

Offender Intake Assessment Audit Report



Performance Assurance Sector
Correctional Service Canada

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Executive Summary

The Offender Intake Assessment (OIA) audit was conducted from January to July 2000 as part of the Performance Assurance audit calendar for 2000-2001. The purpose of the audit was to assess compliance with the CCRA/CCRR and CSC policy relating to OIA operations. The audit assessed all CSC male and women's institutions responsible for OIA, including all institutions in the Prairie region, where the OIA function is decentralized. In addition, a sample of community parole offices was visited in order to assess those aspects of the OIA process that fall under their area of responsibility.

Intake Assessment is a critical part of the case management process and is a determining point at the beginning of the offender's sentence. If not done properly (i.e., if programs are not properly identified, if sentence planning is not appropriate to the specifics of the case, if contributing factors are not accurately assessed, etc.), then difficulties can be encountered further on in the offender's sentence.

In addition, paragraph 8 of SOP 700-4 states that "Correctional Plans are not changed unless there is a significant change in the factors contributing to the offender's criminal behaviour". In light of this, it is essential that the Parole Officer completing the Correctional Plan (CP) has at their disposal all of the critical information needed to assess the case. This includes official documents (police reports, court transcripts, criminal history, etc.) as well as supplementary assessments and reports (Post Sentence Community Assessment, psychological and/or sex offender assessment, results of substance abuse, family violence and educational tests). The analysis contained in the CP and Intake Assessment must clearly identify which factors are considered to be contributing to the offender's criminal behaviour and why, as well as which programs are required to address the offender's risk and needs.

For each of the sites audited, the audit team assessed a random sample of files against procedural requirements. A wide range of staff was also interviewed in order to gain a better understanding of the processes in place and the challenges being faced. In total, the audit team conducted a detailed review of 173 cases and visited 16 OIA facilities, 8 Parole offices and 8 parent institutions (for the purpose of reviewing hard copy files of offenders transferred since the OIA process). Each facility audited was provided with a detailed summary of their results. These were also provided to each Regional Headquarters. District Directors received those sections of the results applicable to community operations.

A numerical scoring system was used to compile each of the regions' results, based on the file reviews and interviews conducted in fourteen of the facilities visited. With respect to the reviews at Fenbrook Institution and the Burnaby Correctional Centre for Women (BCCW), the audit team interviewed staff and collected information, however no scoring was applied. At the time of the audit, these two facilities had had limited involvement in the intake assessment process and were in the process of implementing new procedures. In the case of Fenbrook Institution, there were only two files available for review. BCCW is a provincial facility housing some federal women offenders sentenced in the province of British Columbia. OIA was not part of the exchange of service agreement with this facility at the time of the audit, although SOP

700-4 required that all offenders housed at BCCW would partake in the OIA process. As a result, the audit team examined the process in place at BCCW but did not score the results.

While the audit team found that staff are making a genuine effort to meet the requirements with respect to OIA, there are still several areas where full compliance is not being achieved. Many people encountered during the audit felt that it had been a beneficial experience in contributing to their understanding of the requirements and to stimulate discussion and action as to how improvements could be made at their facility.

The following are the findings of the audit team. Recommendations and action plans to address these findings can be found starting on page 49 of this report.

Summary of Findings

Section 1 - Case Document Checklist (CDC) and Information Collection

Finding #1: In some sites, the information collection process is focused on retrieving specific documentation (police reports, judge's comments, FPS sheets, PSCAs) as opposed to all required documentation.

Finding #2: The audit team found that some information is not being entered into the CDC and subsequently does not accurately reflect hard copy file information. Often, this was due to the fact that roles for entering and following up on information are not clearly defined or understood.

Finding #3: Court documents, police reports and post-sentence community assessments are available prior to the completion of the Correctional Plan, 88% of the time or greater. Difficulties are being encountered, however, in obtaining pre-sentence reports and FPS sheets in a timely manner.

Section 2 - Preliminary Assessment (PA)

Finding #4: A preliminary assessment was completed in each case reviewed, however, not all were completed while the offender was in provincial custody.

Finding #5: Although immediate needs were assessed and recorded on the preliminary assessment, the appropriate referrals and flags were not always documented on OMS.

Finding #6: Content guidelines for Preliminary Assessments are not being met, particularly with respect to the offender's version of the offence and release plans. The sections requiring the identification of immediate needs are generally well completed.

Section 3 - Post-Sentence Community Assessment (PSCA)

Finding #7: In order to meet the 30-day timeframe, some Post-Sentence Community Assessments (PSCAs) are being locked before the report is completed.

Finding #8: In almost all cases reviewed, a PSCA was requested and completed, however the content generally focussed on the statements made by the contact and there was very little analysis provided by the Parole Officer. In addition, there was rarely any corroboration from official sources of neither the contact's information provided or any additional information for inclusion in the PSCA.

Finding #9: Although some efforts are being made to meet Aboriginal offender requirements with respect to s. 84 of the CCRA, these issues are not being addressed during the PSCA when applicable.

Section 4 - Immediate Needs

Finding #10: Procedures for identifying immediate needs of offenders at the intake assessment unit are not consistent across the country.

Finding #11: Not all offenders are being offered a phone call upon their arrival at the intake facility, as required by policy.

Finding #12: A discrepancy presently exists between CD 800 and SOP 700-4 regarding when the medical examination should be conducted.

Section 5 - Supplementary Assessments

Finding #13: Referrals for Psychological Intake Assessments were done for most offenders in the sample who met one of the criteria of the SOP. However, referrals are not always being documented.

Finding #14: The format and content of Psychological Intake Assessments and Sex Offender Assessments are not consistent.

Finding #15: At many sites, the substance abuse and educational and vocational assessments are being completed on all offenders arriving at the intake unit.

Finding #16: A Spousal Abuse Risk Assessment (SARA) was completed in 83% of cases that met one of the applicable criteria.

Finding #17: Psychological assessments are not always available for inclusion in the Correctional Plan. Fewer concerns were identified with the availability of educational, substance abuse, and family violence assessments.

Section 6 - Security Classification / Custody Rating Scale / Penitentiary Placement

Finding #18: In over a quarter of the cases reviewed, the Custody Rating Scale (CRS) was over-ridden or under-ridden.

Finding #19: The content of Assessments for Decision (A4D) for penitentiary placement and offender security level are not in accordance with requirements.

Finding #20: The decision-making procedures in most facilities were in accordance with requirements.

Finding #21: In six sites, offenders were being notified of their right to make representation. Although interviewees stated that information is being shared with the offender, most files did not contain evidence of this occurring during (or at the end of) the OIA process.

Section 7 - Correctional Plan (CP)

Finding #22: The required timeframes for completion were met for approximately 63% of Preliminary Assessments reviewed, and for approximately half of the Post-Sentence Community Assessments and Correctional Plans reviewed.

Finding #23: The results of supplementary assessments are not always being included in the domain analyses. In addition, where the results are presented, there is often very little analysis of the information by the Parole Officer.

Finding #24: Only 35% of cases reviewed made a clear statement in each of the domains indicating whether or not the factors contributed to the offender's criminality.

Finding #25: Static factor and dynamic factor ratings were assigned according to the SOP guidelines in 74% and 85% of the cases reviewed, respectively.

Finding #26: The motivation level comments provided in 49% of cases reviewed met the content guidelines of SOP 700-04.

Finding #27: With the exception of cases at Springhill Institution, the timeline section of the Correctional Plan was not completed according to policy in most of the sample examined.

Finding #28: In many cases reviewed, the programs identified in the timeline, narrative and program referrals did not correspond with each other or to the needs identified in the domain analyses.

Finding #29: The content of CP narrative varied significantly from case to case and did not often follow the guidelines contained in SOP 700-4.

Finding #30: In general, there was a lack of analysis to pull together all of the information provided and correspond with the programs identified in the Correctional Plan.

Section 8 - Criminal Profile Report

Finding #31: The official version was clearly presented in 84% of cases reviewed.

Finding #32: The analysis of serious harm was in accordance with SOP guidelines in 66% of cases where this was included in the Criminal Profile Report.

Finding #33: There was sufficient analysis of criminal behaviour in 71% of cases reviewed.

Finding #34: 43% of offence cycles reviewed were in accordance with the guidelines in SOP 700-04.

Section 9 - Accelerated Parole Review (APR) / Short-Term Cases

Finding #35: It was generally found that offenders eligible for Accelerated Parole Review (APR) were identified within the required timeframe and NPB notified accordingly.

Finding #36: Community Strategy requests were completed in 81% of cases required by policy.

Finding #37: In the Quebec region, Community Strategies are included in the PSCA and reassessed at the end of the intake process.

Section 10 - Other Issues Examined

Finding #38 - Fenbrook Institution is completing intake assessment for offenders sentenced in Nunavut and is working towards addressing issues particular to this group of offenders.

Finding #39: The audit team found that the Offender Intake Assessment process is not being applied to women offenders serving their federal sentence at Burnaby Correctional Center for Women (BCCW). Furthermore, the current Pacific Region Exchange of Service agreement does not address OIA completion for women offenders.

Introduction

The Offender Intake Assessment (OIA) audit is the first phase of an audit of Institutional and Community Case Management that figured on the National Headquarters (NHQ) Performance Assurance audit calendar for 1999-2000. Given the extent of the case management process, it was decided to break down the audit and focus first on the initial process, that is, Intake Assessment.

According to the Interim Standard Operating Practice (SOP) 700-4:

Offender Intake Assessment (OIA) involves the timely and systematic analysis of significant information and the identification of the critical static and dynamic factors that affect the safe, timely reintegration of each offender. This analysis is conducted through the application of tools and policy guidelines developed specifically for this purpose, in order:

- *To provide a smooth and effective introduction of offenders to the federal correctional system;*
- *To provide offenders with an orientation to the rules, conditions and entitlements in the federal system;*
- *To develop Correctional Plans that provide a succinct description of the critical information required to understand how the offender's sentence is managed from beginning to end; and*
- *To place offenders to the most appropriate institution and to contribute to their timely preparation for safe reintegration.*

The audit focused on all aspects of the intake assessment process from the date the offender is sentenced as a federal offender to penitentiary placement. All community and institutional requirements were examined to ensure compliance in the following areas:

- Information Collection;
- Preliminary Assessments;
- Post-Sentence Community Assessments;
- Immediate Needs and Intake Assessments;
- Supplementary Assessments;
- Security Classification;
- Correctional Plans and Criminal Profiles; and
- Accelerated Parole Review and Requirements for Short Term Cases (community strategy requests).

OIA is a centralized process in four regions. In the Atlantic, Quebec, Ontario and Pacific regions, there is a designated reception institution that is responsible for OIA for all male offenders. The only exceptions in the Ontario region are those offenders from Nunavut, who are transferred to Fenbrook Institution for OIA.

In the Prairie region, Stony Mountain and Saskatchewan Penitentiary have been designated as receiving institutions for the provinces of Manitoba and Saskatchewan, respectively. In Alberta, the Custody Rating Scale (CRS) is completed at the remand centre in order to identify the offender's security level. The receiving institution is then responsible for completing the rest of the OIA. As a result, all institutions in Alberta have an intake function. This was implemented in the fall of 1999 with the desired result of offenders being placed into core programs as soon as possible after the OIA process.

For women offenders, the system is similar to that in the Alberta region. Policy requires that the offender's security level be identified prior to the offender's transfer to federal custody and the receiving institution is responsible for completing the OIA. As a result, all facilities housing women offenders are responsible for completing intake assessment.

Methodology

The approach used to conduct this audit was based on one used by Her Majesty's Prison Service in England. The purpose was to assess the level of compliance with policy and procedures relating to Offender Intake Assessment (OIA). In addition to this measure of compliance, the audit team examined the quality of the content of Post-Sentence Community Assessments, Correctional Plans and Criminal Profiles using the guidelines presented in the Interim SOPs.

Audit results were obtained through OMS and hard copy file reviews. Interviews were also conducted to collect information regarding practices, policy interpretations and resources. Due to the detailed OMS file reviews required to complete this audit, the audit team spent three to four weeks before each site visit conducting the necessary reviews. Site visits consisted of two to three days per facility. The auditing (on-site) phase commenced the last week of February and ended in July 2000.

Sample selection and sites visited

Table #1 below presents the number of cases completed per site, the applicable sample period and the dates each site was visited by the audit team.

While the selection of cases was primarily random, the audit team did attempt to select a sample that was representative of the intake population (eg., offenders receiving a sentence of less than four years, including Accelerated Parole Review cases). In addition, the audit team selected offenders who completed the intake assessment process in the same region in which they were incarcerated (or under supervision) at the time of the audit. This ensured that the file was available to the audit team during their site visits.

Given that planning for the OIA audit commenced in January 2000, a sample period had to be chosen to ensure that selected cases had completed all aspects of the OIA process. This would allow the audit team to examine the complete process for each case. The first sample period, extracted from OMS by the Performance Measurement branch of the Performance Assurance sector, included offenders with a sentence commencement date (SCD) between 99-06-01 and 99-

09-30. The audit sample was comprised of a selection of approximately 10-20% per site of the total cases identified in the first sample period. Due to transfers and a limited amount of intake cases identified at certain sites, the sample period was extended to allow for the selection of more cases for the audit sample (e.g., some of the women facilities).

Due to the decentralized intake assessment process adopted in the Prairie region, a second sample period was generated to include cases with SCDs between 99-10-01 to 00-03-31. This was required due to the fact that some of these units did not become fully operational until after first sample period. In addition, as the Quebec region was the last to be visited (7 months after the audit had begun), a more current sample period was chosen.

Table #1 - Sites visited by the audit team

Region	Site	# of Cases Reviewed	Sample Period	Date Visited
Centralized				
Pacific	Regional Reception and Assessment Centre (RRAC)	19	June 1999 - September 1999	February 23 - March 3
	Burnaby Correctional Centre for Women (BCCW) ¹	7	November 1998 - September 1999	February 28
Atlantic	Springhill Institution	20	June 1999 - September 1999	February 21 - 24
	Nova Inst. for Women	9	April 1999 - October 1999	February 23
Ontario	Millhaven Assessment Unit (MAU)	20	June 1999 - September 1999	April 17 - 20
	Grand Valley Inst. for Women	9	June 1999 - September 1999	April 14 - 20
	Fenbrook Institution ²	2	June 1999	April 25 - 26
Quebec	Regional Reception Centre (RRC)	20	January 2000 - March 2000	July 11 - 13
	Joliette Inst. for Women	10	August 1999 - January 2000	July 5 - 7
Prairie	Stony Mountain Institution	10	June 1999 - September 1999	March 20 - 24
	Saskatchewan Penitentiary	10	June 1999 - September 1999	March 27 - 29

¹ An in-depth review was not conducted at BCCW and no statistics were collected given that the Exchange of Service Agreement did not address OIA at the time of the audit. However, processes were examined and compared to those in place in CSC.

² Given that only 2 cases were available for review at Fenbrook, no statistics were collected. However, processes were examined and general findings made with respect to OIA in this facility.

Region	Site	# of Cases Reviewed	Sample Period	Date Visited
	Edmonton Inst. for Women	9	July 1999 - September 1999	March 20 - 24
Decentralized				
Prairie	Edmonton Institution	7	October 1999 - March 2000	May 23 - 26
	Grande Cache Institution	7	September 1999 - October 1999	May 29 - June 1
	Bowden Institution	7	November 1999 - February 2000	May 23 - 26
	Drumheller Institution	7	October 1999 - January 2000	May 29 - June 1
TOTAL	16 sites visited	173 cases reviewed	--	--

Community sites visited include the following parole offices: Edmonton; Calgary; Saskatoon; and Winnipeg (Prairie region); New Westminster (Pacific region); Keele (Ontario region); Ville-Marie (Quebec region); and Moncton (Atlantic region). Interviews were conducted at these sites with respect to Preliminary Assessments (PAs), Post-Sentence Community Assessments (PSCAs), information collection and, where applicable, the custody rating scale (CRS) and security classification. **It should be noted that the community results in this report do not only apply to these facilities, as the files selected included PAs and PSCAs completed by other Parole Offices.** As a result, findings in these sections are presented by region.

In addition to the above sites, eight non-intake facilities were visited in order to review the hard copy files for cases that had been transferred from the intake unit. **None of the audit results relate to these facilities as they were not involved in the intake assessment processes reviewed.** These were Dorchester and Westmorland in the Atlantic region, Leclerc and Montée St.-François in the Quebec region, Joyceville and Pittsburgh in the Ontario region and Mountain and Kent in the Pacific region. All facilities were included in the audit of the Prairie region.

Presentation of results

In this report, all results presented in the charts are based on the number of cases in compliance. In each of the bar charts, the regions or institutions are listed on the horizontal axis of the chart, with the level of compliance (ranging from 0% to 100%) illustrated on the vertical axis. Each facility visited is represented by an acronym as described in the table below.

