Dear [REDACTED]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS 038 2014]

On August 13, 2014, the Department of Health and Community Services received your request for access to the following records/information:

"A copy of briefing notes, information notes, etc. on mental health and addiction facilities being built in the province, including a project update on each of:

- Harbour Grace
- Grand Falls-Windsor
- Paradise."

On August 15, 2014, by way of a telephone conversation, you indicated that your request was for the time period of January 1, 2014 to present.

The Department has reviewed your request in the context of the Act. I am pleased to inform you that access to these records is granted. In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

In addition, the following is an update on each facility:

- **Harbour Grace**

  The Adult Addictions Centre in Harbour Grace is currently under construction by Anchorage Contracting and is scheduled to be completed by March 31, 2015. It is expected that this facility will be operational during the spring of 2015.

- **Grand Falls-Windsor**

  The Youth Treatment Centre in Grand Falls-Windsor was constructed by Bluebird Construction and completed on April 1, 2014. The facility has been operational since June 2014.
Paradise

The Youth Treatment Centre in Paradise was constructed by Eastern Contracting and is expected to be operational in the early fall 2014.

Please be advised that a copy of our response to your request will be published on the Office of the Public Engagement’s website five business days after the response is mailed to you. If you have any further questions, please feel free to contact Cheryl Joy, ATIPP Coordinator, at (709)729-7010, or by email at cheryljoy@gov.nl.ca.

Sincerely,

BRUCE COOPER
Deputy Minister

/cj
/Encl.
In Budget 2009, the Provincial Government invested $1 million to begin planning for the residential treatment facility for youth with addictions and the treatment centre for youth with complex mental health needs. In the past five years, government has invested $17.9 million in new funding for mental health and addictions services in the province.

With the decision for the location of the addictions center happening first, the planning for this center is ahead of the planning for the center for complex mental health needs. However, close partnering is happening with both RHAs to ensure that there is a coordinated approach. An overarching advisory committee will be set up to guide this coordination.

Youth Residential Addictions Treatment Center

After the announcement that this center would be built in Grand-Falls Windsor, Central Health began leading the project. An advisory committee has been set up to guide the work.

A Toronto-based consulting team led by Glen Barnes was selected to develop programming for the new residential treatment centre for youth with addictions. They are responsible for developing the functional program and master plan for the new center.

The consulting team was selected following a Request for Expressions of Interest which was issued by Central Health in June of 2009. The team will submit the final report and master plan to the Central Health, October 23, 2009. The advisory committee will be meeting on October 30 to review this report.

The total cost of the contract is $124,000. Approximately $100,000 has been paid to date.

Construction for this facility is planned to begin in 2010.

The next steps for Central Health will include hiring an architectural agency to develop the design as well as a program manager to develop treatment programming.

Residential Treatment Center for Youth with Complex Mental Health Needs

After the decision that this center would be built on the Northeast Avalon, Eastern Health, collaborating with HCS, became lead for the project.

An advisory group, including all RHAs, met three times over the summer; two of those meetings were facilitated sessions with external experts, Heather Haire from MUN School of Social Work and Dr. Thom Garfat who has his own consulting firm in BC. Both are experts in residential treatment and provided information on this topic to the advisory committee.

Eastern Health has moved forward with obtaining a project lead, Heather Modlin. Heather is currently with Key Assets Foster Care but for the last several years has been the executive director for WayPoints (formerly St. Francis Foundation). Once the functional program and
master plan have been completed for Central Health, this will help guide the work of Eastern Health for the complex needs treatment center.

Renee Ryan
Status Report  
Department of Health and Community Services  
March 31, 2010

Topic: Residential Treatment Center for Youth with Addictions

Issue: To provide a progress report on developing this facility.

Background:

• In Budget 2009, the Provincial Government invested $1 million to begin planning for a residential treatment facility for youth with addictions and a treatment centre for youth with complex mental health needs. In the past five years, government has invested $17.9 million in new funding for mental health and addictions services in the province.

• After it was announced in the 2009 throne speech that the center for addictions needs would be built in Grand Falls-Windsor, Central Health Regional Health authority began leading the project. An advisory committee was established and Glen Barnes and Associates of Toronto were hired to develop master plan and functional program for the new center. The total cost of the contract was $124,000.

Current Status:

• A provincial steering committee has brought the work of Barnes and Associates together with work being done by consultant Heather Modlin of Eastern Health for the youth mental health facility to ensure we have two complementary facilities operating from a similar philosophy to serve the needs of youth in our province.

• Our next steps are to begin site selection and finalize the master plan.

Prepared by:
Adult Addictions Treatment Centre in Harbour Grace
March 2014

- In Budget 2014, $7.0 million was allocated for the redevelopment of the former St. Paul's School in Harbour Grace into an Adult Addictions Treatment Centre.

- On April 8th, 2014 the tender for construction activities related to the development of the centre was awarded to Anchorage Construction at a cost of $4.0M. Occupancy is anticipated in the Winter of 2015.

- The Adult Addictions Treatment Centre will be operated by Eastern Health and will provide 18 additional inpatient beds for male and female residents age 18 and over.

- The average length of stay for those admitted to the treatment centre will be 28 days with extended stays for those who may require it.

- The program will use a holistic approach to treatment and address the individual's physical, social, psychological and spiritual needs through individual, group and family counseling.

- The overall goal of the program is to help clients reduce the risk of relapse and manage their recovery by achieving healthy, balanced lifestyles.

- The Adult Addictions Treatment Centre in Harbour Grace will be staffed 24 hours a day with a staff of 20. During the week days, a team of professionals will be on-site, including an addictions counselor, nurse, social worker, physician, psychologist, occupational therapist and support staff.

- The new Adult Addictions Treatment Centre will be one of two adult addictions treatment centres for this province. The other centre, Humberwood, is located in Corner Brook, NL. Together, these two facilities will enhance addictions services and treatment options available to adults in our province.
SPLASH Centre

- The SPLASH Centre has been using the former St. Paul's School to run their programs for that last number of years. When the Provincial Government made the decision to move forward with using this space for the new adult addictions centre, we committed to helping the Splash Centre find a new location.

- Relevant government departments are working with the Centre to assist and support its move. We expect the SPLASH Centre will need to move in April, 2014.
Youth Treatment Centres Update
March 2014

- The youth treatment centers being constructed in Grand Falls-Windsor (addictions) and Paradise (mental health) will be the first of their kind in Newfoundland and Labrador.

- To date, approximately $9.5M has been spent on the Paradise centre and $11.9M on the Grand Falls-Windsor centre.

