Clifford, Kate MMHA:EX

From: Clifford, Kate MMHA:EX
Sent: Monday, February 19, 2018 1:03 PM
To: Bracewell, Barb MMHA:EX
Subject: FW: briefing Thursday

FYI – I've sent doug an invite and materials are to come from Jonny for this. Will send you a copy once I have the finals ☺

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Hughes, Doug J MMHA:EX
Sent: Monday, February 19, 2018 12:21 PM
To: Clifford, Kate MMHA:EX
Subject: FW: briefing Thursday

I should attend this one.

Doug Hughes
Deputy Minister
Ministry of Mental Health and Addictions
P: 250-952-1049

From: Thumath, Meaghan MMHA:EX
Sent: Monday, February 19, 2018 11:25 AM
To: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX; Wade, Debbie MMHA:EX
Cc: Hughes, Doug J MMHA:EX; Maloughney, Mary Sue MMHA:EX
Subject: briefing Thursday

Hi Debbie,

We need to find 30 min for a briefing on secure care with MJD and Mary Sue on Thursday.

M.
Room 346 Parliament Buildings
Mobile s.17
Meaghan.Thumath@gov.bc.ca

Clifford, Kate MMHA:EX

From: Maloughney, Mary Sue MMHA:EX
Sent: Monday, February 19, 2018 1:53 PM
To: Clifford, Kate MMHA:EX; Morris, Jonny MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: RE: briefing Thursday

Yes Jonny should be in on both

From: Clifford, Kate MMHA:EX
Sent: Monday, February 19, 2018 1:53 PM
To: Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: RE: briefing Thursday

Hi Jonny and Mary Sue

Thank you for this info. Doug has advised that he should attend this briefing too. I've added him to the meeting. Tamara suggested Jonny be added as well, so I have done this also.

Let me know if Jonny should be included in the call with Minister on Friday with Brenda Doherty.

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Morris, Jonny MMHA:EX
Sent: Monday, February 19, 2018 11:56 AM
To: Clifford, Kate MMHA:EX; Maloughney, Mary Sue MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: RE: briefing Thursday

Hi all – the meeting materials I'm pulling together with a deadline of Wednesday would be the same to use during the pre-brief on Thursday.

Mary Sue – let me know if you'd like me to resource you at the pre-brief. And given your conversation with the Minister this morning, if it would be appropriate for me to support you on the phone during the Friday meeting with the young person's parent.

JM

From: Clifford, Kate MMHA:EX
Sent: Monday, February 19, 2018 11:37 AM
To: Maloughney, Mary Sue MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX; Morris, Jonny MMHA:EX
Subject: RE: briefing Thursday

Hi Mary Sue,

I've sent you an invite for this briefing. Did you want Jonny to put together some materials for Minister for this? I know it's short notice. I know he is working on meeting materials regarding secure care in advance of the Friday meeting with Brenda Doherty, so not sure if that will suffice.

Let me know how we should proceed.

Thanks,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Wade, Debbie MMHA:EX
Sent: Monday, February 19, 2018 11:29 AM
To: Thumath, Meaghan MMHA:EX
Cc: Hughes, Doug J MMHA:EX; Maloughney, Mary Sue MMHA:EX; Casanova, Tamara MMHA:EX; Clifford, Kate MMHA:EX
Subject: RE: briefing Thursday

Sorry I meant 4:45-5:15pm

Thanks!

Debbie Wade
Administrative Co-ordinator to the
Honourable Judy Darcy
Minister of Mental Health and Addictions
Room 346 Parliament Buildings
Ph# 387-9846

From: Thumath, Meaghan MMHA:EX
Sent: Monday, February 19, 2018 11:25 AM
To: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX; Wade, Debbie MMHA:EX
Cc: Hughes, Doug J MMHA:EX; Maloughney, Mary Sue MMHA:EX
Subject: briefing Thursday

Hi Debbie,

We need to find 30 min for a briefing on secure care with MJD and Mary Sue on Thursday.

M.
Room 346 Parliament Buildings
Mobile s.17
Meaghan.Thumath@gov.bc.ca

Clifford, Kate MMHA:EX

From: Clifford, Kate MMHA:EX
Sent: Monday, February 19, 2018 1:57 PM
To: Wade, Debbie MMHA:EX
Subject: RE: briefing Thursday

Hi Debbie,

Me again! Jonny Morris will also be attending this briefing ☺

Thanks,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Clifford, Kate MMHA:EX
Sent: Monday, February 19, 2018 1:04 PM
To: Wade, Debbie MMHA:EX
Subject: RE: briefing Thursday

Hey Debbie,

Doug has advised that he will be attending this briefing too. I've input the info into his calendar, just wanted to make sure to expect him as well.

Thanks,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Thumath, Meaghan MMHA:EX
Sent: Monday, February 19, 2018 11:25 AM
To: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX; Wade, Debbie MMHA:EX
Cc: Hughes, Doug J MMHA:EX; Maloughney, Mary Sue MMHA:EX
Subject: briefing Thursday

Hi Debbie,

We need to find 30 min for a briefing on secure care with MJD and Mary Sue on Thursday.

M.
Room 346 Parliament Buildings
Mobile s.17
Meaghan.Thumath@gov.bc.ca

Clifford, Kate MMHA:EX

From: Clifford, Kate MMHA:EX
Sent: Monday, February 19, 2018 1:58 PM
To: Wade, Debbie MMHA:EX
Subject: RE: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty

Hi Debbie,

FYI - Jonny Morris will staff this call via teleconference with Mary Sue as well. Details have been sent to him ☺

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Wade, Debbie MMHA:EX
Sent: Friday, February 16, 2018 3:48 PM
To: Clifford, Kate MMHA:EX
Subject: RE: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty

Great thanks Kate;

T/C details are:

Teleconference Number: s.15;s.17
Moderator number: s.15;s.17 Minister
Participant ID: s.15;s.17

Thanks!

Debbie Wade
Administrative Co-ordinator to the
Honourable Judy Darcy
Minister of Mental Health and Addictions
Room 346 Parliament Buildings
Ph# 387-9846

From: Clifford, Kate MMHA:EX
Sent: Friday, February 16, 2018 3:43 PM
To: Wade, Debbie MMHA:EX
Subject: RE: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty

Thanks Debbie! I will have Mary Sue dial in and staff are getting Minister updated materials. Should have this to you next week.

Can you advise the dial in details for Mary Sue? I've sent her a meeting request from our calendar to ensure the time slot is in there.

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Wade, Debbie MMHA:EX
Sent: Friday, February 16, 2018 3:29 PM
To: Clifford, Kate MMHA:EX
Subject: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty

Hi Kate;

We have scheduled a meeting or phone call (TBC) with Brenda Doherty, she is the Mother of Stephanie, the Squamish
s.22 15 year old teen that died of a fentanyl overdose.

Could we please request the latest BN on Secure Care for this meeting / phone call. The meeting will take place in the Minister's const. office, if Brenda is up to coming in person, otherwise it will be a phone call (to be determined on Thursday)

Meaghan advised that Mary Sue could call in if she was available.

Please advise.
Thank you!

Debbie Wade
Administrative Co-ordinator to the
Honourable Judy Darcy
Minister of Mental Health and Addictions
Room 346 Parliament Buildings
Ph# 387-9846

Clifford, Kate MMHA:EX

From: Casanova, Tamara MMHA:EX
Sent: Monday, February 19, 2018 3:04 PM
To: Clifford, Kate MMHA:EX
Subject: s.12;s.13 - Cabinet Working Group on MHA

FYI

From: Turner, Julie MMHA:EX
Sent: Monday, February 19, 2018 3:02 PM
To: Casanova, Tamara MMHA:EX
Subject: FW: s.12;s.13 - Cabinet Working Group on MHA

FYI

From: Maloughney, Mary Sue MMHA:EX
Sent: Monday, February 19, 2018 2:55 PM
To: May, Cheryl MCF:EX <Cheryl.May@gov.bc.ca>; Heavener, Cory R MCF:EX <Cory.Heavener@gov.bc.ca>; Glynn, Keva HLTH:EX <Keva.Glynn@gov.bc.ca>; Patterson, Ted HLTH:EX <Ted.Patterson@gov.bc.ca>
Cc: Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca>; Turner, Julie MMHA:EX <Julie.Turner@gov.bc.ca>
Subject: s.12;s.13 - Cabinet Working Group on MHA

s.12;s.13

I think we should consider lining up a joint briefing for her with MCFD and MOH staff (Ted and or Keva), potentially with Minister Conroy too, in March well in advance of the CWG and following the Children's Forum meeting on Mon. I know our staff are working together on materials but it might also be worth a quick check in end of week at our level bf meeting on mon?

Any thoughts on this? Happy to get it set up from this end.

Thanks MS

Clifford, Kate MMHA:EX

From:	Clifford, Kate MMHA:EX
Sent:	Wednesday, February 21, 2018 4:15 PM
To:	Maloughney, Mary Sue MMHA:EX
Cc:	Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject:	RE: RUSH: Approval of Secure Care Briefing Materials
Attachments:	Meeting Material - MJD and Brenda Doherty_2018-02-23_DRAFT.docx; IN_Teen discharged from LGH_Feb 21 2018.doc; s.12;s.13
Importance:	High

I've also attached these for your review if it's easier than eApprovals. As per my text, please advise if we are okay to share the VCH IN with MO, in addition to the meeting materials. GCPE has advised no concerns with sharing this content, but I was asked to double check with you from a strategic perspective.

Thank you in advance,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Clifford, Kate MMHA:EX
Sent: Wednesday, February 21, 2018 3:40 PM
To: Maloughney, Mary Sue MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: RUSH: Approval of Secure Care Briefing Materials
Importance: High

Hi Mary Sue,

I just sent you the Secure Care materials for your rush approval just now via eApprovals. We need to get this over to the MO for Minister's review today if possible. Can you review and advise if you approve?

Thank you in advance,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: HLTH eApprovals [mailto:DoNotReply@SP2010.gov.bc.ca]
Sent: Wednesday, February 21, 2018 3:34 PM
To: Clifford, Kate MMHA:EX
Subject: *ALERT: Incoming Assignment - eApprovals item 26221

You have been sent an eApprovals Item by Morris, Jonny MMHA:EX.

Cliff Number: 1107241
Other Number:
TRIM Number:
Topic: RUSH - Min Darcy mtg Fri Feb 23 with Brenda Doherty, mother of Stephanie, the Squamish s.22 15 year old teen who died of a fentanyl overdose
Date Final Due: 2/21/2018 12:00:00 AM
Last Action: Item Sent To

Comments:
Please route to Mary Sue for her review and approval. Please ensure GCPE is aware I have attached the VCH IN

eApprovals Link:
https://healthshare.gov.bc.ca/prod/SitePages/activeItems.aspx

Super User Link:
https://healthshare.gov.bc.ca/prod/SitePages/superUser.aspx

Cliff Link:

MEETING MATERIAL
MINISTRY OF MENTAL HEALTH AND ADDICTIONS

Cliff #:1107241

PREPARED FOR: Honourable Judy Darcy, Minister of Mental Health and Addictions

TITLE: Meeting between Minister of Mental Health and Addictions and Brenda Doherty, Friday February 23rd, 2018.

MEETING REQUEST/ISSUE: The Minister requested the meeting to hear from the parents of Steffanie Georgina-Anne Lawrence about their experiences trying to get Steffanie into treatment for substance use problems.s.22
s.22

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes. ADM Mary Sue Maloughney and Director Jonny Morris.

BACKGROUND:
Steffanie Georgina-Anne Lawrence, a 15 year old Squamish s.22 youth, died on January 22, 2018

According to news sources[1], Brenda Doherty, mother of Steffanie, exhaustively sought addictions treatment for her daughter during the months preceding her death. Notably, Ms. Doherty attempted to have Steffanie apprehended under the *Mental Health Act* for involuntary admission to Lions Gate Hospital two days before Steffanie died, buts.22
s.22

Ms. Doherty is quoted in the various news stories as saying "something has to change" to enable parents to have their at-risk children held in care against their will.

A confidential issues note from Vancouver Coastal Health Authority has been provided by GCPE which is included in this meeting package.

ADVICE:
s.13;s.22

[1] http://www.cbc.ca/news/canada/british-columbia/mother-pushes-for-change-after-teenage-daughter-s-overdose-death-1.4539124; https://globalnews.ca/news/4031222/bc-opioid-overdose-parents-rights/; http://www.squamishchief.com/news/local-news/something-has-to-change-says-mother-of-overdose-victim-1.23174247

See Appendix A for more information about the *Mental Health Act.*

JOINT MINISTER MEETING: N
IF SO, CAN THIS MATERIAL BE SHARED: N/A

Appendix A

A person can only be involuntarily admitted and treated under the *Mental Health Act*, within a designated mental health facility, if all of the four admission criteria are met, determined by two independent physicians:

1. Is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment, or to associate with others;
2. Requires psychiatric treatment in or through a designated facility;
3. Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration, or for the person's own protection or the protection of others; and
4. Is not suitable as a voluntary patient.

A person with a mental disorder is defined in the *Mental Health Act* as a person who has "a disorder of the mind" that requires treatment and seriously impairs the person's ability:

- To react appropriately to the person's environment; or
- To associate with others.

When the MHA was last updated in April 2005 the intent of the legislation focused primarily on the needs of two client populations:

- People with a severe mental illness; and
- People with concurrent mental illness and substance use disorders.

The needs of people with a primary diagnosis of a Substance Use Disorder were not considered at that time.

Page 13 of 27 to/à Page 26 of 27

Withheld pursuant to/removed as

s.12; s.13

Withheld pursuant to/removed as

s.13; s.12

FACT SHEET

Secure Care

ISSUE

- In BC, as in other jurisdictions, there are youth who engage in a range of behaviours, including problematic substance use, commercial sexual exploitation, and high-risk behaviour due to mental health issues, that are harmful to the youth themselves and/or the public.
- Parents, police, social workers and health care professionals have expressed concerns about an apparent lack of legal authority to intervene, when such youth are unable or unwilling to engage in voluntary services.

KEY FACTS

- In 2016, 12 youth aged 10 to 18 years (up from an average of 5 deaths in the previous 5 years) and 202 young people age 19 to 29 years (up from an average of 86 deaths in the previous 5 years) died of an illicit drug overdose.[1]
- There are calls on government to: 1) Ensure a comprehensive system of substance use services; and 2) Implement legislation to enable involuntary treatment of youth at high risk due to substance misuse.
- The Ministry of Health, through the 5 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.
- A 2016 Representative for Children and Youth (RCY) report on substance use services for youth in BC concluded, "There are too few adequately resourced low-barrier community-based services to address youth needs before they become a crisis and too few treatment beds available when youth are ready to commit to residential treatment".[2]
- In addition to calls for additional services, some parents, police, social workers and health care professionals express concerns about an apparent lack of legal authority to intervene with youth at high risk due to substance use challenges and who are reported to be unable or unwilling to engage in voluntary services.
- "Safe care" or "secure care" as it is often called, is the involuntary detainment of youth (up to age 19) in a secure, residential facility in order to ensure their immediate safety within a therapeutic environment and to engage them in treatment.
- In Canada, 8 provinces (all except BC and Prince Edward Island) have legislation permitting safe care for children (for substance use, sexual exploitation, and other unsafe behaviour) with detainment periods ranging from 7 to 45 days.
- The positions of the RCY, the BC Civil Liberties Association and the Canadian Mental Health Association are similar in that they would support safe care only once a comprehensive array of youth substance use services has been established.
- Policy and legislation in BC that support compulsory or involuntary treatment services for youth include mandated services through youth justice (federal *Youth Criminal Justice Act)* and options for interventions for children and adolescents involved in dangerous circumstances through the *Child, Family and Community Service Act.* Judges can mandate substance use treatment in a youth custody facility as a condition of a sentence, or can order treatment in a residential substance use treatment program as a condition of probation.

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[1] British Columbia Coroner's Service. (2017). *Fentanyl-Detected Illicit Drug Overdose Deaths Jan 1, 2012 to Aug 31, 2017*. Retrieved from: http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf

[2] Representative for Children and Youth. (2016). A Review of Youth Substance Use Services in B.C. Retrieved from: https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy_reviewyouthsubstance-final.pdf

- Additionally, in circumstances set out in the *Mental Health Act (MHA),* individuals with both mental health and substance use issues may be admitted to a psychiatric facility for assessment and involuntary treatment if they meet 4 admissions criteria (see MHA fact sheet). Children under the age of 16 can be involuntarily admitted under the *MHA* with consent from a parent or guardian. Going beyond the limitations of currently available options (i.e. through the justice system, the *MHA*, child protection legislation and voluntary services) would require the enactment of specialized legislation authorizing the involuntary detainment of youth.
- BC has explored safe care options in the past - in 2000 the Secure Care Act was passed but was never proclaimed in force. Safe care was explored again in 2009. In the spring 2017 sitting of the legislature, Gordon Hogg, then-MLA for Surrey-White Rock, introduced a private members bill (Bill M240- Safe Care Act, 2017), to the legislature. The Legislative Assembly adjourned prior to Bill M240 proceeding.
- Safe care legislative proposals have never been passed into law in BC largely based on concerns about the scope and application of proposed legislation, infringement of youth's rights, impact on Aboriginal youth, and the high cost of such services.
- MCFD and the Ministry of Health continue to monitor research on this topic, and have jointly developed a draft *Discussion Paper on Safe Care* that provides a summary of key issues and potential legislative and service approaches. This paper was not formally publicly released although it was recently provided to a requester through a Freedom of Information request.
- Legislative approaches across jurisdictions include safe care done through stand-alone legislation targeted to various populations of youth experiencing high risk (including due 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.
- Although forms of secure care are available in many jurisdictions, there is a lack of research on the outcomes of such care, including the potential harms linked to its use.
- The existing evidence suggests limited short-term benefit for the purpose of withdrawal from substances (detoxification) and/or temporary removal of youth at high risk from potentially dangerous situations; there does not appear to be a clear benefit in terms of changing the long-term trajectory of these youth.
- It is widely agreed that voluntary services – such as withdrawal management, residential treatment, and outpatient substance use and/or mental health counselling – are the most effective means of addressing problematic substance use and substance dependence, which are often concurrent with mental health problems.
- Although the available evidence does not categorically support secure care as an effective option, there no evidence indicating that involuntary treatment is ineffective.
- The best available evidence suggests that a continuum of care is required to address the array of needs related to substance misuse. BC is working to build a comprehensive system that includes awareness, counselling, street outreach, transition support, and residential treatment in a variety of settings to provide a range of services, including withdrawal management and drug replacement therapy.

FINANCIAL IMPLICATIONS

The following funding has been or will be provided to support the development and implementation of integrated youth services and sites:

FACT SHEET

s.13; s.17

- The Ministry provided $3 million to the InnerChange Foundation in 2014/15 to develop and implement 5 integrated youth MHSU service hubs in communities across BC, in partnership with non-profit service delivery providers.
- In February 2017, the Province announced $8.4 million ($2.8 million per year over 3 years) to s.13; s.17

- s.13; s.17 , the Ministry has allocated an additional $1 million to the regional health authorities to support operations of the new sites s.13; s.17
- In 2018/19, the Ministry will increase s.13; funding to the regional health authorities by a further $1.5 million s.13; s.17
- s.13; s.17

-

Approved by:
Sharon Stewart, obo Ted Patterson, Primary and Community Care Policy Division; XXXXXX
Nancy South obo Teri Collins, Health Sector Information Analysis and Reporting Division; XXXXXX
Gordon Cross obo Manjit Sidhu, Finance and Corporate Services Division; XXXXXX

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
POLICY AND LEGISLATION DIVISION
ESTIMATES BRIEFING NOTE 2018/19

ISSUE: Safe Care/Secure Care

KEY MESSAGES:

- The current fentanyl crisis has increased public concern about harmful substance use in B.C.
- This situation has been made significantly worse and much more dangerous by the fentanyl crisis.
- Parents who fear for the safety of their child who uses drugs, but refuses or leaves treatment can feel helpless and their entire focus is on keeping their child alive.
- Some families have called for government to find ways to compel their child into substance use treatment.
- Some service provider groups and others have urged government to implement a form of "secure care", or "safe care", as it is sometimes referred to.
- However, not all groups agree on this, with some urging caution about implementing secure care without first making sure that youth who do ask for voluntary services can actually get them in a timely manner.
- Eight provinces have legislation that supports secure care, with detention periods ranging from 7 to 45 days.
- What we don't know yet is whether this form of forced treatment is effective.
- There is a notable lack of research on the effectiveness or outcomes of such care, including potential harms linked to its use.
- There is wide agreement that voluntary services to address such needs as detoxification, residential treatment, and outpatient substance misuse and/or mental health counselling are the most effective means of addressing substance misuse and mental health issues, which often occur together.
- In April 2017 the Representative for Children and Youth issued a statement affirming support for development of a form of secure care, but recommended that prior to this government must first have in place "a well-integrated and

Contact: Robert Lampard, ED, Child and Youth Mental Health Policy
Cell phone: 250 360-6839
Date: February 5, 2018

robust cross-ministerial network of supports and services for children and youth in B.C. Secure care must be one component of a comprehensive system …"

- The Ministry of Mental Health and Addictions is leading work with the ministries of Children and Family Development, Health and Education, on planning to support a full continuum of mental health services for children and youth in B.C. The work on a child and youth mental health and substance use plan is underway and the plan is due for completion in October 2018.
- B.C. has explored secure care options in the past but legislative proposals have never been passed into law largely based on concerns about the scope and application of proposed legislation, infringement of youth's rights, impact on Aboriginal youth, and the high cost of such services.
- Government continues to review evidence on secure care, with the Ministry of Mental Health and Addictions leading this review and any related policy work.

s.12;s.13

FINANCES:

s.13

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.

