

FW: Bill 22 slides

From: McKay, Ashley MCF:EX <Ashley.McKay@gov.bc.ca>
To: Dean, Mitzi MCFD:EX <Mitzi.Dean@gov.bc.ca>, Dean, Mitzi MCF:EX
Cc: Gunn, Paula MCF:EX <Paula.Gunn@gov.bc.ca>
Sent: December 15, 2020 4:07:55 PM PST
Attachments: Minister Briefing - MHA Amendments Bill 22 Stabilization Care.pdf
Hi Minister,

I was invited to attend this briefing on your behalf as you were unable to attend. This presentation is just for your information, we did not get through the presentation and I believe another briefing will be set up in the future.

Ashley

From: Djonlic, Matt MMHA:EX <Matt.Djonlic@gov.bc.ca>
Sent: December 15, 2020 2:47 PM
To: McKay, Ashley MCF:EX <Ashley.McKay@gov.bc.ca>
Subject: Bill 22 slides

Matt Djonlic
Ministerial Advisor to
Hon. Sheila Malcolmson
Minister of Mental Health and Addictions
C: 778-584-4398 | E: Matt.Djonlic@gov.bc.ca



Amendments to the *Mental Health Act:* Youth Stabilization Care (Bill 22)

**Minister Briefing
December 15, 2020**

Nick Grant, Assistant Deputy Minister, Ministry of Mental Health and Addictions

Today

1. Context

2. Policy work, engagement

3. Bill 22, Regulations, Policy

4. Concerns Raised

5. Considerations and Options

6. Next Steps

Context

- Legislation for the involuntary detention of youth at risk has been contemplated in BC since the 1990s
- In 2018 and 2019 the Opposition Critic for Mental Health and Addictions introduced the *Safe Care Act* as a private members bill
- Parents and families who had lost children to fatal overdose had meetings with the Minister of Mental Health and Addictions. There were calls for “secure care”, changes to the *Infant Act* and increased access to bed-based services
- The Ministry was directed to conduct a review and develop options for consideration

Options Presented

- s.12; s.13

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Amendments to the Mental Health Act to enable Stabilization Care - Rationale

- There is a gap in legislation and care for youth who arrive at a hospital following a substance use related medical emergency (i.e. overdose).
- The *Mental Health Act (MHA)* is currently being increasingly used to involuntarily admit youth with substance use concerns.
- These admissions are occurring without safeguards, protocols or standards specific to substance use. Youth are subject to the full powers of the *MHA*, including deemed consent and long terms of detention.
- Conversely, there are youth in crisis who are currently discharged very quickly after overdose, sometimes into unstable situations, who could benefit from admission.

Experience: BC Children's Hospital

- Population: Adolescents presenting to BC Children's Hospital Emergency Department with severe/life threatening substance overdoses.
- Stabilization Care Goals of Admission:
 - Clearing of mental status
 - Meaningful psychiatric, substance use, psychosocial assessment
 - Engage youth, parents, guardians, community resources
 - Motivational interviewing, harm reduction
 - Evaluate and treat concurrent medical problems
 - Possible initiate Opioid Agonist Treatment (OAT)
 - Develop realistic discharge and treatment plan

Experience: BC Children's Hospital

- June 2018-May 31 2020: 17 youth (males: 9; females: 8), 31 admissions
 - 90% had additional supports after admission
 - 54% connected to OAT and/or residential/inpatient care
 - 35% received OAT, including 4 sublocade injections
 - 26% seen again by BCCH (ED, inpatient, outpatient)

Additional supports include:

1. Support for their caregiver/guardianship team to provide a safe housing situation and apply for appropriate residential programs for the youth
 2. Established connection (2 or more visits) with an addiction medicine team or adolescent medicine provider.
 3. Patient requested to return to BCCH for care and received care it
 4. Went to Inpatient treatment from admission/shortly after admission
 5. Went to residential treatment from admission/shortly after admission
- 10% no additional supports: indicates referrals were made but the patient unable /unwilling to engage within a reasonable time period

Comparison, other research shows most youth with overdoses do not receive treatment

- In a recent study* of youth who have experienced opioid overdose in North America:
 - 70% of youth with opioid overdose received no addiction treatment within 30 days;
 - <2% of youth receive Opioid Agonist Treatment (OAT) within 30 days of an overdose, compared to 17% of adults;
 - OAT has been endorsed by most medical societies for the treatment of Opioid Use Disorder (OUD), including for youth;
 - Improved retention in treatment, sustained abstinence from opioid use, and reduced risk of morbidity and mortality.

* Alinsky et al., 2019; BCCSU, 2017; McCann, 2008; BCCSU, 2017, (CIHR, 2018; NIDA, 2016; APP, 2016

BCCH: Observations from Practice

- Several youth who were admitted involuntarily agreed to OAT, medical assessments and treatments, voluntary admissions.
- All OAT (suboxone and sublocade) were voluntary, even if the youth was held involuntarily.
- Several youth who were initially admitted involuntarily subsequently asked to come back to BCCH as a voluntary patient both for medical and substance use reasons.
- Some youth maintained long term relationships with community counselors and caregivers who were connected or reconnected during their stay in hospital.

Amendments to the Mental Health Act: Youth Stabilization Care

Amendments to the Mental Health Act (MHA) were introduced to enable the admission of youth for short-term stabilization care.

