Scotia Community College to manage these people as they go through their community college education. We continue that partnership into the community with our probation officers, working with the person once they have been released. We have increased our access to teachers within our adult custody sites to offer Nova Scotia Community College courses.

We're currently looking, as was stated previously, at a new integration unit for the Central facility which will have its own teacher, and that will remove what we commonly refer to as administrative close confinement. Those people will be moved to the Central facility. They will no longer be housed throughout the province, and they'll be managed on that unit with special services and programs, similar to our transitional day room, but a bit of a step down from that, to keep people out of administrative close confinement. Part of that is, as I said, a newly assigned teacher to that unit to engage the inmate population in educational upgrading.

I don't know if Sean has something to add.

MR. KELLY: The only other thing I might add is that, again, finances are always a barrier for inmates coming out of custody, so they're offered 50 per cent towards their tuition at the community college. That's a huge incentive and huge assistance for individuals who do not have that kind of money to pay for tuition, so we're very pleased with this partnership. I think it has been a tremendous success.

MR. MAGUIRE: Am I right in saying that you said this is a pilot project? Are you keeping track of the individuals who are going in and their success rate? Who has funded this project? Sorry if I missed that.

MR. KELLY: It's funded through the Windsor Foundation.

MR. MAGUIRE: Is there a way to keep track of the individuals who are taking advantage of this project? Also, how are inmates chosen to be part of this? Is it on a volunteer basis, or are there certain criteria that the inmates have to meet in order to be part of this education project?

[10:45 a.m.]

MR. KELLY: That would be part of what we call a criminogenic needs assessment, so we would look at the specific needs of those individuals; for instance, their employment status, looking at their education. Typically, many of the inmates who come into custody don't even have a Grade 12 education. Part of the project is actually to support them and upgrade their skills and education so that they can enter the program and do so successfully. We look at those individuals. They need to have those skills and competencies to be able to succeed as well in the community college. It's all part of that assessment. We specifically target those needs during the assessment on admission to the facility.

MR. MAGUIRE: You feel like this is a positive step forward, concentrating on education to open up opportunities and doors for these inmates. I want to move for a second over to the health side of this. I know that the deputy had said that there are some ongoing conversations with Dr. Strang and the Department of Health and Wellness to provide some services to those inmates. Could you elaborate on that and what you're trying to achieve and what services you're trying to bring to those inmates?

MS. HUDSON: Two comments, and then I'll ask Mr. Collett to answer also. With respect to health care, I have had recent conversations with the Deputy Minister of Health and Wellness. Health care for inmates is under the purview of the Nova Scotia Health Authority. The conversations have been recent, and the discussion - I have not yet met with Dr. Strang on this. I talked to him about the issue of addiction services, Mr. Collett and I, probably within the last year. But I have not had a recent conversation, and I wish to accelerate this.

We are doing our part - government's focus in terms of improvements to Correctional Services and what Correctional Services has jurisdiction to do, we are doing, so increased social workers who identify health care needs, looking at our policy, the way we connect with NSHA, how we connect and what information we get. We do see a need for increased addiction services specifically and mental health services in our correctional facilities. Those conversations will continue to be a high priority.

MR. COLLETT: I think what you've seen over the past number of months is an acceleration of services to the inmate population who oftentimes are drug-seeking and having difficulties with mental health. It's things like the addition of the body scanners in our facilities to try to impact the flow of contraband that comes into a jail so that we can better focus inmate attention on things that are going to impact them when they leave the facility in terms of their rehabilitation and reintegration. You're seeing an increased uptake in things like the Limitless program for education, the addition of our social work staff to assist in integration as they leave the facility, and also our community corrections staff who work inside the facility to transition people out.

As we said earlier, our stays in custody aren't that long for sentenced people, and getting them back in the community and giving them a head start on something that will keep them from coming back is really what we're trying to focus on.

MR. CHAIRMAN: That concludes our time for questions today. I want to thank our witnesses. Ms. Hudson, if you have any closing statement you would like to make.

MS. HUDSON: Three points. Our themed focus is threefold: investments, improvements, and accountability. That is the theme that I have in my head about the way forward: investments, improvements, and accountability. With respect to investments and improvements, we have talked today about improvements in programming and nine new program officers hired in September 2018. In terms of staffing and our relationship with our front-line staff, there are more opportunities for communication with senior management. In terms of our connection with community supports, what we have seen is a renewed and refreshed focus on the importance of Correctional Services working with community support groups.

