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Assembly  
of Ontario



Assemblée  
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**Official Report  
of Debates  
(Hansard)**

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**Journal  
des débats  
(Hansard)**

JP-1

**Standing Committee on  
Justice Policy**

Correctional Services  
Transformation Act, 2018

3<sup>rd</sup> Session  
41<sup>st</sup> Parliament

Thursday 19 April 2018

**Comité permanent  
de la justice**

Loi de 2018 sur la transformation  
des services correctionnels

3<sup>e</sup> session  
41<sup>e</sup> législature

Jeudi 19 Avril 2018

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Chair: Shafiq Qadri  
Clerk: Christopher Tyrell

Président : Shafiq Qadri  
Greffier : Christopher Tyrell

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

## STANDING COMMITTEE ON JUSTICE POLICY

## COMITÉ PERMANENT DE LA JUSTICE

Thursday 19 April 2018

Jeudi 19 Avril 2018

*The committee met at 0901 in room 151.*

### CORRECTIONAL SERVICES TRANSFORMATION ACT, 2018

### LOI DE 2018 SUR LA TRANSFORMATION DES SERVICES CORRECTIONNELS

Consideration of the following bill:

Bill 6, An Act to enact the Ministry of Community Safety and Correctional Services Act, 2018 and the Correctional Services and Reintegration Act, 2018, to make related amendments to other Acts, to repeal an Act and to revoke a regulation / Projet de loi 6, Loi édictant la Loi de 2018 sur le ministère de la Sécurité communautaire et des Services correctionnels et la Loi de 2018 sur les services correctionnels et la réinsertion sociale, apportant des modifications connexes à d'autres lois et abrogeant une loi et un règlement.

**Le Président (M. Shafiq Qadri):** Chers collègues, j'appelle à l'ordre cette séance du Comité permanent de la justice.

As you know, colleagues, we're here to consider Bill 6, An Act to enact the Ministry of Community Safety and Correctional Services Act, 2018 and the Correctional Services and Reintegration Act, 2018, to make related amendments to other Acts, to repeal an Act and to revoke a regulation.

We have a very full day. We'll have 15 minutes per presenter.

### SCHIZOPHRENIA SOCIETY OF ONTARIO

**The Chair (Mr. Shafiq Qadri):** Now I would like to invite our first presenters to please come forward: Erin Boudreau and Antonella Scali of the Schizophrenia Society of Ontario. Welcome, ladies.

Also, just to alert our colleagues and all of our guests and witnesses today: 15 minutes total—five minutes' opening address, three minutes in rotation for questions. Of course, as always, the timing will be enforced with military precision.

Please begin now.

**Ms. Erin Boudreau:** Thank you, Mr. Chair. My name is Erin Boudreau. I am the manager of policy and community engagement at the Schizophrenia Society of Ontario, or SSO. Joining me today is Antonella Scali, policy analyst with the SSO.

SSO is Ontario's only not-for-profit charitable health organization dedicated to supporting individuals, families, caregivers and communities affected by schizophrenia and psychosis, province-wide, for the past 39 years.

Thank you for the opportunity to present on Bill 6. We will be focusing on provisions related to segregation, as people with mental health disabilities are disproportionately impacted by segregation.

Our key considerations on this topic have been informed in part by evidence on the use and misuse of segregation, evidence of harms related to this practice, international standards, and recommendations from Ontario's independent review of corrections.

Segregation can amount to a prison within a prison. It is well known that it can cause or exacerbate significant psychological distress, including psychosis, especially if prolonged or indefinite. On any given day over the last 10 years, between 5% and 7% of people in Ontario's correctional facilities were in segregation, and in 2016, segregation terms ranged from one to over 1,500 days.

Vulnerable groups are disproportionately impacted by segregation. For instance, in 2016, individuals with mental health and/or suicide risk alert spent, on average, approximately 30% more time in segregation compared to the rest of the segregated population. Indigenous individuals make up approximately 2% of Ontario's population, but in 2016 accounted for at least 14% of the admissions to custody in segregation. In 2016, seven out of 10 individuals in segregation were on remand, awaiting trial or bail determination.

In light of their unique experiences and needs, other groups, including LGBTQ groups, people on immigration hold, people requiring close medical supervision, people with physical disabilities and people at risk of suicide or self-harm may also be disproportionately impacted by the use of this practice.

The province has taken critical steps to address the overuse of segregation in Ontario's correctional institutions with the introduction of Bill 6. We strongly support critical changes, including:

- defining segregation not in relation to a physical space, but rather the conditions, including the deprivation of meaningful human contact;

- using segregation as a last resort and for as short an amount of time as possible;

- banning segregation for longer than 15 consecutive days, and limiting segregation to no more than 60 days for any individual within a 365-day period;

- establishing baseline conditions of confinement for people in segregation that are as least restrictive as possible;

- standardizing definitions and baseline conditions of confinement for all housing units and types and updating policy to provide standards for their minimum operational routine;

- prohibiting segregation for vulnerable groups, including people with mental health problems, people who are chronically self-harming and people who are suicidal; and

- implementing oversight mechanisms such as an inspector general, independent review boards and disciplinary hearings officers.

**Ms. Antonella Scali:** Timely passage of this bill is crucial to phase out the use of segregation for individuals with a significant mental illness or developmental disability, among other high-risk groups, and to place limits and oversight mechanisms on conditions that constitute segregation to help mitigate harms.

Many key details are to be developed in regulation, and key outcomes will require commitment over time.

To support the implementation of Bill 6, we recommend the following:

- phasing out segregation for prohibited groups within five years across all institutions, rather than the proposed 10 years;

- consulting with community groups, coalitions and people with lived experience of incarceration and corrections to work out crucial regulations, including the definition of “significant mental illness”;

- ensuring regulations include the rights of people placed in segregation, such as informing them of the reasons they are placed in segregation, the duration and the process for leaving segregation, and proactively offering resources like the segregation handout sheet in a format that’s easily accessible;

- investing in programs and initiatives that divert vulnerable groups from entering the correctional system when possible, including, but not limited to, early intervention through a well-resourced and accessible community mental health and addictions treatment system and peer-support system, programs that divert vulnerable groups out of the criminal justice system entirely, including pre- and post-charge diversion programs, mental health courts and alternatives to detention for people on immigration hold;

- initiatives that target the intersection of criminal justice system involvement and social determinants of health, like poverty, homelessness, gaps in employment opportunities;

- programs and initiatives that address stigma and discrimination related to mental health, police records and past justice involvement.

In closing, SSO calls for the timely passage of this bill and development of regulations.

We also strongly believe that legislation and regulations must be supported by investment in preventing people who are vulnerable from entering the criminal justice system in the first place.

Framing all of this is also the hope for the eventual transfer of health care from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care in Ontario. Regulations alone cannot address the potential harms associated with incarceration and segregation.

We look forward to the opportunity to work with the government as it moves forward on implementing the legislation. Thank you, Mr. Chair.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Scali, and thanks for your precision timing.

We start with three minutes from Mr. Nicholls.

**Mr. Rick Nicholls:** Again, Erin and Antonella, thank you very much. I’m just trying to catch my breath from how quickly you rolled through that. You did a great job, though.

I do have a question. Segregation is a big, big issue. You did suggest something about phasing out segregation in five years as opposed to 10, I believe it was. What I’m wondering is this: phasing it out, but we still have a huge problem in our detention centres when it comes to mental illness; number one, the training of our correctional officers in dealing with those inmates who are suffering from a mental illness. So we phase it out, but we still have these inmates. What would your recommendation be?

**Ms. Antonella Scali:** We would like to prevent entering the penal system entirely, if we can, so we always look for upfront supports and investments in the community. Our recommendation is continuing to invest in initiatives and programs that look at the intersection of mental health and criminal justice involvement. We need to continue doing that to ensure that we’re not adding to the issue in the penal system.

We also do agree that ongoing, regular training is absolutely necessary. Part of that training is, what are alternatives to segregation that exist currently that are exhausted before a person is put into that setting? Mental health training to understand when mental health symptoms might be contributing to behaviours that may escalate to placing somebody in segregation—we do think that training has to happen continuously, starting right now and continuing.

**Ms. Erin Boudreau:** And, upon entry into prisons, that inmates are screened at the outset for any mental health issues and, if there are any that are identified, that they are immediately placed on the appropriate care and treatment plans.

Just adding to Antonella’s point, there is a significant investment that is needed in this particular reform to ensure staff have the proper training; as Antonella mentioned, that investment in our mental health and addiction system in the area of prevention so that people don’t end up in the first place in prison.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Rick Nicholls:** One of my main concerns is the fact that, with those inmates who are suffering from a

form of mental illness, if they are then integrated with other inmates who may not be suffering from a mental illness, that has the potential for disaster, in a sense, where those who are not suffering irritate or aggravate those who are suffering. That then creates problems and safety issues not only for inmates but also for COs.

0910

**Ms. Antonella Scali:** Our concern would be that people—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Nicholls.

To Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you so much, Erin and Antonella, for being here. Thank you, Erin, for the meeting yesterday. You were concise and precise, and I certainly appreciate it. I'll try to do the same.

Do you believe that a reduction in funding to corrections and probation and parole officers would be detrimental to public safety—an overall budgetary reduction?

**Ms. Antonella Scali:** We think that investment needs to be made to ensure that we have the resourcing that properly allows staff to do the work to ensure that we can implement the transformation.

**Mr. Taras Natyshak:** Do you believe that a reduction in staff, either through attrition or direct cuts to front-line staff, in our corrections and probation and parole system would lead to a more vulnerable society or even inmate population and CO population? It's a blanket statement.

**Ms. Antonella Scali:** Yes, we think that—

**Mr. Taras Natyshak:** Feel free.

**Ms. Erin Boudreau:** I'll just reiterate my initial point, though. I think that a significant investment is needed to be made at the outset in our community-based mental health services on that prevention front. There are significant resources that are required to implement this legislation. Making sure that institutions have the resources that they need to implement any training, and all other alternatives to segregation, is paramount. As the bill is being worked on, as regulations are being worked out over time, a long-term commitment is required. With that, we will be looking forward to investment, in the bill, to ensure it is implemented.

**Mr. Taras Natyshak:** I think your overall theme, if I'm able to sort of condense it, is that while Bill 6 is welcome, regulation alone will not fix the issue. This needs to be resourced adequately and the programs need to be put into place in our communities to provide that preventive, proactive intervention that we know works.

Do you believe that that has been missing in the equation over the last two decades, I would say?

**Ms. Antonella Scali:** In community mental health services, there have been gaps since the beginning of developing the Canada Health Act. We have seen those gaps, and they continue to persist. So, yes, we continue to see the need.

**Ms. Erin Boudreau:** With the recent investment committed to by this government—the \$2.1 billion—that is certainly a monumental step in the right direction for getting us up to the level of mental health support that

communities do need. We look forward to seeing more investment going forward.

**Mr. Taras Natyshak:** I would regard that as catch-up funding, given the gaps that you've identified. We're going to need to sustain that funding to enhance and be proactive in intervention and to reduce recidivism, reduce interactions—inmate-on-inmate and inmate-on-CO violence—and support those with mental health issues in our communities. Do you think that's the right step forward—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Natyshak.

To Ms. Sandals, on the government side.

**Mrs. Liz Sandals:** Thank you, Erin and Antonella, for coming. I am impressed with your ability to speak very, very quickly and give us lots of information.

One of the issues that I've dealt with in my community is that when someone with schizophrenia is arrested for a crime, it's usually associated with being off meds. I know that you've advocated in the past for better assessment in correctional institutions. One of the things that is required under this legislation is an initial assessment, and then potential follow-up assessments. I wonder if you could comment on how you would like to see that implemented and how that could impact the journey of the people you serve.

**Ms. Antonella Scali:** We completely support that initial screening, standardized across all institutions, and appropriate connection to supports and programs that are appropriate, based on the initial screening and assessment. We also know that mental health can deteriorate once a person is incarcerated, so that follow-up is integral.

We know that people cycle in and out of Ontario correctional facilities quickly. So for us, it's for a person in the community who is being held for small amounts of time, in many cases, that the initial screening assessment and access to supports are essential as well to helping them reintegrate when they're back in our communities.

It's also reassuring to the families and caregivers that we work with every day who call us and are worried about, "My son or daughter has been arrested. What now? What can they expect?" It's hard to answer those questions when we don't have that standard expectation. So this will also help reassure some of those concerns.

**Mrs. Liz Sandals:** Okay. I'm going to turn it over to my colleague MPP Kiwala.

**The Chair (Mr. Shafiq Qadri):** One minute.

**Ms. Sophie Kiwala:** Thank you. I just wanted to say thank you very much for your advocacy through the Schizophrenia Society of Ontario. I did have an opportunity to meet with your colleagues just this past week and, of course, working in a constituency office prior to being elected, experienced a number of circumstances with individuals with schizophrenia. I just want to commend you for the work that you're doing in our communities across the province. We really do appreciate working together with you, and I thank you for the work that you do every day.

**Ms. Antonella Scali:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Kiwala, and thanks to you, Ms. Boudreau and Ms. Scali, for your deputation on behalf of the Schizophrenia Society of Ontario.

#### CANADIAN CIVIL LIBERTIES ASSOCIATION

**The Chair (Mr. Shafiq Qaadri):** I now invite our next presenter to please come forward: from the Canadian Civil Liberties Association, Ms. Zwibel.

Welcome. Please be seated. Your five-minute introductory remarks begin now.

**Ms. Cara Zwibel:** Thank you, Mr. Chair and members of the committee. On behalf of the Canadian Civil Liberties Association, I'd like to thank the committee for the opportunity to appear today to speak to Bill 6, the Correctional Services Transformation Act.

The CCLA is an independent, national, non-profit NGO that works across the country to protect and promote fundamental rights and freedoms. CCLA has been vocal for many years about the need for change in Ontario's correctional system and, indeed, the need for change in corrections across the country. As the committee considers this legislation, we urge you to consider that inmates in our correctional institutions are among those most vulnerable to abuse of power by the state and its officials, and those most likely to have their rights violated without meaningful avenues for recourse.

Our submissions today are given in the hopes that our system can be reformed in a manner that both lessens the opportunities for and instances of abuse and increases the accountability and transparency of our correctional system.

Bill 6 is a substantial piece of legislation, and I cannot address all of its aspects in the few minutes that I have this morning. Instead, I'm going to highlight a few areas of concern and try to point to opportunities for this committee to bring real improvements to the bill. Briefly, I'll touch on concerns about the delegation of substantial parts of the bill to regulation, about provisions related to segregation, and about inmate searches and privacy.

On the issue of regulations, CCLA's overarching concern about Bill 6 is that it defers a number of issues of vital importance to the regulation-making process with no clear parameters or limitations prescribed in the legislation itself.

While we appreciate that there are certain matters that may be best left to regulation, processes that may have a significant impact on the charter-protected rights and freedoms of individuals should be clearly set out in legislation. Leaving so much to be prescribed in regulation means a process that is less public, less transparent and less accountable.

How our correctional system operates will have a very real impact on inmates, and we are entitled to expect democratic debate and discussion by the Legislative Assembly on these issues. The deferral of so much to regulation, in our view, undermines this goal.

There are aspects of Bill 6 that are essentially an empty vessel, open to being filled by whatever the government of the day chooses. For example, sections 87 and 88 of the bill deal with inmate complaints, but the scheme is left entirely to be addressed in regulation. Unfortunately, there's nothing we can say about the inmate complaint process established by the bill because, frankly, the legislation doesn't establish a process—simply an opportunity for one to be established by regulation.

The second area I'd like to address relates to Bill 6's provisions relating to the segregation of inmates. CCLA's work on issues of inmate segregation is extensive and includes involvement in the coroner's inquest into the death of Ashley Smith and a challenge to the federal segregation scheme in Ontario's Superior Court.

It is the CCLA's position that the ready, routine and prolonged use of solitary confinement is unconstitutional and amounts to torture. Here again, one of the primary concerns is that while the bill appears to advance an intention to phase out segregation for a number of categories of inmates and place caps on the length of time an inmate can be in segregation, the entire scheme does not apply to "prescribed correctional institutions."

It is unclear how many institutions will be exempt from compliance with the law, but it is troubling to contemplate the continued segregation of individuals despite clear acknowledgement by our courts that the practice is so harmful.

#### 0920

In Ontario, Associate Chief Justice Marrocco recognized that indefinite solitary confinement will "result in permanent psychological harm" and that prolonged use of solitary is "harmful and offside responsible medical opinion."

Significantly, the British Columbia Supreme Court recently found that the federal segregation regime for inmates with a mental illness violates section 15 of the charter, the right to equality. Allowing individuals in these circumstances to continue to languish in segregation will result in further charter violations and should not be endorsed by the Ontario Legislature.

**The Chair (Mr. Shafiq Qaadri):** One minute.

**Ms. Cara Zwibel:** Since my time is short, I'll address briefly the issue of inmate searches and the privacy of inmate correspondence.

The Independent Review of Ontario Corrections looked closely at the strip search issue and found that Ontario routinely engages in more intrusive searches than necessary and than occur in other parts of the country.

The bill still allows for strip searches to occur in other "prescribed circumstances," without clear definitions and restrictions. In our view, this language is clearly inadequate to ensure that this intrusive power is not abused. Codifying clear limits on when strip searches may take place is important for both inmates and correctional employees.

We also note that the independent review pointed out that the province had purchased body scanners for all

provincial institutions and that the use of these scanners, when combined with a proper frisk search, renders the need for strip searches questionable. As a result, we urge the committee to tighten up the broad and open-ended strip search powers set out in section 100 of the bill.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Zwibel.

We'll begin with the NDP side. Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you, Cara. I'm going to yield maybe two minutes and 30 seconds of my time for you to continue on. I know you've got lots more on your paper there.

**Ms. Cara Zwibel:** Thank you. The other piece that I wanted to talk about was inmate correspondence. We have concerns about the regime that is set out in the bill, which we feel is more intrusive than necessary when it comes to both reviewing and reading inmate correspondence and recording and listening to inmate calls.

Although we wouldn't necessarily point to it as the high water mark, the federal regime is more protective of rights, we believe. It also takes greater pains to ensure that solicitor-client privilege is protected. Those are areas where we feel this bill could be improved, to ensure that the utmost protection is afforded to communications between an inmate and his or her counsel.

**Mr. Taras Natyshak:** Thanks. You raise a really important question. It's critical for the safety of inmates and staff within our facilities. There are significant challenges in intercepting contraband coming into facilities.

