MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

ESTIMATES BINDER 2022

Minister Dean

BRITISH COLUMBIA | Ministry of Children and Family Development

March 2022

MCFD 2021 ESTIMATES

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MCFD 2021 ESTIMATES
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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: MINISTER'S MANDATE LETTER / STRATEGIC FRAMEWORK / SERVICE PLAN

KEY MESSAGES:

- Since 2019, our Service Plan and Strategic Framework have signaled a shift in MCFD's approach – away from reactive and 'symptomatic' responses…
- …and towards a systemic and transformative approach, focusing holistically on what is needed to meet the needs of the children, youth and families we serve.
- Our Service Plan reflects the items identified in my mandate letter and focuses on four areas: Reconciliation with Indigenous Families and Communities; Prevention, Early Intervention and Family Preservation; Youth and Young Adult Transitions; and the Network of Care.
- I am honoured to have had a role in advancing this work, and I look forward to continuing this journey to support B.C.'s children, youth, families and communities.
- We are continuing to work with Indigenous Peoples (alongside representatives from the federal government) regarding systemic transformation, including implementing increased decision-making authority and child and family services jurisdiction.
  - Co-developing (with Indigenous Peoples, leadership, service providers and partners) reform of the *Child, Family and Community Service Act*.
  - Co-developing (with Canada and Indigenous Peoples) a B.C.-specific fiscal framework to support Indigenous jurisdiction over child and family services.
  - Co-developing (with Indigenous Peoples, leadership, service providers and partners) a cross-jurisdictional model for how to integrate and deliver child and family services through multiple jurisdictions.
- We are building on the measures we implemented during the pandemic to **support youth and young adult transitioning** to adulthood and adult services, such as ensuring that youth in care set to transition to adulthood could stay in their homes and continue to receive the supports they count on.
  - We have now received an enhanced mandate to serve young adults after they turn 19, until their 27th birthday.
  - Beginning April 1, 2022, we will be introducing new youth transition supports and services in a phased approach, over the next three years.

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Date: February 10, 2022

  - We will start immediately by making the COVID-19 emergency measures – including improvements to Agreements with Young Adults (AYA) Temporary Housing Agreements (THAs) and Temporary Support Agreements (TSAs) – permanent. This will help ensure youth and young adults continue to be set up for success as they transition to adulthood.
- Effective April 2, 2022, the **delivery of child care** moves to the Ministry of Education, fulfilling a mandate letter commitment to integrate child care into the broader learning environment by 2023.
- We are supporting improved outcomes and keeping families safely together by strengthening supports and prioritizing resources for families and children based on their needs, including:
  - Advancing our work to implement family connections centres in the Northwest and Central Okanagan to support an overall transformation of services for **children and youth with support needs** and provide families in those areas with accessible and inclusive services based on individual needs.
  - In line with B.C.'s A Pathway to Hope roadmap, continuing to implement the following **child and youth mental health services** and supports, including: Integrated Child and Youth Teams; Step Up Step Down Outreach Services; Step Up Step Down Bed-based Services; and a digital solution to support service delivery.
- In collaboration with our partners, advancing work to implement an integrated network of care via a responsive network of Specialized Homes and Support Services for children and youth needing more than what community-based and outreach services can provide – starting with early implementation in North Fraser and the Okanagan.

CROSS-REFERENCE: N/A

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: SERVICE PLAN PERFORMANCE MEASURES

KEY MESSAGES:

- Every child and youth deserves to have the support they need to live safe and healthy lives and reach their goals.
- The Ministry of Children and Family Development's Service Plan outlines key performance measures to help ensure that children and youth can access the services they need, at the right time and in the right way, to set them on the path to success.

BACKGROUND:

- Carried forward five of the six performance measures from the 2021/22 Service Plan.
- **Child care measure removed:** The performance measure "average monthly number of funded licensed child care spaces in operation" has been moved to the Ministry of Education's Service Plan.
- **CYMH measure added:** Added the performance measure "Access to CYMH Services" (PM 2.2) to highlight the importance of mental health services and improved outcomes for children and youth, as well as showcase ministry services outside of child protection.
- **Agreements with Young Adults forecast and targets lowered:** The forecast and targets for the Agreements with Young Adults performance measure (PM 3.1b) have been lowered; youth aging into adulthood have increasingly been supported through alternative funding measures implemented during the pandemic, such as Temporary Housing Agreements and Temporary Support Agreements.
- **Removed performance measure baselines:** At the direction of the Ministry of Finance, the ministry removed the baselines for all six performance measures; baselines are only to be included to show (recent) progress from a significant

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change or a new policy. The performance measures in the MCFD Service Plan have been used for many years, so no baseline is deemed necessary.

- All these measures are publicly available on MCFD's Public Reporting Portal.

CROSS-REFERENCE:

- **Note 1.1 –** Minister/MoS Mandate Letter/Strategic Framework/Service Plan

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Date: February 2, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
FINANCE AND CORPORATE SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Performance Management & Public Reporting

KEY MESSAGES:

- The ministry is committed to improving its supports and services to make life better for children, youth and families.
- Through a public online reporting portal, MCFD proactively reports select caseload data, performance indicators and information on how the Ministry is organized, including workforce information and contracted and total expenditures.
- Performance is monitored using trends in 34 indicators across all six service lines.
- The last update to the portal included caseload data as of March 2021, and performance indicators, expenditure, and other administrative information for fiscal year 2020/21. These reflect the first year of the COVID-19 pandemic.
- Performance trends for 2020/21 (currently on the portal) are:
    - Improving in 13 indicators, including family preservation, placement stability and recurrence of maltreatment
    - Unchanged in 9 indicators, including the rate of CYIC who exited to permanency and the per cent of children placed in adoption homes
    - Slightly lower in 9 indicators:
        - Residential Costs per CYIC, with and without Support Needs
        - Time to Receiving First Child and Youth Mental Health Services
        - Time Taken for CYIC to go from Permanent Status to Adoption Placement
        - CYIC Who Finish School with a High School Credential, CYIC and YAG
        - Foundation Skills Assessment (Grades 4 and 7), Writing
        - Young Adults Transitioning Out of a Continuing Custody Order (CCO) or Youth Agreement (YA) that Receive Financial

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Assistance through the Agreements with Young Adults (AYA) Program

- Clients Receiving a First Custody Sentence Services That Did Not Commit a New Offence
- The three child care measures cannot be calculated for 2020/21, since due to the pandemic, program information used in the calculation of these measures was not available for large portions of 2020/21. They will be available again for 2021/22.

- Reporting on the portal will be updated this spring (monthly caseload reporting to March 2022, annual caseload reporting to fiscal year 2021/22), and Fall (performance measures and expenditure and other administrative information to fiscal year 2021/22).
- Since 2012, MCFD has publicly reported on performance through the Performance Management Report. Now it is reporting through an online portal (released in February 2018, last updated in March 2022).
- Public reporting is an essential part of the ministry's commitment to transparency and accountability and helps to foster public confidence in the ministry.
- B.C. compares favourably to other jurisdictions on public reporting on the Child Welfare System.
- B.C.'s reporting is broader and more detailed than any other Canadian jurisdiction. Most provinces publicly report on child protection, but far less extensively than B.C.

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
FINANCE & CORPORATE SERVICES DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: 2022/23 Operating Budget

KEY MESSAGES:

- The ministry's budget for fiscal 2022/23 is $1.742 billion, increasing by $80.637 million over the fiscal 2021/22 restated budget.
- The ministry's budget for fiscal 2021/22 was restated to account for transfers of the Child Care and Integrated Child and Youth teams programs to the Ministry of Education and Ministry of Health, respectively.
- 90% of MCFD's budget goes to support clients and communities with over $1.564 billion directly invested in programs and services.

BACKGROUND:

Core Business Changes

Core Business ($ millions)	2021/22 Estimates	Change	FY22 Restated	Change	2022/23 Estimates
Early Childhood Development and Child Care Services	774.342	(734.086)	40.256	-	40.256
Services for Children & Youth with Special Needs	440.635	0.456	441.091	39.290	480.381
Child & Youth Mental Health Services	134.294	(17.886)	116.408	3.063	119.471
Child Safety, Family Support & Children In Care Services	780.868	26.711	807.579	28.202	835.781
Adoption Services	35.238	0.591	35.829	0.622	36.451
Youth Justice Services	50.359	0.961	51.320	-	51.320
Service Delivery Support	157.478	(5.283)	152.195	9.231	161.426
Executive & Support Services	19.541	(2.811)	16.730	0.229	16.959
Total Ministry	**2,392.755**	**(731.347)**	**1,661.408**	**80.637**	**1,742.045**

Operating Budget – What changed?

The Ministry has restated the budget because of the following changes:

- ($712.796M) transfer of Child Care Programs and related corporate support to the Ministry of Education (EDUC)
- ($17.642M) transfer of the Pathway to Hope – Integrated Child and Youth Teams program to the Ministry of Health (HLTH)
- ($0.276M) transfer of the Pathway to Hope Provincial Support Office to the Ministry of Mental Health and Additions (MMHA)

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- ($0.633M) transfer of Information Management resources to MCFD's Information Services Division which resides within the Ministry of Social Development and Poverty Reduction (SDPR).

2022/23 Estimates

The MCFD operating budget for 2022/23 has increased by $80.6M over the restated 2021/22 budget. This is an 4.9% net increase over 2021/22 (restated budget), and provides for the following increases:

- $39.0 for caseload pressures including:
  - $16.2M - Children and Youth in Care (including DAAs)
  - $5.8M – Alternates to Care
  - $9.6M – Autism (which is a $17.558M increase over the 20/21 fiscal plan)
  - $1.2M - Medical Benefits (which is a $1.861 increase over the 20/21 fiscal plan)
  - $6.2M – Caseload Salaries pressures
- $33.2M for the CYSN Framework including:
  - $24.6M – Family Service Centre program implementation and increases
  - $8.6M – Modernize medical benefits
- $4.6M - Youth transitioning to adulthood
- $2.7M – CYMH Pathway to Hope Early Childhood Development Centre expansion
- $0.6M - wage increases under the Sustainable Services Negotiating Mandate (SSNM) for PSA nurses
- $0.4M – Legal Services increases
- $0.1M – other minor adjustments

Beyond 2022/23

Further budget changes for subsequent years are outlined as follows:

- CYSN Framework funding: an additional $6.0M in 2023/24 and $2.2M in 2024/25 to support early implementation of the framework and modernizing the medical benefits program
- Youth transitioning into adulthood: an additional $5.4M in 2023/24 and $9.8M 2024/25 to support a holistic approach which includes: housing, income, life skills and training, health and wellness and navigation supports
- CYMH 'Pathways to Hope': an additional $2.7M in 23/24 to continue expansion of the Early Child Development Centers across the province

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- Executive & Support Services: $0.02M in 23/24 increase to the Minister's Office

STOB Changes:

Major STOB Groupings ($ millions)	2021/22 Estimates	Change	FY22 Restated	Change	2022/23 Estimates
Salaries and Benefits	432.231	(25.145)	407.086	13.094	420.180
Operating Costs	61.970	(2.827)	59.143	7.554	66.697
Government Transfers	2,009.920	(737.408)	1,272.512	83.761	1,356.273
Other Expenses	34.009	(6.968)	27.041	2.939	29.980
Recoveries	(9.434)	-	(9.434)	(36.710)	(46.144)
Recoveries External	(135.941)	41.001	(94.940)	9.999	(84.941)
Grand Total	**2,392.755**	**(731.347)**	**1,661.408**	**80.637**	**1,742.045**

- Salaries and Benefits increase due to funding for childcare, CYMH Pathways to Hope initiative, caseload salaries pressure, Youth Transitioning to Adulthood navigation supports, CYSN Framework early implementation site resources, and Minister Office.
- Operating and Other Expenses increase due CYMH Pathways to Hope initiative, Youth Transitioning to Adulthood initiative, and CYSN Framework early implementation site, and Legal Services.
- Government transfers increase due to caseload, Pathways to Hope initiative, Youth Transitioning to Adulthood initiative, and CYSN Framework early implementation site, and Sustainable Service Negotiating Mandate (SSNM) for nurses.
- Recoveries and Recoveries External adjustments reflect the move of the Early Learning and Child Care Federal Agreement to EDUC with Child Care programs and an increase to Supported Child Development recoveries.

2022/23 Capital Budget Changes:
Capital Budget:

Asset Category ($ millions)	2021/22 Estimates	Change	FY22 Restated	Change	2022/23 Estimates
Specialized Equipment	0.202	-	0.202	-	0.202
Office Furniture and Equipment	0.028	-	0.028	-	0.028
Vehicles	0.297	-	0.297	0.473	0.770
Grand Total	**0.527**	**-**	**0.527**	**0.473**	**1.000**

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- Vehicle capital is allocated to MCFD based on government's vehicle replacement strategy. The 2022/23 strategy has resulted in a $0.5M increase to the MCFD allocation.

Attachments:

Appendix A – MCFD Estimates and Supplements to the Estimates
Appendix B – MCFD Material Assumptions
Appendix C – Resource Summary
Appendix D – Resource Summary Comparison by Core Business

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Date: February 24, 2022

Appendix A – MCFD Estimates and Supplements to the Estimates

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

The mission of the Ministry of Children and Family Development is to work together to deliver inclusive, culturally respectful, responsive, and accessible services to support the well-being of children, youth, and families.

MINISTRY SUMMARY

($000)

	Estimates 2021/22[1]	Estimates 2022/23
VOTED APPROPRIATION		
Vote 20 — Ministry Operations	1,661,408	1,742,045
OPERATING EXPENSES	1,661,408	1,742,045
CAPITAL EXPENDITURES [2]	527	1,000
LOANS, INVESTMENTS AND OTHER REQUIREMENTS [3]	(31)	(31)
REVENUE COLLECTED FOR, AND TRANSFERRED TO, OTHER ENTITIES [4]	—	—

NOTES

[1] For comparative purposes, figures shown for the 2021/22 operating expenses; capital expenditures; loans, investments and other requirements; and revenue collected for, and transferred to, other entities are restated to be consistent with the presentation of the *2022/23 Estimates*. A reconciliation of restated operating expenses and capital expenditures is presented in Schedule A.

[2] A listing of estimated capital expenditures by ministry is presented in Schedule C.

[3] A summary of loans, investments and other requirements by ministry is presented in Schedule D.

[4] A summary of revenue collected for, and transferred to, other entities by ministry is presented in Schedule E.

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
($000)

VOTE 20 Ministry Operations

Description	Total 2021/22 Operating Expenses	50	51	52	54	Total Salaries and Benefits	55	57	59	60	63	65	67	68	69
Early Childhood Development	**40,256**	**592**	**11**	**150**	**—**	**753**	**—**	**70**	**—**	**112**	**—**	**—**	**—**	**—**	**—**
Services for Children and Youth with Support Needs	**441,091**	**15,481**	**132**	**3,932**	**—**	**19,545**	**—**	**265**	**—**	**—**	**670**	**120**	**—**	**—**	**83**
Child and Youth Mental Health Services	**116,408**	**55,429**	**1,008**	**14,150**	**—**	**70,587**	**—**	**756**	**—**	**437**	**222**	**627**	**—**	**—**	**357**
Child Safety, Family Support and Children in Care Services	**807,579**	**131,815**	**3,384**	**33,523**	**—**	**168,722**	**—**	**2,880**	**21,616**	**246**	**1,209**	**863**	**500**	**22**	**84**
Adoption Services	**35,829**	**7,204**	**23**	**1,837**	**—**	**9,064**	**—**	**49**	**—**	**—**	**—**	**7**	**—**	**—**	**—**
Youth Justice Services	**51,320**	**29,020**	**876**	**7,374**	**—**	**37,270**	**—**	**285**	**—**	**27**	**—**	**112**	**—**	**—**	**831**
Service Delivery Support	**152,195**	**78,180**	**864**	**20,237**	**—**	**99,281**	**—**	**3,757**	**4,600**	**6,523**	**5,703**	**6,028**	**—**	**—**	**—**
Executive and Support Services	**16,730**	**11,850**	**12**	**3,040**	**56**	**14,958**	**—**	**410**	**2**	**—**	**9**	**1,172**	**—**	**—**	**—**
Minister's Office	669	397	—	123	56	576	—	80	—	—	7	14	—	—	—
Corporate Services	16,061	11,453	12	2,917	—	14,382	—	330	2	—	2	1,158	—	—	—
Total	**1,661,408**	**329,571**	**6,310**	**84,243**	**56**	**420,180**	**—**	**8,472**	**26,218**	**7,345**	**7,813**	**8,929**	**500**	**22**	**1,355**

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Date: February 24, 2022

Appendix B – MCFD Material Assumptions

MATERIAL ASSUMPTIONS for Fiscal Plan *Budget 2022*

Ministry Programs and Assumptions ($ millions unless otherwise specified)	Updated Forecast 2021/22	Budget Estimate 2022/23	Plan 2023/24	Plan 2024/25	Sensitivities
Children and Family Development	**1,661**	**1,742**	**1,756**	**1,768**	
Average children-in-care caseload (#)	5,109	4,843	4,679	4,594	The average number of children-in-care is decreasing as a result of ministry efforts to keep children in family settings where safe and feasible. The average cost per child in care is projected to increase based on the higher cost of specialized homes and support services (SHSS) and an increasing acuity of need for children in care. A 1% increase in the cost per case or a 1% increase in the average caseload will affect expenditures by $2.5 million (excluding Delegated Aboriginal Agencies).
Average annual residential cost per child in care ($)	94,565	105,444	116,938	129,049	

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Appendix C – Resource Summary

Financial Summary

Core Business Area	2021/22 Restated Estimates[1]	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses ($000)				
Early Childhood Development	40,256	40,256	40,256	40,256
Services for Children & Youth with Support Needs	441,091	480,381	486,404	488,582
Child & Youth Mental Health Services	116,408	119,471	122,197	122,197
Child Safety. Family Support & Children In Care Services	807,579	835,781	841,170	851,015
Adoption Services	35,829	36,451	36,451	36,451
Youth Justice Services	51,320	51,320	51,320	51,320
Service Delivery Support	152,195	161,426	161,426	161,426
Executive & Support Services	16,730	16,959	16,967	16,967
Total	**1,661,408**	**1,742,045**	**1,756,191**	**1,768,214**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Service Delivery Support (Specialized Equipment & Fleet Vehicles)	527	1,000	884	884
Total	**527**	**1,000**	**884**	**884**
Other Financing Transactions ($000)				
Executive & Support Services (Human Services Providers Financing Program)				
Receipts	(31)	(31)	(31)	(31)
Disbursements	0	0	0	0
Net Cash Requirements (Source)	(31)	(31)	(31)	(31)
Total Receipts	**(31)**	**(31)**	**(31)**	**(31)**
Total Disbursements	**0**	**0**	**0**	**0**
Total Net Cash Requirements (Source)	**(31)**	**(31)**	**(31)**	**(31)**

[1] For comparative purposes, amounts shown for 2021/22 have been restated to be consistent with the presentation of the *2022/23 Estimates*.

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Date: February 24, 2022

Appendix D – Resource Summary Comparison by Core Business

Ministry of Children & Family Development

RESOURCE SUMMARY COMPARISON- DETAILED CHANGES BY CORE BUSINESS

2022/23 to 2024/25

($000s)

Core Business Areas	2020/21 Restated	2021/22 Estimates	2022/23 Plan	2023/24 Plan	2024/25 Plan
Early Childhood Development & Child Care Services	712,679	774,342	813,961	814,907	814,907
Services for Children & Youth with Special Needs	410,091	440,635	432,035	432,035	432,035
Child & Youth Mental Health Services	110,613	134,294	137,020	139,746	139,746
Child Safety, Family Support & Children in Care Services	731,874	780,868	780,868	780,868	780,868
Adoption Services	34,888	35,238	35,238	35,238	35,238
Youth Justice Services	48,147	50,359	50,359	50,359	50,359
Service Delivery Support	156,032	157,478	157,478	157,478	157,478
Executive & Support Services	19,032	19,541	19,778	19,794	19,794
MINISTRY TOTAL	**2,223,356**	**2,392,755**	**2,426,737**	**2,430,425**	**2,430,425**

Change - including Decisions for *Budget 2022* by Core Business:

Early Childhood Development & Child Care Services	-734,086	-773,705	-774,651	-774,651
Services for Children & Youth with Special Needs	456	48,346	54,369	56,547
Child & Youth Mental Health Services	-17,886	-17,549	-17,549	-17,549
Child Safety, Family Support & Children in Care Services	26,711	54,913	60,302	70,147
Adoption Services	591	1,213	1,213	1,213
Youth Justice Services	961	961	961	961
Service Delivery Support	-5,283	3,948	3,948	3,948
Executive & Support Services	-2,811	-2,819	-2,827	-2,827
MINISTRY TOTAL	**-731,347**	**-684,692**	**-674,234**	**-662,211**

Resource Summary as of *Budget 2022* :

Core Business Areas	2021/22 Estimates	2022/23 Plan	2023/24 Plan	2024/25 Plan
Early Childhood Development & Child Care Services	40,256	40,256	40,256	40,256
Services for Children & Youth with Special Needs	441,091	480,381	486,404	488,582
Child & Youth Mental Health Services	116,408	119,471	122,197	122,197
Child Safety, Family Support & Children in Care Services	807,579	835,781	841,170	851,015
Adoption Services	35,829	36,451	36,451	36,451
Youth Justice Services	51,320	51,320	51,320	51,320
Service Delivery Support	152,195	161,426	161,426	161,426
Executive & Support Services	16,730	16,959	16,967	16,967
MINISTRY TOTAL	**1,661,408**	**1,742,045**	**1,756,191**	**1,768,214**
		80,637	14,146	12,023

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
FINANCE AND CORPORATE SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Ministry Recruitment

KEY MESSAGES:

- Front-line ministry workers have some of the hardest jobs in B.C. — that's why we're making improvements to help them provide vulnerable families with the quality services and supports they need and deserve.
- We've increased net[1] front-line hires in the past three years (since 2017/18) even as the number of children and youth in care has decreased to the lowest number in 20 years.
- We are aligning our ways of working with the Aboriginal Policy and Practice Framework, and transforming services and programs so children and youth can remain safely at home, connected to their communities, culture and language.
- In partnership with the BC Public Service Agency, the Ministry has initiated a formal Recruitment and Retention Strategy to increase retention and recruitment rates.
- In February 2019, the Ministry broadened the acceptable education and experience requirements for front-line positions requiring delegation under child welfare legislation in an attempt to recruit more staff.
- Since April 2017, select front-line workers in hard-to-recruit areas of B.C. received incentives through an agreement with BCGEU.
- In 2021, more employees were eligible to receive the incentive than in 2020.