Youth Stabilization Care will:

- Protect youth from harm and keep them safe while they recover from the overdose and become sober,
- Provide medically necessary health care/observation for the youth to recover from the overdose,
- Allow the youth to regain decision-making capacity, which is diminished immediately following an overdose, and
- Create opportunities to engage with voluntary supports and services to treat the problematic substance use.

Overview: Bill 22

- Establishes a second part of the Mental Health Act (MHA), providing legislative requirements for short-term involuntary stabilization care for youth experiencing severe problematic substance use
- A youth could be involuntarily admitted for 48 hours and up to 7 days if the following requirements are met:
 - The hospital has been designated a stabilization facility
 - The youth presents to the hospital immediately following an overdose
 - The physician believes the youth is experiencing problematic substance and is not stable
- Youth must be informed of their rights, and may request a review of their second stabilization certificate
- No involuntary substance use treatment is permitted

Best Interest of the Youth

The amendments require that an admission must not be contrary to a youth's best interests, to be determined by considering all relevant factors, including:

- The youth's safety;
- Physical, emotional and psychological needs, including the effects of any trauma or intergenerational trauma experienced by the youth;
- The importance of maintaining continuity in health care and community supports
- Cultural, ethnic, racial, linguistic, religious and spiritual heritage;
- Sex, sexual orientation and gender identity and expression; and
- The youth's views.

Indigenous Youth

The amendment included additional factors must be considered in determining the best interests of an Indigenous youth who is admitted to stabilization care.

The following factors must also be considered in determining the best interest of an Indigenous youth:

- The importance of the youth being able to learn about and practice the youth's Indigenous traditions
- The importance of the youth belonging to the youth's Indigenous community

Regulations, Operational Policy and Clinical Guidance

- Prior to the Act being brought into force, operational policy, clinical guidance and resulting regulations were to be developed in consultation with health authorities, clinical experts, and other parties (eg. professional associations, youth and family organizations, advocacy and oversight organizations).
- Two working groups were formed and began operational policy work:
 - Clinical Working Group- Doctors currently providing youth stabilization care, FNHA, Government.
 - Indigenous Experts Panel- includes mental health and addictions specialists from Indigenous service providers, including FNHA, Metis Nation BC, Friendship Centres and Delegated Aboriginal Agencies

Page 16 of 47

Withheld pursuant to/removed as

s.13

Consultation with Indigenous Peoples

- MMHA engaged FNHA, FNHC and MNBC prior to the introduction of Bill 22, including the use of NDAs to facilitate a full and transparent discussion on policy direction
- This engagement highlighted a diversity of views with a particular emphasis on the need for culturally safe and trauma-informed care
- MMHA established an Indigenous expert panel with interest to co-develop operational policy and clinical practice guidance

• s.16

- MMHA working with key partners to develop shared understanding of how best to engage when contemplating policy or legislative change

Page 18 of 47 to/à Page 19 of 47

Withheld pursuant to/removed as

s.12 ; s.13

Current Work: Youth Substance Use

- *A Pathway to Hope*: 10-year vision for mental health and substance use services, that emphasizes prevention, early intervention and integrated, coordinated care and has a focus on children, youth and young adults
- Taking action to implement initiatives under *A Pathway to Hope*:
 - Mental Health in Schools Strategy
 - Integrated Child and Youth Teams
 - Expansion of Foundry Centres and Foundry Virtual Clinic
 - Youth substance use bed expansion
- Early implementation of these initiatives revealed significant gaps in services from prevention to highly specialized bed-based services
- A coordinated system of care for youth substance use does not exist. Policy work is required to determine a system of care while also taking immediate action to improve access, integration and quality.

Discussion

Additional Background: Bill 22 Details

Admission to Stabilization Care

A physician may recommend a youth be admitted to stabilization care if all the following criteria are met:

- 1) The physician believes the youth is under 19 years of age;
- 2) The youth has been admitted to a public hospital emergency department as a result of an overdose and the hospital has a stabilization facility;
- 3) The youth received one or more of the following types of health care in relation to the overdose:
 - administration of overdose reversal medication;
 - intubation; or
 - resuscitation or another type of health care to prevent imminent death.
- 4) The physician has examined the youth in relation to the overdose and is of the opinion the youth is:
 - engaged in severe problematic substance use; and
 - Is not stable

Stabilization Care Certificates

- A first stabilization certificate may be completed by a physician for the purposes of admitting a youth; a director of the facility may admit the youth if prescribed conditions are met.
- As soon as reasonably practicable, the director must:
 - Advise the youth of the authority and reason for the detention, provide a copy of the certificate and advise that it expires 48 hours after it was made.
 - Advise of the youth's rights (as prescribed in amendments), including the right to be involved in decisions about the stabilization care.
- A second stabilization certificate may be completed in the same process, the youth advised in the same manner, and the certificate expires at 8:00 pm on the fifth day after it is made.
- A review of the second certificate may be requested and must be completed within 24 hours of the request.

Stabilization Care

Stabilization care must be provided as follows:

- Supervise and maintain the youth, and provide health care to address immediate medical needs
- Assess the youth to determine whether further health care is advisable and what community supports are advisable
- Involve the youth in discussion about the youth's substance use, health care that is advisable and community supports available
- Discuss and provide a written discharge plan to the youth

Limits of stabilization care include:

- Must not begin long-term treatment for substance use without the youth's consent, transfer the youth to another facility, or use chemical, electronic, mechanical, physical or other means to control or restrict the youth's freedom of movement.