Illicit Drug Overdose Deaths by Age Group, 2007-2017[2]

Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
10-18	5	6	2	4	4	5	6	3	5	12	23
19-29	33	36	46	40	74	61	94	83	117	207	269

Data Source: BC Coroners Service, January, 2018

CROSS REFERENCE: (if necessary) – **to be completed by Executive Operations**

- **Note ## –** Note title
- Note numbers will be added after the binder is complete

Contact: Robert Lampard, ED, Child and Youth Mental Health Policy
Cell phone: 250 360-6839
Date: February 5, 2018

MINISTRY OF MENTAL HEALTH AND ADDICTIONS
INFORMATION BRIEFING NOTE

Cliff # 1094032

PREPARED FOR: Honourable Judy Darcy, Minister - **FOR INFORMATION**

TITLE: Secure Care

PURPOSE: To provide background information on secure care in British Columbia.

BACKGROUND:

Overview: Secure care refers to the involuntary detainment of youth engaged in serious self-harming behaviours, including problematic substance use, commercial sexual exploitation, and high risk behaviour where there is threat of personal safety and/or safety to others.

Some provinces across Canada have legislation allowing for the involuntary treatment of youth in at least one of the following three categories, primarily focused on stabilization:

1. youth with severe substance use problems – Alberta, Saskatchewan and Manitoba;
2. youth who are sexually exploited – Alberta, Quebec; and,
3. youth who are deemed at risk to themselves or others, which could include severe mental health and/or substance use issues – Ontario, Quebec, New Brunswick, PEI and Nova Scotia.

BC has contemplated secure care in the past, but it was never enacted. In 2000, the *Secure Care Act* (the Act) focused on intervention and assistance to children under 19 years of age. The Act was passed, but never brought into force. In 2009, *Safe Care Act* legislation focused on youth experiencing sexual exploitation and/or severe substance misuse. The Act was drafted, however it was never tabled. Further, in April 2017, a *Safe Care Act* bill was introduced to the BC Legislature, but it was also not tabled. A number of concerns associated with the use of an involuntary treatment have been raised by stakeholders confirming that there is insufficient evidence to support this approach.

Evidence Regarding Secure Care: While there is widespread recognition of the negative impacts of problematic substance use including increased morbidity and mortality rates,[1] there is no clear evidence that compulsory or involuntary treatment such as those proposed under secure care legislation improves treatment outcomes.[2,3]

A systematic review of research on compulsory addiction treatment found little evidence of its effectiveness in the short-term, and no evidence of improved long-term outcomes.[4] The researchers recommended that in the absence of clear evidence, voluntary services should be prioritized as the first-run response to problematic substance use.[5]

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[1] Urbanoski, K. A. (2010). Coerced addiction treatment: Client perspectives and the implications of their neglect. Harm Reduction Journal. 7:13, doi: 10.1186/1477-7517-7-13.
[2] Lundgren, L., Blom, B., Chassler, D. & Sullivan, L. M. (2015). Using register data to examine patterns of compulsory addiction treatment care in Sweden: Program planning and methodological implications. Evaluation and Program Planning. 49, pp. 149-152. doi.org/10.1016/j.evalprogplan.2014.12.012.
[3] Urbanoski, K. (2016, January 29). Compulsory Addiction Treatment: What does the evidence tell us? CARBC Lecture Series. Victoria, Canada: Centre for Addictions Research of BC, University of Victoria.
[4] Werb, D., Kamarulzaman, A., Meacham, M.C., Rafful, C., Fischer, B., Strathdee, S.A. & Wood, E. (2016). The effectiveness of compulsory drug treatment: A systematic review. *International Journal of Drug Policy*. 28, p. 1-9.
[5] Ibid.

Voluntary Services in BC: A variety of voluntary services are in place that address the needs of youth engaged in serious self-harming behaviours in BC. These include acute and tertiary care and community-based outpatient counselling, withdrawal management, residential treatment, outreach services, emergency shelters, and child welfare services. While these services exist, there continue to be gaps (lack of a continuum of community-based services for children and youth with mental health and substance use issues), and shortfalls (no stepped care approaches or models for substance use) that affect the availability of voluntary services.

Current Policy and Legislation: Policy and legislation in BC that support compulsory or involuntary treatment services for youth include mandated services through youth justice (federal *Youth Criminal Justice Act*), and options for interventions for children and adolescents involved in dangerous circumstances through the *Child, Family and Community Service Act*. Judges can mandate substance use treatment in a youth custody facility as a condition of a sentence, or can order treatment in a residential substance use treatment program as a condition of probation. It is important to note that while judges can mandate treatment, youth have the option to refuse, although it may come with consequences.

Additionally, based on the criteria set out in the *Mental Health Act* (MHA), individuals with both severe mental health and substance use issues may be admitted to a designated psychiatric facility for assessment and involuntary treatment. Children under the age of 16 can be involuntarily admitted under the MHA with consent from a parent or guardian.

DISCUSSION:

The Province has recently explored the potential need for implementation of secure care in BC, including reviewing the various approaches to secure care in other jurisdictions.

The Ministries of Children and Family Development (MCFD) and Health recognize gaps in the current system of care for high risk youth and continue to monitor research on secure care. Both MCFD and Health have responded to the RCY's report entitled Paige's Story: Abuse, Indifference and a Young Life Discarded, and other reports calling for expanded substance use services for these youth.[6] MCFD and MoH have jointly developed a draft Discussion Paper on Safe Care that provides a summary of key issues and potential legislative and service approaches. While the paper was not publicly released, it was recently provided to a requester through a Freedom of Information request. Both Ministries are committed to bolstering voluntary services prior to enacting coercive legislation.

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[6] Other reports include: *Still Waiting First-hand Experiences with Youth Mental Health Services in B.C.*by the Representative for Children and Youth, *Becoming Whole* by the McCreary Centre Society, and *Taking the Next Step Forward Building a Responsive Mental Health and Addictions System for Emerging Adults* by the Mental Health Commission of Canada.

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Safe Care

Briefing Paper prepared by Ministry of Children and Family Development for theChildren's Forum

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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 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.

What is driving the public debate on Safe Care?

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]

In April 2016, the Provincial Health Officer declared a public health emergency due to the significant rise in drug related overdoses and deaths in the province. 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.

Proponents of Safe Care 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. Parents,

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

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.

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.

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. The Ministry of Mental Health and Addictions will lead the policy research and development related to Secure Care and work with the Ministry of Health (MoH), Ministry of Children and Family Development and the Ministry of Education in drafting the options for consideration by government on next steps.

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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.

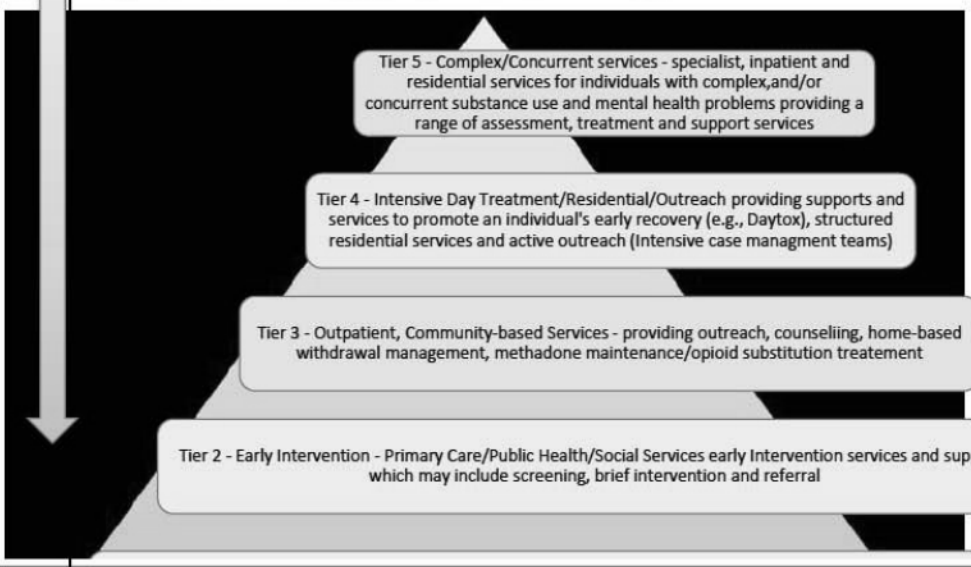
MCFD offers community-based child and youth mental health (CYMH) services to infants, children and youth from birth to age 18, and their families, to help address emotional/behavioural/mental health challenges and disorders that significantly impact the child or youth's ability to function across a variety 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).

Small # of youth

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):



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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 are expanding through phased hiring of 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 announced new funding for the creation of 20 new addictions treatment

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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.

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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 2 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.

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The BC Experience

Several times over the past almost two decades, 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.

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. A 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

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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 are being supported by 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 United Nations *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.

The legislative framework would also need to set out minimum and maximum detainment periods. The legal framework should include the possibility of a review of the detainment period. It could also include allowance for leaves from detention for the purpose of receiving treatment in the community and/or for the purpose of supporting transitions from safe care and into the voluntary system of services.

A specific consideration would be whether to use the court or some form of quasi-judicial medical health tribunal for making safe care detainment decisions. The advantages of using the court are that the legal, expert infrastructure is in place across the province. Because courts are busy, special provision may be required to hear safe care applications in a timely way. The more formal court process may also make it more difficult for laypersons to access and participate in the process. Under a Tribunal, it is likely that medical and legal experts and community representatives would be responsible for making decisions. This approach is used currently under the BC *Mental Health Act*. A tribunal process could result in more timely decisions and the less formal process may be more accessible to laypersons. However, time, effort and resources would be necessary if a new tribunal process were to be established, and training may be required for either 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-psychosocial-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.

Appendix - Summary of Safe Care Related Legislation in Canada

Jurisdiction	Legislation	Target Population	Services
Alberta	*Protection of Children Abusing Drugs Act*	Drug addicted children, under 18 years of age	Stabilization, assessment, detox
	Child, Youth and Family Enhancement Act	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
	Protection of Sexually Exploited Children Act	Sexually exploited children, under 18 years of age	Stabilization assessment, specialized programming
Manitoba	*The Youth Drug Stabilization (Support for Parents) Act*	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	*Youth Drug Detoxification and Stabilization Act*	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	*Child and Family Services Act*	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	*Youth Protection Act*	Children who represent a danger to themselves or others	Stabilization assessment, treatment
Nova Scotia	*Child and Family Services Act*	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	*Family Services Act*	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	*Secure Withdrawal Management for Young Persons* (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

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Vancouver CoastalHealth

CONFIDENTIAL ISSUES NOTE

February 21, 2018

Family questions care at Lions Gate Hospital after daughter dies of an apparent drug overdose

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Background

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Key Messages

- We express our sincere sympathies to the family for the loss of their daughter.
- Due to patient confidentiality, we're not able to go into the specifics of the case, but we can assure you the patient's care was reviewed by the Vancouver Coastal Health Patient Care Quality Office and managers of the iYOS and Sea to Sky mental health and substance use services. The results of the review were shared with the patient's family.
- When a youth presents to a hospital emergency department with mental health and substance use concerns, they are assessed by the emergency department physician. If there is a question of whether or not the youth should be admitted due to acute mental health

concerns, the emergency department physician may consider asking for a psychiatrist to assess the youth.

- At Lions Gate Hospital, the Intensive Youth Outreach Services Team may be asked to see the youth and assess them. The iYOS team will do a mental health and substance use assessment, access to collateral information and review the youth's ability to give consent for speaking with parents or a guardian.
- The Mental Health Act clearly stipulates under what conditions a person can be admitted to hospital against their will as it relates to a mental health diagnosis, and if a person does not meet the criteria, they will be discharged.
- Under the current legislation, we cannot force treatment if the client is competent and refusing treatment.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Shannon McCarthy	Director, Mental Health & Substance Use and Ambulatory Care, Coastal Community of Care	604-984-3824
Communications	Matt Kieltyka	Public Affairs Specialist	604-708-5338
Patient involved	Steffanie Georgina-Anne Lawrence		
Creation & revision history			
Feb 21/18		Briefing note created	

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s.22

Page 46 of 84 to/à Page 51 of 84

Withheld pursuant to/removed as

s.12; s.13

Page 52 of 84 to/à Page 57 of 84

Withheld pursuant to/removed as

s.13

Reporter
Jennifer Thuncher, Reporter
Squamish Chief
jthuncher@squamishchief.com
604-892-9161 x 228 c: 604-765-3952

Deadline Monday, February 19, 2018 5:00 PM

Request
- **Publication:** The Squamish Chief
- **Reporter:** Jennifer Thuncher
- **Issue:** Overdose death follow-up
- **Type of Interview:** Statement
- **Date of Interview:** Feb. 19
- **Interview time/start and finish:** NA
- **Dial in Number/Interview Location:** NA

Can I get a statement from the minister for a follow-up story? *Has she heard from the family? [Of Steffanie Lawrence]
*What happens next? (Another way of saying it is what would the minister like to see changed to prevent this type of tragedy we saw with Steffanie Lawrence?)

Background Recommendation

Statement from the Minister of Mental Health and Addictions

"The loss of Steffanie Georgina-Anne Lawrence is a tragic story, and my heart goes out to her family and friends. I have connected with Brenda Doherty, Steffanie's mother, and I will be meeting with her later this week.

"We know that there are other families like Steffanie's struggling throughout B.C. Some of these families have called for government to find ways to compel their child into stabilization and care, and we are taking their concerns very seriously.

"The Ministry of Mental Health and Addictions is working to determine the policy options for young people at a grave risk of harm, including harms related to substance use disorders. As part of this work, we will be working with our partner Ministries to review BC's Mental Health Act, the appropriateness and need for Safe Care Legislation, and the need for a full spectrum of voluntary services and supports for this population."

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Withheld pursuant to/removed as

s.22

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Withheld pursuant to/removed as

s.12; s.13; s.17

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Withheld pursuant to/removed as

s.12; s.13

Withheld pursuant to/removed as

s.12; s.13; s.14

Page 79 of 84 to/à Page 84 of 84

Withheld pursuant to/removed as

s.12; s.13

From: Charlton, Britney MMHA:EX
To: Morris, Jonny MMHA:EX
Subject: ***Jonny - Rush eapp***
Date: Monday, February 19, 2018 9:18:05 AM
Importance: High

Hi Jonny,

Just sent this eapp to you for Brenda Doherty meeting.

Thanks,
Britney

From: HLTH eApprovals [mailto:DoNotReply@SP2010.gov.bc.ca]
Sent: Monday, February 19, 2018 9:17 AM
To: O'Donnell, Clare M HLTH:EX; Charlton, Britney MMHA:EX; Veillette, Kelly MMHA:EX; Clout, Lisa MMHA:EX
Subject: WATCHER: Incoming Assignment – eApprovals item 26221

An eApprovals Item has been sent to Morris, Jonny.

Cliff Number: 1107241
Other Number:
TRIM Number:
Topic: RUSH - Min Darcy mtg Fri Feb 23 with Brenda Doherty, mother of Stephanie, the Squamish s.22
s.22 15 year old teen who died of a fentanyl overdose
Date Final Due: 2/21/2018 12:00:00 AM
Last Action: Item Sent To

Comments:
*****RUSH*** for your team to draft - Min Darcy Mtg Fri Feb 23rd with Brenda Doherty -**

eApprovals Link:
https://healthshare.gov.bc.ca/prod/SitePages/watchedItems.aspx

Super User Link:
https://healthshare.gov.bc.ca/prod/SitePages/superUser.aspx

Cliff Link:

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Withheld pursuant to/removed as

s.13

From:	HLTH Corporate Operations HLTH:EX
To:	Clifford, Kate MMHA:EX
Cc:	Charlton, Britney MMHA:EX; MMHA Documents Coordinator HLTH:EX; Morris, Jonny MMHA:EX; HLTH Corporate Operations HLTH:EX
Subject:	1104157 - UPDATED DUE DATE: FOR ASSIGNMENT: Request to schedule meeting re: Substance Use Services for Youth - Dr. Warshawski and group
Date:	Friday, February 16, 2018 8:29:37 AM

Cliff & e-e-apps have been adjusted.

Thanks,
Kathy

From: Clifford, Kate MMHA:EX
Sent: Thursday, February 15, 2018 4:31 PM
To: Morris, Jonny MMHA:EX
Cc: Charlton, Britney MMHA:EX; HLTH Corporate Operations HLTH:EX; MMHA Documents Coordinator HLTH:EX
Subject: UPDATED DUE DATE: FOR ASSIGNMENT: Request to schedule meeting re: Substance Use Services for Youth - Dr. Warshawski and group

Hi Jonny,

As discussed, the date for this meeting has yet to be confirmed, so we can go ahead and extend the due date for this assignment.

Corp Ops – please update the due date for this assignment to Friday March 2nd in CLIFF and eApprovals.

We will confirm once a meeting date has been set, and adjust the due date accordingly.

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Clifford, Kate MMHA:EX
Sent: Monday, January 29, 2018 2:12 PM
To: MacKenzie, Lori MMHA:EX
Cc: Maloughney, Mary Sue MMHA:EX; Walker, Leah MMHA:EX; Charlton, Britney HLTH:EX; HLTH Corporate Operations HLTH:EX; MMHA Documents Coordinator HLTH:EX
Subject: FOR ASSIGNMENT: Request to schedule meeting re: Substance Use Services for Youth - Dr. Warshawski and group

Hi Lori,

s.13

s.13 The MO has advised that Minister Darcy has committed to

meet with this group in January/February and will require background materials.

As this meeting will likely be scheduled in the next month, due dates will be assigned accordingly and can adjust if required. I will let you know the date/time as soon as possible.

Please advise if there are any concerns at this time. Below is the information for the meeting, with topic and attendees.

Corp Ops – Please create the CLIFF/eApproval for this assignment and send to Jasmine.

Jasmine – Once received, please assign to Lori's branch for draft.

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Oliver, Chrissy PSA:EX
Sent: Wednesday, November 15, 2017 9:42 AM
To: Wade, Debbie MMHA:EX
Cc: Casanova, Tamara HLTH:EX; Bracewell, Barb HLTH:EX; Thumath, Meaghan MMHA:EX; Lindsay-Baugh, Anna MMHA:EX
Subject: Request to schedule meeting re: Substance Use Services for Youth - Dr. Warshawski and group

Hi Debbie,

In late October, Doug and Keva met with the group listed below regarding Substance Use Services for Youth, including Secure Care for Severely Addicted Youth. s.13
s.13

Dr. Warshawski is the lead for confirming the meeting. His email address is s.22 if you'd like to connect with him to find a time. Doug will attend this meeting as well.

Attendees: Dr. Warshawski, Roxanne Blemings (Doctors of BC), Carolann Saari (VIHA), Stephanie Stevenson (Children's & Women's) and Grant Charles (UBC).

Let me know if you need anything else in order to make this meeting happen or if there are any questions. Thank you.

Chrissy

From: JONATHAN MORRIS
To: Morris, Jonny MMHA:EX
Subject: B.C."s Children"s Minister rejects proposal for forced youth care - The Globe and Mail
Date: Saturday, February 17, 2018 5:28:05 PM

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https://www.theglobeandmail.com/news/british-columbia/bc-teen-in-serious-distress-died-without-adequate-mental-health-support-report/article32452776/

Sent from my iPhone

From:	Marshman, Lisa J MCF:EX
To:	Lampard, Robert MCF:EX; Scheiber, Alex MCF:EX; Egilson, Michael PSSG:EX; McMillan, Christina OMBD:EX; XT:Estall, Philippa AG:IN; Behn Smith, Daniele HLTH:EX; Angel, Lenora MCF:EX; Morris, Jonny MMHA:EX; Ellis, Colleen RCY:EX; Glynn, Keva HLTH:EX
Subject:	Children"s Forum Meeting: Sub Committee ons.12;s.13 Agenda Item
Start:	Monday, February 26, 2018 2:00:00 PM
End:	Monday, February 26, 2018 3:30:00 PM
Location:	s.15

Good morning,

The Children's Forum is meeting is scheduled for Monday, February 26th.s.12;s.13

s.12;s.13

If you are attending from outside of MCFD please check in at the Security Desk in the lobby when you arrive in order to be let up the elevator to the 2nd Floor meeting room.

From: Clifford, Kate MMHA:EX
To: Morris, Jonny MMHA:EX
Cc: Charlton, Britney MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: DUE TODAY: Materials on Secure Care
Date: Wednesday, February 21, 2018 10:51:11 AM
Importance: High

Hi Jonny,

Are you able to advise an ETA on these materials? We need to get Doug to review them as soon as possible so we can get them over to the MO this afternoon.

Please advise the status.

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Clifford, Kate MMHA:EX
Sent: Tuesday, February 20, 2018 4:32 PM
To: Morris, Jonny MMHA:EX
Subject: Re: briefing Thursday

Hi Jonny,

Just a gentle reminder that we'll need these materials to Doug tomorrow for approval. I'd like to get them over to the mo by end of day tomorrow at the latest.

