

SUMMARY OF SASKATCHEWAN'S PROPOSED COMMPASSIONATE INTERVENTION ACT (BILL 48)

WHO CAN SEND SOMEONE TO AN ASSESSMENT CENTRE

4-1 to 4-3 pg.11-15

PEACE OFFICER

- with or without a warrant
- the person must be taken to an assessment centre within 24hrs (if not within 24hrs, person is discharged)

PRESCRIBED MEDICAL PROFESSIONAL

ANY PERSON WITH JUDGE REVIEW

IF JUDGE AGREES

warrant is issued for individual & peace officer can then detain individual and bring them to an assessment centre

ASSESSMENT CENTRE

4-1 (2-7), 4-2 (4-8), 4-3 (11-13) pg 11-15

Approved admitting professional conducts an admission assessment

Assessment based on a belief that the person:
 - is suffering from a severe substance use disorder
 - is likely to cause harm

-should undergo an addiction assessment to determine if a recovery order is needed

IF REFERRED FOR AN ADDICTION ASSESSMENT

1. admitted to centre until addiction assessment completed
2. assessment centre has duty to provide care
3. registrar is notified

IF NOT REFERRED

DISCHARGED

assessment centre supports transportation back to peace officer, to medical care or home (or other appropriate destination)

ADDICTIONS ASSESSMENT (IN ASSESSMENT CENTRE)

Approved addictions assessment team conducts addictions assessment and written recommendation for an assessment hearing to determine if recovery order is necessary within **24hrs** of admission

If not within 24hrs, person is discharged

Assessment based on same criteria used by hearing board

4-4 pg.15-16

IF REFERRED FOR HEARING PANEL

1. notify registrar
2. continue to monitor patient
3. prepares written report for hearing panel (send prior to 24hrs before panel)

Registrar must:

1. set hearing date within **72hrs** of notification from addictions assessment team
2. assign patient counsel unless privately retained
3. assign registrar counsel
4. notify patient of hearing date
5. provide documents to patient & panel

4-5 & 4-6 pg.16-17

IF NOT REFERRED

DISCHARGED

assessment centre supports transportation back to peace officer, to medical care or home (or other appropriate destination)
 registrar notified

NOTE

Registrar can stop the process for the assessment hearing based on the availability of treatment options or any other prescribing factor then patient is discharged

4-6 (2) pg. 18

ASSESSMENT HEARING WITH HEARING PANEL

Panel is made of at least 1 legal rep., 1 medical rep. and 1 other from the board

Panel hearings can be adjourned for 3 days and extended another 3 days for a maximum adjournment of **6 days**

Registrar or patient can request written documents for hearing from Health Information Act, Police Act, RCMP, or other prescribed

Hearing panels are not open to the public

Patients have the right to legal counsel at no cost to themselves

Decisions are based on balance of probabilities (more likely than not)

Part 5 pg.18-21

See next page for decision options and criteria

This infographic seeks to summarize the process proposed in Saskatchewan's Bill 48. When possible, terminology was retained from within the Bill. Please refer to the Bill for greater detail

ASSESSMENT HEARING WITH HEARING PANEL

Determines if the patient should be subjected to a recovery order (involuntary treatment)

Decision must be given within 24hrs of end of hearing with written reasons within 3 days, otherwise patient is discharged

Decisions are not made public

Patient has right to:

1. be present when oral evidence is presented
2. see any evidence
3. present evidence, including through witnesses
4. be represented by a lawyer
5. cross examine witnesses

3 outcomes possible: in patient recovery order, out patient recovery order or dismissal and patient is discharged.

Part 5 pg.18-21

IN PATIENT RECOVERY ORDER

The patient is found to be suffering from a severe substance use disorder requiring detention to facilitate withdrawal and recovery

Based on:

A. Patient is:

1. likely to cause harm if not detained
2. unable to fully understand and make informed decisions on their need for services to reduce harm

B. It is in the best interest of the patient to issue the recovery order

Patient is then transferred to a compassionate intervention treatment centre

Maximum 6 weeks or consecutive periods not exceeding 6 weeks on each renewal

If patient is not transferred to a treatment centre within **7 days** they are discharged.

On expiration or termination of order, the patient is discharged

If a patient leaves the treatment centre before the end of the order, the centre officer can issue an order to direct patient to be returned without a warrant.

If patient is away from the centre when the order expires, they are considered discharged.

Part 6 Division 1 pg. 21-23

LONG TERM IN PATIENT RECOVERY ORDER

Officer in charge of a treatment centre can recommend the Registrar apply for a court order for the detention of a patient for a period **not exceeding 1 year** if:

- treatment services can only be provided in a treatment centre
- the patient is unable to understand or make informed decisions
- the patient is likely to cause harm
- the patient has been detained on orders for a total of 60 days or longer immediately before recommendation
- the patient continues to suffer from a severe substance use disorder that is likely to continue despite treatment services

If a judge feels the patient meets this criteria they can issue an in patient order for up to one year

Part 6 Division 1 pg. 23

OUT PATIENT RECOVERY ORDER

The patient is found to be suffering from a severe substance use disorder requiring treatment that can be accessed in community.