[1] net refers to the difference between total hires and total exits. The types of hires of social workers include child protection, guardianship, and child protection with other specialties.

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Date: February 7, 2022

- Through another BCGEU agreement, some social workers work 7 days on and 7 days off as they travel to provide support in remote and rural areas that have recruitment challenges and we're working with the BCGEU to increase the number who can do this.
- This was one more recruitment and retention tool specifically meant to attract employees to occupations with skill shortages.
- We will continue to work to support our front-line ministry workers and the children, youth and families they serve.

BACKGROUND:

- MCFD has seven divisions, with the majority of employees working in the Service Delivery Division.
- The Ministry continues to support indigenous recruitment.
- The Ministry continues to be committed to recruiting priority front-line positions.
- A two-grid Temporary Market Adjustment (TMA) was negotiated in the last round of bargaining for Child Protection Workers as a tool for recruitment and retention. The second one-grid increase took effect on April 1, 2021.
- Social Program Officers (SPO) who are in the growth series also received a one-grid increase for each level, effective April 1, 2021.
- In response to recruitment and retention challenges, MCFD broadened the educational requirements for hiring new delegated (under the Child, Family and Community Service Act) SPO 24-30 positions in 2019.
    - A Social Work or Child and Youth Care degree is preferred but, an equivalent combination of education and experience may be considered.
- To further support recruitment and retention, particularly in hard-to-recruit communities, a Recruitment and Retention Incentive Program was created:

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  - Eligible SPO positions in hard-to-recruit areas of B.C. receive an annual incentive payment based on a Memorandum of Agreement between the BC Government and the BCGEU.
  - The retention incentive payments were administered in April 2021.
  - The next round of incentive payments will be administered April 2022.

- The centralized hiring approach for Child Protection Workers is proving effective in reducing the hiring resource impact to front-line supervisors and streamlining the application process for applicants.
- The Provincial Mobile Response Team continues to provide staffing support for hard-to-recruit communities.
- MCFD also continues to hire travelling Child Protection Workers. They work a schedule of 7 days on, 7 days off and serve the communities of Ashcroft, Dease Lake, Lillooet, Fort Nelson, Bella Coola, Fort St. James, McBride, Smithers/Hazelton, Terrace/Kitimat and Williams Lake as outlined in a Memorandum of Understanding.
- Tools to support cultural safety, Indigenous recruitment, and cultural competency assessment in the recruitment process have been developed.

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
FINANCE AND CORPORATE SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Ministry Workforce Summary

KEY MESSAGES:

- Front-line ministry workers have some of the hardest jobs in B.C. — that's why we're making improvements to help them provide vulnerable families with the quality services and supports they need and deserve.
- We've hired more Indigenous employees and we've developed new Indigenous cultural competency tools like the Indigenous Recruitment & Retention Guide to educate staff on cultural awareness, competence, and safety in hiring practices.
- The number of Indigenous employees (self-disclosed) has jumped to approximately 300, up from 205 from a few years ago.
- We are also developing new training on gender identity and sexual orientation, using our recruitment strategy to boost diversity and address complex staffing needs.

BACKGROUND:

- MCFD has seven divisions, with the majority of employees working in Service Delivery.
- Most MCFD employees are regular status.
- Most MCFD employees are unionized employees.
- MCFD has developed several plans, strategies and frameworks to support the development and review of its workforce on an ongoing basis.
- MCFD's largest occupational group is comprised of front-line professionals (i.e., social workers, clinicians, nurses) in Health, Education and Social Work; the remaining staff complement is made up of excluded management, administration, corrections, and other corporate positions.

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- The most current diversity data, from the 2020 Work Environment Survey (WES), shows the ethnicity most self-declared was “White” followed by “Another Ethnicity” (e.g., Arab, Black, Iranian, Latin American, West Asian).
- The region with the highest number of employees is the Lower Mainland (Vancouver and Fraser Valley) and next highest is the Capital Region (Greater Victoria).
- The front-line Correctional Services, Licensed Psychologists, Nurses, Office Assistants and Social Program Officers roles have a significant number of employees who are currently eligible to retire with an unreduced pension.
- MCFD published the People and Culture Plan in August 2021.
- MCFD developed an Indigenous Recruitment and Cultural Safety Strategic Framework and an Anti-Racism and Debiasing the Workplace Strategy.
- Indigenous Identities, Cultures and Rights Learning Landscape was launched.
- The Advisory Committee for the Anti-Racism and Debiasing the Workplace Strategy was created, inviting in Indigenous, Black, People of Colour and People cultured as White to provide strategic input into the design and development of engagement processes, tools, resources and learning experiences.

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
FINANCE AND CORPORATE SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: MCFD Contracting (FCS)

KEY MESSAGES:

Negotiated Mandate (Compensation):

- The Sustainable Services Negotiating Mandate (SSNM) will end on March 31, 2022.
- Bargaining for a new mandate is underway.
- The new mandate will be determined through negotiations between the Province of British Columbia, through the Public Sector Employers' Council (PSEC) and the respective bargaining unions.
- The Ministry of Children and Family Development (MCFD) is not directly involved in bargaining.
- To ensure there is no disruption in service, MCFD will renew contracts expiring March 31, 2022 at existing rates.
- Once bargaining is complete and union agreements have been ratified, MCFD will issue contract modifications to align with the new mandate.

Recruitment & Retention (RR) Funding:

- RR funding began as part of a *Budget 2020* commitment to support recruitment and retention for community social service agencies and to support the overall and long-term strength of the sector. As part of *Budget 2021*, the funding was made ongoing.
- The Ministry receives a set amount of funding to distribute across all eligible service providers. The Ministry uses a formula to disburse RR funding based on Ministry funding for an eligible service provider as a percentage of total Ministry funding for all eligible service providers.
- RR funding is available to non-union employees in community social services agencies that are partially certified or are not members of the Community Social Services Employers' Association (CSSEA).

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- For this funding, "partially certified" refers to CSSEA agencies that have non-union employees who perform equivalent job functions to their union counterparts.
- The funding can be used for training initiatives and compensation for non-union employees in eligible community social service agencies. Funding is not to be directed towards compensation for excluded management positions.

Social Services Roundtable:

- The Ministry of Social Development & Poverty Reduction (SDPR) has convened a Social Services Roundtable with umbrella organizations that represent 2,000 organizations across the province to look at how we can work better together to tackle the challenges facing the sector.
- The Ministry of Children and Family Development chairs the Social Services Roundtable Sub-Committee on Procurement, which has been established to look at strategic procurement initiatives across the sector and province, ensuring regular opportunities for collaboration to address the shared interest of the best possible outcomes for children, youth, families and communities.

BACKGROUND:

Sustainable Services Negotiating Mandate (SSNM):

- SSNM was a three-year mandate (ending March 31, 2022) that provided funding for wage increases to public-sector employers with unionized employees. The SSNM had two components: the General Wage Increase (GWI) and the Low Wage Redress (LWR).
- In addition, the Minister of Finance granted approval to provide a GWI of 2% to contracted non-union service providers and an additional 0.25% Service Improvement Allocation (SIA).

Recruitment & Retention (RR) Funding:

- Service providers who are eligible to receive RR funding in FY 2022/23 will receive a contract modification, by the Spring of 2022, that includes a lump sum payment for recruitment and retention once the funding allocation is determined. We will continue to review this timeline, in light of ongoing contract negotiations, to ensure that the number of contract modifications and consequent administrative impacts on agencies are minimized.

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- In FY 2020/21, service agencies were allowed to retain unspent RR funding due to delayed timing of disbursements.
- For FY 2021/22, Ministries were advised (December 2021) that the Ministry would recover unspent funding to align with fiscal policy and ensure consistent treatment with all other contract funding.

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Permanency

KEY MESSAGES:

- All children deserve to have stable, lifelong relationships and a strong sense of belonging.
- Permanency refers to a child or youth having attachments and connections to parents, siblings, families, communities and culture so children and youth develop into healthy, secure adults.
- Children and youth have better long-term outcomes when they remain with their families and communities.
- That's why keeping children and youth connected to their families, cultures and communities is always the ministry's first choice for permanency for any child or youth in care.
- All permanency planning for children in care must be consistent with their best interests.

BACKGROUND:

Children in Care in Continuing Custody

- A child/youth is placed in the continuing custody of the director only when there is no significant likelihood that the circumstances that led to the child's removal will improve within a reasonable time or that the parent will be able to meet the child's needs.
- A continuing custody order (CCO) means that the director is the child/youth's sole personal guardian and may consent to the child/youth's adoption.
- The permanency options once a CCO has been granted are:
    - permanent Transfer of Custody to a person other than the parent;
    - cancellation of the Continuing Custody Order with a return to parent(s) (reunification);
    - and Adoption.

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- The Permanent Transfer of Custody of a child/youth can occur to an extended family member or another person through Section 54.1 of the CFCSA after a CCO is granted.
- Reunification (through the rescindment of a CCO)
    - Reunification is when a child/youth in care leaves care by returning to their parents or family of origin; this happens after an assessment confirms that the circumstances that caused the child/youth to come into care have changed and no longer pose a direct risk to the child/youth's safety and well-being.
    - When a child is under a CCO, reunification through rescindment must always be considered if the birth parent or guardian's circumstances have changed so that the child or youth could be safely returned to their care.
- Adoption
    - An adoption is only pursued after all other permanency options have been thoroughly explored.
    - For Indigenous children and youth, *An Act respecting First Nations, Inuit & Métis children, youth & families* (Federal Act) sets out national standards that must be applied in adoption and permanency planning for Indigenous children. These standards relate to:
        - placement priorities;
        - the ongoing reassessment of a placement;
        - the promotion of the child's attachment and emotional ties;
        - and giving notice before taking a significant measure.
    - A child becomes legally available for adoption after the court has granted a CCO or when the parent(s) have placed the child for adoption or consented to the child coming into care under the *Adoption Act*.

CROSS-REFERENCE: NA

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Out of Care Overview

KEY MESSAGES:

- The Ministry's top priority is ensuring the health and wellbeing of children and youth.
- All children and youth deserve to be supported to live healthy, happy lives and reach their goals, and to be supported to stay connected to their families, communities and cultures.
- The Ministry uses out-of-care arrangements as a key response to support children and youth who cannot live safely at home with their parents.
- Evidence shows that – where appropriate and safe – keeping families together rather than placing a child or youth into care results in better outcomes.
- Out-of-care arrangements help preserve family unity, support cultural continuity, and minimize the trauma of removal and disconnection for children, youth and their families.
- The use of out-of-care options is increasing, which is a sign of success for MCFD's early invention, prevention and child protection systems.
- MCFD is committed to continuing to support out-of-care arrangements given the connection to *An Act respecting First Nations, Inuit and Métis children, youth and families* and MCFD's responsibility to fulfil its prevention and early intervention mandate.
- MCFD is demonstrating support for the increased use of out-of-care options by:
    - Working to expand access to services (e.g., respite and short-term stabilization) for children and youth in out-of-care arrangements as part of the Specialized Homes and Support Services transformation; and
    - Moving forward with the incremental implementation of an enhanced out-of-care system that removes barriers for care providers who are willing to care for a child or youth known to them by providing necessary wrap-around and financial supports to meet the child or youth's moderate to exceptional support needs.

BACKGROUND:

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- Children in out-of-care arrangements are cared for by relatives or other significant adults, including those with a cultural or traditional connection to the child, without the child being in the care of MCFD or a Delegated Aboriginal Agency.
- Out-of-care arrangements are both a family preservation strategy and a child protection response.
- Out-of-care arrangements provide families in crisis with viable options to keep their children out of the child welfare system and safe in the homes of their families and communities.
- There are some continuing gaps that can present challenges for families and can result in situations where children and youth come into care – particularly those with moderate to exceptional needs – despite the fact that the child has a family that is willing to care for them:
    - Out-of-care care providers are not eligible to receive the same supports that are available to foster caregivers and staffed resources: they do not receive service payments (additional monthly funding tied to the need for higher level care), additional supplemental funds, the same level of ongoing education and support, or the same access to social workers who can help them access and coordinate supports.
    - Supports and services that are available to out-of-care providers are inconsistent and are based on legal status, which creates inequities between out-of-care statuses. These inequities may present a barrier when considering permanency. For example, those in the Extended Family Program (a temporary arrangement) receive supplemental benefits and respite care that other out-of-care types do not.
- A plan is in place for out-of-care care providers caring for children eligible for the Child Disability Benefit funding to receive this funding in addition to their current maintenance payments.
- Increasing support to out-of-care arrangements as part of the Specialized Homes and Support Services transformation will benefit children, youth, families, communities, MCFD and the province at large by:
    - Expanding access to respite and stabilization services to children and youth in out-of-care options will support successful placements and improve short- and long-term outcomes for children and youth.
    - Supporting children and youth to stay with their families and avoid less appropriate, more expensive care options will enable the ministry to reinvest those resource to better support families' needs in the community

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and keep more families strong and together through increased prevention and early intervention.

- Types of out-of-care arrangements for children and youth living outside their parental home include:
    - The Extended Family Program provides support when a parent voluntarily and temporarily gives over care of their child to another care provider (e.g., family member). Extended Family Program Agreements may be used to support customary care arrangements in Indigenous communities.
    - A temporary out-of-care order occurs when a child has been removed from their parent(s) and the court orders that the child is placed in the interim or temporary custody of a person other than their parent.
    - A permanent out-of-care order transfers custody of a child to a person other than their parent(s) when it is determined that reunification of the child with the parent(s) will not be possible.
    - The Child in the Home of a Relative program is an income-assistance based program administered by the Ministry of Social Development and Poverty Reduction that supports children to live with relatives when a parent cannot care for them. The program stopped receiving applications in 2010, although existing clients may continue to receive financial assistance if the eligibility criteria are met.
    - Youth Agreements support youth ages 16 to 18 years to live independently when all efforts to reconnect them with their parents or family have been exhausted.

CROSS-REFERENCE:

- **Note ## –** Overview of Post Majority Supports

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Date: Feb 10, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Social Work Oversight – Engagement

KEY MESSAGES:

- MCFD is committed to ensuring ethical, professional, and competent social work practice throughout B.C.
- We have listened to those calling for a review of the social work oversight model.
- That's why we are launching a broad engagement exploring the strengths, weaknesses and impacts of the current model.
- This engagement will explore issues of equity, inclusion, anti-racism and reconciliation, and how social work oversight affects the many diverse groups who access social work services in B.C.
- We will engage with a wide range of partners and others interested in social work oversight (e.g., social work representative groups; Indigenous partners and communities; sector partners; registered and unregistered social workers; and the public).
- We know social work oversight impacts Indigenous Peoples who access social work services and those who practice social work, both in communities and in urban environments.
- With this in mind, we are committed to early, consistent, and transparent engagement with Indigenous Peoples, in alignment with section 3 of the Declaration Act and the UN Declaration on the Rights of Indigenous Peoples.
- We will engage directly with Indigenous Peoples in B.C. who wish to participate, including First Nations, Métis and Inuit organisations, individuals, and communities.
- Over the past year, MCFD staff held initial conversations with internal and external partners to discuss the engagement scope and approach.
- The engagement will build on insights gathered during those initial conversations.
- A report on what we heard will be shared at the end of the engagement.

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Date: January 26, 2022

BACKGROUND:

- As the Ministry responsible for the *Social Workers Act* (SWA), MCFD is responsible for social work oversight in B.C.
- Under the SWA, social workers must register with the B.C. College of Social Workers unless exempt under the Social Workers Regulation (SWR).
- The SWR exempts from registration social workers employed by: MCFD and Delegated Aboriginal Agencies; provincial and federal governments; municipalities, regional districts and boards of education; First Nations and others.
- The engagement will allow MCFD to:
    - Explore the current state of social work oversight, including both the strengths and challenges; and
    - Find opportunities for improvement and/or transformation.
- Engagement will include:
    - Discussions with internal partners (e.g., ministries) and external partners (e.g., public-sector employers of social workers; Indigenous partners; social work educators; social work organizations);
    - Public engagement; and
    - Written submissions (to enable broad participation from individual social workers, families, key partners, and stakeholders).

CROSS-REFERENCE: N/A

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Delegated Aboriginal Agencies

KEY MESSAGES:

- Delegated Aboriginal Agencies (DAAs) provide direct services under the *Child, Family and Community Service Act* (CFCSA) to Indigenous children, youth, families, and communities throughout BC.
- DAAs in BC represent approximately 118 First Nations communities, as well as Urban Indigenous and Métis communities. They currently serve 53% of the Indigenous children in care.
- The Partnership Forum meets to discuss matters related to practice, funding, legislation, programs, and policies, plus one day for the Partnership Planning Committee to inform the Partnership agenda. The Partnership Forum has a Terms of Reference, and the agenda is agreed upon by the three partners and meets quarterly for two days.
- The Partnership Forum table is made up of:
    - 24 DAA Executive Directors,
    - The Deputy Director and 1 MCFD Aboriginal Services Branch Director,
    - the ADM and 2 Directors from Partnership and Indigenous Engagement Division; and,
    - 2 Indigenous Services Canada (ISC) Managers.
- Since the early stages of the pandemic the partners met virtually and continue to meet on a monthly schedule. These calls have provided opportunities to discuss emerging issues and to ensure that communication is timely. Some of the topics during the calls included discussions about serving children, youth, and families in Indigenous communities that were closed during the pandemic. Other topics shared at the table include interim practice guidelines, temporary housing measures for young adults, changes to agreements with young adults, and connections for children, youth, families, and communities.
- Meeting regularly and in partnership has strengthened the relationship between the DAAs, ISC and MCFD.

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Date: February 8, 2022

BACKGROUND:

- In BC, through delegation agreements, the Provincial Director of Child Welfare provides authority to DAAs to undertake administration of all or parts of the CFCSA.
- Staff in the DAAs are delegated under the CFCSA to provide direct services to Indigenous children and families in their communities.
- There are 24 DAAs in British Columbia:
  - 14 are delegated to provide full child protection services:
    - services include child protection services and the responsibility of guardianship services for children in interim, temporary, and continuing custody court-ordered care
  - 7 are delegated to provide guardianship services:
    - service is specific to the guardianship of children in continuing custody
  - 3 are delegated to provide voluntary services:
    - this includes family support services
    - voluntary care agreements
    - support needs agreements
    - establishing residential resources
- Government Financial Information

- Aboriginal Services Branch is also working with several DAAs as they have requested to expand their services to further meet the needs of Indigenous children, youth, families and communities.
- DAAs that provide services on-reserve under the CFCSA receive funding from the federal government.
- MCFD provides funding to DAAs that deliver services off-reserve.

CROSS-REFERENCE: N/A

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Date: February 8, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Quality Assurance Programs

KEY MESSAGES:

- Every child and youth deserves to be supported to live a happy, healthy life and reach their goals.
- Quality Assurance programs are in place for the following service areas: Children and Youth with Support Needs, Child and Youth Mental Health, Community Youth Justice, Adoption, Child Safety, Resources, Guardianship and Family Service.
- We are taking action to improve the supports and services we provide to children, youth and families in every part of the province.
- Quality assurance programs support practice and system improvements for both the Ministry of Children and Family Development (MCFD) and Delegated Aboriginal Agencies (DAAs), with the ultimate goal of improving the services and supports that children, youth and families in B.C. receive.
- There are three main quality assurance programs:
    - *Case Reviews* – when a child or youth in care is critically injured or dies, case reviews help address specific questions about what MCFD supports, or services were provided before the incident occurred. This helps identify key service areas that could be improved and informs action plans to improve these practices and systems.
    - *Practice Audits* – MCFD has set specific standards that staff, DAAs and contracted agencies (specialized homes and support services) must follow as part of their practice and when delivering services to children, youth and families. Practice audits are conducted to measure compliance against these standards with regard to family services, child services/guardianship, resources, community youth justice and adoption services. Practice audits may result in action plans to improve practices and systems for the children, youth and families being served.