Designation of Facilities

The Minister, by order, may designate as a stabilization facility a ward or other defined area:

- a) That is part of a public hospital that has an emergency department and a psychiatric unit or observation unit; and
- b) That is suitable for providing stabilization care to youth

There are currently 51 hospitals across the province that meet part A. Facilities meeting part B will be determined upon the completion of operational policy and clinical requirements

Bill 22 KMs

From : Lauvaas, Kirsten GCPE:EX <Kirsten.Lauvaas@gov.bc.ca>
To: Gunn, Paula MCF:EX <Paula.Gunn@gov.bc.ca>, McKay, Ashley MCF:EX <Ashley.McKay@gov.bc.ca>, Craik, Jason GCPE:EX <Jason.Craik@gov.bc.ca>
Cc: Larabee, Shawn G GCPE:EX <Shawn.G.Larabee@gov.bc.ca>
Sent: May 10, 2021 12:05:20 PM PDT
Hi All,

Here are the latest KMs on Bill 22 from MMHA.^{s.13}
s.13

Bill 22

- Every time someone dies due to the toxic drug supply, it is absolutely tragic.
- Each person has someone who loved them; each individual person – had a future ahead of them. A future taken away.
- We've heard from families who have lost children who believe better care after an overdose would have saved their child. And I couldn't agree more.
- When we brought Bill 22 forward the first time we heard important feedback that we wanted to make sure we took into consideration – because we want to make sure we get it right.
- Our government remains deeply committed to protecting youth in the aftermath of an overdose. We're committed to making a better system that protects people before, during and after.
- Some of the feedback we heard was that a system of voluntary supports is vital and an absolutely necessity to ensure that if a youth does go into stabilization care – there are services to support them along their healing journey afterwards.
- So my main focus, among many, right now is on improving and expanding voluntary services for young people (doubling youth beds etc.). Because the evidence shows voluntary services do work.
- Having more voluntary services – and a system that provides support as early as possible will only work to support the next steps on stabilization care for youth in BC.

Kirsten Lauvaas (*she/her*)

Government Communications and Public Engagement
Ministry of Children and Family Development
Ph: 250 356-1553 | Cell: 250 213-5572

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES ADM BRIEFING NOTE 2021/22**

ISSUE: **Safe Care/Secure Care**

KEY MESSAGES:

- The opioid crisis is impacting people from all walks of life – including youth and young adults, and this has included many tragic deaths.
- In the face of such dangers, it is understandable that some parents and providers have urged that government implement a form of “secure care”, or “safe care” through legislation authorizing involuntary detainment and intervention for youth at risk of serious harm due to substance misuse.
- The Ministry continues to work with the Ministry of Mental Health and Addictions and other ministries using a “whole of government approach” to ensure improved help for youth at risk due to substance misuse.
- It is widely agreed that voluntary services-such as detox, residential treatment, and outpatient addictions and/or mental health counselling are the most effective means of addressing addiction issues, and we continue to work with partners to improve access to such services.
- The Ministry of Mental Health and Addictions lead this work, and questions on their work in this area should be directed to my colleague, the Honourable Sheila Malcolmson.
- MCFD provides a number of supports to children and youth with substance abuse issues, including community based mental health supports through Child and Youth Mental Health, intensive psychiatric supports for children and youth involved in the criminal justice system through Youth Forensic Psychiatric Services, and inpatient treatment beds for youth with severe mental health and substance use concerns through the Maples Adolescent Treatment Centre.
- Budget 2021 allocates over \$20M per year for the next three years to improving mental health and substance use initiatives under *A Pathway to Hope*, including:

Contact: Emily Horton, ED Strategic Integration, CYMH Policy and In-Care Network
Cell phone: 250-413-7608
Date: May 13, 2021

- Improving integration across the range of providers and services working with children and youth with mental health and substance use to minimize gaps in services, and
- Providing intensive Step-Up/Step-Down services to children and youth at high risk of harm due to mental health and substance use issues, including upon discharge from hospital.

BACKGROUND:

- There have been calls to establish some form of secure care dating back to the 1990's.
- In June 2020 Bill 22 — Mental Health Amendment Act was introduced by Hon J. Darcy but was controversial and did not move forward to second reading. The work has been placed on hold to allow time for more consultation
 - The proposal enabled the admission of youth for short-term (2 to 7 days), involuntary stabilization care with the objective of reducing the risk of immediate injury, disability and death, and allow the opportunity for the youth to begin to engage with voluntary, culturally safe supports and services to treat their severe substance use and to leave hospital with a clear care plan after discharge.

FINANCES:

- N/A

STATISTICS:

- There has been an increase in the number of drug overdose deaths in all children and youth (10-18) and young adults (19-29) recent years peaking in 2017/2018, improving in 2019, but then worsening again in 2020.