Table #2 - Acronyms used in charts

ATLANTIC	Springhill Institution	SI
(Atl)	Nova Institution for Women	Nova
QUEBEC	Regional Reception Centre	RRC
(Que)	Joliette Institution for Women	JI4W
ONTARIO³	Millhaven Assessment Unit	MAU
(Ont)	Grand Valley Institution for Women	GVI
PRAIRIES	Stony Mountain Institution	SMI
(Pra)	Saskatchewan Penitentiary	SPI
	Edmonton Institution	EI
	Grande Cache Institution	GCI
	Bowden Institution	BI
	Drumheller Institution	DI
	Edmonton Institution for Women	EI4W
PACIFIC⁴	Regional Reception and Assessment Centre	RRAC
(Pac)		

Audit team

The audit team members from the Performance Assurance Sector at NHQ that conducted the OIA audit, were the following:

Francine Deschamps
 Gabriela Freyenmuth
 Paula Markhauser
 Gail McCarthy
 Stephanie Scully
 Trish Trainor

In addition, Colette Denis from Saskatchewan Penitentiary participated in the Quebec region portion of the audit.

³ The results of the file reviews at Fenbrook are not included in any tables or charts. For information on the observations at Fenbrook, refer to finding # 39.

⁴ The results of the file reviews at BCCW are not included in any tables or charts. For information on the process at BCCW, refer to finding # 40.

Section 1: Case Document Checklist (CDC) and Information Collection

This section of the Offender Intake Assessment (OIA) audit assessed the accuracy and timeliness of the information collection process. The audit team verified 164 case document checklists (CDCs) to determine whether there was evidence of active and timely requests for official information and that CDCs in OMS were completed accordingly. This aspect of OIA is critical in ensuring that all official documents are available when completing the offender's criminal profile and Correctional Plan.

Finding #1: In some sites, the information collection process is focused on retrieving specific documentation (police reports, judge's comments, FPS sheets, PSCAs) as opposed to all required documentation.

For this section of the audit, the audit team looked for any indication that all reasonable steps were taken to obtain applicable documentation regarding an offender's sentence. This was accomplished by examining OMS records and hard copy files for evidence to substantiate that all documents listed below were requested, received, or recorded as not existing.

- FPS sheets;
- Police reports;
- Pre-sentence report;
- Post-sentence community assessment (PSCA);
- Crown information;
- Judge's comments/recommendations;
- Victim impact statements, where the offence involved a victim;
- Trial transcripts and psychologist, psychiatrist and criminologist reports for offenders sentenced as dangerous offenders and/or with long term supervision orders; and
- Available psychologist, psychiatrist and criminologist reports at trial.

The audit team examined hard copy files to locate copies of the documents received, memos requesting the documents, memos indicating that a report was not available or that follow-up measures were taken to locate the document. On OMS, in the CDC, the audit team looked for request dates, dates documents were received, or indication that documents did not exist.

It was assessed that reasonable steps were taken to obtain a document if:

- there was evidence of an initial request for a document (memo on file or request date on CDC);
- an indication was made (on OMS or on file) that a document did not exist;
- a copy of the document was available on file; or
- evidence was available indicating that follow up measures were taken to locate a document subsequent to the initial request, but the request was still outstanding.

The audit team noted that at some sites, requests are not always sent as some documents are automatically forwarded for all newly sentenced federal offenders.

Nationally, the audit team found that Quebec and Atlantic regions were the only regions that were consistently requesting all documents. In the remaining three regions, the audit team noted that police reports, judge's comments, FPS sheets and PSCAs were for the most part consistently requested. Police reports or judge's comments were most often requested first, if not at the same time as the others. However, the remaining documents were only sporadically requested during the information collection phase. According to interviews, this emphasis on requesting only the police reports, judge's comments, PSCA and FPS sheets was the result of a direction given to them in this regard by NHQ. Interviewees were of the impression that since direction had been given that the Correctional Plan could not be locked without these documents, then these were the only ones that needed to be requested during the intake process.

In addition, the audit team found that copies of requests were not always kept on the hard copy file, as required by paragraph 9 of SOP 700-2. Staff interviewed questioned the need for retaining these copies once the report has been received and the appropriate dates recorded on the CDC.

Finding #2: The audit team found that some information is not being entered into the CDC and subsequently does not accurately reflect hard copy file information. Often, this was due to the fact that roles for entering and following up on information are not clearly defined or understood.

An aspect of the information collection process is that the CDC should be updated to reflect the status of each document. Given that different users at various sites access the CDC throughout an offender's sentence, the CDC must reflect accurate information to minimize confusion and prevent multiple requests for the same document. With the exception of cases reviewed in the Quebec and Atlantic regions, the audit team found that many CDCs did not accurately reflect all the information regarding the status of critical documentation. At most sites, hard copy files contained additional information not represented on OMS or information that was different than that found on file (eg., dates).

Ideally, requests should be made for all required reports (as listed under finding #1), where applicable (i.e., victim impact statements would only be requested in cases involving a victim, etc.). Request dates should be recorded on the CDC, as well as the date received. If a report does not exist, this, too, should be recorded on the CDC. The CDC should also reflect follow-up requests. This way, all parties are aware of the status of a document at all times, through OMS.

In most regions, the community parole office (or intake unit depending on local practices) initiates the CDC when notification has been provided regarding the arrival of an offender into the federal system. Once the offender arrives at the intake unit, the information retrieval unit or clerk at the site is responsible for obtaining the required documents. In most cases, the intake unit is successful in retrieving the documents or assessing the status of a report. At times, the parent institution may have to follow-up on specific documents.

Sites with an information collection/retrieval unit (Springhill, RRC, MAU and RRAC) were more familiar with their responsibilities with respect to information collection than sites without

an assigned unit. At these latter sites, the responsibility generally falls under a clerk with multiple responsibilities, and the requirements regarding information collection were sometimes less clear to them. At times, there was an assumption that they were responsible for collecting only certain reports (and that someone else was collecting the remaining documents) or that the community was requesting and following up on all information. This confusion was further hindered by a lack of communication between sites, particularly between the community and the institutions regarding information collection. Clarification is required with respect to the duties of information collection officers - who should do what and when and how it should be recorded. In addition, few receiving institutions are updating the CDC in OMS when documents are received after the offender has been transferred from the OIA unit.

In the Quebec region, there are two CSC staff members permanently assigned to working at the courthouse (Palais de Justice). Their role is to collect all official documents, record the information in the CDC, vet them, and forward them to the OIA facility. Recently, they have begun to scan these documents and make them available through a (limited access) Infonet site, which, according to interviews, has resulted in quicker access to the information by OIA staff. All subsequent requests for information (eg., police reports for previous offenses) are also channeled through these individuals who send out the request to the appropriate organization.

In Alberta, the information collection function is centrally co-ordinated through the Edmonton Parole Office for all sites in the province. One individual was tasked with requesting and following up on information. Aside from a few recording deficiencies, this system appeared to work well from a compliance perspective and communication between the parole office and sites was quite active. Some interviewees indicated, however, that a decentralized information collection system for Alberta would be preferable so that the assigned Parole Officers could have more control over the collection of the reports that they need to complete the OIA. They feel that this would reduce multiple requests and that it would expedite the process.

Some facilities in the Prairie and Quebec regions had developed a tracking system for intake assessment including availability of official documentation, timeframes for completion of assessments, etc. This allowed them to determine what documents were still outstanding and when all information was available for the development of the Correctional Plan.

Resources

It was noted that there are presently no national resources for centralized information collection units. Regions where centralized units have not been established often experience resource difficulties and problems building good communication links with external policing and justice agencies, etc. One reason for this is that there is no consistent body/unit for external agencies to communicate with, causing confusion and resulting in time lags in retrieving critical information.

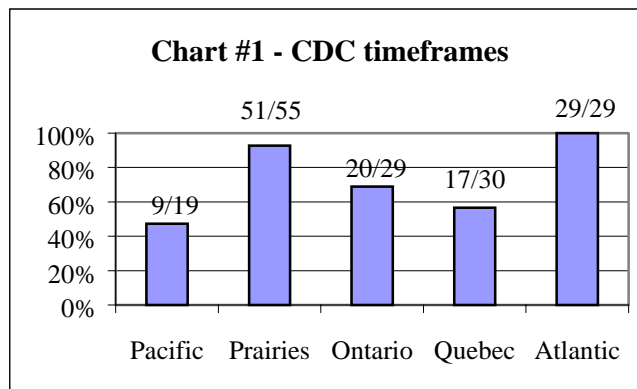
This difficulty has previously been recognized. The CCRA Review Task Force has identified it as a concern and:

*The Sub-committee recommends that the Correctional Service of Canada **increase its efforts and allocate additional resources** (1) to **obtain more quickly** the information considered necessary to conduct offender intake assignments that are effective for offenders' safe reintegration into the community; and (2) to ensure that the information it receives is **accurate and complete**.*

As previously noted, receiving timely, accurate and complete information is critical to a sound and functional OIA process.

Finding #3: Court documents, police reports and post-sentence community assessments are available prior to the completion of the Correctional Plan, 88% of the time or greater. Difficulties are being encountered, however, in obtaining pre-sentence reports and FPS sheets in a timely manner.

Given that the Offender Management System (OMS) does not record the date that the CDC is initiated, the audit team used the date that the first document was requested in order to assess compliance with this requirement. Chart #1 below represents the percentage of CDCs that were in compliance with the 5-day requirement. Nationally, 126 of the 162 CDCs reviewed (78%) were initiated within the required timeframe. This is an indication that the first requests for official documents are being submitted early in the offender's sentence. It is also noted that in some regions, many official documents are provided automatically to CSC and no request is required.

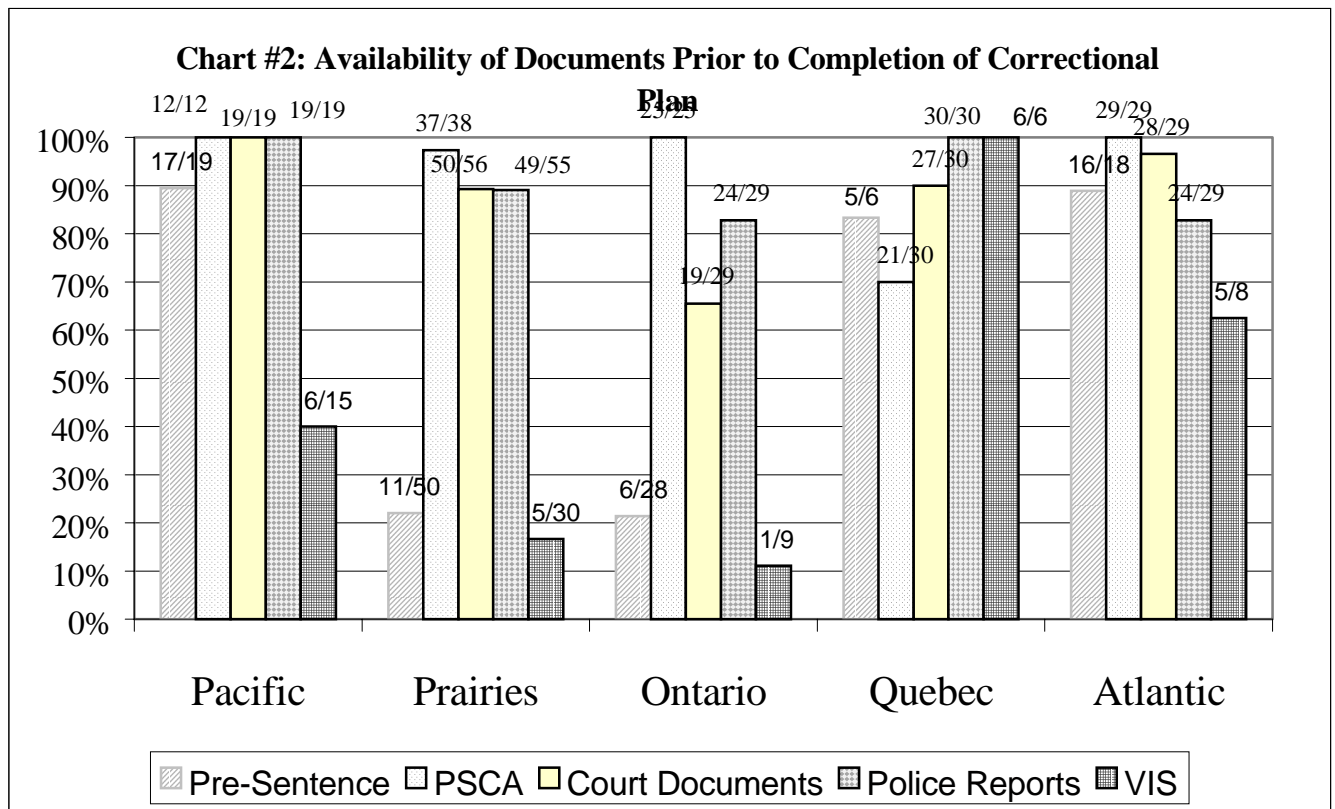


An area examined by the audit team is the availability of critical information for inclusion into the Correctional Plan. Five specific documents were reviewed:

- Court documents
- Police reports
- Pre-sentence reports
- Criminal history (CPIC/FPS)
- Post-sentence community assessment (PSCA)

Where applicable, the audit team also examined the availability of victim impact statements and psychological reports for trial, although these were not required in all cases.

In general, court documents and police reports are available approximately 88% and 90% of the time, respectively. PSCAs were available on average 93% of the time for inclusion in the Correctional Plan. The graph below presents the availability percentage of each report by region. This calculation was based on the date the CDC indicated that the report had been received as compared to the date the CP was locked in OMS. **(It was noted in the Quebec region, however, that the CDC indicated the date that the document was received at the Palais de Justice, rather than the date received at the RRC.)**



The chart above illustrates that there may be a problem with the availability of pre-sentence reports and victim impact statements. In some cases, the audit team could not determine whether a pre-sentence report or victim impact statement had been requested and/or did not exist. Given that pre-sentence reports can be a valuable source of information on the offender's social history, it is important to try to obtain a copy when one exists. Victim impact statements are essential to the analysis of serious harm.

In addition, interviews indicated that while official FPS sheets are not being received in a timely manner, CPIC information is being used in the interim. Lengthy delays are being encountered in receiving official FPS sheets from the RCMP, given that all requests go to a central location. CPIC is available through OMS, so in all cases there is access to criminal history until the

official FPS sheet is available. While CPIC can be used initially to complete the criminal profile, the official FPS sheet from the RCMP is required for the file and for the National Parole Board.

It was noted by the audit team that the difficulty in this area does not solely lie with receiving official documentation on time. The date the Correctional Plan is locked also plays a significant role. If the Correctional Plan is locked well before the 70-day timeframe, it is less likely that the official information will be available for inclusion in the Correctional Plan. This was particularly true in the Quebec region and some sites in the Prairie region, where Correctional Plans were being completed in a very short period of time. In some cases, Parole Officers and other intake staff would phone police departments to obtain details of the offense when official documents were not available, although this would not always provide all of the critical information.

Section 2: Preliminary Assessment (PA)

This section of the audit focused on the requirements for completing preliminary assessments (PAs). Aspects addressed within this section include timeframes, quality of assessments, OMS recording practices and interviewing procedures. This is the first point of contact with CSC for the offender after sentencing. One hundred and sixty-four (164) preliminary assessments were reviewed for this section of the audit. (The issue of the 5-day timeframe for completion of the PA is addressed under finding #22.)

Finding #4: A preliminary assessment was completed in each case reviewed, however, not all were completed while the offender was in provincial custody.

Among others, the purpose of the Preliminary Assessment is to orient the offender to the federal system, note any immediate and critical concerns and initiate the PSCA as early as possible in the offender's sentence. Policy states that the interview must be held while the offender is in the custody of provincial authorities, aside from exceptional circumstances.

In the Atlantic and Prairie regions, the Preliminary Assessment is generally completed by the community Parole Officer, before the offender is transferred to the intake unit.

For male offenders in the Quebec region, there is a Parole Officer assigned to the remand centre (Rivière des Prairies) who completes the majority of PAs. The closest community PO completes the PA for offenders who are not sentenced in the Montreal area. In the sample examined, however, only four of the twenty assessments reviewed were locked before the offender was transferred to the RRC. In addition, although the person completing the assessment was a community PO, OMS indicated that the completing operational unit was the RRC. In the case of women offenders in this region, the current procedure is that a Parole Officer from Joliette completes the PA and Custody Rating Scale before the offender's transfer to federal custody. There was no indication of a quality control or supervisor's sign-off on most of the PAs reviewed in this region.