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Date: January 24, 2022

  - *Complaints* – when MCFD/DAA clients file a complaint against the ministry or DAA they have been working with, complaint specialists across the province facilitate active collaboration between complainants and staff and help them work towards a resolution of the client's concerns. Complainants can request an Administrative Review as an alternative to resolution.

- Other Quality Assurance activities include:
  - *Foster Parent Reviews* – foster caregivers can request a foster parent review after a foster home investigation or quality of care review has resulted in a serious sanction, like the cancellation of a contract.
  - *Accreditation* – MCFD accreditation policy requires contracted service providers that receive $500,000 or more in annual funding from MCFD, or MCFD and Community Living BC (CLBC) combined, to be accredited by one of two pre-approved accreditation organizations: Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA). Accreditation is one of the layers of oversight that supports quality service for children, youth, and families.
  - *Self-Report Audit Tool* – contracted residential agencies submit a report to MCFD of the screening and assessment results (i.e., criminal record and reference checks, interviews, etc.) for all residential caregivers looking after children in care in their programs for the purposes of verification.

BACKGROUND:

New Outcomes-Based Quality Assurance Program

- A new Outcomes-Based Quality Assurance Program is being developed and implemented that aligns to the strategic work underway in MCFD to transform how services are delivered so that children and families realize improved outcomes.
- Outcomes are the end result of implementing policies and services for the children, families and communities we serve.
- An outcomes-based model will help us understand the impact of ministry services on those being served and will help to improve programs and services by connecting data to practice (child and family centred).

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- New Service Framework Evaluations are under development to evaluate services provided under each service framework. These new evaluations will incorporate both qualitative and quantitative measures to support the assessment and evaluation of all ministry services provided to children and families.
- An advisory circle representing a diverse group of individuals from DAAs, First Nation communities, the Métis Commission for Children and Families of British Columbia, as well as First Nation Hereditary Chiefs, has been formed to lead this work.

CROSS-REFERENCE: N/A

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Foster Homes

KEY MESSAGES:

- The Ministry of Children and Family Development's (MCFD) goal is to keep families together, resulting in fewer children coming into care.
- However, there is still a need for skilled foster caregivers to care for the children and youth who come into care because they cannot safely live with their parents or extended family.
- Foster caregivers care for children who cannot safely live with their own families, whose families have asked for help with parenting during times of crisis, or whose families need specific or periodic help in caring for their children.
- In foster homes, the child resides in the caregiver's home.
- Foster homes operate under a contractual agreement with the director under the *Child, Family and Community Service Act* (CFCSA).

BACKGROUND:

- Foster families receive a monthly payment called the "Basic Monthly Rate" that covers the costs of caring for a child.
- As of December 31, 2021, the Basic Monthly rates were $1,010.98 for children aged 0-11 and $1,112.70 for children aged 12-18.
- The Basic Monthly Rate for adoptive parents under the *Adoption Act* was increased to $806.78 for children aged 0 to 11 and $926.53 for children aged 12 to 18.
- The different types of foster homes are:
    - Restricted care: Foster care provided by relatives or family friends;
    - Regular care: Foster care provided by a family who has not previously known the children provides care;
    - Specialized foster care: Foster care provided to children with mental or physical support needs, or emotional or behaviour problems; and,

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  - Respite or relief foster care: Foster families who take children for short periods, so that parents / foster caregivers can have a few days without the children.

- In Specialized Care, foster families who provide any of the three levels of specialized foster care also receive a service payment in addition to the basic monthly rate per child. This additional payment recognizes the special parenting skills and extra time required to meet the needs of a child – it is not employment income.
- Currently, service payments range from $458.02 per child for a level one home, $1,140.40 per child for a level two home and $1,816.66 per child for a level three home.
- The three levels of specialized care are determined through an assessment of the caregiver, in terms of:
  - Education and training;
  - Child-related experience;
  - Knowledge; and
  - Demonstrated skills.
- Children requiring more skilled and intensive care are in higher level specialized care. The maximum number of children in care allowed in a specialized home are:
  - For level one: 6 children in care;
  - For level two: 3 children in care; and
  - For level three: 2 children in care.
- MCFD is responding to calls for action by undertaking the transformation of Specialized Homes and Support Services (SHSS). SHSS refers to the segment of our network of care that provides services outside of the home – through what we often call 'staff resources' or 'contracted bed-based services' – for children/youth and families who cannot live safely at home with their parents.
- In addition to the transformation of our staffed resources, the ministry is exploring a New Tier of Home-Based Caregiver, which provides new wrap-around services and supports for children/youth with moderate to exceptional needs who are unable to live safely at home, whose needs cannot be met in a

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specialized foster care placement, and as an alternative to staffed specialized homes.

- Implementation of an integrated network of care for children and youth, which will include improvements to foster homes and the system of services supporting them, contribute to the Ministry's approach to strengthening prevention, early intervention, and family preservation.
- Nine of 13 Service Delivery Areas currently screen prospective foster parents through a centralized hub, while four Service Delivery Areas conduct their own screening. The Ministry conducts a full assessment of each prospective foster parent before they can be approved to provide care.
- The number of foster homes has been decreasing. Available information suggests that a reduction of the number of children in care, the retirement of foster parents and foster parents who have adopted the children in their care are all factors contributing to the decrease in foster homes over this period. It is unclear what long-term impacts the COVID-19 pandemic will have on retaining current caregivers or recruiting new caregivers.
- The reduction in the number of children in care is also an indicator of success of the ministry’s emphasis on prevention and early intervention. While the number of children in care is decreasing the use of out-of-care arrangements to keep families together and avoid children coming into care is increasing.
- As of December 31, 2021, within the Foster Home network there were 10 full-time Foster Home placements and 11 respite placements on hold and not available due to COVID-19 pandemic impacts (Data Source: MCFD Service Delivery Division).
- Examples of reasons for these placements being on hold include:
    - Someone in the Foster Home has COVID-19;
    - Parents of children normally taking respite in the Foster Home not wanting their children to take respite during the pandemic;
    - A child in care placed in the home is medically fragile and it wouldn’t be advisable to have other children/youth moving in and out of the home; and,
    - Someone in the foster family with the on-hold placement has medical issues that make them more vulnerable to COVID-19.

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CROSS-REFERENCE:

- Out of Care Overview

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Family Support and Prevention

KEY MESSAGES:

- The Ministry is committed to supporting children and youth in B.C. to live in safe, healthy and nurturing families, with connections to their communities and culture.
- The Ministry is working collaboratively to ensure Indigenous communities have greater involvement in child welfare decisions, keeping children from coming into care in the first place, and providing more opportunities to work together on planning and caring for Indigenous children.
- B.C. is seeing the lowest number of children in care in 30 years.
- The number of Indigenous children and youth in care is going down, with under 3,500 Indigenous kids in care — the lowest in over 20 years.
- The number of B.C. children and youth in out-of-care arrangements has increased by 69% from just over 1,100 in 2018 to over 1,900 as of December 2021.
- More than 1,300, or over 70%, are Indigenous.

BACKGROUND:

- The Ministry, along with Delegated Aboriginal Agency (DAAs) partners, strive to emphasize the principles of early intervention and prevention to support children, youth and families who may be struggling, and keep families together whenever possible.
- When children or youth cannot live at home, the preferred option is to provide financial and other supports so they can live with extended family or others known to the family through out-of-care options, rather than bringing them into care.
- The Ministry funds a range of services and programs to support family connections, including: the Affordable Child Care Benefit; respite; infant

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development programs; family development response; traditional decision-making processes; family finders; roots workers; family preservation workers; collaborative planning and decision-making options such as family group conferencing; and mediation.

- The Prevention and Family Support Service Framework is in development and will describe the current and future state of family support and prevention services across the province, including outcomes the Ministry aims to achieve through the delivery of services and supports.
- The Ministry continues to concentrate on cultural planning by increasing the use of out-of-care/kinship placement options, and greater involvement of Indigenous partners when developing care plans and permanency options for children and youth to remain with their family and within their communities.
- Under the *Act respecting First Nations, Inuit and Métis children, youth and families*, Indigenous children and youth in care who are living with someone other than their parent or an adult member of their family are required to have their placements reassessed at specific times or at a minimum every 6 months to determine if it is in their best interests to be placed with a parent or other adult member of their family.
- The Ministry supports First Nations and Métis-serving agencies with additional funding for cultural supports to help keep Indigenous families together and improve outcomes for children and youth.
- In addition, another program funded is the Aboriginal Service Innovations: Child Safety and Permanency (ASI: CSP) Program. This provincial program provides funding to Indigenous-serving organizations across the province to deliver direct services to Indigenous children and families who are receiving services through the ministry or DAAs. The goal is to reduce the number of Indigenous children and youth coming in to care and to support culturally relevant permanency planning for Indigenous children and youth currently in care.

Current Family Support and Prevention Programs:

- Family Development Response (FDR) is the primary pathway for addressing screened-in protection reports when circumstances do not involve severe abuse or neglect and families are able and willing to participate in collaborative assessments and planning to address safety concerns.

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- Family Preservation workers intensively work with families involved with the child welfare system to support children to remain at home safely or to support children to return home safely if they have been placed outside of their family home.
- Family Finding programs, including Roots workers, support Indigenous children and youth to learn about their families, culture, traditions, language and history.
- Collaborative or shared planning and decision-making processes, such as mediation, family group conferencing and traditional decision-making processes, involve family and community members in decision-making and produce plans and agreements that protect children and youth and address the needs of families.
- The use of collaborative decision-making mitigates the need for court involvement, therefore strengthening relationships.
- Traditional decision-making processes are ways of planning and/or resolving disagreements by following community or cultural models and practices.
- For example, in some Indigenous communities, Elders may have a key role to play in guiding families and social workers through decision-making processes.
- The Family Group Conference or Family Case Planning Conference, which is also known as family group decision-making, is one type of shared decision-making process for families who are receiving child welfare services.
- Mediation is a collaborative way to reach agreements between parents, families and the ministry/DAAs on the best plan for a child's safety and well-being by focusing on underlying interests and identifying common ground.
- The process is facilitated by an independent third party (the mediator) through Mediate BC to deliver child protection mediation services to MCFD and DAAs.

CROSS-REFERENCE:

- Overview of Delegated Aboriginal Agencies

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Managing Performance and Delegation for Child Protection Workers

KEY MESSAGES:

- The powers, duties and functions conferred on a Director under the *Child, Family and Community Service Act* (CFCSA) are among the most powerful authorities in society.
- For example, the authority to investigate a child's need for protection and the authority to remove a child from a parent's care.
- With these powers comes a duty of care that a Director owes to the people served, many of whom include some of society's most vulnerable members.
- A Director must have confidence that the individuals who are delegated will represent the Director in an appropriate and responsible manner, in accordance with statutory provisions, as the Director remains legally responsible for the actions or omissions of those delegated.
- Delegation may be revoked or changed at the discretion of the Director.
- Delegation of authority is based on the delegated person having achieved and demonstrated the necessary competence through education, competency-based training, standardized assessment, and supervised practice.
- In January 2019, the Provincial Director of Child Welfare expanded the educational and experiential qualifications for child protection, guardianship, and resource positions in the ministry that require CFCSA delegation.

BACKGROUND:

- The preferred educational qualifications for delegation are:
    - Bachelor or Master's degree in Social Work;
    - Bachelor or Master's degree in Child and Youth Care; and,
    - Master of Educational Counselling Psychology/Master of Arts in Counselling Psychology, with completion of a practicum in family and child welfare.
- In January 2019, the educational qualifications were expanded to include a related degree in a human services field plus a minimum of two years of post-degree related experience working with children and youth. Related education

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includes Psychology, Sociology, Criminology, Anthropology, Early Childhood Education, Indigenous Studies, Education, or Nursing.

- In accordance with Section 91 of the CFCSA, the Minister may designate one or more persons as Directors for the purposes of the Act, which includes the provision of child protection, family support and guardianship services.
- Section 92 of the CFCSA gives a Designated Director the power to entrust and empower others to act on his or her behalf through delegation. A delegation of authority must be in writing and may include any terms and conditions the Director considers advisable; this delegation may be withdrawn or changed at the Director's discretion.
- Delegated Aboriginal Agencies (DAAs) have their own processes for managing performance and delegation of workers. DAA workers receive their delegation from the Deputy Director, Aboriginal Services Branch, within the division of the Provincial Director of Child Welfare. The Deputy Director is a Designated Director within the ministry.
- Within the ministry, the process for individuals achieving delegation from the point of hire can be summarized as follows:
  - Applicants are screened for eligibility based on criteria, including their established educational qualifications and experience before they are considered further in a recruitment process.
  - Screened-in applicants go through an assessment process that consists of steps such as interviews, reference checks and an assessment of past work performance. Through the hiring process, applicants are assessed for a beginning level of competence with the ministry's Child and Youth Safety and Support competencies.
  - Successful completion of a criminal record check under the *Criminal Records Review Act* is required before an applicant can be confirmed for a position. This involves a search for convictions, penalties and outstanding charges and is reviewed against a list of relevant or specified offences to determine the risk an individual may pose in working with children or vulnerable adults.
  - All BC Public Service employees are required to formally acknowledge in writing that they have received, read, and understand the Standards of Conduct. The requirement to comply with these standards is a condition of employment and employees who fail to comply with these standards may be subject to disciplinary action up to and including dismissal.
  - All BC Public Service employees and appointees are required to complete the BC Public Service Oath of Employment.

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  - Newly hired child protection workers must successfully complete a six-month probation period and complete post-hire training. Learning for new hires is supported through an extensive repository of on-line information, classroom training, job-based activities, and a graduated increase in case responsibilities under the guidance and direction of supervisors and senior practitioners.
  - To receive full delegation, all candidates must successfully complete the competency-based Delegation Assessment and Readiness Tool that promotes clinical supervision, critical thinking, and reflective practice.
- Ongoing child welfare practice is conducted in accordance with relevant practice standards and policies that require team leader consultation and approval for many key actions and decisions in child welfare service delivery. Ministry standards reflect the legislated mandate that the safety and well-being of children is the paramount consideration.
- Child welfare practice is supported by clinical supervision from Team Leaders and each service delivery area in B.C. has a Director of Practice and consultants available to support practice.
- Ongoing performance management is supported through the development and assessment of work goals, learning goals and career development goals in employee MyPerformance profiles.

CROSS-REFERENCE: N/A

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
OFFICE OF THE PROVINCIAL DIRECTOR AND ABORIGINAL SERVICES
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Contracted Agencies Providing Care Services

KEY MESSAGES:

- Every child and youth deserves to be supported to reach their goals, and we are committed to building a system of supports that puts them and their individual needs at the centre.
- There are currently gaps in our system of supports and specialized care for vulnerable children and youth – gaps that exist not only for children and youth in care, but also for many families who are caring for children with complex health and other support needs.
- We are addressing these gaps by implementing a network of Specialized Homes and Support Services (SHSS) (previously referred to as contracted residential agencies or services).
- Together with our partners, we are designing a network of specialized services that focus on keeping families together, supporting children and families in crisis with therapeutic and healing opportunities, and providing specialized living arrangements for children and youth with complex needs.
- We are poised to begin the phased implementation of these services across B.C. communities in 2022.
- Throughout this implementation, we remain focused on three key priorities:
    - Ensuring that changes are considered first through the lens of what is in the best interest of the individual child/youth/family;
    - Ensuring that all efforts are made to keep children connected to their family, culture and community; and,
    - Ensuring that we minimize disruption in our service provider community.

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BACKGROUND:

- Contracted agencies providing care services operate under contract with the ministry to provide 24-hour care to children and youth who cannot live safely at home. Historically, children and youth are placed in this care model due to their complex behavioural, medical or mental health needs.
- Since 2014, the Ministry has implemented processes to improve the oversight of contracted agencies.
    - In 2014, introduced a new screening and approval process, including an updated caregiver policy;
    - In 2017, implemented a new policy for investigating reports of maltreatment of children and youth placed in staffed resources;
    - In June 2017, implementation of a Self Report Audit Tool (SRAT) to monitor compliance with the screening and assessment of caregivers in contracted agencies policy;
    - Since April 2018, all current and prospective contracted agency caregivers looking after children in care are also screened through the Centralized Services Hub; and,
    - The Ministry is continuing to conduct audits of contracted agencies to examine their finances, compliance with screening of caregivers.
- Calls to action from partners, community, the Office of the Auditor General etc. have been clear – the system of contracted care is not working, despite the good work of service providers and front-line workers.
- In response, the ministry is improving the continuum of services and support for children, youth and families through the SHSS transformation. These services will be accessible to children/youth based on their needs, regardless of whether they are in care, in an out-of-care arrangement, or not in care.
- Separate to the phased implementation of SHSS, the Ministry is also taking part in a parallel engagement process with Indigenous organization, rights holders and communities to understand how this work aligns with Indigenous visions for child and family services.

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Review of Adoption Agency Regulatory Framework and Intercountry Adoption Services

KEY MESSAGES:

Intercountry Adoption Review

- In B.C., international adoption services are provided exclusively through adoption agencies, which are licensed by the Ministry of Children and Family Development.
- B.C.'s licensed adoption agencies are independent, non-profit organizations responsible for their own funding, operating decisions and the success of their organizations.
- The Ministry is undertaking a regulatory review of intercountry adoption services.
- The Ministry has signed a contract with KPMG to undertake the intercountry adoption service and regulatory framework review, which is underway until June 30, 2022.
- International adoption services continue to be available to B.C. families through The Adoption Centre of BC and Sunrise Family Services Society.

Why review is needed

- Many of the Ministry's policies and procedures date back to the 1990s and may require significant changes based on many of the lessons learned since then.
- Since 2000, five B.C. adoption agencies have closed their doors.
- Over the past decade, international adoptions have decreased as more countries are choosing to keep their children within their own borders and connected to their home culture.
- A regulatory review will explore the ministry's oversight of independent adoption agencies in B.C., with consideration for the shifting adoption landscape.

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- The scope of this review has broadened to examine not only the licensed adoption agency model, but how intercountry adoption services are provided, so we can continue to provide the best services and supports for B.C. families.

BACKGROUND:

- Licensed adoption agencies provide domestic and intercountry adoption services under the *Adoption Act*, enabling the Ministry and Delegated Aboriginal Agencies to focus on achieving permanency for children who are in the continuing custody of the Director under the *Child, Family and Community Service Act*.
- The Provincial Director of Adoption licenses and regulates agencies under the Adoption Agency Regulation (AAR).
- Since the AAR came into force in 1996, declining intercountry adoption rates have resulted in significant financial implications for adoption agencies. As a result, the number of agencies in B.C. has decreased from seven to two. Despite these and other issues, only minor amendments have been made to the AAR.
- Advice/Recommentations; Government Financial Information
-
- The external review of B.C.'s adoption agency regulatory framework and intercountry adoption services began in September 2021 by KPMG LLP. A final report with recommendations is expected to be delivered to the Ministry by June 30, 2022.
- The agency-based service delivery model has changed substantially since it was implemented in 1996. The review will determine whether:
    - the current framework supports effective and efficient agency regulation in the public interest,
    - the intercountry adoption service delivery model aligns with Government's strategic direction regarding permanency for children

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and youth and enables Government to meet its international obligations under the Hague Convention, and

- there are other models of intercountry adoption services that might better meet the needs of children and families.

- The review is transformative in scope, evaluating the entire adoption agency regulatory framework and the delivery of intercountry adoption services in B.C. This review will provide a thorough assessment of the current approach and identify opportunities for improvement and modernization.
- Engagement has been completed with key partners on the challenges and opportunities within the current model and will inform the recommendations in the final report.

CROSS-REFERENCE:

- **Note 3.2 –** Permanency for Children in Care

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Child and Youth Mental Health

KEY MESSAGES:

- Every child and youth deserve to have the support they need to live a full and healthy life and reach their goals.
- Child and Youth Mental Health (CYMH) provides free and voluntary evidence-informed mental health services – either in-person or virtually – to children and youth (aged 0-19) who are experiencing moderate to severe mental health challenges and disorders.
- CYMH services operate within an integrated system of supports.
- It is expected that all Ministry services work in collaboration with: Health Authorities; health and substance-use services; community-based social service providers; Delegated Aboriginal Agencies; Foundry centres; and contracted agencies and other services.
    - For example: children and youth with early psychosis require a close partnership between CYMH clinicians and Early Psychosis Intervention (EPI) programs provided by Health Authorities.
- In the last 24 months, the Ministry has made progress toward addressing gaps in the continuum of services by providing step-up step-down outreach services, low-barrier stabilization care and operationalizing integrated child and youth teams in select locations.
- Children and youth who present with urgent issues, such as suicidal thoughts, are immediately fast-tracked to a mental health practitioner for evaluation and safety planning.
- In emergency situations, parents and caregivers are encouraged to call 911 or take their child or youth to the nearest hospital emergency department.