- The facility in Grand Falls-Windsor is expected to open in May 2014 and the facility in Paradise is expected to open in September 2014.

- Currently, youth with complex needs who require residential treatment have to leave their homes, family, friends and community and go out of province to get the help they need.

- There has been detailed planning on everything from the types of clinical staff that will work there, to the model of care and programming they will provide and the extensive training they need to receive.

- Both centres will be of a similar design and layout and will accommodate up to 12 young people.

- Each centre will have three separate living quarters including common areas for activities such as school and recreation and space for overnight visiting family.

- Lengths of stay will depend on the needs of the youth. However, the estimated average length of stay for a youth with addictions is three to six months, and 6 to 12 months for youth with complex mental health needs.
• Staffing for these centers will include a combination of child and youth care workers, social workers, psychologists, psychiatrists, occupational therapists, nurses, recreation specialists, addictions counselors, and teachers; as well as a music therapist and art therapist

• Both regional health authorities have their staff hired and are currently engaging in an extensive training program.
Decision / Direction Note
Department of Health and Community Services

Title: Re-profiling one-time expenses associated with the start-up of the two youth residential treatment centres.

Decision / Direction Required: Whether to re-profile a portion of the 13/14 operating budget to support one-time expenses associated with the start-up of the two youth treatment centres.

Background and Current Status
- In Budget 2009, the Provincial Government invested $1 million to begin planning for a residential treatment facility for youth with addictions and a treatment centre for youth with complex mental health needs.
- Construction on the two youth treatment centers is advancing and both centers will be ready to open in the coming months. It is anticipated that the Grand Falls-Windsor centre will be opened in May 2014, and the Paradise centre will be opened in September 2014.
- All staff have been hired for both centres and are currently completing a comprehensive training program.
- A decision is now required to re-profile a portion of the 2013-14 unused operating budget for the Youth treatment Centre in Paradise, to support one-time expenses associated with the start-up of the centre which include:
  - $16,741.69 for leased space
  - $118,900.00 in additional costs for furniture and equipment
  - $50,000.00 for copper ionization and;
  - $19,000.00 for Aboriginal Training for both centres
- For a total of $204,641.69 one-time costs
- A decision is also required to re-profile a portion of the 2013-14 unused operating budget for the youth treatment centre in Grand Falls-Windsor, to support one-time expenses associated with the startup of the centre which include:
  - $210,100.00 in additional costs for furniture and equipment
  - $4,675.00 for Aboriginal Training
- For a total of $214,775.00 one-time costs

The required amount to be re-profiled from 2013-14 operating budget is broken down as follows:
- Paradise site:
  - Leased Space
    - All staff of the Paradise Youth Treatment Centre will be in place by January 6, 2014, in order to participate in a three (3) month training program that has been developed to prepare for opening of the youth treatment centre program in Spring 2014.
    - In a previous letter to HCS on December 12, 2013, Eastern Health requested money for lease and telephone for five (5) months. Due to the
fact that the facility is now not expected to be ready for occupancy until approximately July 2014, EH will be required to lease office and training space to accommodate this staff group for seven (7) months.

- The cost associated with this is $1,991.67 per month for a total of $13,941.69, plus anticipated cost for cell phones in lieu of landlines at this temporary site of $2,800 for seven (7) months (based on estimate from EH), for a total requirement of $16,741.69 for leased space.

  o Training
    - As per the recommendation of the Provincial Steering Committee, Eastern Health has engaged a trainer contracted by Nunatsiavut Government to provide two (2) days of training on Intergenerational trauma among the Inuit of Labrador.
    - Eastern Health is requesting that a portion of the 2013-14 unused operating budget for the youth treatment centre be re-profiled to support Aboriginal training for Youth Treatment Centre staff.
    - The total cost associated with Aboriginal Training for both sites is $19,000.

- Grand Falls-Windsor site:
  o Aboriginal Training
    - Central Health has engaged Kanani Davis from Sheshatshiu to provide two (2) half day training sessions on Aboriginal Awareness.
    - Central Health is requesting that a portion of the 2013-14 unused operating budget for the youth treatment centre be re-profiled to support Aboriginal training for Youth Treatment Centre staff.
    - The total cost associated with the Aboriginal training for both sites is $4,675.00.

Recommendation: It is recommended that the Department of Health and Community Services re-profile a portion of the 2013-14 unused operating budget to support one-time expenses associated with the start-up of the two youth treatment centres in the total amount of $204,641.69 for the Paradise site and a total of $214,775.00 for the Grand Falls-Windsor site.

Prepared by: Nikki Parsons/Colleen Simms
Date: March 10, 2014

Assistant-Deputy-Minister

Date: March 31, 2014

Deputy Minister or Designate

Date: April 6, 2014
Decision / Direction Note
Department of Health and Community Services

Title: Naming of the two youth residential treatment centres

Decision / Direction Required: Approval is required regarding the naming process for the two provincial youth treatment centres

Background/Current Status
- In Budget 2009 the Government of Newfoundland and Labrador announced the construction of two residential treatment centres for youth aged 12 to 18 years with complex mental health and addictions issues.
- It is expected that the Grand Falls-Windsor centre will be ready to accept their first client in June 2014, and the Paradise centre will be ready to accept clients in September 2014.
- In February 2014, the process for determining a name for the youth treatment centres, which did include minimal community consultation, was not approved. Instead, the Department provided direction to Central Health and Eastern Health to develop a plan for a collaborative and community engagement approach to develop options for a name and then return with options for consideration.
- The direction provided from the Department was that full community engagement— including schools, the public, etc. will provide an opportunity to profile the centers and decrease stigma associated with the issues they are designed to address.
- Both Eastern Health and Central Health have submitted a process for naming the two youth treatment centres.
- While the new names for the treatment centers will not be ready for when the regions accept their first clients in June and September, the naming process may be highlighted as part of future news releases or the official openings for the centres, when these details are determined.