In the Pacific region, remand centres transfer offenders quickly to the Regional Reception and Assessment Centre (RRAC). As a result of distance and time constraints experienced by the community, the community Parole Officer does not always have the chance to interview offenders before transfer to the RRAC. As a result, the COIIs at the RRAC complete the PAs when the offender arrives and the OIA Unit Manager signs off the report. This is also occurring in the Ontario region. According to interviews in the Pacific region, there were insufficient dedicated resources at the time of the audit to ensure that all PAs were completed by the community prior to the offender's transfer.

This issue has been discussed with the reintegration unit at NHQ. With respect to content, it is not seen as a concern whether the CPO or COII completes the assessment, as long as the requirements are met for completing a PA and the content is according to guidelines. However, this responsibility is not included in the COII matrix, which can pose some difficulties. There is a need for clarification of roles and responsibilities in the policy and the matrix with respect to this issue. If staff completing the PA have not been trained, are not familiar with or are reluctant to complete the PA, then this can have an impact on the overall quality of the resulting document.

Finding #5: Although immediate needs were assessed and recorded on the preliminary assessment, the appropriate referrals and flags were not always documented on OMS.

SOP 700-3 requires that when an immediate need is identified, that a referral be made if required and, if necessary, the appropriate flag, alert or need be created on OMS. The primary area of difficulty identified regarding this requirement was ensuring that significant needs assessed by the community, such as suicide, mental health and medical concerns, are not only referred, but documented on OMS through a flag, alert or need.

The audit team noted, through interviews, that the community was bringing serious immediate needs to the attention of the receiving institution via e-mail, fax, phone calls or OMS. This was further substantiated by the institutions. Some community sites provide the intake unit with a notification on every newly sentenced federal offender. Again, e-mail and phone calls are the primary methods for relaying this information and are generally not filed or logged. As a result, documentation was generally limited to support this practice. OMS flags were for the most part not entered as required at the time of the PA. The community indicated that they do not feel that they have the professional knowledge to ascertain, for example, a suicide risk. They are concerned that they may make a false diagnosis and once a flag is entered on OMS it cannot be deleted. Although many flags can not be removed from OMS, they can be deactivated and a comment added indicating what occurred.

This problem is further augmented at the institution during the initial interview. Paragraph 13 of SOP 700-4 requires that immediate needs, identified during the initial intake interview at the intake assessment unit, be referred to the appropriate specialist and that flags, needs, and alerts be entered. This procedure is in place to ensure that no immediate needs are missed and that they are communicated to the appropriate intake staff. The audit revealed that similar concerns were present at the institutions visited as were identified in the community. Interviews indicated that referrals were being forwarded when a significant need was identified. However, the

referrals were generally not documented, nor was the flag, alert or need recorded on OMS. Interviewees indicated that, like the community, staff (e.g., COIIs) did not feel that it was their responsibility to ascertain whether the need should be recorded on the offender's permanent file. In some institutions, staff were each assuming that another individual was responsible for entering the required information on OMS. With respect to Health Care, most staff in this area did not have access to OMS and were not involved in activating flags, alerts or needs. In a few sites, there was a process in place to ensure entry of health care information into OMS where required.

Finally, in the sample reviewed for the audit, the team found numerous flags, alerts and needs on OMS that dated back to a previous sentence and had not been deactivated or updated. Ideally, flags, alerts and needs on OMS should be reviewed during intake and on a regular basis thereafter to ensure that they are still current and accurate.

These recording deficiencies leave the offender's official (OMS) file incomplete and incorrect. Direction is required regarding who should be documenting this information on OMS and when.

This issue was previously raised during the National Intake Assessment Unit Review completed in 1997, which indicated that *"upon arrival at the Intake Unit, the COIIs should pull the initiated PA/PSCA reports from OMS and verify that immediate needs were identified and input as flags/alerts/needs on OMS. They should then proceed with appropriate referrals to specialists and inform the unit of the concern."*

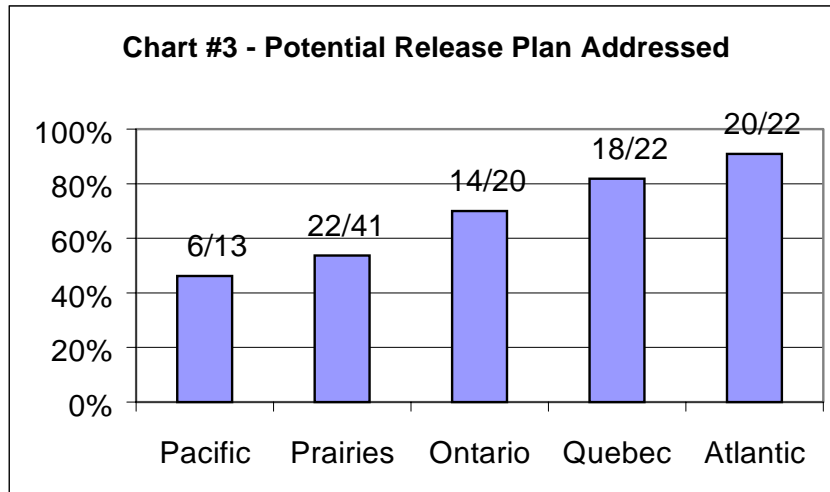
Finding #6: Content guidelines for Preliminary Assessments are not being met, particularly with respect to the offender's version of the offence and release plans. The sections requiring the identification of immediate needs are generally well completed.
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The audit team found that sites were consistently and appropriately completing the assessment of immediate needs and following the necessary policy guidelines. Various sites are utilizing checklists to ensure that the necessary areas are addressed. Some sites are using the OMS or SOP template, while others have developed their own checklist from the OMS template and policy requirements.

The primary concerns in this section were with the completion of the offender's version, and the identification of a potential release plan within the PA.

The audit team found that the information contained in the offender's version was often cursory and did not address many important elements such as the factors leading up to the decision to commit (motive for the offense), the offender's attitude towards the offense and the level of remorse. Because the offender's version from the PA is automatically transferred into the Criminal Profile Report, this information is important to supplement that which is found in the official documents. Although interviewees indicated that some offenders are reluctant to discuss the elements of their offense in detail, this was not always reflected in the offender's version.

Paragraph 7 of SOP 700-3 indicates that the "potential release plan in the case of APR cases serving a sentence of 4 years and less and other cases serving 3 years or less" must be addressed in the PA. As illustrated in the chart below, in 80 of the 118 applicable cases reviewed (68%), the PA addressed this requirement.



In assessing release plans in the PA, the audit team was looking for an identification of where the offender plans to reside on DP/FP, what activities and employment he/she plans to pursue, and who will provide community support. In some cases, only a cursory statement was made with respect to one of these aspects or no mention was made. If the offender had no specific plans for release then this should be stated in the PA.

Interim SOP 700-3, #5, states that the offender must be interviewed for the PA. Although interviewees stated that a PA is not done unless the offender is interviewed, the majority of PAs reviewed did not indicate that an interview was conducted with the offender. In most cases, the audit team was able to infer that an interview had taken place, although in others, it was not possible to come to this conclusion. As a result, it is suggested that PAs should clearly indicate that the offender was interviewed as well as the date and location of the interview.

Finally, the audit team found that clarification is required on OMS regarding where the contact name for the PSCA should be recorded. Some sites are recording this information in the "Emergency Contact" section, others in the "Other Contact" section or in the body of the report. It is suggested that OMS be amended and the "Other Contact" section be replaced by "PSCA Contact". This will ensure consistency and avoid difficulties where the offender does not want the emergency contact to be contacted for the PSCA. It is acknowledged that this information is also translated into the CA request.

Section 3: Post Sentence Community Assessment (PSCA)

The focus for this section of the audit comprised of an examination of timeframe requirements (discussed in section 7), report content, interviews, information corroboration, aboriginal requirements (i.e., addressing section 84 of the CCRA), communication between the community and the institution, and information sharing with the offender (discussed in section 6). In

addition to the compliance requirements, an in-depth review was completed of the quality of each PSCA using the content guidelines set out in the SOP. One hundred and thirty (130) PSCAs were reviewed during the audit⁵. (The issue of the 30-day timeframe for completion of the PSCA is addressed under finding #22.)

The PSCA is a critical contributing document to the assessment of the offender's risk and needs as it provides a social history to supplement the official information received from the courts and the police.

Finding #7: In order to meet the 30-day timeframe, some Post-Sentence Community Assessments (PSCAs) are being locked before the report is completed.

In 19 of the 78 PSCAs reviewed in the Pacific, Prairies and Ontario regions, the audit team found PSCAs that were locked in OMS with no content as per content guidelines in order to meet the 30-day timeframe. A new CA was created once the report was completed. No such cases were identified in the sample reviewed in the Quebec and Atlantic regions.

Table #3 - PSCAs locked with no content

Region	Total # of PSCAs reviewed	Number locked with no content	Approx. percentage (%)
Pacific	12	5	42%
Prairies	41	11	27%
Ontario	25	3	12%
Total	78	19	24%

According to interviews, the PSCA is being locked without any information to enhance the accuracy of the intake assessment or contribute to the appropriate management of the sentence in order to meet the 30-day timeframe requirement and ensure compliance reporting through RADAR. Although this practice is not increasing the overall rate of compliance (refer to finding 22). For the purposes of the audit, timeframes were assessed based on the date the completed report was locked on OMS. Where the Parole Officer was unable to reach a contact (or the individual was unwilling to co-operate), this was being documented and the report locked once all avenues had been exhausted. In these cases, it is apparent on file that it is beyond the capability of the PO to complete the report at this stage.

Policy requires that "if, for reasons beyond his/her control, the Parole Officer in the community is unable to enter the results of the PSCA into the OMS within the required timeframe, he/she should consider contacting the Parole Officer in the Intake Assessment Unit and provide him/her with any relevant/urgent information to be used in the offender assessment". The audit team

⁵ In some cases reviewed, the PSCA was not completed by the region being audited. Consequently, these PSCAs were not assessed nor included in any of the region's results.

found that this was not occurring. Interviewees indicated that there is little to no communication between the community and institutional Parole Officers with respect to PSCAs. In some facilities, monitoring of timeframes was done by the OIA facility and contact made to determine when the PSCA would be completed, rather than the community initiating this process.

Finding #8: In almost all cases reviewed, a PSCA was requested and completed, however the content generally focussed on the statements made by the contact and there was very little analysis provided by the Parole Officer. In addition, there was rarely any corroboration from official sources of the contact's information provided nor any additional information for inclusion in the PSCA.

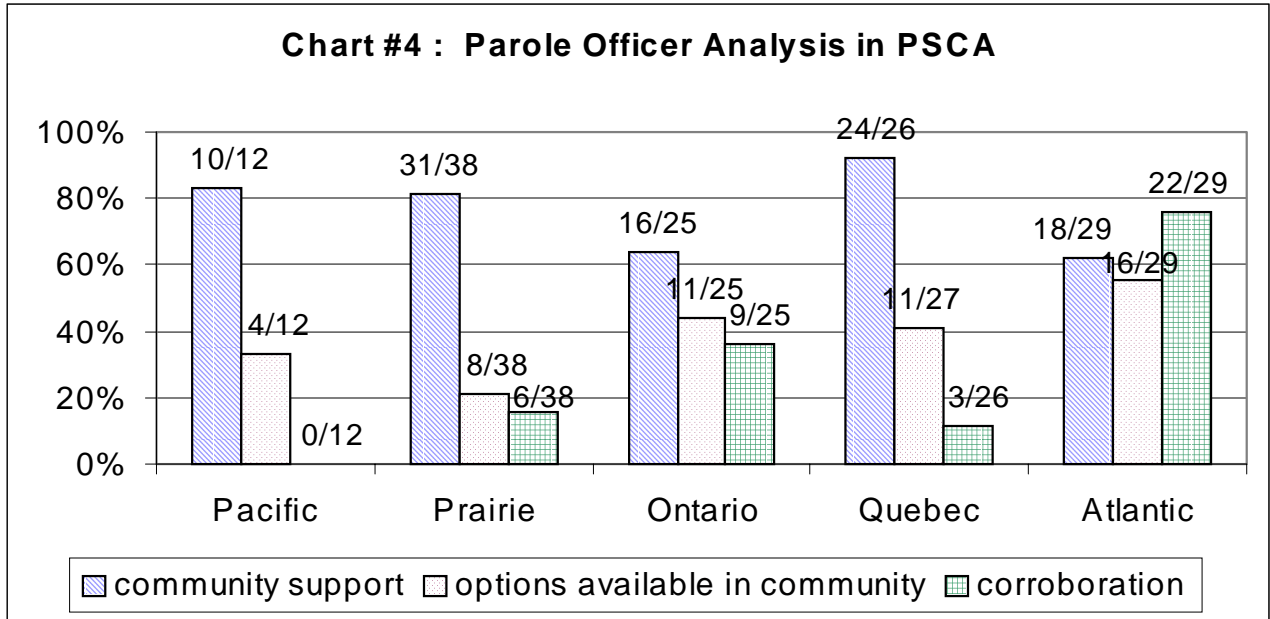
Of the 130 PSCAs reviewed, the majority of assessments documented contact information in detail. In 128 cases, interviews with the contact were face to face (as required by policy), and indicated as such in the report. In the remaining two cases, the audit team could not determine whether the interview was conducted in person or by phone, as there was no indication in the PSCA. The contact was always informed that the information provided would be shared with the offender and, with the exception of five cases, only one PSCA was completed per case. In almost all cases only one individual was contacted for the content of the PSCA.

An aspect of the PSCA review included an assessment of the quality of the content against the guidelines contained in the SOP. As indicated above, there was generally good documentation of the contact's comments. Some regions separated the comments into the seven domain factors, others followed the guidelines available in the SOP.

The primary observation made in all regions was that there was very little analysis of the contact's comments provided by the Parole Officer within the PSCAs reviewed. The overall assessment provided by the Parole Officer, when included, generally focused on an assessment of the contact and/or the level of community support available to the offender. In only a few cases were the proposed options/treatments/programs in the community discussed or the offender's contributing factors and reintegration potential, as required by policy. It was noted in the National Intake Assessment Unit Review, completed in 1997, that content, in terms of analysis, was generally weak in all regions except Atlantic and part of Saskatchewan.

The audit team found very little evidence of corroboration with other sources (such as the police or file information), to verify the information provided by the contacts. Only the contact's statements were included.

In light of the fact that pre-sentence reports are not always received prior to the completion of the Correction Plan, the PSCA becomes an even more important source of information on the offender's social history. If there is no pre-sentence report and the PSCA lacks analysis, then key information is not available for inclusion in reports being completed at a point where programming needs are being identified and the offender's sentence being planned.



With respect to the discussion of Private Family Visits in the assessment, this issue was addressed in most cases. However, the information was generally limited to a statement of the contact's interest in participating. Eligibility, family dynamics, marital history and family violence were often not addressed. This lack of information resulted in the parent institution having to request an additional community assessment to ensure that these areas were addressed as required.

It was indicated to the audit team that many PSCAs, are completed by contract staff, particularly in the Prairie region. There is a concern that they may not be as familiar with the guidelines in the SOP. In addition, while at some Parole Offices there is one designated staff member to conduct all PSCAs, in others, all Parole Officers are tasked with this responsibility depending on case load assignments. This, too, can have an impact on the quality of assessments, particularly if a staff member does not often conduct PSCAs.

Finally, with respect to the inclusion of a community strategy in those applicable cases reviewed in the Quebec region, please refer to finding #37.

Finding #9: Although some efforts are being made to meet Aboriginal offender requirements with respect to s. 84 of the CCRA, these issues are not being addressed during the PSCA when applicable.

Policy states that *when a PSCA is being completed in an Aboriginal community, the Parole Officer in the community should take the opportunity to ensure the community knows of section 84 of the CCRA and encourage at the earliest appropriate development of release planning for that offender.* (SOP 700-3, 19)

The audit team found that section 84 was not being addressed during the PSCA process when applicable. In the Pacific and Prairie regions, few PSCAs made mention that section 84 had been discussed with the Aboriginal community. Through interviews, however, the audit team found that some Parole Offices have taken action in a general sense. The Winnipeg Parole Office, for example, has mailed packages to various reserves in order to provide them with more knowledge regarding the requirements pertaining to section 84. It was indicated to the audit team, however, that in many cases the necessary resources / programs are not available or it is difficult to arrange meetings with band leaders / chiefs. Based on interviews in all regions, very little has been done to date with respect to this issue.

Interviews with the community suggest that there is a need for training across the country with respect to this issue. In many offices visited, interviewees indicated that they knew or understood very little of the requirements surrounding this issue. Only a few communities have established contacts or arrangements regarding section 84. Two Parole Offices were planning to hire Native Liaison Officers to assist in addressing section 84. This is seen as an innovative approach.

Section 4: Intake Assessment and Immediate Needs

In this section, the audit team assessed the procedures in place to identify immediate needs upon the offender's arrival at the intake unit. The following areas were examined:

- initial interview conducted by the intake assessment unit;
- identification of immediate needs and referrals (refer to section 2, finding #5);
- information sharing (refer to section 6, finding #21);
- offender's right to a phone call;
- required medical examinations; and
- offender orientation.