Thank you (times a million)

Kate

On Feb 19, 2018, at 11:56 AM, Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca> wrote:

> Hi all – the meeting materials I'm pulling together with a deadline of Wednesday would be the same to use during the pre-brief on Thursday.
>
> Mary Sue – let me know if you'd like me to resource you at the pre-brief. And given your conversation with the Minister this morning, if it would be appropriate for me to support you on the phone during the Friday meeting with the young person's parent.
>
> JM
>
> ---
>
> **From:** Clifford, Kate MMHA:EX
> **Sent:** Monday, February 19, 2018 11:37 AM
> **To:** Maloughney, Mary Sue MMHA:EX

Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX; Morris, Jonny MMHA:EX
Subject: RE: briefing Thursday

Hi Mary Sue,

I've sent you an invite for this briefing. Did you want Jonny to put together some materials for Minister for this? I know it's short notice. I know he is working on meeting materials regarding secure care in advance of the Friday meeting with Brenda Doherty, so not sure if that will suffice.

Let me know how we should proceed.

Thanks,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Wade, Debbie MMHA:EX
Sent: Monday, February 19, 2018 11:29 AM
To: Thumath, Meaghan MMHA:EX
Cc: Hughes, Doug J MMHA:EX; Maloughney, Mary Sue MMHA:EX; Casanova, Tamara MMHA:EX; Clifford, Kate MMHA:EX
Subject: RE: briefing Thursday

Sorry I meant 4:45-5:15pm

Thanks!

Debbie Wade
Administrative Co-ordinator to the
Honourable Judy Darcy
Minister of Mental Health and Addictions
Room 346 Parliament Buildings
Ph# 387-9846

From: Thumath, Meaghan MMHA:EX
Sent: Monday, February 19, 2018 11:25 AM
To: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX; Wade, Debbie MMHA:EX
Cc: Hughes, Doug J MMHA:EX; Maloughney, Mary Sue MMHA:EX
Subject: briefing Thursday

Hi Debbie,

We need to find 30 min for a briefing on secure care with MJD and Mary Sue on Thursday.

M.
Room 346 Parliament Buildings
Mobile s.17
Meaghan.Thumath@gov.bc.ca

From:	Halston, Leslie HLTH:EX
To:	Morris, Jonny MMHA:EX
Cc:	Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX; Baade, Leah HLTH:EX
Subject:	FOR JONNY: DUE at 1pm Media Request
Date:	Monday, February 19, 2018 11:08:33 AM
Attachments:	MR_021918_Jennifer_Thuncher_Squamish_Chief_Overdose_Death_DRAFT.DOCX
Importance:	High

Hi Jonny-are you able to review the attached Media Request messaging? Anyone else need to have a look?

GCPE is asking for this signed off by 1pm today

Leslie Halston
Risk and Issues Analyst/SCHSPH Secretariat
Performance and Issues Management
Primary and Community Care Division
Ministry of Health
Phone: (250) 952-2407

From: HLTH Health Issues HLTH:EX
Sent: Monday, February 19, 2018 11:04 AM
To: Halston, Leslie HLTH:EX
Subject: FW: Media Request

From: Cascaden, Lori R GCPE:EX
Sent: Monday, February 19, 2018 11:03:40 AM (UTC-08:00) Pacific Time (US & Canada)
To: HLTH Health Issues HLTH:EX
Subject: Media Request

Hi – Can I get this one reviewed and returned to me by 1:00? No new messages, with the exception of the meeting piece, but that information was provided by the MO.

Thanks,

Lori

Reporter
Jennifer Thuncher, Reporter
Squamish Chief
jthuncher@squamishchief.com
604-892-9161 x 228 c: 604-765-3952

Deadline Monday, February 19, 2018 5:00 PM

Request
- **Publication:** The Squamish Chief
- **Reporter:** Jennifer Thuncher
- **Issue:** Overdose death follow-up
- **Type of Interview:** Statement
- **Date of Interview:** Feb. 19
- **Interview time/start and finish:** NA
- **Dial in Number/Interview Location:** NA

Can I get a statement from the minister for a follow-up story? *Has she heard from the family? [Of Steffanie Lawrence]
*What happens next? (Another way of saying it is what would the minister like to see changed to prevent this type of tragedy we saw with Steffanie Lawrence?)

Background Recommendation

Statement from the Minister of Mental Health and Addictions

"The loss of Steffanie Georgina-Anne Lawrence is a tragic story, and my heart goes out to her family and friends. I have connected with Brenda Doherty, Steffanie's mother, and I will be meeting with her later this week.

"We know that there are other families like Steffanie's struggling throughout B.C. Some of these families have called for government to find ways to compel their child into stabilization and care, and we are taking their concerns very seriously.

"The Ministry of Mental Health and Addictions is working to determine the policy options for young people at a grave risk of harm, including harms related to substance use disorders. As part of this work, we will be working with our partner Ministries to review BC's Mental Health Act, the appropriateness and need for Safe Care Legislation, and the need for a full spectrum of voluntary services and supports for this population."

From:	Clifford, Kate MMHA:EX
To:	HLTH Corporate Operations HLTH:EX
Cc:	MMHA Documents Coordinator HLTH:EX; Charlton, Britney MMHA:EX; Walker, Leah MMHA:EX; Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX
Subject:	FOR RUSH ASSIGNMENT: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty
Date:	Friday, February 16, 2018 3:42:02 PM
Importance:	High

Hi Corp Ops,

Jonny has confirmed that his branch will draft materials for this meeting for Minister. Can you please create a CLIFF/eApproval for this assignment? It is a rush, and we will need it back to the DMO by Wednesday February 21st and to the MO by Thursday February 22nd at the latest.

Please send to Jasmine once created, and she will assign to Jonny's branch.

Thank you in advance,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Clifford, Kate MMHA:EX
Sent: Friday, February 16, 2018 3:35 PM
To: Morris, Jonny MMHA:EX
Cc: Charlton, Britney MMHA:EX; MMHA Documents Coordinator HLTH:EX; Maloughney, Mary Sue MMHA:EX; Walker, Leah MMHA:EX
Subject: FOR RUSH REVIEW/ASSIGNMENT: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty
Importance: High

Hi Jonny,

Minister will be meeting with Brenda Doherty, Mother of Stephanie, the Squamish s.22 15 year old teen who died of a fentanyl overdose, on Friday February 23rd. They have requested the latest BN on Secure care for this meeting. Does this fall under you? If so, are you able to send me the latest version? Let me know if you need a formal assignment for this, or if you have anything already prepared we can share.

Mary Sue – FYI, the MO has asked if you could be available to dial into this meeting. Let me know if that will be an issue. Time is still TBD, but looking like potentially at 12:00pm.

Let me know if this needs to be routed elsewhere

Thank you,

Kate Clifford | A/Manager, Business Operations

Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Wade, Debbie MMHA:EX
Sent: Friday, February 16, 2018 3:29 PM
To: Clifford, Kate MMHA:EX
Subject: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty

Hi Kate;

We have scheduled a meeting or phone call (TBC) with Brenda Doherty, she is the Mother of Stephanie, the Squamish s.22 15 year old teen that died of a fentanyl overdose.

Could we please request the latest BN on Secure Care for this meeting / phone call. The meeting will take place in the Minister's const. office, if Brenda is up to coming in person, otherwise it will be a phone call (to be determined on Thursday)

Meaghan advised that Mary Sue could call in if she was available.

Please advise.
Thank you!

Debbie Wade
Administrative Co-ordinator to the
Honourable Judy Darcy
Minister of Mental Health and Addictions
Room 346 Parliament Buildings
Ph# 387-9846

From:	Clifford, Kate MMHA:EX
To:	Morris, Jonny MMHA:EX
Cc:	Charlton, Britney MMHA:EX; MMHA Documents Coordinator HLTH:EX; Maloughney, Mary Sue MMHA:EX; Walker, Leah MMHA:EX
Subject:	FOR RUSH REVIEW/ASSIGNMENT: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty
Date:	Friday, February 16, 2018 3:34:59 PM
Importance:	High

Hi Jonny,

Minister will be meeting with Brenda Doherty, Mother of Stephanie, the Squamish s.22 ; 15 year old teen who died of a fentanyl overdose, on Friday February 23rd. They have requested the latest BN on Secure care for this meeting. Does this fall under you? If so, are you able to send me the latest version? Let me know if you need a formal assignment for this, or if you have anything already prepared we can share.

Mary Sue – FYI, the MO has asked if you could be available to dial into this meeting. Let me know if that will be an issue. Time is still TBD, but looking like potentially at 12:00pm.

Let me know if this needs to be routed elsewhere

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Wade, Debbie MMHA:EX
Sent: Friday, February 16, 2018 3:29 PM
To: Clifford, Kate MMHA:EX
Subject: Meeting scheduled on Friday Feb. 23rd - with Brenda Doherty

Hi Kate;

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Meaghan advised that Mary Sue could call in if she was available.

Please advise.
Thank you!

Debbie Wade
Administrative Co-ordinator to the
Honourable Judy Darcy
Minister of Mental Health and Addictions
Room 346 Parliament Buildings
Ph# 387-9846

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Withheld pursuant to/removed as

s.22

From: Blemings, Roxanne HLTH:EX
To: Morris, Jonny MMHA:EX
Subject: s.12;s.13
Date: Friday, February 16, 2018 4:00:48 PM
Attachments: s.12;s.13

Roxanne Blemings
Director Mental Health Prevention & Promotion
Mental Health & Substance Use| Ministry of Health
Primary and Community Care Division
6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Roxanne.Blemings@gov.bc.ca

At work on the traditional territories of the Lkwungen speaking peoples of the Esquimalt and Songhees First Nations.

From: van der Leer, Gerrit HLTH:EX
Sent: Tuesday, January 23, 2018 6:33 PM
To: Blemings, Roxanne HLTH:EX
Cc: Wong, Michelle HLTH:EX; Glynn, Keva HLTH:EX; van der Leer, Gerrit HLTH:EX
Subject: RE:s.12;s.13

Attached are my tracked changes and comments.

Gerrit van der Leer
Director
Mental Health and Substance Use
Primary and Community Care Division
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
Email: Gerrit.vanderLeer@gov.bc.ca
Administrative Assistant: Caroline Murray
E-mail: Caroline.Murray@gov.bc.ca

From: Glynn, Keva HLTH:EX
Sent: Tuesday, January 23, 2018 2:40 PM
To: Blemings, Roxanne HLTH:EX
Cc: Wong, Michelle HLTH:EX; van der Leer, Gerrit HLTH:EX

Subject: Fws.12;s.13

Roxanne, could you please review also. Gerrit, fyi.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Lampard, Robert MCF:EX <Robert.Lampard@gov.bc.ca>
Sent: Tuesday, January 23, 2018 2:18 PM
To: Glynn, Keva HLTH:EX
Cc: Wong, Michelle HLTH:EX
Subject: s.12;s.13

Hi Keva and Michelle,

We've adapted the s.12;s.13 for use at the upcoming Children's Forum.

Here is the revised version – we haven't added new content, only removed some pieces that were not relevant and made a couple of minor updates on dates/details.
Can you take a look at the content on pages 7-9 and offer any updates/edits you think are required? For example, s.12;s.13

Thanks for your assistance,
Rob

Safe Care

Briefing Paper prepared by Ministry of Children and Family Development for theChildren's Forum

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Table of Contents

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 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.

What is driving the public debate on Safe Care?

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]

In April 2016, the Provincial Health Officer declared a public health emergency due to the significant rise in drug related overdoses and deaths in the province. 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.

Proponents of Safe Care 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. Parents,

---

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

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.

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.

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. The Ministry of Mental Health and Addictions ~~i~~will lead the policy research and development related to Secure Care and work with the Ministry of Health (MoH), Ministry of Children and Family Development and the Ministry of Education in drafting the options for consideration by government on next steps. s.13

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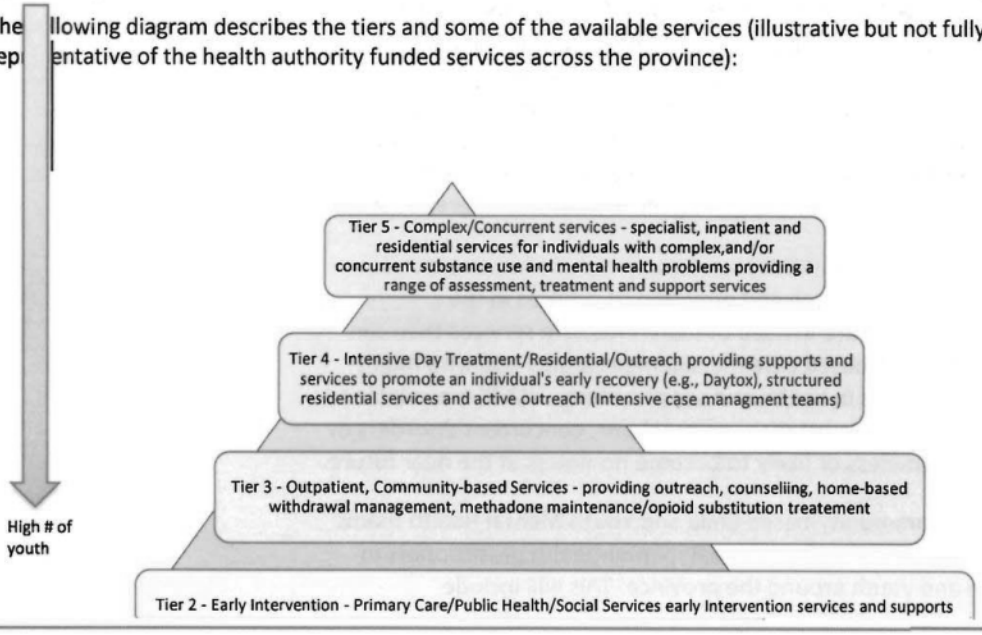
Working with health authorities and health care professionals, school districts and contracted community service providers, MCFD and MoH deliver a continuum of services from health promotion and prevention through early intervention to emergency and acute response and treatment for children and youth 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 are expanding through phased hiring of 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 announced new funding for the creation of 20 new addictions treatment

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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.

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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 2 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.

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The BC Experience

Several times over the past almost two decades, 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.

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. A 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

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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 are being supported by 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 United Nations *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.

The legislative framework would also need to set out minimum and maximum detainment periods. The legal framework should include the possibility of a review of the detainment period. It could also include allowance for leaves from detention for the purpose of receiving treatment in the community and/or for the purpose of supporting transitions from safe care and into the voluntary system of services.

A specific consideration would be whether to use the court or some form of quasi-judicial medical health tribunal for making safe care detainment decisions. The advantages of using the court are that the legal, expert infrastructure is in place across the province. Because courts are busy, special provision may be required to hear safe care applications in a timely way. The more formal court process may also make it more difficult for laypersons to access and participate in the process. Under a Tribunal, it is likely that medical and legal experts and community representatives would be responsible for making decisions. This approach is used currently under the BC *Mental Health Act*. A tribunal process could result in more timely decisions and the less formal process may be more accessible to laypersons. However, time, effort and resources would be necessary if a new tribunal process were to be established, and training may be required for either 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-psychosocial-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.

Appendix - Summary of Safe Care Related Legislation in Canada

Jurisdiction	Legislation	Target Population	Services
Alberta	*Protection of Children Abusing Drugs Act*	Drug addicted children, under 18 years of age	Stabilization, assessment, detox
	Child, Youth and Family Enhancement Act	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
	Protection of Sexually Exploited Children Act	Sexually exploited children, under 18 years of age	Stabilization assessment, specialized programming
Manitoba	*The Youth Drug Stabilization (Support for Parents) Act*	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	*Youth Drug Detoxification and Stabilization Act*	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	*Child and Family Services Act*	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	*Youth Protection Act*	Children who represent a danger to themselves or others	Stabilization assessment, treatment
Nova Scotia	*Child and Family Services Act*	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	*Family Services Act*	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	*Secure Withdrawal Management for Young Persons* (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

From: Blemings, Roxanne HLTH:EX
To: Morris, Jonny MMHA:EX
Subject: FW: FW: Secure Care - clarifying leads and next steps
Date: Friday, February 16, 2018 3:49:49 PM
Attachments: s.12;s.13

Roxanne Blemings
Director Mental Health Prevention & Promotion
Mental Health & Substance Use| Ministry of Health
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At work on the traditional territories of the Lkwungen speaking peoples of the Esquimalt and Songhees First Nations.

From: Roxanne Blemings s.22
Sent: Thursday, February 15, 2018 11:18 AM
To: Blemings, Roxanne HLTH:EX
Subject: Fwd: FW: Secure Care - clarifying leads and next steps

---------- Forwarded message ----------
From: **Roxanne Blemings** s.22
Date: Thu, Feb 15, 2018 at 11:05 AM
Subject: Fwd: FW: Secure Care - clarifying leads and next steps
To: naomi.north@gov.bc.ca

---------- Forwarded message ----------
From s.22
Date: Tue, Jan 2, 2018 at 12:26 PM
Subject: Fwd: FW: Secure Care - clarifying leads and next steps
To: s.22

---------- Forwarded message ----------
From: **Glynn, Keva HLTH:EX** <Keva.Glynn@gov.bc.ca>
Date: Wed, Dec 27, 2017 at 11:19 AM
Subject: FW: Secure Care - clarifying leads and next steps
To s.22

Hi Roxanne, s.22 . I'm looping you into this early as it will be a top priority when you join us mid-January.

From: Glynn, Keva HLTH:EX
Sent: Friday, December 22, 2017 3:47 PM
To: Patterson, Ted HLTH:EX; Hughes, Doug J HLTH:EX
Cc: Morris, Jonny HLTH:EX
Subject: Secure Care - clarifying leads and next steps

Hi Ted and Doug,

s.12;s.13

MINISTRY OF MENTAL HEALTH AND ADDICTIONS
INFORMATION BRIEFING NOTE

Cliff # 1094032

PREPARED FOR: Honourable Judy Darcy, Minister - **FOR INFORMATION**

TITLE: Secure Care

PURPOSE: To provide background information on secure care in British Columbia.

BACKGROUND:

Overview: Secure care refers to the involuntary detainment of youth engaged in serious self-harming behaviours, including problematic substance use, commercial sexual exploitation, and high risk behaviour where there is threat of personal safety and/or safety to others.

Some provinces across Canada have legislation allowing for the involuntary treatment of youth in at least one of the following three categories, primarily focused on stabilization:

1. youth with severe substance use problems – Alberta, Saskatchewan and Manitoba;
2. youth who are sexually exploited – Alberta, Quebec; and,
3. youth who are deemed at risk to themselves or others, which could include severe mental health and/or substance use issues – Ontario, Quebec, New Brunswick, PEI and Nova Scotia.

BC has contemplated secure care in the past, but it was never enacted. In 2000, the *Secure Care Act* (the Act) focused on intervention and assistance to children under 19 years of age. The Act was passed, but never brought into force. In 2009, *Safe Care Act* legislation focused on youth experiencing sexual exploitation and/or severe substance misuse. The Act was drafted, however it was never tabled. Further, in April 2017, a *Safe Care Act* bill was introduced to the BC Legislature, but it was also not tabled. A number of concerns associated with the use of an involuntary treatment have been raised by stakeholders confirming that there is insufficient evidence to support this approach.

Evidence Regarding Secure Care: While there is widespread recognition of the negative impacts of problematic substance use including increased morbidity and mortality rates,[1] there is no clear evidence that compulsory or involuntary treatment such as those proposed under secure care legislation improves treatment outcomes.[2,3]

A systematic review of research on compulsory addiction treatment found little evidence of its effectiveness in the short-term, and no evidence of improved long-term outcomes.[4] The researchers recommended that in the absence of clear evidence, voluntary services should be prioritized as the first-run response to problematic substance use.[5]

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[1] Urbanoski, K. A. (2010). Coerced addiction treatment: Client perspectives and the implications of their neglect. Harm Reduction Journal. 7:13, doi: 10.1186/1477-7517-7-13.
[2] Lundgren, L., Blom, B., Chassler, D. & Sullivan, L. M. (2015). Using register data to examine patterns of compulsory addiction treatment care in Sweden: Program planning and methodological implications. Evaluation and Program Planning. 49, pp. 149-152. doi.org/10.1016/j.evalprogplan.2014.12.012.
[3] Urbanoski, K. (2016, January 29). Compulsory Addiction Treatment: What does the evidence tell us? CARBC Lecture Series. Victoria, Canada: Centre for Addictions Research of BC, University of Victoria.
[4] Werb, D., Kamarulzaman, A., Meacham, M.C., Rafful, C., Fischer, B., Strathdee, S.A. & Wood, E. (2016). The effectiveness of compulsory drug treatment: A systematic review. *International Journal of Drug Policy*. 28, p. 1-9.
[5] Ibid.

Voluntary Services in BC: A variety of voluntary services are in place that address the needs of youth engaged in serious self-harming behaviours in BC. These include acute and tertiary care and community-based outpatient counselling, withdrawal management, residential treatment, outreach services, emergency shelters, and child welfare services. While these services exist, there continue to be gaps (lack of a continuum of community-based services for children and youth with mental health and substance use issues), and shortfalls (no stepped care approaches or models for substance use) that affect the availability of voluntary services.

