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VIA EMAIL

Alberta Justice and Solicitor General
Legal Service Division
9th Floor, Peace Hills Trust Tower
10011 109 Street
Edmonton, AB T5J 3S8

Attn: Abid Mavani
Fatality Inquiry Coordinator
Dear Sir

**Re: Fatality Inquiry of Curtis Hill
Response to Recommendations of Judge Dixon**

Thank you for your letter of September 16, 2021. I have reviewed the report and recommendations of Justice Dixon dated August 31, 2021 with my client. Below please find the response of the Custody Operations Branch.

Judge Janet Dixon made three recommendations directed at Alberta Correctional Services in the public fatality inquiry into the death of Curtis Hill.

Note that since the release of the Judge's report, the Ministry of Justice and Solicitor General has undergone a re-organization. Adult Centre Operations Branch (ACOB) joined with Young Offender Branch to form a new entity, Custody Operations Branch (COB). Instances of ACOB in this response have been changed to COB.

- 1. The Edmonton Remand Centre management staff develop Standard Operating Policies (sic) for inmate cell and level assignment and re-assignment within a Unit incorporating similar risk management and inmate management considerations as are applied to Unit classification.**



The classification and placement process is guided by the Placement Assessment Tool, which includes screening for declared incompatibles at an inmate's admission to the centre. This process provides allowance for general placement on living units in accordance with any unit designations set by the Edmonton Remand Centre (ERC). Decisions with regard to specific cell placement once the inmate has arrived on the unit are made at the discretion of the assigned unit officers. Through this process, the ERC rests on the assumption that the inmate's placement on the appropriate living unit is fitting and that cell placement, where available or deemed feasible, is acceptable.

The Fatality Inquiry Report stated that "assignment of an inmate to a cell or level within a living unit is not subject to any oversight or policy and was at the discretion of the CPO on duty at the time of arrival."

- Inmate management at the ERC is founded on principles of direct supervision. This empowers Correctional Peace Officers (CPOs) to make decisions on daily and routine matters, including assignment of inmates to tiers or cells. Each living unit is under the supervision of a Pod CPO3 (supervisor) and Pod Assistant Deputy Director (manager). It is incumbent on these respective roles to be a consistent presence and provide oversight in matters of general unit management. Through direct supervision, frontline officers typically maintain a respectable sense for population dynamics, and subsequently make cell assignment decisions around their feel for where a particular assignment makes the most sense given the composite of the population at the time.

The Fatality Inquiry Report also indicated "there is a gravitation of inmates within a unit to the most remote cells".

- To the observation of Judge Dixon regarding "gravitation," CPOs, as opposed to the inmates, hold authority as to which cells inmates are assigned. Inmates may approach CPOs to request relocation to a different cell. Where this is the case, CPOs are to question the reason for the request, and if logical (e.g. cell mate snores and requestor has been unable to sleep), a move may be effected. To this end, the ERC has strengthened Standing Operating Procedure 6-1.1B SC, Centre Rules and Regulations to state:

32. Staff shall not normally permit inmates to change cells without a reasonable rationale to do so. Where a request for a cell change appears reasonable, and it is in turn allowed, staff shall enter a case note to this end.

Though ERC has made the noted amendment to Standing Operating Procedures, COB will not be instituting widespread risk management processes for individual cell and/or level assignment incorporating similar risk management and inmate management considerations as are applied to living unit classification. COB does not accept this recommendation.

2. The Edmonton Remand Centre management undertake a comprehensive review of the risks associated with the PASS mode of the Electronic Detention Monitoring and



Control System to enhance the safety of inmates including consideration of the following risk management strategies:

The ERC maintains an operating procedure that requires that cells be locked at all times with exception of a five-minute window on the half hour to permit an inmate's access to own cell. Entering a cell other than one's own is prohibited and may result in disciplinary action.

ERC Standing Operating Procedure 6-1.1C, Security Procedures, Security and Control, Day Shift – Unit Routines* speaks to ERC process:

6. During program hours when the unit is not on lock-up, cell doors shall be placed on the "PASS" function. This is to allow inmates access to exit their own cell but will require the living unit officer to unlock the cell for re-admittance. All cell doors are to remain closed. Cell doors shall be opened on the half hour to allow inmates to enter their cell or to facilitate the use of their washroom. Inmate shall be prohibited from entering cells that they are not housed in.