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BACKGROUND:

- CYMH offers a continuum of services, from prevention and community-based supports like counselling, through to specialized intervention and bed-based clinical treatment (i.e., through The Maples).
- CYMH services are guided by a service framework that ensures consistency across its 88[i] MCFD teams.
- Some services are considered 'core' and are available everywhere, while others are considered 'specialized' and are not necessarily available across all teams.
- Within the 88[i] MCFD teams, there are 504 CYMH practitioners[ii] who saw 22,454 children and youth between April 2021 and December 31, 2021[iii].
- These teams are comprised of a variety of professionals – including social workers and nurses with mental-health expertise, clinical counsellors, psychologists, and contracted psychiatrists.
- In the areas of Vancouver/Richmond and Prince George, MCFD does not directly provide CYMH services. In these areas, the services are delivered via contract with Vancouver Coastal Health (Vancouver/Richmond) and Intersect Youth and Family Services (Prince George).
- The Ministry's mental health services include:
    - Core services provided through community-based CYMH and Indigenous CYMH teams and Integrated Child and Youth (ICY) teams in select locations – these are offered through Ministry offices, Delegated Aboriginal Agencies, Foundry Youth Centres, contracted agencies, community outreach and schools. The CYMH Service Framework identifies six (6) Core Services, including:
        - Referral and Intake
        - Initial Services
        - Assessment Services
        - Therapy and Intervention Services
        - Consultation Services
        - And Urgent Response
    - Bed-based services are provided through the Maples Adolescent Treatment Centre. The Maples is a provincial tertiary designated mental health facility providing assessment and treatment for youth aged 12 to 17 years old – both on site and in community-based

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programs and services – as well as training and support for caregivers and families. The Maples provides voluntary mental health services under the *Mental Health Act* and is also the designated treatment facility for youth found unfit to stand trial and not criminally responsible due to mental disorder (NCRMD) under the Criminal Code of Canada and *Youth Criminal Justice Act*. There are six (6) key programs and 22 on-site beds serving the entire province:

    - Response Program, Care Plan Consultants, Dala Program, Crossroads Program, Bifröst Program, and the Connect Attachment Program.
  - Youth Forensic Psychiatric Services provides court-mandated forensic assessments and interventions to youth involved in the justice system and support youth who are on community or custody supervision via:
    - an in-Patient Assessment Unit in Burnaby; and
    - outpatient clinics in Vancouver, Burnaby, Langley, Victoria, Nanaimo, Prince George, Kamloops, and Kelowna.
  - Prevention and Early Intervention (PEI) initiatives, including:
    - School mental health prevention services; and
    - Contracted provincial initiatives that support PEI – e.g., Confident Parents: Thriving Kids, Everyday Anxiety Strategies for Educators (EASE), and FamilySmart.
  - Specialized Services:
    - Infant/Early Childhood Mental Health
    - Early Psychosis Intervention (EPI)
    - Developmental Disabilities Mental Health
    - Concurrent Disorders
    - Eating Disorders
- The Ministry is responding to a concerning increase in eating disorders seen globally, (including here in B.C.) because of increased risk and symptoms and a greater risk of relapse associated with the pandemic. The Ministry is supporting a knowledge exchange of eating disorder learning resources and exploring training options to support CYMH clinicians and teams.
- The Ministry is working with the Ministry of Health, Ministry of Mental Health and Addictions, Health Authority partners, contracted agencies and other

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services to support integration across the continuum of Eating Disorder services, including *A Pathway to Hope* initiatives.

- CYMH has and continues to work with external partners to research and develop practice guidelines that address the unique needs of vulnerable populations, including Indigenous youth, LGBTQ2S+ youth, and youth who self-harm.
- The Ministry works to ensure its CYMH services align with and support the government's vision for mental-health and substance-use services, as outlined in *A Pathway to Hope.* In 2021/22, part of *A Pathway to Hope* funding was provided to MCFD to support:
    - Prevention and early intervention initiatives;
    - Integrated Child and Youth (ICY) teams that work to fill gaps in service and shorten wait times in the current system of mental health and substance use care; children and youth in need will receive services and supports tailored to their unique situation, delivered by a team of experts in school and outreach settings; and
    - Step-up/Step-down services that provide more intensive and concentrated supports for children and youth in communities or when they are transitioning out of inpatient-based services.

CROSS REFERENCE:

- COVID-19 Updates CYMH

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[i] 2019 CYMH Service Inventory, CYMH Policy team
[ii] Adjusted to remove Maples and Complex Needs Facility employees.
[iii] Data Source: Modelling, Analysis, and Information Management (MAIM)
Note that this data is for the fiscal year to date as of Dec 31, 2021, leaving 3 months to the end of the fiscal year. This data does not include Vancouver Coastal Health (VCH).

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Child and Youth Mental Health Services

KEY MESSAGES:

- We know how important it is for young people and their families to be able to reach out for help and get that help when they need it.
- Each year, Child and Youth Mental Health (CYMH) provides services to over 25,000 children and youth (aged 0-18) with moderate to severe mental health challenges.
- This is approximately one third of the estimated 84,000 children and youth in British Columbia that the Canadian Mental Health Association identified as needing mental health support.
- CYMH services are provided to children, youth and their families through multi-disciplinary teams of highly trained Masters-level Clinicians, Psychologists, Psychiatrists and Support Workers.
- CYMH practitioners offer trauma-informed, evidence-informed treatments and wise practices to children, youth, and their families.
- Services offered include intake assessment and development of initial support plans, comprehensive mental health assessments and intervention/treatment plans, individual, group and family therapy, consultations, and wrap around care plans involving other service providers.
- Anxiety is the most common mental health problem that children and youth face, though many young people have more complex conditions.
- At CYMH, each child and youth presents, on average, with four problem areas.
- This may include conditions such as anxiety and depressed mood, suicidal thoughts, developmental support needs and others.
- Increased numbers of children and youth have experienced disordered eating and suicidal thoughts this year (2021) compared to previous years.
- The mental health symptoms that children and youth experience, when they access CYMH, cause problems for them that range in severity and complexity, and may be chronic. Children and youth experiencing severe, complex and chronic challenges often need more frequent, intensive and longer-term services, which involve working

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with the child or youth, their family, and a multidisciplinary team of community service providers.

- Youth and families are offered the choice of either in-person or virtual services.
- Provincially, 59% of services to children, youth and families accessed in-person services in 2021, while 41% accessed virtual services.
- CYMH practitioners work collaboratively with cross-ministry and community partners to offer outreach services to children, youth and families through school-based teams, integrated hubs and wellness centres, including Foundry Centres, in many communities in British Columbia.
- Advice/Recommentations

Advice/Recommentations average wait times of 70.8 days for services provincially as of December 31, 2021.

- Although wait times, provincially, have grown, demand for service has remained fairly consistent over the past five years, with a provincial five-year average of 16,000 children and youth referred to CYMH each year.
- The growth in wait times may be due, in part, to a recent escalation in CYMH Clinician vacancies, as well as children, youth and families presenting with more acute and complex situations.
- Though fewer children and youth were referred to CYMH at the start of the COVID-19 pandemic when Public Health Orders were implemented to reduce the risk of transmission, referrals of children and youth to CYMH increased by 10% between April to December 2021 as compared to the same time period in 2020.
- Children and youth who presented to CYMH with eating disorders, suicidal thoughts, self-harm and suicidal acts increased by 17% (or 443 more children/youth) between April to December 2021 as compared to the same period in 2020.
- Many children and youth receive services right away and are not placed on a waitlist.
- The five-year provincial average for children and youth who received services right away with no wait time is 19%.
- This includes children and youth who present with urgent mental health challenges, such as suicide concerns.
- These children and youth are seen urgently for assessment and practitioners work with families and community supports to develop safety and support plans.
- Between April to December 2021, 77 more children and youth received services right away compared to the same period in 2020.

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- When children and youth are placed on the CYMH waitlist, they are offered brief sessions, group interventions, resources, and referrals to community supports while they wait, and families are encouraged to contact CYMH if their child's mental health symptoms change.
- Approximately 42% of children and youth on the CYMH provincial waitlist on December 31, 2021, received a CYMH service while waiting for other CYMH services.
- Children and youth with mild to moderate mental health needs wait longer for services because practitioners first attend to the needs of children and youth with highly acute mental health conditions, as determined by the CYMH Referral and Intake Response Scale (Appendix 1).

BACKGROUND:

- CYMH services are guided by a service framework and overarching policies and practice standards, to ensure quality and consistency across the province.
- Prevention and early intervention mental health services are offered through CYMH groups and contracted initiatives, such as Confident Parents: Thriving Kids, Everyday Anxiety Strategies for Educators (EASE), FamilySmart, and local contracted services.
- Telehealth psychiatric outreach services are offered to families in Northern, rural and remote areas of the province through a contract with BC Children's Hospital.
- MCFD is working with the Ministry of Mental Health and Addictions and cross-ministry partners to ensure CYMH services align with *The Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.*

WORK UNDERWAY:

- To address the recent escalation in CYMH Clinician vacancies, a number of mitigation strategies have been implemented including:
    - Amending practices to shift how services are of offered to meet future demand in light of vacancies
    - Redeployment of staff to assist offices experiencing significant staffing shortages
    - Reassigning non-clinical work to other staff
    - Planning for enhanced recruitment and retention strategies is underway

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- To address growing wait times for service, the ministry has implemented a number of strategies, including:
    - Expanding provincial virtual therapeutic groups
    - Standardizing templates to reduce unnecessary documentation requirements
    - Streamlining the intake process with an alternative method of administering the intake screening questionnaire
    - Monitoring regular caseloads and waitlists
    - Developing an inventory of mental health resources that practitioners can share with families.

APPENDIX 1:

CHILD AND YOUTH MENTAL HEALTH: REFERRAL AND INTAKE RESPONSE SCALE

CROSS-REFERENCE:

- **Note 4.1 –** Overview of CYMH

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Child and Youth Mental Health

Referral and Intake Response Scale

Ministry of Children and Family Development

July 10, 2015

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INTRODUCTION

Background

The Ministry of Children and Family Development (MCFD) *Child and Youth Mental Health* (CYMH) *Referral and Intake Scale* (Scale) provides information regarding the management of referrals and intakes for CYMH and Aboriginal CYMH (ACYMH) community-based mental health teams[1]. The Scale is linked to and complements the standards and procedures in the CYMH Referral and Intake Policy. It is associated with the Child and Youth Strategic Initiative focus on enhancing access to CYMH services through enhancements such as the CYMH Intake Clinic Model, the CYMH Toolkit, the provincial Online Map of Child and Youth Mental Health Services (http://www.health.gov.bc.ca/healthy-minds/cymhsu-servicesmap.html), and the work to enhance waitlist management for those experiencing a wait for service.

Development of the Scale was informed by a review of research and cross-jurisdictional literature examining intake screening and triage processes for mental health services, with a specific focus on child and youth mental health. The Scale is modeled after the *Statewide Mental Health Triage Scale Guidelines* from Australia (Victorian Government Department of Health, 2010). See Appendix 1 for additional information about the process that informed the development of the *CYMH Referral and Intake Response Scale*.

When children, youth and families/caregivers contact CYMH to seek service they may be under considerable stress, and their first experiences with CYMH may play a significant role in whether or not they engage in services. Unfortunately, research indicates that "Low family engagement and retention are significant problems for mental health prevention and intervention programs. Anywhere from 20 to 80% of families drop out prematurely, with many receiving less than half of the prescribed intervention" (Ingoldsby, 2010, p. 629). Strengthening the engagement of children, youth and their families *begins at the first point of contact*, and implementation of Scale is intended to support this by building on MCFD's commitment to the use of family-centred approaches. MCFD CYMH promotes a balance between child- and youth-centered and family-centered approaches to mental health and mental health care that respects and supports the rights of young people, as well as the essential caregiving role that families play in their lives. Specific resources to assist practitioners and managers in building on existing family-centred approaches include (1) FamilySmart™ material available through the Institute of Families[2] and (2) the Quick Reference on Family Centred Approach document (see pages 10-11 for additional information). It is important to emphasize that the "team" that supports the child or youth is inclusive of their family, as well as formal and informal support and service providers.

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[1] CYMH includes general and Aboriginal CYMH practitioners/teams.

[2] See http://www.instituteoffamilies.ca/familysmart for resources. FamilySmart™ is a values-based approach to listening, understanding and responding to the mental health concerns of children, youth and their families. FamilySmart™ takes a family-centred approach to the next level by explicitly acknowledging that families are the drivers of decision making for themselves at the service level, and in partnership with other families at the system level.

The *MCFD CYMH Referral and Intake Response Scale* is designed to accompany the *MCFD Referral and Intake Policy B-1* (2014, revised) and to assist with the management and triage of referrals to the CYMH and Aboriginal CYMH community-based teams. It aligns with the *MCFD CYMH Waitlist Management Policy B-2* (2014, revised) and the Waitlist Priority Ranking Tool.

Development of the MCFD CYMH Referral and Intake Scale was informed by a review of best practice literature on mental health triage/intake and through consultations with a CYMH Referral and Intake Policy working group, with the CYMH Provincial Advisory Committee, a piloting process involving CYMH teams implementing the Intake Clinic walk-in model, and consultation with representatives from the F.O.R.C.E.[3] . The Scale document:

- is based on the evidence available at the time that the document was written/revised (see Appendix 1); and,
- will be updated if/as required (see Document History table).

MCFD Children and Youth Mental Health Referral and Intake Response Scale Document History		
Version	*Date*	*Nature of Revisions*
First Approved (1.0) Document Published	July 10, 2015	N/A
Date of Next Planned Review	September 2015	Link to be added for Families at the Centre document
Date of minor revision (1.1, 1.2, etc.)		
Date of major revision (2.0, 3.0, etc.)		

[3] The F.O.R.C.E. Society for Kids' Mental Health is a provincial organization that provides families with an opportunity to speak with other families who understand and may be able to offer support or advice on what has worked for them. MCFD is one of the funders for the F.O.R.C.E., with part of the funding targeted to supporting family consultation on CYMH policy development.

THE CYMH REFERRAL AND INTAKE RESPONSE SCALE

These guidelines should be used in conjunction with and are a complement to:

- CYMH Referral and Intake Policy B-1
- CYMH Waitlist Management Policy B-2
- CYMH Suicide Prevention, Intervention and Postvention Policy B-17
- CYMH Mental Health Crisis Response Policy B-5
- CYMH Mental Health Crisis Response Appendix B-5A
- Practice Guidelines for Working with Children and Youth At-Risk for Suicide in Community Mental Health Settings

Overview of the scale

The CYMH Referral and Intake Scale (see next 3 pages - ***a black & white printer version is available in Appendix 3***) provides guidance for linking the results of the mental health referral and intake processes to appropriate service responses that address identified infant, child and youth mental health needs. The intent is to provide supportive guidance to practitioners and contribute to enhanced consistency in referral and intake processes across the CYMH/ACYMH provincial system. However, the Scale is not intended to be prescriptive, or to substitute for clinical judgment and decision-making. It is likely that experienced intake clinicians will find the Scale validates their existing practice and it may be most useful when orienting new staff to the intake function. Finally, the Scale should be used in conjunction with existing local joint protocols for emergency and crisis responses.

The remainder of this document provides information to assist with use of the Scale. The document begins with an overview of the context for the Scale. This is followed by a review of the CYMH Referral and Intake process and guidance on decision-making factors that inform the use of the Scale. The document concludes with a description of how and when the Scale should be applied.

Note: The current version of the guide should be viewed as a working document that will be modified in response to feedback obtained during initial stages of implementation.

Rationale for the Scale

Recent estimates of clinically significant child and youth disorders indicate that as many as 84,000 children and youth (aged 4-17) are impacted at a given time, but that less than a third are receiving specialized mental health services (Waddell et al., 2014). This estimate does not include the significant additional number of those with milder but distressing levels of mental health concerns, who could also benefit from support. Although the number of children and youth receiving community-based CYMH services increased following implementation of the *Child and Youth Mental Health Plan for British Columbia* (British Columbia, 2003; Berland, 2008) the demand for service has outpaced system capacity to provide timely access to service in many areas throughout the province. This situation is not unique to British Columbia – access to child and youth mental health services are noted to be a concern nationally and internationally (Canadian Association of Paediatric Health Centres, et al., 2010).

Table 1: The CYMH Referral and Intake Scale[4]

Code & Description	Response Type	Typical Presentations	Triage Response Guidelines	Additional Considerations
A **Currently endangering safety of self or others**	**Contact emergency services** **Immediate response required**	• Overdose • Medical emergency • Serious self-harm in progress • Violence or significant threats of violence	Consult TL/Clinical Supervisor Facilitate immediate access to appropriate emergency services and collaborate with hospitals and tertiary facilities to ensure continuity of care and follow-up regarding mental health issues Follow local joint protocols or processes for emergency and crisis responses	If contact by phone, keep caller on the line until emergency service arrives Notify other relevant services if/as required (e.g., child protection, police) If call initiated by youth, contact parent/guardians if not already involved Ask if there are other children needing support in the home at this time
B **At high risk of imminent harm**	**Very Urgent response**	• Report of potentially severe or extreme suicide risk[5] • High risk behavior associated with mental health crisis or deterioration (e.g., thought /perceptual disturbances) • Severe dysregulation/impulse control problems and/or homicidal ideation, with a high potential of harm to self or others • Along with above, child or youth deemed safe to wait for same-day crisis assessment and/or is deemed safe for transport by adult caregiver	Consult TL/Clinical Supervisor Facilitate immediate access to appropriate emergency services when initial contact suggests children or youth may be at severe or extreme risk of suicide, and collaborate with hospitals and tertiary facilities to ensure continuity of care and follow-up regarding mental health issues Follow local joint protocols or processes to respond to urgent situations. In some communities this may include facilitating access to: • Outreach clinical assessment if available (e.g., Crisis Assessment and Response Team), **and/or** • Mental health assessment at local ER.	Provide and/or arrange for support while awaiting outreach crisis assessment Support parent/caregiver to arrange for safe transport of child or youth if/as required to attend crisis assessment If call is initiated by a youth, contact & engage parents/ guardians if not already involved Provide/arrange telephone consultation to other involved/to-be-involved service providers, especially if crisis situation involves past/current CYMH service users known to CYMH Notify other relevant services if/as required

[4] Adapted from *Australian Mental Health Triage Scale* (Retrieved June 20, 2014 from http://www.health.vic.gov.au/mentalhealth/triage/scale.htm)

[5] For policy and additional guidance regarding working with children and youth at risk for suicide, see:

- Policy B-17: CYMH Suicide Prevention, Intervention & Postvention for suicide risk classification definitions & policy/procedures related to suicide risk
- Practice Guidelines for Working with Children and Youth At-Risk for Suicide in Community Mental Health Settings
- MCFD CYMH Preventing Youth Suicide Website – Information for Professionals

Code & Description	Response Type	Typical Presentations	Triage Response Guidelines	Additional Considerations
C **Moderate risk of harm to self or others and/or high levels of distress, complexity and functional impact, especially in absence of family and community support**	**CYMH/ ACYMH Service as soon as possible**	• Suicide risk assessment indicates – moderate, possibly including chronic as long as current risk is not severe or extreme, and appropriate short-term safety plan is in place • Risk of harm to others – history of significant aggression to others, recent escalation in behavioral outbursts that result in harm, or persistent aggression • Significant/high mental health symptoms and distress (e.g., high scores on BCFPI, Int, Ext – T score 75-80+ ; see BCFPI User Guide) • Significant impact on function in multiple domains • Highly complex/comorbid mental health and other problems, including trauma • Unstable clinical conditions/potential to deteriorate • Limited insight that results in increased risk • Relative lack of protective factors (individual, family, community)	**Schedule face-to-face assessment as soon as possible** Consult TL/Clinical Supervisor Develop Plan for Initial Supports and Services and provide copy to mature minor/parent/caregiver and other involved support and service providers (as indicated in CYMH Referral and Intake Policy) If wait for intervention supports and services are required, assign Very High priority rank (1) from the CYMH Waitlist Priority Ranking Tool If not already involved seek to engage other appropriate services relevant to presenting issues, with appropriate consent and agreement of providers	Consider need for outreach and/or other engagement efforts if screening suggests potentially difficult-to-engage child, youth and/or family Consult with other involved service providers to ensure continuous, collaborative care If wait for intervention supports and services are required, consult with TL/Clinical supervisor and consider arranging for assignment to clinician who can serve as designated contact person for family and can arrange for active follow up contacts if/as required
D **Moderate risk of harm and/or significant distress that strains family and/or community capacity to support**	**CYMH/ ACYMH Services**	• Suicide risk – mild to moderate, possibly including chronic as long as current risk is not severe or extreme, and safety plan is in place • Risk of harm to others – moderate risk due to frequent aggression or serious antisocial behavior • Moderate levels of symptoms, distress • Moderate impacts on function • **Single** problem area of high elevation (e.g., T-score over 80) and functional impact OR multiple problem areas of with moderate clinical elevation (e.g., number of BCFPI problem areas over T score of 70; see BCFPI User Guide) • Multiple adverse experiences/risk factors • Some insight into difficulties/willing to engage • Presence of individual, family, community protective factors	Develop Initial Supports and Services plan and provide copy to mature minor/parent/caregiver and other involved support and service providers (as indicated in CYMH Referral and Intake Policy) If wait for service is required, assign High priority rank (2) the CYMH Waitlist Priority Ranking Tool If mature minor and/or parent choses other or additional service provider (e.g., Pediatrician, Psychiatrist, GP, private mental health practitioner), provide active system navigation to support connection, continuity of care, and collaborative care as required	As above

Code & Description	Response Type	Typical Presentations	Triage Response Guidelines	Additional Considerations
E **Minimal or mild risk of harm to self & clinically significant distress and dysfunction**	**CYMH/ ACYMH Services**	• Mild/moderate single disorder or problem area (e.g., T score above 70 see BCFPI User Guide) • Clinically significant but mild levels of distress or dysfunction (Functioning domains T= ≥ 70) • Stable symptoms, with need for intervention, but manageable short-term impacts on the child, youth and their family • Single mental health problem/disorder (as above) or multiple mild mental health problem areas without negative impact from other disabilities/comorbidity • Suicide risk – minimal to mild • Risk of harm to others – no danger or infrequent/minor risks • Absence of significant risk factors/adverse experiences • Evidence of multiple protective factors	Develop Plan for Initial Supports and Services and provide copy to mature minor/parent/caregiver and other involved support and service providers (as indicated in CYMH Referral and Intake Policy) If wait for service is required, assign Moderate priority rank (3) the CYMH Waitlist Priority Ranking Tool If mature minor and/or parent choses other or additional service provider (e.g., Pediatrician, Psychiatrist, GP, private mental health practitioner, Aboriginal wellness), provide active system navigation to support connection, continuity of care, and	As above
F **"at risk" for mental health disorder**	**Risk Reduction and/or Active System Navigation**	• Intake screening indicates borderline level problem(s) (e.g., T-scores between 65-70; see BCFPI User Guide) • Presence of significant mental health risk factors • Relative absence of adequate individual, family and/or community protective factors/resources	If CYMH/ACYMH team/SDA capacity allows, arrange for CYMH/ACYMH early intervention groups Provide active system navigation to connect mature minor and/or parent/caregiver to other community-based services (skills groups, support groups, parent groups,) Provide advice and information about mental health resources (i.e., provide link to/copy of CYMH Toolkit, connect with Kelty Mental Health Resource Centre)	Provide link to Online Map of child and youth mental health services (http://www.health.gov.bc.ca/healthy-minds/cymhsu-servicesmap.html) Support active connection with other services through formal referral/info sharing (with appropriate consent), encourage mature minor/caregiver to call back if unable to access service and/or arrange to follow-up with them
G **Information or advice only or CYMH/ACYMH in need of additional information**	**General advice OR More info required**	• Issues do not involve or require mental health supports or services • Individual is seeking general mental health information about a topic or resource • Phone-based contact, non-urgent request for service	Redirect to appropriate resource Provide advice and/or information about mental health topic or resources **Or** Arrange to collect information to complete Referral and Intake process	CYMH Consultation Policy guidance explicitly states that CYMH practitioner may only provide general information on topic or resource in this situation– i.e., is not specific to individual child or youth.

