

Discussion Paper on Safe Care

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Ministry of Children and Family Development & Ministry of Health

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Introduction

Purpose of Paper

This paper is intended as a basis for promoting discussion about the option of introducing “safe care” in the province of BC as part of the continuum of care for youth with high risk substance use.

The paper outlines what safe care is and why it is being considered now; provides background and context on the current system of care and how safe care could fit into this continuum; and outlines the key elements for consideration in establishing a safe care program in BC.

The information provided in this paper is not intended to be conclusive. We know that interested parties hold various views and informed opinions about the implementation of involuntary safe care in BC and we want to hear from you. The last section of this report lists some questions that we would like your feedback on.

What is Safe Care?

“Safe care”, or “secure care” as it is often called, is

the involuntary detainment of youth in a secure, residential facility in order to ensure their immediate safety within a therapeutic environment and to engage them in treatment to address their complex needs and serious risks to their safety and wellbeing

For the purpose of this paper and planned discussion around safe care, the focus is on youth who use substances in extremely harmful ways, some of whom may also have related social, emotional and mental health issues, which puts them at high risk and threatens their safety and health. The issue of whether safe care should be extended beyond youth to young adults is given further consideration later in the paper.

Why is Safe Care Under Consideration Now?

There is growing public concern and awareness about problematic substance use in BC.

In 2016, there were 922 deaths in BC from illicit drug overdoses (up from 513 in 2015 and 366 in 2014). Twelve youth aged 10 to 18 years (up from an average of 5 deaths in

the previous five years) and 202 young people age 19 to 29 years (up from an average of 86 deaths in the previous five years) died of an illicit drug overdose in 2016.¹

As a result of the significant rise in drug related overdoses and deaths in the province, in April 2016, the Provincial Health Officer declared a public health emergency. There are calls on government to ensure a comprehensive system of services to meet the range of needs of individuals with substance use challenges. This includes those with high needs related to serious substance use, possibly concurrent with mental health problems, and who require very specialized services.

Although the incidence of severe substance use and the number of deaths from a drug overdose is much lower in the youth population than in the adult population, every death is a tragedy. Through the heightened awareness in the public of the opioid overdose public health emergency, the profile of safe care has been raised as a possible recourse available for youth with severe substance use concerns.

Several recent reports from the Representative for Children and Youth have called on government to create specialized residential treatment services including some form of “secure care” as part of the continuum of care, aimed at addressing the needs of youth who are experiencing high risk. (Appendix 1 is a summary of recent reports and recommendations to government related to safe care.) Parents, police, social workers, health care professionals, advocates and others continue to express concern about the lack of legal authority to intervene in a protective manner, and there are renewed calls for government to pass involuntary care legislation for youth at high risk of serious harm when they are unwilling or not ready to reduce that risk for themselves.

¹ BC Coroners Service, Illicit Drug Overdose Deaths in BC – January 1, 2007 – January 31, 2017.

Understanding Safe Care: Background and Context

Safe Care in the Continuum of Mental Health and Substance Use Services

A range of services, or continuum of care, is required to address problematic substance use, and possible concurrent mental health issues. Evidence shows that voluntary access to a range of services is effective in matching individual needs with the most beneficial care and treatment options available and getting people the help they need.

A comprehensive and complete system of substance use services includes a full spectrum of supports from: awareness and education, prevention, assessment, referral, community outpatient substance use/mental health services, outreach, withdrawal management and residential treatment in a variety of settings. The highest level of residential treatment provides services to those individuals with acute, chronic and highly complex substance use and other problems, for whom less intensive services and supports are inadequate. (Appendix 2 describes the types of youth residential services available in BC.)

The box on the next page describes the full range of youth mental health and substance use services in the province, and the five-tiered framework for providing substance use services integrated with mental health.

Safe care would fit at the top tier of services, which are most intensive, and would be available to those youth with severe substance use disorders who are unwilling, unable or not ready to access service voluntarily.

Canadian Centre on Substance Abuse identified principles for providing effective services and supports to youth:

- Ensuring youth have access to a range of services and supports, including prevention, identification and early intervention;
- Ensuring prevention and treatment approaches are evidence-informed;
- Building on a young person's strengths and addressing risk factors associated with substance use (e.g., cultural environment, peers substance use, home environment);
- Providing outreach and other programs that meet youth "where they're at";
- Collaborating with and linking to the broader system (e.g., health care, education, criminal justice and social service agencies); and
- Ensuring smooth transitions between child, youth and adult services.