The use of body scanners and metal detectors is limited in that some of them are in-facility and have not had staff appropriately trained to use these machines. As well, when they are trained, the training is limited. They are not radiologists. They are not X-ray technicians. Much of it gets brought in. We're dealing with fentanyl, which is now the zombie drug that can kill people, just by touching it.

What are the recommendations around the health and safety provisions for staff? How do you find that balance, to be able to protect staff inside and also to protect a person's charter rights?

**Ms. Cara Zwibel:** The issue of training and staffing is obviously a very important one. One of the issues with this bill—while I applaud the ambition of the bill, I'm concerned about where the funding is. I'm concerned about making sure that the promise that the bill tries to lay out can be fulfilled in real time.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Ms. Cara Zwibel:** I think investment in staff and training is something that is vital for that. But I do think that, given that the province has purchased this technology, it's something that we should be using to avoid more intrusive searches, like strip searches, in our institutions.

**Mr. Taras Natyshak:** Thank you so much.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Natyshak.

To Mr. Rinaldi, the government side.

**Mr. Lou Rinaldi:** Thank you very much for presenting this morning, and I must say thank you for the work you do outside of this room. We all deserve a fair shake at the end of the day to make sure that, regardless of where we are, where we come from and where we end up, we're treated with dignity and respect.

A question for you—and if you can elaborate: Our proposed definition of “segregation” will now, if the bill is passed, align with international standards, focusing not only on physical location but instead on the conditions of confinement that the inmate experiences. Does this help your organization move forward some of your initiatives or your recommendations?

**Ms. Cara Zwibel:** It's certainly helpful to have a clear definition of “segregation” in the legislation, and to have one that is not linked to a physical location but deals with the real conditions that the inmate is facing in real time. So it is, I think, a positive development to incorporate that definition into the legislation.

There are still questions about what happens to individuals who are in conditions of confinement that are just a bit less than segregation but still quite a bit more restrictive than the general population. I know that the bill deals with that a little. But again, some of those issues are things that are going to be left to be dealt with by regulation.

But it is helpful to have a definition in the legislation, and it's helpful to have an acknowledgement that segregation happens. We have to appreciate that, at least at the federal level, the government has argued for a long time that we don't engage in solitary confinement, even though we keep people confined on their own for more than 22 hours a day.

**Mr. Lou Rinaldi:** You mentioned the extra pieces that we need to pay a bit more attention to, through regulations or whatever process. Can you help us out—not today; or you can, if you want—with defining those extra steps that might help the process?

**Ms. Cara Zwibel:** I know that the bill talks about the next step down from segregation. I think “restrictive confinement” might be the term that's used in the bill. The idea in the bill is that there will be certain safeguards that will come into play when individuals are in those conditions, but the bill doesn't spell those out.

One of the things that we've seen in segregation and also, on the civil side, on mental health holds is that there are ways to work around the system so that technically, someone isn't in the definition: You take them out of the definition for a moment, and then you put them back in. We want to make sure that that's not happening. There are ways, I think, to build some language into the bill.

**Mr. Lou Rinaldi:** Thank you so much.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Rinaldi.

To the PC side: Mr. Nicholls.

**Mr. Rick Nicholls:** Thank you very much, Ms. Zwibel. Did I pronounce it correctly?

**Ms. Cara Zwibel:** Close enough.

**Mr. Rick Nicholls:** Close enough; that's okay. I get "Nicholls"; I get "Nitcholls"; I get all kinds of things too. So it's all right.

You made a comment at the very, very beginning, and I'm not challenging you on it, but I just want to seek some clarification. You talked about inmates' rights being violated by corrections officers, and you talked specifically about searches and privacy and so on.

One of the biggest concerns that I think this government has failed on is inmate and CO safety. That takes me exactly to searches and so on. They had talked at one point about body scanners, and that was probably about a year and a half ago, where the then Minister of Community Safety and Correctional Services had indicated that they would be providing all these scanners. They're not cheap, and I get that. However, searches, in my opinion, are needed and are necessary for inmate safety as well as CO safety.

I don't know whether you've ever seen this or not, but in an X-ray of a body scanner on an individual who may be somewhat thick around the girth, it may not show up, the fact that they may be either concealing a weapon or concealing drugs.

To me, searches are important. Again, violation and privacy—I get that. However, I am concerned that if we go too soft on this with regard to inmate safety and security, not only for inmates but also for the COs, we're going to have ourselves a problem. And we do have that problem right now. We do have that problem.

**Ms. Cara Zwibel:** I don't dispute the importance of safety and the need for searches in some cases, and even the need for intrusive searches in some cases. The question is whether the legislation limits the search in a way that is useful and necessary.

Currently, the legislation sets out circumstances where a strip search can occur, and then sets out "and in other prescribed circumstances," so we can, in regulation, set out another circumstance in which a strip search might be necessary. That's not the case in the federal legislation or in the federal regulations. I'm unclear as to why it would be necessary in our provincial institutions when, generally, the types of offenders that we see in federal institutions are likely to be more dangerous than those in our provincial institutions.

**Mr. Rick Nicholls:** Sure. I appreciate that.

A quick question: Have you had an opportunity to go through our detention centres and experience what the COs—well, not experience what the COs experience; I wouldn't want that on you—but at least to see exactly what goes on and perhaps how they conduct their business?

0930

**Ms. Cara Zwibel:** I have visited federal institutions; I haven't visited provincial institutions.

**Mr. Rick Nicholls:** Fair enough. Thank you very much. I appreciate your time.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Nicholls, and thank you, Ms. Zwibel, for your deputation on behalf of the Canadian Civil Liberties Association.

## REGISTERED NURSES' ASSOCIATION OF ONTARIO

**The Chair (Mr. Shafiq Qaadri):** Next presenters, please come forward: the Registered Nurses' Association of Ontario, RNAO, Ms. Kennedy and Ms. Mulrooney. Please introduce yourselves. Please begin now.

**Ms. Lynn Anne Mulrooney:** Good morning. My name is Lynn Anne Mulrooney. I am a senior policy analyst at the Registered Nurses' Association of Ontario. With me today is Shirley Kennedy, the president of the Ontario Correctional Nurses' Interest Group, which is an interest group of RNAO comprised of registered nurses, nurse practitioners and nursing students. We really want to thank you for this opportunity to speak to Bill 6.

Despite the hard work and dedication of many correctional staff members, the evidence is clear that Ontario's correctional system is in crisis. RNAO deeply appreciates the work of the Independent Review of Ontario Corrections, IROC, led by Howard Sapers, in both documenting failures of the current system and providing a clear road map to guide the essential transformation.

To make the critical progress needed, RNAO urges that the 41st Parliament of Ontario pass the Correctional Services Transformation Act. In order to implement the Correctional Services Transformation Act, act on all of IROC's recommendations and facilitate the tremendous cultural shift that will be required, the provincial government must devote sufficient financial and human resources to initiate and sustain change. This is an investment that will benefit the most marginalized Ontarians, those who work within the correctional system and the broader community, as prison health is, indeed, public health.

We would also like to highlight that it is past time for the province of Ontario to stop accepting immigration detainees into provincial correctional facilities. The Canadian Border Services Agency routinely transfers people with "mental health issues" or who are exhibiting "disruptive behaviours." As the previous presenters already have flagged, we have enough difficulty within our system in being able to treat, in a responsible way and to a community standard, people with mental health challenges. So we would strongly recommend that even more vulnerable people from CBSA stop being accepted into our overcrowded and under-resourced facilities.

Now I'm going to turn it over to Shirley.

**Ms. Shirley Kennedy:** The preamble of the Correctional Services Transformation Act, 2018, includes, among other principles, that the people of Ontario and their government "affirm our obligation to provide safe and humane custody and care, including through the provision of adequate conditions of confinement and appropriate, patient-centred, equitable health care services that respect clinical independence and provide continuity of care with services provided in the community."

To fulfill this human rights obligation, Ontario must learn from the experience of correctional reform in other international and provincial jurisdictions, such as England, Wales, Scotland, France, Norway, British Col-

umbia, Alberta and Nova Scotia. From his research, Mr. Sapers identified a “broad consensus that the responsibility for health care in correctional facilities must rest with the government authority in charge of health.”

As an experienced correctional nurse with 29 years working in the system, I would like to make special mention of the importance of clinical independence. People who need my nursing services often have complex health needs. There are often challenges in responding to these needs when my professional responsibilities as a nurse conflict with the military-like command-and-control hierarchy of corrections. It can be impossible to provide optimal clinical care when health care is subordinated within the correctional structure and culture. This is often called the problem of “dual loyalty.” It can result in poor outcomes for patients and moral distress for nurses when they are unable to fulfill the ethical duties consistent with the nursing profession.

What are some of the lessons that we can learn from other jurisdictions who have changed their governance from correctional ministries to health ministries? With this change, better quality health services have been attributed to a decreased ad-hoc approach; decreased professional isolation; improved recruitment, retention, and expertise of health human resources; and increased transparency.

Enabling health professionals to fulfill their ethical and professional responsibilities to those in their care will not only improve health outcomes but will also decrease conflict between health personnel and correctional authorities.

That’s why RNAO’s fourth recommendation is to continue the process of the transfer of responsibility for health care services from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care, with full implementation by the end of 2019.

Our written submission includes more detail about our rationale for these recommendations, as well as references. Thank you to the Standing Committee on Justice Policy for considering these recommendations. We would be pleased to answer any questions that you might have for us.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Kennedy. Thanks for the precision timing.

Ms. Wong, from the government side.

**Ms. Soo Wong:** Thank you, Ms. Kennedy. It’s nice to see you again. I want to thank the members of the RNAO for sending us information—I can’t remember which weekend it was, but I think there was a deluge of emails advocating for your clients, and I want to say thank you for that.

With proposed Bill 6, Ms. Kennedy, because you have been on the front line, I want to hear your voice on record that the nurses in corrections will have a more prominent role. I also saw your recommendation asking that the transfer of the health care—because I visited a couple of facilities and you have specifically asked for that particular section dealing with health, and I would say

mental health as well, to be transferred to the Ministry of Health and Long-Term Care. Can you specifically answer that piece?

We want to see how this enlarged role for nurses—because we know you have been front and centre, championing for the inmates and better health care not just in correctional facilities but when they leave the correctional facility. Can you comment on that?

**Ms. Shirley Kennedy:** Certainly. Nurses generally are used to working in a health system, so when you work in a correctional system it’s extremely different. A lot of the things that you would have available to you in a health system are totally absent in the correctional system. You don’t have things like electronic medical records. You don’t have things like standards of practice—things that Health Quality Ontario would provide for. You don’t have dedicated funding for health care resources, so quite often there’s a challenge between what the need of the correctional side of things is versus what the health care needs are, so there’s a bit of a battle for funding in those kinds of things.

We’ve seen many, many jurisdictions successfully make that transfer, and so we believe that Ontario can do the same thing.

**Ms. Soo Wong:** Okay. In my short time here I also wanted to hear from you with regard to the proposed changes to the legislation in terms of improving inmate health outcomes.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Ms. Soo Wong:** I wanted to hear your comments because I didn’t see it explicitly in your recommendations of leading the way—if all hospitals in Ontario have chief nursing officers, I’m not hearing your organization asking for the same in terms of the nurses leading the way when it comes to health care.

**Ms. Shirley Kennedy:** Well, it would be wonderful to be in that situation where registered nurses who are working in correctional systems actually reported to someone in a health stream. Currently they report to a superintendent who does not necessarily have the knowledge and expertise to manage a health care system within those prison walls.

Clinical independence is extremely crucial in that kind of environment—

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Wong.

For the PC side, Mr. McDonell.

**Mr. Jim McDonell:** Thank you for coming out today. I know there has been report after report about the deplorable conditions, the lack of facilities and lack of capacity. In the health facilities, what’s your experience as far as the capacity? Are they oversubscribed?

**Ms. Shirley Kennedy:** Recently the government has added additional positions to the system, which has been helpful, but for many, many years the system has been underfunded and under-resourced, especially in the area of health human resources.

I can tell you that three years ago when I managed an adult provincial health care unit in a facility, four nurses

were responsible to deliver 1,600 doses of medication to offenders in one day, which is an extremely unmanageable situation. We absolutely need better resources in order to provide better care.

**0940**

**Mr. Jim McDonell:** Are the physical facilities adequate, as far as space?

**Ms. Shirley Kennedy:** They are in some facilities but many, many facilities need expansion, need retrofitting or need to be demolished and rebuilt. They vary across the province. There are a number of different facilities and they all have different capacity.

**Mr. Jim McDonell:** Because I see that in the facility closer to where I am, in Orléans, they're talking about people being housed in showers, and I wondered about a spare bed in an infirmary and if they tend to be filled just because they are so short of facilities.

**Ms. Shirley Kennedy:** Overcrowding has been a problem for a long, long time. Many facilities that were built for a certain number of individuals were expanded by simply putting bunk beds in place of single beds, and doubling capacity without actually doubling the resources needed to manage that additional—and I think that's the case in Ottawa.

**Mr. Jim McDonell:** So is nurse safety a concern, or is that addressed?

**Ms. Shirley Kennedy:** I'm sorry?

**Mr. Jim McDonell:** Nurse safety. Is the safety of the health worker adequate?

**Ms. Shirley Kennedy:** For nurses, I think it's a relatively safe environment. We have the wonderful advantage of having great correctional officers who work alongside us and who manage inmate behaviours and situations when we're working.

**Mr. Jim McDonell:** I'm surprised about the lack of electronic health records. Those should be fairly easy to implement. There are companies that provide this. Even small nurse-practitioner clinics have to have health records, so it's surprising that facilities that are much larger wouldn't have them.

**Ms. Shirley Kennedy:** And it creates difficulty in continuity of care. There are challenges with repeat offenders, and—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. McDonell. To Mr. Natyshak of the NDP.

**Mr. Taras Natyshak:** Thank you, Ms. Kennedy and Ms. Mulrooney. Thanks for sharing your experience. I mean, 29 years in the field—that's a long time. I have so many questions. Does this bill allow for the clinical independence that you're asking for?

**Ms. Shirley Kennedy:** Yes, it does.

**Mr. Taras Natyshak:** It does. Does the system as it is today jeopardize the code of ethics and even the licences of some of the nurses that practise in our facilities—the parameters in which they have to work?

**Ms. Shirley Kennedy:** It's very challenging. Nurses have an obligation to the College of Nurses of Ontario to meet certain standards of practice. When you don't have

the resources to do your work in a thorough way, then it certainly creates a problem in that regard.

**Mr. Taras Natyshak:** "Resources" means a lot of different things. We talked about the actual infrastructure resources. There's a facility in my riding, the South West Detention Centre; it's pretty much brand spanking new. It has an infirmary that is state-of-the-art. I think it's even designated as—I'm not sure—a tier 1 emergency infirmary, if that was to be needed for the general public. By the same token, it is understaffed. They have never fulfilled their complement of nursing staff, which burdens the day-to-day practice of providing health care services. They're literally overworked; they're burning out, and are burdened by administrative barriers that don't allow them to provide those health care services, so it exacerbates the entire problem.

That's a brand new facility. Imagine if we have, obviously, those facilities that are antiquated and operating out of a broom closet. I've seen them; it's terrible. My question, I guess: Could the system sustain less investment? Could we go another day without making those investments in resources and capital infrastructure resources? Do you think it's sustainable?

**Ms. Shirley Kennedy:** We think not. The system has been underfunded for a long period of time and it requires significant investment to bring it up to date. The challenges that you talked about in regard to recruitment and retention of nurses are very real. The positions themselves are underfunded. The pay rate is not equivalent to what you see in the community and so you're asking nurses to work for less in an environment that is negative, that's not a health care environment, and that requires a lot of adaptation on the part of the nurse in order to deliver quality care.

**The Chair (Mr. Shafiq Qadri):** Thirty seconds.

**Mr. Taras Natyshak:** I'm a member of the Ontario New Democratic Party. Recently, we released our platform that committed to ending the practice of housing immigration detainees. Do you think that's a good idea?

**Ms. Shirley Kennedy:** I don't think it's a good idea to house immigration detainees—

**Mr. Taras Natyshak:** So you think it's a good idea to end that practice?

**Ms. Shirley Kennedy:** Absolutely.

**Mr. Taras Natyshak:** Very good.

**Ms. Shirley Kennedy:** We already have a system that is taxed with offenders in Ontario. I think the federal government—

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Natyshak, and thanks to you, Ms. Kennedy and Ms. Mulrooney, of RNAO.

#### ONTARIO HUMAN RIGHTS COMMISSION

**The Chair (Mr. Shafiq Qadri):** I'll now invite our next presenter to please come forward: Ms. Renu Mandhane, Ontario Human Rights Commissioner; and Mr. Matthew Horner, counsel. As you will know, the Ontario Human Rights Commission is an agency of the

Attorney General's ministry. Welcome and thank you for your contributions. Please begin.

**Ms. Renu Mandhane:** Thanks. Okay, good morning. I'm here with counsel Matthew Horner.

The Ontario Human Rights Commission supports the proposed Correctional Services Transformation Act, which we believe will create a strong foundation for Ontario to meet its human rights obligations. The commission has been actively involved in corrections for many years.

In 2012, we got involved in Christina Jahn's case before the Human Rights Tribunal of Ontario. Ms. Jahn, who had mental health disabilities, was held in solitary confinement at the Ottawa-Carleton Detention Centre for 210 days. The commission intervened in her case to address the systemic issues that lay at its heart.

Since being appointed chief commissioner in 2015, I have personally visited jails and correctional centres across Ontario: in Ottawa, Brockville, Thunder Bay, Kenora, North Bay and Monteith. I have met with management, front-line workers, union reps and prisoners, including Adam Capay.

Most recently, as a result of litigation initiated by the commission, the Human Rights Tribunal of Ontario issued a wide-ranging order related to the treatment of prisoners with mental health disabilities. The order requires the government to take steps with detailed timelines to keep people with mental illness out of segregation.

Within this broader context, the commission supports the proposed legislation as a positive step in building human rights compliance within Ontario corrections. The legislation recognizes the need to protect the rights of people protected under the code, particularly First Nations, Métis and Inuit people.

It also establishes minimum conditions of confinement, including access to religious and spiritual programming, health care, natural light and fresh air, recreation, visits, and access to the library. The commission also welcomes the creation of an inspector general and the establishment of community advisory boards, both of which will provide additional oversight and accountability.