Current Policy and Legislation: Policy and legislation in BC that support compulsory or involuntary treatment services for youth include mandated services through youth justice (federal *Youth Criminal Justice Act*), and options for interventions for children and adolescents involved in dangerous circumstances through the *Child, Family and Community Service Act*. Judges can mandate substance use treatment in a youth custody facility as a condition of a sentence, or can order treatment in a residential substance use treatment program as a condition of probation. It is important to note that while judges can mandate treatment, youth have the option to refuse, although it may come with consequences.

Additionally, based on the criteria set out in the *Mental Health Act* (MHA), individuals with both severe mental health and substance use issues may be admitted to a designated psychiatric facility for assessment and involuntary treatment. Children under the age of 16 can be involuntarily admitted under the MHA with consent from a parent or guardian.

DISCUSSION:

The Province has recently explored the potential need for implementation of secure care in BC, including reviewing the various approaches to secure care in other jurisdictions.

The Ministries of Children and Family Development (MCFD) and Health recognize gaps in the current system of care for high risk youth and continue to monitor research on secure care. Both MCFD and Health have responded to the RCY's report entitled Paige's Story: Abuse, Indifference and a Young Life Discarded, and other reports calling for expanded substance use services for these youth.[6] MCFD and MoH have jointly developed a draft Discussion Paper on Safe Care that provides a summary of key issues and potential legislative and service approaches. While the paper was not publicly released, it was recently provided to a requester through a Freedom of Information request. Both Ministries are committed to bolstering voluntary services prior to enacting coercive legislation.

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[6] Other reports include: *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.*by the Representative for Children and Youth, *Becoming Whole* by the McCreary Centre Society, and *Taking the Next Step Forward Building a Responsive Mental Health and Addictions System for Emerging Adults* by the Mental Health Commission of Canada.

Program ADM/Division: Keva Glynn, ED MHSU, Ministry of Health
Telephone: 250 952-1003
Program Contact (for content): Gerrit van der Leer, Director, Mental Health and Substance Use, Ministry of Health
Drafter: Vishal Pallan
Date: October 4, 2017

From: Morris, Jonny MMHA:EX
To: LaForge, Christine MMHA:EX
Subject: FW: Key Updates - Secure Care
Date: Tuesday, February 20, 2018 10:58:09 AM
Attachments: s.12;s.13

From: Morris, Jonny MMHA:EX
Sent: Monday, February 19, 2018 8:00 AM
To: North, Naomi MMHA:EX
Cc: Veillette, Kelly MMHA:EX
Subject: Fwd: Key Updates - Secure Care

Sent from my iPhone

Begin forwarded message:

> **From:** "Morris, Jonny MMHA:EX" <Jonny.Morris@gov.bc.ca>
> **To:** "Glynn, Keva HLTH:EX" <Keva.Glynn@gov.bc.ca>
> **Cc:** "Blemings, Roxanne HLTH:EX" <Roxanne.Blemings@gov.bc.ca>, "Murray, Asta HLTH:EX" <Asta.Murray@gov.bc.ca>, "Veillette, Kelly MMHA:EX" <Kelly.Veillette@gov.bc.ca>, "North, Naomi MMHA:EX" <Naomi.North@gov.bc.ca>, "van der Leer, Gerrit HLTH:EX" <Gerrit.vanderLeer@gov.bc.ca>, "Maloughney, Mary Sue MMHA:EX" <MarySue.Maloughney@gov.bc.ca>, "MacKenzie, Lori MMHA:EX" <Lori.MacKenzie@gov.bc.ca>
> **Subject: Key Updates - Secure Care**
>
> Hi Keva –
>
> I hope the training went well. As promised, I'm writing back with a fulsome update on progress made against the secure care file, which has taken on increased prominence today.
>
> 1. Today, we learned that a 15-year-old died from an overdose in Vancouver. Some media coverage of this loss can be found here: http://www.squamishchief.com/news/local-news/something-has-to-change-says-mother-of-overdose-victim-1.23174247
> 2. MMHA prepared a statement which is attached for your review.

3. MJD will be meeting with the mother of the young person next Friday. The MO has requested briefing materials on secure care, and other options, to be prepared in advance of this meeting.
4. In a parallel development, MJD will be meeting with Dr. Tom Warshawski at a date TBD. Naomi is currently working on meeting advice to support that meeting.
5. s.13

6. I know Gerrit sent along briefing materials several weeks ago on secure care – thank you for that Gerrit. We will integrate those materials too.
7. s.12;s.13

8. To help with the inter-ministerial work associated with this file, we will be convening a small collaborative group regularly to keep the lines of communication open, as our Minister requests policy options on this file.

This information might be helpful as you brief up Ted.

JM

Jonny Morris | Director, Planning & Strategic Priorities
Ministry of Mental Health and Addictions
ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

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s.12; s.13

eApproval No.: xxxxxxx

Safe Care

Current Situation:

- The current fentanyl crisis has increased public concern about harmful substance use in BC.
- In 2016, 12 youth aged 10 to 18 years (up from an average of 5 deaths in the previous five years) and 206 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 the first seven months of 2017 (Jan 1-July 31 2017), 12 youth aged 10-18 years and 154 young people aged 19-29 have died of an illicit drug overdose.[1]
- Recent data from the BC Coroners Service shows that fentanyl was detected in 81% of illicit drug overdose deaths between January to July 2017.[2]
- Police, social workers and health care professionals express concerns about an apparent lack of legal authority to intervene with youth at high risk due to substance use challenges and who are reported to be unable or unwilling to engage in voluntary services.
- There are calls on government to (1) ensure a comprehensive system of substance use services, and (2) implement legislation to enable involuntary treatment of youth at high risk.
- It is likely that the new government will be urged to implement a form of safe care.
- MCFD and the Ministry of Health continue to monitor research on this topic, and have jointly developed a draft Discussion Paper on Safe Care.

Actions and Next Steps:

- Although government has not implemented safe care, it continues to expand the array of voluntary mental health and substance use services.
- Government recently formed a new Ministry of Mental Health and Addictions. Improving access, investing in early prevention and youth mental health are priorities.
- Budget update 2017[3] included $322 million to provide an immediate and evidence-based response to the fentanyl emergency with prevention, early intervention, treatment and recovery efforts, improved data collection and analysis, along with a new Ministry of Mental Health and Addictions, and increased law enforcement to disrupt the supply chain.
- This new funding is on top of earlier investments of $140 million announced in February 2017 that will help strengthen voluntary mental health and substance use services, including a specific focus on services for children and youth.
- Some of the targeted investments that will help improve access for youth include:
    - MCFD hiring of up to an additional 120 mental-health practitioners to connect children, youth, and their families to improve access to community-based Child and Youth Mental Health Services.
    - $12.9 million for the Ministry of Health to establish up to 28 highly specialized treatment beds for youth struggling with significant and complex substance use disorders (serving up to 84 youth each year).

---

[1] BC Coroners Service (2017). Illicit Drug Overdose Deaths in BC January 01, 2017-July 31, 2017. Retrieved Sept 08, 2017 from http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf

[2] BC Coroners Service (2017). Fentanyl-Detected Illicit Drug Overdose Deaths January 01, 2012- July 31, 2017. Retrieved Sept 08, 2017 from http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf

[3] http://bcbudget.gov.bc.ca/2017_Sept_Update/newsrelease/2017_Sept_Update_NewsRelease.pdf

- $8.4 million to expand the new BC Integrated Youth Centres (Foundry) into up to 11 B.C. communities (up to five additional to what is already open or planned). Each centre will provide developmentally appropriate mental health, substance use, primary care and social services for up to 2,500 youth each year.

- Despite recent enhancements, BC's voluntary continuum of youth substance use services continues to have gaps that limit timely access to services.

Budget Implications:

- Previous investigation into the feasibility of safe care/secure care legislation and services identified that safe care is a relatively high cost option.

Background Information:

- In Canada, eight provinces (all except BC and Prince Edward Island) have legislation permitting safe care for children (for substance use, sexual exploitation, and other unsafe behaviour) with detainment periods ranging from 7 to 45 days.
- BC has explored safe care options in the past - in 2000 the Secure Care Act was passed but was never proclaimed. Safe care was explored again in 2009. In the spring 2017 sitting of the legislature, Gordon Hogg, then-MLA, introduced a private members bill (Bill M240- Safe Care Act, 2017). The Legislative Assembly adjourned prior to Bill M240 proceeding.
- Safe care legislative proposals have never been passed into law in BC largely based on concerns about the scope and application of proposed legislation, infringement of youth's rights, impact on Aboriginal youth, and the high cost of such services.
- Although forms of secure care are available in numerous jurisdictions, there is a notable lack of research on the effectiveness or outcomes of such care, including potential harms linked to its use. However, a lack of evidence showing safe care to be effective is not the same as evidence suggesting it is ineffective.
- The existing evidence suggests limited short-term benefit for the purpose of withdrawal from substances (detoxification) and/or temporary removal of youth at high risk from potentially dangerous situations; there does not appear to be a clear benefit in terms of changing the long-term trajectory for these youth.
- The BC Paediatrics Society (BCPS), with support from the CYMHSU Collaborative, established a working group[4] on secure care. BCPS subsequently endorsed a recommendation urging government to establish safe care.

Cross Reference:

NA

Current as of: Sept. 22, 2017

Key contact information:
Name: Rob Lampard, Executive Director
PPSD Branch: Child and Youth Mental Health Policy
Cell Phone Number: 250-360-6839

[4] Working group membership includes representatives from the BC Paediatrics Society, MCFD, MoH, RCY, CMHA-BC, BC Civil Liberties Association, the Foundry, BC Children's Hospital, the CYMHSU Collaborative, Children of the Street Society, UBC, SFU, CARBC, and family members/people with lived experience.

The effectiveness of compulsory treatment and use of secure care for adolescents with substance use disorder : A literature review

DR NATASHA BURNS

ADOLESCENT FELLOW, BC CHILDREN'S HOSPITAL, OCT 2016

Background – Adolescent Substance Misuse

- Consumption of alcohol and illicit drugs often begins and then increases during the adolescent years – some evidence that adolescents are using substances at increasingly earlier ages
- 2011 Canadian and Drug Use Monitoring Survey, youth 15 to 24 years old have the highest self-reported past year use of illicit substances compared to other Canadians
- Approximately five times more likely than adults aged 25 years and older to report harm because of drug use

- Our future: a Lancet commission on adolescent health and wellbeing - Patton G, Sawyer S et al, Lancet 2016; 387;2423-78
- www.ccsa.ca/Eng/topics/Children-andYouth/Pages

Canadian drug stats

- 47, 000 Canadian deaths are linked to substance abuse annually – Health Officer's Council of British Columbia
- Street Youth are 11 times more likely to die of drug overdose and suicide PHA, Canada
- 60% of illicit drug users in Canada are between the ages of 15 and 24 – Statistics Canada
- Tobacco, alcohol and illegal drug use contribute to 21% of all deaths, 25% of potential life years lost and 19% of days spent in hospital for Canadians aged 15 years or older.

- Substance abuse in Canada: Youth in Focus, Sept 2007, CCSA-CCLAT

Adolescent Health Survey, British Columbia, McCreary Centre, 2013

- 26% youth had ever used marijuana
- Overall, 17% of male and female youth had tried at least one substance other than alcohol or marijuana.
- 1% of youth had ever injected an illegal drug, males more likely to do so than females

CBHSQ Report, April 2015, SAHMSA

Profile of adolescent discharges from substance abuse treatment, US data

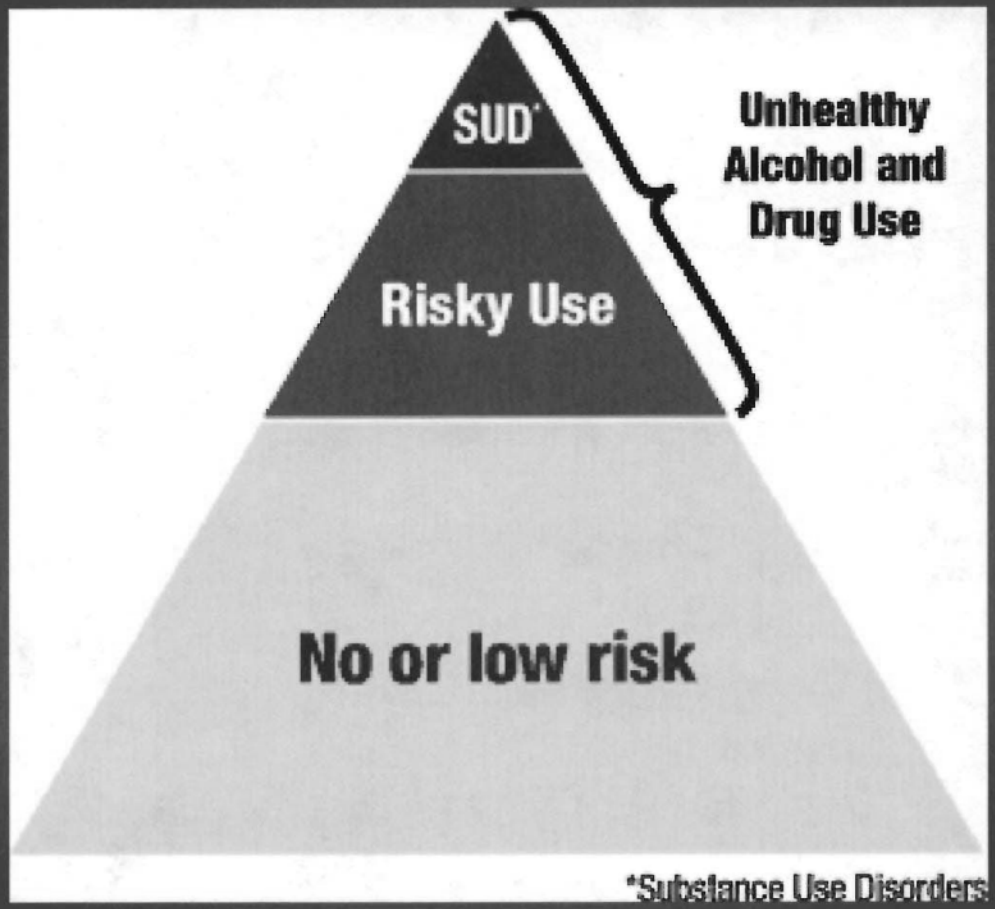
- Majority received treatment in an outpatient setting
- 44.5% of adolescent discharges were referred to substance abuse treatment by the criminal justice system
- In adolescents with illicit drug dependence or abuse, only 13.6% received substance use treatment
- Receiving substance use treatment is associated with better outcomes for adolescents than not receiving it

What is secure care?

- 'Secure care is a placement option for a small group of children and young people who require intensive care and support to protect them from extreme risk taking or life threatening behaviour that can only be effectively provided in a secure setting.' (Out of home care service model, therapeutic secure care programs, NSW gov, May 2010)
- Different countries have different methods, time frames and models which make comparison hard.

Compulsory Commitment to Care of Substance Misusers: International Trends during 25 years, Israelsson and Gerdner, Eur Addict Res 2012;18:302-321

- Looked at 104 countries at three times of observation 1986, 1999 and 2009
- Trend to decrease compulsory civil commitment to care for substance misusers and an increase of compulsory care within the criminal justice legislation


SUD*
Unhealthy Alcohol and Drug Use
Risky Use
No or low risk
*Substance Use Disorders

Question?

- Population – Adolescents/youth with addiction problems
- Intervention – Mandated care, secure care, coercive care
- Comparison – Usual / non-mandated care
- Outcome – Frequency of post-treatment drug use, mortality/education

Search terms used

- Concept 1
  - Alcoholism or (drug* or substance* or alcohol*) adj3 (abuse* or addiction* or dependen* or misuse*)
  - OR Substance related disorders or alcohol related disorders or alcohol induced disorders or drug overdose or inhalant abuse or heroin dependence or morphine dependence or substance abuse, IV
- Concept 2
  - Secure care or (involuntary* or compuls* or coerc* or mandate*) adj 3 (treatment or program or rehab* or care)
- Concept 3
  - Adolescent* or teenage* or young or student* or juvenile or school* or class* or kid or kids or youth or underage

Information sources – 5 electronic databases

- OVID
- EMBASE
- HMIC
- Medline
- PsycInfo

Eligibility Criteria

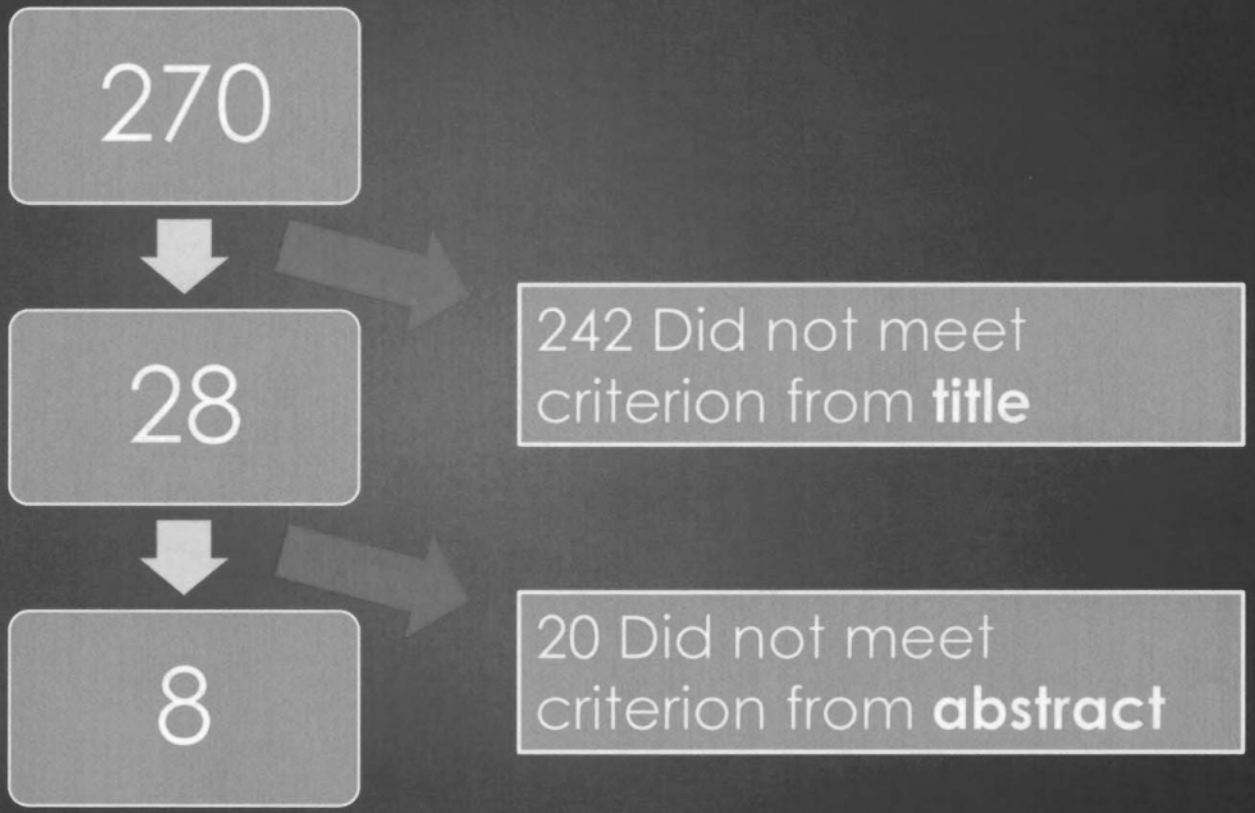
Inclusion

- English Language
- Evaluated impact of compulsory drug treatment on illicit drug-related outcomes
- Had to be compulsory, mandated drug treatment
- Review articles

Exclusion

- Judicial system – such as drug treatment court models
- Study using adults only not including population group within adolescents

Results


270
28
8
242 Did not meet criterion from **title**
20 Did not meet criterion from **abstract**

- No studies exactly fitted the criteria searched within my literature review
- Majority of the literature looks at secure care in the context of youth offending and the justice system.
- Outcomes are often in terms of reoffending (recidivism) versus actual social well-being

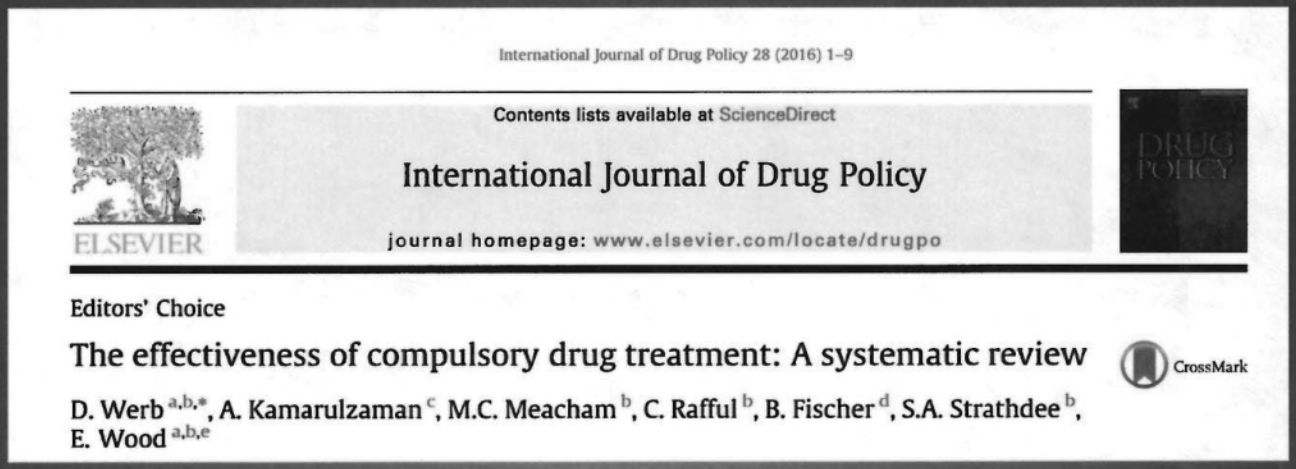
- Report on Secure Care Models for young people at risk of harm – Dr Sara McLean, Jan 2016, Australian Centre for Child Protection
- Souverin, FA, Van der Helm, GHP & Stams, GJ (2013). 'Nothing works' in secure residential youth care? Children and Youth Services review, 35, 19411945

Individual articles

Using register data to examine patterns of compulsory addiction treatment care in Sweden: program planning and methodological implications. Lundgren, Blom et al. Evaluation and Program Planning 2015.