Child and youth mental health and substance use services in BC

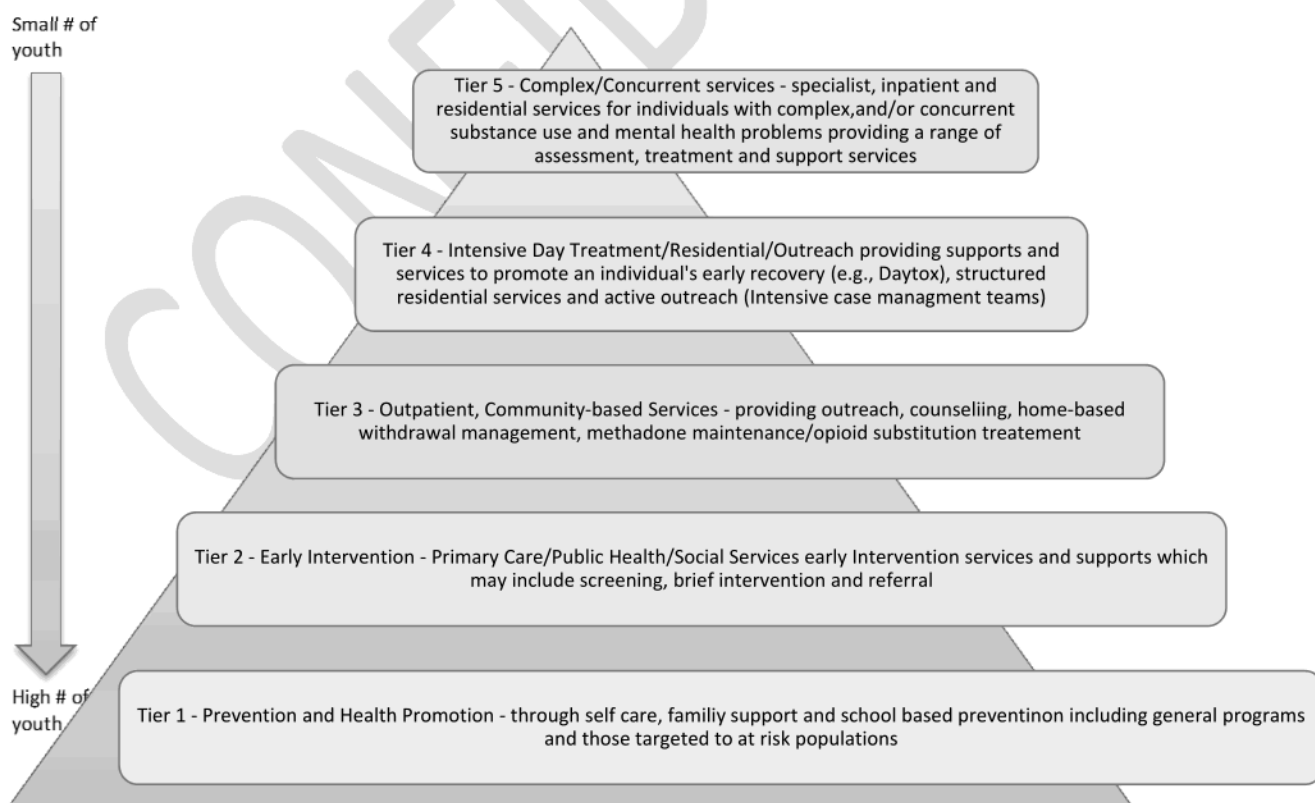
MCFD and MoH share responsibility for providing mental health and substance use services to children and youth in the province. Working with health authorities and health care professionals, school districts and contracted community service providers, MCFD and MoH deliver a continuum of services from health promotion and prevention through early intervention to emergency and acute response and treatment for children and youth experiencing mental health or substance use challenges. Through schools, the Ministry of Education also provides substance use education and mental health awareness programs and early intervention and referral for youth experiencing substance use and mental health issues.

MCFD offers community-based child and youth mental health (CYMH) services to infants, children and youth from birth to age 18, and their families, to help address emotional/behavioural/mental health challenges and disorders that significantly impact the child or youth's ability to function across a variety of domains. MCFD also provides mental health and substance-use treatment programs for youth involved in the justice system and operates the Maples Adolescent Treatment Centre (providing voluntary treatment programs to youth 12 to 17 that have several mental health concerns or challenging behaviour).

MoH, through the five regional health authorities and the Provincial Health Services Authority, delivers substance use services to youth and emergency, acute and specialized mental health services for children and youth.

Across the province health authorities use a five-tiered framework as outlined in the Provincial Residential Substance Use Standards for providing substance use services integrated with mental health services (based on Systems Approach to Substance Use in Canada: Recommendations from a National Treatment Strategy).