*the same SOP process is included in the Afternoon Shift Unit Routines (6-1.1D)

a. Providing additional staff to monitor the EDMCS when in PASS mode;

The ERC does not see the implementation of additional staff to monitor the EDMCS as advantageous in any way. It remains responsibility of ERC unit officers to ensure that cell doors remain locked and that inmates are directed away from loitering in front of cells other than their own if they appear intent on entering the cell. Where there is concern or suspicion with respect to unauthorized entry into a cell other than their own via use of the PASS mode, staff have the discretion and ability to disable the PASS mode for the specific cell or any number of specific cells. COB does not accept this recommendation.

b. Making changes to the physical structure of the units to enable inmates to access toilet facilities without returning to their cell; and, or

This recommendation has significant cost implications due to reconfiguration of the physical plant to accommodate a change of this nature. There are no plans or dedicated funding to change the infrastructure design of the building at the present time and as such, the recommendation is not accepted.

c. Providing additional staff to ensure the capacity for a continuous presence on the Unit as required by current policy

This recommendation is not necessary as the ERC has a staffing pattern that allows for the presence of two officers on the unit anytime that the inmates are out of cell. This is achieved by the use of Pod floats, whose role is to provide cover off or support for the standard compliment of two officers.

3. Corrections management ensure that Correctional Peace Officers,



a. receive mental health-related education and training to understand signs and symptoms of mental illness;

COB policy 2-3.6 TD - *Recertification Training* states:

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| 1. | The mandatory officer safety/recertification training will consist of the following content but not be limited to,
...
i) Suicide awareness and protocol; |
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COB policy 9-3.2 MP - *Active Suicidal Identification and Management Training* states:

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| 1. | All correctional peace officers, caseworkers and living unit officers shall receive training on the identification and management of suicidal inmates, incorporated in the Correctional Services Induction Training and through ongoing recertification. |
| 2. | All centre staff responsible for completing the Suicide/Self-Harm Screen form shall receive training on the administration of this instrument. |
| 3. | Training managers shall coordinate suicide assessment training through workshops offered on-site and at the Justice and Solicitor General Training Academy. |

Note that staff attend COB recertification training every three years.

AHS has developed a one page summary of suicide signs and prevention in a correctional setting. COB has asked to be included when this document is circulated annually. The document will subsequently be distributed to operational staff for review.

Additionally, recruits receive a 6-hour mental health lecture facilitated an AHS clinical consultant during Correctional Services Induction Training. The main objectives of this training is to develop recruits' awareness of addiction and mental health issues, differentiate between suicide and self-harm and discuss basic strategies for interacting with individuals struggling with addiction and mental health.

This recommendation is not necessary as COB already provides training on management of mental health issues and training on suicide prevention in a correctional setting.

b. to be better equipped to share relevant observations with the AHS health team;

COB policy 9-1.7 HC - *Health Care Intervention by Correctional Facility Staff* states:

POLICY:

Correctional facility staff shall ensure that information or observations regarding inmates requiring health care intervention is promptly conveyed to Alberta Health Services staff.



This recommendation is not necessary as COB consistently shares medical information with AHS.

c. to be prepared to make referrals of inmates for mental health and other services;

COB policy 9-1.1 HC - *Essential Health Care in Correctional Facilities* states:

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| 1. | The administration and delivery of health services within the correctional facilities requires a collaborative approach between two separate and distinct partners - Alberta Health Services and Correctional Services Division. |
| 2. | Health care practitioners, in collaboration with correctional facility staff, shall utilize a team approach to, |
| a) | Provide emergency care to inmates and staff; |
| b) | Diagnose and treat disease and disability of inmates; |
| c) | Utilize psychological and psychiatric intervention to address mental health issues presented by inmates; |
| d) | Identify, treat and manage the suicidal inmate; |
| e) | Arrange for the provision of optometric/ophthalmologic and dental services to inmates; |
| f) | Provide for the effective distribution and security of medications and medical/dental supplies. |