- National Board of Institutional Care (SiS), Swedish government institution that 'delivers individually tailored compulsory care both for young people and adults with psychosocial problems and substance misuse
- SiS funds researchers to independently conduct studies on compulsory care system
- Key points
- Individual sentenced to compulsory care are at high risk of mortality
- Having a prior history of care <18 years increases the likelihood of repeated compulsory care
- 38% who repeatedly enter compulsory care are highly marginalised, significant needs

Adult systematic reviews on compulsory drug treatment



International Journal of Drug Policy 28 (2016) 1–9

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Editors' Choice

The effectiveness of compulsory drug treatment: A systematic review

D. Werb [a,b,*], A. Kamarulzaman [c], M.C. Meacham [b], C. Rafful [b], B. Fischer [d], S.A. Strathdee [b], E. Wood [a,b,e]

- 430 potential studies, 9 quantitative studies made inclusion criteria
- Evaluated various treatment options, not just residential
- Looked at various types of compulsory treatment services
- Primary outcome - post-treatment drug use
- Secondary outcome – post treatment criminal recidivism

- 3 studies found no significant impacts from compulsory treatment compared with control interventions
- 2 studies found ambiguous results but did not compare against a control
- 2 studies found negative impacts on criminal recidivism of compulsory treatment
- 2 studies found positive impacts on drug use and criminal recidivism
- Conclusion: Evidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms.

The effectiveness of compulsory, residential treatment of chronic alcohol or drug addiction in non-offenders, Broadstock, Brinson et al, HSAC Report 2008

- Systematic review
- Studies included if reported on comparative studies evaluating the effectiveness of involuntary detention through the civil court for residential treatment of alcoholism/drug treatment
- Comparison – no treatment, voluntary residential, and involuntary outpatient
- Search strategy 1121 citations, titles and abstracts 192 full papers retrieved, 4 articles were critically appraised
- These 4 review articles were primarily from the offender literature, no primary research paper met the study selection criteria

- Minimal evidence on the effectiveness of compulsory residential treatment of non-offenders alone
- Some weak evidence to suggest some people benefit from compulsory treatment
- Compulsory treatment has generally shown better outcomes in terms of treatment process (ie uptake of treatment)
- Longer treatment has been demonstrated to be a consistent predictor of positive therapeutic outcomes in offender literature
- Generalisability of these outcomes is not known

Grey Literature

FURTHER LITERATURE FOUND FROM SCOTLAND, SWEDEN AND UK

Sweden

Case Study: Secure Care in Sweden, Claire Lightowler and Carole Dearie, CYCJ, Feb 2016

- 2 main types of secure residential units
- LVU grounds - 12-21 years, psychosocial problems, substance misuse issues and/or involvement in offending behaviour
- LSU grounds 15-17 years, criminal offences and sentenced through the courts. Age of criminal responsibility is 15 years
- 25 secure units that can support up to 700 young people at a time
- Usually children placed in separate units LVU/LSU
- SiS is responsible for running the units
- 2014 – approx. 1100 youth aged 12-20 years in secure care on LVU grounds
- Intended to be a last resort for children

Swedish Data

Case Study: Secure Care in Sweden, Claire Lightowler and Carole Dearie, CYCJ, Feb 2016

- 75% children and young people sentenced to youth care under the secure youth care act (LSU) and 69% of children released from LVU were convicted of an offense within 3 years of their release
- 75% of young people who had experienced secure care in Sweden had a conviction or re-entered secure care within 2 years of leaving
- By the age of 25 years, 70% of those who had experienced secure care were in prison or dead
- Not one young person who had experienced secure care was considered to be 'doing well' at the age of 25 years

Secure Care in Scotland, a Scoping study: Developing the measurement of outcomes and sharing good practice – Moodie, Dec 2015, www.cycj.org.uk

- Review of literature in Scotland and UK, combined with interviews for those in secure care
- Outcomes from Scottish literature , Kendrick et al (2008) examined 'The outcomes of Secure Care in Scotland' over a 3 year period, after 2 years the young peoples outcomes were assessed broadly as either: 'good' 14 (26%), 'medium' – 24 (45%); or 'poor' – 15 (28%)
- Good outcome was an appropriate placement and education being offered when they left secure care, rather than just the placement.
- Further evaluation from SCRA – 100 young people subject to secure care in 2008/9, within 6 months 33% were given further secure care authorisation, 67% continued to b referred to the children's reporter. Majority returned to negative peer and/or family influences.
- 6 were living independently and 13 had employment

Ofsted
raising standards
improving lives

Life in secure care

A report by the Children's Rights Director for England

Your Rights! Your say
www.rights4me.org

Life in Secure Care, Ofsted,

Roger Morgan, Children's Right's Director for England

- 'You can sort yourself out knowing you are safe'
- 'No one can get you'
- 'If you haven't been out for a long time, when you do leave the unit you feel gob-smacked'
- 'Being in a secure unit gives you time to think things through and plan things for when you get back out'
- In here it's sort of like a punishment although staff don't see it as but it is'

Healthcare Standards for Children and Young People in Secure Settings

June 2013

Royal College of Paediatrics and Child Health
Royal College of General Practitioners
Royal College of Nursing
Royal College of Psychiatrists
Faculty of Forensic and Legal Medicine
Faculty of Public Health

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Extra documents

- Healthcare standards for Children and Young People in Secure Settings, June 2013, RCPCH, UK
- Life in Secure Care, A report by the Children's Rights Director for England, Roger Morgan

Questions?

Page 088 of 256 to/à Page 102 of 256

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s.12; s.13

Secure Care Summary Report *(Part One)*

Secure Care Legislation

Grant Charles, PhD, RSW
School of Social Work
and
Division of Adolescent Health and Medicine
Department of Pediatrics,
Faculty of Medicine
University of British Columbia

Vancouver, British Columbia

September 2016

This report was made possible by the assistance of the Office of
the Representative for Children and Youth of British Columbia

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Secure Care Summary Report *(Part Two)*

Secure Care as a Component of an Integrated Service Network Model

Grant Charles, PhD, RSW
School of Social Work
and
Division of Adolescent Health and Medicine
Department of Pediatrics,
Faculty of Medicine
University of British Columbia

Vancouver, British Columbia

September 2016

This report was made possible by the assistance of the Office of
the Representative for Children and Youth of British Columbia

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Page 158 of 256 to/à Page 168 of 256

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s.22

From: Glynn, Keva HLTH:EX
To: Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX
Subject: FW: MHA and guidelines - next steps
Date: Wednesday, February 21, 2018 2:24:04 PM

s.12;s.13

From: van der Leer, Gerrit HLTH:EX
Sent: Wednesday, February 21, 2018 12:53 PM
To: Glynn, Keva HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX
Subject: RE: MHA and guidelines - next steps

s.12;s.13

Gerrit van der Leer
Director
Mental Health and Substance Use
Primary and Community Care Division
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
Email: Gerrit.vanderLeer@gov.bc.ca
Administrative Assistant: Caroline Murray
E-mail: Caroline.Murray@gov.bc.ca

From: Glynn, Keva HLTH:EX
Sent: Wednesday, February 21, 2018 8:51 AM
To: van der Leer, Gerrit HLTH:EX
Subject: MHA and guidelines - next steps

Hi Gerrit,

Welcome back! s.22

On the MHA and SU file, could you lead the follow up? We need to do the following:
s.12;s.13

Thanks Gerrit.
Keva

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Morris, Jonny MMHA:EX
To: LaForge, Christine MMHA:EX
Subject: FW: Secure Care
Date: Tuesday, February 20, 2018 10:58:33 AM
Attachments: Mental Health Act - Involuntary Treatment Substance Use - January 2, 2....docx

s.12;s.13

-----Original Message-----
From: Morris, Jonny MMHA:EX
Sent: Monday, February 19, 2018 5:03 PM
To: North, Naomi MMHA:EX
Subject: FW: Secure Care

-----Original Message-----
From: van der Leer, Gerrit HLTH:EX
Sent: Thursday, January 4, 2018 6:47 PM
To: Morris, Jonny HLTH:EX
Subject: RE: Secure Care

Hello Jonny, see attached.

Gerrit van der Leer
Director
Mental Health and Substance Use
Primary and Community Care Division
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
Email: Gerrit.vanderLeer@gov.bc.ca
Administrative Assistant: Caroline Murray
E-mail: Caroline.Murray@gov.bc.ca

-----Original Message-----
From: Morris, Jonny HLTH:EX
Sent: Thursday, January 4, 2018 6:43 PM
To: van der Leer, Gerrit HLTH:EX
Subject: Secure Care

Hi Gerrit - would you mind sending along the BNs?

JM

Sent from my iPhone

MINISTRY OF MENTAL HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1100860

PREPARED FOR: Lynn Stevenson, Associate Deputy Minister of Health - Doug Hughes, Deputy Minister of Mental Health and Addictions - **FOR INFORMATION**

TITLE: Involuntary Treatment of Substance Use Disorders – Mental Health Act

PURPOSE: To provide an update on the development of a provincial policy, supported by clinical practice guidelines and standardized assessment tools, to provide involuntary treatment for people with a primary diagnosis of severe substance use disorder(s).

BACKGROUND:
In BC, as in other jurisdictions, there are youth, adults and seniors with severe substance use disorders (SUD) and high-risk behaviours that are harmful to them and/or the public. Between January and October 2017 a total of 1208 individuals died as a result of an illegal drug overdose in British Columbia,[1] this includes 21 youth (ages 10-18), 226 young adults (ages 19-29), 870 adults (ages 30-59) and 91 seniors (ages 60-79). Many of them had a primary diagnosis of SUD.

In light of the opioid overdose crisis in BC, over the years, physicians are increasingly using the BC Mental Health Act (MHA) to provide involuntary assessment and treatment for persons with a primary diagnosis of SUD.

Physicians and members of the BC Mental Health Review Board have expressed concerns that it's unclear whether the BC Mental Health Act (MHA) has sufficient legal authority to provide involuntary treatment for this client population and has requested policy clarity from the Ministry of Health (MoH).

The MHA provides the legal authority, criteria and procedures for involuntary admission and treatment of people with severe Mental Disorders, while safeguarding individual rights. A person can only be involuntarily admitted and treated under the MHA, within a designated mental health facility, if all of the four admission criteria are met, determined by two independent physicians:

- Is suffering from a Mental Disorder that seriously impairs the person's ability to react appropriately to his or her environment, or to associate with others;
- Requires psychiatric treatment in or through a designated facility;
- Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration, or for the person's own protection or the protection of others; and
- Is not suitable as a voluntary patient.

A person with a Mental Disorder is defined in the MHA as a person who has "a disorder of the mind" that requires treatment and seriously impairs the person's ability:

- To react appropriately to the person's environment; or
- To associate with others.

[1] BC Coroners Service. (2017). Illicit Drug Overdose Deaths in BC January 1, 2007 – October 31, 2017. Retrieved from https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf

When the MHA was last updated in April 2005 the intent of the legislation focused primarily on the needs of two client populations:

- People with a severe mental illness; and
- People with concurrent mental illness and substance use disorders.

The needs of people with a primary diagnosis of a SUD were not considered at that time considering the needs and prevalence of this client population was significantly less than today.

DISCUSSION:

s.13

FINANCIAL IMPLICATIONS:

s.13;s.17

RECOMMENDATION:

s.13

Program ADM/Division: Ted Patterson, ADM, Primary Community Care Policy Division

Telephone: 250-952-3465
Program Contact (for content): Keva Glynn, ED, Mental Health and Substance Use Branch, Primary and Community Care Policy Division
Drafter: Gerrit van der Leer, Director, Mental Health and Substance Use Branch, Primary and Community Care Policy Division
Date: January 2, 2018

APPENDIX 1.

Table 1: Number of cases treated involuntarily under the MHA with a primary diagnosis of SUD discharged from an in-patient psychiatric unit within a BC acute care hospital:

Year	IHA	FHA	VCH	Island Health	NHA	Other	Total
2008/09	296	542	444	224	86	295	1887
2009/10	316	524	493	245	86	245	1909
2010/11	354	561	527	263	93	204	2002
2011/12	406	717	637	330	136	221	2447
2012/13	413	719	536	308	117	311	2404
2013/14	504	964	694	467	113	423	3165
2014/15	584	1167	804	540	170	584	3849
2015/16	638	1460	837	535	176	799	4445

MINISTRY OF MENTAL HEALTH AND ADDICTIONS
INFORMATION BRIEFING NOTE

Cliff # 1100788

PREPARED FOR: Honourable Judy Darcy, Minister - **FOR INFORMATION**

TITLE: Secure Care

PURPOSE: To provide an update and background information regarding Secure Care in British Columbia.

BACKGROUND:
Secure care refers to the involuntary detainment of youth engaged in serious self-harming behaviours, including problematic substance use, commercial sexual exploitation, and high risk behaviour where there is threat of personal safety and/or safety to others. A number of provinces across Canada have legislation allowing for the involuntary treatment of youth in at least one of the following three categories, primarily focused on behaviour stabilization:

1. youth with severe substance use problems – Alberta, Saskatchewan and Manitoba;
2. youth who are sexually exploited – Alberta, Quebec; and,
3. youth who are deemed at risk to themselves or others, which could include severe mental health and/or substance use issues – Ontario, Quebec, New Brunswick, PEI and Nova Scotia.

BC has contemplated secure care in the past, but it was never enacted. In 2000, the *Secure Care Act* focused on intervention and assistance to children under 19 years of age. The Act was passed, but never brought into force. In 2009, *Safe Care Act* legislation focused on youth experiencing sexual exploitation and/or severe substance misuse. The Act was drafted, however it was never tabled. Further, in April 2017, a *Safe Care Act* bill was introduced to the BC Legislature, but it was also not tabled. A number of concerns associated with the use of an involuntary treatment have been raised by stakeholders confirming that there is insufficient evidence to support this approach.

While there is widespread recognition of the negative impacts of problematic substance use including increased morbidity and mortality rates,[1] there is no clear evidence that compulsory or involuntary treatment such as those proposed under secure care legislation improves treatment outcomes.[2,3]

A systematic review of research on compulsory addiction treatment found little evidence of its effectiveness in the short-term, and no evidence of improved long-term outcomes.[4] The researchers recommended that in the absence of clear evidence, voluntary services should be prioritized as the first-run response to problematic substance use.[5]

---

[1] Urbanoski, K. A. (2010). Coerced addiction treatment: Client perspectives and the implications of their neglect. Harm Reduction Journal. 7:13, doi: 10.1186/1477-7517-7-13.
[2] Lundgren, L., Blom, B., Chassler, D. & Sullivan, L. M. (2015). Using register data to examine patterns of compulsory addiction treatment care in Sweden: Program planning and methodological implications. Evaluation and Program Planning. 49, pp. 149-152. doi.org/10.1016/j.evalprogplan.2014.12.012.
[3] Urbanoski, K. (2016, January 29). Compulsory Addiction Treatment: What does the evidence tell us? CARBC Lecture Series. Victoria, Canada: Centre for Addictions Research of BC, University of Victoria.
[4] Werb, D., Kamarulzaman, A., Meacham, M.C., Rafful, C., Fischer, B., Strathdee, S.A. & Wood, E. (2016). The effectiveness of compulsory drug treatment: A systematic review. *International Journal of Drug Policy*. 28, p. 1-9.
[5] Ibid.

Policy and legislation in BC that support compulsory or involuntary treatment services for youth include mandated services through youth justice (federal *Youth Criminal Justice Act*), and options for interventions for children and adolescents involved in dangerous circumstances through the *Child, Family and Community Service Act*. Judges can mandate substance use treatment in a youth custody facility as a condition of a sentence, or can order treatment in a residential substance use treatment program as a condition of probation. It is important to note that while judges can mandate treatment, youth have the option to refuse, although it may come with consequences.

In addition, based on the criteria set out in the *Mental Health Act*, individuals with both severe mental health and substance use issues may be admitted to a designated psychiatric facility for assessment and involuntary treatment. Children under the age of 16 can be involuntarily admitted under the MHA with consent from a parent or guardian.

DISCUSSION:

On October 17, 2017, questions regarding Safe Care were raised in the House during the Budget Estimate Debate and the Honourable Minister Darcy, Minister of Mental Health and Addictions (MMHA) stated that "We need to look at the evidence on how effective this approach (Safe Care) is and the experience of other jurisdictions that have moved in this direction. This is an issue that we will examine as part of our work to develop a strategy".

s.12;s.13

In addition, in light of the opioid overdose crisis in BC, physicians are increasingly using the BC Mental Health Act to provide involuntary assessment and treatment for youth, adults and seniors with a primary diagnosis of severe Substance Use Disorders. Physicians and members of the BC Mental Health Review Board have expressed concerns that it's unclear whether the Mental Health Act has sufficient legal authority and clarity to provide involuntary treatment for this client population and has requested policy clarity from the Ministry of Health.

s.13

ADVICE:

It is recommended that MMHA continue to lead the policy research and development related to Secure Care and work with MoH, MCFD, MOE in drafting the options for consideration by government on next steps while simultaneously MoH, in partnership with MMHA and MCFD develop evidenced-based clinical practice guidelines and standardized assessment tools to strengthen the current system under the Mental Health Act to involuntary treat persons with primary severe substance use disorders. MMHA's role in this work would be to review the policy before implementation to ensure it aligns with their work on the MHA Strategy.

Program ADM/Division: Ted Patterson, ADM, Primary Community Care Policy Division
Telephone: 250-952-3465
Program Contact (for content): Keva Glynn, ED, Mental Health and Substance Use Branch, Primary and Community Care
Drafter: Gerrit van der Leer, Director Mental Health and Substance Use,
Date: January 2, 2018

From:	Casanova, Tamara MMHA:EX
To:	Morris, Jonny MMHA:EX
Subject:	FW: WATCHER: Incoming Assignment – eApprovals item 21946
Date:	Friday, February 16, 2018 12:36:13 PM
Attachments:	1096398 - Letter from MO to s.22

FYI

From: Hughes, Doug J MMHA:EX
Sent: Friday, February 16, 2018 12:33 PM
To: Johl, Jasmine MMHA:EX
Cc: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX
Subject: RE: WATCHER: Incoming Assignment – eApprovals item 21946

I made some edits

Doug Hughes
Deputy Minister
Ministry of Mental Health and Addictions
P: 250-952-1049

From: Johl, Jasmine MMHA:EX
Sent: Friday, February 16, 2018 11:14 AM
To: Hughes, Doug J MMHA:EX
Cc: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX
Subject: RE: WATCHER: Incoming Assignment – eApprovals item 21946

Here it is if you wish to approve via email.

From: Johl, Jasmine MMHA:EX
Sent: Friday, February 16, 2018 11:10 AM
To: Hughes, Doug J MMHA:EX
Cc: Clifford, Kate MMHA:EX; Casanova, Tamara MMHA:EX
Subject: FW: WATCHER: Incoming Assignment – eApprovals item 21946

Hi Doug – just flagging this one for you. Will need to get to MO as soon as possible today as MO has flagged as priority. Thank you!

From: HLTH eApprovals [mailto:DoNotReply@SP2010.gov.bc.ca]
Sent: Friday, February 16, 2018 11:08 AM
To: Johl, Jasmine MMHA:EX; Clifford, Kate MMHA:EX
Subject: WATCHER: Incoming Assignment – eApprovals item 21946

An eApprovals Item has been sent to Hughes, Doug.

Cliff Number: 1096398

Other Number:
TRIM Number:
Topic: s.22
Date Final Due: 11/9/2017 12:00:00 AM
Last Action: Item Sent To

Comments:
***RUSH* Please review and approve. Needs to get to MO today. Thank you.**

eApprovals Link:
https://healthshare.gov.bc.ca/prod/SitePages/watchedItems.aspx

Super User Link:
https://healthshare.gov.bc.ca/prod/SitePages/superUser.aspx

Cliff Link:

https://moh.cliff.gov.bc.ca/log/upd/tl/1105752/link

Page 180 of 256 to/à Page 182 of 256

Withheld pursuant to/removed as

s.13; s.22

From: Maloughney, Mary Sue MMHA:EX
To: MacKenzie, Lori MMHA:EX; Morris, Jonny MMHA:EX
Subject: Fwd: Secure Care
Date: Friday, February 16, 2018 10:01:25 AM

This came up again w mjd yesterday - we need to advance this as a priority - perhaps this is a good one for Melanie to work with you on Jonny? We need a tight workplan agreed to by health and mcfd.