The following diagram describes the tiers and some of the available services (illustrative but not fully representative of the health authority funded services across the province):



Voluntary mental health and substance use services in BC have been expanded and enhanced over the past decade, building on experience and incorporating evidence and best practices and principles to provide more options for youth seeking help for their substance use and/or mental health challenges.

Significant effort continues to be focused on further improvements to the range, coordination and integration of programs and services across the province. This involves a review of current child and youth mental health programs and services with the goal of increasing coordination of services, including for youth transitioning to adult services; addressing key gaps; and providing individuals and families with early access to the support and services they need before they find themselves in crisis.

Research evidence demonstrates the importance of the broader social environment for youth and supports the concept that youth are more likely to engage in services when they are delivered in the youth's community and social environment. The research also shows that youth are more likely to participate in services when they have an opportunity to develop strong, therapeutic relationships. Based on this evidence, initiatives are underway to increase service integration and expand outreach programs that have been proven to support positive engagement by youth in voluntary services in the mental health and substance use system of care. Some of these include:

- Foundry (previously known as the BC Integrated Youth Service Initiative), a model of integrated service delivery with centres offering one-stop primary health care and social services, as well as intervention and specialized mental health and substance use services, to youth up to 24 years of age. Foundry is in the process of launching five Integrated Youth Service Centres, one in each health region in the province, in addition to an existing centre in Vancouver. Plans are to have up to an additional five centres in locations still to be determined. These centres are an important addition to the voluntary system of services providing youth with mild-to-moderate mental health and/or substance use issues with early intervention supports and services to prevent their problems becoming more complex and requiring more intensive interventions.
- Intensive Case Management Team (ICMT) services, a model of wrap around services. This includes street outreach and provision of services in the community for individuals who are in need of more intensive services than can be provided through an office-based case management model and who might otherwise fall through the gaps in health and social systems. ICMT is available to youth with moderate to severe substance use problems, concurrent disorders or mental illness who are homeless or likely to become homeless in the near future.

As well, beginning in 2017, the community-based Child and Youth Mental Health teams will be bolstered through hiring 120 additional mental-health practitioners in order to serve more children and youth around the province. This will include specialized clinical

staff and community support and outreach workers to increase access to services and improve linkages across the system.

To address the shortfall in residential services for youth experiencing problematic substance use and related health problems, including mental health problems, government recently announced new funding for the creation of 20 new addictions treatment beds dedicated to youth and the creation of up to another 28 beds to provide the top tier of specialized residential substance use treatment for youth struggling with the most severe substance use disorders.

Safe care is not intended or designed for youth who are willing to participate in voluntary services, or who are using substances but not at the level that is causing, or has a high risk of causing, serious physical or psychological harm to the youth. The severity, complexity and impact of the substance use and related issues would be key considerations in determining whether safe care is an appropriate and required option.

Some youth who use substances in extremely harmful ways may do so to cope with previous adverse experiences. Severe substance use can exacerbate or lead to adverse circumstances and experiences such as acute and chronic physical health problems, sexual exploitation, family/home breakdowns, academic problems, and unstable or unsafe housing or homelessness. Research shows that youth with significant substance use and/or mental health problems are much more likely to enter the youth criminal justice system than other youth. However, in this system they may not have access to the full range of treatment they require, and may experience additional adversities that further increase their risks of longer-term harm.

Ideally, when youth are unwilling, unable or not ready to access voluntary services, safe care intervention could provide a safe environment and appropriate treatment to reduce the risks of serious harm related to substance use problems. It is a way to break the cycle of severe substance use, addiction and related harms and provides the opportunity to stabilize the youth's situation, get them the care and treatment they need and, hopefully, to change the youth's life trajectory. Access to safe care intervention may also divert youth from becoming involved in the criminal justice system.

Models for Safe Care

Several jurisdictions have safe or secure programs in place and have used a variety of legislative approaches and different models to target particular populations of youth who are at high risk.

Eight Canadian provinces and territories have legislation providing for some form of safe or secure care:

- Alberta, Saskatchewan and Manitoba have secure care legislation and programs specifically targeting youth who are addicted to substances. In December 2016, Newfoundland and Labrador enacted secure care legislation for youth experiencing drug addiction, but a secure care program has yet to be established.
- Alberta has provisions in its child welfare legislation to provide secure care for children in care with conditions that present an immediate danger to themselves or others and where less intrusive measures are not adequate; and separate secure care legislation and programs targeting commercially sexually exploited youth.
- Ontario has provisions in its child welfare legislation providing for secure care for children with mental disorders and where a secure care program would provide treatment to prevent the youth from harming themselves or others and there is no less restrictive option.
- Quebec has provisions in its child welfare legislation allowing for secure treatment for youth with a variety of high risk issues and behaviours, including commercial sexual exploitation, drug addiction, mental health issues and violent behaviours.
- Nova Scotia has provisions in its children welfare legislation for secure care for youth with emotional/behavioural issues.