Illicit Drug Overdose Deaths by Age Group, 2011-2021[2]

Age Group	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 to date
10-18	4	5	6	3	5	12	25	18	13	18	4
19-29	74	61	94	83	117	204	273	301	173	304	75

Data Source: BC Coroners Service, April 29, 2021

CROSS REFERENCE: N/A

McDougall, Erin MCF:EX

From: Gesner, Heather MCF:EX
Sent: January 18, 2021 6:47 PM
To: Casey, Barbara MCF:EX
Cc: Pawar, Deborah MCF:EX
Subject: FW: Embargoed RCY Report _ Detained: Rights of children and youth under the Mental Health Act
Attachments: RCY _ Final Embargoed Report _ Detained _ Jan 2021.pdf
Importance: High

Hello Barb and Deborah,

This was a long document to review s.22
s.22

Please review following areas I thought would be

important to flag as potential errors in the report language and as requested, specific content to review regarding potential queries that may come up or be discussed from media regarding this RCY in the context of MCFD:

- Page 3: "Mental health detentions are among the most intrusive measures that a state can impose on people. Like imprisonment, these detentions result in the deprivation of liberty. Under the *Mental Health Act*, a child can be admitted and detained against their will, have treatment imposed on them and be subject to discipline, restraint or periods of isolation. In fact, B.C. is the only province in Canada where a capable, involuntary patient has no right to make psychiatric treatment decisions."

○ s.13

- Page 5: regarding the influx in involuntary admission discussed here.

○ s.13

- Page 7: Agree with amendment to residential language due to historical trauma and intergenerational trauma associated.

○ s.13

- Page 14: s.13

- Page 22 s.13
s.13

○ s.13

- Page 25: curious if the data ever unfolds suicidality as reason for admission, which is often associated with involuntary admissions. This was not mentioned in regards to reason for hospitalizations/admissions here.
- Page 67: Regarding this sentence pertaining to Step Up/Step Down: “Further, in September 2020 the MCFD advised the Representative of its plans to create high intensity outreach teams in a small number of communities instead of creating the step up and step down beds identified as priority in the Roadmap.”

○ s.13

- Page 70: highlights Maples Adolescent Treatment Centre and their “the Tlatsini Indigenous program, a direct service to youth admitted to Maples or to Maples’ staff providing culturally safe services to Indigenous and non-Indigenous youth, families, caregivers and communities. All youth who stay at Maples, both Indigenous and non-Indigenous, have access to an Indigenous Cultural Coordinator, an Indigenous Awareness Worker and a Knowledge Keeper to work with and support them. The Representative sees the culturally safe services provided at the Maples Adolescent Treatment Centre as a “bright spot.”

○ s.13

- Page 76: Important to be aware of this key recommendation for our Ministry: “**RECOMMENDATION 1** That the Ministry of Mental Health and Addictions work with the Ministry of Health and the Ministry of Children and Family Development to conduct a review, after consulting with health authorities, First Nations, Métis Nation and urban Indigenous communities and leadership and other appropriate bodies, into the use of involuntary mental health care for children and youth to identify the conditions that are contributing to its increased use, and identify immediate opportunities to provide voluntary interventions or improve practices that would reduce involuntary admissions. **Review to be complete by Jan. 1, 2022.**”

○ s.13

Also, advise acknowledgement of these existing resources to facilitate informing young people regarding certification and rights and restraint and seclusion least restraint guidelines or perhaps these will be provided in response to this RCY:

- Toolkit available to help care providers explain mental health act to young people and families: <https://healthymindslearning.ca/mha-toolkit-patient-and-family-resources/> (BCCH)
- Also pertaining to specific restraint guidelines: <https://www.childhealthbc.ca/news/chbc-provincial-least-restraint-guideline-now-posted> (Child Health BC)
- Although legislation may lack those Sections like Ontario pertaining to documentation regarding restraint and seclusion, there are specific policies pertaining to restraint and seclusion in facilities that set out these sort of criteria. (affiliated HAs)

Hope this helps provide some of the red flags that may be asked upon our Ministry. Feel free to schedule a time to connect over the phone if you have any questions.

Kind regards,

she/her pronouns

Heather Gesner, RN, BN, MScN, CPMHN(C)

Mental Health Nurse Consultant | Child & Youth Mental Health | Strategic Integration, Policy and Legislation

BC Ministry of Children and Family Development | Victoria, BC | 778 974 4930 |

Heather.Gesner@gov.bc.ca

~Offering acknowledgement and respect of the traditional keepers of this land, the Lekwungen Peoples, on whose traditional territories I work and play on, and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue to this day~

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From: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>

Sent: January 18, 2021 2:00 PM

To: Gesner, Heather MCF:EX <Heather.Gesner@gov.bc.ca>

Subject: FW: Embargoed RCY Report _ Detained: Rights of children and youth under the Mental Health Act

Importance: High

Hi Heather, would you mind to take a look at this today, for any red flags. Please email Barb directly and cc me as Barb is expecting there will be media questions.

Thanks so much.

Deborah

From: Hill, Brian MCF:EX <Brian.Hill@gov.bc.ca>

Sent: January 18, 2021 1:38 PM

To: Larabee, Shawn G GCPE:EX <Shawn.G.Larabee@gov.bc.ca>; Casey, Barbara MCF:EX <Barbara.Casey@gov.bc.ca>

Cc: Behrens, Jackie MCF:EX <Jackie.Behrens@gov.bc.ca>; Bethune, Stephanie MCF:EX <Stephanie.Bethune@gov.bc.ca>;

Lapthorne, Carmen MCF:EX <Carmen.Lapthorne@gov.bc.ca>

Subject: FW: Embargoed RCY Report _ Detained: Rights of children and youth under the Mental Health Act
Importance: High

Hi Shawn and Barb. Attached is the final embargoed copy of the RCY report being released tomorrow.