MS

Mary Sue Maloughney
Assistant Deputy Minister
Ministry of Mental Health and Addictions
Government of BC

Begin forwarded message:

> **From:** "MacKenzie, Lori MMHA:EX" <Lori.MacKenzie@gov.bc.ca>
> **Date:** January 26, 2018 at 3:36:06 PM PST
> **To:** "Maloughney, Mary Sue MMHA:EX" <MarySue.Maloughney@gov.bc.ca>
> **Subject: FW: Secure Care**
>
> FYI
>
> ---
>
> **From:** Bond, Allison MCF:EX
> **Sent:** Tuesday, November 28, 2017 8:14 AM
> **To:** Hughes, Doug J HLTH:EX
> **Cc:** Glynn, Keva HLTH:EX; Mayhew, Neilane X MMHA:EX; Massey, Christine MCF:EX; Patterson, Ted HLTH:EX; MacKenzie, Lori MMHA:EX
> **Subject:** Re: Secure Care
>
> Sounds excellent . Is it your intent to support the development of secure care?
>
> Sent from my iPhone
>
> On Nov 28, 2017, at 8:13 AM, Hughes, Doug J HLTH:EX <Doug.Hughes@gov.bc.ca> wrote:
>
> > Thanks Allison. I would like to see a draft document by early January with recommendations on next steps for you and I to review.
> >
> > Sent from my BlackBerry 10 smartphone on the TELUS network.
> >
> > ---
> >
> > **From:** Bond, Allison MCF:EX
> > **Sent:** Tuesday, November 28, 2017 6:53 AM
> > **To:** Glynn, Keva HLTH:EX
> > **Cc:** Hughes, Doug J HLTH:EX; Mayhew, Neilane X MMHA:EX; Massey, Christine MCF:EX; Patterson, Ted HLTH:EX
> > **Subject:** Re: Secure Care

Christine tells me you have our stuff already. Let us know what other help you need

Sent from my iPhone

On Nov 27, 2017, at 4:56 PM, Glynn, Keva HLTH:EX <Keva.Glynn@gov.bc.ca> wrote:

> Hi, a group met today (MMHA, MoH and MCFD) to level set on work to date and chart next steps, including involvement with Dr. Warshawski's secure care group. Using the clip from Estimates to define our deliverable, we agreed we would draft a paper outlining the legislative and policy implications associated with secure care. We are taking the next week to scope the work and set timelines, with the next meeting set for the first week of December. MMHA agreed to lead based on the Minister Darcy's commitment in Estimates. I was in touch with Dr. Warshawski late last week and said I'd provide him with an update today. We all noted the time sensitivity and the need to work with Dr. Warshawski's group going forward. If you have the date for Minister Darcy's meeting with Dr. Warshawski, it will help us set deadlines for our paper.
>
> Thanks,
> Keva
>
> ---
>
> **From:** Hughes, Doug J HLTH:EX
> **Sent:** Monday, November 27, 2017 4:47 PM
> **To:** Bond, Allison MCF:EX
> **Cc:** Mayhew, Neilane X MMHA:EX; Massey, Christine MCF:EX; Glynn, Keva HLTH:EX
> **Subject:** RE: Secure Care
>
> I know there was some messaging back and forth on Kimberly's law but not sure if a meeting was set up. As for secure care, Keva was setting up an ADM call to review next steps with ourselves, MOH and you. As well, Dr. Tom Warshawski has asked for the meeting with Minister Darcy which we are setting up as Kelowna docs are looking at using the Mental Health act as an interim step.
>
> **Doug Hughes**
> Deputy Minister
> Ministry of Mental Health and Addictions
> P: 250-952-1049

From: Bond, Allison MCF:EX
Sent: Monday, November 27, 2017 2:30 PM
To: Hughes, Doug J HLTH:EX
Cc: Mayhew, Neilane X MMHA:EX; Massey, Christine MCF:EX
Subject: RE: Secure Care

Sorry Doug… meant to say MMHA and MAG – is it maybe on Kimberley's law? Just trying to see where we are at on secure care and what you need from us.

From: Hughes, Doug J HLTH:EX
Sent: Monday, November 27, 2017 9:45 AM
To: Bond, Allison MCF:EX
Cc: Mayhew, Neilane X MMHA:EX; Massey, Christine MCF:EX
Subject: RE: Secure Care

I wasn't aware of the meeting so I will check with MOH.

Doug Hughes
Deputy Minister
Ministry of Mental Health and Addictions
P: 250-952-1049

From: Bond, Allison MCF:EX
Sent: Monday, November 27, 2017 8:35 AM
To: Hughes, Doug J HLTH:EX
Cc: Mayhew, Neilane X MMHA:EX; Massey, Christine MCF:EX
Subject: Secure Care

I understand that there is a joint Minister's briefing (MoH and MAG) today on secure care. When you have a moment

– can you call and let me know your plans/thoughts? If it is on the agenda, there has been lots of research and even drafting of legislation through MCFD and we would love to be involved. Thanks.

Allison Bond
Deputy Minister
Ministry of Children and Family Development
778-698-7038

From:	MMHA Ministers Meetings MMHA:EX
To:	Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX; Morris, Jonny MMHA:EX; Corns, Paul GCPE:EX
Subject:	Minister Briefing on Secure Care
Start:	Thursday, February 22, 2018 4:45:00 PM
End:	Thursday, February 22, 2018 5:15:00 PM
Location:	s.15

Standing invite send to GCPE – Paul to determine if attendance is needed

From:	Clifford, Kate MMHA:EX
To:	Cascaden, Lori R GCPE:EX; Corns, Paul GCPE:EX
Cc:	Casanova, Tamara MMHA:EX; Morris, Jonny MMHA:EX
Subject:	Minister Meeting with Brenda Doherty - VCH IN
Date:	Wednesday, February 21, 2018 3:45:08 PM
Attachments:	IN_Teen discharged from LGH_Feb 21 2018.doc
Importance:	High

Hi Lori and Paul,

We will be providing Minister with materials in advance of her meeting with Brenda Doherty regarding her daughter's overdose and secure care. In addition to our meeting note, staff have provided the attached confidential IN from VCH. They wanted me to ensure you were aware that we will be sharing this information with Minister.

We intend to share this shortly, so please advise if you foresee any issues with sharing this IN.

Thank you,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

Vancouver CoastalHealth

Department of Communications & Public Affairs

CONFIDENTIAL ISSUES NOTE

February 21, 2018

Family questions care at Lions Gate Hospital after daughter dies of an apparent drug overdose

s.22

Background

s.22

Key Messages

- We express our sincere sympathies to the family for the loss of their daughter.
- Due to patient confidentiality, we're not able to go into the specifics of the case, but we can assure you the patient's care was reviewed by the Vancouver Coastal Health Patient Care Quality Office and managers of the iYOS and Sea to Sky mental health and substance use services. The results of the review were shared with the patient's family.
- When a youth presents to a hospital emergency department with mental health and substance use concerns, they are assessed by the emergency department physician. If there is a question of whether or not the youth should be admitted due to acute mental health

concerns, the emergency department physician may consider asking for a psychiatrist to assess the youth.

- At Lions Gate Hospital, the Intensive Youth Outreach Services Team may be asked to see the youth and assess them. The iYOS team will do a mental health and substance use assessment, access to collateral information and review the youth's ability to give consent for speaking with parents or a guardian.
- The Mental Health Act clearly stipulates under what conditions a person can be admitted to hospital against their will as it relates to a mental health diagnosis, and if a person does not meet the criteria, they will be discharged.
- Under the current legislation, we cannot force treatment if the client is competent and refusing treatment.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Shannon McCarthy	Director, Mental Health & Substance Use and Ambulatory Care, Coastal Community of Care	604-984-3824
Communications	Matt Kieltyka	Public Affairs Specialist	604-708-5338
Patient involved	Steffanie Georgina-Anne Lawrence		

Creation & revision history	
Feb 21/18	Briefing note created

From:	MMHA Ministers Meetings MMHA:EX
To:	Maloughney, Mary Sue MMHA:EX; Morris, Jonny MMHA:EX
Subject:	Minister Meeting with Brenda Doherty
Start:	Friday, February 23, 2018 12:00:00 PM
End:	Friday, February 23, 2018 1:00:00 PM
Location:	Mary Sue and Jonny via Teleconference (Dial In: s.15;s.17 Participant ID: s.15;s.17 - MO to Moderate)

TBD if Ms. Doherty will meet at Minister's constit office or via teleconference

Staff:
Mary Sue and Jonny to staff via phone
Dial In: s.15;s.17;s.2
Participant ID: s.15;s.17
Moderator: Minister

Materials:
MO requested latest BN on secure care (request sent to Jonny)

From: Maloughney, Mary Sue MMHA:EX
To: Turner, Julie MMHA:EX
Cc: MacKenzie, Lori MMHA:EX; Morris, Jonny MMHA:EX; Andrews, Miranda MMHA:EX; Walker, Leah MMHA:EX
Subject: Re: Apr 10 + Apr 24 WG due dates
Date: Wednesday, February 21, 2018 9:04:49 PM

Thank you

Mary Sue Maloughney
Assistant Deputy Minister
Ministry of Mental Health and Addictions
Government of BC

On Feb 21, 2018, at 2:42 PM, Turner, Julie MMHA:EX <Julie.Turner@gov.bc.ca> wrote:

> Hi – FYI - we now have confirmed briefing dates for MJD for the Apr 10. Please note that we are doubling up on briefing items on Mar 27 and Apr 9 – combining because the WG dates are so close for drafts etc. and availability of MJD. Mary Sue – calendar updates are coming your way.
>
> I have updated the tracking document since it was sent to you earlier today – also attached.

s.12

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

<Tracking Doc for Cttees - Feb 21.xlsx>

From: Maloughney, Mary Sue MMHA:EX
To: Morris, Jonny MMHA:EX
Subject: Re: CHAN: Darcy/Doherty - voluntary addiction treatment
Date: Friday, February 16, 2018 10:47:40 AM

THanks this works

On Feb 16, 2018, at 10:24 AM, Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca> wrote:

> Hi Mary Sue –
>
> I've just texted you a response too … this would be a line:
>
> s.13
>
> JM
>
> ---
>
> **From:** Maloughney, Mary Sue MMHA:EX
> **Sent:** Friday, February 16, 2018 9:56 AM
> **To:** Morris, Jonny MMHA:EX
> **Subject:** Re: CHAN: Darcy/Doherty - voluntary addiction treatment
>
> Hi Jonny
> This came up at the briefing yesterday
>
> s.13
>
> Can you give me a few bullets in line w what Lori c needs? Meagan is texting me
>
> ***Mary Sue Maloughney***
> Assistant Deputy Minister
> Ministry of Mental Health and Addictions
> Government of BC
>
> On Feb 16, 2018, at 8:51 AM, Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca> wrote:
>
> s.12;s.13
>
> Thanks for this Lori.
>
> s.12;s.13 I'm anticipating the need to accelerate this work with our partners so that there are some meaningful

policy options and key messages to support the Minister as this issue continues to arise. I'll brief Mary Sue on my recommended next steps for her consideration.

JM

From: Cascaden, Lori R GCPE:EX
Sent: Friday, February 16, 2018 8:23 AM
To: Casanova, Tamara MMHA:EX; Mayhew, Neilane MMHA:EX; Morris, Jonny MMHA:EX; Hughes, Doug J MMHA:EX
Subject: Fwd: CHAN: Darcy/Doherty - voluntary addiction treatment

FYI on this one. Looks like the Minister is reaching out to the family.

Lori

Lori Cascaden
Communications Manager
Ministry of Mental Health and Addictions
778-698-2892 (office)
778-679-3218 (mobile)
lori.cascaden@gov.bc.ca

Begin forwarded message:

> **From:** <tno@gov.bc.ca>
> **Date:** February 16, 2018 at 7:06:46 AM PST
> **To:** Undisclosed recipients:;
> **Subject: CHAN: Darcy/Doherty - voluntary addiction treatment**
>
> CHAN (Global BC - Vancouver)
> Global BC Morning News
> 16-Feb-2018 06:33

TNO...

From: Morris, Jonny MMHA:EX
To: Lampard, Robert MCF:EX
Subject: RE: costing
Date: Tuesday, February 20, 2018 6:28:22 PM

Many thanks for this Rob. I really appreciate it. I am anticipating have some materials to share with you tomorrow that include some options so you're well briefed. We should probably have a pre-brief in advance of the Children's Health Forum meeting to see if these ideas might be worth sharing in that context.

The high-level options to date are:

s.12;s.13

JM

From: Lampard, Robert MCF:EX
Sent: Tuesday, February 20, 2018 6:21 PM
To: Morris, Jonny MMHA:EX
Subject: costing

Hi Jonny,

s.12;s.13;s.17

Happy to discuss. Joanne McMillan was our lead for this so she would be good contact to help fill in any gaps in my knowledge about some of the details.

Rob

From:	Halston, Leslie HLTH:EX
To:	Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX
Cc:	Thorneloe, Angela HLTH:EX; Baade, Leah HLTH:EX; Casanova, Tamara MMHA:EX; HLTH Health Issues HLTH:EX
Subject:	RE: FOR JONNY, MARY SUE, DOUG: DUE at 1pm Media Request
Date:	Monday, February 19, 2018 12:01:57 PM
Attachments:	MR_021918_Jennifer_Thuncher_Squamish_Chief_Overdose_Death_DRAFT_JMREspon....docx
Importance:	High

Thanks Jonny!

Any other concerns Mary Sue or Doug?

Leslie Halston
Risk and Issues Analyst/SCHSPH Secretariat
Performance and Issues Management
Primary and Community Care Division
Ministry of Health
Phone: (250) 952-2407

From: Morris, Jonny MMHA:EX
Sent: Monday, February 19, 2018 12:00 PM
To: Halston, Leslie HLTH:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Baade, Leah HLTH:EX; Casanova, Tamara MMHA:EX; HLTH Health Issues HLTH:EX
Subject: RE: FOR JONNY, MARY SUE, DOUG: DUE at 1pm Media Request

With attachment

From: Morris, Jonny MMHA:EX
Sent: Monday, February 19, 2018 11:58 AM
To: Halston, Leslie HLTH:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Baade, Leah HLTH:EX; Casanova, Tamara MMHA:EX; HLTH Health Issues HLTH:EX
Subject: RE: FOR JONNY, MARY SUE, DOUG: DUE at 1pm Media Request

Hi everyone – I've reviewed. I've made one tracked change to communicate active current work with partner ministries. No other concerns.

JM

From: Halston, Leslie HLTH:EX
Sent: Monday, February 19, 2018 11:26 AM
To: Maloughney, Mary Sue MMHA:EX; Morris, Jonny MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX; Baade, Leah HLTH:EX; Casanova, Tamara MMHA:EX; HLTH Health Issues HLTH:EX
Subject: FOR JONNY, MARY SUE, DOUG: DUE at 1pm Media Request

Importance: High

In the essence of time-sending to all for review. GCPE is asking for this signed off by 1pm today

No new messages, with the exception of the meeting piece, but that information was provided by the MO.

Leslie Halston
Risk and Issues Analyst/SCHSPH Secretariat
Performance and Issues Management
Primary and Community Care Division
Ministry of Health
Phone: (250) 952-2407

From: Halston, Leslie HLTH:EX
Sent: Monday, February 19, 2018 11:09 AM
To: Morris, Jonny MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX; Baade, Leah HLTH:EX
Subject: FOR JONNY: DUE at 1pm Media Request
Importance: High

Hi Jonny-are you able to review the attached Media Request messaging? Anyone else need to have a look?

GCPE is asking for this signed off by 1pm today

Leslie Halston
Risk and Issues Analyst/SCHSPH Secretariat
Performance and Issues Management
Primary and Community Care Division
Ministry of Health
Phone: (250) 952-2407

From: HLTH Health Issues HLTH:EX
Sent: Monday, February 19, 2018 11:04 AM
To: Halston, Leslie HLTH:EX
Subject: FW: Media Request

From: Cascaden, Lori R GCPE:EX
Sent: Monday, February 19, 2018 11:03:40 AM (UTC-08:00) Pacific Time (US & Canada)
To: HLTH Health Issues HLTH:EX
Subject: Media Request

Hi – Can I get this one reviewed and returned to me by 1:00? No new messages, with the exception of the meeting piece, but that information was provided by the MO.

Thanks,

Lori

Reporter
Jennifer Thuncher, Reporter
Squamish Chief
jthuncher@squamishchief.com
604-892-9161 x 228 c: 604-765-3952

Deadline Monday, February 19, 2018 5:00 PM

Request
- **Publication:** The Squamish Chief
- **Reporter:** Jennifer Thuncher
- **Issue:** Overdose death follow-up
- **Type of Interview:** Statement
- **Date of Interview:** Feb. 19
- **Interview time/start and finish:** NA
- **Dial in Number/Interview Location:** NA

Can I get a statement from the minister for a follow-up story? *Has she heard from the family? [Of Steffanie Lawrence]
*What happens next? (Another way of saying it is what would the minister like to see changed to prevent this type of tragedy we saw with Steffanie Lawrence?)

Background Recommendation

s.13

From:	Baade, Leah HLTH:EX
To:	Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX; Cascaden, Lori R GCPE:EX
Cc:	Morris, Jonny MMHA:EX; Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject:	RE: FOR JONNY/DOUG for Urgent Review Please
Date:	Friday, February 16, 2018 1:37:51 PM
Attachments:	MR_021618_Bridgette_Watson_CBC_Self_Care_Act_DRAFT.DOCX

Thanks Mary Sue!

Doug, okay from your perspective?

Leah Baade
Risk and Issues Analyst | Performance and Issues Management
Primary and Community Care Policy Division | BC Ministry of Health
Phone: 250-952-2431 | Email: Leah.Baade@gov.bc.ca

From: Maloughney, Mary Sue MMHA:EX
Sent: Friday, February 16, 2018 1:37 PM
To: Hughes, Doug J MMHA:EX; Cascaden, Lori R GCPE:EX
Cc: Baade, Leah HLTH:EX; Morris, Jonny MMHA:EX
Subject: Re: FOR JONNY/DOUG for Urgent Review Please

Good to go

Mary Sue Maloughney
Assistant Deputy Minister
Ministry of Mental Health and Addictions
Government of BC

On Feb 16, 2018, at 1:17 PM, Hughes, Doug J MMHA:EX <Doug.Hughes@gov.bc.ca> wrote:

> Hi Leah, you need to copy Mary Sue in these requests going forward. Thanks
>
> **Doug Hughes**
> Deputy Minister
> Ministry of Mental Health and Addictions
> P: 250-952-1049
>
>

From: Baade, Leah HLTH:EX
Sent: Friday, February 16, 2018 1:13 PM
To: Morris, Jonny MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Casanova, Tamara MMHA:EX; Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: FOR JONNY/DOUG for Urgent Review Please

Importance: High

Hello,

We just received this media response for urgent review. GCPE would like it back by 2:00 please.

Thank you,
Leah

Leah Baade
Risk and Issues Analyst | Performance and Issues Management
Primary and Community Care Policy Division | BC Ministry of Health
Phone: 250-952-2431 | Email: Leah.Baade@gov.bc.ca

From: Cascaden, Lori R GCPE:EX
Sent: Friday, February 16, 2018 1:08:24 PM (UTC-08:00) Pacific Time (US & Canada)
To: HLTH Health Issues HLTH:EX
Cc: Newton, Sarah GCPE:EX; Corns, Paul GCPE:EX
Subject: Urgent Review Please

Hi – Can you please get the attached reviewed urgently – need back to us by 2:00, please.

Thanks,

Lori

<MR_021618_Bridgette_Watson_CBC_Self_Care_Act_DRAFT.DOCX>

Reporter
Bridgette Watson, Producer
CBC - Vancouver
Bridgette.watson@cbc.ca
604-662-6138 c: 604-220-5862

Deadline Friday, February 16, 2018 3:00 PM

Request
- Outlet: CBC Vancouver
- Reporter: Bridgette Watson
- Issue: Self Care Act
- Type of Interview: Statement
- Date of Interview: Feb. 16
- Interview time/start and finish: TBC
- Dial in Number/Interview Location: TBC

Reporter: I am working on a story about the re-introduction of the Safe Care Act by the Opposition Critic for Mental Health and Addictions and would like to request comment from the Ministry concerning this act.

I also would like to know what state an individual needs to be exhibiting to be held under the Mental Health Act. Part of my story includes reaction from the parents of a 15 year old girl from Squamish who had a One Medical Certificate Form 4 for their daughter yet she was released from Lions Gate Hospital without being held.

What would be required for her to have been held in hospital? My deadline is ideally 3 p.m. today.

s.13

Page 205 of 256

Withheld pursuant to/removed as

s.13

From: Glynn, Keva HLTH:EX
To: Morris, Jonny MMHA:EX
Subject: Re: Heads Up
Date: Wednesday, February 21, 2018 11:06:35 AM

Sounds good Jonny. Let me know what comes out of s.12;s.13 and I'll look for the EAP.