Proposed Naming Process for the Youth Residential Treatment Centres in Paradise and Grand Falls- Windsor (Please see attached submissions)

- Submissions will be elicited from stakeholders, targeted community groups such as Canadian Mental Health Association, Choices for Youth, Waypoints etc., schools in the immediate areas and youth serving agencies such as local mental health and addictions counselors.
- Information about each centre will be circulated to stakeholders with a request to submit name suggestions. Information will include the population to be served by the program, the intent to come up with a name that is hopeful and provides a positive representation of the supportive and meaningful work that will be happening at the centre, and most especially, the potential of the youth and their resilient nature.
- Youth treatment centre staff will work with community partners to ensure required information is disseminated within the region
- Both Eastern and Central Health plan to use social media, local newspapers and/or newsletters to elicit suggestions for names for each centre.
Eastern and Central Health

- Will consult with the following:
  - mental health and addictions stakeholders, including the Canadian Mental Health Association and other relevant mental health and addictions community organizations, municipalities and youth serving agencies;
  - YTCs local advisory committee
  - Youth with experience and their families
  - High school students;
  - Staff of the youth treatment centres;

- Will elicit name through:
  - Posting on their websites
  - Using social media
  - Email, newsletters and Canada Post will be used to connect with local community groups, schools and youth serving agencies;
  - Local news paper

- All suggestions will be reviewed by a committee comprised of central and eastern health management and designated community members and youth treatment centre staff. Entries will be narrowed down to the top three submissions. These suggestions will then be forwarded to the Department of Health and Community Services for consideration.

Recommendation:

- It is recommended that the Department of Health and Community Services approve the processes developed by Eastern Health and Central Health to guide the naming process for the two youth treatment centres.

Prepared/Approved by: Nikki Parsons/Colleen Simms
Deputy Minister Approval: 
Ministerial Approval: May 6, 2014
**Information Note**  
Department of Health and Community Services

**Title: Grand Falls-Windsor Youth Treatment Centers Update**

**Issue:** To provide an update on the key components of the youth treatment centre for addictions that must be finalized in order to open and ensure the centre is in a state of readiness.

**Background and Current Status:**

- The facility in Grand Falls-Windsor is expected to open in June 2014
- In order to open the following must be addressed/finalized:
  - Building Commission
    - DTW has issued substantial completion on the building and central health now has ownership
  - Staff Hired
    - All the staff were hired in November 2013
  - Training
    - An extensive training schedule has been developed.
    - To date $131,400 has been spent on training for the GFW centre.
    - Training started in November 2012 and has been ongoing.
  - The table below outlines the training that has been complete to date:

<table>
<thead>
<tr>
<th>Training is almost complete with a few minor items left.</th>
<th>MHAS/YTC orientation</th>
<th>LGBTQ-Creating Safe Spaces</th>
<th>Compassion Fatigue/Boundaries</th>
<th>DSM overview/Concurrent Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance-induced psychosis</td>
<td>CASEY</td>
<td>Foundational CYC information session</td>
<td>FASD</td>
<td>GAIN overview</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>Suicide Intervention (ASSIST)</td>
<td>ASSITS Straight Talk for Youth</td>
<td>Virtues Project</td>
<td>Fundamentals of Addiction/Symptoms of Withdrawal Management</td>
</tr>
<tr>
<td>Transgender Presentation</td>
<td>CSRS/Disclosure/SBAT</td>
<td>Training on relevant acts (Duty to report, MHCTA, OHS act)</td>
<td>Working Alone, safety checklists, suicide assessment tools</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Therapeutic Crisis Intervention (TCI)</td>
<td>CRMS/Policy Review</td>
<td>Daily Life Events</td>
<td>Trauma Informed Practice</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>Family Functions</td>
<td>Natural Consequences</td>
<td>Anxiety and Depression in</td>
<td>ACRA Overview</td>
<td>Common Medications</td>
</tr>
</tbody>
</table>

---

**Table:**

<table>
<thead>
<tr>
<th>Substance-induced psychosis</th>
<th>MHAS/YTC orientation</th>
<th>LGBTQ-Creating Safe Spaces</th>
<th>Compassion Fatigue/Boundaries</th>
<th>DSM overview/Concurrent Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance-induced psychosis</td>
<td>CASEY</td>
<td>Foundational CYC information session</td>
<td>FASD</td>
<td>GAIN overview</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>Suicide Intervention (ASSIST)</td>
<td>ASSITS Straight Talk for Youth</td>
<td>Virtues Project</td>
<td>Fundamentals of Addiction/Symptoms of Withdrawal Management</td>
</tr>
<tr>
<td>Transgender Presentation</td>
<td>CSRS/Disclosure/SBAT</td>
<td>Training on relevant acts (Duty to report, MHCTA, OHS act)</td>
<td>Working Alone, safety checklists, suicide assessment tools</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Therapeutic Crisis Intervention (TCI)</td>
<td>CRMS/Policy Review</td>
<td>Daily Life Events</td>
<td>Trauma Informed Practice</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>Family Functions</td>
<td>Natural Consequences</td>
<td>Anxiety and Depression in</td>
<td>ACRA Overview</td>
<td>Common Medications</td>
</tr>
</tbody>
</table>

---

12
<table>
<thead>
<tr>
<th></th>
<th>BLS</th>
<th>Medication Module</th>
<th>First Aid</th>
<th>Group Facilitation</th>
<th>DBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for Caregivers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personalities and Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The following table outlines what training is left to be complete. Training was temporarily put on hold due to staff being busy moving furniture and equipment into the building. The move started April 14th, training will pick back up once all the furniture and equipment has been moved in and set up.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Referral forms/Referral Process
  - The referral packages have been finalized and the request for referrals was sent out May 2, 2014
  - GFW anticipate their first client in June
Communications with other regions

- Referral forms were sent to each regional health authority to review and provide feedback.
- A Provincial Admissions Committee will review all referrals to the youth treatment centres in Eastern Health and Central Health.
- The committee will ensure that a youth referred to either of the two centres meet eligibility criteria and that the programs offered at the centres are appropriate to meet the needs of the youth. Further, the committee will decide which facility will best meet the needs of each referred youth based on their primary identified issues of concern.
- The admissions committee is comprised of the managers of the two treatment centers and the intake staff from each centre.

Policies

- The two youth treatment centres are meeting the first week of May to finalize the policies before going through the final approval process.
- Central health’s approval process requires that all policies are signed off by the regional director of mental health and addictions.

The table below outlines the policies that have been finalized:

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Organizational Chart</th>
<th>Vision Statement</th>
<th>Philosophy of Care</th>
<th>Evaluation – Process, Outcome and Impact</th>
<th>Staff Training and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis Screening</td>
<td>Screening for Infectious Diseases</td>
<td>Self-Injurious Behavior</td>
<td>Suicide Prevention and Intervention</td>
<td>Support Following Disclosure of Child Maltreatment</td>
<td>Therapeutic Crisis Intervention</td>
</tr>
<tr>
<td>After Hours/On-Call Protocol</td>
<td>GAIN ABS</td>
<td>Inter-professional Communication</td>
<td>Upopolis</td>
<td>Aftercare</td>
<td>Discharge Planning</td>
</tr>
<tr>
<td>Family Engagement</td>
<td>Inter-agency Transfer</td>
<td>Orientation of Youth and Families</td>
<td>Re-Admission</td>
<td>Referral Criteria</td>
<td>Referral Process</td>
</tr>
<tr>
<td>Self-Discharge</td>
<td>Wait List Management and Support</td>
<td>Dental Care</td>
<td>Diabetes Management</td>
<td>Emergency Medical Care</td>
<td>Head Injury Protocol</td>
</tr>
<tr>
<td>Medical Care – Routine</td>
<td>Medication Administration</td>
<td>Nutrition</td>
<td>Allowance Program</td>
<td>Bed Checks – Routine</td>
<td>Biohazardous Waste – Clean Up</td>
</tr>
<tr>
<td>Bullying – Care/Gift</td>
<td>Contact with Discipline</td>
<td>Dress Code</td>
<td>Funding for</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The table below outlines the policies that are not yet finalized however, most of the policies are in the final stages of development.