Brian

From: Matheson, Carissa RCY:EX <Carissa.Matheson@rcybc.ca>
Sent: January 18, 2021 1:25 PM
To: Bond, Allison MCF:EX <Allison.Bond@gov.bc.ca>; Heavener, Cory R MCF:EX <Cory.Heavener@gov.bc.ca>; Scheiber, Alex MCF:EX <Alex.1.Scheiber@gov.bc.ca>
Cc: Mathews, Penny MCF:EX <Penny.Mathews@gov.bc.ca>; Behrens, Jackie MCF:EX <Jackie.Behrens@gov.bc.ca>; Hill, Brian MCF:EX <Brian.Hill@gov.bc.ca>; Lapthorne, Carmen MCF:EX <Carmen.Lapthorne@gov.bc.ca>
Subject: Embargoed RCY Report _ Detained: Rights of children and youth under the Mental Health Act
Importance: High

Good Afternoon All,

On behalf of Dr. Jennifer Charlesworth, Representative for Children and Youth, please find attached an embargoed copy of a report we are releasing tomorrow morning entitled **Detained: Rights of children and youth under the Mental Health Act**. Please note, this report is confidential and should not be shared before the official release tomorrow morning at 10am.

Please do not hesitate to reach out if you have any questions about this report.

Kind regards,
Carissa Matheson | Manager, Executive Operations
Office: 250-356-2300 Mobile: 250-415-2367



REPRESENTATIVE FOR
CHILDREN AND YOUTH

*Living and working with gratitude and respect on the traditional territories of
Indigenous peoples in British Columbia*



This communication and any accompanying document, and any response to this communication and any accompanying document, is confidential and is intended solely for the intended recipient(s). This communication is not to be disclosed without the consent of the Representative for Children and Youth. To the extent that this communication may contain personal information regarding a child or third party, any disclosure of this communication by the intended recipient(s) may also constitute a violation of the personal privacy protections in the *Freedom of Information and Protection of Privacy Act* (Part 3) and ss. 70 and 74 of the *Child, Family and Community Service Act*.

McDougall, Erin MCF:EX

From: Price, Kelly MCF:EX
Sent: December 4, 2020 10:01 AM
To: Casey, Barbara MCF:EX
Cc: Pawar, Deborah MCF:EX
Subject: FW: Administrative Fairness Review: Child Participation Rights 2020
Attachments: CPR1.Draft.Report.ADMIN.FAIRNESS.Nov.18.2020.pdf; MCFD Admin Fairness feedback Child Participation Rights 2020 KP.docx

Hi – I sent this through eApps to Barb as well.

It's apparently due tomorrow? Which doesn't make sense. Would you like me to send it to Stephanie Bethune and Brian Hill prior to 11 am today, assuming that today is the more likely due date?

Kelly

From: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Sent: December 2, 2020 2:28 PM
To: Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>
Subject: FW: Administrative Fairness Review: Child Participation Rights 2020

Hi Kelly, sorry there were so many Administrative Fairness Reviews.... This went through eApps correct?

Thanks and I traced back the other one, so all is good on that front.
Deborah

From: Casey, Barbara MCF:EX <Barbara.Casey@gov.bc.ca>
Sent: Tuesday, November 24, 2020 4:36 PM
To: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Subject: FW: Administrative Fairness Review: Child Participation Rights 2020

For KP – I would like to review this one prior to it going back to Interface. Please have KP send through eApps when completed.

From: Bethune, Stephanie MCF:EX <Stephanie.Bethune@gov.bc.ca>
Sent: November 24, 2020 12:18 PM
To: Jensen, Tom D MCF:EX <Tom.D.Jensen@gov.bc.ca>; Tao, Agnes L MCF:EX <Agnes.Tao@gov.bc.ca>; Donald, Janet MCF:EX <Janet.Donald@gov.bc.ca>; Wheler, Francesca M MCF:EX <Francesca.Wheeler@gov.bc.ca>; White, Joanne H MCF:EX <Joanne.H.White@gov.bc.ca>; Headley, Deborah MCF:EX <Deborah.Headley@gov.bc.ca>; Casey, Barbara MCF:EX <Barbara.Casey@gov.bc.ca>; Fensome, Sid MCF:EX <Sid.Fensome@gov.bc.ca>; Ismay, Laura Jane MCF:EX <Laura-Jane.Ismay@gov.bc.ca>; Latreille, Shelley MCF:EX <Shelley.Latreille@gov.bc.ca>; Halter, Dillon MCF:EX <Dillon.Halter@gov.bc.ca>; Scheiber, Alex MCF:EX <Alex.1.Scheiber@gov.bc.ca>
Cc: Dobmeier, Teresa MCF:EX <Teresa.Dobmeier@gov.bc.ca>; Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>; Heavener, Cory R MCF:EX <Cory.Heavener@gov.bc.ca>; Hill, Brian MCF:EX <Brian.Hill@gov.bc.ca>; Behrens, Jackie MCF:EX <Jackie.Behrens@gov.bc.ca>; Lapthorne, Carmen MCF:EX <Carmen.Lapthorne@gov.bc.ca>
Subject: Administrative Fairness Review: Child Participation Rights 2020

Good Morning Tom, Agnes, Janet, Francesca, Joanne, Deborah, Barbara, Sid, Laura, Shelley, Dillon, and Alex,

Attached is an embargoed RCY draft Report in which the Representative examines the application of involuntary provisions of the *Mental Health Act* to children and youth. The report focuses on understanding the intended and actual function of B.C.'s *Mental Health Act* and how to better hear the voices of children and youth experiencing a mental health crisis.