In terms of solitary confinement or segregation, the legislation includes essential protections that are consistent with our submissions. These include strict time limits, prohibitions for especially vulnerable people, such as pregnant women, and independent oversight of placements. We recommend that these protections be expanded to include placements in restrictive confinement, or what some call "segregation light." This would ensure that we don't create new problems while we try to solve old ones.

The commission supports this legislation because it has the potential to position Ontario as a national and global leader in corrections. But to do that, Ontario must show a sustained commitment to correctional reform. It must effectively and expediently implement these protections in each of its 26 institutions.

That's why we are concerned that key reforms related to segregation may not result in meaningful change on the ground for many years. This is because the legislation allows the government to prescribe certain institutions that will not have to meet the new standards. This raises serious concerns for vulnerable people, who could be placed in segregation in a prescribed institution with no limit on, for example, the duration of placement.

The commission is also deeply concerned that the legislation does not fully come into force for 10 years. Thousands of prisoners will be admitted into custody during this time period, and there is a great risk that the government of the day will choose to delay much-needed investments due to the long time frame afforded for compliance. We strongly recommend that the government significantly shorten the horizon for implementation. Five years, for example, would strike a more appropriate balance between making ambitious yet realistic commitments.

We also call on the government to provide a detailed plan to fully implement these protections and report on its progress on an annual basis. Introducing this act is a major step forward in addressing serious human rights issues in this system. Once implemented, this legislation has the potential to have a positive impact on the most vulnerable people in our society.

Loss of liberty must remain a last resort. There remains a pressing need to reduce reliance on incarceration, especially for the 60% of prisoners who are legally innocent and remanded into custody. That's why we also welcome the government's recent announcements to enhance community mental health and its broader reforms to policing and administration of justice. Consistent with this, we do also support the transfer of responsibility for health care from corrections to the Ministry of Health. Thank you.

**0950**

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Mandhane. We'll begin with the PC side. Mr. Nicholls.

**Mr. Rick Nicholls:** Thank you very much for your presentation. I do appreciate that. You mentioned that you wanted to keep those who are suffering with a form of mental illness out of segregation. My question to you is, where do you suggest, then, that these individuals be placed?

**Ms. Renu Mandhane:** First of all, there are a lot of things that need to happen in the system for this to be a reality. The first is that we need to actually offer proper health care in our facilities. You heard from the nurses' association there is a significant amount of change that's needed for that to actually be a reality. We also need to provide addictions treatment within our facilities, and we don't do that currently unless you are on a treatment program in the community.

There are a number of issues that cause people with mental health issues not to get the treatment they need to be stable in the general population, and we think that's a first and very important step. Then, we think we need to create therapeutic environments in the facilities so that

people can actually receive treatment and maybe be housed in a step-down unit or a special unit where they receive that kind of treatment, rather than resorting to what now is either you're in the general population or you're isolated.

**Mr. Rick Nicholls:** If I'm understanding you correctly, then, more resources are required. We may be looking at additional units, per se, to provide the proper health care that these inmates require—

**Ms. Renu Mandhane:** Could I just add to that?

**Mr. Rick Nicholls:** Sure.

**Ms. Renu Mandhane:** I actually think what we need to do is make sure that people who have mental illness get support in the community so that they don't come into conflict with police, which is one of the main reasons that they are over-represented in custody. To the extent that people actually don't need to enter the prison system to obtain treatment they could obtain in the community, I think that's in all of our interests.

**Mr. Rick Nicholls:** So now you're getting down to the root cause, and I like that, as opposed to, when they get into these detention centres, we're dealing with their symptoms and causes, although I do have to ask one question. My understanding, in dealing with and talking to a lot of the COs, is that if an individual enters a detention centre and is fearful of being mixed in—because there are gang members in there—they can in fact request segregation. Is that correct?

**Ms. Renu Mandhane:** Yes, they can request segregation. But our concern with that is why you're not dealing with the root cause of why that person is fearful in the institution rather than resorting to a punitive response for the person who is afraid. Again, using step-down units, using alternative housing units that allow prisoners to feel safe in a particular environment, we think is still necessary. Right now, really, there are no options beside solitary confinement if you feel unsafe in the general population.

**Mr. Rick Nicholls:** Okay. Thank you very much.

**The Chair (Mr. Shafiq Qadri):** Mr. Natyshak?

**Mr. Taras Natyshak:** Thank you so much for your presentation. You're spot-on, I think, with your recommendations.

I wanted to give the opportunity to Mr. Horner, if you had any thoughts on what we've talked about so far. Maybe on the legislative side, I'm interested—

**Ms. Renu Mandhane:** Any technical questions?

**Mr. Taras Natyshak:** I'm here to learn, so if you have anything that you want us to know—

**Mr. Matthew Horner:** I'm only here to support Ms. Mandhane.

**Mr. Taras Natyshak:** Okay. Here's a general question, then. Let's say that Bill 6 holds the key to all of the ills of the system and it receives swift passage in this House without the adequate financial resources pinned to it to be able to implement some of these. Does it work? Will it work without the money, without the human resources, without the support from the provincial government? Does it work as a measure of—

**Ms. Renu Mandhane:** I don't think any legislation works if it's not supported by investments that allow it to meet its potential, so, no. That's where the commission has an important mandate, I think, in monitoring whether this legislation actually results in change on the ground. That's what we would want to see. We think this is a good first step. We have a very poor legislative regime right now, and this is a way of having the legal architecture, but it needs to be implemented, and that requires investment. And it requires, quite honestly, a long-term commitment that goes beyond a couple of years or the next crisis.

**Mr. Taras Natyshak:** To reiterate: I think I understand you quite clearly, but for the general public that are going to delve into the content of this committee hearing, I'm sure, en masse, we need investment inside the system, inside our facilities and outside of the facilities. They have to be in tandem. If we do it correctly, as a long-term sustainable commitment, I am assuming that we will see positive benefits in terms of the costs, in terms of human health, in terms of safety and civil—

**Ms. Renu Mandhane:** And public safety.

**Mr. Taras Natyshak:** Yes, that was my last one. Would you agree that that's the right path?

**Ms. Renu Mandhane:** Yes.

**Mr. Taras Natyshak:** Great. Well, I appreciate your testimony here today. Thank you for the work that you do.

**Ms. Renu Mandhane:** Thanks.

**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Natyshak.

To Ms. Wong, the government side.

**Ms. Soo Wong:** Thank you very much, Commissioner, for coming back to this committee. The last time was Bill 175.

I want you to expand on your comments in your remarks to the committee this morning, asking for more government commitment to mental health support in the community. As you know, the 2018 budget does talk about that piece—the largest expansion of mental health in the history of Ontario.

I want to push out your comments about the whole issue of mental health, and nursing and health care. The previous witnesses from the RNAO talked about the same thing. However, some of the front-line correctional officers do not see it the same. I know they're coming this afternoon. I want to hear from you in terms of the health piece because, consistently, when I visit the correctional facilities, they're saying the same thing you shared with us this morning.

These are the most marginal, most vulnerable members of our society and have been receiving almost second-class health care. I want to hear your comments, because you talked about a long-term commitment from the government. You also talked about more resources. How, in terms of this proposed legislation, will it help to improve the health and well-being, especially the mental health, of our inmates as well as support our staff, the correctional officers? Because at the end of the day, there is a workplace called correctional facilities.

**Ms. Renu Mandhane:** Yes. I've talked to a lot of correctional officers, and I have spent a lot of time understanding their concerns. Much of it is that there are promises that don't often come with the associated investments, and so there is a little bit of distrust about whether what looks like change will actually be change on the ground. I think that's a legitimate concern. I do think that without the investments, there will be concerns that they won't have the tools they had before, and they don't have anything else to offer. So I understand that.

I went up to the Kenora Jail, where management told me that 90% of the people had some form of intellectual or mental health disability—90% of the people. At that point, we're not actually talking about a jail; we're talking about a hospital.

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Ms. Renu Mandhane:** So if we have those kinds of needs, and you have three or four nurses, and a doctor who comes once a month, the gap is so large that—the mental health in the community is a huge piece of it, but I think that we need to start seeing these as crisis intervention points, where we can actually intervene in people's lives so that they come out the other end—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Wong, and thanks to you, Ms. Mandhane, and to your colleague, on behalf of the Ontario Human Rights Commission.

#### OFFICE OF THE OMBUDSMAN OF ONTARIO

**The Chair (Mr. Shafiq Qaadri):** Could I now have our next presenter please come forward? The Office of the Ombudsman of Ontario: Ms. Finlay and Ms. Pettigrew.

Welcome. Please be seated, and please begin.

**Ms. Barbara Finlay:** Thank you, Mr. Chair and members of the committee. I'm here with Laura Pettigrew, our general counsel. For those of you who don't know me, I'm Barbara Finlay, the Deputy Ombudsman. Mr. Dubé, unfortunately, due to the short schedule, was unable to be here this morning.

I want to start by thanking you for hearing our submission on this important bill. Copies of our written submission have also been distributed to you. I'm going to refer to that briefly.

The Office of the Ombudsman is uniquely placed to comment on correctional issues. We deal with thousands of complaints from inmates every year, and we have done so for more than four decades.

We work closely with the leadership and staff of the Ministry of Community Safety and Correctional Services to flag problems in provincial jails. We routinely alert them to urgent cases and festering issues as well as more persistent systemic problems.

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This bill is in many ways a reflection of that constructive relationship. It is the result of several consultations, to which our office has been pleased to contribute, from

initial meetings with the ministry to consultations conducted by its independent reviewer, Mr. Sapers, with whom we are in regular contact.

The bill also reflects many recommendations stemming from our office's investigations, particularly on the issue of segregation, or solitary confinement, of inmates. In Ombudsman Dubé's written submission to you, he notes these important changes. Most notably, the legislation incorporates recommendations by our office and others that "segregation" be clearly defined, that indefinite segregation of inmates be abolished and that placements be strictly limited to 15 consecutive days and 60 days in aggregate per year. It also prohibits segregation of the most vulnerable inmates, such as those who are pregnant or post-partum, or those with significant mental health issues or developmental disabilities.

We know from repeated studies, and from our office's own observations, the incredible adverse and tragic impacts which prolonged periods of solitary confinement can have on an inmate's mental health. These are welcome and potentially transformative reforms.

What I would like to focus on here in the brief time available today, however, are some of the remaining gaps in the bill that, without amendment, could undermine its purpose.

Our office recognizes that the committee's timelines are tight and that the intention is to clarify many outstanding issues in this bill by regulation. However, as we note in paragraph 14 of our written submission, some definitions, such as those of "serious misconduct," "significant mental illness" and "restrictive confinement," need to be incorporated in the legislation itself.

As we note also in paragraph 17 of the written submission, transitional provisions in the bill allow specific correctional facilities to be exempted from key protections, leaving open the possibility that vulnerable inmates could be moved to facilities that are exempted from the act's new safeguards. These potential loopholes should be removed.

Section 145 also provides that the days an inmate has spent in segregation prior to the coming into force of the new protections in the act will not be counted towards the new time limitations. This means that inmates who have been in long-term segregation already will not immediately benefit from the limits on segregation contained in the bill. They will have to wait.

Finally, there are some troubling omissions in the bill with respect to the Ombudsman's investigative authority. The bill should be amended to ensure that contractors within the correctional system are not exempt from our office's oversight.

Sections 104(9) and 104(10) should also be amended to ensure that inmates' telephone calls and emails to the Ombudsman cannot be intercepted.

Section 84, which provides for members of provincial Parliament and judges to be able to visit correctional facilities at any time, should be extended to include the Ombudsman and our fellow officers of the Legislature.

Although the Ombudsman can invoke his formal powers of investigation to enter facilities, there is

enormous value in making informal site visits to build relationships and share information. Ombudsman Dubé has recently visited several facilities around the province by invitation. These visits have proven invaluable in building relationships between our office, correctional staff, inmates and ministry officials.

With that, I want to thank you for your time. I am happy to answer any questions that you might have.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Finlay.

We'll begin with the NDP. Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you, Ms. Finlay and Ms. Pettigrew, for being here.

What is your opinion on the rationale for the exemption of facilities under segregation? Why do you think they did that?

**Ms. Barbara Finlay:** Clearly, if you look at the structure of the bill, it's to allow for the time for transformation and implementation of new provisions. I think everyone is clear that additional resources and a transition plan will be required.

Our position is that there need to be some more limitations on that. Right now you have a 10-year period. There's no limitation on the number of facilities that can be exempted. We're concerned that you will actually see transfers of inmates to exempt facilities for no reason other than to avoid the protection of the legislation. We really think there need to be some limitations on that, because that can actually be a step backwards from where we are now.

**Mr. Taras Natyshak:** As an entity, the Ombudsman's office is able to provide oversight for publicly delivered services and, currently, privately delivered services within those public facilities.

**Ms. Barbara Finlay:** Yes.

**Mr. Taras Natyshak:** You're saying that private contractors within those facilities are exempt?

**Ms. Barbara Finlay:** There is a provision in the current legislation—the reference to this section is in our written submission—that allows our jurisdiction to continue over contractors, because they are deemed to be part of public organizations for the Ombudsman Act. That was not carried over into the new legislation. If services are contracted out under the new legislation, our jurisdiction would not technically extend. That needs to be fixed.

**Mr. Taras Natyshak:** Okay. That wasn't just an innocent omission; that is on purpose. That's a measure of privatization and lack of oversight that I think private contractors demand when they are now entering into contracts with the public service.

**Ms. Barbara Finlay:** I think the Ombudsman would have great concerns about that. Certainly any organization that is contracted to provide a service that's normally provided by the government or public service should have the same amount of oversight, and certainly the Ombudsman's oversight would need to extend to any agency that is delivering that service.

**Mr. Taras Natyshak:** And as the government embarks on more public-private partnerships to deliver these services, that then lessens the scope of oversight—

**The Chair (Mr. Shafiq Qaadri):** Thirty seconds.

**Mr. Taras Natyshak:** —that you're able to provide when there are more people involved in these contracts, more private—

**Ms. Barbara Finlay:** Any time the Ombudsman's jurisdiction is being eroded by the contracting out of services would be of very great concern, yes.

**Mr. Taras Natyshak:** That is a cautionary tale. That's a big red flag, and I really appreciate your highlighting it. Thank you very much.

**The Chair (Mr. Shafiq Qaadri):** Mr. Potts.

**Mr. Arthur Potts:** Thank you, Ms. Finlay, for being here. I just want to pick up on where we were going there. Haven't we outlawed the privatization of correctional services by for-profit entities, most recently? Ms. Pettigrew, maybe you can respond?

**Ms. Laura Pettigrew:** Yes, the bill does provide that; however, "contractors" is still a defined term in the legislation, and the ministry can contract out various services. Even in the former legislation, it wasn't confined to contracting out the running of a particular facility.

Currently, we have the ability, if we are doing a formal investigation, to inspect locations that are providing correctional services that are contracted out—

**Mr. Arthur Potts:** Right. I just wanted to clarify that in fact—

**Ms. Laura Pettigrew:** —but also to compel information and disclosure of information from contractors. Without that, we lose a significant jurisdiction.

**Mr. Arthur Potts:** Yes, but just that whole line of inquiry—there is no intention by our government to be eroding the Ombudsman's authority in this act in correctional services.

Ms. Finlay, you talked about the thousands of complaints. It's fantastic and I just want to commend the commission for the work that you've done, because I know those complaints have been very much part of why we've taken the steps that we have here. I guess the objective, ultimately, is we're going to loosen your workload by reducing those complaints.

One of the sections we haven't heard people talk about yet is the special consideration we're going to give to transgender inmates. I wonder if maybe you could—I'm assuming you've probably had complaints through your office on transgender inmate issues, and the kinds of steps the government is taking in order to correct those.

**Ms. Barbara Finlay:** Yes, we have had complaints. I think we've worked very closely with Ministry of Community Safety and Correctional Services officials on the new policy that was developed. We're monitoring very closely the implementation and efforts that are taken to improve the operationalization and implementation of that, because I think the complaints that we've seen are that there are very good policy objectives, but how the policy gets implemented in situations on the ground is sometimes still a challenge. It's an area that we're monitoring very closely.

**Mr. Arthur Potts:** Sure, and as we transform the institutions and sort of make these accommodations, you will, of course, continue to be involved. We look forward to your guidance on that. Thank you very much for being here and for your inputs.

**The Chair (Mr. Shafiq Qaadri):** To the PC side. Mr. McDonell.

**Mr. Jim McDonell:** I see that in your latest report you've handled 4,000 complaints. That seems awful high for a year of complaints. I guess if this bill actually worked, you'd probably be able to look after some other complaints and other groups. That's a huge workload.

**Ms. Barbara Finlay:** I think traditionally, historically, the Ombudsman's office has always received a high volume of complaints from inmates. One of the reasons, I suspect, is that you have a population that has every aspect of their lives being controlled by the facility, so obviously there are going to be a lot of issues and concerns that will arise.

There have been many themes and concerns over the years that we have identified in our annual reports with respect to inmates—health care, segregation, lockdowns—that hopefully will be addressed by some of the implementation of the bill, if it passes. We're hopeful that that will certainly improve conditions.

One of the things we will be doing is working with the ministry very much to monitor the implementation of the new provisions and pointing out where we have concerns about them being operationalized on the ground.

**Mr. Jim McDonell:** When you talk about the bill, it really talks about 10 years of implementation before that's a commitment, which really is no commitment at all in a lot of ways if it's going to take 10 years to put some of these staffing requirements or some of these commitments in place. There's no defined schedule.

**Ms. Barbara Finlay:** That's certainly a concern that we pointed out in our written submission, and it's very broad. All of the critical protections that we see in the legislation can have those exemptions for facilities. I think that is a concern. Obviously, there needs to be time for implementation. There needs to be a transition plan. It's not going to happen overnight, but we were hoping to see something that was more defined with more impetus in the actual legislation, rather than leaving it all to regulation.

**The Chair (Mr. Shafiq Qaadri):** Mr. Nicholls. One minute.

**Mr. Rick Nicholls:** Thank you very much. You talked about a number of complaints that you receive. Don't be offended by this, or anyone in the room be offended by this, but how many of those are legitimate complaints? Are they coming from inmates or do they also come from, perhaps, our corrections employees, our correctional officers, our nurses and so on? What have you been able to identify?

**Ms. Barbara Finlay:** I don't know the breakdown. I can certainly get it for you. But, yes, the large volume comes from inmates. In many cases, we will work with the correctional officials on the ground to try to find a quick resolution to their complaints.