<table>
<thead>
<tr>
<th>Building Security</th>
<th>Personal Security Device</th>
<th>Infection Control</th>
<th>Transportation of Youth</th>
<th>CYC Clinical Supervision</th>
<th>Daily Shift Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Process</td>
<td>Methadone</td>
<td>Pregnancy – Care Considerations</td>
<td>Seizure Protocol</td>
<td>Urine Drug Testing</td>
<td>Community Access</td>
</tr>
<tr>
<td>Medication Security/Narcotic Keys</td>
<td>Sexual Contact</td>
<td>Referral Criteria &amp; Process – WM</td>
<td>Withdrawal Management – Monitoring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Furnishing and equipment
  - All the furnishings and equipment have been purchased
- Final preparations
  - Furniture and equipment is in the process of being moved into the building.
  - Paradise staff are attending meetings in GFW next week, during their stay they plan to stay overnight at the centre. This is not considered the official “dry run” however, they will use the appliances to ensure they work and they plan to test the security system to ensure that it up and running.
  - The principle, Marian Rose of the Paradise centre has been assigned to support teachers in the GFW centre. Marian is also attending the meeting next week and will get the opportunity to engage with the teachers in the GFW centre.
  - A webinar is scheduled for May 12th to provide frontline staff in the regions with information regarding the referral process and the treatment centre programming.

Prepared/Reviewed By: Nikki Parsons
Approved By:
Date: May 2, 2014
Paradise Youth Treatment Centre  
June 2014

- The youth treatment center in Paradise will focus on complex mental health issues and, like the centre in Grand Falls-Windsor for addictions, will be the first of its kind in Newfoundland and Labrador.

- To date, approximately $9.5M has been spent on the Paradise centre. Upon completion approximately $12.6M will have been spent each of the centres.

- The facility in Paradise is expected to open in September 2014. The manager for the centre is Susan MacLeod.

- There has been detailed planning on everything from the types of clinical staff that will work there, the model of care and programming and the extensive training they need to receive.

- Lengths of stay will depend on the needs of the youth; however, the estimated average length of stay for a youth with complex mental health needs is 6 to 12 months.

- Staffing for both centers will include a combination of child and youth care workers, social workers, psychologists, psychiatrists, occupational therapists, nurses, recreation specialists, addictions counselors, and teachers; as well as a music therapist and art therapist.

- All staff have been hired and have been participating in an intensive training program including cultural awareness and sensitivity training as well as cross generational trauma training from Inuit and Innu trainers.

- Each centre will have three units of 4 beds for a total of 12 beds. In each treatment center there will be one 4-bed secure unit that will be locked and youth in these units will not be permitted to leave without supervision.

- Legislation is required to protect the rights of youth within these units and regulate operations. Legislation for secure treatment and secure withdrawal management for young people in these units will be drafted this summer.

- The Department has hired an external consultant to facilitate consultation sessions for stakeholders to provide input and ensure the drafting process for the legislation is informed by experts throughout the province.

- Consultations are scheduled to begin in St. John's next week. Consultations will be held in Corner Brook, Grand Falls-Windsor, Goose Bay, Nain, Sheshatshiu.
Title: Secure Treatment and Secure Withdrawal Management Consultations

Issue: To provide an update on the current status of the targeted consultations for youth secure treatment and secure withdrawal management.

Background and Current Status:
- On June 10, 2014, the Department of Health and Community Services received approval from The Premier's Office to move forward with the planning of consultations with mental health and addictions' stakeholders to inform the development of legislation respecting secure treatment and secure withdrawal management in youth residential treatment.
- The consultation sessions are being facilitated by Heather Modlin, Executive Director, Key Assets. Besides her expertise in child and youth care, in 2011 Ms. Modlin developed the functional program for the Paradise youth treatment center with Eastern Health. The consultation process is being overseen by an advisory group comprised of the managers and directors for the two youth treatment centers, mental health and addictions division staff, the consultant and a representative from CYFS.
- The target audience for these consultations were specific rather than broad and included the following:
  - Internal government departments
  - Regional health authorities
  - Mental health and addictions' stakeholder groups and organizations
  - Aboriginal governments and groups
  - Professional associations
  - Youth with mental health and/or addiction issues and their families
- Heather conducted phone interviews with out of province expert informants in April and reviewed similar legislation from other provinces. The powerpoint deck for the consultations was then developed with questions on the following components:
  - Assessment/Admission Criteria
  - Application Process
  - Emergency Admission
  - Length of stay
  - Rights of the Youth
  - Leave of absence
  - Amendment of Treatment Order
  - Duties of a Peace Officer
  - Privacy
- Consultations sessions have been attended by Nikki Parsons and student Alli Dawe for note taking, along with Colleen Simms (most sessions). Gerrie Smith has also attended several of the St. John's sessions.
- Following the first two sessions in St. John's, feedback from the Policy and Planning Division indicated the sessions may be leading participants too much. As well, although
participants were given the deck with the consultation questions prior to each session, it was thought that more information should be provided to ensure the complex subject matter is understood. This led to the following improvements:

- Revising the questions and restructuring the order of slides to ensure participants provided feedback both before and after reviewing legislation in other provinces, as opposed to seeing the other legislation first.
- Providing a background document and an introduction to ensure participants have adequate background information.