You are being asked to conduct an administrative fairness review (AFR).

This copy of the draft report is embargoed so please do not circulate beyond those that need to be involved in the review.

Please review the draft report for any factual errors, inappropriate disclosures of information or any other issues that should be considered and record these errors/omissions in the table provided.

Please note, the Ministry of Children and Family Development is involved in Recommendation 1, in partnership with the Ministry of Mental Health and Addictions and the Ministry of Health.

This report contains five case studies that are based on MCFD files, and we are working on obtaining the identities of these case studies so we can ensure the information is accurate.

Please return the completed AFR feedback to myself and Brian Hill on or before 11:00 AM on December 5, 2020. If you have no feedback/comments please send us an email letting us know.

Please also note that ^{s.22} so she will not be responding to emails or phone calls with regards to this. Brian and I will try fill those big shoes!

If this is your first time participating in an AFR please don't hesitate to reach out to discuss the process.

Thank you,
Stephanie

Stephanie Bethune | She/Her/Hers
Senior Interface Analyst | Interface and Provincial Partnerships Team
Office of the Provincial Director and Aboriginal Services | Ministry of Children and Family Development
Office: 778-698-9258 | Mobile: 250-889-9374 | Stephanie.Bethune@gov.bc.ca

Gratefully acknowledging the Lekwungen people, the traditional keepers of the land on which I live, work, and play, known today as the Esquimalt and Songhees Nations.

McDougall, Erin MCF:EX

From: Pawar, Deborah MCF:EX
Sent: May 7, 2021 3:36 PM
To: Price, Kelly MCF:EX
Subject: FW: Communication Plan - Amendments to MH Act

Follow Up Flag: Follow up
Flag Status: Flagged

FYI

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Sent: Tuesday, July 28, 2020 8:04 AM
To: Faddis, Jody MCF:EX <Jody.Faddis@gov.bc.ca>
Cc: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Subject: RE: Communication Plan - Amendments to MH Act

Hi Jody, thanks for reaching out! Yes, this means we have put any communication related to Bill 22 on hold including a blog or news items, I will updated you if anything changes.

Thanks,

Chantelle

From: Faddis, Jody MCF:EX
Sent: July 28, 2020 7:42 AM
To: Smith, Chantelle MCF:EX
Subject: RE: Communication Plan - Amendments to MH Act

Hi Chantelle, I hope you are well and staying cool in this heat!

I read in the news that Bill 22 is likely going to be put on hold, so I thought I'd reach out to confirm. I assume this means that we shouldn't be expecting anything upcoming in the way of a blog, or news item (just want to take it off the immediate radar for our comms planning if this is the case).

Thanks,
Jody

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Sent: July 13, 2020 7:09 AM
To: Faddis, Jody MCF:EX <Jody.Faddis@gov.bc.ca>
Subject: RE: Communication Plan - Amendments to MH Act

Thank you Jody! That is a very helpful summary of how to connect with the EDS, as well as the additional information for the SDD newsletter.

As always, your help is very much appreciated.

Chantelle

From: Faddis, Jody MCF:EX <Jody.Faddis@gov.bc.ca>
Sent: July 9, 2020 10:54 AM
To: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Subject: RE: Communication Plan - Amendments to MH Act

s.13

Let me know if there is anything else I can support!

Jody

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Sent: July 9, 2020 9:35 AM
To: Faddis, Jody MCF:EX <Jody.Faddis@gov.bc.ca>
Subject: FW: Communication Plan - Amendments to MH Act

Hi Jody,

I emailed Deb this morning a summary of our conversation and outline of a communication plan on the MH amendments,^{s.13}
s.13

Thank you in advance for all your support!

Chantelle

From: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Sent: July 9, 2020 9:10 AM
To: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>; Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>
Subject: RE: Communication Plan - Amendments to MH Act

Hello Chantelle,
s.13

The Blog post sounds good, perhaps we can check with Barb on this and see if she has any suggestions.

s.13

Thanks Chantelle, we'll be in good shape to communicate this out with the prep we do now.
Deborah

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>

Sent: Thursday, July 9, 2020 8:04 AM

To: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>; Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>

Subject: Communication Plan - Amendments to MH Act

s.13

Thanks,

Chantelle Smith, RCC, Art Therapist
Mental Health Policy Consultant

Child & Youth Mental Health Policy Branch
Policy and Legislation Division | Ministry of Children and Family Development
Email: chantelle.smith@gov.bc.ca
Phone: 778-698-1484

I respectfully acknowledge the Lekwungen-speaking peoples, known today as the Esquimalt and Songhees Nations, and the WSÁNEĆ peoples, on whose territory I have the privilege to live and work.