British Columbia, Prince Edward Island, Yukon, Northwest Territories and Nunavut do not currently have a safe care program in place. (Appendix 3 is a table summarizing Safe Care Related Legislation in Canadian jurisdictions.)

Many commonwealth nations including, the United Kingdom (England and Wales, Scotland, Northern Ireland), the Republic of Ireland, New Zealand, and Australia have some form of secure care in their child welfare related legislation. This legislation is generally focused on youth who are at high risk of harm (health, safety or welfare) to themselves or others. In England and Wales, Scotland and Northern Ireland, the youth must also be at risk of absconding. In Australia and New Zealand, secure care is provided when there is no other suitable option to manage the risk, or other care alternatives within the community or family are inadequate or inappropriate.

Legislative approaches across jurisdictions include implementation of safe care through stand-alone secure care legislation targeted to various populations of youth experiencing high risk (including specific to severe substance use) and through child welfare legislation. Another way to approach safe or secure care is using a mental health perspective and model, with safe care as part of the continuum of mental health services.

The *BC Mental Health Act* provides for the involuntary detainment and treatment in a designated mental health facility of adults and youth who have a mental disorder, including a concurrent mental disorder and substance use disorders. However, there are limitations and challenges in applying the Act to individuals experiencing substance

use disorders who may benefit from involuntary services. (For more information, see the BC Mental Health Act Guide, 2005)

<http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>

The BC Experience

Several times over the past almost two decades, the government has explored options for introducing some form of safe or secure care legislation and program in BC. This included safe care proposals related to youth who were at high risk of serious harm due to an emotional or behavioural condition; sexually exploited youth; and youth at high risk due to severe substance use.

Safe care legislative proposals have, however, never been passed into law in BC based on concerns about the scope and application of proposed legislation, infringement of youth's rights, impact on Aboriginal youth, and cost.

Barriers to passing safe care legislation also included lack of evidence about the effectiveness of mandatory services, particularly given research indicating that voluntary services are the most effective means of addressing substance use problems with youth as well as substance use concurrent with mental health problems. There was explicit recognition that the system of voluntary services needed to be strengthened as a first step to address the needs of youth earlier in the course of mental health and substance use challenges to prevent or reduce the risk of severe substance use and serious physical and psychological harm.

Options Explored for Safe Care in BC

In July 2000, based on a report submitted to the Minister for Children and Family Development by the Secure Care Working Group recommending a safe care as part of the continuum of care, the Legislature passed the *Secure Care Act*. The Act provided for the confinement of a youth at high risk of serious harm or injury because of an emotional or behavioural condition and who was unwilling or unable to take action to reduce that risk through less intrusive measures. A subsequent review of the legislation identified concerns about the scope of the legislation being too broad and potentially encompassing large numbers of youth; the length of detention allowed (up to 100 days); the potential infringement on youth rights; and that a disproportionate number of Aboriginal youth would be detained under such a program. Other concerns related to the high cost of a separate tribunal system and lack of clear scientific evidence about the effectiveness of a compulsory program. The Act was never proclaimed into law.

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Evidence of Effectiveness of Safe Care Programs

Do secure care programs work? This is a difficult and complex question complicated by the fact that existing secure care programs have varying purposes and service mandates.

Overall, despite the number of jurisdictions that have implemented secure care programs, there is very limited research on the positive or negative impacts of these interventions. There are some empirical studies on short-term outcomes that indicate the benefits of secure care for the purposes of withdrawal from some substances (detoxification) and/or temporary removal of high-risk youth from potentially dangerous situations. There is less evidence on long-term impacts as this requires extensive monitoring and follow-up. The available evidence has not demonstrated that existing safe care programs change the long-term trajectory of these youth.

With respect to treating problematic substance use in youth, there is no clear evidence *for or against* involuntary treatment for severe substance use disorders. Most of the current evidence is from the adult population and/or considers compulsory treatment for substance use within a criminal context as an alternative to incarceration. Youth differ from adults in terms of their physical, emotional and cognitive development as well as the personal and environmental factors influencing their use of substances. It is recognized that further research is needed to better understand the issues around youth substance use treatment including its relation to the treatment of trauma, and emotional and mental health issues.