With respect to the Nova Scotia Community College, we had talked about only one program that we have with them, Limitless. This is a fabulous program, where we have inmates being able to take educational upgrading and then be supported when they leave our facilities and go into the community. What an important step that is worthy of celebration.

We have our community focus on the Elizabeth Fry Society and providing more supports to women and providing a situation of a good, safe environment for them when they come out of our facility and are able to go to Elizabeth Fry Cape Breton or Elizabeth Fry Mainland. I have been over there and have met with them and Ms. Halpern and have met with a number of the former inmates who are receiving the supports, and it is making a real difference for them in terms of a better future.

We talked about our work with John Howard and the 7th Step Group, a national organization made up of lawyers, law students, people from different churches, and ex-offenders who will be going into our facilities, starting next month, and meeting with our inmates there to provide a support framework, a weekly meeting. "What are the decisions that landed you here? How can you be better supported when you get out?" So, 7th Step has a weekly meeting in the community. The hope is that people would make a connection when they are in a facility and then be able to continue as they go forward out of our facility.

Finally, we do thank the Auditor General for his recommendations. It gives us a road map forward.

MR. CHAIRMAN: Thank you very much, Ms. Hudson, Mr. Collett, and Mr. Kelly. We'll now move on. You are free to leave, if you like.

We have just one small piece of committee business, and it's something I brought forward in an email. I'll have to premise it with the fact that I didn't realize we had already had a meeting scheduled for next week for Halloween day. I thought that maybe, if it was possible, that we could - for a lot of people it is a special day, almost a holiday for some. I'll just open up the floor to any conversation or comments anybody might have in moving the October 31st meeting. Mr. d'Entremont.

MR. D'ENTREMONT: I was looking forward to having my birthday in this meeting, but I understand the challenges that some families have in having a special day, so I think it's okay to move it to another week. I think we can skip next Wednesday to have a meeting the week after.

MR. CHAIRMAN: Are there any comments from the NDP? Ms. Roberts.

MS. ROBERTS: I don't object.

MR. CHAIRMAN: Mr. Maguire.

MR. MAGUIRE: I agree. It's a busy day for those of us who have children.

MR. CHAIRMAN: It seems unanimous, so I would thank everybody for that and all those trick-or-treaters who are out there. I know that puts extra pressure on our clerk in scheduling that, and I do apologize for that. Saying that, we'll get that rescheduled at a future date.

The only order left is to establish when our next meeting date will be. We are actively waiting for training. There is, I think, a general consensus among the committee for training. Ms. Suzanne Lohnes-Croft.

MS. LOHNES-CROFT: Mr. Chairman, I would like to encourage us to do that as early as possible.

MR. CHAIRMAN: Ms. Roberts.

MS. ROBERTS: I also am certainly very positive and think that having the whole committee trained by the Canadian Audit and Accountability Foundation would be very productive. At the same time, I'm recognizing that, with the Tory leadership race happening on the weekend, we might be seeing some changes in the membership of this committee, so it would be advisable to not attempt to schedule it until, I would say, mid-November. Does that seem reasonable? Yes, so not earlier than then.

MR. CHAIRMAN: Before I go to Mr. d'Entremont, I would say I did speak briefly with the clerk, and if we wanted to pull the trigger now, the window probably would be that far ahead. They're not just something that we can pull in. They're out of Ottawa, I believe.

Mr. d'Entremont.

MR. D'ENTREMONT: I was going to comment, too, that because of the changes that will happen on the weekend, I don't know whether I'll be here at the next meeting. (Interruption) I know, it's such a shame, isn't it? (Laughter) There might be a new person appointed to the committee, so just in case. If we hold it off for a couple of weeks, it's fine, but if we need to start the work to get it done for November-something, I think that's reasonable in requesting that.

MR. CHAIRMAN: Could I say that we have unanimous consent that if we look at having it scheduled, say, the second to third week of November - the third week of November - that that should work for everybody? Maybe then we will ask the clerk if she could proceed with that.

Is there any further business? Seeing none, this meeting is adjourned.

[The committee adjourned at 10:55 a.m.]