Finding #10: Procedures for identifying immediate needs of offenders at the intake assessment unit are not consistent across the country.

Policy requires that "every offender shall be interviewed within 24 hours of arrival at the Intake Assessment Unit to supplement and verify information already gathered and to identify areas of need that require immediate attention." SOP 700-4 (11-12)

All intake assessment unit sites are presently conducting an initial interview to confirm medical, mental health, security and suicide needs. Most sites have developed in-house forms (referencing the SOP) to record the information regarding immediate needs. The detail in these forms varies from site to site - some intake units only do a cursory check of the offender's needs, others document that a referral was made, or collect cell assignment information, in addition to completing a detailed immediate need checklist. In some cases, it was not possible to confirm that the interview took place within 24 hours of the offender's arrival.

The audit team identified a **good practice** at some institutions in the Prairie region (e.g., Stony Mountain, Bowden and Drumheller) where the information collected during the initial interview is entered into OMS as a casework record. This ensures the completeness of the official (OMS) file as well as sharing of information with other staff involved in the process.

A consistent message the auditors received from all regions was a request to standardize the process to record the information. There is presently no consistent means to record this information nationally. A standard national format would be of benefit in order to ensure that all required information is recorded. This could be done by way of a template for OMS casework records for this purpose. It is suggested that the following information be recorded:

- date and time of the interview;
- who completed the interview;
- a review of all immediate needs - medical, mental health, security, suicide;
- whether referrals were made and to whom;
- whether a flag/need/alert was entered (where required);
- cell assignment information;
- an indication that an initial orientation to institutional operating procedures was discussed; and
- an indication that a telephone call was offered to the offender, including the date and time of the call (or refusal by offender).

Confirmation of the offender's preferred official language should be recorded using CSC form #949 "Offender's declaration of change in official language preference".

Although the PA was being shared with the offender during the OIA process, intake staff at most sites are not reviewing the PA with the offender during the initial interview. Interviewees indicated that they feel that they are doing a second review of immediate needs upon arrival so comparison with the PA is not necessary. In some cases examined, however, the information in the PA did not agree with that provided by the offender on arrival at the intake unit. As a result, there is a risk that a necessary referral may not be made. For example, the offender may have admitted during the PA of a recent attempt at suicide, but if this is not mentioned at intake (and the PA is not reviewed with the offender), then a necessary referral to psychology may not be made.

As mentioned under section 2 (finding #5), alerts, flags and needs are not being entered into OMS in all applicable cases.

In addition to the inconsistent recording practices identified above, it was found that staff, at the same position level, perform different duties from site to site with respect to the immediate needs assessment phase. At a number of sites (especially those sites that assess many offenders), a COII co-ordinator has been assigned to facilitate the process. At other sites, dedicated resourcing is unavailable and available COIIs are assigned to the intake unit to complete the initial assessment. The audit team found that consistency had a positive impact on the quality and the process followed to complete the initial interview. The consistency of a COII co-ordinator or dedicated resources, ensured that all steps which the offender had to complete,

during intake, were achieved and that the detail for the collection of initial information is constant from one case to the next. This issue was identified in both centralized and decentralized units.

A difficulty identified during the audit regarding COII co-ordinator assignments, is that often these individuals work the day shift, and a problem can arise when a transfer occurs late on a Friday afternoon. It was indicated during interviews that if the transfer were expected to take place, most co-ordinators would wait for the offender's arrival to ensure that the initial interview is completed. Others indicated that the COII on shift, at that time, would conduct a cursory check of immediate needs and a more in-depth verification would be completed once the co-ordinator returned to work on the Monday. The audit team did identify cases that were not seen on the Friday and as a result, the initial interview was not completed within the required timeframe of 24 hours of arrival. There were also cases where the forms and/or casework records did not identify the exact date of the interview.

At EIFW, a coordinator was assigned to ensure that all initial requirements were addressed in a timely manner. In the other women's facilities, however, new offenders are seen upon their arrival by staff on duty in the Enhanced Unit, and then assigned to a Primary Worker. Given the shift work schedule in place, it is possible that the Primary Worker may not be able to meet with the offender within the first 24 hours of their arrival. Also, according to interviews, the content of this initial interview with the offender does not always include all of the elements required by policy.

With respect to orientation programs, the audit team found that all OIA facilities offer some form of orientation program for offenders. At the time of the audit the RRAC was to coordinate a national project to address a standardized orientation program for the Country. As a result, the audit only verified to ensure that an orientation program was available for offenders at intake, as required by policy. In this regard, the audit team found that each site had some form of orientation available for offenders, offering a wide range of information in a variety of formats (oral presentation by various staff, videotaped presentation, booklets, inmate/peer orientation, etc.).

Finding #11: Not all offenders are being offered a phone call upon their arrival at the intake facility, as required by policy.

Paragraph 11 of CD 501 requires that "every offender may inform, by telephone, his or her next of kin, closest known relative, lawyer or friend of his or her admission to a penitentiary. Should the offender be incapable of making the communication himself, the information shall be communicated to the designated person by institutional authorities, provided that the offender has so requested".

In the women's facilities and some institutions in the Prairie region, this procedure was in place. Interviewees were aware of the requirement and ensured that offenders received a phone call upon arrival, although it was sometimes difficult to find supporting documentation for this. In

the remaining sites visited, interviewees indicated that offenders would be provided a phone call if a request was made by the offender, but there was no systematic way of advising each offender of their right to a phone call. In general, calls could be made once the offender received his/her PIN # for the Millenium phone system (usually within 3-4 days of arrival).

In addition to offering an inmate a phone call, this information must be recorded in some fashion. The national template recommended by the audit team (refer to finding #10 and recommendation # 3), could include a means to record that the call was offered, the date and time of the phone call made or the inmate's refusal to make a phone call.

An issue raised during interviews was the question of payment for this phone call. With the exception of RRC-Quebec, the majority of sites indicated that the Millenium system is not set up until a few days after arrival. (At the RRC, interviewees indicated that this is done within 24 hours of the offender's arrival.) As a result, the offender must either make a collect call on arrival or the institution must pay for the call. There is currently no national policy in this regard, nor for the length of time that this phone call may proceed.

Some sites have changed their practice since the audit. At some of the facilities visited, this practice had been implemented before the audit team's arrival, although it was not in place for the offenders in the audit file review sample.

Finding #12: A discrepancy presently exists between CD 800 and SOP 700-4 regarding when the medical examination should be conducted.

CD 800, #16, requires that "within 14 days of admission to the Correctional Service of Canada, each inmate shall be offered a comprehensive nursing assessment". Conversely, SOP-4, #22, states that "an in depth medical exam will be scheduled to occur within seven days of admission to the offender intake assessment unit." Some sites are following the CD while others are performing the in-depth examination within the first week. It was also not clear to the individual interviewed who is expected to conduct the medical exam - a nurse or a doctor.

Further, CD 800, #15, states that "within two (2) working days of initial reception, including a warrant of suspension, every inmate shall be given a nursing assessment and a referral to an appropriate clinician, if necessary." As discussed in the above section, as part of the initial interview, medical issues must be identified within 24 hrs and a referral made to Health Care if necessary. However, it does not indicate who is responsible for ensuring that this is completed. It was found that most sites were able to complete this preliminary medical exam by Health Care within the first 24 hours. In order to eliminate confusion, a policy decision should be made regarding when the primary exam should be completed (24 or 48 hours) and by whom.

Another issue identified as the result of the initial interview, applies to who should be conducting the medical and mental health immediate need checks. Policy does not specify who is required to complete these verifications. At the sites visited, the medical and mental health needs were assessed by either Health Care, Psychology, a Primary Worker or a COII. This can have an impact on the quality of the assessment of the immediate need.

Section 5: Referrals for Supplementary Assessments

This section deals with psychological, substance abuse, educational and vocational, family violence risk and sex offender assessments. The primary focus was on ensuring that timeframes were met and that the appropriate referrals were made, according to the criteria set out in SOP 700-04. These assessments are key contributors to the analysis of the offender's contributing factors and related program needs.

Finding #13: Referrals for Psychological Intake Assessments were done for most offenders in the sample who met one of the criteria of the SOP. However, referrals are not always being documented.

The SOP provides criteria for the identification of offenders who require an intake psychological assessment - mental health, suicide, self-mutilation, gratuitous violence, persistent violence, sex offender and/or high need offender. However, not all sites are reviewing all cases against these criteria. For example, some facilities:

- have insufficient resources (time and staff) and complete assessments for only the higher risk offenders;
- have insufficient resources and focus attention primarily on NPB assessments and crisis interventions;
- complete a "mini" psychological assessment for the Correctional Plan and in some cases, complete a more in-depth assessment when the resources are available;
- assess against some of the SOP criteria (eg., gratuitous and persistent violence), but not all of them; or
- automatically complete an assessment on all offenders (usually occurs at women facilities or sites with a low volume of intake offenders).

With respect to this last point, in the women's facilities, interviews indicated that direction had been received to complete a psychological intake assessment on all cases, as outlined in the "Mental Health Strategy for Women Offenders" produced by Health Services at NHQ in December 1997. This directive is not reflected in SOP 700-4. Although this is the direction that interviewees indicated that they were following, audit results reveal that this goal is not often being met at Joliette, Nova and Grand Valley, as noted under finding #17.

In some facilities, referrals for supplementary assessments are not being documented. This contributed to the difficulty in some cases in determining which cases were referred for an assessment (or not) and why. There currently exists a national form (CSC #450 "Psychological Services - Referral to the Psychologist") for documenting psychological referrals. However, this form is not being used at every site. Some sites have developed their own form for this purpose, or were making referrals by phone or e-mail. As previously mentioned, some sites had developed an in-house tracking system for OIA which included which offenders required supplementary assessments and when they were due.

While the audit team was not able to find evidence of *referrals* in all required cases, most did have a completed intake psychological assessment on OMS or on file, supporting the fact that the case was referred in some way or another. In only 5 cases where the offender met one of the criteria in the SOP was a report *never* completed. This does not account for those that were not completed in time for the Correctional Plan or those where a referral was made for a case that did not meet one of the SOP criteria.

OIA facilities should ensure that a referral for psychological assessment is made for all offenders meeting one or more of the SOP criteria. This referral should be documented.

Finding #14: The format and content of Psychological Intake Assessments and Sex Offender Assessments are not consistent.

Psychological assessments:

There are no clear guidelines available to ensure that the content of psychological assessments is consistent across all regions. The National Intake Assessment Unit Review suggested in a report published in March of 1998 that "*psychological assessment standards and psychological report content guidelines should be developed and implemented as soon as possible*" (23). To date, no such guidelines exist. The audit team found that the length and content varied from one site to the next. In addition, some reports recommended specific programs for the offender, while others only identified general need areas.

At the RRC in the Quebec region, local policy is for psychological assessments to be completed within 14 days of the offender's arrival. In light of this, official documents were not always available to the psychologist who is assessing the case. This contributed to a difference in the content of these reports given that Psychologists in other regions indicated that they do not finalize assessments until all official documents were received.

Sex offender assessments:

Policy requires that offenders involved in sex offences be referred for a specialized sex offender assessment *where the intake unit has a specialized unit*. While only the MAU presently has a specialized sex offender unit, other sites were identified with a potential need for a specialized unit, such as the RRAC, Bowden and Grande Cache. These sites handle/process a large number of sex offenders through their intake unit.

In most cases, sex offenders are being referred for a psychological intake assessment. This report addresses the offender's sexual behaviour, although not in the same way as a specialized sex offender assessment. Other tools are also being used. For example, many facilities in the Prairie region are using the RRASOR or Static 99 tools only and are not completing psychological assessments for sex offenders. Stony Mountain Institution has a contract with the Forensic Behavioural Management Clinic (FBMC) to conduct sex offender assessments. In other facilities, scoring tools are completed but supplemented with a psychological assessment. Given the variance in approaches, the content of the assessments varies from site to site.

Finding #15: At many sites, the substance abuse and educational and vocational assessments are being completed on all offenders arriving at the intake unit.

Substance abuse assessments:

Ten sites visited are completing a substance abuse assessment (the CLAI or other form of assessment) on all offenders arriving at the intake unit, and not just those who meet one of the three criteria set out in the SOP. According to interviews, this is occurring because the resources are available to complete testing in all cases, or because it's easier to assess all offenders than trying to complete a file review to screen them against SOP criteria. While this ensures that no case is missed, there is a danger that an issue could be created where there is none. For example, substance abuse may not be a contributing factor to the offender's offence, yet, since the CLAI is based on self-disclosure, a substance abuse treatment may be recommended. Conversely, a CLAI may indicate a low need for treatment based on self-disclosure, but the analysis of other information supports a higher level of need. Some interviewees commented that they do not find the results of the CLAI to be useful or accurate. Nevertheless, it is important to ensure that in all cases, an appropriate analysis of the CLAI results is included in the domain analysis (refer to section 7, finding #23).

In two facilities visited (Edmonton and Joliette), the CLAI was not being administered at all. At the RRC, the SOP criteria were used but screening was based on interviews with the offender and not a file review. In addition, other factors were considered in making a referral (eg., a referral was not made if the offender had already completed a CLAI in the past 5 years). In the Pacific region, offenders were being screened against the SOP criteria, but not all applicable cases reviewed were referred.

In all, at least 30 cases in the audit sample of 164 met one of the criteria of the SOP but no CLAI was administered.

OIA facilities should ensure that a referral for a substance abuse assessment is made for all offenders meeting one or more of the SOP criteria. If there is a decision made to conduct an assessment on all intake offenders, then the results of the assessment should be included and analyzed in each offender's OIA report.

Education and vocational testing

Many sites are administering CAAT tests to all offenders arriving at the intake unit and the criteria in the SOP are not considered. This is mainly due to the fact that policy requires that offenders with less than a grade 10 level of education must be referred to Adult Basic Education (ABE) in their Correctional Plan. Given that official school transcripts can rarely be obtained prior to the development of the initial Correctional Plan, the only way to determine the requirement for educational upgrading is to have the offender complete the CAAT (or similar educational test).

In some cases, however, the audit team could not confirm that educational testing had been completed for offenders meeting one of the SOP criteria or requiring upgrading. At the RRC, additional criteria are applied (eg., offenders are not referred for educational testing if they are over 40 years of age), which accounted for some of these cases. In some women facilities, educational upgrading is done on a voluntary basis. If the offender expresses an interest in attending school, then testing is done to determine the level required.

Finding #16: A Spousal Abuse Risk Assessment (SARA) was completed in 83% of cases that met one of the applicable criteria.

The SARA is completed by the Parole Officer at the time the Correctional Plan is being developed. In 59 of 71 applicable cases reviewed (83%), a SARA was completed.

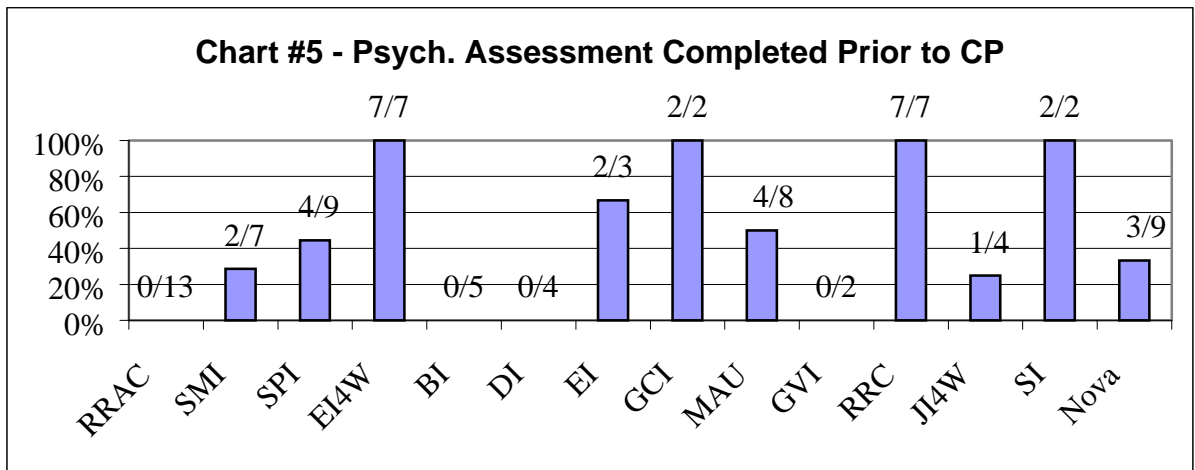
The primary concern identified by the audit team was that many interviewees indicated that they had not received training in completing or interpreting the results of the SARA. This was evident in some cases reviewed where it appeared that all of the information contained in official documents was not considered in the SARA, or where the analysis presented did not support the level of risk. The audit team found that often, the results of the SARA were stated in the Criminal Profile or domain analysis, but no discussion of these results was provided to interpret them in conjunction with other official information.