Sent from my BlackBerry 10 smartphone on the TELUS network.
Original Message
From: Morris, Jonny MMHA:EX
Sent: Wednesday, February 21, 2018 10:28 AM
To: Glynn, Keva HLTH:EX
Subject: Heads Up

Hi Keva -

Two items. I will be able to send you a draft of the narrative on the EAP submission to Health Canada so you can work it up the chain in your division early PM.

s.12;s.13
. Let me know if you have concerns.

I'll brief you on what I learn.

JM

Sent from my iPhone

From: Charlton, Britney MMHA:EX
To: Morris, Jonny MMHA:EX
Subject: RE s.12;s.13
Date: Tuesday, February 20, 2018 8:26:31 AM

I do not, can you send to me?

-----Original Message-----
From: Morris, Jonny MMHA:EX
Sent: Tuesday, February 20, 2018 8:26 AM
To: Charlton, Britney MMHA:EX
Subject: s.12;s.13

Hi Britney -

s.12;s.13

JM

Sent from my iPhone

From:	Patterson, Ted HLTH:EX
To:	Maloughney, Mary Sue MMHA:EX
Cc:	Glynn, Keva HLTH:EX; Morris, Jonny MMHA:EX
Subject:	RE: Jane Thornthwaite - CBC
Date:	Monday, February 19, 2018 7:46:02 AM
Attachments:	image001.png

Thanks.

From: Maloughney, Mary Sue MMHA:EX
Sent: Sunday, February 18, 2018 8:25 PM
To: Patterson, Ted HLTH:EX
Cc: Glynn, Keva HLTH:EX; Morris, Jonny MMHA:EX
Subject: FW: Jane Thornthwaite - CBC

Opps forgot you Ted…

From: Maloughney, Mary Sue MMHA:EX
Sent: Sunday, February 18, 2018 8:22 PM
To: May, Cheryl MCF:EX; Heavener, Cory R MCF:EX
Cc: Morris, Jonny MMHA:EX; Cascaden, Lori R GCPE:EX; Glynn, Keva HLTH:EX
Subject: RE: Jane Thornthwaite - CBC

Thanks Cheryl- looking forward to working with you. Let me intro you to Jonny Morris if you have not already met. He is leading this file for me at MMHA. Our Minister is getting very anxious for some progress on this file esp given the sad news on Fri and potential re-introduction of the previous bill by MLA Thornthwaite. We have some key messages prepared by our Ministry which we should ensure are aligned with yours so I have copied Lori above. If you have any additions let me know but I believe Jonny co-ordinated the info with MCF. As we have our upcoming Children's forum meeting on the 26th and this is on the agenda, I am hoping I am able to tell my Minister more specific dates on when we can have some collective recommendations for her and your Min to consider immediately following that meeting. I think we should meet quickly in advance to the forum (Cory you and I/Jonny – potentially MOH- Ted/Keva?) to go over what outcomes we can expect from the meeting? Make sense? To say my Min is keen on getting this moving forward is an understatement. She is very concerned and anxious to see a timely advancement of recommendations for her consideration.

Thanks MS

Mary Sue Maloughney
Assistant Deputy Minister
Strategic Planning, Partnerships and Research
1515 Blanshard, 6th Floor | Victoria, BC | V8W 9R2 |
Phone: 778-698-9459 Email: MarySue.Maloughney@gov.bc.ca

From: May, Cheryl MCF:EX
Sent: Sunday, February 18, 2018 12:34 PM
To: Maloughney, Mary Sue MMHA:EX
Subject: Re: Jane Thornthwaite - CBC

Hi Mary Sue - just wanted to send a quick hello as I'm sure Christine has told you this work is being transitioned to me. I look forward to working with you!

Cheryl

Cheryl May
ADM, Policy and Legislation
MCFD

On Feb 17, 2018, at 12:08 PM, Maloughney, Mary Sue MMHA:EX <MarySue.Maloughney@gov.bc.ca> wrote:

> Yes I got an email from my mo today- she is very interested in some fast progress
>
> On Feb 17, 2018, at 11:19 AM, Massey, Christine MCF:EX <Christine.Massey@gov.bc.ca> wrote:
>
> > Mary Sue – just checking to see if you are aware of the private member's bill on Safe Care to be introduced into the House by Jane Thornthwaite. My guess is that it would be the same bill that was introduced by Gordon Hogg last year.
> >
> > cm
> >
> > **From:** Bailey, Leah M MCF:EX
> > **Sent:** Saturday, February 17, 2018 11:13 AM
> > **To:** May, Cheryl MCF:EX; Massey, Christine MCF:EX; Lampard, Robert MCF:EX; Turanski, Michael SDPR:EX
> > **Cc:** Kavadas, Danielle MCF:EX; McReynolds, Amanda SDPR:EX; Li, Jessica SDPR:EX
> > **Subject:** Jane Thornthwaite - CBC
> >
> > Hello. Just FYI – heard on CBC this morning that Jane Thornthwaite, Liberal MLA, will be introducing a 'Safe Care Act' into the legislature. Here's part of Jane's biography from her website:

On December 18, 2014, she was appointed Parliamentary Secretary for Child Mental Health and Anti-Bullying for the Minister of Children and Family Development. She was responsible for promoting two school-based programs, the anti-anxiety mental health FRIENDS program and ERASE Bullying. Jane produced videos on the FRIENDS program and anti-cyberbullying tips for parents, teachers, and students.

Jane was chair of the Select Standing Committee on Children and Youth, which published an extensive report on child and youth mental health in British Columbia in January 2016. Many of the recommendations included in the report have been acted on by government.

It'll be interesting to see what the act says. We will monitor the House and watch for Introduction.

Thanks.

Leah Bailey
Director, MCFD Legislation & Legal Support
O: 778-698-7707
C: 250-888-2838

From:	Hughes, Doug J MMHA:EX
To:	Cascaden, Lori R GCPE:EX; Morris, Jonny MMHA:EX; Baade, Leah HLTH:EX; Maloughney, Mary Sue MMHA:EX
Cc:	Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject:	RE: JM Edits - Safe Care Media Comment
Date:	Friday, February 16, 2018 3:05:29 PM

approved

Doug Hughes
Deputy Minister
Ministry of Mental Health and Addictions
P: 250-952-1049

From: Cascaden, Lori R GCPE:EX
Sent: Friday, February 16, 2018 2:26 PM
To: Morris, Jonny MMHA:EX; Baade, Leah HLTH:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: JM Edits - Safe Care Media Comment
Importance: High

I would like to be able to move this forward Jonny as we are in a time crunch. Good?

Thanks,

Lori

From: Morris, Jonny MMHA:EX
Sent: Friday, February 16, 2018 2:11 PM
To: Cascaden, Lori R GCPE:EX; Baade, Leah HLTH:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: JM Edits - Safe Care Media Comment
Importance: High

Hi Lori –

I've responded to your questions. Will need GCPE expertise to smooth messaging.

JM

From: Cascaden, Lori R GCPE:EX
Sent: Friday, February 16, 2018 2:01 PM

To: Baade, Leah HLTH:EX; Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: JM Edits - Safe Care Media Comment
Importance: High

Hi – I feel like this has gotten a little too complicated for a media response. I have made some suggested edits and I am asking for a couple of points of clarity.

Thanks,

Lori

From: Baade, Leah HLTH:EX
Sent: Friday, February 16, 2018 1:51 PM
To: Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX; Cascaden, Lori R GCPE:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: JM Edits - Safe Care Media Comment

Thanks for this, Jonny.

Doug/Mary Sue, are you okay with the response going out with Jonny's edits?

Leah Baade
Risk and Issues Analyst | Performance and Issues Management
Primary and Community Care Policy Division | BC Ministry of Health
Phone: 250-952-2431 | Email: Leah.Baade@gov.bc.ca

From: Morris, Jonny MMHA:EX
Sent: Friday, February 16, 2018 1:49 PM
To: Baade, Leah HLTH:EX; Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX; Cascaden, Lori R GCPE:EX
Cc: Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: JM Edits - Safe Care Media Comment
Importance: High

Hi all – Mary Sue beat me to it with her review. I've made some edits for clarity that I've attached with some updated messaging that Mary Sue asked for this morning.

JM

From: Baade, Leah HLTH:EX
Sent: Friday, February 16, 2018 1:38 PM
To: Maloughney, Mary Sue MMHA:EX; Hughes, Doug J MMHA:EX; Cascaden, Lori R GCPE:EX
Cc: Morris, Jonny MMHA:EX; Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: FOR JONNY/DOUG for Urgent Review Please

Thanks Mary Sue!

Doug, okay from your perspective?

Leah Baade
Risk and Issues Analyst | Performance and Issues Management
Primary and Community Care Policy Division | BC Ministry of Health
Phone: 250-952-2431 | Email: Leah.Baade@gov.bc.ca

From: Maloughney, Mary Sue MMHA:EX
Sent: Friday, February 16, 2018 1:37 PM
To: Hughes, Doug J MMHA:EX; Cascaden, Lori R GCPE:EX
Cc: Baade, Leah HLTH:EX; Morris, Jonny MMHA:EX
Subject: Re: FOR JONNY/DOUG for Urgent Review Please

Good to go

Mary Sue Maloughney
Assistant Deputy Minister
Ministry of Mental Health and Addictions
Government of BC

On Feb 16, 2018, at 1:17 PM, Hughes, Doug J MMHA:EX <Doug.Hughes@gov.bc.ca> wrote:

> Hi Leah, you need to copy Mary Sue in these requests going forward. Thanks
>
> **Doug Hughes**
> Deputy Minister
> Ministry of Mental Health and Addictions
> P: 250-952-1049
>
>

From: Baade, Leah HLTH:EX
Sent: Friday, February 16, 2018 1:13 PM
To: Morris, Jonny MMHA:EX; Hughes, Doug J MMHA:EX
Cc: Casanova, Tamara MMHA:EX; Thorneloe, Angela HLTH:EX; Halston, Leslie HLTH:EX
Subject: FOR JONNY/DOUG for Urgent Review Please
Importance: High

Hello,

We just received this media response for urgent review. GCPE would like it back by 2:00 please.

Thank you,
Leah

Leah Baade
Risk and Issues Analyst | Performance and Issues Management
Primary and Community Care Policy Division | BC Ministry of Health
Phone: 250-952-2431 | Email: Leah.Baade@gov.bc.ca

From: Cascaden, Lori R GCPE:EX
Sent: Friday, February 16, 2018 1:08:24 PM (UTC-08:00) Pacific Time (US & Canada)
To: HLTH Health Issues HLTH:EX
Cc: Newton, Sarah GCPE:EX; Corns, Paul GCPE:EX
Subject: Urgent Review Please

Hi – Can you please get the attached reviewed urgently – need back to us by 2:00, please.

Thanks,

Lori

<MR_021618_Bridgette_Watson_CBC_Self_Care_Act_DRAFT.DOCX>

From:	Pawar, Deborah MCF:EX
To:	Morris, Jonny MMHA:EX; Lampard, Robert MCF:EX
Subject:	RE: Messaging - Death of Steffanie Georgina-Anne Lawrence
Date:	Friday, February 16, 2018 3:50:12 PM

Thanks for this Jonny.

Deborah

From: Morris, Jonny MMHA:EX
Sent: Friday, February 16, 2018 3:45 PM
To: Pawar, Deborah MCF:EX; Lampard, Robert MCF:EX
Subject: Messaging - Death of Steffanie Georgina-Anne Lawrence

Hi Deb and Rob –

This messaging was approved by Doug Hughes today to support our Minister related to the loss of Steffanie Georgina-Anne Lawrence.

Jonny

Statement from the Ministry of Mental Health and Addictions:

"The loss of Steffanie Georgina-Anne Lawrence is a tragic story, and we know there are other families like Steffanie's struggling throughout B.C. Some of these families have called for government to find ways to compel their child into stabilization and care, and we are taking their concerns very seriously.

"To date, safe care legislation has never been passed into law in B.C., largely due to concerns about the scope and application of proposed legislation, infringement on youth's rights, and the potential adverse impact on Indigenous youth. These are very sensitive and complex matters that require thoughtful discussions, evidence and research.

"The Ministry of Mental Health and Addictions is working to determine the policy options for young people at a grave risk of harm, including harms related to substance use disorders. As part of this work, we will be working with our partner Ministries to review BC's Mental Health Act, the appropriateness and need for Safe Care Legislation, and the need for a full spectrum of voluntary services and supports for this population.

The BC Mental Health Act legislates for the involuntary admission of individuals experiencing acute symptoms of mental disorder to designated facilities in B.C., when the illness seriously impairs the person's ability to function and the person refuses to accept treatment. If a patient recognized and accepted that they needed treatment, they would not be detained, and would be offered voluntary services. There are criteria in place that must be followed to admit a person involuntarily. To learn more, please visit the below website."

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

Jonny Morris | Director, Planning & Strategic Priorities
Ministry of Mental Health and Addictions
ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

From: Glynn, Keva HLTH:EX
To: Morris, Jonny MMHA:EX
Subject: Re: Quick Follow Up -s.12;s.13
Date: Wednesday, February 21, 2018 8:28:07 AM

Thanks Jonny, I agree. I just sent a note suggesting you or Naomi might like to join the provincial advisory group next week where we are intending to land on recommendations. I know it's a bit of a time commitment, so alternately we can connect before/after.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Morris, Jonny MMHA:EX
Sent: Wednesday, February 21, 2018 7:30 AM
To: Glynn, Keva HLTH:EX
Subject: Quick Follow Up -s.12;s.13

s.12;s.13

Hi Keva - I appreciated our meeting yesterday on the secure care. I think you, Mary Sue, and I accomplished a lot !

s.12;s.13

Looking forward to debriefing with you - and safe travels.

JM

Jonny Morris | Director, Planning & Strategic Priorities | Policy, Evaluation, and Monitoring Division | Ministry of Mental Health and Addictions | PO Box 9644 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

From:	Clifford, Kate MMHA:EX
To:	Morris, Jonny MMHA:EX
Cc:	Maloughney, Mary Sue MMHA:EX; Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject:	Re: RUSH: Approval of Secure Care Briefing Materials
Date:	Wednesday, February 21, 2018 8:20:09 PM

Thanks Jonny! We will get this to Doug for approval in the am then over to the mo. I had advised them that it likely wouldn't make it over until the morning.

Thank you again. I appreciate your quick work on this

Kate

On Feb 21, 2018, at 6:08 PM, Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca> wrote:

Hi Kate – s.12;s.13

s.12;s.13

JM

From: Maloughney, Mary Sue MMHA:EX
Sent: Wednesday, February 21, 2018 4:40 PM
To: Clifford, Kate MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX; Morris, Jonny MMHA:EX
Subject: RE: RUSH: Approval of Secure Care Briefing Materials

Jonny It the report entitled s.12;s.13

From: Maloughney, Mary Sue MMHA:EX
Sent: Wednesday, February 21, 2018 4:34 PM
To: Clifford, Kate MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX; Morris, Jonny MMHA:EX
Subject: RE: RUSH: Approval of Secure Care Briefing Materials
Importance: High

Hi Kate:
I am fine with sharing this info and the note is fine to go. In addition to the PPT from Children's forum I would like to send s.12;s.13 Jonny can provide you with a copy ASAP.

From: Clifford, Kate MMHA:EX
Sent: Wednesday, February 21, 2018 4:15 PM
To: Maloughney, Mary Sue MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: RE: RUSH: Approval of Secure Care Briefing Materials
Importance: High

I've also attached these for your review if it's easier than eApprovals. As per my text, please advise if we are okay to share the VCH IN with MO, in addition to the meeting

materials. GCPE has advised no concerns with sharing this content, but I was asked to double check with you from a strategic perspective.

Thank you in advance,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: Clifford, Kate MMHA:EX
Sent: Wednesday, February 21, 2018 3:40 PM
To: Maloughney, Mary Sue MMHA:EX
Cc: Walker, Leah MMHA:EX; MMHA Documents Coordinator HLTH:EX
Subject: RUSH: Approval of Secure Care Briefing Materials
Importance: High

Hi Mary Sue,

I just sent you the Secure Care materials for your rush approval just now via eApprovals. We need to get this over to the MO for Minister's review today if possible. Can you review and advise if you approve?

Thank you in advance,

Kate Clifford | A/Manager, Business Operations
Office of the Deputy Minister
Ministry of Mental Health and Addictions
Ph: (778) 698-9944

From: HLTH eApprovals [mailto:DoNotReply@SP2010.gov.bc.ca]
Sent: Wednesday, February 21, 2018 3:34 PM
To: Clifford, Kate MMHA:EX
Subject: *ALERT: Incoming Assignment - eApprovals item 26221

You have been sent an eApprovals Item by Morris, Jonny MMHA:EX.

Cliff Number: 1107241
Other Number:
TRIM Number:
Topic: RUSH - Min Darcy mtg Fri Feb 23 with Brenda Doherty, mother of Stephanie, the Squamish s.22 15 year old teen who died of a fentanyl overdose
Date Final Due: 2/21/2018 12:00:00 AM
Last Action: Item Sent To

Comments:
Please route to Mary Sue for her review and approval. Please ensure GCPE is

aware I have attached the VCH IN

eApprovals Link:
https://healthshare.gov.bc.ca/prod/SitePages/activeItems.aspx

Super User Link:
https://healthshare.gov.bc.ca/prod/SitePages/superUser.aspx

Cliff Link:

From: Maloughney, Mary Sue MMHA:EX
To: Morris, Jonny MMHA:EX
Subject: Re: Safe Care
Date: Saturday, February 17, 2018 3:51:59 PM

Ok no more TIL Monday (; tHanks for update

Mary Sue Maloughney
Assistant Deputy Minister
Ministry of Mental Health and Addictions
Government of BC

On Feb 17, 2018, at 3:46 PM, Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca> wrote:

> Hi Mary Sue - you're the only person I'll be emailing this weekend :)
>
> I just saw this note pop up. s.12;s.13 s.12;s.13 . I'll chase them again on Monday.
>
> s.12;s.13
>
> JM
>
> **Jonny Morris** | Director, Planning & Strategic Priorities | Policy, Evaluation, and Monitoring Division | Ministry of Mental Health and Addictions | PO Box 9644 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca
>
> ---
>
> **From:** Maloughney, Mary Sue MMHA:EX
> **Sent:** February-17-18 3:11 PM
> **To:** Hughes, Doug J MMHA:EX
> **Cc:** Cascaden, Lori R GCPE:EX; Corns, Paul GCPE:EX; Mayhew, Neilane MMHA:EX; Morris, Jonny MMHA:EX
> **Subject:** Re: Safe Care
>
> Lori has what we felt comfy w at this point in terms of any timing- I can reach out to my colleagues at mcfd and health to see if we can agree on more, however, I have a children's forum meeting (chaired by Alison B) on the 26th s.12;s.13

On Feb 17, 2018, at 1:09 PM, Hughes, Doug J MMHA:EX <Doug.Hughes@gov.bc.ca> wrote:

Thanks.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Cascaden, Lori R GCPE:EX
Sent: Saturday, February 17, 2018 1:06 PM
To: Hughes, Doug J MMHA:EX
Cc: Maloughney, Mary Sue MMHA:EX; Corns, Paul GCPE:EX; Mayhew, Neilane MMHA:EX
Subject: Re: Safe Care

We have an IN on it — Mary Sue may want to update it. I can send what I have on Monday. I sent the below to Meaghan so she could have it added to Mitzi's response for Monday, though I do not know what she is speaking to specifically.

We have sent several lines on a variety of subjects. Overarching, child and youth mental health and accomplishments.

s.13

Lori

Lori Cascaden
Communications Manager
Ministry of Mental Health and Addictions
778-698-2892 (office)
778-679-3218 (mobile)
lori.cascaden@gov.bc.ca

On Feb 17, 2018, at 12:58 PM, Hughes, Doug J MMHA:EX <Doug.Hughes@gov.bc.ca> wrote:

Hi Paul/Lori. Do you have enough on messaging. See below.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Maloughney, Mary Sue MMHA:EX
Sent: Saturday, February 17, 2018 12:09 PM
To: Thumath, Meaghan MMHA:EX
Cc: Mayhew, Neilane MMHA:EX; Hughes, Doug J MMHA:EX
Subject: Re: Safe Care

Guessing this will be the same bill as Hogg presented last time

On Feb 17, 2018, at 10:06 AM, Thumath, Meaghan MMHA:EX <Meaghan.Thumath@gov.bc.ca> wrote:

> FYI
>
> M.
> Mobile s.17
> Meaghan.Thumath@gov.bc.ca
>
> Begin forwarded message:
>
> > **From:** "Darcy, Judy" s.17
> > **Date:** February 17, 2018 at 10:04:44 AM PST
> > **To:** "Thumath, Meaghan MMHA:EX" <Meaghan.Thumath@gov.bc.ca>
> >
> > **Subject: Safe Care ACT**
> >
> > Just heard CBC piece re Safe Care story from this week. Thornthwaite says she is introducing legislation on it - while we delay and delay! We need to move this up on the agenda.
> > Jd
> >
> > Sent from my iPhone

From: Maloughney, Mary Sue MMHA:EX
To: May, Cheryl MCF:EX; Heavener, Cory R MCF:EX; Glynn, Keva HLTH:EX; Patterson, Ted HLTH:EX
Cc: Morris, Jonny MMHA:EX; Turner, Julie MMHA:EX; Lampard, Robert MCF:EX
Subject: s.12;s.13 · Cabinet Working Group on MHA
Date: Tuesday, February 20, 2018 10:31:23 AM

Ok I will get something set up

From: May, Cheryl MCF:EX
Sent: Monday, February 19, 2018 4:41 PM
To: Maloughney, Mary Sue MMHA:EX; Heavener, Cory R MCF:EX; Glynn, Keva HLTH:EX; Patterson, Ted HLTH:EX
Cc: Morris, Jonny MMHA:EX; Turner, Julie MMHA:EX; Lampard, Robert MCF:EX
Subject: s.12;s.13 Cabinet Working Group on MHA

Hi Mary Sue – thanks for the update – I would agree a quick check in end of week would be helpful.