We do get complaints from correctional officers and from health care professionals within correctional institutions. I think it's no secret—and you'll hear it very much—that there's a lot of frustration and a feeling for needed support and more resources.

**The Chair (Mr. Shafiq Qaadri):** Thanks to you, Ms. Finlay and Ms. Pettigrew, for your deputation on behalf of the Office of the Ombudsman of Ontario.

Colleagues, the committee is in recess until 2 p.m. today.

*The committee recessed from 1012 to 1403.*

**The Clerk of the Committee (Mr. Christopher Tyrell):** Good afternoon, honourable members. In the absence of the Chair and Vice-Chair, it is my duty to call upon you to elect an Acting Chair.

Are there any nominations? Ms. Sandals.

**Mrs. Liz Sandals:** I nominate Mike Colle.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Does the member accept the nomination?

**Mr. Mike Colle:** Sure.

**The Clerk of the Committee (Mr. Christopher Tyrell):** Are there any further nominations? There being no further nominations, I declare the nominations closed and Mr. Colle elected Acting Chair of the committee.

**The Acting Chair (Mr. Mike Colle):** We can begin, members of the committee and members of the public. We're here to hear public deputations on Bill 6, An Act to enact the Ministry of Community Safety and Correctional Services Act, 2018 and the Correctional Services and Reintegration Act, 2018, to make related amendments to other Acts, to repeal an Act and to revoke a regulation.

#### CENTRE FOR ADDICTIONS AND MENTAL HEALTH

**The Acting Chair (Mr. Mike Colle):** First up is the Centre for Addictions and Mental Health, commonly known as CAMH. It's Dr. Sandy Simpson, chief of forensic psychiatry. Dr. Simpson, you may begin.

**Dr. Sandy Simpson:** Thank you, Mr. Chair, and thank you to the committee for allowing us this time. I speak on behalf of CAMH as the largest mental health provider that has been increasingly interested in recent years in developing correctional mental health services and partnering with correctional authorities, provincially and federally, to assist in the provision of care to people in corrections with mental health need. We support the legislation and the drive of our government to reform and modernize the correctional legislation. Given the pressures of time, I'll focus on only two areas that are of particular interest to us.

The first is the issue around the provision of health services within corrections. As we state in the submission that you have before you, we favour a model where health services within corrections are delivered by a health authority, not by a correctional authority. The reasons for that are set out in our submission. They've been extensively canvassed by Howard Sapers, primarily

in his second report, and we believe that this is in line with international best practice, as most recently enunciated by the World Psychiatric Association.

In that regard, specifically we believe there's a problem with subsection 49(3) as it exists in the bill, which states that the superintendent of each facility will ensure the provision of a health team and a mental health team. In our view, that puts health under the authority of custody, which is not where it belongs; rather, it should be under a health authority.

Internationally, there are two major models to do that. One is to have an independent health authority within corrections providing health services—an independent directorate reporting to the deputy minister; or, that corrections and the Ministry of Health enter into a relationship for that to be provided by health sector employed people, which is the practice in a number of provinces in Canada; in New Zealand, where I'm from; in Australia; and in the UK. That is the usual way in which these things are done.

Within Ontario, there are mental health providers very willing and able to assist in that provision. What the exact model of health care provision should be is currently an issue being considered by the expert advisory committee established by corrections and health to consider that question.

The suggested wording we would have—again, Mr. Tyrell has copies of that—is that subsection 49(3) be amended to support the authority for ensuring the provision of health services at the minister or the deputy minister level, which provides them with flexibility in future as to how those health services are delivered once the expert advisory committee's recommendations have come forward.

The second major issue that I'd like to give reference to is the issue of reintegration. I work clinically, and my colleagues do—I was there yesterday afternoon—in Toronto South. We deal with large volumes of people with mental health difficulties being remanded at Toronto South and the Vanier Centre for Women. Last year, we had 2,400 referrals in each of those facilities to my program.

Most of the offences we are seeing are the offences of poverty, addiction, and the failure to be able to manage one's self through the requirements of justice. These are vulnerable people living at the fringes of society who can't get the support systems in health or other sectors that they need, and the process of remand in custody further isolates them from financial support, housing support and health. They often lose identifying materials and so on.

If we're serious about reintegration and trying to stop the revolving door of a large number of those people, ServiceOntario should be in Toronto South. They should be there in the facilities, ensuring that people leave with documentation and the access to care for housing, for benefit support and for health support before they leave custody, and that the process of remanded custody doesn't further disrupt already tenuous and disrupted lives.

**1410**

If we want to stop a lot of that minor reoffending and the frequent flyers, which are a significant proportion of the people referred to us, then we need a whole-of-government approach that actually brings those processes in—

**The Acting Chair (Mr. Mike Colle):** Fifteen seconds.

**Dr. Sandy Simpson:** I will stop my comments there and welcome questions from the committee.

**The Acting Chair (Mr. Mike Colle):** Thank you, Doctor.

The first questions come from the government side: Ms. Wong.

**Ms. Soo Wong:** Thank you, Dr. Simpson, for being here today. I'm just quickly reviewing your written submission to the committee. I'm particularly interested to hear more of your comments. In section 49(3), you're asking for a provision making sure that both health and mental health are one team, if I hear you correctly, and in what you submitted to the committee. There's a perception—I won't name which party—that mental health should be a stand-alone, when what I'm hearing from you, from your expertise, is that health must include mental health.

**Dr. Sandy Simpson:** I'm not saying it must be one team. I think they are distinct functions. Mental health is a secondary-level service, whereas the primary health care needs are a distinct skill set. The primary health care—the disease surveillance, the primary health care provision for cross-infectious diseases and other chronic diseases—is a separate skill set to the mental health and addictions side of the house.

**Ms. Soo Wong:** Previous witnesses this morning asked the government to make sure, with regard to Bill 6, if passed, that we make sure that health services be provided by the Ministry of Health and Long-Term Care, not like it's currently being provided. Would you be supportive of that model?

**Dr. Sandy Simpson:** Yes, I would. I don't think it's the only model, although, in my opinion, it's the most desirable model.

**Ms. Soo Wong:** Okay. That's good to know.

You also mentioned, in your remarks to us today, that whole issue of ServiceOntario. Can you elaborate a little bit more on that? Am I hearing that there are services that some of the inmates are not receiving when they leave the correctional facilities? They're missing something that ServiceOntario can provide while they are in correctional facilities?

**Dr. Sandy Simpson:** Of the people whom we see, and those are people who screen positive for having serious mental health problems—it's about 25% of all men received into Toronto South, and about 40% of all women received into Vanier—most of those people are on Ontario Works or ODSP. Most require supportive housing or require access to health. Many of those services are fragmented.

Often, in the process of the disorganization of their lives or of living on the streets, with homelessness or in

shelters, they lose identity cards. They lose anything that allows them to access services when they get out. So they leave with maybe a two-week prescription for something; nowhere stable to stay; no health card; no documentation; and a huge task of rebuilding all of those things in the first few weeks after they're out of custody. It's too big a task for many people. Those things should be happening while they're in custody, rather than expecting this group of people who are quite disabled and quite troubled—

**The Acting Chair (Mr. Mike Colle):** Thank you. Time is up.

**Ms. Soo Wong:** Thank you.

**The Acting Chair (Mr. Mike Colle):** The next questioner is the official opposition.

**Mr. Jim McDonell:** Thank you for appearing here today. You're saying that, basically, the way the system is set up, we have inmates who we know are mental health patients or have addiction issues, and then we just turn them out and we aren't giving them supportive housing, knowing that they likely have no place to go when they get out?

**Dr. Sandy Simpson:** That's common, yes.

**Mr. Jim McDonell:** There's some discussion about whether it would be one or two different health organizations, whether it would be health and then mental health. The key is that the health side of it needs to be separate from the correctional facility.

**Dr. Sandy Simpson:** I believe it needs to be separate from custody. I think we see, with the issues around segregation, where health and security functions get mixed together, that it can lead to difficulties.

I have seen, and I'm respectful of, other jurisdictions who have managed to have an arm of health under justice. New South Wales is perhaps one of the best examples of that. So it doesn't only have to be done by the Ministry of Health, but it does need to be under a health-identified body. I do think, overall, I prefer the Ministry of Health as a model.

**Mr. Jim McDonell:** Lots of times, I think there's a benefit to looking for a system that works and to try to mirror that, but I don't think we've done that in this case.

The mental health and addiction patients—should they be separated from the general population? It seems to be that if you have an issue and you get in trouble with the law, right now you're just dumped into the general population. Is there a need for a different system here?

**Dr. Sandy Simpson:** Substance misuse is 80% of prison inmates, so it's incredibly common across the offender populations in general. The mental health numbers, as I've just roughly quoted them, are very common. It depends, really, on the phase of the illness you're in. If you're acutely unwell, you may well need to be in a hospital bed; if you're stable and doing well, like anyone else in the community, it may be a normal outpatient model, with support, in general, when this is appropriate. There's likely to be a gradation across that, where some people who are stable and doing fine and are receiving the right support and on medication can do fine in the general population, but there will be other needs of

support, what's called intermediate care. Medium- and high-level intermediate care, as well as mental health in-patient facilities, will all be required.

**Mr. Jim McDonell:** Okay. Thank you.

**The Acting Chair (Mr. Mike Colle):** Next is the third party.

**Mr. Taras Natyshak:** Thank you, Dr. Simpson. I appreciate your testimony. You've given us some food for thought, and I actually am keen on some of your ideas. I wonder if you can tell us what percentage of the inmate population has had access to early intervention when it comes to drug and alcohol addiction services.

**Dr. Sandy Simpson:** I don't know.

**Mr. Taras Natyshak:** Would it be fair to say that that number is not adequate, in terms of the population that you've referenced, the 80% of the population that suffers from some form of addiction? If we have 80% of those who are incarcerated in our facilities, I think it would be fair to say that not a majority of them are being intervened prior to being incarcerated.

**Dr. Sandy Simpson:** I think that's fair. Of the people who I look after—I'm a mental health rather than an addictions expert—but in the people we look after in custody, for them, about 90% of the people with serious mental illness also have addiction problems. And of the people who are referred to us, only about 10% have never seen mental health services before. In other words, most of the people—almost all of the people—coming into custody with a serious mental illness have had prior mental health and addictions contact, which has failed them in some form or other, if that is the driver of offending for them. For some people, it's a thing that simply co-occurs; for other people, it's the driver as to why they're there.

**Mr. Taras Natyshak:** How important is that component in terms of continuity of care for mental health and addictions, to prevent recidivism and prevent initial intersection with our justice system?

**Dr. Sandy Simpson:** It's crucially important.

**Mr. Taras Natyshak:** A lot of folks don't go through treatment one time. There are relapses, and it's a continuous form of treatment. Is that correct?

**Dr. Sandy Simpson:** Yes, addictive disorders are chronic and relapsing disorders. There's much that can be done to improve the outcome for those people, but, yes, problems do—

**Mr. Taras Natyshak:** Dr. Simpson, the point I'm trying to make, I think, is that this government hasn't done enough to support mental health and addiction services outside of our system, and thus it equates to those numbers and those figures—and those people being put into our justice system. So the earlier the intervention and the more supports that exist on the outside are determinants of what happens on the inside.

**Dr. Sandy Simpson:** I agree with your final point. I think the ability to get people engaged—or get people re-engaged, which is often the major thing with care and supports for addictions and mental health—is one of the major emphases of our clinical services in prison. The

more we can do to bring those services in so that you don't get huge moments of discontinuity across that is a theme of our submission.

**The Acting Chair (Mr. Mike Colle):** Thank you very much, Doctor.

**Mr. Taras Natyshak:** Thanks, Doctor.

**Dr. Sandy Simpson:** Thank you.

#### CAMPAIGN FOR THE ABOLITION OF SOLITARY CONFINEMENT

**The Acting Chair (Mr. Mike Colle):** The next presenters, on behalf of the Campaign for the Abolition of Solitary Confinement, are John Godfrey, Mary Boyce and Phyllis Creighton. Long time no see, Phyllis.

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**Hon. John F. Godfrey:** You've got a friend over there.

**Ms. Phyllis Creighton:** Yes, I'm aware.

**The Acting Chair (Mr. Mike Colle):** Usually, you're dressed in something else when you're around Queen's Park.

**Ms. Phyllis Creighton:** From a long way back.

**The Acting Chair (Mr. Mike Colle):** Anyway, would you begin, please?

**Hon. John F. Godfrey:** Thank you, Chair.

The Campaign for the Abolition of Solitary Confinement wants to congratulate the government for the many improvements that are evident in Bill 6. You're right to call it "transformative." Our critical remarks are confined to parts V and VI on solitary confinement under whatever name we choose to use—whether we call it "segregation" or "restrictive placements."

The proposals, when enacted, will likely result in fewer suicide attempts, less self-harm and mental deterioration. But you have to expect that, if you leave solitary confinement in place, all of these will continue, because the harm of solitary confinement does not begin at 16 days. What we're talking about here is about harm reduction, not harm elimination.

A prison sentence does not justify practices that harm health, as the sensory deprivation entailed in solitary confinement does. Meaningful human contact is essential. Human beings also need fresh air, sunlight, exercise, nutrition and sleep to remain in or regain health. We were pleased to see specification for these physical requirements—fresh air and so on—but lack of meaningful human contact is no less, and probably more, harmful to health.

There do seem to be a number of basic facts that have been ignored in the bill:

(1) There is substantial evidence from many countries and over a long period of time that the harm of solitary begins within only a couple of days. The contention that it is only lengthy or indefinite solitary that is harmful has been argued in Canadian courts but not accepted in recent court rulings.

(2) The Mandela rules were named after Nelson Mandela, who was also, of course, an honorary citizen of

Canada, but he never sanctioned them. He described the horrors of solitary without ever specifying that a limit of 15 days would prevent them.

(3) The United Nations special rapporteur, who gave 15 days as the cut-off for solitary to constitute torture, specified that harm can begin after as little as 48 hours.

(4) There is no evidence to show that any type of inmate or person benefits from solitary confinement.

The fact that solitary confinement is used as punishment—"disciplinary segregation"—is a clear admission that it is, by its nature, punitive and not only for long or indefinite stays. In our brief, which you have before you, I hope, we make a number of very specific recommendations, but I would like to focus on two as regard the law and one more generally for the committee.

Section 57(3), "Segregation prohibitions."

We welcome the short list of exclusions from solitary: pregnant women and those who have recently given birth; the chronically self-harming or suicidal; those with significant mental illness or developmental impairment or with a mobility problem. But we would urge one addition to this list. We urge that another prohibition be added: any person under the age of 25. The brains of young people are still developing up to the age of 25, so the sensory deprivation aspects of solitary are particularly harmful to the young. We note that, in considering an appropriate age of access for cannabis use, for example, neurologists have advised 25 years; that is, that the human brain is still developing up to that age.

A second point that we would wish to emphasize is that we would recommend that Bill 6 be amended to reduce the maximum length of stay in solitary, say, to 10 days after the first three years of operation of the bill and to five days after a further two years, for a maximum—in the first case—of 40 days a year and then 20 days a year. This should also apply to disciplinary solitary, under section 74(2).

Those are—

**The Acting Chair (Mr. Mike Colle):** Fifteen seconds.

**Hon. John F. Godfrey:** Sure. Our final recommendation is that after the next election, when this committee resumes its work—and I guess we'll have to leave it to the Clerk—we do recommend that you look at how other jurisdictions have undertaken the problem of eliminating solitary confinement and finding alternative strategies to keeping people safe in prison. There are prisons in Norway and in Scotland. There is the state of Colorado, which has gotten rid of solitary confinement, and Ireland as well. We would be pleased to expand on that set of ideas if the time is available and the questions come our way.

**The Acting Chair (Mr. Mike Colle):** Thank you. The questioner from the official opposition.

**Mr. Jim McDonnell:** Maybe it's a good time to expand on your point that you were making at the end.

**Hon. John F. Godfrey:** Sure. One of the things that strikes the layperson—and we are all laypeople, except Mary, who is a real-deal lawyer, here—is that we asked ourselves the question: "Is there a better way, and have

other countries and jurisdictions done better in this area?" And the answer is yes. There is, for example, Grampian prison in Scotland. There is a prison in Norway called Halden, and there are other jurisdictions where they have eliminated solitary confinement and yet been able to worry about the essential problem, which is keeping people safe: protecting the prisoner or protecting the guards or protecting the rest of the prison population. Our point is, simply, that if other folks have figured a way of doing this, couldn't we learn something by undertaking a study through this committee, for example, of how they have done it? Why can't we be a better model than we currently are?

**Mr. Jim McDonell:** No, I agree. I think that far too often we try to reinvent something instead of looking around the world and improving on a system that is much better than what we already have. This bill is being pushed through now and rushed through. I know they talk about solitary confinement being up to or anything over 22 hours per day. Does that not seem a little excessive?

**Hon. John F. Godfrey:** Of course it is. It's the lack of human contact. It's—what do they say?—a shower plus 22 hours. I was glad to see, I think, in the bill, where there is a reference to the fact that shoving a tray through a slot does not constitute human contact. When you have to actually put that in a piece of legislation, it seems to me that we're in pretty bad shape. It's also the sensory deprivation: not turning out the lights and not knowing where you are at any given moment, whether it's day or night or what day it is. It seems to me that this comes awfully close to torture.

**Mr. Jim McDonell:** I guess that's fine. Thank you.

**The Acting Chair (Mr. Mike Colle):** Third party?

**Ms. Jennifer K. French:** Welcome. I appreciate your submission. It was my opportunity to be the critic on this file before, and it's hard to disengage sometimes, because these are pretty important issues. Having toured through many of the facilities, Thunder Bay included, and put eyes on many of these situations, it's hard to shake some of the clear damage that we see being done in our institutions and facilities.

I wanted to give you the opportunity to expand. I know that you had a few other points, that you said you were going to focus on one of the specifics. You had two others that you wanted to mention. I would like to hear them.

**Hon. John F. Godfrey:** If you look at the brief, there are a number of rather smaller points, if I could put it that way: how many visits a week and that sort of thing. I think our time—given the limited amount of time we had—for example, with monitoring, we recommend that the ministry publish comparative data and all that sort of thing. But I think the main point we're trying to get at is that the reasons that people give for maintaining solitary confinement are always put in safety terms, right? They're always for the safety of the person, the inmate, the guards, or the rest of the population. There are no compelling arguments that anyone has ever been improved by this experience.