Finding #17: Psychological assessments are not always available for inclusion in the Correctional Plan. Fewer concerns were identified with the availability of educational, substance abuse, and family violence assessments.

According to SOP 700-4, supplementary assessments are required to be available for inclusion in the Correctional Plan as these assessments are "critical to determining the dynamic factors in the individual offender's case". The audit team examined Correctional Plans and intake reports to ensure that all required assessments were available and addressed in the reports (refer also to finding #23).

The audit team found that, with the exception of the RRC, psychological intake assessments are not being completed within the OIA period (refer to chart #5 below). (At the RRC, local procedures require that the psychological assessment must be done within 14 days of the offender's arrival.)

The graph below illustrates the number of psychological intake assessments that were completed before the Correctional Plan was locked during the period audited.



According to interviews, the primary issue with respect to meeting this requirement was a lack of psychological resources. Interviewees at the sites visited stated that Psychologists currently do not have the ability to cope with the increasing workload and as a result, they are not able to meet OIA timeframes. This was particularly evident in Alberta where interviewees report that no additional psychological resources were provided when the OIA process was decentralized. The Pacific region, during the sample period audited, was having difficulty due to lack of psychological staff. The resourcing issue has since been addressed and sufficient resources are now available. According to interviews, these shortages influence how psychological referrals are handled, the content, quality and timeliness of the reports. Interviewees at these sites report that the emphasis is on completing psychological assessments for NPB hearings and crisis intervention. OIA psychological assessments are completed only when time and resources permit.

These issues, however, were all raised during interviews. The comments were shared during debriefings with management but each site would need to examine their processes and workload to determine the reasons for delays in their particular facility.

With respect to the availability of CLAI, CAAT and sex offender assessments, the audit team found that there were fewer concerns with the availability of these assessments at most sites, when the referral was made. In some cases, they were not available prior to the Correctional Plan, but this was sometimes due to the fact that the Correctional Plan was locked before the assessment was available. This was also often true for psychological assessments. At this stage, there is no formally accepted standard timeframe for the completion of psychological assessments for intake. Although a 70 day timeframe has been established for completing the CP, some Parole Officers are locking them at the 40th or 50th day (and in one case as early as 29 days). As a result, all assessments may not have been available prior to the development of the CP (refer to finding 23).

Parole Officers, Psychology and Programs staff should discuss and coordinate the timing of supplementary assessments to ensure that their results are available to be included in the offender's Correctional Plan.

Section 6: Security Classification/Custody Rating Scale/Penitentiary Placement

In this section, the audit team examined the initial security classification of offenders as well as the Assessment for Decision and decision sheets for penitentiary placement and security level. Each case was examined in order to ensure that the offender was given the right to make representation of the decisions being made and that all information had been shared with the offender. Several legal requirements are explored in this section.

Finding #18: In over a quarter of the cases reviewed, the Custody Rating Scale (CRS) was over-ridden or under-ridden.

The audit team did not assess the completion of the CRS in each case, but did examine the issues surrounding this tool and the resulting security classification. It was found that in 45 of the 164 cases reviewed (27%), the CRS was over-ridden (25 cases) or under-ridden (20 cases). In addition, in several cases, the original CRS was unlocked, changed and re-locked during the OIA process. In many of these cases, however, the score was modified, but the resulting security level remained the same.

Interviewees raised concerns with respect to the information used in the calculation of the CRS and the number of cases where they did not concur with the security level identified. As the CRS is a tool to be used in assessing the offender's security level, the audit team examined the content of A4Ds to ensure that an appropriate analysis was in place to support the over- or under-ride. In general, the analysis of the three domain areas (institutional adjustment, escape risk and risk to the public) provided a justification to support a recommendation other than the result of the CRS. In a few cases, however, the audit team found that the analysis did not support the over- or under-ride.

Many staff interviewed also indicated that they had not been formally trained to complete the CRS and were not always sure how to interpret the information available and apply the appropriate score. This could be contributing to the number of cases where initial security level classification decisions are not concurring with the CRS.

Prairie region and women offenders

Paragraph 8 of SOP 700-03 requires that "When an offender is a woman, the Parole Officer shall determine the security classification before the offender is transferred to a federal institution by completing the Custody Rating Scale". The audit team found that this process was in place in all regions except one. In the Atlantic region, the provincial authorities perform their own security level assessment to determine whether the offender should be transported to Springhill (maximum-security women's unit) or Nova for intake assessment.

In the Prairie region, the CRS is also completed on all male offenders while they are in provincial custody. This determines the institution to which the offender will be transferred and where the OIA will be completed. Upon arrival at the receiving institution, the offender

generally stays in a designated intake range for one or two days before being integrated into the general population. The security classification and penitentiary placement decisions are finalized at the end of the OIA process.

Interviewees indicated that there is a potential that some cases may initially be over- or under-rated in the absence of official documentation. Given that offenders in this region are immediately transferred to an institution at their assessed level of security (based solely on the CRS) and integrated into the general population, there is a risk of an incident occurring. In some facilities, offenders who are assessed at a higher security level than the CRS after the OIA process, are placed in administrative segregation until their transfer to a higher level of security.

Finding #19: The content of Assessments for Decision (A4D) for penitentiary placement and offender security level are not in accordance with requirements.

Section 28 of the CCRA states that CSC shall take all reasonable steps to ensure that the penitentiary in which the person is confined is one that provides the least restrictive environment for the person, taking into account:

- the person's home community and family;
- a compatible cultural environment;
- a compatible linguistic environment;
- availability of appropriate programs and services; and
- the person's willingness to participate in programs.

With the exception of Nova Institution, an A4D was completed for decision-making purposes in all cases reviewed. At Nova, the information was not found in an A4D but rather was included in the Correctional Plan. For women offenders in Quebec and offenders whose preliminary assessment was completed through the Edmonton Parole Office, the A4D was being completed in the community prior to the offender's transfer to federal custody. According to interviews, this process was being changed subsequent to the current audit.

The audit team found that the content of A4Ds varied significantly from one site to the next. Many reports focussed on the security classification of the offender and made little mention of the reasons for recommending a particular facility for penitentiary placement. Where addressed, the most commonly mentioned issues were availability of programs and a safe environment for the offender. In several cases, there were large paragraphs "cut & pasted" from other documents.

Further, the audit team observed that significant health care issues are rarely addressed in the A4D. Policy requires that "the Service shall take into consideration an offender's state of health care and health care needs in all decisions affecting the offender, including decisions relating to placement". Approximately eight cases were identified where health care issues were a major concern and the issue was not addressed in the A4D. Only serious health care concerns were examined, such as an apparent physical or mental disability - hearing impaired, artificial eye, pregnant, seizures. While there were only a few applicable cases in the sample (8), interviewees

indicated that these issues are not included as a matter of routine and would not likely have been included in any case. The audit team did find that a sentence was included in more recent A4Ds reviewed at the RRC stating that there were no mental or physical health concerns in the case that would affect penitentiary placement.

Finally, the SOP requires that results of the CRS be included in the A4D. This requirement was met in 149 of the 164 cases reviewed (91%).

Prairie region population management

At the time of the audit, medium-security offenders sentenced in Alberta were being transferred to Stony Mountain for (or after) intake, regardless of accessibility to home community or other criteria as listed above. According to interviews, the measure was implemented as a result of a lack of medium-security bedspace in Alberta and space available at SMI. Offenders are randomly selected for transfer on a numerical basis. At the time of the audit, this was affecting 18 newly sentenced offenders *per month*. Six of these are transferred directly to SMI for intake assessment and the remaining twelve go through intake assessment at either Bowden or Drumheller before being placed to SMI. Some interviewees indicated that recently, APR cases had been excluded from this process.

Finding #20: The decision-making procedures in most facilities were in accordance with requirements.
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In most facilities, few concerns were noted with respect to the decision-making process for the offender's initial security level and penitentiary placement. In a few sites, there was some confusion with respect to the delegation of these decisions, but changes were made to ensure that they are only being signed by the Warden (or Acting Warden).

In three women's facilities (Nova, Joliette and EIFW), no penitentiary placement decisions were being made or entered into OMS. According to interviews, there was a belief that these were not required given that the offender had been placed to the facility as a result of their security classification and proximity to their home community. There is nothing in the law or policy, however, that excludes women offenders from requiring a penitentiary placement analysis (A4D) or decision against the criteria.

With respect to the content of decision sheets reviewed, the audit team found that there was no consistent format (and no content guidelines). While many simply stated the decision and made reference to the A4D, others were very complete. At the RRC, the decision sheets indicated the date the documents had been shared with the offender and whether or not any representations had been submitted. Consideration of the offender's representations was also discussed in the decision sheet.

Finding #21: In six sites, offenders were being notified of their right to make representation. Although interviewees stated that information is being shared with the offender, most files did not contain evidence of this occurring during (or at the end of) the OIA process.

In six of the fourteen sites visited, offenders were being given the opportunity to make representation with respect to the decisions being made during the OIA process. In the remaining eight sites, there was no process in place to ensure that this was occurring.

Where notification was provided to the offender, processes in place varied with respect to the timing of the notification and the documentation that is provided to the offender. Some sites used an in-house form developed for this purpose, and the content of this form varied from one site to the next although the underlying message was the same. In RRC Quebec notification was also included in the content of the A4D.

Another component of this requirement is that all information be shared with the offender. While interviewees stated that reports are being shared, file reviews could not always confirm that this sharing was occurring for all documents in each case. Paragraph 27(2) of the CCRA requires that "*where an offender is entitled by this part of the regulations to make representation in relation to a decision to be taken by the service about the offender, the person or body that it is to take the decision shall, subject to subsection (3) give the offender, forthwith after the decision is taken, all the information that was considered in the taking of the decision or a summary of that information*". As a result, the audit team attempted to verify that sharing was occurring during the OIA process, prior to (or at) the time that the offender was shared his Correctional Plan and notified of the penitentiary placement and offender security level decisions. The offender should have all available information at the time that he/she is notified of his/her right to make representation.

The audit team examined the following reports for indication on the hard copy file that they had been shared with the offender:

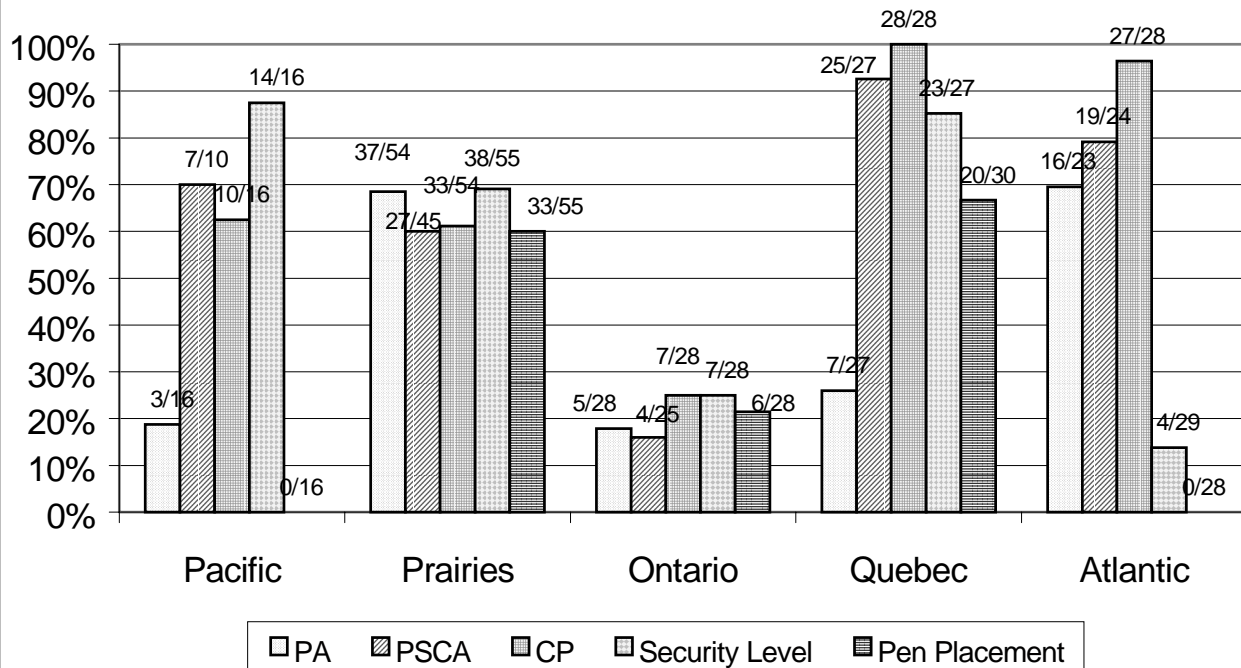
- Preliminary Assessment;
- Post Sentence Community Assessment;
- Assessment for Decision (for penitentiary placement and security level);
- Decision Sheets (for penitentiary placement and security level); and
- Correctional Plan.

File reviews indicated that documentation sharing is occurring in at least three ways:

- Signature on the original report supporting that a copy was provided to offender;
- Documented on the NPB Primary Information Sharing Checklist as occurring during the intake process; and/or
- Documented on an in-house form developed by the site.

In many cases, however, documentation via one of the above sharing procedures was unable to support that sharing occurred (refer to Chart #6 below). Although the NPB form often confirmed sharing of the document with the offender, the date noted in many cases was when the information was shared for the purpose of a hearing. As a result, the date on this form was often several months after the OIA process had been completed. In these cases, the audit team was not able to confirm sharing of information during the OIA process, as required.

Chart #6 - Sharing of Information with Offenders



The audit team noted particular confusion in the field with respect to when documentation sharing should occur with the offender during the intake process. Policy presently only states that the PA should be shared during the initial interview, when available. It is currently unclear at what point during the intake process that the remaining documents should be shared. Presently, sites are doing this in a number of different ways:

- All reports and decisions sheets are shared with the offender after the decisions are made with respect to penitentiary placement and offender security level; according to interviews, information is discussed verbally with the offender in interview prior to this.
- All reports are shared with the offender before the decisions are made for penitentiary placement and offender security level. Once the decisions are taken, then the decision sheets are shared.
- Documents are shared with the offender before the decisions are taken only if the offender expresses an intent to make representation on the recommended institution for penitentiary placement or security level. Final documents are all shared after the decisions have been taken.

Ideally, all documents should be shared with the offender before he/she is given the right to make representation about any decisions being made (i.e., penitentiary placement, security level, etc.). Information provided by the offender in any rebuttal could then be considered prior to the final decisions being formulated. This was occurring at a few sites visited.

With respect to sharing in the offender's preferred official language, there were only a few cases in the sample in Quebec where the document was originally written in French and the offender's preferred official language was English. In these cases, documents were being shared in French during the decision-making process and shared in English once they were translated (one to two months after the transfer from the intake unit). According to interviews, action has already been taken to address this issue and ensure translated documents are shared before the final decision is taken.

Finally, although the audit team accepted any form of evidence that the document had been shared with the offender, the most reliable method appeared to be when the original copy was signed and dated as having been shared. In this regard, the audit team noted that the OMS PSCA report does not contain a signature block for this purpose.

Section 7: Correctional Plan (CP)

Many issues with respect to this section have already been addressed earlier in the report. For example:

- the sharing of information with the offender was discussed in section 6;
- the availability of official documents prior to the completion of the Correctional Plan was discussed in section 1; and
- the availability of supplementary assessments was discussed in section 5.

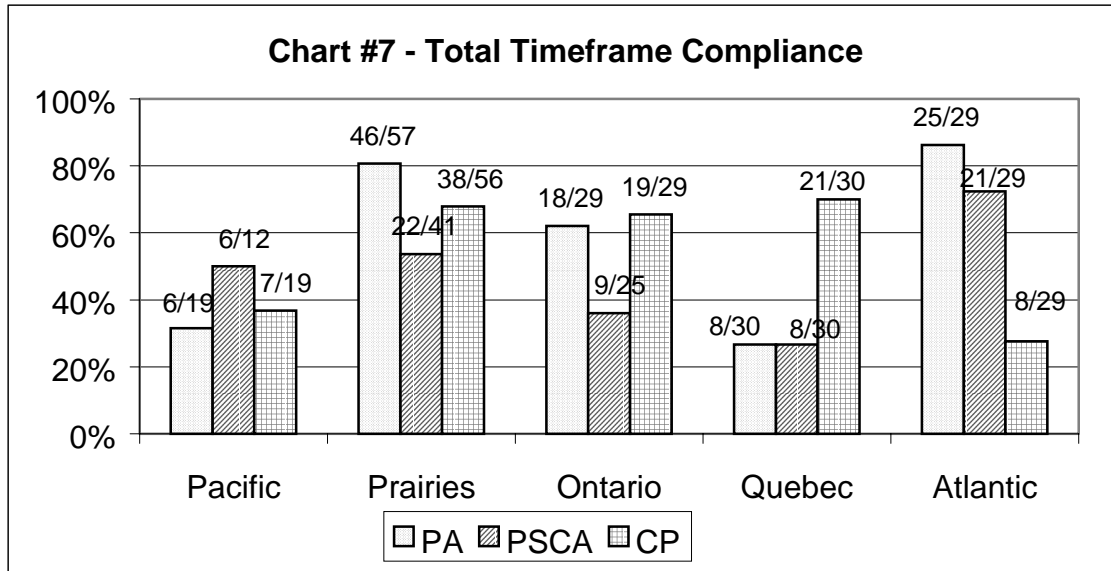
In addition to these elements, the audit team also examined the content of the Correctional Plan and the OIA report, including the domain analyses, static and dynamic factor ratings, motivation level, timelining, programming, reintegration potential, etc..