In British Columbia, concerns about access to child and youth mental health services are cited in major reviews (Berland, 2008; BC Representative for Children and Youth, 2013). In addition to concerns about adequate availability of service, which can result in lengthy waits, the various reports indicate that service users find it very difficult to navigate the complex system of care and that access to services is inconsistent across the province. Berland (2008) recommended "effective and consistent triage processes" as one means of enhancing access, and also recommended that those facing a wait for service receive information and intermediate supports (e.g. parent resource group, psychoeducational resources, self-help material).

The *CYMH Referral and Intake Response Scale* is intended to support effective and consistent triage, and complement other system enhancements completed as part of the *Child and Youth Mental Health Plan* and recent and ongoing work coming out of MCFD's CYMH Strategic Initiative (e.g., waitlist management, system navigation tools, resource materials for families requesting and waiting for mental health supports and services, and transition protocols).

Objectives of the *CYMH Referral and Intake Response Scale* are to:

- Support CYMH/ACYMH practitioners with the initial identification of mental health needs of infants, children and youth presenting to CYMH/ACYMH during the referral and intake process;
- Promote clarity, consistency, efficiency and effectiveness of referral pathways for infants, children and youth seeking assistance with mental health concerns, and their parents/caregivers and other involved professionals and community support providers;
- Support CYMH/ACYMH clinicians in their efforts to proactively connect infants, children and youth with mental health concerns, and their parents/caregivers, to supports and services appropriate to their type and degree of need;
- Support enhanced communication between CYMH/ACYMH clinicians and other service providers and community partners, including when CYMH/ACYMH services are not required;
- Support a structured approach to prioritize the needs of those awaiting services and to record the outcome of the referral and intake processes; and
- Facilitate team level, Service Delivery Area (SDA) level, and provincial level performance monitoring and system enhancements of referral and intake processes.

REFERRAL AND INTAKE PRINCIPLES

A review of intake models indicated there is no 'gold standard' to guide the design of intake (Ontario Centre for Excellence in Child and Youth Mental Health, 2011). However, the review concludes that a focus on the principles and goals of the intake system can support the design of models adapted to fit the local contexts in which the intake system will operate.

The following principles are recommended for all CYMH Referral and Intake:

- **Accessibility:** Infants, children and youth with mental health needs, and their parents/caregivers, should be supported to have easy and timely access to Referral and Intake services. Accessible Referral and Intake can be supported through various processes designed to facilitate timely and

client-centred access to the system of care (e.g., walk-in models, telephone-based, web-based information on how to access Referral and Intake).

- **Consistency:** Children and youth with mental health concerns, their parents/caregivers, and involved community professionals should receive a consistent response to requests for service – with some allowance for planned accommodations to local community contexts – regardless of where they live in BC, or who happens to be providing the Referral and Intake service.
- **Responsiveness:** CYMH Referral and Intake is a specific clinical service that does more than determine eligibility for CYMH services. CYMH Referral and Intake also provides active system navigation and, in cases of emergent or urgent concerns, can involve direct linkages to required services. For those where it is determined that CYMH is not the appropriate service, active system navigation can help connect infants, children, youth and their parents/caregivers to other resources, supports and services.
- **Acceptability**: As an overarching access principle, acceptability refers to services being acceptable, inclusive, welcoming, and engaging for those in need of them. Applied to Referral and Intake for CYMH, key contributors to acceptability include:
    - Family-Centred: Families are engaged in ways that are consistent with a family-centred approach (see Quick Reference on Family Centred Approach [add link when available] and Wilson & Dunst, 2005 "Family-Centred Practices Checklist"). When working to support individual children and youth, and their families, it is important that the "team around the child" is explicitly inclusive of family/caregivers.
    - Culturally-Safe: Services are responsive to cultural and linguistic diversity and are culturally safe and appropriate. Intake and Referral processes are guided by an understanding and appreciation of the importance of culture in the lives of children, youth and their families, particularly within the Aboriginal population of BC.
    - Inclusive: Intake and Referral processes are inclusive and appropriately responsive to issues of diversity, including those related to sexual orientation, gender identification, and disability.
    - Trauma-informed: Children and youth seeking mental health services, and potentially their parents/caregivers, are more likely to have experienced traumatic impacts. It is crucial that trauma-informed approaches are foundational to all components of the services provided to them[6]. For Referral and Intake processes, this includes a need to support and respect client choice and control, and to support emotional and physical safety. Given a primary focus of Intake and Referral is to do a screening sufficient to determine eligibility, it is important to "ask just enough" to determine needs for service and assurance of safety. Referral and Intake screening should avoid in-depth exploration or assessment that could be re-traumatizing.

[6] Family members may not be familiar with the concept of trauma-informed care, or with the rationale behind the use of trauma-screening. It is important that communication about trauma screening and/or trauma-informed care is done in supportive and nonjudgmental ways that frame trauma as common experiences for all, including many parents/caregivers. Trauma-informed care is not about blaming parents. While trauma can be related to the family environment – it can also be due to many other factors. In addition, the family environment can be complicated by the stress the family is under and by a lack of effective supports and services available to parents/caregivers.

- Engagement: Engagement practices used during the referral and intake process can increase the likelihood that child, youth and their parents'/caregivers' first experiences are positive and productive. The literature on child, youth and family engagement suggests that families who perceive or experience barriers (emotional or logistical) are less likely to engage or to remain involved in service. An explicit focus on identifying and addressing barriers is an important component of supporting access to mental health care (Ontario Centre for Excellence in Child and Youth Mental Health, 2011). Children, youth and families first contacts with CYMH are likely to come at a point of increased stress and vulnerability, with a resultant need for increased compassion, flexibility and understanding on the part of those professionals involved at the first points of contact. Child, youth and family coping at the first points of contact may not be indicative of their typical coping style, and may instead reflect the burnout from having coped with challenges for too long.

THE CYMH REFERRAL AND INTAKE PROCESS

The CYMH referral and intake process is an important clinical function that plays a significant role in facilitating access to services for infants, children and youth experiencing mental health problems, and their parents/caregivers and other involved family. This section uses material from policy and other guidelines to provide an overview of the process.

Child and youth mental health intake clinicians provide referral and intake services consistent with the CYMH Referral and Intake Policy B-1. MCFD provides voluntary, community-based mental health services to children, youth under the age of 19 and their families. The ministry also funds similar service on a contractual basis. Consistent with the tenets of the Canada Health Act, CYMH adheres to the principle of universality, which ensures that access to publicly funded health services is available to all Canadians, and that no one is discriminated against on the basis of such factors as income, age and health status.

Figure 1 provides a conceptual model of child and youth mental health services that is based on the World Health Organization tiers of service (BC Representative for Children and Youth, 2013, p. 31). Within this model, CYMH functions as a secondary care mental health service in targeting services to children and youth whose mental health needs cannot be fully met through informal services and/or primary health care. The CYMH referral and intake process helps determine whether children and youth are best served by CYMH or are better served by other services (a list of specific eligibility criteria for CYMH services is provided on page 9).

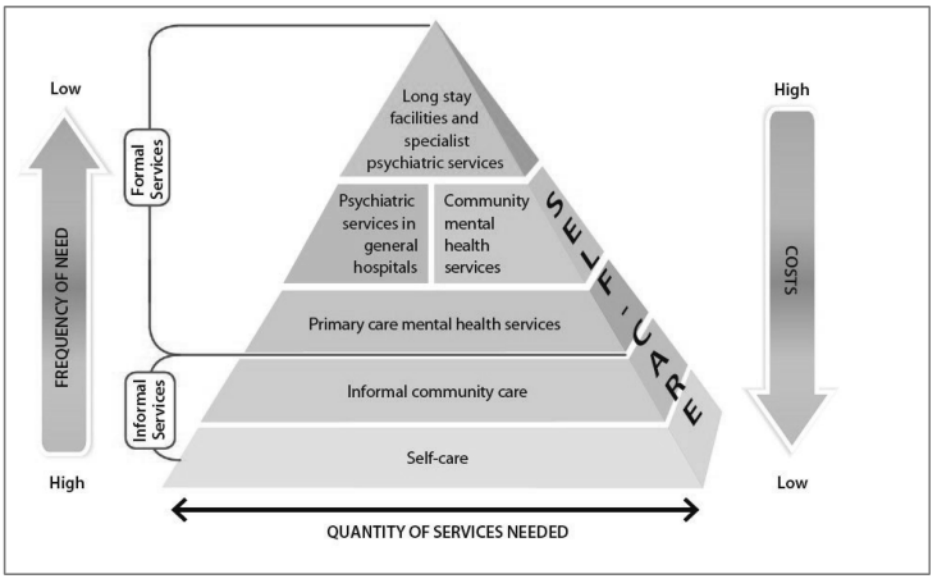


Figure 1: Tiered Model of Child and Youth Mental Health Services

In addition to providing clinical services, CYMH works collaboratively with community partners to deliver prevention and early intervention supports and services. These supports are primarily provided through provincial initiatives, such as the BC FRIENDS for Life program[7], which is an evidence-based anxiety prevention and resiliency program sponsored and coordinated by MCFD. In addition, MCFD funds other prevention and early intervention supports and services through local Service Delivery Area and Local Service Area contracts to community groups and agencies (e.g. Triple P Parenting Program on Vancouver Island).

[7] Also see the BC FRIENDS for Life Parent program, an online resource for parents and other caregivers, developed in partnership with the F.O.R.C.E. Society for Kid's Mental Health: http://www.friendsparentprogram.com/

CYMH practitioners involved in referral and intake consider all referrals received for infants, children and youth with mental health difficulties, including those with co-occurring problems such as dual diagnoses and concurrent disorders as well as those whose environments involve custody and guardianship issues.

There are three main referral sources for CYMH including:

- mature minors/youth,
- parents/caregivers, and
- other service providers including general practitioners, private mental-health practitioners, community health providers, school personnel, and others.

The CYMH referral and intake process is available to all infants, children and youth experiencing mental health challenges, and their parents/caregivers, as a first point of contact with mental health services. The referral and intake process is a specialized clinical function, performed by mental health clinicians (or by clinical students, interns, or support workers under the close supervision of mental health clinicians and with the direction of the Team Leader/Clinical Supervisor). Given that MCFD CYMH/ACYMH community teams do not provide emergency mental health service, their role is to facilitate access to emergency services if these are required. The role of those carrying out the referral and intake function is to conduct an initial screening, evaluate urgency, and respond in a timely and appropriate manner for those with urgent or emergent needs. The role includes some provision of system navigation support for children and youth experiencing mental health challenges, and their families, where a CYMH/ACYMH service is not the most appropriate option to address their type and level of need.

In summary, the role of intake practitioners includes components of three broad functions:

- Screening and determination of eligibility for CYMH services
- Triage
- Active system navigation

The CYMH referral and intake process uses the CYMH Intake Clinic Model, where available; and/or, other intake processes, including telehealth, office-based or outreach as appropriate.

APPLYING THE CYMH REFERRAL AND INTAKE RESPONSE SCALE

Decision-Making

The following sections provide an overview of the main decision-making factors to be considered as part of the determination of eligibility for CYMH service, prioritization of mental health needs, and identification of corresponding triage response. After completing the referral and intake screening process, the intake clinician selects the appropriate/corresponding classification code on the *CYMH Referral and Intake Response Scale,* based on decisions about the common factors considered in relation to triage: (1) need, (2) risk, and (3) urgency (Victorian Government Department of Health, 2010).

In addition to the guidance in this document, there are specific policy and risk assessment guidelines that inform decision-making in relation to eligibility, prioritization, and service responses (i.e., CYMH Referral and Intake Policy B-1, CYMH Waitlist Management Policy B-2, CYMH Suicide Prevention, Intervention and Postvention Policy B-17,and Practice Guidelines for Working with Children and Youth At-Risk for Suicide in Community Mental Health Settings). The information in this section is meant to complement the guidance of those policies and guidelines and align with local emergency response protocols and not replace them.

If there is an apparent conflict between these guidelines and approved policy, intake practitioners should follow existing policy and bring the apparent conflict to the attention of their Team Leader/Clinical Supervisor. The Team Leader can forward identified conflicts to their CYMH regional lead who can collate and forward material to the CYMH Policy Team.

1. Eligibility for CYMH Services: Type and Degree of Need

The type of mental health symptoms and the severity and complexity of those signs and symptoms are keys to determining a child's or youth's need for mental health treatment and support services. An initial screening of the individual child or youth's needs for mental health services is conducted using a standardized mental-health screening tool and the collection of other relevant information[8].

Eligibility for *CYMH clinical treatment and support* services is primarily determined by the:

i Presence of mental health difficulties, signs or symptoms;
ii Evidence for significant functional impairment in activities of daily living including: Family, school, social, and/or occupational functioning; and
iii Results of standardized screening measure[9] symptom domains surpassing clinical thresholds (t score equal to or above 70), with attention to domains related to mental health symptoms and functional impacts.

CYMH works collaboratively with community partners to deliver prevention and early intervention services[3], in order to mitigate presenting risk factors, and increase protective factors to promote mental health. The need for *prevention and/or early intervention services* is determined through the intake screening, and is based on the presence of the following criteria:

i Risk factors for mental disorders; and/or

[8] Other relevant information may include screening for additional problems, reviewing copies of assessments, school reports/report cards, and contact with other professionals involved with the child and family.

[9] The Brief Child and Family Phone Interview (BCFPI) is a core component of the intake process for all referrals, as described in the CYMH Referral and Intake Policy B-1. It may be supplemented by other screening measures as required.

[3] Some CYMH/ACYMH teams may offer some prevention or early intervention services (e.g., through risk-reduction groups available to non-CYMH clients), but in most communities access to such services would come through redirection or referral to contracted or other community services.

ii Limited protective factors; and/or
iii Sub-clinical mental health symptom indicators and/or functional difficulties.

Considerations When Determining Need

In addition to providing a general screening for mental health issues, the initial screening monitors for significant mental health issues that warrant an immediate intervention response and/or a comprehensive mental health assessment. The intake screening involves monitoring for symptoms indicative of potentially high need/urgency (see next section for details).

The initial screening of need should also examine for:

- Complexity of need - such as for those children and youth with co-occurring problems, such as concurrent substance use issues, developmental disabilities, learning disabilities, physical health problems, and other concurrent or previous mental health issues;
- Individual infant, child or youth, family, and/or community risk factors/vulnerabilities; and
- Individual, family, and community strengths, assets and other protective factors.

Some groups of children youth are known to be at higher risk of significant mental health and/or substance use problems, including:

- Those who have a family history of mental illness;
- those with a history of significant adverse childhood experiences (e.g., neglect, abuse, trauma, poverty; other socio-economic adversity)
- those living in the care of government;
- Aboriginal children and youth;
- those involved with the youth justice system;
- those living in families impacted by family mental health and/or substance use problems and/or intimate partner violence;
- street-entrenched and homeless youth;
- those with developmental, learning or physical disabilities; and,
- those with chronic health problems.

It is always important to consider issues beyond the presenting problems themselves when conducting the initial screening, and to consider the potential role of risk factors, environmental circumstances and adverse childhood experiences, as well as individual, family and community strengths, assets and other protective factors. A key factor in determining urgency for children and youth is parent/caregiver capacity to cope with their child's/adolescent's mental health problems, and to provide a safe environment for them.

2. Initial Determination of Risk of Harm

During the CYMH referral and intake process, a crucial component informing initial decision-making is the clinician's perception of the degree of risk for harm for the child or youth (and potentially others).

The Australian triage guidelines (Victorian Government Department of Health, 2010) identify 3 primary domains of risk:

- Risk of harm to self (e.g., suicidal ideation, attempts; self-harm behaviour; mental health crisis that seriously impacts judgment and safety);
- Risk of harm to others (e.g., homicidal intention, threats);
- Risk of harm from others (e.g., child abuse and neglect, bullying, risks due to parental/family mental health/substance use/family violence).

The CYMH intake screening process uses a standard screening tool that helps inform an initial determination about these areas of risk, consistent with the CYMH Referral and Intake Policy. Intake clinicians utilize clinical judgment when making an initial determination that is informed by the results of the screening tool as well as by the information elicited through narrative questions asked during the intake interview and/or from collateral sources.

CYMH practitioner's base their determination of risk on the following guidelines listed in descending order of importance:

i Severity of immediate risk of harm to the client and/or to others; e.g. suicidal ideation, self-harm, homicidal, or threatening behaviour; mental health crisis/psychosis; serious psychotropic medication side-effects or substance use;

ii Potential for harm as a result of risk-taking behaviours, for example, due to disinhibition or difficulties with self-regulation; or due to unusual thinking, perceptions or behavior consistent with psychosis (e.g., hallucinations, delusions, bizarre statements or actions, restless, agitated and disorganised behavior), and,

iii Sudden and/or significant change in basic living skills, social, academic, family, or other key areas of functioning that may be related to serious mental health difficulties.

Additional Resources that can assist with determination of and response to risk include:

- Practice Guidelines for Working with Children and Youth At-Risk for Suicide in Community Mental Health Settings (White, 2014);
- Guide to the Mental Health Act (BC Ministry of Health, 2005);
- BC Handbook for Action on Child Abuse and Neglect: For Service Providers (BC Ministry of Children and Family Development, no date).

3. Urgency and Appropriate Service Response

At all points during the referral and intake process, CYMH practitioners evaluate urgency based on the initial assessment of needs and risks. The determination of urgency is primarily based on immediate to short-term risks.

The determination of urgency includes:

- Upon request for service, an initial brief review to determine urgency completed by an intake practitioner, or another designated clinician, within a time period determined by the Team Leader/ Clinical Supervisor.
- When non-clinical staff receive urgent or emergent requests for service during phone calls or other contacts with service users or other service providers, they immediately bring the request to the attention of the intake practitioner and/or the Team Leader/Clinical Supervisor.

In assessing urgency, practitioners consider factors including:

- The type and severity of risk(s);
- The availability of parents, caregivers or other adults who can provide support to ensure safety; and,
- The degree of stability/instability of the situation (i.e., rapidly escalating or highly unstable situations pose are more urgent).

When and how to apply the CYMH Referral and Intake Response Scale

The CYMH Referral and Intake Response Scale is applied throughout the referral and intake process. The organisation of the Scale is aligned with the existing referral and intake process in that those seeking service are first asked about urgency. If urgency is indicated, the initial questions are focussed on collection of sufficient information to ensure an immediate and appropriate service response to ensure safety, and the collection of any additional information is deferred and contingent on decisions about whether subsequent service will be provided through CYMH/ACYMH or through other services.