- Seven sessions have been held in St. John’s, two in Corner Brook and one each in Goose Bay and Nain. Of the 11 sessions held, one was dedicated to the Department of Child, Youth and Family Services. The following represents the key findings so far:
  - Who should be able to apply for an order for secure treatment/secure withdrawal management?
    - Several options have been discussed. Most participants are in favor of the application being filtered through the treatment centre manager/clinical team. The application could originate in the community with a mental health or addictions professional. Most participants believe that this should be a team effort, with all professionals and parents/guardian involved in the initial decision to make an application for secure treatment/withdrawal management.
  - Who can issue a secure treatment/secure withdrawal management order
    - Options that have been put forward include a doctor/psychiatrist, treatment centre manager/clinical team, independent panel/committee, or a judge. The majority of participants have recommended that a judge needs to be involved in this decision because it involves taking away the rights of young people. However, some have indicated that because these are treatment decisions, they should be issued by health professionals, similar to the mental health care and treatment act.
  - Transportation:
    - How should young people be transported to the program, and what will be the role of the police? It is generally agreed that there will be a significant role for the police with regard to apprehending and transporting young people to the facilities. The questions that have arisen are: should the police be used to transport all young people, or just as a last resort when there are clear safety issues? How will young people who are going to secure withdrawal management be safely transported over long distances? (e.g., if they are coming from Labrador and get held up due to weather where should they be safely detained)
  - Rights of the young people
    - All participants have been in agreement that the rights of young people must be protected and there must be a review and appeal process in place in the legislation for both programs. Rights of parents/guardians also have to be considered and how the legislation will address parental consent for those youth under 16.
  - Privacy
Providing care and treatment to youth who may need a secure treatment or secure withdrawal management order will require the sharing of information from several government agencies such as CYFS, HCS, Justice, etc. Privacy considerations will need to be determined in light of current PHIA and other legislation. It needs to be determined how this legislation will work with privacy and How will this new legislation supersede current legislation?

- The DHCS has two consultations scheduled in Grand Falls Windsor for July 10 and the last session scheduled is with the Office of the Child and Youth Advocate on July 23.

Next Steps:
- Ms. Modlin will prepare a report with findings and recommendations for each provision in the legislation and report the findings and draft recommendations to the advisory committee in a PowerPoint presentation.
- Policy and planning representatives will be invited to join the advisory group to review and provide feedback and then a final report will be prepared in both hard copy and electronic format of the consultation process, findings and recommendations.
- It is anticipated that the drafting of the legislation will begin in August and the draft Bill will be introduced in the House of Assembly in the fall.

Prepared / Approved by: Nikki Parsons/Colleen Simms

July 9, 2014
Information Note
Department of Health and Community Services

Title: Secure Treatment (for youth with complex mental health issues) and Secure Withdrawal Management (for youth with addictions) Consultations.

Issue: To provide an update on the current status of the targeted consultations for youth secure treatment and secure withdrawal management.

Background/Current Status:

- In Budget 2009 the Government of Newfoundland and Labrador announced the construction of two residential treatment centres for youth aged 12 to 18 years.
- A 12 bed treatment centre for youth with complex mental health issues is located in Paradise and will accept clients in September. A 12 bed treatment center for youth with addictions issues is located in Grand Falls-Windsor and is accepting clients now.
- Both treatment centres are similar in design and each centre has common areas for school and recreation, as well as three living areas: two non-secure units with four beds each and one secure unit with four beds.

Secure Unit

- A secure unit offers a safe environment where youth are protected from physical and/or self-harm. The 4 bed secure unit in each centre will be locked and youth will not be permitted to leave without supervision. Youth in need of a secure setting have generally demonstrated a pattern of high at-risk behavior as a result of substance abuse and/or complex mental health issues. These youth are involved in dangerous activities including frequent running away from parents/guardians, violence, indiscriminate substance use and/or sexual activity which may increase their risk for sexual exploitation, physical harm to self or others, overdose and/or death.
- While the main purpose of the secure units in both centres is to provide safety and containment, there are significant differences in how each unit will operate, based on individual need and whether the youth requires treatment primarily for mental health or addictions issues.

Secure Treatment

- At the Paradise Centre, the secure unit will be dedicated to providing secure treatment to youth with an array of complex mental health issues. These issues may include self-injury, depression, anxiety, conduct disorder, or attachment problems along with other complex issues and needs. Youth on the secure treatment unit will not be permitted to leave the unit without supervision; however, they will participate in the same programming and activities, attend the same in-house school and engage with the same staff as students in the non-secure units. The secure design keeps youth from running away, thereby stopping the cycle of destructive behavior and providing the opportunity for youth to settle their chaotic lifestyles and stay in one place for a therapeutic intervention.

Secure Withdrawal Management

- The secure unit in the addictions center in Grand Falls-Windsor will admit youth for secure withdrawal management. These youth are refusing or are unable to stop taking
drugs/alcohol and as a result are at risk of endangering their health and safety. In this secure unit, youth will also be kept from running away. They will be safely detained within the secure unit and provided a comfortable place and medical assistance as necessary for them to safely withdraw from drugs/alcohol. Secure withdrawal management includes a set of interventions aimed at managing acute intoxication and withdrawal leading to transition to a non-secure unit or back into the community with a treatment plan. Youth undergoing secure withdrawal management will not be participating in the general programming within the treatment centre due to the intensity of the withdrawal process.

- Each centre will have a secure unit, therefore requiring legislation. Legislation is required to ultimately protect the rights of the youth, regulate the operation of the secure units and ensure there are standard guidelines for admissions and treatment.

Consultation Sessions

- On June 10, 2014, the Department of Health and Community Services received approval from the Premier’s Office to move forward with the planning of consultations with mental health and addictions’ stakeholders to inform the development of legislation respecting secure treatment and secure withdrawal management in youth residential treatment.

- The consultation sessions are being facilitated by Heather Modlin, Executive Director. Key Assets. Besides her expertise in child and youth care, in 2011 Ms. Modlin developed the functional program for the Paradise youth treatment center with Eastern Health. The consultation process is being overseen by an advisory group comprised of the managers and directors for the two youth treatment centers, mental health and addictions division staff, the consultant and a representative from CYFS.

- The target audience for these consultations were specific rather than broad and included the following:
  - Internal government departments
  - Regional health authorities
  - Mental health and addictions’ stakeholder groups and organizations
  - Aboriginal governments and groups
  - Professional associations
  - Youth with mental health and/or addictions issues and their families

- Ms. Modlin conducted phone interviews with out of province expert informants in April and reviewed similar legislation from other provinces. The powerpoint deck for the consultations was then developed with questions on the following components:
  - Assessment/Admission Criteria
  - Application Process
  - Emergency Admission
  - Length of stay
  - Rights of the Youth
  - Leave of absence
  - Amendment of Treatment Order
  - Duties of a Peace Officer
  - Privacy
Consultation sessions have been attended by Nikki Parsons and student Alli Dawe for note taking, along with Colleen Simms (most sessions). Karen Stone attended one session in St. John's and Gerrie Smith has also attended several of the St. John's sessions.