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McDougall, Erin MCF:EX

From: Gesner, Heather MCF:EX
Sent: February 9, 2021 3:08 PM
To: Price, Kelly MCF:EX; Pawar, Deborah MCF:EX
Subject: RE: Bill 22 (Secure Care) , what does the literature say

Thank you Kelly,

Not much more to add. It had a similar, but a bit more neutral delivery to what I have been learning through the BC Youth Concurrent Disorder Network with the research they have been doing at BCCH to leverage the MHAct in terms of bridging SU/concurrent disorder services and OAT for example.

s.13

Kind regards,

she/her pronouns

Heather Gesner, RN, BN, MScN, CPMHN(C)
Mental Health Nurse Consultant | Child & Youth Mental Health | Strategic Integration, Policy and Legislation
BC Ministry of Children and Family Development | Victoria, BC | 778 974 4930 |
Heather.Gesner@gov.bc.ca

~Offering acknowledgement and respect of the traditional keepers of this land, the Lekwungen Peoples, on whose traditional territories I work and play on, and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day~

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From: Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>
Sent: February 9, 2021 2:52 PM
To: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>; Gesner, Heather MCF:EX <Heather.Gesner@gov.bc.ca>
Subject: RE: Bill 22 (Secure Care) , what does the literature say

This is what I left our meeting to attend today. It provided a balanced view of the secure care legislation, with a slight tilt toward saying that doing something is better than nothing. It presented a more positive view of the outcomes in Alberta than I recall reading about in the past. Did bring forward some stuff from CRAFT about how the move toward getting therapy of any kind is usually based on family and peer pressure to do that – basically an evolution of motivational interviewing. It was a good talk. I don't think it speaks directly to our policy or SUSL, but is interesting.

KP

From: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Sent: February 9, 2021 2:31 PM
To: Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>; Gesner, Heather MCF:EX <Heather.Gesner@gov.bc.ca>
Subject: FW: Bill 22 (Secure Care) , what does the literature say

Hi Kelly and Heather, wondering if you attended this? If so, any highlights/points that would be important to follow-up on from a policy perspective?

Thanks,
Deborah

From: Lejko, Terry MCF:EX <Terry.Lejko@gov.bc.ca>
Sent: Tuesday, February 9, 2021 2:29 PM
To: Livingstone, Diane MCF:EX <Diane.Livingstone@gov.bc.ca>; Wright, Jennifer MCF:EX <Jennifer.Wright@gov.bc.ca>; deRoos, Darren MCF:EX <Darren.deRoos@gov.bc.ca>; McQuarrie, David A MCF:EX <David.McQuarrie@gov.bc.ca>; Godin, Michelle L MCF:EX <Michelle.Godin@gov.bc.ca>; Serraglio, Walter MCF:EX <Walter.Serraglio@gov.bc.ca>
Cc: Dreyer, Jennifer MCF:EX <Jennifer.Dreyer@gov.bc.ca>; Perry, Skye Ava MCF:EX <Skye.Perry@gov.bc.ca>; Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Subject: Bill 22 (Secure Care) , what does the literature say

Attached is a recording of a webinar that reviews the evidence pro and con on Secure Care as proposed by Bill 22. Please distribute as you see fit.

From: Raman Jawanda <customercare@gotowebsinar.com>
Sent: February 9, 2021 2:01 PM
To: Lejko, Terry MCF:EX <Terry.Lejko@gov.bc.ca>
Subject: Thank you for attending What's New in Addiction Social Work [Vol. 11]

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.



We hope you enjoyed our webinar.

Please send your questions, comments and feedback to: adrina.halket@bccsu.ubc.ca.

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McDougall, Erin MCF:EX

From: Price, Kelly MCF:EX
Sent: May 7, 2021 4:29 PM
To: Pawar, Deborah MCF:EX
Subject: RE: Stabilization Briefing Materials

Follow Up Flag: Follow up
Flag Status: Flagged

Thanks for all this, yes, of course, there's the update on the attempted legislation.

From: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Sent: May 7, 2021 3:37 PM
To: Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>
Subject: FW: Stabilization Briefing Materials

FYI

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Sent: Tuesday, July 28, 2020 5:52 AM
To: Casey, Barbara MCF:EX <Barbara.Casey@gov.bc.ca>
Cc: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>; Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>
Subject: FW: Stabilization Briefing Materials

Hi Barb,

Deb and I met yesterday to discuss the **communication plan** for the **amendments to the mental health act**, however after our meeting, I received an email from Miranda Andrews at MMHA (see email below), informing me that:

- They were not able to move forward with second readings during the summer sitting
- The work has been placed on hold to allow time for more consultation
- Article Miranda referenced from CBC news provides a summary: <https://www.cbc.ca/news/canada/british-columbia/bill-22-bc-mental-health-act-1.5663935>

Miranda noted that she would keep us updated and share any communications related to the pause on stabilization care legislation.

Thanks,

Chantelle

From: Andrews, Miranda MMHA:EX
Sent: July 27, 2020 11:52 AM
To: Smith, Chantelle MCF:EX
Cc: Pawar, Deborah MCF:EX ; MacMillan, Joanne MMHA:EX ; Jacobsen, Jens MMHA:EX
Subject: RE: Stabilization Briefing Materials

Hi Chantelle,

Thanks for your email. As you may have heard, we weren't able to move forward to second reading during the summer sitting, and this work has been placed on hold to allow for more consultation.

As I hear more, I will let you know and I will be sure to share with MCFD any communication material that outlines the pause on the stabilization care legislation.