COB policy 9-3.1 MP - *Mental Health Care in Correctional Facilities* states:

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| 4. | Inmates may request contact with AHS staff through completion of the Health Services Request form or by making a request through a caseworker/living unit officer or agency personnel. |
| 5. | Urgent concerns by agency or centre staff about an inmate's mental health shall be conveyed verbally to AHS staff, and followed up with a memo or referral letter. |
| 6. | Agency and centre staff with non-urgent concerns about an inmate's mental health shall convey these to the AHS staff either verbally or in writing. |
| ... | |
| PROCEDURES: | |
| 1. | Inmates suspected of suffering from a psychological disorder shall be referred to a member of the mental health team/professional as soon as possible. |
| ... | |
| 5. | Appropriate documentation shall be completed in a timely manner and ongoing communication maintained among AHS and centre staff. |

COB policy 9-3.3 MP - *1-Identification, Management of the Suicidal and Psychologically Unstable* states:



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| 1. | All centres shall develop Standing Operating Procedures for the identification, assessment and management of inmates who are actively suicidal, suffering psychiatric disorder and/or psychologically unstable as well as the training of staff in these procedures. |
| ... | |
| 7. | In the event that an inmate has attempted suicide within the past year or during prior incarcerations, |
| a) | The information shall be conveyed to AHS staff for referral to the psychologist; |
| b) | In cases where the inmate is considered actively suicidal or psychologically unstable, |
| i. | an individualized treatment plan will be developed by AHS professionals (health care, psychologist, psychiatrist, where applicable); and, |
| ii. | communicated to correctional facility staff; |
| c) | The treatment plan will be managed jointly by AHS professionals and centre staff. |

This recommendation is not necessary as COB has sufficient policies and practices in place to make requisite referrals to a range of healthcare services.

d. and to consider the potential impact of mental health related behaviours on inmate placement within a Unit.

COB policy 9-3.5 MP - *Mental Health Unit Designation* states:

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| POLICY: | |
| Where facilities and resources permit, a designated mental health unit for inmates shall be provided in each correctional facility. | |
| STANDARDS: | |
| 1. | The designated mental health unit shall be designed and managed to, |
| a) | Support inmates with psychological disorders from harming themselves or others; |
| b) | Prevent other inmates from abusing psychologically disordered inmates; |
| c) | Provide appropriate management and care to psychologically unstable inmates who are unable to maintain a placement in general population. |
| 2. | Placement of an inmate in a mental health unit for mental health purposes shall be in accordance with Alberta Health Services policies and procedures. |

The Alberta *Correctional Regulation* (and reiterated in COB policy 4-1.1 AD - *Admission Process*) states:

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| 9.1 (2) After admission to the correctional institution and based on the information available to the institution at the time, an inmate must be |
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(a) assessed, and
(b) based on that initial assessment, assigned an initial housing placement in a unit, and a security classification, in the institution.

(3) The initial assessment process must take into account, at minimum,

(a) the inmate’s physical and mental health,
(b) any security risk associated with the inmate, and
(c) the inmate’s behaviour,

and, in doing so, must take into account the institution’s capacity to fulfill the purposes of the classification process.

As discussed under recommendation 1, CPOs to make decisions on daily and routine matters, including assignment of inmates to tiers or cells. Frontline officers typically maintain a respectable sense for population dynamics (including potential impacts of mental-health related behaviours), and subsequently make cell assignment decisions around their feel for where a particular assignment makes the most sense given the composite of the population at the time.

COB does not accept this recommendation, as formalizing the same level of risk management to individual cell assignments as is given to mental health unit assignments is an unreasonable administrative burden. Staff assigned to supervise living units exercise professional judgement and consult with Alberta Health Services where necessary in determining cell assignments. This current process sufficiently manages inmate behaviour the overwhelming majority of the time.

My client and I would like to thank Judge Dixon and the participants in this inquiry for their work and diligence on this inquiry.

Regards,

FIELD LLP



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CJP:dt