Finding #22: The required timeframes for completion were met for approximately 63% of Preliminary Assessments reviewed and for approximately half of the Post-Sentence Community Assessments and Correctional Plans reviewed.

A number of timeframes are identified in the interim SOPs in order to ensure timely completion of reports.

- The Preliminary Assessment (PA) is to be completed within 5 working days of the offender's SCD.
- The Post-Sentence Community Assessment (PSCA) is to be completed within 30 calendar days of the SCD.
- The Correctional Plan (CP) is to be completed within 70 calendar days of the SCD.

The findings of the current audit indicate that sites are meeting the PA timeframe in 103 of the 164 cases reviewed (63%), while 66 of the 137 PSCA (48%) and 93 of the 163 CP (57%) reviewed are being completed within the required timeframe.⁶ This is illustrated in the following graph:



[It should be noted that although the SOP calculates timeframes from the SCD, the audit team did take into consideration those cases where the offender received a federal sentence after already having started a provincial term. The later date was used in the timeframe calculation in these cases.]

The following table illustrates the PSCA completion results compiled by the NHQ Reintegration sector for 1999/2000:

Table #4 - PSCA completion results

Region	Quarter	Up to 30	31-45	45+	Total @ 45
Atlantic	1st Quarter 99/00	68%	26%	6%	
	2nd Quarter 99/00	73%	23%	3%	96%
	3rd Quarter 99/00	71%	18%	11%	
	4th Quarter 99/00	66%	22%	12%	
Total		69%	22%	8%	
Quebec	1st Quarter 99/00	64%	25%	11%	
	2nd Quarter 99/00	63%	23%	13%	86%
	3rd Quarter 99/00	43%	41%	16%	
	4th Quarter 99/00	47%	38%	14%	
Total		56%	31%	13%	
Ontario	1st Quarter 99/00	45%	29%	26%	
	2nd Quarter 99/00	45%	37%	19%	82%

⁶ It should be noted that all documentation timeframes were calculated using the date the document was locked in OMS.

	3rd Quarter 99/00	49%	41%	11%	
	4th Quarter 99/00	45%	32%	23%	
Total		46%	34%	20%	
Prairies	1st Quarter 99/00	46%	38%	16%	
	2nd Quarter 99/00	38%	48%	15%	86%
	3rd Quarter 99/00	41%	42%	17%	83%
	4th Quarter 99/00	41%	45%	14%	
Total		41%	43%	16%	
Pacific	1st Quarter 99/00	50%	33%	17%	
	2nd Quarter 99/00	60%	28%	12%	88%
	3rd Quarter 99/00	48%	40%	12%	
	4th Quarter 99/00	47%	39%	14%	
Total		52%	34%	14%	
National	1st Quarter 99/00	54%	31%	15%	
	2nd Quarter 99/00	52%	35%	13%	87%
	3rd Quarter 99/00	49%	37%	14%	
	4th Quarter 99/00	48%	36%	16%	
	Grand Total	51%	35%	15%	

Unfortunately, delays at the forefront shorten the timeframe for the remaining reports. For example, if the PA is not completed within 5 working days of the SCD, then the request for PSCA is delayed as a result. Consequently, the timeframes required by the SOP are difficult to meet at times. Reasons for delays, reported by staff during interviews, are included in the following table:

Table #5 - Source of delays in completing OIA documents

Preliminary Assessments	Post-Sentence Community Assessments	Correctional Plan
<ul style="list-style-type: none"> Distance traveled by community Parole Officers 	<ul style="list-style-type: none"> Unable to reach contact / contact not willing to participate 	<ul style="list-style-type: none"> Non-availability of official documentation
<ul style="list-style-type: none"> Remand centres transfer offenders before community Parole Officer can interview offender 	<ul style="list-style-type: none"> Late request for PSCA 	<ul style="list-style-type: none"> Non-availability of supplementary assessments
<ul style="list-style-type: none"> Resources 	<ul style="list-style-type: none"> Resources 	<ul style="list-style-type: none"> Resources
<ul style="list-style-type: none"> Time delays inputting information into OMS by clerical (or other) staff and delays in locking documents on OMS 	<ul style="list-style-type: none"> Time delays inputting information into OMS by clerical (or other) staff and delays in locking documents on OMS 	<ul style="list-style-type: none"> Time delays inputting information into OMS by clerical (or other) staff and delays locking documents on OMS
<ul style="list-style-type: none"> Delays in notification of sentencing 	--	<ul style="list-style-type: none"> Transfer delays from province to institution (especially from remote areas) or due to outstanding charges

Preliminary Assessments	Post-Sentence Community Assessments	Correctional Plan
<ul style="list-style-type: none"> Offender is remanded to provincial custody for outstanding charges 	--	<ul style="list-style-type: none"> Offender is returned to court to deal with outstanding charges.

In addition, in the Pacific region, some offenders participate in the Cognitive Skills program while at RRAC. The CP in these cases is not locked until the program is completed, causing a delay in meeting the 70-day timeframe. In other regions, such as the Atlantic region, because the sample selected was during the summer months, interviewees felt that the results did not reflect the situation at the time of the audit.

It was suggested during interviews that the 30-day timeframe for PSCAs should commence from the date of the request and not the SCD. It was also suggested to the audit team that a timeframe for submitting requests should also be established. According to interviews, RADAR now reports PSCA timeframes several ways, one of which is based on the date of the request. Also, consideration is given to certain exceptions (i.e., where SCD is for provincial sentence and federal SCD is actually later in time) by assessing only those cases where the offender was admitted to a CSC facility within 15 days of their SCD.

According to interviews, it would appear that to date, the emphasis has been on meeting timeframes. As a result, the quality of the reports often suffers in order to meet the required deadlines. For example, as mentioned in finding #8, there was little analysis found in most of the PSCAs reviewed. Interviewees suggested that given the short timeframe in which they have to complete a PSCA, they are unable to take the time to corroborate the information provided by the contact or review any available information on the offender. Nevertheless, some quality issues could be addressed through training and clarification of content requirements.

Finding #23: The results of supplementary assessments are not always being included in the domain analyses. In addition, where the results are presented, there is often very little analysis of the information provided by the Parole Officer.

In 61 of the 164 cases reviewed (37%), the results of all available supplementary assessments were included in the domain analyses:

- In 3 facilities, most cases included the results of available supplementary assessments;
- In 3 facilities, most supplementary assessments were available, and the results of approximately half were included of the domain analyses;
- In 4 facilities, there was almost no mention of available supplementary assessments in the domain analyses; and
- In 4 facilities, most supplementary assessments were not available when the CP was developed.

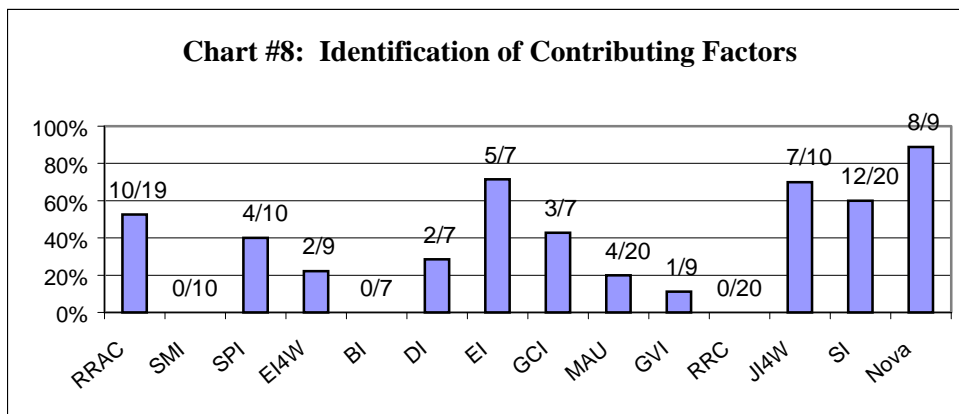
The audit team found that when the results of supplementary assessments were included, there was often little analysis of the information by the PO. In some cases, the domain analyses consisted simply of a quote of the results of the supplementary assessment and no other

information (such as official documentation, offender interview information, etc.) was analysed to provide a context to interpreting these results. This was often true for the results of psychological assessments where large paragraphs were cut and paste from the report but there was no analysis of this information provided. Similarly, in some facilities, the domain analyses for substance abuse or education are completed by programs staff who are responsible for CLAI and CAAT testing. In many cases, no further information or analysis is added by the PO to that which is entered by the programs staff. This is further discussed under finding #30.

Finding #24: Only 35% of cases reviewed made a clear statement in each of the domains indicating whether or not the factors contributed to the offender's criminality.

Paragraph 77 of SOP 700-4 states that *"Within the domain analysis, the reasons why the specific dynamic factor is rated as contributing should be provided. For other factors not directly related to criminal behaviour, but where concrete intervention will improve safe and timely integration, a clear explanation of why such factors require intervention to enhance reintegration should be provided."*

The audit team found that this was included in only 58 of the 164 (35%) OIA reports reviewed. In many cases, it was not possible to determine by the narrative of the analysis whether or not the PO was identifying the factor as contributing. While the Correctional Plan often listed the contributing factors, this was generally a list of all the need areas rated as "some" or "considerable". There was no further analysis to indicate which factors were directly related to criminal behaviour. In the RRC Quebec the domain analysis section of the OIA is not completed.



Finding #25: Static factor and dynamic factor ratings were assigned according to the SOP guidelines in 74% and 85% of the cases reviewed, respectively.

In general, no major concerns were noted in this section. The guidelines in the SOP relating to this factor are not overly prescriptive and allow for some subjectivity. Overall, the audit team concurred with the static factor ratings assigned in 122 of the 164 (74%) cases reviewed. In 36

of the remaining cases, the audit team felt that the static factor rating was assessed higher than the guidelines.

With respect to the dynamic factor rating, in 139 of 164 (85%) cases reviewed, the audit team concurred with the dynamic factor rating assigned by the Parole Officer. Some interviewees expressed confusion over the guidelines of the SOP for this rating, particularly the definition of "few" needs. Several interviewees indicated that they were not clear on the requirements of the SOP in assigning this rating.

In light of the fact that these two ratings are used by OMS to calculate the offender's reintegration potential, it is important that they be assessed at an appropriate level. Further clarification or training may be required to address Parole Officer concerns.

This portion of the audit also addressed the requirement (SOP 700-4, para. 44) that the domain analysis in the Criminal History Record must be no longer than two sentences in length. This limit exists in light of the fact that this narrative is linked to, and printed on, the Standard Profile. While the audit team found that 43% (70 of the 164 cases reviewed) did not meet this requirement, the narrative did not greatly exceed two sentences in the majority of cases. Of primary concern were those cases where this domain did not contain any information at all (8 cases), or where the narrative greatly exceeded this requirement (approximately 15 cases).

Finding #26: The motivation level comments provided in 49% of cases reviewed met the content guidelines of SOP 700-04.

In all cases reviewed, an assessment of the offender's motivation level was provided. Nationally, in 49% of cases reviewed, the analysis was in accordance with the guidelines of the SOP. In these cases, the rationale extended beyond the offender's stated motivation level to include aspects such as:

- possession of skills, knowledge required to effect change in behaviour, i.e. is ready to change;
- level of external support from family, friends or other community members;
- the offender's Case Management Strategy group; and/or
- the offender's past history related to demonstrating change.

In very few cases did the motivation comment address "the specific ways in which the offender can demonstrate change, and how staff should work with the offender to increase motivation" as required by the policy. Many of the non-compliant cases simply stated that the offender was, or was not expressing a desire to participate in programs, without exploring any other elements.

Finding #27: With the exception of cases at Springhill Institution, the timeline section of the Correctional Plan was not completed according to policy in most of the sample examined.

With the exception of Springhill (who piloted the aspect of timelining), very few sites fully met this requirement in any of the cases reviewed. In summary, the SOP requires that timelines identify:

- start and end dates of programs identified in the OIA / Correctional Plan;
- decision dates for DP / FP (not the actual expected release date);
- decision dates for transfers, UTA and work releases (audited this for cases > 4 years);
- if no programs required, then timeline must include work assignment; and
- an indication of the release destination, where applicable.

The audit team found that timelining was not clearly understood by most people interviewed. Many staff were not aware of the SOP requirements beyond including programs in the timeline. Some felt it was a duplication of the information found in the narrative of the Correctional Plan.

Although most timelines reviewed had at least one program listed, they often did not include all programs required in the CP. In particular, many did not identify the timeframes for community programs. Most included only the eligibility dates automatically populated into the timeline by OMS, rather than identifying the potential decision dates.

Overall, the audit team identified a need for further training and clarification in this area to ensure that Parole Officers clearly understand the requirements of timelining and its purpose.

Finding #28: In many cases reviewed, the programs identified in the timeline, narrative and program referrals did not correspond with each other or to the needs identified in the domain analyses.

The audit team examined four areas where programs are identified for the offender's sentence: the timeline, the Correctional Plan narrative, the domain analyses and program referrals in OMS. In many cases, the audit team was unable to determine exactly which programs were being recommended for the offender and/or at which point in the sentence the programs would be required. This was due to the fact that program information did not always correspond. In addition, in several cases, programming did not correspond with eligibility dates.

In addition, there was often no indication of any programs completed by the offender during a previous sentence. This information could have served to support why a referral was not being made to the program during the current sentence. Many cases did not identify community programming and the educational requirement for offenders with less than a grade 10 education was included in Correctional Plan in 65 of the 100 cases where this would have been required.

Program applications / referrals

In this section, the audit team assessed whether a referral had been made through OMS for each program identified in the timeline and Correctional Plan. In some sites, very few referrals to community programs were found on OMS, although in most cases, referrals were done for institutional programs. In some cases, program referrals were made to programs not identified in the narrative or timeline of the Correctional Plan. Conversely, there were not always referrals for required programs.

Over-programming

Of concern in at least two facilities for women (Nova and Edmonton Institutions for Women) were cases where over-programming was identified. In these cases, the Correctional Plan often indicated that the offender was a high reintegration potential with a low dynamic factor rating and few areas of need. However, several core programs were identified in the Correctional Plan. It appeared in these cases that the programs were self-development and did not correspond to the offender's contributing factors. An extreme example was the identification of a parenting program for offenders who did not have any children. In these cases, these programs should not be included in the Correctional Plan or it should be clearly identified that they are not required to be considered for conditional release or transfer.

Reintegration potential

According to SOP 700-04, the offender's reintegration potential (RP) is automatically calculated by OMS based on the results of the offender's individual scores on the Custody Rating Scale (CRS), General Statistical Information on Recidivism (GSIR) and the Static Factor Rating. For women and all aboriginal offenders, it is determined using the offender's individual scores on the CRS, Dynamic Factor Rating and Static Factor Rating.

The audit team found that in 60% of the cases reviewed, the recommended level and sequence of programming corresponded to the offender's identified reintegration potential. In several other cases reviewed, the programming was appropriate to the contributing dynamic factors identified, however did not correspond to the reintegration potential. Interviewees expressed some frustration over cases where they disagreed with the RP that was automatically generated by OMS. In some cases reviewed, a clear analysis was presented to justify the level of programming contrary to the OMS-generated RP. At present, this is the only means with which to address this issue.

Finding #29: The content of CP narrative varied significantly from case to case and did not often follow the guidelines contained in SOP 700-4.

As part of the quality review portion of the audit, the team assessed the content of Correctional Plans against the content guidelines in SOP 700-4. In general, the audit team found that these guidelines were not often followed. Further, the analysis and planning for the institutional portion of the sentence was generally better than the planning for the community portion.

With a few exceptions, the objectives listed were rarely specific to the offender and his/her criminal behaviour. Rather, only general program objectives were listed. Goals identified were not always measurable, as required by the SOP. Few cases indicated what would be required for the offender to be considered for transfer to lower security or for conditional release. In 120 cases, the CMT members were identified and in 119 cases, it was stated that the offender participated in the development of the plan, accounting for approximately 75% of the cases reviewed.

s. 81/84 for Aboriginal offenders:

SOP 700-4 requires that, where applicable, the offender's interest in a section 81 or 84 release be addressed in the Correctional Plan. In the Prairie region, this was included in 18/26 applicable cases reviewed (69%) and in the remaining regions, it was addressed in 3/9 applicable cases (33%). Most made a simple statement to the effect that the offender was not interested in pursuing this type of release.