For non-urgent referrals, the Scale is applied after completion of the referral and intake process (see CYMH Referral and Intake Policy B-1).

Documentation of the outcome of the Referral and Intake Triage Process:

A. What to include:

Documentation should include a summary of information relevant to the triage outcome. The documentation of the initial triage outcome decision should include the Scale code and label, a summary of the evidence that contributed to the choice of the classification code, and a summary of actions taken (including advice given/contacts with other service providers), and any planned next steps.

If new information gathered later suggests a need to revise the original code, documentation should include the Scale code, the reason for the change, and any new actions taken.

B. Where to document:

The documentation of the outcome of the triage process should follow existing organization policy and procedures. For ACYMH/CYMH teams using the Community and Residential Information System (CARIS), guidance about where to document information is contained in the CARIS training material and other resources on the CYMH CARIS Program Support site. A summary of many of the key points about

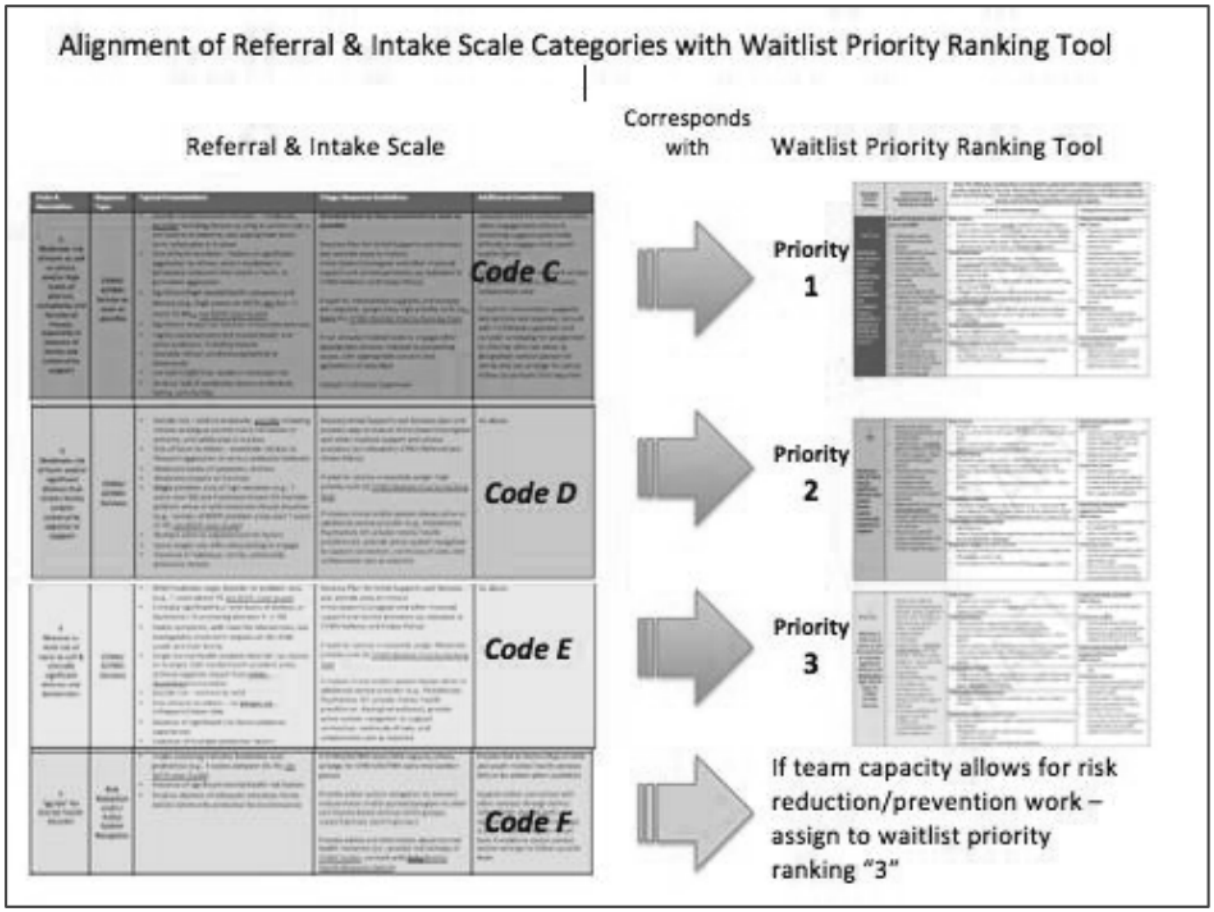
recording referral and intake information is available in the *Records and Forms Operations Child and Youth Mental Health Question & Answer* document.

The Referral and Intake Response Scale and the Waitlist Priority Ranking Tool

Note that the Scale aligns with and is a complement to the Waitlist Priority Ranking Tool (See CYMH Waitlist Management Policy B-2). The following summarizes the relative use of the Scale and Waitlist Priority Ranking Tool:

- The Referral and Intake Response Scale:
    - Applies to decision-making/triage of all infants, children and youth referred for CYMH services, and their parents/caregivers;
    - Includes 6 classification codes that cover the range of different types of presenting problems experienced by infants, children and youth referred for CYMH, including those requiring immediate emergent or urgent responses, those who will receive scheduled CYMH services, and those who are not eligible for CYMH clinical services and will receive active system navigation/redirection to other supports and services.

- The Waitlist Priority Ranking Tool (Appendix 2):
    - Only applies to those infants, children and youth, and their parents/caregivers, experiencing a wait for service;
    - Includes 3 priority ranking codes that are used in documentation of waitlist priority ranking;
    - Includes information about child and youth considerations, and family/community considerations that inform waitlist priority ranking decisions;
    - Aligns with the Referral Intake and Response Scale Ranking (i.e., numbers 1, 2,3 from the Waitlist Priority Ranking correspond to Referral and Intake Response Scale codes C, D, or E (and possibly F, which is the code for those who are at risk for mental disorders).


Alignment of Referral & Intake Scale Categories with Waitlist Priority Ranking Tool
Referral & Intake Scale
Corresponds with
Waitlist Priority Ranking Tool
Code C
Code D
Code E
Code F
Priority 1
Priority 2
Priority 3
If team capacity allows for risk reduction/prevention work – assign to waitlist priority ranking "3"

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Appendix 1: Defining Best Practices in Referral and Intake Responses for CYMH

Development of the CYMH Referral and Intake Response Scale was informed by a selective review of research and cross-jurisdictional literature on the topic. The review included examination of literature on mental health triage tools, child and youth mental health screening processes, and child and youth mental health intake processes.

Although there are many publications on the aforementioned topics, there is little research evidence – outside of that on mental health screening tools – to guide the design of referral and intake response processes. A review of literature on mental health screening tools was done as part of the *Child and Youth Mental Health Plan,* and resulted in the selection of the Brief Child and Family Phone Interview as the most suitable resource for CYMH (BC Ministry of Children and Family Development, 2014). A recent Ontario review of child and youth intake processes stated, "The literature on intake for child and youth mental health services is relatively scarce, as is the research literature on intake services in general. As such, there is no evidence-informed 'gold standard' model" (Ontario Centre for Excellence in Child and Youth Mental Health, 2011, p. 1).

The role of CYMH/ACYMH intake clinicians has overlap with triage/first responders and with system navigators. Similar to the role of a triage first responder, the role includes initial screening-level assessment of need sufficient to determine priority/urgency and type of service responses required. In addition, the role also includes determination of eligibility for CYMH/ACYMH services, thus there is also a "gatekeeping" function. When assisting those whose needs are outside of the mandate of CYMH/ACYMH, the role includes some degree of system navigation. This requires an awareness of local and provincial resources, and active efforts to help people connect with required services. However, the role of CYMH/ACYMH intake clinicians is narrower than that of patient navigators who operate independently of the direct service organizations and whose only role is to remain connected with people through their journey, and who provide more coaching and ongoing support than is feasible for CYMH/ACYMH clinicians.

The review of mental health triage guidelines revealed two resources of relevance to CYMH. These include the *Statewide Mental Health Triage Scale Guidelines* from Australia (Victorian Government Department of Health, 2010), and Ontario's *ED Clinical Pathway for Children & Youth with Mental Health Conditions* (Provincial Council for Maternal and Child Health, 2013). The *Statewide Mental Health Triage Scale Guidelines* were particularly useful and served as a model for the development of these guidelines.

Appendix 2: Child and Youth Mental Health Waitlist Priority Ranking Tool (Version 1.0)

Waitlist Priority Ranking	Service Intensity Considerations while on Waiting for Service	**Note: The following considerations are intended to guide decision-making and assignment of waitlist priority ranking, but in the end, clinical judgment that includes consideration of all relevant factors will inform the final ranking. Priority rankings will often reflect a *combined analysis* of individual child/youth distress and functioning and family/community capacity.**	
		Child & Youth Considerations	**Family/Community Considerations**
1 **Very High** **Moderate risk of harm to self or others and/or high levels of distress, complexity and functional impact, especially in absence of family and community support**	**In need of intensive action as soon as possible** • Safety plan may be required during wait period. • CYMH/ACYMH contact information and emergency contact information given to family as part of support planning. • Connecting parent/caregiver with supports during wait likely indicated (e.g. FORCE) • May require "wraparound" services - collaborative case planning with referring agent and/or community service to assist with stability and safety during wait for service • Active follow-up from CYMH/ACYMH may be required while on waitlist • Might require close monitoring by GP	**Risk of harm:** • Suicide risk – moderate, possibly including chronic as long as current risk is not severe or extreme, and safety plan is in place • Risk of harm to others – history of aggression to others where serious harm has taken place, recent escalation in behavioral outbursts that result in harm, or persistent aggression **Functional Status:** • Significant impact on function – Global Assessment of Functioning(GAF)/Child Global Assessment Scale (CGAS) approximately 40 and below; high BCFPI child functioning T-Score over 75-80+ • High levels of distress or dysfunction (high scores on BCFPI, Int, Ext – T score 75-80+) • Unstable clinical conditions with the potential to deteriorate quickly and result in emergency service or admission. **Complexity of Needs:** • Highly complex/comorbid mental health and other problems, including trauma (might result in high problems on multiple BCFPI scales). **Vulnerability/Developmental** • Recent/ significant trauma history • Significant recent loss (death of family member, peer suicide) **Protective Factors** (see BCFPI items): • Relative lack of individual protective factors or strengths that can mitigate current risks • Lacking insight into difficulties/not easily engaged	**Family (including extended) Risk Factors** • Presence of a severe family risk factor (or of multiple but less severe risk factors) – • Evidence that family/parent/caregivers have significant acute, complex or chronic needs that limit current capacity to provide support and/or require additional supports and services in addition to CYMH/ACYMH • High family functioning T-score on BCFPI/significant family distress **Protective Factors** • Identified family protective factors do not appear adequate to meet current needs of child/youth **Community Assets/Social Supports/Resources** • Significant lack of community supports for identified needs • Community factors are significant contributor to risk

Waitlist Priority Ranking	Service Intensity Considerations while on Waiting for Service	Note: The following considerations are intended to guide decision-making and assignment of waitlist priority ranking, but in the end, clinical judgment that includes consideration of all relevant factors will inform the final ranking. Priority rankings will often reflect a *combined analysis* of individual child/youth distress and functioning and family/community capacity.	
		Child & Youth Considerations	**Family/Community Considerations**
2 **High** **Moderate risk of harm and/or significant distress that strains family and/or community capacity to support**	• Needs that indicate individual assessment and therapy likely • Support plan – including self-care options and list of other supports - likely required during wait period • CYMH/ACYMH contact information and emergency contact information given to family as part of support planning. • Might benefit from group psychoeducational sessions (parent and/or child/youth) during wait from service • Shared care with GP and/or collaborative care (school counselor or similar) might be option	**Risk of harm:** • Suicide risk – mild to moderate, possibly including chronic as long as current risk is not severe or extreme, and safety plan is in place • Risk of harm to others – moderate risk due to frequent aggression or serious antisocial behavior **Functional Status:** • Moderate impact on function - GAF/CGAS approximately 41-50 (but "bumps" to urgent if there is moderate suicide risk) • Symptom domains surpassing clinical thresholds (t= ≥ 70) on BCFPI • Functioning domains surpassing clinical thresholds (t= ≥ 70) on BCFPI **Complexity of Needs:** • May have single area of high elevation (e.g., T-score over 80) and impact or multiple problem areas of with moderate clinical elevation (number of BCFPI problem areas over T score of 70) **Vulnerability/Developmental** • Significant loss • History of multiple adverse experiences increases risk of physical and mental health challenges **Protective Factors** (see BCFPI items): • Presence of individual child protective factors or strengths that can mitigate current risks • Some insight into difficulties and willing to engage in supports	**Family (including extended)** **Risk Factors** • Presence of moderate family risk factor (or of multiple but less severe risk factors) – see risk factor items on BCFPI • Moderate elevation of BCFPI family functioning scale **Protective Factors** • Parents/caregivers with parenting skills, social supports, or other protective factors that contribute to their coping and to their support of child/youth **Community Assets/Social Supports/Resources** **Risk Factors** • Community factors present mild to moderate risks • Lack of educational, health, social service, other supports **Protective Factors** • Child/family connected to some community supports related to identified needs • One or two peer friendships • Positive connection to at least one adult outside of the home

<table>
<tr><th>Waitlist Priority Ranking</th><th>Service Intensity Considerations while on Waiting for Service</th><th colspan="2">Note: The following considerations are intended to guide decision-making and assignment of waitlist priority ranking, but in the end, clinical judgment that includes consideration of all relevant factors will inform the final ranking. Priority rankings will often reflect a combined analysis of individual child/youth distress and functioning and family/community capacity.</th></tr>
<tr><td></td><td></td><td>Child & Youth Considerations</td><td>Family/Community Considerations</td></tr>
<tr><td rowspan="5">3
Moderate

Minimal or mild risk of harm to self but presence of clinically significant distress and dysfunction and related need for CYMH/ ACYMH services</td><td rowspan="5">• Needs that might be addressed through group therapy, family support to parent, brief therapeutic interventions, general, child- or specific or program-based consultation
• Support plan – including individualised self-care options and list of other supports – have potential as means of early intervention
• CYMH/ACYMH contact information and emergency contact information given to family as part of support planning.
• Potential candidate for support from GP if concerns are uncomplicated ADHD, anxiety, depression.</td><td>Risk of harm:
• Suicide risk – minimal to mild
• Risk of harm to others – no danger or infrequent/minor risk based on history</td><td rowspan="2">Family (including extended)
Risk Factors
• Low level of family risk factors

Protective Factors
• Family/extended family has presence of multiple protective factors/strengths to provide support during wait for service</td></tr>
<tr><td>Functional Status:
• Mild/moderate single disorder or problem area
• Limited impact on GAF/CGAS approximately 51-60
• Symptom domains surpassing clinical thresholds (t= ≥ 70) on BCFPI)
• Stable symptoms, with need for intervention, but manageable short-term impacts on the child, youth and their family
• Functioning domains surpassing clinical thresholds (t= ≥ 70) on BCFPI</td></tr>
<tr><td>Complexity of Needs:
• Single mental health problem/disorder or multiple mild mental health problem areas (on BCFPI) without negative impact from other disabilities/comorbidity</td><td rowspan="2">Community Assets/Social Supports/Resources
Risk Factors
• Community factors present mild risks
Protective Factors
• Child/family connected to some community supports related to identified needs
• Positive peer relationships
• Positive connection to adults outside of the home.
• Has more than one effective community resource engaged or available that can provide support during wait for service</td></tr>
<tr><td>Vulnerability/Developmental
• Significant developmental transitions (e.g., move, change of school)</td></tr>
<tr><td>Protective Factors (see BCFPI items):
• Multiple strengths that support coping with current distress and symptoms
• Good connections with a best friend, peers
• Insight into difficulties
• Capacity to engage in self-help with assistance</td></tr>
</table>

Appendix 3: The CYMH Referral and Intake Scale/Black & White Printer Version[10]

Code & Description	Response Type	Typical Presentations	Triage Response Guidelines	Additional Considerations
A **Currently endangering safety of self or others**	**Contact emergency services** **Immediate response required**	• Overdose • Medical emergency • Serious self-harm in progress • Violence or significant threats of violence	Consult TL/Clinical Supervisor Facilitate immediate access to appropriate emergency services and collaborate with hospitals and tertiary facilities to ensure continuity of care and follow-up regarding mental health issues Follow local joint protocols or processes for emergency and crisis responses	If contact by phone, keep caller on the line until emergency service arrives Notify other relevant services if/as required (e.g., child protection, police) If call initiated by youth, contact parent/guardians if not already involved Ask if there are other children needing support in the home at this time
B **At high risk of imminent harm**	**Very Urgent response**	• Report of potentially severe or extreme suicide risk[11] • High risk behavior associated with mental health crisis or deterioration (e.g., thought /perceptual disturbances) • Severe dysregulation/impulse control problems and/or homicidal ideation, with a high potential of harm to self or others • Along with above, child or youth deemed safe to wait for same-day crisis assessment and/or is deemed safe for transport by adult caregiver	Consult TL/Clinical Supervisor Facilitate immediate access to appropriate emergency services when initial contact suggests children or youth may be at severe or extreme risk of suicide, and collaborate with hospitals and tertiary facilities to ensure continuity of care and follow-up regarding mental health issues Follow local joint protocols or processes to respond to urgent situations. In some communities this may include facilitating access to: • Outreach clinical assessment if available (e.g., Crisis Assessment and Response Team), **and/or** • Mental health assessment at local ER.	Provide and/or arrange for support while awaiting outreach crisis assessment Support parent/caregiver to arrange for safe transport of child or youth if/as required to attend crisis assessment If call is initiated by a youth, contact & engage parents/ guardians if not already involved Provide/arrange telephone consultation to other involved/to-be-involved service providers, especially if crisis situation involves past/current CYMH service users known to CYMH Notify other relevant services if/as required

[10] Adapted from *Australian Mental Health Triage Scale* (Retrieved June 20, 2014 from http://www.health.vic.gov.au/mentalhealth/triage/scale.htm)

[11] For policy and additional guidance regarding working with children and youth at risk for suicide, see:

- Policy B-17: CYMH Suicide Prevention, Intervention & Postvention for suicide risk classification definitions & policy/procedures related to suicide risk
- Practice Guidelines for Working with Children and Youth At-Risk for Suicide in Community Mental Health Settings
- MCFD CYMH Preventing Youth Suicide Website – Information for Professionals

Code & Description	Response Type	Typical Presentations	Triage Response Guidelines	Additional Considerations
C **Moderate risk of harm to self or others and/or high levels of distress, complexity and functional impact, especially in absence of family and community support**	**CYMH/ ACYMH Service as soon as possible**	• Suicide risk assessment indicates – moderate, possibly including chronic as long as current risk is not severe or extreme, and appropriate short-term safety plan is in place • Risk of harm to others – history of significant aggression to others, recent escalation in behavioral outbursts that result in harm, or persistent aggression • Significant/high mental health symptoms and distress (e.g., high scores on BCFPI, Int, Ext – T score 75-80+ ; see BCFPI User Guide) • Significant impact on function in multiple domains • Highly complex/comorbid mental health and other problems, including trauma • Unstable clinical conditions/potential to deteriorate • Limited insight that results in increased risk • Relative lack of protective factors (individual, family, community)	**Schedule face-to-face assessment as soon as possible** Consult TL/Clinical Supervisor Develop Plan for Initial Supports and Services and provide copy to mature minor/parent/caregiver and other involved support and service providers (as indicated in CYMH Referral and Intake Policy) If wait for intervention supports and services are required, assign Very High priority rank (1) from the CYMH Waitlist Priority Ranking Tool If not already involved seek to engage other appropriate services relevant to presenting issues, with appropriate consent and agreement of providers	Consider need for outreach and/or other engagement efforts if screening suggests potentially difficult-to-engage child, youth and/or family Consult with other involved service providers to ensure continuous, collaborative care If wait for intervention supports and services are required, consult with TL/Clinical supervisor and consider arranging for assignment to clinician who can serve as designated contact person for family and can arrange for active follow up contacts if/as required
D **Moderate risk of harm and/or significant distress that strains family and/or community capacity to support**	**CYMH/ ACYMH Services**	• Suicide risk – mild to moderate, possibly including chronic as long as current risk is not severe or extreme, and safety plan is in place • Risk of harm to others – moderate risk due to frequent aggression or serious antisocial behavior • Moderate levels of symptoms, distress • Moderate impacts on function • **Single** problem area of high elevation (e.g., T-score over 80) and functional impact OR multiple problem areas of with moderate clinical elevation (e.g., number of BCFPI problem areas over T score of 70; see BCFPI User Guide) • Multiple adverse experiences/risk factors • Some insight into difficulties/willing to engage • Presence of individual, family, community protective factors	Develop Initial Supports and Services plan and provide copy to mature minor/parent/caregiver and other involved support and service providers (as indicated in CYMH Referral and Intake Policy) If wait for service is required, assign High priority rank (2) CYMH Waitlist Priority Ranking Tool If mature minor and/or parent choses other or additional service provider (e.g., Pediatrician, Psychiatrist, GP, private mental health practitioner), provide active system navigation to support connection, continuity of care, and collaborative care as required	As above