Here's this morning's article in the CBC that gives a good summary: <https://www.cbc.ca/news/canada/british-columbia/bill-22-bc-mental-health-act-1.5663935>

Talk soon,
Miranda

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Sent: July 27, 2020 11:48 AM
To: Andrews, Miranda MMHA:EX <Miranda.Andrews@gov.bc.ca>
Cc: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>; MacMillan, Joanne MMHA:EX <Joanne.MacMillan@gov.bc.ca>; Jacobsen, Jens MMHA:EX <Jens.Jacobsen@gov.bc.ca>
Subject: RE: Stabilization Briefing Materials

Hi Miranda,

As I am leading the communication within MCFD, I am happy to connect when is convenient for you just to make sure we are on the same page and can coordinate our communication with what is being released from MMHA.

Thanks,

Chantelle Smith, RCC, Art Therapist
Mental Health Policy Consultant

Child & Youth Mental Health Policy Branch
Policy and Legislation Division | Ministry of Children and Family Development
Email: chantelle.smith@gov.bc.ca
Phone: 778-698-1484

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From: Jacobsen, Jens MMHA:EX <Jens.Jacobsen@gov.bc.ca>
Sent: July 22, 2020 8:16 AM
To: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>
Cc: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>; Andrews, Miranda MMHA:EX <Miranda.Andrews@gov.bc.ca>; MacMillan, Joanne MMHA:EX <Joanne.MacMillan@gov.bc.ca>
Subject: RE: Stabilization Briefing Materials

Hi Chantelle,

Thanks for reaching out – I am looping in Miranda Andrews, who is leading our communications planning.

Thanks,

Jens Jacobsen

Senior Policy Analyst – Child & Youth Partnerships and Planning
Ministry of Mental Health and Addictions | Victoria BC
Traditional homelands of the Lekwungen peoples of Esquimalt and Songhees First Nations
250-208-5154

From: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>

Sent: July 22, 2020 7:23 AM

To: Jacobsen, Jens MMHA:EX <Jens.Jacobsen@gov.bc.ca>

Cc: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>

Subject: RE: Stabilization Briefing Materials

Hi Jen,

I am leading the communication plan within MCFD in relation to the amendments to the Mental Health Act, and wanted to touch base with you to see if there is someone we can be in contact with make sure we are on the same page and coordinate our communication plan.

I have cc'd Deborah Pawar, Director Child and Youth Mental Health Policy who is overseeing my work on this project.

Thank you in advance,

Chantelle Smith, RCC, Art Therapist
Mental Health Policy Consultant

Child & Youth Mental Health Policy Branch
Policy and Legislation Division | Ministry of Children and Family Development
Email: chantelle.smith@gov.bc.ca
Phone: 778-698-1484

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From: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>

Sent: July 20, 2020 9:35 AM

To: Smith, Chantelle MCF:EX <Chantelle.Smith@gov.bc.ca>; Price, Kelly MCF:EX <Kelly.Price@gov.bc.ca>

Subject: FW: Stabilization Briefing Materials

Good morning Chantelle and Kelly,

Barb sent me this information from MMHA. Please review in light of the communication plan we are developing for this. This is not for sharing out at this time please.

Chantelle, do you mind to book ½ hour time this week for us to connect on this.

Thanks,
Deb

From: Casey, Barbara MCF:EX <Barbara.Casey@gov.bc.ca>
Sent: Saturday, July 18, 2020 10:07 AM
To: Pawar, Deborah MCF:EX <Deborah.Pawar@gov.bc.ca>
Subject: FW: Stabilization Briefing Materials

For you information

From: Jacobsen, Jens MMHA:EX <Jens.Jacobsen@gov.bc.ca>
Sent: July 9, 2020 3:08 PM
To: Casey, Barbara MCF:EX <Barbara.Casey@gov.bc.ca>
Subject: Stabilization Briefing Materials

Good morning Barbara,

As promised, please find attached key messages and Q&As for stabilization care.

If there's anything else you would like for background, please let me know (by end of day, otherwise let Joanne know 😊).

Thanks,

Jens Jacobsen

Senior Policy Analyst – Child & Youth Partnerships and Planning

Ministry of Mental Health and Addictions | Victoria BC

Traditional homelands of the Lekwungen peoples of Esquimalt and Songhees First Nations

250-208-5154

From: [McKay, Ashley MCF:EX](#)
To: [Dean, Mitzi MCFD:EX](#)
Cc: [Gunn, Paula MCF:EX](#)
Subject: FW: Bill 22 slides
Date: December 15, 2020 4:07:56 PM
Attachments: [Minister Briefing - MHA Amendments Bill 22 Stabilization Care.pdf](#)

Hi Minister,

I was invited to attend this briefing on your behalf as you were unable to attend. This presentation is just for your information, we did not get through the presentation and I believe another briefing will be set up in the future.

Ashley

From: Djonlic, Matt MMHA:EX <Matt.Djonlic@gov.bc.ca>
Sent: December 15, 2020 2:47 PM
To: McKay, Ashley MCF:EX <Ashley.McKay@gov.bc.ca>
Subject: Bill 22 slides

Matt Djonlic

Ministerial Advisor to
Hon. Sheila Malcolmson
Minister of Mental Health and Addictions
C: 778-584-4398 | E: Matt.Djonlic@gov.bc.ca

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Page 1 of 3 to/à Page 3 of 3

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s.3