While some facilities have taken general action to address this issue (eg., Bowden has a letter that is sent out referencing section 84 and requesting information and assistance from bands), there is still very little happening in this regard.

Finding #30: In general, there was a lack of analysis provided to pull together all of the information in the domain analyses and correspond with the programs identified in the Correctional Plan.

This portion of the audit addressed the extent to which the content of the domain analyses in the Offender Intake Assessment (OIA) adhered to the requirements of the SOP. Namely, that results of supplementary assessments were included, that contributing factors were clearly identified, and that the dynamic factor rating was assessed according to the guidelines. The audit team also examined the content of the OIA report to determine whether the analysis provided supported the level of need identified for each of the seven domain areas (asset, no need, some need, considerable need). The Correctional Plan was further reviewed to ensure that the needs identified in the domain analyses were reflected in the timeline and objectives for the offender.

In each domain, the audit team was looking for a summary of relevant information (supplementary assessment results, PSCA information), offender statements made during the interview, as well as an analysis of this information by the Parole Officer. In general, as indicated earlier in this section, domains often did not include all of the necessary information and, when it was included, there was often little analysis of this information by the Parole Officer. In some cases, the narrative and official information supported that a particular domain was a need area, however, it was rated as no need for improvement. Similarly, some needs that appeared to be "considerable" were rated as "some". According to interviews, Parole Officers are being directed to reduce the number of needs areas, particularly in APR offenders or those with short sentences. As a result, only significant needs are being identified or those that can be addressed during the offender's sentence. In particular, the audit team found that the employment domain was often an area that was not rated as a contributing factor, although the information on file indicated that the offender's involvement in criminal activity was due to a lack of meaningful employment skills. The audit team identified only a few rare cases where domains were over-rated compared to the information presented.

In addition, the audit team also found that there was often new information presented in the Correctional Plan, although the plan is supposed to derive from the analysis contained in the OIA report. In some cases, interviewees indicated that less analysis was being included in the OIA

document in light of the fact that it was no longer required to be printed or shared with the offender or National Parole Board (NPB). This, however, is no longer the case, as this document is being shared with the NPB as of July 2000.

Many of these issues were explored in the context of quality control of the OIA process. Several concerns were raised in many sites with respect to the lack of quality control being conducted on Correctional Plans and OIA reports. While cases are discussed in Program Boards at many sites, these discussions are based on the information presented by the Parole Officer responsible for the case. Many interviewees responsible for quality control indicated that they do not have the time to thoroughly review each case and simply scan for obvious discrepancies.

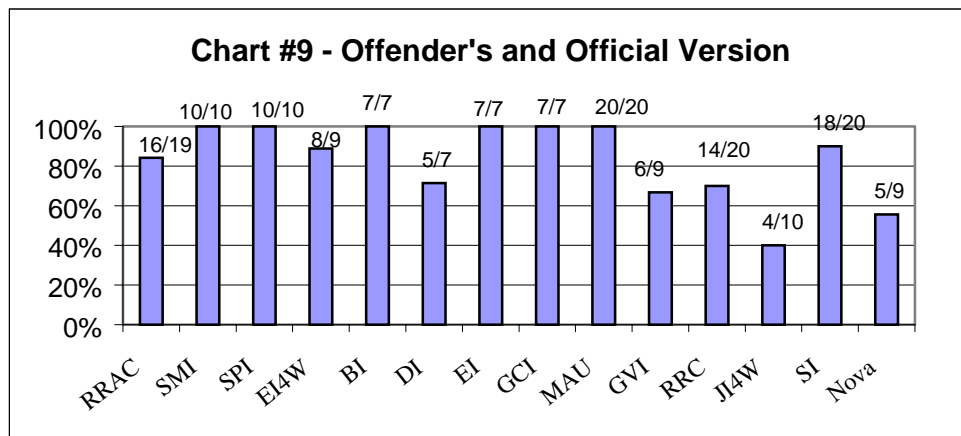
Section 8: Criminal Profile Report

The audit team assessed the content of each criminal profile against the content guidelines of the SOP. Each of the sections of the report was examined: offender and official version, analysis of criminal behaviour and the offence cycle. The audit team also examined whether results of outstanding charge verifications and serious harm analyses were included in the Criminal Profile as required by the SOP.

Many interviewees indicated a preference for the Criminal Profile Report to return to being a stand-alone document. NHQ is currently exploring this possibility based on feedback on the Operation Bypass process.

Finding #31: The official version was clearly presented in 84% of cases reviewed.

In general, cases were rated compliant in this section if the circumstances surrounding the current offence(s) were clear. In most cases, the basic information was presented (i.e., offense, date of occurrence and a gist of the incident), however, details were sometimes missing with respect to the supporting information (i.e., motive for the offense, factors leading up to the decision to commit, offender's attitude/remorse, etc.). In addition, some cases did not clearly identify the specific role of the offender in the offence and/or did not provide information on the offender's accomplices (name(s), role, and status).



Although no new information was received, some sites included an updated offender's version at the time of the intake assessment report. This was often a good supplement to the information provided during the PA and provided information about the offender's motives for and attitude towards the offense, as well as any expressed remorse.

Several aspects of the content guidelines were not addressed in many cases, including the offender's performance while on bail, whether the offender's version was consistent with the official version, media attention and judge's comments on sentencing.

Of primary concern were those official versions that were completed without all of the required official documents (police report, court transcripts, etc.). In some cases, documents were available, but the Parole Officer was not including the information in the report. In others, Correctional Plans were being completed well before the documents could be received. This was particularly true at the RRC. In these cases, file reviews and interviews indicated that the Parole Officer (or other intake staff such as the Psychologist) would contact the police detachment by phone to get the pertinent information instead. Interviewees reported that in some instances police units are helpful, however, in others, calls are not returned, or the police department is reluctant to cooperate and will only provide a minimum of information. As a result, not all of the required details are available to the Parole Officer when writing the Criminal Profile Report.

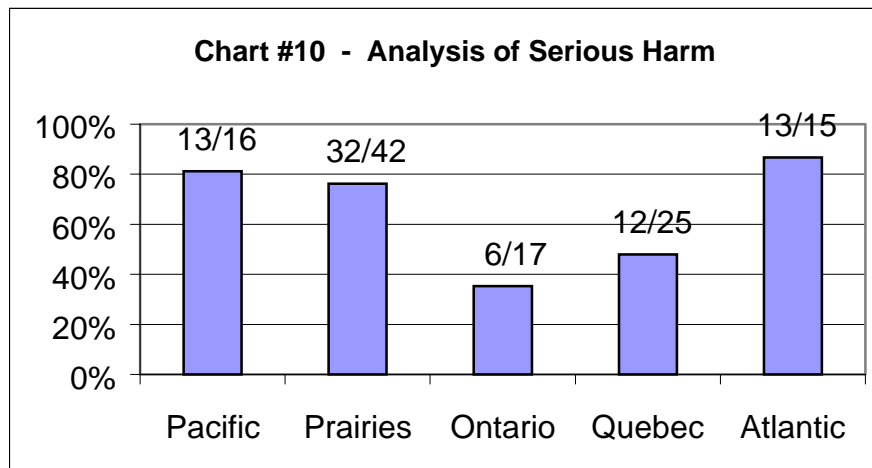
CPIC results - outstanding charges

The results of outstanding charge verification were included in almost all Criminal Profile Reports examined. In some cases, CPIC was not specifically mentioned, only that Sentence Management was consulted (Joliette) or that there were "no outstanding charges that we are aware of" (Nova).

Policy also requires that the results indicate the date and time of the CPIC request as well as the date and time that the results were received. The audit team found no mention of the date of the CPIC request in any report, but in most cases, there was an indication of the date of the CPIC results.

Finding #32: The analysis of serious harm was in accordance with SOP guidelines in 66% of cases where this was included in the Criminal Profile Report.

With respect to serious harm, the audit team found that the 89% of criminal profiles examined provided some form of analysis of serious harm. In 66% of these cases, the analysis provided was in accordance with the SOP guidelines; in the remaining cases, the information was cursory and did not provide a clear statement indicating whether serious harm was met or not. The audit team did not look for analysis of serious harm in non-scheduled cases.

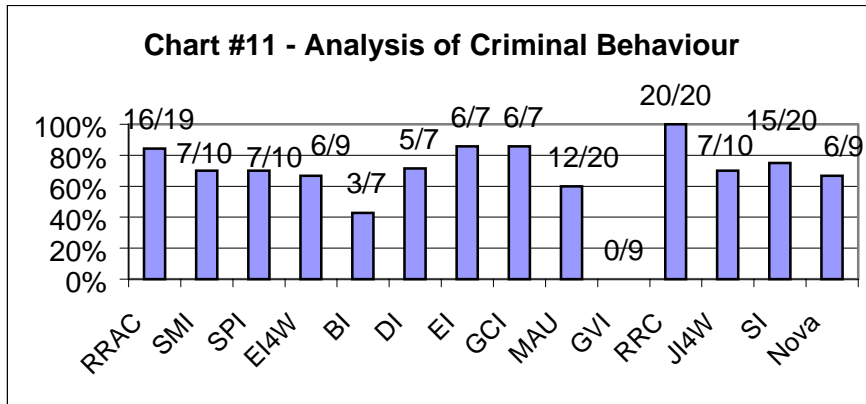


As previously mentioned in section one, information from victim impact statements should be an important part of the analysis of serious harm. However, the audit team found that these documents were rarely received prior to the development of the Correctional Plan and in some cases, not referenced in the analysis, even though they were available.

In all required cases, a flag was activated in OMS indicating that a detention review was required. In 36 cases, however, the flag was from a previous sentence and had not been deactivated and reactivated with a more current one.

Finding #33: There was sufficient analysis of criminal behaviour in 71% of cases reviewed.

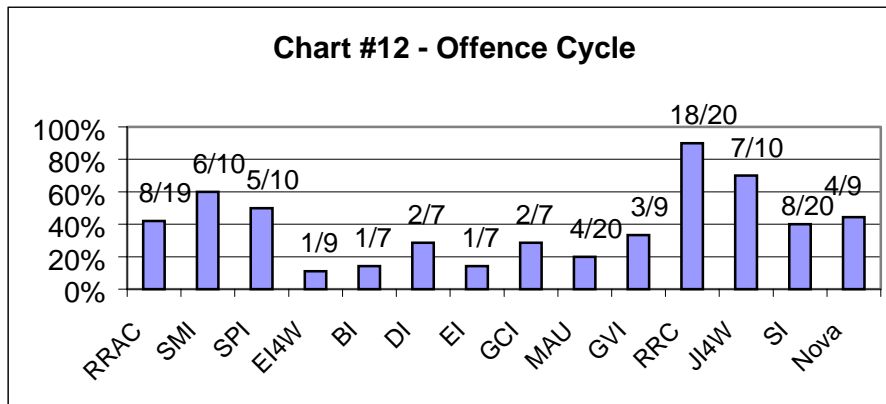
With the exception of many cases examined in the Quebec region and some sites in the Prairie region, the audit team found that this section of the criminal profiles reviewed generally lacked analysis. While the content guidelines were followed with respect to format and the required factual information included for the most part, there was little analysis of the information by the Parole Officer. The portion of the analysis that lacked the most information was often in the area of institutional and supervision history, particularly in those cases where the offender was not serving a first federal sentence.



Within the assessment of the analysis of criminal behaviour, the audit team examined whether an analysis was provided of the risk presented by the offender. In this regard, mention of the General Statistical Information on Recidivism (GSIR) scale was generally made, however there was rarely any indication as to the Parole Officer's analysis of this result. The exception was in Quebec, where in each case, the Parole Office presented the GSIR scale result and included an analysis of the offender's criminal behaviour in order to support or counter the results of this tool.

The audit team did not examine in detail the completion of GSIR scales, but rather only assessed that one was completed in each applicable case. No major concerns were noted in this regard, with the exception of a small number of Aboriginal cases in the Prairie region where the scale was completed. According to the information in OMS, the GSIR scale was completed in these cases "for research purposes". Of concern was that the information was included in the Criminal Profile Report in these cases. Some staff commented that because the GSIR had to be locked in OMS (automatic function), they completed the tool when it was not required.

Finding #34: 43% of offence cycles reviewed were in accordance with the guidelines in SOP 700-04.



With the exception of Quebec, very few offence cycles were completed in accordance with the guidelines of the SOP. While many identified the internal and external factors contributing to the cycle, there was generally little analysis to link them together and identify a cycle of behaviour. In some cases, the focus was only on the current offense, as opposed to the offender's criminal history, as required by the SOP.

According to interviewees, this is an area that is still not clearly understood. Many expressed the need for further clarification or training and indicated that the SOP did not provide sufficient guidance. While the SOP lists the external and internal factors to be considered, it does not provide any guidelines as to how they should be analyzed to form an offence cycle.

Section 9: Accelerated Parole Review (APR) / Short-Term Cases

This section addressed the identification of offenders eligible for Accelerated Parole Review (APR), as well as the community strategy requests required in certain cases (i.e., APR cases serving a sentence of less than 4 years as well as all other offenders serving a sentence of less than 3 years).

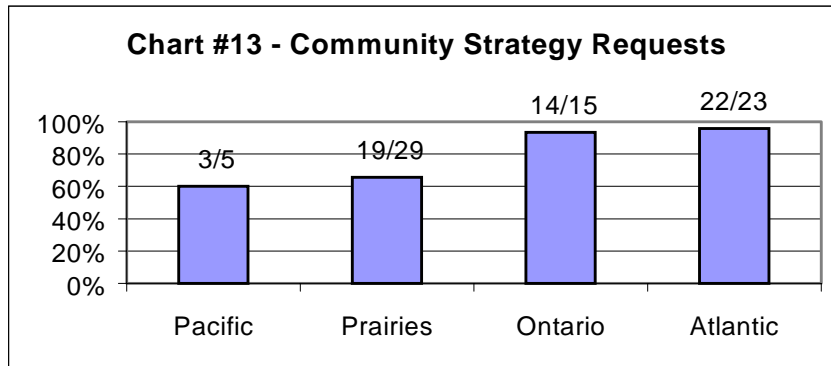
Finding #35: It was generally found that offenders eligible for Accelerated Parole Review (APR) were identified within the required timeframe and NPB notified accordingly.

Policy requires that *"each offender intake unit shall review all offenders within 7 days following admission to the institution in order to identify those eligible for accelerated parole review"*. (SOP 700-4, 23) Furthermore, the Service is required to notify the National Parole Board of those offenders who are eligible for APR.

The audit team identified no major concerns with respect to this issue. File review and interviews with Sentence Management staff revealed that each facility is using a different means in which to perform and record this process, however, at all sites, sentence management was aware of their responsibilities.

Finding #36: Community Strategy requests were completed in 81% of cases required by policy.

In all regions except Quebec, SOP 700-04 requires that for "all offenders serving four years or less who are eligible for Accelerated Parole Review, and for all other offenders serving three years or less who are applying for day parole and/or full parole, the Parole Officer in the Intake Unit shall create a Correctional Plan Progress Report to initiate a request for a Community Strategy from the area where the release will be effected".



In examining this section, the audit team did not include cases with a low reintegration potential, or non-APR offenders who waived full parole or did not apply for day parole. This is in line with SOP 700-05, which states that a community strategy is required for

- all case reviews under the Accelerated Parole Review procedure;
- all case reviews for which a positive recommendation to the NPB is anticipated, regardless of the reintegration potential; and
- all case reviews where the reintegration potential is high or medium, even if a negative recommendation to the NPB is anticipated.

In some facilities, interviewees indicated that they felt it was sometimes too early to request the community strategy when the offender was still in the intake unit. In some cases, they did not feel that it was useful, so they simply decided not to request the community strategy and left it to the parent institution to complete. Many regions have implemented various rules to determine who is responsible for submitting the request and completing the report, depending on factors of the case and sentence length.

This process will be further examined in a subsequent audit of the institutional case management process.

Finding #37: In the Quebec region, Community Strategies are included in the PSCA and reassessed at the end of the intake process.

In the Quebec region, a community strategy is requested as part of the initial PSCA for all offenders serving four years or less who are eligible for APR and for all other offenders serving three years or less.