Following the first two sessions in St. John's, feedback from the legislative consultant indicated the sessions may be leading participants too much. As well, although participants were given the deck with the consultation questions prior to each session, it was thought that more information should be provided to ensure the complex subject matter is understood. This led to the following improvements:

- Revising the order of the slides in the presentation to allow for questions to be posed to participants prior to showing them what legislation exists in other provinces. This ensures we receive feedback on their initial considerations without being influenced by legislation in other provinces.
- Providing a background document and an introduction to ensure participants have adequate background information.

Seven sessions have been held in St. John's, two sessions in Corner Brook, two sessions in Grand Falls-Windsor and one session each in Goose Bay and Nain. Of the 13 sessions held, one was dedicated to the Department of Child, Youth and Family Services. The following represents the key findings so far:

- Who should be able to apply for an order for secure treatment/secure withdrawal management?
  - Several options have been discussed. Most participants are in favor of the application being filtered through the treatment centre manager/clinical team. The application could originate in the community with a mental health or addictions professional. Most participants believe that this should be a team effort, with all professionals and parents/guardian involved in the initial decision to make an application for secure treatment/withdrawal management.
- Who can issue a secure treatment/secure withdrawal management order?
  - Options that have been put forward include the treatment centre manager/clinical team, an independent panel/committee chaired by a lawyer with clinical representation, or a judge. Many participants have recommended that a judge needs to be involved in this decision because it involves taking away the rights of young people. However, others have indicated that because these are time limited treatment decisions, these orders should be issued by health professionals, similar to the mental health care and treatment act.
- Transportation:
  - The issue of transporting youth to the centres poses challenges. The main concern is ensuring the safety of youth (who are refusing treatment) along with where and how to detain youth after the order is issued if the transportation is delayed due to weather or other reasons. Most participants agree that emergency orders will not be considered, that is, orders for secure withdrawal management or secure treatment will be planned over one or two days. While this will limit the number of times transportation will be carried out in bad weather, weather may still play a factor in planned travelling from rural communities. While most agreed that there will be a significant role for the police with regard to apprehending and transporting young people to the facilities, many participants expressed great concern about the added trauma
this will bring to already traumatized youth. Further analysis of this issue will be required. Some participants expressed that ambulance transportation should be used; particularly for youth who may experience withdrawal symptoms while being transported.

Rights of the young people

- All participants agree that the rights of young people must be protected and there must be a review and appeal process in place in the legislation for both programs. Rights of parents/guardians also have to be considered and how the legislation will address parental consent for those youth under 16. The Office of the Child Youth Advocate will be consulted on July 23 and provisions for protection of rights will be fully explored with them.

Privacy

- Providing care and treatment to youth who may need a secure treatment or secure withdrawal management order will require the sharing of information from several government agencies such as CYFS, HCS, Justice, etc. Privacy considerations will need to be determined in light of current PHIA and other legislation. It needs to be determined how this legislation will work with privacy and whether this new legislation will supersede current legislation.

Emergency Room Issues

- In Grand Falls Windsor, staff from the youth treatment center discussed the need for close collaboration with the ER physicians and staff because youth may require medical clearance during their detox. The Paradise youth treatment center will also need to work closely with the Janeway ER. The Sixteen report from the Office of the Child Youth Advocate was referenced as there are recommendations in there for the Emergency Rooms and mental health and addictions staff regarding the care and treatment of youth with mental health and addictions issues.

- DHCS has its last session scheduled with the Office of the Child and Youth Advocate on July 23.

Next Steps:

- Ms. Modlin will prepare an interim report by end of July with findings and recommendations for each provision in the legislation. This will be presented to the advisory group to the consultations in a PowerPoint presentation.
- Policy and planning representatives will be invited to join the advisory group to the consultations to review and provide feedback and then a final report will be prepared in both hard copy and electronic format of the consultation process, findings and recommendations.
- Gerri Smith, Consultant in the Policy and Planning Division will review privacy implications.
- The mental health and addictions division will organize meetings between ER and mental health and addictions staff at Central Health and Eastern Health to review what we heard at the consultations and engage both groups in Central Health and Eastern Health to begin planning how to provide care and treatment for these youth together.
The Division will also organize a meeting with the Mental Health Care and Treatment Act (MHCTA) stakeholders to review how this new legislation will interface in practice with the MHCTA.

The drafting of the legislation will begin in August and the draft Bill will be introduced in the House of Assembly in the fall.

Prepared / Approved by: Nikki Parsons/Colleen Simms
July 11, 2014
Youth Treatment Centres Update

- The youth treatment centers being constructed in Grand Falls-Windsor (addictions) and Paradise (mental health) will be the first of their kind in Newfoundland and Labrador.

- Currently, youth who require the level of treatment that these facilities will provide have to leave their homes, family, friends and community and go out of province to get the help they need.

- Both centres will be of a similar design and layout and will accommodate up to 12 individuals.

- Each centre will have three separate living quarters, including dedicated space for youth who require secure treatment.

- Lengths of stay will depend on the needs of the youth. However, the estimated average length of stay for a youth with addictions is three to six months, and six to 12 months for youth with complex mental health needs.

- Tender for construction of both facilities was awarded in May 2012.
  - GF-W – Bluebird Investments Ltd. ($10.6M)
  - Paradise – Eastern Contracting Ltd ($10.3M)
• Construction on both projects is advancing with no significant issues/delays.

• Anticipated occupancy: Fall 2013

• In Budget 2012, we invested $15.5 million for the continued development of the youth treatment centres, as well as the adult addiction treatment centre in Harbour Grace.
Harbour Grace Addictions Centre
Key Messages

- Enhancing mental health and addictions services remains a strong focus of this government and I am pleased to see the Adult Addictions Centre in Harbour Grace moving forward to its next stage of development.

- Over the past four years we have invested approximately $43 million to enhance mental health and addictions services throughout the province.

- In Budget 2013 we are investing $8.4 million for the adult addictions centre in Harbour Grace.

- Homewood Health Centre of Guelph, Ontario has developed the functional program and space plan and will provide the initial clinical management of the facility. The contract is worth nearly $1.7 million.

- Homewood Health Centre is a fully-accredited national leader and centre of excellence for addictions and mental health treatment.

- The Department of Health and Community Services uses the Homewood Health Centre as one of our main treatment facilities when referring adults with mental health and/or addiction problems out-of-province for treatment.

- Homewood Health Centre brings the expertise of a full team of health care providers who specialize in addictions treatment to the facility.

- As part of the contract, Homewood Health Centre worked with Eastern Health on a functional program and space plan for the facility and they will develop a training program for staff, and an evaluation framework for the centre.