**Ms. Jennifer K. French:** I can't argue that. You've brought this. My question, though, is: There is a pathway for choosing solitary or isolation, or, as you said, "whatever we call it." And I think that's key, by the way, the "whatever we call it." The practice of isolation or segregation is going to continue, whether or not it's called something else, until there's an alternative. But for many of the inmates who are requesting segregation—what are your thoughts on that? They are given that option, and they are taking that option in droves.

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**Hon. John F. Godfrey:** I think our practical response to that would be that, if that is the choice, the experience ought to be as least harmful as possible. If they fear for their safety, then are there ways in which we continue—if they're enrolled in an educational program or they're in some other situation where they're having contact with other officials—so that they're not experiencing, for example, sensory deprivation?

**Ms. Jennifer K. French:** Unfortunately, I know that the goal with solitary is that they're still experiencing the same things as other inmates: access to fresh air, access to different supports. But in practice, because it's so under-resourced and so understaffed, and if you add up the number of minutes in a day to actually be out in the yard, it's more than a day to rotate through all of those individuals. We just aren't appropriately resourcing our facilities—

**The Acting Chair (Mr. Mike Colle):** Thank you. Time is up.

Thank you very much for your presentation.

**Mr. Arthur Potts:** I think I have a chance to say a few words too.

**The Acting Chair (Mr. Mike Colle):** Oh, yes, I forgot.

**Mr. Arthur Potts:** You forgot me? Arthur Potts, Beaches—East York. We're in the Legislature together.

Mr. Godfrey, it's a pleasure to see you again.

**Hon. John F. Godfrey:** Always a pleasure, Mr. Potts.

**Mr. Arthur Potts:** I should be clear to the committee that Mr. Godfrey and I grew up around the corner from each other. Our parents were very good friends.

In fact, when I did my master's degree at Queen's, I wrote my thesis on Nova Scotia labour law. When I had to go to Nova Scotia to research the Nova Scotia labour board, Mr. Godfrey kindly put me up, as president of King's College, in the presidential palace—well, it wasn't a really a palace, but it was his quarters. I spent two weeks, and we had an incredibly good time out there.

I've never had the chance to thank you publicly, so now, for Hansard, I want to say: John, thank you very much. I couldn't have done it without you.

**Mr. Jim McDonell:** See what you've done?

**Mr. Arthur Potts:** That's right—exactly.

I've had a chance to learn much from you over the years. I take your counsel at the Ministry of the Environment and Climate Change quite seriously on adaptation files.

On this file—thank you so much for bringing it—I was going to ask you to extrapolate on this notion of

harm reduction as opposed to punishment. Part of your submission focused on, “This is really punishing people,” that we’re taking some kind of glee, almost, in putting people into this stressful situation rather than looking to rehabilitate, educate and work with harm reduction. Maybe you or one of your guests would like to expand on that. And identify yourself.

**Ms. Phyllis Creighton:** You’ve exactly seized my concern. If we—

**The Acting Chair (Mr. Mike Colle):** Could you identify yourself?

**Ms. Phyllis Creighton:** I’m Phyllis Creighton.

**Mr. Arthur Potts:** Thank you, Phyllis. Good to see you again.

**Ms. Phyllis Creighton:** We ran, in my parish, a community service order program, which allowed people to work out their sentences in the community. That’s much more constructive than prison to begin with. If you want us all to be able to function in society, you shouldn’t cripple these people, to start with.

Anyone who, like me, has experience both in addiction research and in mental health knows just how damaging—knows what ordinary people can take but also what someone with a vulnerability will suffer from. That damage can be terribly serious and permanent.

**Mr. Arthur Potts:** I get this notion of reducing the number—it was from 60 days to 40 or 20—gathering experience, how we can more carefully integrate, if we can learn from the reductions, which you would like to see eventually go to zero, I would guess.

**Hon. John F. Godfrey:** Yes. We’re for the abolition for all the reasons we’ve given.

I just would like to say one thing: We did visit, as a group, the Toronto South Detention Centre. What I found very encouraging about that is that we spent an hour with the guards, actually. The good news is that the guards themselves, although a conservative group and represented by a very conservative union—I think that would be a fair comment—actually have undergone a bit of a learning experience in that new institution.

They used to function outside the bars of the unit. That meant that there was a dehumanizing aspect to their interaction with prisoners. But as an experiment, which I gather is going to be expanded to the rest of the provincial system—

**The Acting Chair (Mr. Mike Colle):** Sorry, but your time is up.

**Hon. John F. Godfrey:** —they got inside and things improved.

**The Acting Chair (Mr. Mike Colle):** Thank you.

**Mr. Arthur Potts:** I took up too much time with family history.

OPSEU—MINISTRY EMPLOYEE  
RELATIONS COMMITTEE

**The Acting Chair (Mr. Mike Colle):** We’re going to make a switch here to the regular Chair.

Next is the Ontario Public Service Employees Union, Ministry Employee Relations Committee: Monte Vieselmeyer, Employee/Employer Relations Committee co-chair. Mr. Vieselmeyer?

**The Acting Chair (Mr. Bob Delaney):** Welcome. Make yourself comfortable. You probably know the drill by now. You’ve got five minutes for your presentation. There will be a rotation of three minutes per caucus for questions.

The floor is yours. Please begin now.

**Mr. Monte Vieselmeyer:** Good afternoon. First, I would just like to make a clarification: We’re not guards; we’re correctional officers.

Thank you, Mr. Chair, and good afternoon to the members of the committee. As OPSEU co-chair of MERC, which is the Ministry Employee Relations Committee for corrections, to use two metaphors, I’ve got a bird’s-eye view of our correctional system and my finger on its pulse. It helps that I have been a correctional officer for 27 years. I’ve witnessed a lot of change in the course of my years. The inmate population has grown exponentially, not just in numbers but in complexity, particularly in terms of gangs and mental health and addictions issues.

In the face of this, the correctional system itself remains largely static. Management and those charged with formulating correctional policy in the ministry have largely chosen to ignore the growing complexity and changing needs of inmates and the system. The question of segregation has helped bring attention to an area that is largely overlooked by politicians and ordinary citizens, but segregation is really just one symptom of a pervasive illness.

It’s often stated, particularly in eastern medicine, that a sick body is one in a state of imbalance. That’s an apt descriptor for Ontario’s correctional system today. It’s unbalanced in many ways. There are not enough officers and correctional staff to handle the ever-changing needs of the inmates we supervise. You’ve heard about cells built for one that house two, three or even four inmates. If you’ve ever experienced the tension of living in close quarters with someone in an apartment, you’ll appreciate what it’s like to live in a tiny cell with one, two or three other offenders—not just for hours on end, but sometimes for days on end when there’s a lockdown.

On the other side, you have correctional officers trying to maintain order and keep everyone safe. As I mentioned, there are far too few officers, and they themselves are experiencing PTSD rates of 30%—vastly higher than other first responders.

One reason for their distress is that they feel ill equipped to handle the mental health and addictions issues of inmates and focus on their job of protecting inmates and the general population from harm, not to mention themselves. This lack of proper training and resources is a function of ministry policy, which pretends the problem doesn’t exist—as though giving correctional officers and offenders what they need forces the government to acknowledge that there’s a problem.

Years of neglect, underfunding, understaffing and policy misfire combined with an exploding and increasingly complex inmate population have contributed to the profound imbalance that has created a crisis in corrections. Years of lobbying the government to acknowledge and fix the crisis finally seem to be bearing fruit, as evidenced by the draft legislation before us.

But will Bill 6 redress the profound imbalance in corrections? First, let me say that I welcome any measures from the government that aim in that direction. I'm pleased that the government has consulted widely with my members. Much of that consultation is reflected in Bill 6.

Let me say that any attempt to right the imbalance must focus on three areas. First and foremost, there must be a strong and sustained focus on the safety of correctional officers and correctional staff. Hundreds are assaulted every year, and the numbers continue to rise dramatically.

More correctional officers are needed to fulfill the ministry's mandate. They need training and tools to defend themselves. They need some form of corrective measures to dissuade offenders from assaulting and re-assaulting staff. Second, they require the appropriate resources to do their job as effectively and safely as possible.

**1440**

While the government speaks of hiring some 1,700 new officers, in fact only 24 new correctional officer positions have been created. Hundreds of new positions must be created.

Most jails are too old, even predating Confederation, and hopelessly unfitted to the 21st century. New ones desperately need to be built—but publicly built. One of the newest ones, Toronto South, built by a P3, is a dysfunctional mess, unsafe for officers and offenders because the developer didn't consult front-line staff, and the focus was profit-motivated. It and many others need to be retrofitted.

All this will require appropriate and significant resourcing if the government is serious about implementing the transformational change proposed in Bill 6.

Third, a vast and continuous training effort must be undertaken for staff. It must address the mental health needs of offenders. It must address the particular challenges of direct supervision of inmates.

**The Acting Chair (Mr. Bob Delaney):** And I'm sorry. I'm going to have to stop you there. You've consumed your five minutes. Our rotation will begin with the NDP.

**Ms. Jennifer K. French:** Go ahead and finish, if you want to.

**Mr. Monte Vieselmeyer:** Quickly, I believe the intentions of Bill 6 are good, and I applaud the government for bringing it forward. But to make it more than words on paper, there has to be a willingness to make the appropriate resources available. If that doesn't happen, the imbalance in Ontario corrections will not only continue, but it will get worse. And with each year that

goes by, the cost, both in terms of redressing the system and its impact on the larger society, will soar.

Thank you for your attention. I would now accept your questions.

**Ms. Jennifer K. French:** Okay. Now I have some. Thank you very much, Mr. Vieselmeyer. I am glad to see you here again. I applaud the advocacy that has gotten us to this point.

But to some of your points, there are three areas of focus that you would like to see addressed either by this bill or by this government. Can you concisely explain the difference to the government between hiring and appropriately staffing? Because they seem to talk about hiring and feel that that is addressing your staffing request. Please.

**Mr. Monte Vieselmeyer:** Originally, there was a staffing shortage, where there was a hiring freeze for three years where no new officers were hired into the system to replace anybody who retired or moved on, by death or otherwise. Once we started that rehiring aspect, the government got their mind around, "We need to hire officers because there have been 900 lockdowns in the province, which created more violence issues and mental health issues within the offenders."

The government now states they've hired 1,700 correctional officers. In reality, those officers are back-fill, or what we call fixed-term officers. They basically support me as a full-time officer so that I can take vacation, sick time, training and so on. It doesn't actually create any new positions to deal with the workload issues or to deal with mental health and the various crises that are going on within our institutions.

**Ms. Jennifer K. French:** In this bill, there is a lot of talk about programming and layering in opportunities for offenders and whatnot. Separate to that conversation is, how do programs like that—how does that interface with the officers? Do you need to increase staffing in order to support those programs, whether the officers are conducting the programs themselves?

**Mr. Monte Vieselmeyer:** Usually staffing, especially within a remand setting, because of the complexities of the inmates that we're dealing with—we may have them in a program, but they have to be observed and we need to make sure that the people who are delivering the program are safe. I had an opportunity to recently tour the Sudbury jail, where we had a female recreational officer in a basement room with five offenders—by herself, with only a camera for a backup. If anybody has toured the Sudbury jail, it's fairly old, and to find your ways into the bowels of that—again, I would not say that that's a very safe situation for anyone.

**Ms. Jennifer K. French:** I remember Sudbury jail. There were four to a cell that otherwise should have been two.

**The Acting Chair (Mr. Bob Delaney):** I may have to stop you there because you are just about out of time.

**Ms. Jennifer K. French:** Well, I guess I am now.

**The Acting Chair (Mr. Bob Delaney):** To the government side.

**Mrs. Liz Sandals:** Thank you for coming in today, Monte. My hometown is Guelph, and of course, we used to have jails. We used to have the Wellington Detention Centre and the Guelph Correctional Centre. One of the things that struck me in talking to folks who had been correctional officers in both the old GCC and then Maplehurst—because Maplehurst is laid out so differently and, as you mentioned, the profile of the population changed—is that they talked about a loss of job satisfaction, but it seemed to be, in part, a loss of connection to inmates for whom you were doing programming and the sense that you are actually making a difference in the future lives of those inmates.

You said that you've been in the system for 27 years. Do you have a frustration with the mix—which we can't do anything about—detention versus sentenced, and the ability to do that rehabilitative corrections work? I'm interested in how you react to that comment that I ran into in Guelph.

**Mr. Monte Vieselmeyer:** So the quick response is yes, I am frustrated. Sitting down with our new assistant deputy minister—well, new as of a year ago, and she has been around longer than I have—we actually want to go back to where we were before, as you say, to the programming. That was basically taken away back in the 1990s, when we went to more of a warehousing model: “Pack them in; it saves us dollars; the taxpayers will be happy.”

**Mrs. Liz Sandals:** Well, the layout is just so physically different in Maplehurst versus the old correctional centres.

**Mr. Monte Vieselmeyer:** Yes. Every jail or correctional centre has its—I call them their own fiefdom. They have different designs and different aspects. Even though we have identical institutions for the most part in Central East and Central North correctional centres, they still operate differently, and they have their own quality—

**Mrs. Liz Sandals:** Culture.

**Mr. Monte Vieselmeyer:** Culture. Again, would I like to see a return to some of those aspects? There is greater job satisfaction when you have the ability to impact as opposed to basically, “I'm just making sure you're getting your meal today, and hopefully all heck doesn't break loose during that shift.”

**Mrs. Liz Sandals:** You made a really interesting comment at the beginning about dealing with an increasing number of people in gangs but also about decreasing—

**The Acting Chair (Mr. Bob Delaney):** About half a minute.

**Mrs. Liz Sandals:** —mental health. How do you deal with that dichotomy? They have quite different needs.

**Mr. Monte Vieselmeyer:** Firstly, not very well, because I haven't had any mental health training since I started 27 years ago. What we see in the community gets multiplied tenfold in the institutions. We see the worst of the worst. More often than not, individuals with significant mental health needs are usually victims as opposed to the ones who are creating the problems. But the gang

aspect: We're seeing more assaults where it's four on one or five on one. An offender was just assaulted in Ottawa—

**The Acting Chair (Mr. Bob Delaney):** Thank you.

**Mr. Monte Vieselmeyer:** —and he's basically on his deathbed. And that's because of the gang mentality.

**The Acting Chair (Mr. Bob Delaney):** We'll move to the PC rotation: Mr. McDonell.

**Mr. Jim McDonell:** Thank you for coming in. Rick said he was called back to the riding for a meeting with a medical group, so he couldn't be here, but he wanted to pass on his respects.

**Mr. Monte Vieselmeyer:** Thank you.

**Mr. Jim McDonell:** I see from your notes here that 1,700 new officers have been identified by the government but only 24 new positions have been actually created. That seems quite a promise but no follow-through. Is the 1,700 the actual number that is needed?

**Mr. Monte Vieselmeyer:** No. So, 1,700 again are the backfill officers. Because previously why we're having lockdowns—if I want to have a vacation, the way they create their models is, basically there's no one to replace me. So now the actual number in regard to meeting the programming needs and what's expected out of this transformation in this legislation—that's a significant number. To put my finger on exactly what that number is, I would have really tear it apart institution by institution.

**Mr. Jim McDonell:** Would it be something like 50% of that number, of the 900 or the 700?

**Mr. Monte Vieselmeyer:** That would be probably a good fair number, yes.

**Mr. Jim McDonell:** If you have lockdowns, it's not enough for the facilities.

You talk about the lack of mental health training. If you got the training you needed, are the facilities built so that they actually would work with the current mental health issues we have with many of the inmates?

**Mr. Monte Vieselmeyer:** The quick answer is no. There's a couple of institutions that have more room. The Toronto South Detention Centre, because of its size: There's more ability to use the space differently than, say, if you're in the jail in Brockville, which is 176 years old this year. They still have the wooden door that goes into the jail. They don't have the ability to restructure and reappropriate space the same way that other facilities do. The new builds in Ottawa and Thunder Bay are expected to have the ability to have that space so we can use it appropriately.

1450

**Mr. Jim McDonell:** We heard that there are better jurisdictions around the world. But I would think the mental health section of facilities should be different than what you have in the more non-mental health and more severe inmates—

**Mr. Monte Vieselmeyer:** Sorry, I didn't—

**Mr. Jim McDonell:** There needs to be a specialized area for mental health. It needs to be laid out differently.

They have a different type of client. Many of them are there because they have no place to go.

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Monte Vieselmeyer:** I worked at the Toronto West Detention Centre for the majority of my career—24 years. We had what we called a special-needs unit that was focused on the significant mental health needs of offenders, and it was appropriately staffed with mental health nurses, doctors, case management and so on.

**Mr. Jim McDonell:** Did it work well?

**Mr. Monte Vieselmeyer:** It did work well.

**The Acting Chair (Mr. Bob Delaney):** Thank you, Mr. Vieselmeyer, for your presentation this afternoon.

**Mr. Monte Vieselmeyer:** Thank you.

#### CANADIAN MENTAL HEALTH ASSOCIATION, ONTARIO DIVISION

**The Acting Chair (Mr. Bob Delaney):** Our next delegation will be the Canadian Mental Health Association, Ontario division: Mr. Joseph Szamuhel.

**Mrs. Liz Sandals:** What about Ontario Peer Development Initiative?

*Interjection.*

**The Acting Chair (Mr. Bob Delaney):** Our 2:45 delegation, Ontario Peer Development Initiative, has cancelled.

Please begin by stating your name for Hansard. You'll have five minutes for your presentation, followed by three minutes of questioning, beginning with the government side.

**Mr. Joseph Szamuhel:** I am Joseph Szamuhel. I represent the Canadian Mental Health Association, Ontario division. Good afternoon. Thank you for the opportunity to speak today.

CMHA has 30 branches throughout the province. Our 3,900 staff provide front-line mental health and addiction service to tens of thousands of Ontarians.

We would like to thank and commend Minister Lalonde for introducing the Correctional Services Transformation Act. We'd also like to commend the minister and her staff for engaging a wide variety of stakeholders, including mental health and addictions service providers like us, in this important effort to reform corrections in Ontario.

Given that there is an overrepresentation of people with mental health and addictions conditions in correctional custody across the province and across Canada, we've had a keen interest in improving our correctional system, and have followed this issue closely since the ministry first reviewed segregation in 2015.