It is, however, widely agreed that voluntary services based on current best practices for outpatient substance use and/or mental health services, residential treatment and withdrawal management are an effective means of addressing problematic substance use and substance dependence, which are often concurrent with mental health problems.

On the whole, although the available evidence does not categorically support secure care as an effective option for youth with problematic substance use (with or without related emotional and mental health issues), there is in turn no research evidence to indicate that involuntary treatment would be ineffective – lack of evidence showing safe care to be effective is not the same as evidence suggesting it is not effective. It is important that any implementation of safe care includes an evaluation to examine both benefits and potential harms.

Some experts believe that involuntary safe care and treatment, done according to current best practice is a necessary part of the continuum of care and could be beneficial in a number of areas including stabilization and withdrawal management; engagement of youth in substance use treatment processes; treatment of concurrent mental health challenges; and harm reduction.

Key Elements for Consideration in Implementing a Safe Care Program in BC

Age Range of Target Population

Most safe care programs across Canada are targeted at youth between the ages of 12 to 18. Some provinces do not have a threshold at the low end of the spectrum (for example, the Alberta legislation speaks to the maximum age of 18, but not a minimum age and Ontario requires Ministerial consent for those under the age of 12).

In BC, there are some voluntary youth programs or services that have been extended to individuals beyond 19 years of age. For example, support services for youth who have been in government care available to young adults for up to 48 months or until age 26; and the Representative of Children and Youth's individual advocacy services are available to youth who were under the care of Community Living BC up to the age of 24 years.

Any consideration to include young people beyond the age of majority in a safe care program has a number of complicating factors such as differences between youth and adults related to:

- Treatment and supports (for example, based on developmental needs, other required psycho social supports, use of drug replacement therapy, consent)
- Facility requirements (separation of youth and adults)
- Staff expertise (in treating youth versus treating adults)
- Expectations about involving families.

As well, there are legal implications to extending a safe care program to include young adults. Legal rights around interventions respecting the health of a child versus an adult are very different. Contemplating safe care for only one segment of the adult population also raises potential issues related to the application of the *Canadian Charter of Rights and Freedoms*.

Accessibility

If safe care is implemented, the program must be available to and accessible by individuals across the province. It must be available to youth and their families from all cultures and backgrounds and inclusive of LGBTQ+ individuals.

Experience and evidence shows that most youth are best served in their own communities, close to their families and other supports. Given this, a key consideration is regional access and delivery. Mechanisms would be needed to ensure that parents and others from across the province have access to the program to seek intervention for

youth in need. Appropriate community-based options for service delivery and support would also be required, particularly for youth transitioning from safe care to the voluntary system of care.

Ensuring the Rights of Youth are Upheld and Protected

All individuals, including youth, are accorded fundamental legal rights under the *Canadian Charter of Rights and Freedoms*. This includes the right to liberty, protection against being detained arbitrarily and against arbitrary actions of law enforcement agencies (right to know why they are detained, right to consult a legal representative). Individuals can only be deprived of these rights through fair and legal procedures based on clear and fair laws – due process.

The *Convention on the Rights of the Child* sets out a universal standard of specific human rights for children based on their vulnerability and dependence.

Key rights enshrined in the Convention, include:

- Child's right to protection (from abuse, exploitation, harmful substances).
- Child's right to education, health care and an adequate standard of living.
- Child's right to participate and have their views heard, and respect for their evolving capacities.

The Convention also includes specific protections and provisions for vulnerable populations such as Aboriginal children and children with disabilities.

As well, the *United Nations Declaration on the Rights of Indigenous Peoples*, endorsed by Canada in November 2010, describes the rights of Indigenous people individually and collectively, including the right to liberty and security of a person and equal access and right to social and health services and to the highest attainable standard of physical and mental health. The Declaration requires that particular attention needs to be paid to the rights of Indigenous youth, children and persons with disabilities.

Given that safe care involves temporarily removing a young person's liberties, it is critical that a safe care program takes into account the legal ramifications associated with such involuntary care. Other Canadian jurisdictions have successfully implemented legislation establishing secure care programs, and the same care and attention would need to be taken in BC to develop a model that ensures the rights of youth are upheld and protected.

Key due process provisions would include a process for applying for adjudication of the decision to detain a youth under the program, the youth's right to retain independent counsel (including provisions for supporting youth in retaining counsel), and the right to a review process.