- Additionally, they will provide the clinical management for the first 18 months of operation. The facility will be located in the former St. Paul’s School in Harbour Grace.
- Eastern Health has benefited from the wealth of experience and expertise that exists within the Homewood Health Centre and at the end of the contract will be able to continue this specialized level of addictions treatment into the future.

- We recognize that we need to enhance mental health and addictions services in our province.

- By moving forward with this residential treatment centre in Harbour Grace, adults with addictions issues will have another option for addictions treatment within the province. The treatment centre will be available to both male and female adults with addictions issues and will be beneficial for residents in all areas of the province.

- This new treatment facility will complement the services currently provided at Humberwood, a three-week residential addictions treatment centre operated by Western Health in Corner Brook which provides effective treatment for individuals with addictions issues.

Questions and Answers

1. **Why is Eastern Health contracting the management of this facility to an out-of-province group? Doesn’t the province trust that Eastern Health can handle this project?**

   This is not a matter of not having faith in the capabilities of Eastern Health – we do and there are a lot of highly skilled mental health and addictions staff that are dedicated to enhancing programming in our province. This is about making sure we have the best adult addictions centre we can in this province, one that utilizes the best practices and draws on the expertise of people in the mental health and addictions field.

   Homewood is recognized as a leader in providing this kind of care and we are pleased to be working with them on this project. Homewood has worked with Eastern Health to develop a functional program and space plan for the facility; they will develop a training program for staff, and an evaluation framework for the centre. They will also provide the clinical management for the first 18 months of operation.
After the duration of the contract, staff with Eastern Health will have had the benefit of the expertise Homewood can offer and will be in a position to provide the best practices in this field. This will be a significant benefit to clients and the overall mental health and addictions services in this province.

2. Once this centre is open will you still need to transfer people out of the province to Homewood for treatment?

Once the centre in Harbour Grace is open, along with the youth treatment centres in Grand Falls-Windsor and Paradise, we will have significantly increased our capacity for in-province treatment. We are committed to investing to enhance treatment options for Newfoundlanders and Labradorians.

We will still need to occasionally avail of out-of-province services, like Homewood, depending on the complexity and number of cases we see in this province that require treatment.

3. How much money does the province spend a year on out-of-province treatment for people with addictions issues? How many people are typically referred out-of-province a year?

During 2012/13, we supported 11 adults in out-of-province addictions treatment at a cost of $224,268. In the past four years the Provincial Government has spent $1.6 million for 76 adults to receive addiction treatment services out-of-province. Of those 76, 29 went to Homewood.

4. When will the Harbour Grace facility open?

Eastern Health and Homewood developed the functional plan, programming requirements and space plan for the Harbour Grace facility. The next phase will be to begin capital renovations on the existing building. At that time we will be in a better position to talk about the date for opening.
Needless to say, this is a priority for this government and we will work with Eastern Health and Homewood to move this project along as quickly as possible.

5. Are you still hearing concerns from the people of Harbour Grace about the location of this facility?

We are thankful to the residents of Harbour Grace and surrounding areas for their continued support of this project. We held a consultation session in Harbour Grace at the beginning of the project and we were overwhelmed by the support.

We do certainly recognize that some people may still have concerns; however Eastern Health and Homewood are more than willing to provide information on the centre and dispel any fears that may still exist.
Youth Treatment Centres Update

- The youth treatment centers being constructed in Grand Falls-Windsor (addictions) and Paradise (mental health) will be the first of their kind in Newfoundland and Labrador.

- Construction on both projects is advancing with no significant issues/delays. It is expected that both will be open in 2014.

- Ensuring that two youth treatment centers provide what our youth really need is more than just bricks and mortar.
  - There has been detailed planning on everything from the types of clinical staff that will work there, to the model of care and programming they will provide and the extensive training they need to receive.

- Currently, youth who require the type of treatment that these facilities will provide have to leave their homes, family, friends and community and go out of province to get the help they need.

- Both centres will be of a similar design and layout and will accommodate up to 12 individuals.

- Each centre will have three separate living quarters, including dedicated space for youth who require secure treatment.

- Lengths of stay will depend on the needs of the youth. However, the estimated average length of stay for a youth with addictions is three to six months, and 6 to 12 months for youth with complex mental health needs.
• Tender for construction of both facilities was awarded in May 2012.
  o GFW – Bluebird Investments Ltd. ($10.6M)
  o Paradise – Eastern Contracting Ltd ($10.3M)

• Staffing for these centers will include a combination of child and youth care workers, social workers, psychologists, psychiatrists, occupational therapists, nurses, recreation specialists, addictions counselors, and teachers; as well as a music therapist and art therapist

• Both regional health authorities have their program manager hired and are engaged in the hiring of clinical staff; and the development of policy and training programs for staff.

• In Budget 2013, we invested $6.5 million for the youth treatment centre in Paradise; and $4 million for the youth treatment centre in Grand Falls-Windsor.
Information Note
Department of Health and Community Services

Topic: Treatment Center for Youth with Addictions (Grand Falls- Windsor) and Treatment Center for Youth with Complex Mental Health Needs (Greater St. John’s area)

Issue: To provide a progress report on the development of the two centers

Background

- In Budget 2009, the Provincial Government invested $0.5M to begin planning for a residential treatment facility for youth with addictions, and $0.5M to begin planning for a residential treatment facility for youth with complex mental health needs. (Total Budget approval of $5M for the planning/design/construction of the Centers.)

- 2009 Throne Speech announced that the center would be built in Grand Falls-Windsor (GFW). Central Health (CH) established a regional advisory committee and Glen Barnes and Associates of Toronto were hired to develop the master plan and functional program for the new center.

- In August 2009, officials at Eastern Health (EH) were asked to move forward with plans for the youth mental health facility for the northeast Avalon. At the same time, the consultants for the GFW facility (Barnes et al) were completing their work on the master plan and functional program. In a subsequent provincial meeting, involving both Central and Eastern Health, it was decided that Eastern Health would build on the work completed by Barnes and Associates for the EH residence.

- In January 2010 concerns with the scope were identified with the Central Health master plan and the functional program as well as the budget for the center. These were communicated to Central Health.

- In Feb 2010, a steering committee was established to oversee the development of both the GFW and Northeast Avalon facilities. It was determined that as these centers were provincial in nature and with similar clientele, both centers should have the same design. As such, specs were developed by the steering committee for the two centers based on a pod design and were provided to the Department of Transportation and Works (DTW).

- In Spring 2010, site selection began.