Furthermore, we are a partner in the Correctional Health Care Coalition, which is led by the John Howard Society of Ontario. This group engages a diverse group of stakeholders in making efforts to improve the well-being of incarcerated individuals in Ontario correctional facilities.

CMHA Ontario supports the province's intention in this legislation to modernize corrections in Ontario, and we're pleased that many of the recommendations made by Howard Sapers, the independent adviser on corrections reform, will be implemented.

CMHA Ontario does not support the use of segregation at any time for individuals with mental health and addictions issues. This has been our long-standing position, as segregation can create new issues where none previously existed and worsen any existing conditions. We support the prohibition of segregation for specified populations in the proposed legislation, including persons with severe mental illnesses or developmental disabilities.

We do have concerns about some of the language in the proposed legislation that allows for continued use of segregation in unspecified last-resort circumstances that may be more closely related to resourcing issues, including a lack of alternative housing options or appropriate medical care, as well as the lack of staff capacity at correctional institutions.

I must reiterate that we do not support the use of segregation in any circumstance for individuals with mental health and addictions issues.

We are encouraged by the inclusion of independent hearing panels to review cases where segregation is used. To ensure a fairer review process that takes into account the full health effects of segregation, we urge that this legislation mandate the inclusion of mental health and addictions professionals on these panels, and further detail an equitable appeals process for the decisions that these panels will render. The provision of counsel for persons appearing before these panels should also be included.

As a member of the Correctional Health Care Coalition, CMHA Ontario strongly supports the transfer of the oversight and provision of health care services for incarcerated individuals from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care. We believe that the standard of health care provided to incarcerated individuals should be equal to the standard of health care provided to all Ontarians. This will best be achieved by engaging the comprehensive resources available to the Ministry of Health, local health integration networks, hospitals and community-based health service providers like CMHA.

We were disappointed to see that this legislation does not transfer such responsibility from MCSCS to the Ministry of Health. From our perspective, this is a tremendous lost opportunity. While we appreciate that such a transfer will be explored in the future, equitable delivery of health care services, as enshrined in the Patients First Act, will not be immediately available for incarcerated Ontarians until such a transfer occurs.

We believe that health care is a basic human right, and that all Ontarians, including those who are incarcerated, must have access to this basic human right. As reported by Mr. Sapers, the current conditions and capacity within correctional institutions in Ontario do not provide

appropriate and timely health care services to those who are incarcerated, especially those with mental health and addictions conditions. We are pleased that this legislation will introduce increased oversight of and transparency within correctional facilities with the appointment of an inspector general of corrections and the creation of community advisory boards.

We also believe that additional mental health and addictions training for corrections personnel should be included in the legislation. Organizations like ours can provide evidence-based training such as mental health first aid and suicide prevention training for staff to better contribute to improving the quality of care for individuals with mental health and addictions issues incarcerated in provincial correctional facilities. Such training must also ensure that correctional personnel—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Joseph Szamuhel:** —are equipped to support their own workplace mental health. Ensuring that our correctional staff are cared for is integral to providing quality care to others.

I'd like to end my remarks by thanking you all for your interest in reforming Ontario's correctional system. We look forward to providing continued support on these efforts, to ensure that the quality of care for people with mental health and addictions issues in correctional facilities improves.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much. To the government side: Ms. Wong.

**Ms. Soo Wong:** Thank you very much for your presentation. I'm just counting: I think at least four previous witnesses came before this committee this morning, as well as Dr. Simpson at CAMH, and have asked for similar requests to your organization, the Canadian Mental Health Association, Ontario division, to move the health and mental health services from MCSCS to the Ministry of Health and Long-Term Care. So we're hearing a pattern here.

**Mr. Joseph Szamuhel:** Okay.

**Ms. Soo Wong:** I want to go back to your comments earlier with regard to—we heard your support for reducing, and eliminating, if possible, the issue of segregation. I want to go further. If the legislation gets passed, we will provide what we call minimum standards of living for the inmates. Can you go further to share with us, in terms of your expertise from your organization, how it would help the outcome? Moving to this transformation will take time. From your experience and the expertise of your association and the literature in terms of best practices—because if we're moving in that direction, we want to make sure it's the best practice—how would it help in terms of the inmate's overall health, but also the outcome? Can you share that with us?

**Mr. Joseph Szamuhel:** I think that the legislation is a great start to improving outcomes for persons who are on a correctional systems pathway. That means not only improving mental health access and services while they're in correctional facilities, but prior to their

entrance into the system and when they're reintegrated back into the community. We see this more as a spectrum of care that's provided across a pathway, and that is effectively delivered at each point of a person's journey along the justice system.

Certainly the increased provision of services and oversight into correctional facilities is a great start, but it will definitely fall short if it's not well integrated in every step of that journey: importantly, to make sure that persons entering the system receive proper assessment in connection to whatever care or services they were provided before they entered a correctional facility; obviously, services while they're in a correctional facility; and great supports and connections to make sure that they have a warm handoff back into the community and can properly reintegrate to the services that they need, especially with community service providers like us.

**Ms. Soo Wong:** One of the witnesses—I believe Mr. Godfrey, who was just here—shared with us asking for those under 25 not to be a part of the vulnerable population in terms of segregation. Do you have any comments about that?

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Joseph Szamuhel:** I can't speak specifically to that issue, but certainly I did make a strong point that we don't believe in segregation for anyone who is considered vulnerable, especially within the mental health and addictions purview.

**Ms. Soo Wong:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Mr. McDonell.

**Mr. Jim McDonell:** Thank you for coming out today. Have you had a chance to tour any of the institutions?

**Mr. Joseph Szamuhel:** I have not, no.

**Mr. Jim McDonell:** Okay. I was just asking if they were suitable for mental health patients. Have you been in a place or any jurisdiction where you have seen what you would consider an adequate or model place for mental health and addictions inmates?

1500

**Mr. Joseph Szamuhel:** I've certainly heard the expertise of stakeholders. They all seem to suggest that alternative housing options need to be available, ones that support proper recovery and promote actual health improvement in facilities. That means a fundamental rethink about the way that we house prisoners.

I can't point to a specific example in Ontario that does that well, but there is certainly a lot of room for improvement for how we currently house inmates in a way that is conducive to improvements in health—not only in a very reactive sense, but in a more positive, promoting sense. Because we really view a person's journey across the justice system as a real chance to promote public health—not as a lost opportunity or a means of reaction, but really an opportunity to make sure that we're promoting best outcomes.

**Mr. Jim McDonell:** You talked about many of the recommendations that were implemented. Were there any

key recommendations that you think were missed and should have been implemented?

**Mr. Joseph Szamuhel:** The recommendations of Howard Sapers in his report are pretty far-reaching. I will say pretty broadly that the legislation does do a good job of addressing most of them; however, as I reiterated earlier, as a member of the Correctional Health Care Coalition with a lot of stakeholder organizations, we were disappointed that the recommendation of Howard Sapers to immediately transfer health care in correctional facilities to the Ministry of Health was not implemented.

**Mr. Jim McDonell:** Okay. Thank you.

**The Acting Chair (Mr. Bob Delaney):** Ms. French.

**Ms. Jennifer K. French:** Thank you very much. I know that we appreciated your presentation. My colleague Mr. Natyshak had brought up earlier the importance of before-incarceration and what the journey looks like for individuals at risk. We're completely understanding of your points about that whole holistic journey, especially for many of our offender population who find themselves reintegrating in the community and then reintegrating back into correctional facilities and system on a seemingly rotating basis.

My question is a little bit about training and some of the resources that are missing. Mr. McDonell had asked if you had been in jails or facilities. I've been in 17 of them. I would say that they are not adequate. I've been in places like the Central East Correctional Centre that has an infirmary that has never been utilized. There are opportunities in our facilities—in some of them.

What could the resources look like? Also, what should the training look like for the officers who—we just heard from the gentleman before you who, in 27 years, has never had mental health training as an officer. What could that look like?

**Mr. Joseph Szamuhel:** CMHA actually makes concerted efforts to work with a number of workplaces to improve their mental health. I think the underlying issue here is that, perhaps, correctional staff feel a bit siloed and are not able to access a lot of the supports that exist from organizations like ours. So we would like to see these walls being broken down and the community invited into correctional facilities to engender a process of education and support, to know that correctional staff are not alone—and they shouldn't be alone; they should be well supported by the communities that they serve and certainly not separated from them.

CMHA and a number of organizations have a number of evidence-based educational programs that could help them in their workplace mental health and to deal with vulnerable populations more effectively. So we would really like to see the community more integrated into correctional facilities and share their knowledge and expertise effectively.

**Ms. Jennifer K. French:** It's interesting to recognize that the government is also the employer of the officers. As training is being administered and paid for, I imagine that there are some challenges there. But would an organization like your own be willing to maybe work

with the government as an employer to help them come up with the training that would be useful and not just a tick box on a checklist for the mental health—not just the needs of the officers, but for them to support those of the inmates?

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Joseph Szamuhel:** Yes, certainly, we believe in the fundamental good of providing this training. That's why we offer a lot of our training as a social enterprise. Basically, we just ask for our costs to be covered. We strongly believe that training can effect better outcomes, and we always look for opportunities to offer them to whoever is interested.

**Ms. Jennifer K. French:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much, Mr. Szamuhel.

#### MOTHERS OFFERING MUTUAL SUPPORT

**The Acting Chair (Mr. Bob Delaney):** Our next presentation, coming to us via teleconference, is Mothers Offering Mutual Support. The spokesperson is Irene Mathias, coming from Mothers Offering Mutual Support in Ottawa. Can you hear us?

**Ms. Irene Mathias:** Yes, I can. Can you hear me?

**The Acting Chair (Mr. Bob Delaney):** We can hear you loud and clear.

**Ms. Irene Mathias:** Excellent.

**The Acting Chair (Mr. Bob Delaney):** The game plan is like this: You'll have up to five minutes for your presentation, and that will be followed by three minutes of questioning from each of the three parties here, beginning with the NDP. Just begin by introducing yourself for Hansard, and then continue.

**Ms. Irene Mathias:** Thank you. I appreciate this opportunity. My name is Irene Mathias. I'm from Mothers Offering Mutual Support, or MOMS, an Ottawa support group for women. We are mothers, sisters, aunts, grandmothers and spouses. Our loved ones are in, or have journeyed through, Ontario correctional institutions. We support one another and educate ourselves about justice and corrections, in order to better support our loved ones. We also advocate for change where it is needed.

We don't ask anyone to coddle our loved ones. We call for humane and proper care for all prisoners, and for safe institutions, because we know the impact of a correctional system that doesn't provide those things. We know first-hand the damage, the terrible human, social and economic costs of warehousing people in crowded, unhygienic conditions without access to decent food, proper health care and essential programming.

Suicide attempts and death in custody; hep C, TB and MRSA infections; the dramatic deterioration of mental health in segregation; the impacts of inedible food, triple bunking, strip searches and lockdowns; and the violence: These are not a matter of statistics or academic study for us. This is the reality we witness and know and work to

change, because it does not belong in Canada and does not make sense.

It doesn't benefit anyone to ask people to work in understaffed, under-resourced institutions, or without the training, the regulatory framework and the leadership necessary for them to do their jobs well and safely.

It doesn't benefit anyone to maintain a status quo that routinely degrades, dehumanizes, neglects basic needs, breeds anger on both sides of the bars, and damages the physical and psychological health of so many.

Over two thirds of those incarcerated in our institutions are on remand. They have yet to have their day in court, and are therefore innocent under Canadian law. But put that aside. Disregard their guilt or innocence or the nature of their offences, and the fact remains that almost every single one of them will return to our communities one day.

They may be our loved ones, but they are also your fellow citizens. If they return to us, having been treated as less than human; if they come out worse than they went in; if they are shoved out the door ill-equipped to find a place to sleep, let alone start a new life, who does that benefit? How does that increase public safety? It doesn't. It encourages recidivism and increases costs for the health care and social services needed to repair the damage that has been done to individuals and their families.

MOMS Ottawa is grateful to have had the opportunity to participate in seeking solutions to these issues, both in the context of the OCDC task force and in the development of this new legislation.

We know that the problems in corrections are complex. Many are the results of broader system failures. Clogged, inefficient courts and other issues in the justice system send increasing numbers of people into remand to sit and stare at the walls. A woeful lack of services in the community results in the systematic warehousing of our mentally ill, the homeless, those suffering from addictions, our indigenous brothers and sisters—the most marginalized members of our society.

We strongly support this legislation. It isn't perfect. It isn't a quick fix, and it can't fix everything, but it makes change possible. Its strength is in its principles as well as the shift to direct supervision as the norm, and in its provisions for independent oversight and transparency.

We will continue to encourage the transfer of health care responsibility to the Ministry of Health and closely monitor segregation issues.

**The Acting Chair (Mr. Bob Delaney):** Thirty seconds.

1510

**Ms. Irene Mathias:** Reform guided by this legislation is going to be a struggle and will take time and hard work. It will also, no doubt, involve all the components of resistance, doubt and compromise that change always engenders. But this is what needs to be done for the benefit of us all.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much.

Earlier I said that the rotation would begin with the NDP. I was in error. It will begin with the PC Party: Mr. McDonell.

**Mr. Jim McDonell:** Thank you for joining us today. You talked about the bill not being perfect. Any comments as to what you think could be improved in the bill?

**Ms. Irene Mathias:** I think that the major issues for us have been covered in submissions by the coalitions on health care and segregation. We are also disappointed that a transfer of health care responsibility to the Ministry of Health has not been made, and we totally agree with an earlier submission in this regard, that health care should be under the jurisdiction of a health authority, not under corrections.

**Mr. Jim McDonell:** So that was part of your submission when you met with the government on the transfer to the Ministry of Health?

**Ms. Irene Mathias:** Yes.

**Mr. Jim McDonell:** Okay.

**Ms. Irene Mathias:** We're part of the Correctional Health Care Coalition and support their submission in this regard.

**Mr. Jim McDonell:** So we're seeing that two thirds of inmates are actually on remand waiting for trial, which is kind of a scary number as many of those may be innocent. So your point is about putting people through something temporarily, hopefully, but something that people shouldn't go through unless, of course, they deserve it. Any other points you'd like to make?

**Ms. Irene Mathias:** No. Those are really the main points.

**Mr. Jim McDonell:** Thank you for all your work.

**Ms. Irene Mathias:** You're welcome.

**The Acting Chair (Mr. Bob Delaney):** Ms. French.

**Ms. Jennifer K. French:** Hi, there. Thank you very much, Irene. This is Jennifer French of the NDP. I appreciate your very strong presentation. I know that you have—well, I'm not sure if you have come, but your organization has recently been at Queen's Park on this issue, so thank you for your advocacy. Some of what you talked about—like the OCDC task force, some of the different initiatives that have been taken to engage not just with yourselves but community groups and the community voices on these issues: Have you had the opportunity to be involved in one of those—

**Ms. Irene Mathias:** All of them.

**Ms. Jennifer K. French:** Okay, good.

**Ms. Irene Mathias:** I am a member of the task force and I have participated in many consultations.

**Ms. Jennifer K. French:** As you said, this is a step in the right direction, that it isn't a perfect bill. I think you said that it's what needs to be done for the betterment of everyone. What are some of the recommendations that have come out of those groups, the community perspectives that maybe are missing from this piece of legislation?

**Ms. Irene Mathias:** I think the thing that concerns us more is not what's missing from this legislation but the

necessity for a whole-of-government response. It's the things beyond corrections that cause both the overcrowding in the correctional institutions and result in people being detained in them who do not necessarily need to be in jail. We have a larger and more complex population because we're not addressing needs in the community. We're not providing the mental health care, the substance abuse treatment, the community services and the housing, and we end up with the default of warehousing these people in prisons that are ill equipped to assist them, which ultimately also criminalizes them.

**Ms. Jennifer K. French:** Irene, another thing is, you had mentioned the deaths in custody. There have been a number of inquests certainly—

**Ms. Irene Mathias:** Yes.

**Ms. Jennifer K. French:** I don't know the number off the top of my head, but a huge number of recommendations. Do you see many or any of those recommendations incorporated into this bill?

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Ms. Irene Mathias:** I think some of them are, but I just attended the last inquest. I think that some of them are and some of them will come in the details of regulations and policy that have to be developed. I think the principles are here. This legislation is appropriately strongly principled.

**The Acting Chair (Mr. Bob Delaney):** Okay, thank you very much for that, Ms. Mathias.

**Ms. Jennifer K. French:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Ms. Sandals.

**Mrs. Liz Sandals:** Good afternoon, Irene, and thank you so much for joining us today. You've obviously been really very active in tracking and influencing what happens in corrections reform.

One of the things that we really haven't touched on and that you would be the expert on is that it has been shown that family contact and support are really, really important for the inmate to be successful at rehabilitation and reintegration following incarceration. I understand that the legislation does include some provisions to enhance family support and contact and to improve rules around visitation conditions. I wonder if you could explain to the committee how you view the whole issue of family contact and how that impacts the inmate and their mental health and well-being.

**Ms. Irene Mathias:** I think it's essential. It is absolutely crucial. And it is even more important when somebody has a mental health issue because the family—and it's usually a woman in the family who is the lifeline and able to talk that person down. If they're cut off from that person, their sense of isolation and despair can become extreme very rapidly. This bill does, for the first time, recognize the importance of family connection, of keeping an inmate linked to the community through their family, and the importance of face-to-face visits, the importance of being able to give someone a hug, the importance of being personally present with them, which anchors them in a reality that's beyond their jail cell.

The only thing in this bill that I would like to see improved is the number of visits. This bill calls for a minimum of two visits a week. I would like to see either more visits or longer visits.

**Mrs. Liz Sandals:** What's the length of visits right now?

**Ms. Irene Mathias:** Two 20-minute visits.

**Mrs. Liz Sandals:** And that's the minimum required or the maximum allowed?

**Ms. Irene Mathias:** That's the maximum allowed. And if you have to travel a long distance—

**The Acting Chair (Mr. Bob Delaney):** About thirty seconds.

**Ms. Irene Mathias:** —to go and give that 20-minute or double—one 40-minute visit—a week, it's very short.

**Mrs. Liz Sandals:** So you will have people who are doing hours and hours of travel for that 20 or 40 minutes.

**Ms. Irene Mathias:** Absolutely.

**Mrs. Liz Sandals:** Thank you for helping us there.

**Ms. Irene Mathias:** Thank you very much.

**The Acting Chair (Mr. Bob Delaney):** Thank you very, very much for your deputation.

#### PROBATION OFFICERS ASSOCIATION OF ONTARIO

**The Acting Chair (Mr. Bob Delaney):** Our next presentation will come from the Probation Officers Association of Ontario: Chris Podolinsky and Christine Beintema, please.