Ethical Considerations

In addition to ensuring the rights of youth are protected, there are a number of ethical considerations when imposing involuntary substance use and related treatment on youth that will need to be taken into consideration. Some of these include:

- Specific consideration of the involuntary nature of safe care. While safe care treatment should include trauma-informed perspectives and offer trauma-specific services, the fact that detention is against the will of the youth (and may in itself cause trauma) will need to be specifically considered and addressed in practice;
- Applying treatment, including prescribing medication to youth. The compulsory nature of safe care may require special approaches in gaining assent of youth and in applying treatment and prescribing medication, including access to expert medical and legal advice;
- Hearing the voice of youth and considering their views. Although detention is involuntary, the right of youth to participate, make choices and be heard should be respected to the fullest extent possible, including that youth are fully and continuously informed about their therapy and treatment options.

Care and Treatment Approach

In some jurisdictions, safe care, or “secure care”, is focused on the safety and security of youth with a goal of intervention to stabilize and assess the youth and, in case of programs aimed at substance use problems, possibly provide withdrawal management. The duration of the detainment period for these programs is generally quite short.

Programs in other jurisdictions are more oriented to treatment or rehabilitation with a two-fold purpose: 1) intervention to protect the youth from harm, stabilization and assessment of their condition or circumstance; and 2) longer term treatment. Treatment may include structured therapy such as individual, group counseling and possibly family counselling, psycho-social education, life-skills training and medical, nursing and psychiatric support as necessary. Treatment beyond stabilization and assessment is likely to take longer.

A safe care residential facility aimed at supporting youth experiencing complex, high intensity needs and severe problematic substance use, possibly concurrent with other mental health issues, could provide secure around the clock nursing care and daily physician care, intensive case management and specialized and individualized addiction treatment services.

Best Practices

Evidence shows that no single treatment approach will be appropriate for every youth and treatment in a safe care facility would need to be individualized and tailored to meet the specific needs, circumstances and substance use challenges of each youth.

Key considerations in developing an individualized treatment plan should include: chronological and developmental age of the youth; culture; gender; sexual orientation; identity and diversity issues; religion; family and living circumstances (living with parents/family, in care, on the streets, living with roommate/friends); and relationships.

Best practices recommend that treatment is approached from a holistic, bio-psycho-social-spiritual perspective with the goal to understand the needs of each youth in the broad context of his or her overall functioning including:

- any concurrent mental health issues or concerns;
- history of trauma (including the impacts of intergenerational trauma);
- family and social networks and systems of support;
- education/schooling (level of academic attainment, attending school or not, future educational goals, special learning needs);
- family history of substance use and/or mental illness;
- patterns of substance use (history, length and previous attempts to stop using);

- and other high-risk circumstances (such as involvement in sex work).

Youth focused services should incorporate skill building and supporting the youth to develop problem solving, coping and decision-making skills as well as how to manage relationships and access and use support systems. Critical to treatment will be purposeful engagement with each youth to support the development of a strong therapeutic relationship or “alliance” since this has an essential element to successful treatment outcomes.

Based on the well-demonstrated benefits of involving families in treatment, wherever possible, families would ideally be involved in the assessment process and treatment of youth in a safe care setting.

Best practices also indicate that residential treatment, including in a safe care facility, should be provided by a multi-disciplinary team of professionals with specialized skills and qualifications for working with young people with substance use challenges. The team could include psychiatrists and other physicians, psychologists, nurses, nurse practitioners, social workers, clinical counsellors, child and youth care workers, occupational therapists, and teachers. To best meet the needs of Aboriginal youth, the team should include Aboriginal Elders, and Aboriginal clinicians and staff to ensure that traditional approaches and cultural perspectives are part of the safe care treatment model.

Transition to Community

A key consideration for a safe care program is moving the youth from safe care and into the voluntary system of services as soon as possible and in a seamless and effective way. Supported by best practices, planning to transition a youth from a residential treatment program and into community-based care begins with the development of the initial treatment plan.

Strong collaboration between a safe care program and community-based service providers is necessary to ensure the youth’s individual needs are met to support them on their continued road to recovery. This includes working closely with families who play an important role in treatment and the step down into community services to ensure they have appropriate and adequate supports. Providing opportunities for supported leave from the safe care facility to allow the youth to live in the community when they are ready to engage in appropriate community-based services may ease the youth’s transition and contribute to the youth’s recovery.

Part of a Robust and Accessible Continuum of Care

Evidence and experience indicates that a continuum of care based on voluntary access to a range of services is most effective in treating and supporting individuals with severe substance use.

With respect to the treatment of problematic substance use in youth, evidence around youth engagement and stages of recovery shows that engaging youth through sharing information and building understanding is the first step to support their participation in treatment. Approaches such as ICMT and Assertive Community-based Outreach Teams have proven to be effective for encouraging youth to voluntarily seek treatment.