Code & Description	Response Type	Typical Presentations	Triage Response Guidelines	Additional Considerations
E Minimal or mild risk of harm to self & clinically significant distress and dysfunction	**CYMH/ ACYMH Services**	• Mild/moderate single disorder or problem area (e.g., T score above 70 see BCFPI User Guide) • Clinically significant but mild levels of distress or dysfunction (Functioning domains T= ≥ 70) • Stable symptoms, with need for intervention, but manageable short-term impacts on the child, youth and their family • Single mental health problem/disorder (as above) or multiple mild mental health problem areas without negative impact from other disabilities/comorbidity • Suicide risk – minimal to mild • Risk of harm to others – no danger or infrequent/minor risks • Absence of significant risk factors/adverse experiences • Evidence of multiple protective factors	Develop Plan for Initial Supports and Services and provide copy to mature minor/parent/caregiver and other involved support and service providers (as indicated in CYMH Referral and Intake Policy) If wait for service is required, assign Moderate priority rank (3) CYMH Waitlist Priority Ranking Tool If mature minor and/or parent choses other or additional service provider (e.g., Pediatrician, Psychiatrist, GP, private mental health practitioner, Aboriginal wellness), provide active system navigation to support connection, continuity of care, and collaborative care as required	As above
F "at risk" for mental health disorder	**Risk Reduction and/or Active System Navigation**	• Intake screening indicates borderline level problem(s) (e.g., T-scores between 65-70; see BCFPI User Guide) • Presence of significant mental health risk factors • Relative absence of adequate individual, family and/or community protective factors/resources	If CYMH/ACYMH team/SDA capacity allows, arrange for CYMH/ACYMH early intervention groups Provide active system navigation to connect mature minor and/or parent/caregiver to other community-based services (skills groups, support groups, parent groups,) Provide advice and information about mental health resources (i.e., provide link to/copy of CYMH Toolkit, connect with Kelty Mental Health Resource Centre)	Provide link to Online Map of child and youth mental health services (http://www.health.gov.bc.ca/healthy-minds/cymhsu-servicesmap.html) Support active connection with other services through formal referral/info sharing (with appropriate consent), encourage mature minor/caregiver to call back if unable to access service and/or arrange to follow-up with them
G Information or advice only or CYMH/ ACYMH in need of additional information	**General advice OR More info required**	• Issues do not involve or require mental health supports or services • Individual is seeking general mental health information about a topic or resource • Phone-based contact, non-urgent request for service	Redirect to appropriate resource Provide advice and/or information about mental health topic or resources **Or** Arrange to collect information to complete Referral and Intake process	CYMH Consultation Policy guidance explicitly states that CYMH practitioner may only provide general information on topic or resource in this situation– i.e., is not specific to individual child or youth.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Children and Youth with Support Needs (CYSN) Service Framework

KEY MESSAGES:

- This government is committed to strengthening its approach to prevention, early intervention, and family preservation.
- We know that services for children and youth with support needs require fundamental reform.
- That's why we're implementing a new Children and Youth with Support Needs (CYSN) Service Framework and approach to make it easier for families, service providers and other partners to understand, navigate and access ministry support needs services.
- Government publicly announced the implementation of the new service model in October 2021.
- Our vision is that children, youth, and their families – in every part of B.C. – will have access to culturally safe, gender inclusive, non-discriminatory and trauma-informed support services that help them meet their social and developmental goals.
- This new service model will remove a patchwork of services and move toward an approach that will better serve all children and youth with support needs: those who are neurodivergent and those with disabilities, those with a diagnosis and those without one.
- A Minister's Advisory Council was established in May 2021 and meets monthly to provide feedback and advice on various aspects of the new service delivery approach.
- An Indigenous Advisory Circle was established in September 2021 and meets monthly to provide input on different elements of the support needs service framework and its implementation.
- Through this engagement, we are developing a pathway for Indigenous communities and organizations to deliver services.

Contact: Carolyn Kamper, ADM
Cell phone: Government
Date: January 30, 2022

- Additional focused engagement with Indigenous rights holders, communities, partners, and families is part of a comprehensive engagement plan.
- The Ministry is committed to ensuring that all services are culturally safe and trauma informed.
- Cultural safety outcomes will be determined at the local level, in partnership with Indigenous communities, service providers and families.
- MCFD is working with other Ministries like Health, Education, Social Development and Poverty Reduction, Mental Health and Addictions, and Advanced Education and Skills Training to ensure effective implementation of the new service approach and seamless supports across service sectors.

BACKGROUND:

- In early 2019, through community workshops, phone interviews and research surveys, over 1,500 individuals shared their experiences about needing supports, receiving supports, and delivering supports within the CYSN suite of services.
- This early engagement identified barriers and informed the development of the CYSN Service Framework. The transformation is rooted in the voices of Indigenous and non-Indigenous families, communities, and service providers.
- Government recognizes the many individuals and groups who have been instrumental in developing content and engagement processes for the new Service Framework.
- Engagement is ongoing with the Minister's Advisory Council and the Indigenous Advisory Circle.
- Continued conversations and engagement with families, service providers and sector partners will help ensure that implementation of the new service approach meets the needs of children, youth, and their families.
- The Service Framework describes three core components of the new CYSN service model: Developmental and Goal-Focused Services, Disability Services, and Provincial Services.
- The new service model is needs-based; meaning that diagnosis is no longer necessary to access services.

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Date: January 30, 2022

- All services will be available for children and youth birth to 19. The new model includes family connections centres, through which contracted agencies will deliver developmental and goal-focused services.
- The new system will employ a range of approaches to help ensure clinical services go further and reach more children and youth. These include a blend of in-person, in-home, virtual, and individual supports, as well as the use of allied support professionals under the supervision of qualified clinical professionals, like therapy assistants and interventionists.
- This will enable families to have earlier access to services, closer to home.
- Part of the new system is holistic support planning for children, youth, and their families. This process centres the child or youth and their family's voice and is done using a person-centred approach.
- Support planning also uses a transdisciplinary model. This encourages practitioners to support connections in different disciplines to work alongside other professionals to wrap supports around the child or youth and best aid the family to plan for their future.
- This spring, the medical equipment benefits portion of the At Home Program will be modernized with additional funding of $10M – the first increase in 20 years. This will assist families with the costs of durable medical equipment like wheelchairs.
- Early implementation of the new service model will be operational in the Central Okanagan and Northwest Service Delivery Areas by 2023. The procurement process for these centres will begin in 2022.
- Families will have the option to receive services through family connections centres, satellite services, and/or subcontractors.
- Individualized Autism funding and School Aged Extended Therapies will continue until 2025.
- Early implementation will inform provincial implementation. Provincial roll-out of the new service model will be complete in 2025.

STATISTICS:

- There are approximately 79,000 children and youth with support needs in B.C. and more than 30,000 access Ministry intervention and support services between birth and age 19 years.

Contact: Carolyn Kamper, ADM
Cell phone: Government
Date: January 30, 2022

CROSS-REFERENCE: NA

Contact: Carolyn Kamper, ADM
Cell phone:
Date: January 30, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of Post Majority Supports

KEY MESSAGES:

- Every youth deserves to be supported to live a happy, healthy life and reach their goals.
- We know that youth from care often face challenges when they transition into adulthood.
- That's why the Ministry is making post-19 programs and services more inclusive and flexible to ensure eligible young adults from care have access to the right supports when they need them.
- Work is underway to make improvements in all areas of the transition process for young adults – from better planning tools, to more easily accessible financial, housing, mental health, and cultural/social supports.

BACKGROUND:

- The Ministry took immediate steps to ensure young adults from government care had access to emergency measures and continued to get the services they count on.
- These measures extended indefinitely as of April 1, 2022, and will be made permanent, including:
    - Supporting young adults to stay in their homes past their 19th birthday through Housing Agreements and Support Agreements; and
    - Continuing flexible options to participate in Agreements with Young Adults (AYA) programs, including access to life-skills, cultural learning, and rehabilitative and mental health supports.
- The Ministry is working with cross-government and community partners to offer expanded programs and services to support young adults through their transition from government care to independence.

Contact: Carolyn Kamper, ADM Strategic Integration, Policy, and Legislation
Cell phone: Government
Date: January 24, 2022

- Under an expanded mandate to support eligible young adults from care up to age 27, these new supports will include:
  - Guaranteed financial benefit supporting young adults until their 20th birthday and continued financial support up to their 27th birthday for those participating in eligible programming - up to 84 months of support, up from 48 months under AYA.
  - Introduction of a new rent supplement to help eligible young adults from care who are ready to live independently to afford their rent.
  - Introduction of an earnings exemption to encourage young adults to pursue employment knowing there will not be a reduction in their financial benefits.
  - Additional funding to support young adults in accessing enhanced life-skills and cultural programming, as well as medical benefits (inclusive of counselling).
  - Hiring of transition workers to help youth and young adults navigate their transition from care successfully.
- Services to Adults with Developmental Disabilities (STADD) provides navigational and transition planning support for young adults aged 16-24 years who have developmental disabilities. This service will be expanded to include transition workers for all eligible youth and young adults.
- Funding is available for young adults pursuing post-secondary education through the Provincial Tuition Waiver Program (PTWP), Youth Education Assistance Fund (YEAF), Youth Futures Education Fund (YFEF), and the Learning Fund for Young Adults (LFYA). LFYA funding is available starting in 2023.
- WorkBC Employment Services are available for unemployed young adults from care including self-serve resources, personal counselling, and financial supports for employment readiness.
- AgedOut.com is an online resource, funded by the Ministry and hosted by the Adoptive Families Association of B.C., which provides information and skill building opportunities for current and former youth in care.
- Mobility for Good (M4G) program offers eligible young adults aged 19-26 with a free phone and affordable long-term mobile services.
- MCFD continues to work with cross-government partners to ensure accessible and enhanced pathways into existing mental health supports such as Foundry.

Contact: Carolyn Kamper, ADM Strategic Integration, Policy, and Legislation
Cell phone: Government
Date: January 24, 2022

CROSS-REFERENCE:

- **Note 4.2 –** Youth Transitions Service Framework
- COVID-19: Youth and Young Adults

Contact: Carolyn Kamper, ADM Strategic Integration, Policy, and Legislation
Cell phone: Government
Date: January 24, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Youth Transitions Service Framework

KEY MESSAGES:

- Youth deserve to have the supports they need to live healthy, happy lives and reach their goals.
- The Ministry is committed to improving services and supports for youth who are transitioning into adulthood.
- The pandemic has taught us a lot about what's working and what isn't, and it's shown us the supports youth most need in B.C. communities.
- Advice/Recommentations
-
- We are working with across government to support youth and young adults in the ways that will benefit them the most.

BACKGROUND:

- Advice/Recommentations
-

Contact: Carolyn Kamper, ADM Strategic Integration, Policy and Legislation
Cell phone: Government
Date: January 24, 2022

Advice/Recommentations

-

CROSS-REFERENCE: N/A

Contact: Carolyn Kamper, ADM Strategic Integration, Policy and Legislation
Cell phone:
Government
Financial
Date: January 24, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PARTNERSHIP AND INDIGENOUS ENGAGEMENT DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Overview of First Nations Jurisdiction

KEY MESSAGES:

- Our goal as a Ministry is to support children and youth to remain safely with their families and connected to their culture and communities.
- On January 1, 2020, the federal legislation – *An Act respecting First Nations, Inuit and Métis children, youth, and families* (the "federal Act") – came into force.
- The federal Act affirms the inherent right of self-government and jurisdiction of Indigenous peoples in relation to child and family services.
- The federal Act enables Indigenous groups and communities to transition towards exercising partial or full jurisdiction over child and family services.
- First Nations now have pathways available to them under B.C.'s *Child, Family and Community Service Act* (CFCSA), the federal *Act,* and the *BC Declaration on the Rights of Indigenous Peoples Act* to support them in achieving their goals as they pertain to increased involvement, decision-making authority, or jurisdiction in relation to child and family services.
- The Ministry is actively engaged in discussions with First Nations and Indigenous governing bodies regarding increased involvement, decision-making authority, and jurisdiction in relation to child and family services.
- The work of the Tripartite First Nations Children and Families Working Group (TWG) continues, and for 2021/2022, this work has been focused on the implementation of the federal Act, engagements on key strategic initiatives, and the development of an Indigenous fiscal framework for funding indigenous child and family services inclusive of Indigenous jurisdiction.

BACKGROUND:

- In May 2016 at the BC First Nations Child and Family Gathering, the Province of British Columbia committed to working with the federal government and First

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Date: February 4, 2022

Nations Leadership Council (FNLC) to address jurisdictional and funding frameworks for Indigenous child welfare.

- In the fall of 2016, the TWG was formed and consists of representation from the Province of BC [Ministries of Children and Family Development (MCFD), Indigenous Relations and Reconciliation (MIRR) and Attorney General (AG)], the Government of Canada, and FNLC (which itself is comprised of representation from the First Nations Summit, BC Assembly of First Nations, and the Union of BC Indian Chiefs).
- The TWG has a signed Terms of Reference, a Reconciliation Charter, and an updated 2020/2021 Workplan and Workplan Addendum outlining the focus of the work. As per the Workplan Addendum, the TWG established two sub-committees in the areas of child welfare practice and fiscal relations/funding.
- Beginning in early 2017, the Indigenous Engagement Branch, in the Partnership and Indigenous Engagement Division, began to engage in exploratory discussions with Indigenous communities wishing to exercise jurisdiction over child welfare. However, prior to the federal Act, there was no clear legal mechanism for jurisdiction to occur outside of treaty or self-government agreements.
- There are now several pathways for Indigenous communities to exercise greater involvement, increased authority, and jurisdiction over child welfare including:
    - *Child, Family and Community Service Act* (CFCSA) – provincial legislation:
        - Section 92.1 Agreements, which include information-sharing agreements, collaboration agreements, prevention and support service agreements, and the referral of child protection reports.
        - Delegation Enabling Agreements, wherein a director enters into an agreement with an employer of one or more persons to whom a director has delegated – under section 92 – any or all the director's power, duties, or functions.
    - *An Act respecting First Nations, Inuit and Métis children, youth, and families* (federal Act) – federal legislation, which affirms the inherent

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Date: February 4, 2022

right of self-government and jurisdiction in relation to child and family services.

- The federal Act enables Indigenous communities to exercise jurisdiction over child and family services by one of two processes:

  (1) adopting a new law and providing notice to the Minister of Indigenous Services Canada (ISC) and the province or territory in which the community is located; or

  (2) by sending a request to the Minister of ISC and the government of each province and territory in which the Indigenous community wishes to exercise jurisdiction to enter into a tripartite coordination agreement in relation to child and family services. Section 21(1) of the federal Act outlines that an Indigenous law has the force of federal law after either entering into a coordination agreement or making reasonable efforts to conclude an agreement over a twelve-month period. When an Indigenous law has the force of federal law, it is paramount over the *Child, Family and Community Service Act* (CFCSA) in the event of a conflict or inconsistency.
- *Declaration on the Rights of Indigenous Peoples Act (Declaration Act)* – section 7 of the Declaration Act provides the opportunity for the province to enter into decision making agreements with Indigenous governing bodies. Section 7 agreements require a mandate from Cabinet, legislation, and the involvement of MIRR.
- Self-governing agreements – these are generally tripartite agreements negotiated by MIRR and the federal government. Agreements such as treaties or reconciliation agreements would fall under this category.

- Intergovernmental Communications

Contact: Denise Devenny, ADM, Partnerships and Indigenous Engagement
Cell phone: Government
Date: February 4, 2022

- Through the MOU on the Shared Ten-Year Social Determinants of Health Strategy, MCFD is engaged with the First Nations Health Council. The MOU speaks to the shared vision of healthy and vibrant BC First Nations children and families and the role of the province in achieving this vision.

CROSS REFERENCE:

- **Note 8.7 –** Coordination Agreements under the Federal Act

ATTACHMENT A

Intergovernmental Communications

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Date: February 4, 2022

Contact: Denise Devenny, ADM, Partnerships and Indigenous Engagement
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Date: February 4, 2022

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Cell phone: Government
Date: February 4, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PARTNERSHIP AND INDIGENOUS ENGAGEMENT
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Métis Working Table and Métis Joint Commitment

KEY MESSAGES:

- The Ministry's goal is to support children and youth to stay safely with their families and connected to their culture and communities.
- We are committed to working with Indigenous communities and partners towards this goal.
- In June 2018, Métis Nation British Columbia (MNBC) and the Ministry of Children and Family Development (MCFD) signed a Joint Commitment document that commits the parties to collaboratively work towards MNBC authority over child welfare for Métis children and families in B.C.
- MNBC set an aspirational goal of three years to achieve the required authority.
- MNBC has recognized that they will not be able to achieve this aspirational goal and have refocused their efforts on increasing support services to the Métis community and determining the tools that are available now to support their increased planning and involvement for Métis children, youth and families.
- MCFD has worked in collaboration with MNBC and the Métis Commission for Children and Families of BC (the Métis Commission) since 2018 to determine a path forward for Métis people in B.C. to achieve increased authority over child and family services.
- Since the signing of the Joint Commitment document in 2018, there have been amendments to the provincial *Child, Family and Community Service Act* (CFCSA) and the enactment of both the federal *Act respecting First Nations, Inuit and Métis children, youth and families* (federal Act) and the provincial *Declaration on the Rights of Indigenous Peoples Act*, which provide additional pathways for MNBC for increased decision making and authority.

Contact: Denise Devenny, ADM Partnership and Indigenous Engagement
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Date: February 11, 2022

- MNBC has indicated an interest in all options available to them under both the CFCSA and the federal Act to support their goals under the 2018 commitment.
- MNBC has also submitted a notice of intent to exercise jurisdiction under section 20(2) of the federal Act and enter into a Coordination Agreement.
- Intergovernmental Communications

BACKGROUND:

- MNBC is generally regarded as the political voice for Métis people in B.C. Lissa Dawn Smith is the President, Daniel Fontaine is the Chief Executive Officer and Colleen Hodgson is the Senior Director, Ministry of Métis Children and Families.
- The Métis Commission is the Métis-designated community for receipt of notices of hearings under the *Child, Family and Community Service Act (CFCSA)* Regulations. Sheri Wildman is the CEO/Executive Director of the Métis Commission.
- In September 2016, MNBC, the Métis Commission and MCFD entered into a second five-year Memorandum of Understanding (MOU) regarding services for Métis children and families in B.C. The MOU was witnessed and supported by the five principal Métis service providers in B.C.:
    - *Métis Family Services* in Surrey is fully delegated to provide child protection services, adoption services and culturally based support programs in Surrey.
    - *Island Métis Family and Community Services Society* in Victoria provides contracted culturally based support services to MCFD clients and other Métis people on Vancouver Island. They are actively working toward achieving delegation for Métis children on southern Vancouver Island.
    - *Kikino Métis Children and Family Services* in Prince George provides contracted culturally based support services to MCFD clients and other Métis people in the Prince George area.

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  - *Lii Michif Otipemisiwak Family and Community Services* in Kamloops became the second delegated Métis service provider; LMO provides C6 fully delegated child protection services and will continue providing community and culturally based support services to Métis people in Kamloops and in the immediate area.
  - *Métis Community Services Society BC* in Kelowna provides contracted cultural and family support services to MCFD clients and other Métis people in the Kelowna area.

- The MOU established the Métis Working Table to identify, discuss and strategize ways to address systemic issues concerning services to Métis children and families in B.C.
- A second table, the Métis Practice Table, was established in 2017 to focus on *CFCSA* practice issues pertaining to planning for Métis children after MNBC wrote to MCFD calling for a moratorium on permanent placements and adoptions of Métis children.
- Intergovernmental Communications

- Currently, a representative from the Métis Commission sits at the Provincial Exceptions Committee (PEC) table with the Aboriginal Services Branch and Adoption and Permanency Branch. Until November 2020, the former Director of Métis Children and Families at MNBC sat on the PEC. The PEC reviews all decisions to place an Indigenous child with a non-Indigenous prospective adoptive parent or 54.1 caregiver who is not a relative.

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Government
Date: February 11, 2022

- In January 2020, the Métis Practice Table and the Métis Working Table have agreed to participate in more frequent meetings together given the strong connection between child welfare authority and child welfare practice.

Intergovernmental Communications

- MNBC and Métis Commission representatives presented on the roles and responsibilities of their organizations on the Advancing our Practice and Directors of Practice calls.
- In 2020 and 2021, Delegated Aboriginal Agencies (DAAs) and MCFD received orientations regarding "Understanding Métis in BC: A Guide for Social Workers, Legislators and Policy Makers." The Métis Commission and MNBC participated in the orientations and MNBC developed the guidebook.
- MNBC reviewed and provided feedback on the new federal Act online training that was developed for DAAs and MCFD staff.

CROSS-REFERENCE: N/A

Contact: Denise Devenny, ADM Partnership and Indigenous Engagement
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Date: February 11, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PARTNERSHIP AND INDIGENOUS ENGAGEMENT DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: First Nations Tripartite Children and Families Working Group

KEY MESSAGES:

- The First Nations Tripartite Children and Families Working Group (TWG) supports systemic reform to improve First Nations child and family well-being in British Columbia.
- The TWG has been focused on:
    - Implementing the federal *Act respecting First Nations, Inuit and Métis children, youth and families*;
    - Developing a fiscal framework to increase accountability and transparency to First Nations regarding the funding that goes to services to support First Nations; and
    - Increasing engagement and communications with First Nations in B.C.