*Interjections.*

**The Acting Chair (Mr. Bob Delaney):** Thank you very much, committee. Apparently some aspects of our schedule appear to be dynamic. We have moved the probation officers up ahead of the next teleconference. We had a deputation scheduled from Mr. Chris Jackel at 3:30. He is not able to be with us, but he has asked Monte Vieselmeyer if he wouldn't mind doing that presentation. I presume that's okay with Mr. Vieselmeyer. So we're going to do the presentation from the probation officers of Ontario, followed by Mr. Vieselmeyer on behalf of Mr. Jackel, and then followed by the John Howard Society of Ontario, presuming we're all sufficiently adaptable to figure that one.

**1520**

If you've been here a little while, you get the general idea. You have five minutes to make your presentation. Please begin by introducing yourselves for Hansard. It will be followed by three-minute rotations, this time beginning with the NDP, I believe.

Your time is running. Go ahead.

**Mr. Chris Podolinsky:** Okay. My name is Chris Podolinsky. I'm with the Probation Officers Association of Ontario. To my left is Christine Beintema, who is currently the vice-president of the association. I would like to thank the committee for inviting us to speak on Bill 6.

Just for the record, I do work with youth probation so I'm under different legislation, but in my role as pres-

ident I have become familiar with the issues and concerns of all the members.

The POAO was established in 1952. It's a voluntary, non-profit association representing the professional interests of the probation officers and the probation and parole officers across the province of Ontario. POAO is not a union but rather an association of like-minded professionals who believe in the work they do and the role they play in the criminal justice community in Ontario. POAO is committed to the preservation of the fundamental role of the probation officer within community corrections.

POAO acknowledges the positive aspects of the legislation, which aim to overhaul a correctional system that has not seen any significant legislative changes in over two decades. However, the legislation does not fully address the needs of the front-line probation and parole officers.

I'd like to point out that we are stakeholders. Although the bill is very institution-focused, we work with the same clients. Eventually, they will be released to the community. What happens inside the institutions would directly affect us as well, so we are concerned about that.

Members of POAO have expressed concern that the influence of probation and parole officers with respect to their roles in the courts and with justice partners has eroded over time. The legislation must maintain and improve the probation and parole officers' critical and key role in community justice.

POAO encourages its members to improve their knowledge and skills by engaging in continuous education through seminars, workshops and courses. POAO fully endorses that the minimum educational requirements of a probation and parole officer is a degree in social sciences from a recognized university. POAO asserts that the degree requirement is critical for probation and parole officers to effectively supervise clients, provide programming and make enforcement decisions, and it would be beneficial to see clarification of this requirement in the legislation.

**Ms. Christine Beintema:** POAO suggests that to comply with the requirements detailed in section 142(1)(a)—the duties of a probation and parole officer—more resources will be required. At present, probation officers are hampered from meeting their mandated responsibilities due to outdated and ineffective technology. Probation officers do not have access to technology that adequately reflects the reality of modern communication. This compromises not only their ability to manage the high administrative demands of their work but needlessly puts their safety at risk.

POAO would like to bring to light the unique challenges of probation and parole officers in the northern regions. The lack of resources is a substantial problem for officers in the north, who frequently work in satellite reporting centres and whose work requires extensive travel, often in poor weather conditions. For a variety of reasons, training budgets in the north are quickly exhausted, preventing staff from accessing relevant train-

ing. High staff turnover creates additional work demands for active PPOs, who must take on additional cases created by unfilled vacancies.

Probation and parole officers are uniquely skilled at assessing the risk that clients pose to the community, whether upon their release from custody or while in the community. The Ministry of Community Safety and Correctional Services, under section 38 of the MCSA, is required to make available to the parole board all relevant information to appropriately consider parole suitability. The recent changes to parole board hearings cause concern as there have been several incidents reported where clients are being released into the community without information from probation and parole officers being considered. POAO would encourage that Bill 6, if passed, include stronger language to require that the parole board consider information provided by probation and parole officers prior to a decision being made to release a client on parole.

Finally, POAO supports that probation officers shall remain direct employees of the Ministry of Community Safety and Correctional Services and, further, that the duties and responsibilities of a probation and parole officer, as set out in section 142 of the Correctional Services Transformation Act, remain the responsibility of probation and parole officers. Similar to the operation of correctional institutions, POAO would like to see Bill 6, if passed, prohibit the ministry from entering into a contract or agreement to have—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Ms. Christine Beintema:**—probation and parole supervision operated by a private, for-profit entity. Thank you very much.

**The Acting Chair (Mr. Bob Delaney):** Thank you. We'll begin our rotation with the NDP: Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you so much for being here today. I appreciate it. Two questions; one for you, Chris. You touched on the challenges in providing services to clientele in rural and remote areas. Can you give the committee some idea of what the disparity is in terms of resources for P&P officers in urban areas versus northern areas? What does that reality look like on the ground?

**Mr. Chris Podolinsky:** Well, as everyone knows, Ontario is very big. When we think of it, we always concentrate on the populous areas, which is basically the GTA and beyond, in the tail end of Ontario, but it's actually a massive province. People who live in, say, Moosonee or Sioux Lookout—their jobs are very different. They have fly-in communities. The winter conditions are very extreme. They don't have adequate vehicles for those conditions. To get to fly-in communities, you may need an overnight trip. It's the same workload that the urban workers are getting, but now you have to add in the travel on top of that.

One of the pieces of equipment they don't have is—they have cellphones but they're antiquated; they're not modern cellphones. Given the technology now, it would

be helpful to have them with GPS and an ability to communicate better. That was a particular issue for some of the probation officers in remote areas.

**Mr. Taras Natyshak:** Okay; interesting. Christine, your last sentence, I think, is a cautionary tale for this committee to raise awareness about the potential of privatizing these important front-line services. Tell me where you've seen that happen and what the effect has been of outsourcing community support and probation and parole officers in other jurisdictions, whether they be in Canada or around the world, and why you're warning us that that shouldn't happen here in Ontario.

**Ms. Christine Beintema:** I'm not sure about around the world, but I can speak to how some of the pieces of our role are already being moved—and we're seeing it more so with our youth officers, but also with our adult officers—onto other stakeholders in the community. They aren't trained in the same way that we are. We are experts in risk assessment when dealing with the corrections population. We know what our clients require, and we have specific tools that help us to determine what our clients require. By moving that outside, you're taking away—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Ms. Christine Beintema:** —not only the role that we have but our ability to ensure that the proper steps are taken.

**Mr. Taras Natyshak:** There is an increasing administrative burden on probation and parole officers, each and every day, with higher caseloads. Tell me how that affects your ability to deliver those services.

**Ms. Christine Beintema:** It limits our time to putting fires out. While that is absolutely—

**Mr. Taras Natyshak:** Does it compromise safety for our public?

**Ms. Christine Beintema:** Absolutely. It compromises our public safety because we're putting out the most high-risk situations. However, there's only so much time in a day to do that.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much.

**Mr. Taras Natyshak:** Thank you so much for being here.

**The Acting Chair (Mr. Bob Delaney):** Mr. Potts?

**Mr. Arthur Potts:** Thank you, Chris and Christine, for being here today and for your presentation. My friend Paula Teeter was a youth worker in the system, and recently retired. She used to talk a lot about the work that she did, and I've got some familiarity. It's a very complex task. That's why I very much appreciate the work that you do.

Under the new bill, as you know, we're prioritizing this upfront assessment as people come into the system. Can you talk about how that might assist in your relationships as you start to create them with people who are then ultimately going to be released and enter your care? Maybe Chris could?

**Mr. Chris Podolinsky:** Yes, I think it would be a good step. I can compare to the youth system, where the youth probation officers are the case managers from day one of entry into the system. I would like to see the system move to include adult probation and parole officers from the point of entry. I think what happens is if you have a case manager planning in the institution without consulting with the probation officer, once that client is released into the community there could be a disconnect. I think someone has to be the point person directing the services that are appropriate. You can't have someone being released and then going to a probation officer and have a completely different plan, so I think we would need to be involved right at the outset.

Of course, it would take some work and some changes to the system, but I think it has been—again, in the youth ministry, in the cases where I have made a relationship early on with clients who have been in long-term, it has been very effective. You have time to get the housing and services in the community established. That's what I would like to see if they move to that case management model: that we are involved earlier in the process.

1530

**Mr. Arthur Potts:** Maybe just a little clarification: How involved are you as probation officers? You establish the relationship with someone who is inside. With these decisions, for a lot of segregation issues, are you consulted? You know how that will impact their ability to get back into society afterward. Are you called upon to assist in those assessments?

**Ms. Christine Beintema:** From an adult point of view—I can speak for myself. In Chatham specifically, we work with the South West Detention Centre and we have some excellent discharge planners there who are involved from step one. I can see that transition in my area working very well, because we work very well with them already. We communicate with them, they'll send us plans, we can respond, and we're working with our clients while they're in custody.

However, representing the province, I've heard of other areas where that doesn't work so well. That's not speaking negatively specifically of discharge planners or probation officers, but the process itself—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Ms. Christine Beintema:** —is not set up properly to be able to facilitate that.

**Mr. Arthur Potts:** Would you share John Godfrey's and that group's view that we should remove segregation entirely in order to facilitate better movement back into the community?

**Ms. Christine Beintema:** I don't know that I can speak to that specifically.

**Mr. Arthur Potts:** Fair enough. Thank you very much.

**The Acting Chair (Mr. Bob Delaney):** Thank you. Mr. McDonell.

**Mr. Jim McDonell:** Yes, thank you for coming out. You mentioned that you see a minimum requirement

being a degree in social sciences. Are there a large number of the current officers who would have that degree, or is that kind of a—

**Mr. Chris Podolinsky:** At present, they all have that degree at minimum from a university. Political science, sociology, criminology, any in that field is what we support as the minimum standard.

**Mr. Jim McDonell:** You deal with the inmates who are being released, I guess, on parole. Do you have the facilities you need? Are there enough satellite offices? I know in Cornwall, they spent a fair bit of money retrofitting part of one of the offices they were in, but then never moved in. We kind of wondered about that, why you'd spend that money. Obviously, they needed the facility at one time, but it just didn't appear.

Lacking facilities, lacking resources—

**Mr. Chris Podolinsky:** Just to clarify, are you pointing to facilities within the institution? Like, is there space for us at the detention centre or is that in the community?

**Mr. Jim McDonell:** Well, generally, I wouldn't think you're part of the detention centre. You have your own locations where you're off-site, I would think.

**Ms. Christine Beintema:** There are some of us who work within the institution in certain areas. There are certain probation offices that don't have an institution connected with them in the community.

I think that we—a number of us, at least—have adequate office spaces and buildings. There are definitely concerns with safety—the safety in our offices and the lack of safety measures being taken within offices—but with the actual spaces themselves, we have adequate spaces. What we require is more staffing to be able to handle the administrative pieces of our job so that we can spend the time with the clients and reduce their risk in the community.

**Mr. Chris Podolinsky:** I would add to that, too. It really depends on the area. In the urban areas, the cities, there are adequate offices. But as you get to more rural locations, a lot of us have agreements with police forces, that we can use their space. Ideally we'd have our own. Those agreements are in place, but there are probably some areas where you have to make other arrangements in the community.

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Jim McDonell:** In our area, Cornwall doesn't have a jail. The closest would be Ottawa or Brockville. That's why their own facilities are being set up.

Any other comments you'd like to make about issues with this bill that you need changed?

**Mr. Chris Podolinsky:** We have submitted some recommendations, as far as section 142, that pertain to probation officers. That has been submitted to the committee yesterday.

**Mr. Jim McDonell:** Okay. Well, thank you for coming in.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much for your time, your brief today and your thoughts.

**Mr. Chris Podolinsky:** Thank you.

**Ms. Christine Beintema:** Thank you for having us.

MR. CHRIS JACKEL

**The Acting Chair (Mr. Bob Delaney):** Our next rescheduled presentation on behalf of Chris Jackel, who is listed as your 3:30 presentation, will be presented by Mr. Monte Vieselmeyer, who is still in the room. If you would please come back up again. This is where I came in as Chair, so there's a sense of déjà vu.

**Mr. Monte Vieselmeyer:** Thank you for allowing me to take over for Mr. Jackel. Unfortunately, he was called away, but I think his points are important as well. So I appreciate that.

**The Acting Chair (Mr. Bob Delaney):** Start all over again by introducing yourself on behalf of Mr. Jackel, and you have five minutes for his presentation.

**Mr. Monte Vieselmeyer:** My name is Monte Vieselmeyer—

**Mrs. Liz Sandals:** And you're not Mr. Jackel?

**Mr. Monte Vieselmeyer:** I am not Mr. Jackel. I'm a much better-looking version. Hopefully, he'll see that.

Mr. Jackel has been a correctional officer for 24 years. On his behalf, I'm going to read it, since I don't have a printed-out copy; I apologize for that. Basically, what he wanted to share with you—most of these points get into more of the nitty-gritty of the bill and some of the legislative pieces.

“First and foremost, this legislation also fails to address staff safety”—

*Interruption.*

**Mr. Monte Vieselmeyer:** Thank you. This is better than my phone. I appreciate it.

“First and foremost, this legislation also fails to address staff safety. The ministry often expresses staff safety is high on their priority list; however, nothing in their actions or legislative amendments addresses this. Correctional staff members are assaulted at a rate of almost two staff members per day” across the province.

“On 85(1)—use of force—of schedule 2: Currently, legislation permits staff to use force to (a) enforce discipline and maintain order within the institution; (b) defend the employee or another employee or inmate from assault; (c) control a rebellious or disturbed inmate; or (d) conduct a search.

“However, with the ministry's proposed legislative amendments to 85(1), they are proposing a deletion of the legal ability to use force to control a rebellious or disturbed inmate. Eliminating this greatly reduces staff's legal ability to manage risk and will place staff and inmates at greater risk of assault and/or injury. Furthermore, having this removed will lead to further escalations with the inmate population, which in turn will lead to increased assaults against staff and/or ICIT deployments,” which are a specialized team.

“Additionally, Bill 6 85(1) proposes that force can be used to avoid an ‘immediate’ threat to discipline and order within the institution or to defend a person from

‘immediate’ assault, the contentious word being ‘immediate.’ Immediate, by definition, means ‘occurring or done at once; instant, or instantaneous.’ Taking this word into context with using force, if passed, means that staff will not be permitted to use force to defend themselves until the assault has occurred.”

Section “85(1) must be amended to reintroduce using force is legally permissible to control a rebellious or disturbed inmate and have the word ‘immediate’ removed.

“On 100(1)—routine search in certain circumstances—of schedule 2: The current proposal under section 100(1) limits or restricts the ability to perform strip searches on the inmate population. While we recognize that strip-searching is redundant in some local institutional standards, the need to conduct strip searches in routine and non-routine scenarios remains a requirement to assist in inmate and staff safety.

“As an example, it is current practice that when a living unit is searched out of routine, the inmates in that living unit are subsequently strip-searched. The current proposals under subsection 100(1) of the bill state that, ‘The superintendent of a correctional institution may authorize a routine strip search of an inmate to be carried out to ensure the security of the correctional institution or the safety of persons.’

“The word ‘may’ limits the ability to perform strip searches while searching a living unit.

“Limitations of routine searches create significant safety concerns for staff and inmates alike. Searching living units without having the ability to strip-search inmates renders the search pointless. Often, the inmate population is fully aware that a search is imminent. Contraband is then concealed internally. The absence of routine strip searches facilitates an inmate’s ability to conceal contraband even easier on their person. This will only serve to allow contraband to move easier within each institution and lead to lapses in overall safety and security. In an era of opioid overdoses/deaths and make-shift weapons inside our institutions, we should not be taking a step backwards. Instead, the ministry should be strengthening its position on strip searches as well as enhancing and supporting the use of other methods including the implementation of institutional search teams, institutional security teams and full use of body scanners and other technology.

“When a routine/non-routine search of a living unit is conducted, Bill 6 100(1) needs to be amended to state that the inmates ‘will’ be strip-searched.

“On 104(1)(2)—communication searches—of schedule 2”—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Monte Vieselmeyer:** “The current proposal ... restricts the ability to inspect and read incoming and outgoing mail” of “an inmate.” Again, we feel this should be amended such that they will be able to search mail.

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“Conclusion: Legislative changes will also translate into increased operational pressures; thus, the only

opportunity for success lies in renewed investment in staffing levels and infrastructure. Many of our smaller and older institutions won’t see the effects of many of these legislative changes due to aging infrastructure. The extent to which this would lead to two separate tiers of service delivery should be considered.

“We propose that the minister continue to work with the union”—

**The Acting Chair (Mr. Bob Delaney):** Thank you. We’ll start our rotation with the government side: Ms. Wong.

**Ms. Soo Wong:** Thank you very much for your presentation. Can we have a copy of what you just shared with us so that when I go through—it’s here somewhere; right? Okay.

I noticed that in your remarks on behalf of Mr. Jackel, much of your presentation focused on the issue of safety. Am I correct?

**Mr. Monte Vieselmeyer:** Correct; absolutely.

**Ms. Soo Wong:** I’m correct. Okay. So I heard that correctly. And then second, I know the government is committed to continuing to work with front-line staff, in this case Mr. Jackel. I believe he is the head of the correctional bargaining unit; right?

**Mr. Monte Vieselmeyer:** Yes. He’s also the vice-chair on my provincial committee.

**Ms. Soo Wong:** In your group, okay.

**Mr. Monte Vieselmeyer:** Yes.

**Ms. Soo Wong:** I would like to hear from your group, then, on his behalf, in terms of key priorities when it comes to the regulations—because we’re going to be bringing in regulations—as they pertain to safety. Can you share that with us?

**Mr. Monte Vieselmeyer:** Well, regulations are an important aspect because if it’s in legislation, obviously there is difficulty in changing it.

**Ms. Soo Wong:** Exactly.

**Mr. Monte Vieselmeyer:** The minister and her staff have shared with us that some of the things will be put into regulations so it will give us a greater opportunity to address the operationalization of certain aspects within our work sites.

Do you want me to get into specifics?