Based on:

A. Patient is:

1. likely to cause harm if not detained
2. unable to fully understand and make informed decisions on their need for services to reduce harm

B. Services are available for sufficient treatment in the community outside of a treatment centre

C. It is in the best interest of the patient to issue the recovery order

Patient is then transferred to the community they will receive treatment

Maximum 6 months but a treatment professional can apply for a board review for additional out patient recovery orders or if they should be put on an in patient recovery order

Out patient order must include:

- identification of services to be provided
- provisions requiring attendance to all meetings and undergoing treatment services
- requirement to report to an addiction professional
- statement of a required residence if necessary
- requirements for patient to attend all review hearings
- any other provisions

Failure to comply can result in peace officer apprehension of patient to assessment centre for re-assessment

Part 6 Division 2 pg. 25-27

NOTE

The proposed legislation does not stipulate any maximum number of orders or maximum total time under recovery orders for any one patient

NOTE

The proposed legislation allows for a patient to be transferred between treatment centres without grounds for appeal

6-6 (1-5) pg.24-25

REVIEWS OF LONG TERM IN PATIENT RECOVERY ORDERS

The patient may not apply for a review unless a new order has occurred since the last request for review (i.e. only one review request per treatment order)

Court may then affirm, vary, or rescind the order and issue any order as to costs.

Part 6 Division 1 6-4 & 6-5 pg. 23-24

REVIEW OR APPEAL PROCESSES

A request for a board review panel can be made if patient circumstances have changed since the order was issued.

The patient must apply in writing for a review. They can only apply for review once per order. Once the appeal is received, the registrar must set a date within **72hrs**.

REVIEW PANEL (FOR IN PATIENT AND OUT PATIENT ORDERS, NOT LONG TERM IN PATIENT ORDERS)

The review panel has the same rules around adjournment and rights of the patient as the assessment panel.

must provide decision within **24hrs** of conclusion of hearing.

Based on a balance of probabilities that the patient no longer meets the criteria of the order.

The panel has 3 days to provide its written reasons

Part 7 pg.27-30

IF PATIENT STILL MEETS CRITERIA

The review panel can affirm, vary, or renew the recovery order.

They can renew the in patient order for **up to 6 weeks**

They can renew the out patient order for **up to 6 months**

IF PATIENT NO LONGER MEETS CRITERIA OF ORDER

DISCHARGED

APPEAL TO COURT OF KING'S BENCH

At any time before the order's expiration, the patient can appeal an order of the board to the Court of King's Bench

The Court may affirm, vary, or rescind the order and issue an order as to costs.

The decision of the court is final.

7-6(1-9) pg. 30

OTHER INFO TO KNOW

PROXIES

If a patient lacks capacity and the patient has a proxy or personal decision maker, the proxy can serve in place of the patient for decision making.

A proxy is determined in the order of:

1. spouse of patient
2. child of patient
3. parent of patient
4. grand parent of patient
5. grandchild of patient
6. person who applies to be designated a family member to the patient

8-3(1-7) pg. 31-32

The proposed legislation is not clear when in the above process a proxy will be engaged.

The proxy must be:

- at least 18 years of age
- willing to assume responsibilities of decisions
- have been in regular contact with patient over the preceding 12 months

HARM TO SELF

The act outlines the following factors to be considered to assess likelihood of causing harm to oneself:

- a) as a result of the substance use disorder, has a history of drug overdoses, frequent interactions with first responders or visits to emergency departments;
- (b) whether the person has experienced or is experiencing substantial mental or physical deterioration as a result of substance use;
- (c) whether the person has a substantially diminished ability to meet the person's basic needs of daily living as a result of the substance use disorder alone or in combination with other factors;
- (d) whether the person has previously been admitted to a compassionate intervention assessment centre or a compassionate intervention treatment centre;
- (e) whether the person's substance use disorder is negatively impacting key aspects of the person's life, such as the person's health, employment or relationships;
- (f) whether the person is engaging in high-risk behaviours as a result of the person's substance use disorder;
- (g) any other prescribed factor.

1-6(1) pg.6

LACK OF CAPACITY

The proposed legislation notes that an addictions treatment professional determines if a patient lacks capacity but does not provide assessment criteria or outline when this determination occurs.

The concept of "lack of capacity" only appears in relation to proxies at the end of the proposed legislation.

8-3(1) pg. 31

SEVERITY OF SUBSTANCE USE DISORDER

The act outlines the following factors to be considered to assess the severity of a substance use disorder:

- a) the person demonstrates a pattern of severe intoxication or severe impairment due to substance use;
- (b) the person demonstrates a poorly controlled or unstable medical condition caused by, exacerbated by or otherwise related to the person's substance use;
- (c) the person demonstrates an inability to meet the person's basic needs of daily living;
- (d) any other prescribed factor

1-5 pg.6

RIGHT TO REFUSE TREATMENT

A patient, if they have capacity, can refuse treatment but cannot refuse:

1. to be observed, monitored or assessed
2. to be provided with clinical advice

8-2 (2) pg.31