The audit team found that in 18 of the 22 (82%) applicable cases reviewed in the Quebec region, the PSCA included a community strategy. It was noted, however, that the content of the community strategies in the PSCAs reviewed was not according to the guidelines. The following elements were verified:

- Identification of frequency of contact;
- Identification and analysis of recommended additional conditions;
- Identification of and consultation with CRF / CBRF;
- Consultation with institutional Parole Officer;
- Police opinion; and
- Identification of programs / contributing factors

According to interviews, community POs are finding it difficult to complete a solid community strategy in light of the lack of official documentation at that point in the sentence. In both women and male cases, a new community strategy is discussed once the Correctional Plan has been developed and a community PO is involved in this process. As a result, the strategy presented in the PSCA is rarely useful.

When developing the A4D for release, the SOP requires that the community be consulted to determine the validity of the community strategy in the PSCA. There is currently a consultation process in place at both Joliette and the RRC as a Parole Officer from the Ville-Marie (women cases) or Lanaudière (male cases) office is involved in developing community strategies for all offenders at the end of the intake process. Policy also requires, however, that the releasing community be consulted through a CPPR request for an updated community strategy, when one is required. The current process does not include a consultation with the releasing community and there is no CPPR request or update of the community strategy on OMS. Rather, the institutional Parole Officer includes the results of the verbal consultation in the A4D and the Correctional Plan. Of concern was that there was often no analysis or rationale provided to account for any discrepancies between the original strategy in the PSCA and the one developed at the end of the intake process.

Section 10: Other Issues Examined

Finding #38 - Fenbrook Institution is completing intake assessment for offenders sentenced in Nunavut and is working towards addressing issues particular to this group of offenders.

Although there were only two files available for a full review at Fenbrook, a member of the audit team visited the institution to interview staff and determine whether the general procedures were in place to complete OIA for Nunavut offenders. Issues particular to dealing with Nunavut offenders were discussed. Overall, it was found that many issues raised at Fenbrook were similar to those identified in the decentralized OIA facilities in Alberta, such as the need for formal training, a lack of resources to address requirements other than case management (i.e., psychological assessments), etc.

The primary issue identified was that there was no formal training provided to Fenbrook staff involved in OIA. Rather, a few individuals spent some time at MAU learning the case management aspect and completed one case. MAU staff provided guidance but there was no formal training. Other staff also reported having received guidance from MAU for their involvement in intake assessment (i.e., sentence management).

Most staff interviewed did not report major difficulties with respect to language and communications with the Inuit offenders. Where general assistance is required, translation and interpretation is provided by the Inuit Liaison officer, or other Inuit offenders who are willing to assist. Most of the offenders have an understanding of English that has allowed them to participate in core programming. Concerns were raised, however, with the lack of resources to provide translation of documents when required (currently costs approximately \$35 per page) and the difficulties with interpretation/translation of complicated subjects (i.e., sex offender assessments).

Many interviewees raised the issue of a lack of programming geared towards Inuit offenders at Fenbrook. Although only approximately six new Inuit offenders had been received for intake assessment at the time of the audit, many others were transferred from the Prairie region. As a result, there were 38 Inuit offenders at Fenbrook at the time of the audit. In addition, there are no community programs available where many of these offenders plan to reside on release. As a result, required core programs often have to be taken while incarcerated as there is no alternative in the community.

While there were no programs at Fenbrook specifically for Inuit offenders at the time of the audit, plans were underway to develop a 16 week program that will address sexual offending, as well as incorporate parts of Cognitive Living Skills, Living Without Violence and OSAPP. It will also involve two Inuit Elders from Nunavut who will be able to provide follow-up with offenders in the community. Currently, there is an Inuit Liaison who offers one-on-one counselling and group sessions to discuss the Inuit culture. A carving shed has also been built and staff awareness sessions provided by the Inuit Liaison.

Finding #39: The audit team found that the OIA process is not being applied to women offenders serving their federal sentence at Burnaby Correctional Centre for Women (BCCW). Furthermore, the current Pacific Region Exchange of Service agreement does not address OIA completion for federal offenders.

SOP 700-4 (9) requires that the OIA be completed on all "women offenders serving their federal sentence in Burnaby Correctional Centre for Women". A file review was conducted on seven women offenders, incarcerated at Burnaby Correctional Centre Women (BCCW), who received federal sentences. The review was completed in order to ascertain the information available (including official documentation) for case management purposes, and the assessments conducted at initial intake on these federal offenders.

At BCCW, the audit team found that limited official information was on file (i.e., police reports and some judge's reasons for sentence were discovered). A form similar to the Case Document Checklist was on file including dates indicating when reports were received. BCCW is presently experiencing information collection difficulties. Interviewees indicated that this presents limitations with respect to completing detailed reports and assessments. It is noted that the provincial parole board reviews federally sentenced women offenders incarcerated in British Columbia. The provincial board does not request all the official documentation that the National Parole Board (NPB) requests prior to reviewing and granting an offender conditional release. However, offenders serving a life sentence are seen by the NPB.

In addition, community reports are not being requested or completed for these offenders. No Preliminary Assessments or Post-Sentence Community Assessments were found on file. Staff indicated that current practice does not require these reports to be completed.

The audit team noted that a form is being used to determine the offender's security classification. The form is a checklist of questions pertaining to issues of institutional adjustment, escape risk and public safety. Items pertinent to a particular offender are checked off with little to no analysis as to why the particular level, i.e. maximum, medium or minimum is given. BCCW houses offenders at both medium and minimum-security level. It was also discovered that a form similar to the CSC Correctional Plan is being utilized, by BCCW, which provides more detail, including programs for decision-making purposes.

It presently does not appear that the federally sentenced women offenders at BCCW participate in the CSC OIA process. However, the provincial process does touch upon some of the requirements necessary at intake (i.e., gathering of official information, assignment of security level). Interviews conducted with staff suggested that all federally sentenced women offenders should participate in the full CSC OIA process as per the male offenders. OMS implementation was underway at the time of the audit team's site visit.

It is noted that the Women's Offenders Unit NHQ is currently addressing this issue.

CONCLUSION AND RECOMMENDATIONS

In general, the audit team found that all staff interviewed were professional and dedicated to the work that they perform. Frustrations were expressed with respect to conflicting pressures (i.e., meeting timeframes vs. producing quality documents) and varying interpretations of the Standard Operating Procedures. In some instances, resources were a particular limitation to meeting full compliance, notably in those facilities that have only recently undertaken an OIA function.

The following recommendations are made to address the issues raised during this audit.

RECOMMENDATION #1 **(Reference: section 1, finding #2)**

That each region clarify the roles and responsibilities of the community, intake units and receiving institutions with respect to requesting documents and recording the information in the CDC.

Action by: Regional Deputy Commissioners

RECOMMENDATION #2 **(Reference: section 4, finding #10)**

That consideration be given to the development of a national casework record template for recording the requirements of the initial interview and other related information.

Action by: Assistant Commissioner, Correctional Operations and Programs, in consultation with the Assistant Commissioner, Corporate Services

RECOMMENDATION #3 **(Reference: all sections)**

That the policies governing Offender Intake Assessment be reviewed and consideration be made to making any necessary modifications or clarifications with respect to all issues identified in this audit, including, but not limited to:

- a) responsibility for flags/alerts/needs and under what circumstances one is needed; also updating and deactivating old flags/alerts/needs;
- b) content of psychological and sex offender assessments;
- c) emphasis on completing supplementary assessments prior to CP, not just on making referral within 2 weeks;
- d) content of A4Ds for initial security level and penitentiary placement;
- e) medical check within 7 or 14 days (concurrence with CD 800);
- f) referrals for educational testing (CAAT);

- g) decision maker for initial offender security level; and
- h) community strategies.

Action by: Assistant Commissioner, Correctional Operations and Programs

Very few staff interviewed reported receiving any formal training with respect to Intake Assessment, particularly since the introduction of Operation Bypass. With respect to the latter, most interviewees reported that they had received the same general Operation Bypass training as other Parole Officers, during which OIA was a small part of the session. In sites that had only recently become involved in OIA (i.e., institutions in the Prairie region and Fenbrook), training was provided "on-the-job" and in many instances, staff were required to figure out for themselves how to proceed with their new tasks. In light of the fact that the audit team encountered a surprising number of staff who were not aware of their responsibilities with respect to OIA, the following recommendation is made:

RECOMMENDATION #4
(Reference: all sections)

That clarification and/or training be provided to OIA facilities and community Parole Offices with respect to problematic areas of OIA identified in this report, including, but not limited to:

- a) content of A4Ds for penitentiary placement & offender security level;
- b) content of Post-Sentence Community Assessments;
- c) timelining;
- d) development of offence cycles;
- e) community strategy requests;
- f) section 81/84 requirements;
- g) completion of SARAs; and
- h) completion of CRS.

In particular, any changes that are made as a result of modifications to policy should be clearly communicated to all OIA staff.

Action by: Assistant Commissioner, Correctional Operations and Programs

It is possible that some of the action taken to address the issues in this report will result in modifications to OMS. In the course of the audit, the team noted a few areas where changes to OMS would be required, as noted in the following recommendation:

RECOMMENDATION #5
(Reference: findings #8 and #21)

That modifications be made in OMS to address any changes made to the intake assessment policy or procedures, including, but not limited to:

- a) sharing block for sharing of PSCA with the offender;

b) PSCA contact in Preliminary Assessment;

Action by: Assistant Commissioner, Correctional Operations and Programs, in consultation with Assistant Commissioner, Corporate Services,

RECOMMENDATION #6
(Reference: section 5, finding #14)

That the need for a specialized sex offender unit be assessed in OIA facilities responsible for a large number of sex offender assessments.

Action by: Regional Deputy Commissioners

ANNEX A ACTION PLAN

As submitted by the Reintegration Division of NHQ with input from the Regions.

2000 NATIONAL AUDIT OF INTAKE ASSESSMENT - ACTION PLAN

RECOMMENDATION	ACTION PLAN	OPI
1. That each region clarify the roles and responsibilities of the community, intake units and receiving institutions with respect to requesting documents and recording the information in the CDC.	<p>Each region should have a short Regional Instruction setting out responsibilities in this area. Some indicate they have already set out this in region, however none have an RI on Infonet.</p> <p>Target date: submit copy of written regional policy to A/ACCOP by 01-08-31</p>	RDCs
2. That consideration be given to the development of a national casework record template for recording the requirements of the initial interview and other related information.	<p>A draft has been developed - but should only proceed on the understanding that the current SOP remains silent on who conducts the initial interview and completes this casework record. It is only provided as a tool to simplify documenting information obtained at initial reception of offender, and moreover, its use should be optional in the regions. This should avoid re-opening (or exacerbating) matrix, and will not affect how each unit currently meets this requirement.</p> <p>Each institution responsible for intake assessment should issue a Standing Order setting out procedures and responsibilities for the initial interview.</p> <p>Target date: Template available: 01-06-01 SOs issued: 01-06-01</p>	<p>ACCOP, in consultation with the ACCS</p> <p>Wardens of Inst with intake units</p>

RECOMMENDATION	ACTION PLAN	OPI
<p>3. That the policies governing Offender Intake Assessment be reviewed and consideration be made to making any necessary modifications or clarifications with respect to all issues identified in this audit, including, but not limited to:</p>		
<p>a) responsibility for flags/alerts/needs and under what circumstances one is needed; also updating and deactivating old flags/alerts/needs;</p>	<p>This issue applies to all operational departments that use OMS, as such it is not specific to intake assessment or to case management. Action will be taken to issue clear definitions of each flag/alert/need by 01-03-31. Except for certain flags/alerts/needs that have been clearly assigned to various departments (e.g. IPSO, Sentence Management), no national direction on who is to activate or deactivate the flags/alerts/needs will be issued. Operational units are expected to establish workable local rules for this function.</p>	<p>ACCOP</p>
<p>b) content of psychological and sex offender assessments;</p>	<p>Senior psychologist does have draft content guidelines for psych assessments, however implementing this nationally may still be dependent on the issue of resources, both for staff and perhaps for certain types of assessment tools. See item 3 c)</p>	

RECOMMENDATION	ACTION PLAN	OPI
<p>c) emphasis on completing supplementary assessments prior to CP, not just on making referral within 2 weeks;</p>	<p>It is a clearly understood given that these assessments should normally be completed and used to complete the intake process and Correctional Plan. Items 3 b) and c) are highly dependant on developing a national resource standard via NCAOP. If this cannot be done, CSC will have to re-think the notion of conducting comprehensive psychological assessments at the intake assessment stage. Forcing compliance to a standard requiring completion of supplementary assessments in all cases will result in delays in completing intake assessment, which is not supported in most regions and would not be supported by senior management.</p>	
<p>d) content of A4Ds for initial security level and penitentiary placement;</p>	<p>No new content guidelines will be issued, they are included in SOP on transfers. This is a compliance issue. Intake units who had problems with this have instituted action plans to ensure the guidelines are followed.</p>	
<p>e) Medical check within 7 or 14 days (concurrency with CD 800);</p>	<p>We will change the SOP 700-04 para 22 to read: "Each Offender Intake Assessment unit shall establish procedures to ensure paragraphs 15 and 16 of CD 800 are carried out." Target Date: To be determined by Policy Committee</p>	ACCOP
<p>f) Referrals for educational testing (CAAT);</p>	<p>Change referral criteria to require CAAT testing of all offenders unless there is official documentation of grade level achievement. Target date: To be determined by Policy Committee</p>	ACCOP

RECOMMENDATION	ACTION PLAN	OPI
g) decision maker for initial offender security level; and	No change to policy - it is clearly set out in SOP (under revision) on security classification . All institutions have taken action to ensure the Warden is the decision-maker as per the SOP.	
h) Community strategies.	The current policy clearly sets out when this is to be done, and in which cases it applies. There is no need for further detail in national policy.	ACCOP
4. That clarification and/or training be provided to OIA facilities and community Parole Offices with respect to problematic areas of OIA identified in this report, including, but not limited to:		
a) content of A4Ds for penitentiary placement & offender security level;	No further action required.	
b) content of Post-Sentence Community Assessments;	Training issue. See below	
c) timelining;	Training issue. See below. Note that the audit team expected staff to put recommendations for conditional release in the timeline, this is not a requirement of policy. The major issues are: a) non-congruence between timeline / RP/ CP narrative, also b) lack in some regions of any mention of community interventions	
d) development of offence cycles;	Training issue. See below	

RECOMMENDATION	ACTION PLAN	OPI
<p>PSCA, Timeline, Offence cycles, s. 81/84:</p>	<ol style="list-style-type: none"> 1. Develop specific training package on these issues 2. Regional train-the-trainer 3. Local delivery by 01-10-01 	<p>ACCOP in consultation with ACPT</p>
<p>e) community strategy requests;</p>	<p>The current policy clearly sets out when this is to be done, and in which cases it applies. There is no need for further detail in national policy or for any related training.</p>	
<p>f) section 81/84 requirements;</p>	<p>Should deal with both the PSCA and CP - include in plan above.</p>	<p>ACCOP</p>
<p>g) completion of SARAs; and</p>	<p>There is a proposal from Reintegration Programs to automate the FVRA in OMS. This, along with re-issuing the SARA manual, should ensure clearer understanding of the use and interpretation of the tool. Regions should assess the need for training and develop associated plans.</p> <p>Target date: Regions to provide a copy of assessment and training plan to A/ACCOP by 01-06-29</p>	<p>RDCs</p>
<p>h) Completion of CRS.</p>	<p>Current plan to deal with CRS overrides developed in conjunction with ACPA and Research:</p> <ol style="list-style-type: none"> 1. Re-draft and issue scoring instructions - 00-01-25 2. Provide each region with copy of training presentation delivered in Pacific region - 00-01-25 3. Study of reasons for overrides - 01-03-31 4. Analyze results of above in light of new instructions and determine any further steps. 01-06-30 	<ol style="list-style-type: none"> 1. ACCOP / ACCD (Research) complete 2. ACCOP complete 3. ACCOP / ACCD 4. (Research)complete 4. ACCOP / ACCD (Research)

RECOMMENDATION	ACTION PLAN	OPI
<p>In particular, any changes that are made as a result of modifications to policy should be clearly communicated to all OIA staff.</p>		
<p>5. That modifications be made in OMS to address any changes made to the intake assessment policy or procedures, including, but not limited to:</p>		
<p>a) sharing block for sharing of PSCA with the offender;</p>	<p>Target date: Maintenance release R6.203, date TBD 2001</p>	<p>ACCOP, in consultation with ACCS</p>
<p>b) PSCA contact in Preliminary Assessment;</p>	<p>Target date: Maintenance release R6. 203 date TBD 2001</p>	<p>ACCOP, in consultation with ACCS</p>
<p>6. That the need for a specialized sex offender unit be assessed in OIA facilities responsible for a large number of sex offender assessments.</p>	<p>Three of five regions (Atlantic, Quebec, Ontario) already either have a specialized unit or have organized the resources required to meet CSC standards. The remaining two regions should examine the various approaches used in these three regions and determine how they could organize to meet CSC standards.</p> <p>Target date: 01-08-31</p>	<p>RDCs Prairies and Pacific</p>