- For the GFW center, several sites were identified, and in April land formerly owned by Abitibi off Lincoln Rd and adjacent to Sunset Dr was selected as the most appropriate site. The Town Council were involved in the site selection and supported this decision.
For the Northeast Avalon project, initially land on Topsail Rd in Paradise was identified, with this land being provided by DTW. There was no indication at that time of any zoning issues.

On June 3, 2010, Hampton Architects were appointed as the prime consultant for design/programming. Based on the work of the steering committee, a list of spaces, without floor areas, was given to the consultant.

Between June and July a space program for the center was developed by Hampton Architects. On July 22, 2010, the first draft of the program was presented to the steering committee and based on recommended modifications from the steering committee, a second draft of the program was presented on August 31, 2010. The building area of the second draft was 1619 square meters; however, in January 2011, a mistake in the area calculation was discovered with the true area recalculated at 2623 square meters.

On August 18, 2010, DHCS and DTW officials were notified by Hampton that the town of Paradise had confirmed the Topsail Rd site was zoned residential and to rezone would take 5-6 months. In light of this, two other sites were considered. As a result of this process, the old Paradise Elementary School site was identified as the preferred location, with the land already zoned for public use. In September 2010, the site recommendation was brought back to Eastern Health officials and the steering committee, and agreement reached. On October 25, 2010, an official letter to the CEO of the Eastern School District, Ford Rice, was sent, requesting acquisition of the Paradise Elementary School property. On November 17, 2010, DHCS received a verbal confirmation of the land. An official letter regarding the intent to transfer the land was subsequently received.

On August 23, 2010, DTW emailed DHCS officials to advise that the town of GFW had a municipal plan amendment in process to change the site from its current zone of “conservation” to “Public Use”. The process required to make this included a public hearing. If that proceeded without problems officials were advised it would conclude by mid October. GFW town council however made an error in the application process requiring a second meeting to be held October 14, 2010. The error resulted in the requirement of another announcement to rezone and corresponding Council meeting. In the interim, Council met with the residents of Sunset Drive and it appeared that most of the concerns had been satisfied, provided that the Building was placed in a location similar to that shown on the Google Map Plan prepared by HAL (West of the tree line and old access road and as far north towards the TCH as reasonable.) As well in November 2010, ADI (the firm carrying out the Environmental Site Assessment (ESA) and geotechnical survey) started work on the site. In mid-November the Town approved the re-zoning amendments and submitted the paperwork to Municipal Affairs for approval. The rezoning was re-announced and advertised in the paper with the last day for residents to list their objections being December 1, 2010. No objections were received; thus no inquiry was required, and the Town passed the rezoning at a meeting in December, 2010. The application then
went back to the Department of Municipal Affairs. Rezoning approval application has been resubmitted by the town to Municipal Affairs, but due to deficiencies in the required paperwork, formal approval of the rezoning is not anticipated to be received until January 21st, 2011.

• On November 1, 2010, Hampton Architects prepared a cost estimate for the Centre based on Transportation & Works forecast model and issued it to DTW for review.

• On January 10, 2011, the cost estimates were provided to HCS. The initial cost estimate indicated a 1,619 square/meter building at a cost of $8.25M for GFW and $7.65M for Paradise. Based on the corrected space requirement of 2,423 square meters, the revised cost estimates were $13.4M for GFW and $12.1M for Paradise.

• Subsequent discussions between DHCS and Hampton occurred in an attempt to reduce the size of the programmed area, resulting in a revised estimate of 2,100 square meters at a cost of $10.9M for GFW and $9.5M for Paradise. Discussions on possible additional adjustments are ongoing.

• At this same meeting, the draft report on the environmental site assessment for GFW was presented and it revealed that the site seems to be suitable for construction with no major impediments.

• For the Paradise project, on January 17, 2011, TW Realty Services Division and Hampton met to obtain legal information of the properties around the site and obtain a legal survey of the site.

• On January 19, 2011, the approval in principle application for the Paradise project was forwarded to the Town.

Current Status

• HCS is working with Hampton to finalize the area requirements.

• For the GFW project, the town rezoning application is awaiting formal approval from Municipal Affairs, and this is anticipated to happen by January 21, 2011.

• For the Paradise project, Hampton to advise ADI to commence geotechnical work around late January, early February 2011.
Title: Site Selection for Youth Treatment Facilities

Decision / Direction Required:
- Approval to proceed with geotechnical surveys on land identified for two youth treatment centers located in Grand Falls (off Lincoln Rd) and Paradise Rd (Site of former Paradise Elementary)

Background and Current Status
- In Budget 2009, the Provincial Government invested $1 million to begin planning for a residential treatment facility for youth with addictions and a treatment centre for youth with complex mental health needs.
- While work has proceeded on functional design and space plan; site selection has gone through several delays with pauses for further investigation. Lead site has changed for the Paradise setting.
- A decision is now required to proceed with the two lead sites selected in order to proceed with geotechnical surveys.

Paradise site:
- This site will be for youth with complex mental health needs. It is located on Milton Rd at the top of Paradise Rd and currently is the site for the old Paradise Elementary School.
  - The school board owns the school (as opposed to church).
  - It is zoned for public use.
  - It is within appropriate distance from emergency services.
  - This site choice is good from a re-use perspective and LEED.
  - It is surrounded by trees and has a walking trail as well as ample space for outdoor activities.
  - Several other sites explored and determined not suitable, mostly due to rezoning issues and proximity to new residential development.

Grand Falls site:
- This site will be for youth with addictions. It is located just off Lincoln Rd, south of TCH and adjacent to Sunset Dr. It has had several decision points that required further investigation such as conservation/wetland issues; noise issues; rezoning; and access to highway.
  - Department of Environment and Conservation has confirmed the site itself is not a wetland. Permits will be required to build adjacent to a wetland. The building may be able to be sited on the west side of the sewer and as far east as possible to avoid the wetlands.
  - There will be noise from commercial traffic on the highway that will be noticeable during night hours. This was brought to Central Health's Mental Health and Addictions and determined while problematic; it would not be a reason to change sites.
  - Access from the highway was problematic but an alternate access has been determined.
  - Rezoning to public use has created some opposition by local residents however the town council supports this site for this use.

- Pending approval of these sites next steps include geotechnical surveys for both and demolition of the (old) Paradise Elementary School.
Recommendation:

- Approve both sites for youth centers and proceed with geotechnical surveys.

Prepared by: Colleen Simms
Draft Date: __________________

Approved by: __________________ Date: ______________

Assistant-Deputy-Minister
Date: ______________

Deputy Minister or Designate
Date: ______________

Minister
Date: ______________