Safe care in the context of providing intervention and treatment to youth with significant substance use disorders and, possibly, concurrent mental health problems, is not delivered as a stand-alone program. To best support youth, safe care would need to be considered as part of the continuum of care. Safe care should be a measure used only in the most extreme cases where a youth is at significant risk of physical and psychological harm and is unwilling, unable or not ready to access services voluntarily.

A robust system of voluntary services is essential to support youth to voluntarily seek and receive the treatment they need, and is essential to the viability and effectiveness of a safe care program in terms of supporting youth leaving the program to have continued access to the services they require on their road to recovery.

If a safe care program were implemented in BC, long-term monitoring and performance measurement would be needed to assess whether and how it made a difference for youth with severe substance use problems. Ongoing program evaluation would also be needed to assess the effectiveness of safe care within the existing continuum of care and to make improvements to better match services to desired outcomes.

Mental health, primary health care (particularly family physicians), education, housing, social services and youth justice all play a role in helping and serving youth with complex needs including those experiencing severe substance use problems.

Role of Families, Communities and Others

Parents, guardians, families, extended families, communities and others share responsibility for the care, guidance and development of children and youth and for taking action when a child's safety and health is at risk.

Some children and youth are more vulnerable than others due to their individual circumstances or conditions; sometimes children and youth and their families need extra supports. Many believe that youth with severe problematic substance use, and possibly concurrent emotional and mental health issues, are a group that accord special attention, and where necessary, intervention to protect them from significant harm.

Parents, family and others involved in the life of a youth experiencing high risk not only play a key role in intervening when necessary to ensure his or her health or safety, but also in supporting that youth through treatment interventions, and then supporting the youth with his or her transition back into their community. In many situations parents and family would likely be involved in the decision making-process around whether a secure care option is appropriate, and there would need to be consideration of family and other relationships as part of youth's treatment plan.

Aboriginal families and communities play a significant role in helping make the important connections between an Aboriginal youth to his or her culture and cultural identity. The importance of an Aboriginal worldview that highlights concepts such as wholeness, balance and the important relationships with family, community, ancestors and the natural environment would be key considerations in a designing and implementing a safe care program to meet the needs of Aboriginal children and youth. Specific consideration would also need to be given to the role of Aboriginal communities if a safe care option is considered for an Aboriginal youth who is in government care or transitioning from government care.

Summary

Safe care has been under consideration in BC for many years. Recently, there have been renewed calls for safe care legislation in BC to address the needs of youth who are experiencing high risk related to severe problematic substance use.

For many, safe care is seen as a necessary part of a comprehensive and complete system of substance use and mental health services for youth. It is viewed as an ultimate measure in the continuum of care aimed at youth who are at risk of significant harm and who are unable or not ready to access the help they need.

Next Steps

[To be confirmed once engagement plan approved]

We want to hear what youth, adults, families, service providers and communities in BC think should be considered if government were to implement safe care in BC:

[SOME SAMPLE QUESTIONS]

- Who do you think might benefit from safe care for youth?
- Under what conditions do you think a youth should be considered for involuntary treatment?
- What are your concerns about safe care?
- What do you think a safe care model should include? What are the key components?
- How can government balance the rights of individual youth with their physical and psychological safety in involuntary treatment? What safeguards should be in place?

Appendix 1- Reports and Recommendations

Several recent reports of the Representative for Children and Youth have commented on the need for specialized residential treatment services including some form of “secure care” aimed at addressing the needs of high-risk youth.

Paige's Story: Abuse, Indifference and a Young Life Discarded (May 2015) calls on MCFD to explore the creation of a form of secure care, with all the appropriate legal safeguards, that would allow for the apprehension of vulnerable children and youth whose situation places them at an unacceptable level of risk and the subsequent safe placement of these children in a service that will respond to their trauma and high risk of self-harm”.

The Representative’s October 2016 report, *Last Resort: One family’s tragic struggle to find help for their son*, and May 2016 report, *A Review of Youth Substance Use Services in B.C.*, called on government to create and maintain a comprehensive system of substance use services ranging from prevention and early intervention supports to specialized community based, residential and harm reduction services up to and including secure care, to meet the needs of youth, families and caregivers.

In the May 2016 report, *Approach with Caution: Why the story of one vulnerable BC youth can’t be told*, the Representative reported that professionals interviewed in connection with that report raised the issue of secure care “as a tool the child welfare system in BC requires for those children and youth whose exposure to high risk is otherwise unmanageable”.