**Ms. Soo Wong:** Yes. Because time is limited, just give us a couple.

**Mr. Monte Vieselmeyer:** Just in regard to the point Mr. Jackel raised in regard to the use of force, we’ve had this language in there for as long as I can remember, but again, there are important words that are put in there so that we have all the legal means. It’s a tool for us to make sure that we’re within our legal avenues. Right now, the litigious state of corrections and the number of lawsuits—we need to make sure that our staff have the legal authority to carry out their duties safely.

That safety is not just for the staff; that also is for the inmate population. If we can’t control the inmate population, the assaults—like I mentioned earlier about the assault on the inmate in Ottawa who is right now, unfortunately, brain-dead and will probably be passing

away shortly. We need to be able to control that, so having that use-of-force aspect.

Further, a tool for us is strip searches. Again, as mentioned in regard to the opioid crisis, I've had an opportunity to sit in on a couple of conferences, and right now they're telling me that the numbers are going to continue to rise through 2025. What we're seeing in our communities is reflected tenfold in our institutions. In Hamilton right now, they're doing—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Monte Vieselmeyer:** —a coroner's inquest on nine inmates who have passed away through overdoses and so on.

Again, we don't want to take a tool away from our staff which helps us keep the inmate population safe and also the staff safe through that same tool.

**Ms. Soo Wong:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Mr. McDonell.

**Mr. Jim McDonell:** You're saying that right now under the legislation, if there's a need to search a room for whatever, you don't have the ability to basically search the inmate?

**Mr. Monte Vieselmeyer:** The reference is more to what we call a strip search. We have different levels of searches. We can do a frisk search, which is a quick patting down of the inmate. But for strip searches, obviously, we have them remove all their clothing and make sure they're not hiding any contraband. Especially with the drugs and weapons that we're seeing—because we're seeing increased assaults on staff, but also on the inmate population, and the overdoses and stuff. We need to be able to have a tool to limit the inmates being able to move around, whether it be drugs or weapons.

**Mr. Jim McDonell:** You also say there is some restriction on opening parcels that are coming through?

**Mr. Monte Vieselmeyer:** Correct.

**Mr. Jim McDonell:** If you really want to get serious about the stopping of drugs getting through, parcels should be a red flag—or even a letter. Some of these drugs are very minute in size. They can be hidden on your body, and they can certainly be hidden in a package.

**Mr. Monte Vieselmeyer:** I had a presentation from an officer from the Victoria police in British Columbia, and basically 100% of fentanyl and carfentanil is coming across from China. Because of the small amounts in dosage, they can put it in packages, and there is no way our mail system can catch every one of these packages.

This is also coming into our institutions unless we have the appropriate ability to monitor and catch those packages. We are looking at different ways of doing that, but we need that ability. Also, within the wording of those letters, sometimes there are threats against—you know, if an individual is in for assaulting a spouse, there may be continued threats in there. So we need to be able to monitor that they're not continuing their crime while they're within jail, if you will.

**Mr. Jim McDonell:** So you talk about the lack of ability to use force for a rebellious inmate. What are you supposed to do if you've got somebody who is rebelling or refusing to co-operate? What would they expect you to do?

**Mr. Monte Vieselmeyer:** I know what my training and my 27 years of experience would tell me to do, but quite often—and what's unfortunate, sometimes—I have the opportunity to sit in when some of our members are actually—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Monte Vieselmeyer:** —in a court setting, and when the crown prosecutor is saying, "You should back out of that situation," well, when you're in a living unit with 30 or 40 inmates and you basically have concrete and steel walls, you can't back out of a situation. You need to deal with it.

**Mr. Jim McDonell:** Okay. Thank you.

**The Acting Chair (Mr. Bob Delaney):** Mr. Natyshak.

**Mr. Taras Natyshak:** Thank you, Mr. Vieselmeyer, again, for being here on behalf of Mr. Jackel. Before I start, I didn't get a chance—my colleague Jen French was anxious to pitch some questions to you, but I wanted to thank you and thank your colleagues and Mr. Jackel for the work that they do every day. You reminded this committee that you are officers. You are sworn officers with a duty to uphold the law and to protect our communities, so I think it's important to reinforce the message of what you do each and every day. Of course, today is a day for us to identify the challenges that are posed for you and your colleagues to be able to do that safely for our communities. So thanks for being here again today.

Have you had a legal opinion on the "immediate threat" designation, under the use of force? So has a lawyer told you what that change means in terms of liability for you and your colleagues?

**Mr. Monte Vieselmeyer:** We have had discussions with our legal representation for our union. Again, that's why we've raised this as a flag, that the term "immediate"—again, who is determining what "immediate" looks like?

**Mr. Taras Natyshak:** Is that a fist a second away from your nose or is it a foot away from your nose?

**Mr. Monte Vieselmeyer:** I don't know. I'd probably have to go to the Supreme Court of Canada to have that defined, but you know what? I don't want to go to the Supreme Court of Canada, because I am the one who is the front-line worker, along with my fellow co-workers. I am not going to wait for a legal decision to say what "immediate" is.

**Mr. Taras Natyshak:** I wasn't in the room, but my colleague Jen French had mentioned that, in your previous testimony, you mentioned that in your 27 years of experience, you have never had mental health training.

**Mr. Monte Vieselmeyer:** Initially, when I started, but not since I've started.

**Mr. Taras Natyshak:** So your mental health training is 27 years old.

**Mr. Monte Vieselmeyer:** Yes.

**Mr. Taras Natyshak:** And do you think times have changed since then?

**Mr. Monte Vieselmeyer:** Just a little, yes.

**Mr. Taras Natyshak:** Would that be the norm for your colleagues, for COs who are on the front lines?

**Mr. Monte Vieselmeyer:** It's the norm. There was some training put out by the government side in regard to a lawsuit that came out of the Ottawa-Carleton Detention Centre, but it was what we call "mental health 101." It didn't really serve the needs of our members who are dealing with inmates who are in mental health crises. It tells me that an individual may have schizophrenia. Well, I already know that the individual has mental health issues. I need to know what happens when he's in a crisis or when she's in a crisis—

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Monte Vieselmeyer:** —to make sure that they're being dealt with appropriately.

**Mr. Taras Natyshak:** Are you confident or optimistic that Bill 6 provides for the adequate training and the resources to be able to deal with the new norm?

**Mr. Monte Vieselmeyer:** I think it's a step in the right direction. My confidence lies in that we need the ongoing support, and that would be for whatever government is present, or going forward into the future after whatever election.

**Mr. Taras Natyshak:** And support means money?

**Mr. Monte Vieselmeyer:** Resources mean money. Resources mean training. Resources mean infrastructure changes. Again, these individuals are coming back into our communities.

**Mr. Taras Natyshak:** Thanks so much.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much. Thank you, again, for the second time around, and please convey our thanks to Mr. Jackel.

**Mr. Monte Vieselmeyer:** Thank you. I appreciate it.

#### JOHN HOWARD SOCIETY OF ONTARIO

**The Acting Chair (Mr. Bob Delaney):** Our final presentation of the afternoon is from the John Howard Society of Ontario: Michelle Keast.

**Ms. Michelle Keast:** Yes, hi. Can everyone hear me?

**The Acting Chair (Mr. Bob Delaney):** Yes. We can hear you loud and clear. Are we coming through loud and clear on your phone?

**Ms. Michelle Keast:** Yes, I can hear you just great.

**The Acting Chair (Mr. Bob Delaney):** Excellent. I hope you didn't have too long of a wait on the phone.

**Ms. Michelle Keast:** No, it wasn't; it was great.

**The Acting Chair (Mr. Bob Delaney):** Okay. So the ground rules are that you will have five minutes for your presentation, and I'll give you a 30-second warning toward the end. Following your presentation, there will be three rounds of questioning, one by each party, which will begin with the Progressive Conservatives. Please begin by introducing yourself for Hansard, and it's now your time.

1550

**Ms. Michelle Keast:** Thank you. It's Michelle Keast. I'm the director of the Centre of Research, Policy and Program Development with the John Howard Society of Ontario.

The John Howard Society of Ontario, or JHSO for short, would like to thank the members of the Standing Committee on Justice Policy for the opportunity to comment on Bill 6. Just briefly by way of background, JHSO is a justice organization advancing the mission of effective, just and humane responses to crime and its causes. At the provincial level, we undertake research and evaluation work, resulting in leading-edge reports and public education material. We also develop evidence-based policy positions and advance those positions to government and other organizations.

Over the past year and a half, JHSO has been fortunate to consult with the government on provincial corrections reform. We've made submissions to Howard Sapers's review of segregation and corrections. We've had a very meaningful relationship with MCSCS regarding the development of Bill 6. They've listened to our concerns, our priorities and our ideas on implementation, accountability and transparency. Last summer, JHSO made a lengthy submission on necessary legislative reform and has since had a number of follow-up meetings with policy staff at MCSCS.

We also chair a coalition called the Correctional Health Care Coalition. This group has attended consultations with Howard Sapers and MOHLTC concerning health care in provincial institutions. This group of practitioners and health care experts made a detailed submission last summer highlighting critical issues and some legislative and policy ideas to address deficiencies in the provision of health care in corrections.

All of this is to say that we've been actively engaged and closely following the progress of the bill.

In our opinion, Bill 6, if passed, represents a critical moment which would make fundamental changes to corrections in the province, and we support it. There is much to applaud in this bill. Many of Mr. Sapers's recommendations were included. There are important new provisions on segregation which conform to international standards, there are crucial new oversight bodies proposed and there are many important principles through which the bill's provisions will be interpreted.

We do not, however, see the bill as a panacea to all issues confronting Ontario's criminal justice system. There are bail, sentencing, police and health care issues which ultimately have implications for correctional populations and the functioning of Ontario's detention centres and jails. There are a large number of Ontarians excluded from social, health and economic systems. There are intergenerational effects of colonialism and systemic discrimination in multiple systems. Our criminal justice system, including our prisons and jails, concentrate very vulnerable, marginalized and racialized populations.

The goal should not be a system that accepts this status quo. Rather than a correctional system that has the

best screening and treatment for mental health issues, we should ideally have a system that prevents these people from coming into contact with the criminal justice system in the first place.

This leads to our first point: the importance of a concerted vision and framework across a number of different ministries. Some examples of discrete issues include correctional health care, continuity of care and discharge planning, either from correctional institutions or from courts. Without a broad vision, we fear that important outcomes flowing from the enacted law and regulations could ultimately be undermined.

This point on the need for a broad vision and framework leads to a second point: We do not see the bill as an outcome, but rather as something that will hopefully lead to important outcomes. The new segregation discharge planning provision and the new oversight mechanisms are crucial new frameworks established by the bill.

Partly underscoring the success of these provisions and new mechanisms in achieving outcomes, however, are other crucial requirements, such as robust data systems to collect, analyze and share information both internally and publicly and create standards or quality measures; resources for the panel's inspectorate and ensuring they function as intended; resources for service providers to effectively assist in discharge planning and community corrections; and resources for correctional staff to be able to effectively ensure safety, well-being and implementation. We believe the government understands these issues as crucial pieces to long-term reform.

A third point concerns the regulations. Many of the regulations will be fundamental to the principles or outcomes underlying the bill. For example, one of the regulations will have to clarify what is meant by the term "socialization" for people who are segregated.

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Ms. Michelle Keast:** The definition will be crucial to the operation of segregation provisions. The regulation creates institutional-level exemptions from segregation provisions which could last up to 10 years. We are concerned by the length of the exemptions.

In 2017, we made a submission to the government capturing key issues around health care, including clinical independence, continuity of care, privacy, consent, improving standards and, ultimately, the transfer of correctional health care from MOHLTC.

**The Acting Chair (Mr. Bob Delaney):** I'm sorry, Ms. Keast; I'm going to have to stop you there.

**Ms. Michelle Keast:** Okay.

**The Acting Chair (Mr. Bob Delaney):** Our first round of questions will begin with the PC side: Mr. McDonell.

**Mr. Jim McDonell:** Do you want to continue on?

**Ms. Michelle Keast:** I just have a couple quick little comments.

**Mr. Jim McDonell:** Sure.

**Ms. Michelle Keast:** We think the development of quality measures and standards of correctional health care, as many other jurisdictions have done, are needed in

Ontario. The bill's vision of better health care outcomes must be tied into changes at the policy level and co-ordination between MCSCS and MOHLTC.

Just one last gap that we want to highlight: The bill covers discharge planning from correctional institutions but does not address the critical issue of release from court, so sometimes people are being released from courts without their health cards, identification or medication.

In closing, we see Bill 6 as fundamental and foundational. There are many important principles, and we see that it really is an opportunity to create important new oversight bodies. We recognize this significant opportunity and strongly support the passage of Bill 6 into law.

Thank you very much.

**Mr. Jim McDonell:** You mentioned that many of Mr. Sapers's recommendations were approved. Are there any key ones that were omitted and you're recommending should be included?

**Ms. Michelle Keast:** I would have to go back and look at our detailed submissions to see if we noted if any were omitted that needed to be included, but I don't think so. I think that the bill has done a good job of including his key recommendations and, really, the spirit behind his findings and the analysis and recommendations within his report.

**Mr. Jim McDonell:** You talked about the need, and we've heard this numerous times, of having health care as part of the Ministry of Health.

**Ms. Michelle Keast:** Yes.

**Mr. Jim McDonell:** That's something we've heard a few times today. Anything else you want to add?

**Ms. Michelle Keast:** No. That is really an important piece. In our Correctional Health Care Coalition, the main reform initiative was, and continues to still be, the transfer of correctional health care from MCSCS to MOHLTC. I think that that's a very important piece that still needs to be explored more.

**Mr. Jim McDonell:** Thanks for all the work that you do, and thanks for appearing today.

**Ms. Michelle Keast:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much. To the NDP for their rotation: Mr. Natyshak.

**Mr. Taras Natyshak:** Thanks, Ms. Keast. It's Taras Natyshak with the NDP.

The submission that you presented is in line and consistent with much of what we've heard today from other deputants—the Schizophrenia Society of Ontario, the Canadian Civil Liberties Association and CAMH. I think your message reiterates some of the points that I hope the government takes into consideration.

I'm going to waver from the bill a little bit and touch on a macro issue that I think contributes to the large population of those entering into our justice system, in that the supports in community for mental health and addictions are not adequate to address the needs that are out there. Would you agree with that statement?

**Ms. Michelle Keast:** Yes, I think more can definitely be done at the front end to target these populations and identify these populations, hopefully, before they come

into conflict with the law. That would be ideal, to keep them out of the system.

**Mr. Taras Natyshak:** That's the goal, right? That should be the goal.

**Ms. Michelle Keast:** Yes.

**Mr. Taras Natyshak:** Thanks for that. I had to lead with that because I wanted to get it into the record, for the sake of the committee and my colleagues and those who are in the building right now.

I received a text this afternoon at 1:24 p.m., and I'm going to read it. I'm going to protect the name of the individual who sent it to me, but if you'll indulge me, it said:

"Hi, Taras. This is"—we'll call her Jane. "I'm not sure if you remember me and my son who was waiting for addiction treatment. Six months ago, he went into" a certain place "for treatment, and just came home on Sunday. I have to tell you with excitement that he has completed the program and has a healthy mind and body and has goals. He was doing talks in schools on mental health and addictions. He has a job working in a factory for the summer and is applying to university to be a social worker because now he wants to help others in the same situation. I know it will be a struggle for him for his entire life, but now he is doing well. Thank you for your hard work in changes to mental health and drug addiction."

I could not have received a better text, I think, in my life or in my career. I read that into the record for the benefit of the members of the committee to understand that those investments have to be made because they work. They work to put people on the right path toward rehabilitation and end the vicious cycle of entering into the system in the first place.

**The Acting Chair (Mr. Bob Delaney):** About 30 seconds.

**Mr. Taras Natyshak:** I want to thank you for your indulgence. If you have any comments on that, you've got 30 seconds.

**Ms. Michelle Keast:** No, I thank you for sharing that story. It's always great to hear those. It's heart-warming. But for every story like that we hear, we also have a number of family members of loved ones calling our office, saying, "How do I get services? My son or my daughter is in and out of the justice system and I'm struggling to get them connected to the programs and services they need," or there are significant wait times within the communities. For every good story, there are—

**Mr. Taras Natyshak:** Too many bad ones.

**Ms. Michelle Keast:** Yes.

**Mr. Taras Natyshak:** Thank you so much. That was great.

**Ms. Michelle Keast:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Our last word of the day will go to the government side: Ms. Wong.

**Ms. Soo Wong:** Thank you very much for your presentation. This is Soo Wong. I'm the parliamentary assistant to the minister.

I just want to let you know that numerous witnesses who came before this committee today have asked the government to move out the health and mental health piece of correctional services to the Ministry of Health and Long-Term Care. I wanted to say thank you for your continued support for that particular piece of the initiative.

I also wanted to say thank you for your advocacy work in terms of the John Howard Society, in terms of leading the way in some of the reintegration of the inmates coming back into community.

I wanted to ask you: In terms of the proposed legislation, what can we do more of to ensure the success of this reintegration? If the legislation is passed, what can we do more of in terms of reintegration for the inmates back into the community?

**Ms. Michelle Keast:** Thank you. Discharge planning is such an important piece that I think gets overlooked. It really needs to happen right from the beginning. We can't be waiting until a month before someone is getting released, or even sometimes a week or a day before someone is getting released, to figure out what their discharge plan is going to be. That plan needs to be a process.

I'm speaking for sentenced people, but the other piece we need to be thinking about is individuals who are on remand, which we know is over 60% of the population that is incarcerated in Ontario. Those individuals who are on remand: They can be discharged at court and have no plan in place. Like I said, they can be discharged without any sort of transportation or money, or without any of their personal belongings. That's unfortunately one aspect that the bill does not speak to, those discharges from court.

I think discharge planning is very important for reintegration, and then that continuity of care and those warm referrals from the institution to community agencies are important and also reflect the ideas that we're promoting in terms of continuity of care in health care from the institution back into the community.

**Ms. Soo Wong:** Okay. Thank you very much, again, for all your good work in your organization.

**Ms. Michelle Keast:** Thank you.

**The Acting Chair (Mr. Bob Delaney):** Thank you very much, Ms. Keast.

Committee members, this concludes our hearings. I would like you to note, however, that the scheduled 4 o'clock hearing for Nikki Browne was cancelled. As well, the scheduled 4:30 deputation, the End Immigration Detention Network, was cancelled.

With that, unless there is further business, we are adjourned.

*The committee adjourned at 1603.*





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