Thanks,
Cheryl

From: Maloughney, Mary Sue MMHA:EX
Sent: Monday, February 19, 2018 2:55 PM
To: May, Cheryl MCF:EX; Heavener, Cory R MCF:EX; Glynn, Keva HLTH:EX; Patterson, Ted HLTH:EX
Cc: Morris, Jonny MMHA:EX; Turner, Julie MMHA:EX
Subject: s.12;s.13 Cabinet Working Group on MHA

s.12;s.13

I think we should consider lining up a joint briefing for her with MCFD and MOH staff (Ted and or Keva), potentially with Minister Conroy too, in March well in advance of the CWG and following the Children's Forum meeting on Mon. I know our staff are working together on materials but it might also be worth a quick check in end of week at our level bf meeting on mon?

Any thoughts on this? Happy to get it set up from this end.

Thanks MS

From: Lampard, Robert MCF:EX
To: Morris, Jonny MMHA:EX; Blemings, Roxanne HLTH:EX
Cc: Pawar, Deborah MCF:EX
Subject: RE: Secure Care Reference Documents
Date: Monday, February 19, 2018 10:08:07 AM
Attachments: 888279_Safe Care.docx

Hi Jonny and Roxanne,

Thanks for sharing the message from Doug Hughes.
In terms of other information needs ….

- Jonny, do you need a copy ofs.12;s.13 that was shared with the Children's Forum working group? I believe you may have received it already.
- I've attached a copy of our SC ADM note. This has not yet been approved and is still undergoing review. We can share updates if it changes.

Rob

From: Pawar, Deborah MCF:EX
Sent: Friday, February 16, 2018 4:35 PM
To: Morris, Jonny MMHA:EX; Blemings, Roxanne HLTH:EX
Cc: Lampard, Robert MCF:EX
Subject: Secure Care Reference Documents

Hi Jonny and Roxanne,

Thank-you for the discussion this afternoon. We are sharing with you the documents that will provide comprehensive background information.

Please find attached the following documents:

-ADM MCFD Estimate Note Safe Care 2017
s.12;s.13

Also below are the stats for drug overdose deaths from the Coroner's Report (January 2018):

Illicit Drug Overdose Deaths by Age Group, 2007-2017[2]

Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
10-18	5	6	2	4	4	5	6	3	5	12	23
19-29	33	36	46	40	74	61	94	83	117	207	269

Data Source: BC Coroners Service, January, 2018

We will circle back on Monday regarding the Forecasting. Thank-you for going forward with booking

regular meetings to connect across ministries.

Deborah

Deborah Pawar
Director | Child & Youth Mental Health Policy Provincial Services
BC Ministry of Children and Family Development | Victoria, BC | 778-698-7135 I (c) 250-361-8391 I
Deborah.Pawar@gov.bc.ca
~Offering acknowledgment in honour of the Lekwungen people, known today as the Esquimalt and Songhees Nations~

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
POLICY AND LEGISLATION DIVISION
ESTIMATES BRIEFING NOTE 2018/19

ISSUE: Safe Care/Secure Care

KEY MESSAGES:

- The current fentanyl crisis has increased public concern about harmful substance use in B.C.
- This situation has been made significantly worse and much more dangerous by the fentanyl crisis.
- Parents who fear for the safety of their child who uses drugs, but refuses or leaves treatment can feel helpless and their entire focus is on keeping their child alive.
- Some families have called for government to find ways to compel their child into substance use treatment.
- Some service provider groups and others have urged government to implement a form of "secure care", or "safe care", as it is sometimes referred to.
- However, not all groups agree on this, with some urging caution about implementing secure care without first making sure that youth who do ask for voluntary services can actually get them in a timely manner.
- Eight provinces have legislation that supports secure care, with detention periods ranging from 7 to 45 days.
- What we don't know yet is whether this form of forced treatment is effective.
- There is a notable lack of research on the effectiveness or outcomes of such care, including potential harms linked to its use.
- There is wide agreement that voluntary services to address such needs as detoxification, residential treatment, and outpatient substance misuse and/or mental health counselling are the most effective means of addressing substance misuse and mental health issues, which often occur together.
- In April 2017 the Representative for Children and Youth issued a statement affirming support for development of a form of secure care, but recommended that prior to this government must first have in place "a well-integrated and

Contact: Robert Lampard, ED, Child and Youth Mental Health Policy
Cell phone: 250 360-6839
Date: February 5, 2018

robust cross-ministerial network of supports and services for children and youth in B.C. Secure care must be one component of a comprehensive system ..."

- The Ministry of Mental Health and Addictions is leading work with the ministries of Children and Family Development, Health and Education, on planning to support a full continuum of mental health services for children and youth in B.C. The work on a child and youth mental health and substance use plan is underway and the plan is due for completion in October 2018.
- B.C. has explored secure care options in the past but legislative proposals have never been passed into law largely based on concerns about the scope and application of proposed legislation, infringement of youth's rights, impact on Aboriginal youth, and the high cost of such services.
- Government continues to review evidence on secure care, with the Ministry of Mental Health and Addictions leading this review and any related policy work.

s.12;s.13

FINANCES:

- s.13

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.

Illicit Drug Overdose Deaths by Age Group, 2007-2017[2]

Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
10-18	5	6	2	4	4	5	6	3	5	12	23
19-29	33	36	46	40	74	61	94	83	117	207	269

Data Source: BC Coroners Service, January, 2018

CROSS REFERENCE: (if necessary) – to be completed by Executive Operations

- **Note ## –** Note title
- Note numbers will be added after the binder is complete

Contact: Robert Lampard, ED, Child and Youth Mental Health Policy
Cell phone: 250 360-6839
Date: February 5, 2018

From: Veillette, Kelly MMHA:EX
To: MacKenzie, Lori MMHA:EX; Morris, Jonny MMHA:EX
Cc: North, Naomi MMHA:EX
Subject: Re: Secure Care
Date: Friday, February 16, 2018 7:09:24 PM

Yes I do as well.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: MacKenzie, Lori MMHA:EX
Sent: Friday, February 16, 2018 6:47 PM
To: Morris, Jonny MMHA:EX
Cc: Veillette, Kelly MMHA:EX; North, Naomi MMHA:EX
Subject: Re: Secure Care

I do. We need the build a base capacity in this area.

Sent from my iPhone

On Feb 16, 2018, at 6:27 PM, Morris, Jonny MMHA:EX <Jonny.Morris@gov.bc.ca> wrote:

> Yes. It would be great to be able to depend on as much of Naomi's capacity as possible. Lori/Kelly - would you support that?
>
> Sent from my iPhone
>
> On Feb 16, 2018, at 6:26 PM, MacKenzie, Lori MMHA:EX <Lori.MacKenzie@gov.bc.ca> wrote:
>
> > Sounds like this will occupy most if not all of Naomi's time. High priority for the Minister. Do you agree Jonny?
> >
> > Sent from my iPhone
> >
> > On Feb 16, 2018, at 5:38 PM, Veillette, Kelly MMHA:EX <Kelly.Veillette@gov.bc.ca> wrote:
> >
> > > Hi Jonny – Naomi has a UBCM note that she needs to finish up Monday, but other than that I believe she has capacity to support. Will this require her full attention all next week?
> > >
> > > **From:** Morris, Jonny MMHA:EX
> > > **Sent:** Friday, February 16, 2018 5:26 PM
> > > **To:** North, Naomi MMHA:EX
> > > **Cc:** Veillette, Kelly MMHA:EX; MacKenzie, Lori MMHA:EX
> > > **Subject:** RE: Secure Care
> > >
> > > Hi both –

Kelly – I also need to ask if I can use some of Naomi's capacity to support work on the secure piece as we move into next week. Can you both advise if Naomi has bandwidth to help.

Thanks,
Jonny

From: Morris, Jonny MMHA:EX
Sent: Friday, February 16, 2018 5:24 PM
To: North, Naomi MMHA:EX
Cc: Veillette, Kelly MMHA:EX
Subject: Secure Care

Hi Naomi – It was good to connect with you yesterday on the meeting advice for the MO meeting with Dr. Tom Warshawski in few weeks. Some key f/u points:

1. The meeting has not yet been scheduled. I'll forward the confirmation of the date change on the deadline for meeting advice;
2. The issue of secure care flared today in the sad aftermath of a death of ar[s.22] young person yesterday;
3. We've been asked to complete a full set of briefing materials on secure care to support the Minister who will be meeting with the parent of the young person next Friday. MCFD have shared a whole set of materials for us to use and reference.
4. I'm going to send a meeting invite to connect on Monday so we can discuss further.

JM

Jonny Morris | Director, Planning & Strategic Priorities
Ministry of Mental Health and Addictions
ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

From:	Glynn, Keva HLTH:EX
To:	Morris, Jonny MMHA:EX; Maloughney, Mary Sue MMHA:EX
Cc:	Lampard, Robert MCF:EX; North, Naomi MMHA:EX
Subject:	Re: Status Update - High-Level Options Related to Involuntary Admission of Young People Living with Substance Use Disorder
Date:	Wednesday, February 21, 2018 8:25:19 AM

Thanks for the update Jonny.

s.12;s.13

The meeting is March 1st in Vancouver. Rob, I believe you are already invited?

Best,
Keva

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Morris, Jonny MMHA:EX
Sent: Wednesday, February 21, 2018 7:34 AM
To: Maloughney, Mary Sue MMHA:EX
Cc: Glynn, Keva HLTH:EX; Lampard, Robert MCF:EX; North, Naomi MMHA:EX
Subject: Status Update - High-Level Options Related to Involuntary Admission of Young People Living with Substance Use Disorder

A quick update -

- I'm expecting a confidential issues note from VCH today about the loss of the young person to an overdose last week. I will circulate that document with each of you plus MMHA GCPE;

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- All of this should be complete today to ensure ADM review and sending to our DMO;

Thank you for your guidance, insights, and materials.

JM

Jonny Morris | Director, Planning & Strategic Priorities | Policy, Evaluation, and Monitoring Division | Ministry of Mental Health and Addictions | PO Box 9644 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

From: Kieltyka, Matt [CORP]
To: Morris, Jonny MMHA:EX
Cc: Cascaden, Lori R GCPE:EX
Subject: RE: VCH Confidential Issues Note - Steffanie Georgina-Anne Lawrence
Date: Wednesday, February 21, 2018 10:27:14 AM
Attachments: IN_Teen discharged from LGH_Feb 21 2018.doc

No worries. We weren't planning an IN on this but once I started gathering information for you your request, it made sense to consolidate it all in a formal document.

Speaking of... here is the IN attached. Let me know if you have any other questions once you've had a look.

Thanks,

Matt

-----Original Message-----
From: Morris, Jonny MMHA:EX [mailto:Jonny.Morris@gov.bc.ca]
Sent: Wednesday, February 21, 2018 10:20 AM
To: Kieltyka, Matt [CORP]
Cc: Cascaden, Lori R GCPE:EX
Subject: Re: VCH Confidential Issues Note - Steffanie Georgina-Anne Lawrence

Really appreciate this. I know it's a lot of work with all of the associated approvals. Thank you Matt.

Sent from my iPhone

> On Feb 21, 2018, at 10:15 AM, Kieltyka, Matt [CORP] <Matt.Kieltyka@vch.ca> wrote:
>
> I just made final edits (I hope), got sign off from program and am just doing a final run by our communications team, so you should have it soon. Definitely this morning.
>
> -----Original Message-----
> From: Morris, Jonny MMHA:EX [mailto:Jonny.Morris@gov.bc.ca]
> Sent: Wednesday, February 21, 2018 10:12 AM
> To: Kieltyka, Matt [CORP]
> Cc: Cascaden, Lori R GCPE:EX
> Subject: Re: VCH Confidential Issues Note - Steffanie Georgina-Anne Lawrence
>
> Hi Matt - any chance you might be able to provide an ETA on the IN. I'm required to send materials to my DMO this afternoon and I know this note will provide invaluable context as the Minister meets with the parent on Friday.
>
> I appreciate all of your help.
>
> Jonny
>
> Sent from my iPhone
>
> On Feb 20, 2018, at 4:39 PM, Kieltyka, Matt [CORP] <Matt.Kieltyka@vch.ca<mailto:Matt.Kieltyka@vch.ca>> wrote:
>
> Hi Jonny,
>
> Just a quick update. We are working on an IN on this for you, but it is going through our approvals internally first. Will send it over once it is ready to go.

>
> Thanks,
>
> Matt Kieltyka
> Public Affairs Specialist
> Vancouver Coastal Health
> Office: 604.708.5338
> Cell: 604.833.4541
> E: matt.kieltyka@vch.ca<mailto:matt.kieltyka@vch.ca>
>
>
>
> From: Kieltyka, Matt [CORP]
> Sent: Tuesday, February 20, 2018 8:16 AM
> To: Morris, Jonny MMHA:EX
> Cc: Cascaden, Lori R GCPE:EX
> Subject: Re: VCH Confidential Issues Note - Steffanie Georgina-Anne Lawrence
>
> Hi Jonny,
>
> We don't have an IN for this case but let me see if I can get you on this today.
>
> Thanks,
>
> Matt
> Sent from my iPhone
>
> On Feb 19, 2018, at 6:12 PM, Morris, Jonny MMHA:EX
<Jonny.Morris@gov.bc.ca<mailto:Jonny.Morris@gov.bc.ca>> wrote:
> Hi Matthew -
>
> I hope this email finds you well. Lori Cascaden provided your contact information. I'm preparing materials to support a meeting between Minister Judy Darcy and Steffanie Georgina-Anne Lawrence's mother, Brenda Doherty. The meeting takes place on Friday – and I need to have materials ready for review by Wednesday.
>
> Has VCH prepared a confidential issues note that you would be able to share as we prepare the Minister's meeting materials?
>
> Thanks for any help you can provide,
> Jonny
>
> Jonny Morris | Director, Planning & Strategic Priorities Ministry of Mental Health and Addictions
> ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca<mailto:jonny.morris@gov.bc.ca>
>

CONFIDENTIAL ISSUES NOTE

February 21, 2018

Family questions care at Lions Gate Hospital after daughter dies of an apparent drug overdose

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Background

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Key Messages

- We express our sincere sympathies to the family for the loss of their daughter.
- Due to patient confidentiality, we're not able to go into the specifics of the case, but we can assure you the patient's care was reviewed by the Vancouver Coastal Health Patient Care Quality Office and managers of the iYOS and Sea to Sky mental health and substance use services. The results of the review were shared with the patient's family.
- When a youth presents to a hospital emergency department with mental health and substance use concerns, they are assessed by the emergency department physician. If there is a question of whether or not the youth should be admitted due to acute mental health

concerns, the emergency department physician may consider asking for a psychiatrist to assess the youth.

- At Lions Gate Hospital, the Intensive Youth Outreach Services Team may be asked to see the youth and assess them. The iYOS team will do a mental health and substance use assessment, access to collateral information and review the youth's ability to give consent for speaking with parents or a guardian.
- The Mental Health Act clearly stipulates under what conditions a person can be admitted to hospital against their will as it relates to a mental health diagnosis, and if a person does not meet the criteria, they will be discharged.
- Under the current legislation, we cannot force treatment if the client is competent and refusing treatment.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Shannon McCarthy	Director, Mental Health & Substance Use and Ambulatory Care, Coastal Community of Care	604-984-3824
Communications	Matt Kieltyka	Public Affairs Specialist	604-708-5338
Patient involved	Steffanie Georgina-Anne Lawrence		

Creation & revision history	
Feb 21/18	Briefing note created

From:	Morris, Jonny MMHA:EX
To:	Clifford, Kate MMHA:EX
Cc:	Maloughney, Mary Sue MMHA:EX
Subject:	To Send to MO
Date:	Wednesday, February 21, 2018 4:47:27 PM
Attachments:	s.12;s.13

Jonny Morris | Director, Planning & Strategic Priorities
Ministry of Mental Health and Addictions
ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

Safe Care

Briefing Paper prepared by Ministry of Children and Family Development for theChildren's Forum

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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 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.

What is driving the public debate on Safe Care?

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]

In April 2016, the Provincial Health Officer declared a public health emergency due to the significant rise in drug related overdoses and deaths in the province. 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.

Proponents of Safe Care 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. Parents,

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

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.

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.

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. The Ministry of Mental Health and Addictions ~~will~~ will lead the policy research and development related to Secure Care and work with the Ministry of Health (MoH), Ministry of Children and Family Development and the Ministry of Education in drafting the options for consideration by government on next steps. s.13

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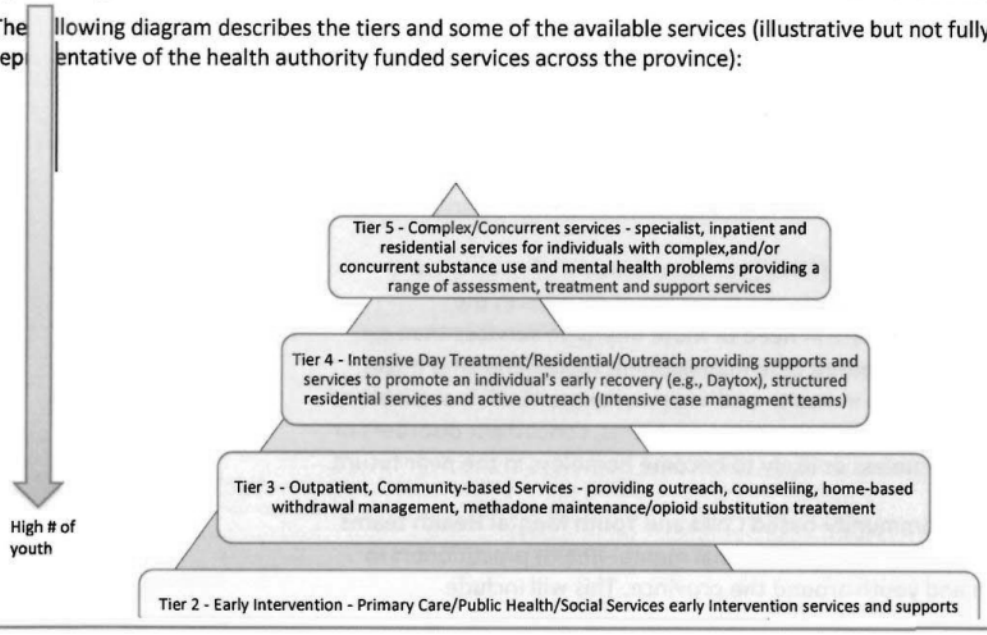
Working with health authorities and health care professionals, school districts and contracted community service providers, MCFD and MoH deliver a continuum of services from health promotion and prevention through early intervention to emergency and acute response and treatment for children and youth 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 are expanding through phased hiring of 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 announced new funding for the creation of 20 new addictions treatment

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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.

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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 2 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.

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The BC Experience

Several times over the past almost two decades, 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.

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. A 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

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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 are being supported by 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 United Nations *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.

The legislative framework would also need to set out minimum and maximum detainment periods. The legal framework should include the possibility of a review of the detainment period. It could also include allowance for leaves from detention for the purpose of receiving treatment in the community and/or for the purpose of supporting transitions from safe care and into the voluntary system of services.

A specific consideration would be whether to use the court or some form of quasi-judicial medical health tribunal for making safe care detainment decisions. The advantages of using the court are that the legal, expert infrastructure is in place across the province. Because courts are busy, special provision may be required to hear safe care applications in a timely way. The more formal court process may also make it more difficult for laypersons to access and participate in the process. Under a Tribunal, it is likely that medical and legal experts and community representatives would be responsible for making decisions. This approach is used currently under the BC *Mental Health Act*. A tribunal process could result in more timely decisions and the less formal process may be more accessible to laypersons. However, time, effort and resources would be necessary if a new tribunal process were to be established, and training may be required for either 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-psychosocial-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.

Appendix - Summary of Safe Care Related Legislation in Canada

Jurisdiction	Legislation	Target Population	Services
Alberta	*Protection of Children Abusing Drugs Act*	Drug addicted children, under 18 years of age	Stabilization, assessment, detox
	Child, Youth and Family Enhancement Act	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
	Protection of Sexually Exploited Children Act	Sexually exploited children, under 18 years of age	Stabilization assessment, specialized programming
Manitoba	*The Youth Drug Stabilization (Support for Parents) Act*	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	*Youth Drug Detoxification and Stabilization Act*	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	*Child and Family Services Act*	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	*Youth Protection Act*	Children who represent a danger to themselves or others	Stabilization assessment, treatment
Nova Scotia	*Child and Family Services Act*	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	*Family Services Act*	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	*Secure Withdrawal Management for Young Persons* (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