The May 2016 report of the Auditor General, *Access to Adult Tertiary Mental Health and Substance Use Services* commented on the gaps in services for individuals whose significant needs, including serious mental illness and/or substance use, go beyond the threshold of current services. The Auditor General recommended that MoH and health authorities work with stakeholders to address this shortfall.

Appendix 2- Types of youth residential services (bed-based)

Youth Supportive Residential Services (Supportive Recovery) - A temporary residential, substance-free setting funded by health authorities to provide a safe, supportive environment for youth who have substance use problems. Support recovery programs offer moderate, time-limited supports and services to youth who are preparing to enter residential treatment or who have left more intensive residential treatment but require additional support to reintegrate into the community. Youth in support recovery homes may receive counseling and case management, access to outpatient and community treatment services and other wrap-around services and receive support for community reintegration including coaching for daily living, and vocational and educational planning. Services may be provided in facilities that are registered under the *Community Care and Assisted Living Act (CCALA)*. Programs generally range from 30-90 days.

Youth Transitional Services - A temporary community-based residential, substance-free setting funded by health authorities to provide a safe, supportive environment for youth who are experiencing substance use problems, and require short- to medium- term supports (from 24 hours to 30 days). Services may include stabilization beds and/or transition beds. Stabilization supports are provided to youth in post-acute withdrawal from substances, and may or may not include medical supervision. Transition supports are provided to youth who are transitioning into or out of a residential or withdrawal management program, or who are awaiting housing and need transitional support.

Youth Withdrawal Management (detox) - Facility-Based - Withdrawal management services provided in a community (non-hospital) residential setting funded by the health authorities. Youth going through the acute stages of withdrawal from substances are medically monitored and supervised. Facilities providing these services are required to be licensed under the CCALA.

Youth Withdrawal Management (detox) - Supportive Residential - Withdrawal management services provided through a regulated Family Care Home (privately owned home) or other community supportive residential setting. Youth going through the acute stages of withdrawal from substances receive withdrawal management services and other wrap-around supports through a variety of in-home supports and outpatient and outreach services including substance use counseling and nursing services. The residential setting may or may not be licensed under the CCALA.

Youth Withdrawal Management (detox) – Hospital-Based - Dedicated beds within a hospital that provide medical treatment and support for youth going through the acute stages of withdrawal from alcohol or other drugs. Treatment may include drug therapy including medication management for physical stabilization and withdrawal, and for concurrent disorders.

Appendix 3 – Summary of Safe Care Related Legislation in Canadian Jurisdictions

Jurisdiction	Legislation	Target Population	Services
Alberta	<i>Protection of Children Abusing Drugs Act</i>	Drug addicted children, under 18 years of age	Stabilization, assessment, detox
	<i>Child, Youth and Family Enhancement Act</i>	Child in care with a condition presenting an immediate danger to the child or others, and less intrusive measures are not adequate to sufficiently reduce the danger	Stabilization and assessment
	<i>Protection of Sexually Exploited Children Act</i>	Sexually exploited children, under 18 years of age	Stabilization assessment, specialized programming
Manitoba	<i>The Youth Drug Stabilization (Support for Parents) Act</i>	Youth, under 18 years of age, who have severe and persistent drug use issues who are unwilling to seek services	Stabilization, assessment, referral to treatment
Saskatchewan	<i>Youth Drug Detoxification and Stabilization Act</i>	Youth, 12 years of age and under 18 years of age, suffering from severe drug addition or drug abuse at risk of serious harm to themselves or another person	Stabilization and detox
Ontario	<i>Child and Family Services Act</i>	Children with mental disorders where secure care would be effective in preventing them from causing serious harm to themselves or others, appropriate treatment is available in secure care facility and no less restrictive measure is appropriate	Crisis intervention, assessment, treatment
Québec	<i>Youth Protection Act</i>	Children who represent a danger to themselves or others	Stabilization assessment, treatment
Nova Scotia	<i>Child and Family Services Act</i>	Children in care with emotional or behavioural disorders, confinement is necessary to alleviate the disorder and child refuses or is unable to consent to treatment	Stabilization, assessment, treatment
New Brunswick	<i>Family Services Act</i>	Children in care whose security or development cannot be protected adequately other than by placing the child under protective care	Protective care, planning, treatment
Newfoundland Labrador	<i>Secure Withdrawal Management for Young Persons</i> (royal assent on Dec 16, 2016)	Young persons 12 years of age or older but under 18 years of age suffering from drug addiction	Supervision, treatment, care, and support

Sources

Canadian Centre for Substance Use, *Essentials of Treating Youth Substance Use* (The Canadian Network of Substance Use and Allied Professionals), 2010