BACKGROUND:

- In May 2016, the BC First Nations Children and Family Gathering was held with representatives from the Province of British Columbia, Canada and the First Nations Leadership Council (FNLC) to discuss the current state of child welfare.
- At that meeting, B.C. made three commitments to:
    - Immediately improve child welfare services by ensuring that staff from the Ministry of Children and Family Development (MCFD) connect with First Nations, identify First Nations children in care, and work to improve services and supports to keep more First Nations children out of care;
    - Work with Canada and the FNLC to build new jurisdictional and funding frameworks that would support improved outcomes, as well as empower First Nations who are interested to exercise their own jurisdiction over child welfare; and
    - Establish a tripartite working group to guide the work of the Province, Canada and the FNLC.

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Date: February 4, 2022

- In the fall of 2016, the TWG was formed and consists of representatives from the FNLC, MCFD, the Ministry of Indigenous Relations and Reconciliation, the Ministry of Attorney General and Indigenous Services Canada.
- The FNLC serves as an advocacy body and is composed of three political organizations – the BC Assembly of First Nations, the First Nations Summit and the Union of BC Indian Chiefs.
- The TWG has developed and agreed to the following documents:
    - **Terms of Reference:** signed March 2017, the terms of reference define the scope, membership, goals, guiding principles, process and resources of the TWG. The overall goal is sustained collaboration to improve outcomes for First Nations children and families.
    - **Reconciliation Charter:** signed April 2017, the charter acknowledges the current challenges with Indigenous child welfare, defines the shared objective of First Nations governing their own children and families using approaches grounded in their own cultures and traditions, and outlines mutual commitments for achieving this outcome.
    - **Workplan:** original signed December 2017, with regular updates to the workplan occurring since that time. Discussions are underway to develop a new workplan for the 2022/23 fiscal year.
    - **Internal Communications Protocol:** signed June 2019 and outlines how the members of the TWG will share information amongst the parties.
- Two sub-committees were created in 2019 to meet work plan objectives: (1) a fiscal working group/fiscal framework technical team and (2) a technical practice working group.
- The two sub-committees paused the sub-committee meetings in 2021/2022. The goal of the pause was to get a better understanding of the governance structure and to determine if the sub-committee meetings were achieving the intended outcomes.
- In 2021/2022, FNLC contracted Ference and Company to undertake a review of the fiscal sub-committee and support the revision of the Service Level Agreement, which is a bi-lateral funding agreement between Canada and the Province of B.C.

Contact: Denise Devenny, ADM, Partnership and Indigenous Engagement
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Date: February 4, 2022

- This work continues with Ference and Company who have completed phase 1 of the review, review of the fiscal sub-committee structure and purpose, with work continuing with phase 2 and 3, review of the Service Level Agreement and options for the development of the fiscal framework.
- The sub-committee on practice has not been re-established at this time.

CROSS-REFERENCE: N/A

Contact: Denise Devenny, ADM, Partnership and Indigenous Engagement
Cell phone: Government
Date: February 4, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTERGRATION, POLICY & LEGISLATION DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Federal Indigenous child, youth, and family services legislation

KEY MESSAGES:

- We're committed to working in partnership with Indigenous communities to keep Indigenous children and youth safe within their families and connected to their cultures and communities.
- We have been working hard to transform the system and address the overrepresentation of Indigenous children and youth in care.
- And while we have taken steps to improve how we work with and share information with Indigenous communities, we know we need to do much more to support Indigenous children, youth, and families.
- The Federal *Act respecting First Nations, Inuit and Métis children, youth and families* (the "Federal Act") came into force on January 1, 2020, and is intended to reduce the number of Indigenous children and youth in care and improve child and family services.
- The Federal Act:
    - Affirms the inherent right of Indigenous peoples to exercise jurisdiction over child and family services and provides a process through which Indigenous laws can have the force of federal law;
    - Establishes national child and family services principles that must be used in the administration and interpretation of the Act; and
    - Sets national standards for service delivery that every Province and Territory must meet.
- The Province has implemented policies and practices to ensure alignment with the Federal Act and oriented all MCFD and DAA staff to the national principles and standards.
- The Province continues to work with the federal government and First Nations, Inuit and, Métis peoples to implement the Federal Act. This includes participating in tripartite coordination agreement discussions with Canada and

Contact: Carolyn Kamper, ADM, Strategic Integration, Policy and Legislation
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Date: January 7, 2022

Indigenous governing bodies intending to exercise jurisdiction over their child and family services.

- As part of the initiative to reform the Child, Family and Community Service Act, the ministry will also be working with Indigenous partners to make changes to provincial legislation to support Indigenous jurisdiction.

BACKGROUND:

- The national standards under the Federal Act require MCFD and DAA staff to:
    - Provide notice to parents, care providers and Indigenous governing bodies before significant measures are taken in relation to a child or youth, such as removing a child from their home or placing a child in another home;
    - Prioritize preventive care;
    - Prioritize placement decisions for Indigenous children based on maintaining the tie between children and their parents, family and community;
    - Continue to reassess placement whenever a child is not placed with their family or community; and
    - Promote attachment/emotional ties for Indigenous children when they are not placed with a family member.
- Three new principles guide the way in which the Federal Act is to be interpreted and administered:
    - Best interests of the Indigenous child;
    - Cultural continuity; and
    - Substantive equality[1].
- In 2022, the ministry is engaging with First Nations, Inuit, and Métis peoples to co-develop a reformed *Child, Family and Community Service Act* to advance the implementation of the Federal Act, support a multi-jurisdictional model, and promote positive changes to service delivery for all children, youth and families.

[1] According to the Government of Canada, substantive equality is a "*legal principle that refers to the achievement of true equality in outcomes. It is achieved through equal access, equal opportunity and, most importantly, the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage*."

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Cell phone: Government
Date: January 7, 2022

- Initial engagement and validation of a 'What We Heard' report will take place throughout 2022.

Advice/Recommentations

CROSS-REFERENCE:

- **Note 3.5 –** Overview of Delegated Aboriginal Agencies

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Date: January 7, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: IMPROVING SERVICES FOR INDIGENOUS CHILDREN AND FAMILIES

KEY MESSAGES:

- We're committed to working in partnership with Indigenous communities to keep Indigenous children and youth safe within their families and connected to their cultures and communities.
- For far too long, the child welfare system has been overly involved in the lives of Indigenous children and families.
- This dates back to residential schools and continues today — and it needs to stop.
- We have been working hard to transform the system and address the overrepresentation of Indigenous children and youth in care.
- And while we have taken steps to improve how we work with and share information with Indigenous communities…
- …we know we need to do much more to support Indigenous children, youth, and families.

BACKGROUND:

- The negative impact of colonization including the imposition of a legal regime both foreign and harmful to the cultures and customs of Indigenous Peoples, the undermining of family and community systems, and the resultant inter-generational trauma have all contributed to the historical and current overrepresentation of Indigenous children and youth in care.
- MCFD recognizes, and is working to address, this overrepresentation with a focus on Indigenous reconciliation and family preservation.
- Although we are seeing results with the lowest number of Indigenous children and youth in care since September 1999, the Service Plan outlines our key efforts to achieve our vision that all children and youth in British Columbia – both Indigenous and non-Indigenous – live in safe, healthy, and nurturing families, and be strongly connected to their communities and culture.

Contact: Carolyn Kamper, Assistant Deputy Minister
Cell phone:
Date:

- **Practice transformations:** We are working with Indigenous Peoples to transform policies, practices, services, and programs to reflect the priority of keeping their children and youth safely at home and connected to their communities and culture.
- **Information sharing:** We are working to ensure transparency and accountability to Indigenous children, youth, families, and communities, including implementing information-sharing agreements (under s. 92.1 of the *Child, Family and Community Service Act*). As of January 24, 2022, we have signed 87 of these agreements.
- **Commitment to the Declaration Act:** On August 31, 2021, I sent a Letter of Commitment to the First Nations Leadership Council (FNLC) to actively engage and co-develop policy and legislation changes with the FNLC and Indigenous governments, in alignment with the B.C.'s *Declaration on the Rights of Indigenous Peoples Act*.
- **CFCSA reform:** We are working with Indigenous Peoples, communities, leadership, service providers and partners to co-develop reform of the *Child, Family and Community Service Act*, in alignment with B.C.'s *Declaration on the Rights of Indigenous Peoples Act* and the federal *An Act respecting First Nations, Inuit and Métis children, youth and families.*
- **Fiscal framework:** We are working together with Canada and Indigenous partners to co-develop a B.C.-specific fiscal framework to support the transition of services as Indigenous Governing Bodies begin to exercise their inherent jurisdiction over child and family services.
- **Cross-jurisdictional model:** In collaboration with Indigenous leadership, rights and title holders, communities, service providers and partners – along with federal and provincial partners – we are working to develop a cross-jurisdictional model for how to integrate and deliver services through multiple jurisdictions.
- Intergovernmental Communications

Contact: Carolyn Kamper, Assistant Deputy Minister
Cell phone: Government
Date: Financial

CROSS-REFERENCE: N/A

Contact: Carolyn Kamper, Assistant Deputy Minister
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Date:

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PARTNERSHIP AND INDIGENOUS ENGAGEMENT DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: *Declaration on the Rights of Indigenous Peoples Act*

KEY MESSAGES:

- In November 2019, the Province passed the *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act) as a commitment for provincial legislative, regulatory, policy and operational changes over time to support implementation.
- Section 4 of the Declaration Act commits the provincial government to develop an action plan in consultation and cooperation with Indigenous peoples in B.C.
- The Ministry of Indigenous Relations and Reconciliation (MIRR) began Phase 2 of their engagement on June 11, 2021; this invited Indigenous peoples in B.C. to share feedback on the provincial government Consultation Draft Action Plan (CDAP).
- Phase 1 hosted targeted engagement throughout the fall 2020/winter 2021 with more than 80 separate meetings with 75 Indigenous partners and received 30 written submissions that informed the work of the release of the CDAP on June 11, 2021.
- A multi-approach engagement was undertaken from June 11 to September 15, 2021 that included written submissions, access to citizen services portal, and facilitated meetings with partners on specific actions, goals and outcomes.
- The Ministry of Children and Family Development (MCFD) for both Phase 1 and Phase 2 engaged with targeted Indigenous partners and selected sector partners.
- Thirty-one title holders participated in Phase 2 and five title holders gave specific comments on MCFD three actions. Métis Nation BC and the Victoria Métis local also provided input on MCFD's actions.

Contact: Denise Devenny, Assistant Deputy Minister
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Date: February 4th, 2022

- The Indigenous Child & Family Services Directors Society (ICFSDS) gave a written submission and made recommendations for consideration on how they could provide their expertise on the actions; they also commented on actions they felt were missing (E.g., impact of intergenerational trauma – specifically how the child welfare system is the new residential school).

Advice/Recommentations; Intergovernmental Communications

BACKGROUND:

- At the launch of Phase 2 engagement, 229 indigenous partners received an email/letter from Minister of Indigenous Relations and Reconciliation Murray Rankin inviting them to participate.
- During the Phase 2 engagement period between June 11, 2021 and September 15, 2021, there were 9,142 visits to the engagement site, 403 online comments made to the CDAP, and 132 feedback forms completed.
- By October 7, 2021, 80 partners or organizations had provided written submissions.
- Many challenges impacted title holders, Indigenous residents, and targeted partners from participating in the various platforms to provide feedback. This includes the ongoing COVID-19 pandemic, the finding of the unmarked graves at residential school sites, forest fires and the opioid crisis.
- Eight high-level themes were identified. E.g., the need for funding to ensure Indigenous communities can engage/co-develop on the scale required/proposed in CDAP, the need for stronger language (e.g., language like "resource" rather than "commit").
- The CDAP has four specific themes:
    1. self-determination and the inherent rights of self-government
    2. title and rights of Indigenous peoples
    3. ending Indigenous-specific racism and discrimination
    4. social, cultural and economic well-being

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Date: February 4th, 2022

- Specifically, 68% of respondents “agreed” or “strongly agreed” when asked whether the CDAP focuses on the right actions.
- There was a strong support for the goals in the four themes (65%-70%) and the outcomes had similar levels of support.
- There was lower support (63%) for the actions brought forward.
- The major themes identified included a request for both short- and long-term actions/commitment, including fiscal commitments.
- Participants identified the need for the use of plain language.
- A request to include short- and long-term actions was also provided as feedback.
- MIRR identified ministries that had requests to change language in actions and that needed further clarity from respondents occurred in January 2022.
- MCFD participated in this request and provide new approved language.
- Release of the final CDAP is anticipated in early Spring of 2022.

CROSS-REFERENCE: N/A

Contact: Denise Devenny, Assistant Deputy Minister
Cell phone: Government
Date: February 4th, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PARTNERSHIP AND INDIGENOUS ENGAGEMENT DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Coordination agreements under the federal Act

KEY MESSAGES:

- The federal *Act respecting First Nations, Inuit and Métis children, youth and families* (the "federal Act") came into force on January 1, 2020.
- The federal Act:
    - Affirms the inherent right of Indigenous peoples to exercise jurisdiction over child and family services and provides a process through which Indigenous laws can have the force of federal law;
    - Establishes national child and family services principles that must be used in the administration and interpretation of the Act; and
    - Sets national standards for service delivery that every Province and Territory must meet.
- Through tripartite coordination agreement discussions, the ministry is working collaboratively with Canada and Indigenous governing bodies who intend to exercise jurisdiction over their child and family services.
- Intergovernmental Communications

BACKGROUND:

- The federal Act defines an "Indigenous governing body" (IGB) as a council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people. This body holds rights recognized and affirmed by section 35 of the *Constitution Act*, 1982.
- There are two options for an IGB to exercise jurisdiction:
    - Section 20(1): IGB sends notice to Canada and B.C. that it is exercising jurisdiction. The Indigenous law will not prevail over conflicting federal, provincial or territorial laws in this circumstance. There is no commitment of funding under this option.

Contact: (primary contact if the MO needs information – should be an ADM)
Cell phone:
Date:

    - Section 20(2): IGB submits request to Canada and B.C. to enter a tripartite coordination agreement. Once an agreement is reached, or after a year of reasonable efforts, the Indigenous law will have the force of federal law and prevail in the event of a conflict or inconsistency with federal, provincial or territorial laws.
- Canada takes the lead in assessing and responding to the requests an IGB makes under section 20 of the federal Act.
- Intergovernmental Communications
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FINANCES:

- The federal government has indicated that they anticipate provincial contributions to be outlined in a tripartite fiscal agreement that will accompany the coordination agreements.

CROSS-REFERENCE: N/A

Contact: (primary contact if the MO needs information – should be an ADM)
Cell phone:
Date:

Appendix A: Active coordination agreement tables

Indigenous Governing Body	Date Convened	Earliest Coming into Force
Intergovernmental Communications		

Contact: (primary contact if the MO needs information – should be an ADM)
Cell phone:
Date:

Appendix B: Coordination Agreement Tables

Intergovernmental Communications

Contact: (primary contact if the MO needs information – should be an ADM)
Cell phone:
Date:

Intergovernmental Communications

Contact: (primary contact if the MO needs information – should be an ADM)
Cell phone:
Date:

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION DIVISION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: COVID-19: Youth and Young Adults

KEY MESSAGES:

- The province worked quickly to respond to the COVID-19 pandemic.
- We took immediate steps to ensure young adults from government care had access to emergency measures and continue to get the services they count on.
- These measures have been extended and will be made permanent, including:
    - Supporting young adults to stay in their homes past their 19th birthday through Housing Agreements and Support Agreements; and
    - Continuing flexible options to participate in Agreements with Young Adults (AYA) programs, including access to life-skills, cultural learning, and rehabilitative and mental health supports.
- The evaluation of emergency measures guided the ministry's work to improve all areas of the transition process for young adults – from better planning tools to more easily accessible financial, housing, and social supports.

BACKGROUND:

- The ministry offers Temporary Housing Agreements (THA) and Temporary Support Agreements (TSA) to youth from care who turn 19 during the pandemic, which allow:
    - Youth living in foster care, specialized homes, or with relatives to stay in their homes; and
    - Youth on Independent Living Agreements (ILAs) and Youth Agreements (YAGs) to continue to receive monthly living expenses.
- Young adults in the AYA program can take part in a wider range of life-skills programs, rehabilitative and mental health supports, cultural learning options, and online programming, with fewer participation hours required.
- For the first time, young adults can access these emergency measures at the same time, allowing them to stay in their current home while also participating in AYA programming.

Contact: Carolyn Kamper, ADM Strategic Integration, Policy, and Legislation
Cell phone: Government
Date: January 24, 2022

CROSS-REFERENCE:

- **Note 6.1 –** Overview of Post Majority Supports

Contact: Carolyn Kamper, ADM Strategic Integration, Policy, and Legislation
Cell phone: Government
Date: January 24, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, CYMH POLICY & IN-CARE NETWORK
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: COVID-19 Response for Child and Youth Mental Health (CYMH)

KEY MESSAGES:

- Supporting the health and well-being of children and youth is a top priority for this Ministry.
- We have continued to adapt services to best meet the needs of children and youth throughout the province.
- Child and Youth Mental Health (CYMH) teams continue to work in person and virtually with children, youth, and families across the province.
- Intake services have remained open throughout the COVID-19 pandemic, and children and youth continue to receive in-person care.
- Throughout these challenging times, we've adapted our services to ensure we can continue to address the needs of children, youth, and families in safe, streamlined, easy-to-access ways, including:
    - Shifting to provide virtual intake and counselling options, including the creation of a resources to support CYMH practitioners and families in the shift to virtual care.
    - Offering provincial virtual therapy groups across the province.
    - Developing new resources that can be readily accessed on-line to support children, youth, families, and educators throughout the pandemic.
    - Creating a resource library of educational videos that practitioners can share with families.
    - Streamlining the intake process by allowing youth and families to complete the Brief Child and Family Phone Interview (BCFPI) questionnaire in advance of their intake session.

Contact: Carolyn Kamper, ADM, SIPL
Cell phone:

Date: February 4, 2022

BACKGROUND:

- Throughout the pandemic, CYMH and Indigenous CYMH teams have remained committed to providing access to mental health services.
- This fiscal year, CYMH teams served children and youth, some of whom have experienced increased severity in their mental health symptoms because of the stress of the pandemic, including the challenges of social distancing and a lack of routine.
- We know that some groups of people may be disproportionately affected, facing extreme or cumulative adversities during the pandemic[1].
- Indigenous children and youth may be particularly disadvantaged by this pandemic, which is why our Indigenous CYMH teams continue to support them.
- Staff continue to work hard to find ways to reach all youth in need – including through the continuation of virtual groups and 1:1 virtual counselling sessions – in order to help youth stay safe and healthy during this very challenging time.
- MCFD created new virtually accessible resources to help youth manage anxiety symptoms and pandemic-related stress.
- The Ministry adapted Everyday Anxiety Strategies for Educators (EASE) resources to provide parents and caregivers with tools to help their children manage their worries.
- It also launched new EASE resources for students in Grades 8-12.

CROSS-REFERENCE:

- **Note 6.2 –** Overview of CYMH

[1] Waddell C, Schwartz C, Barican J, Yung D, Gray-Grant D. COVID-19 and the Impact on Children's Mental Health. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University, 2020.

Contact: Carolyn Kamper, ADM, SIPL
Cell phone: Government
Date: February 4, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
SPECIALIZED INTERVENTION AND YOUTH JUSTICE BRANCH
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: COVID-19 Pandemic Response: Youth Custody Services

KEY MESSAGES:

- The health and safety of children and youth is the Ministry's top priority.
- Youth Custody Services (YCS) operates two youth custody centres, located in Burnaby and Prince George. The combined staffed capacity for the centres is 108, with 24 in Prince George and 84 in Burnaby.
- Since February 2020, YCS has relied on evidence-based decision making to gradually introduce strategies to respond to the COVID-19 pandemic. Strategies such as a custody-based vaccination program for youth; testing on admission; and COVID-19 vaccination policy for BC Public Service employees.
- These strategies are guided by health and safety experts, including the B.C. Public Service Agency's Occupational Health and Safety physician and safety specialists; Office of the Provincial Health Officer; and regional health authorities infection control specialists.
- YCS worked with health partners (e.g., Provincial Health Office, health authorities) and members of our joint union management committees to establish site-specific, comprehensive COVID-19 Exposure Control Plans, Safety Plans, and guidance documents.
- As the pandemic evolves, our operations, processes and procedures have adapted and will continue to adapt to address the health and safety needs of our workforce and clients.
- Rigorous preparations have been successful to date at mitigating and preventing the spread of the virus within the youth custody facilities.
- YCS has implemented the following health and safety measures:
    - Environmental measures, such as visual cues for physical distancing or directing traffic flow in hallways and frequent cleaning and disinfection.
    - Administrative measures, such as healthcare screening and, with consent, COVID-19 testing of all youth admitted to the facility, along with active screening of all professionals.

Contact: Teresa Dobmeier
Cell phone: Government
Date: January 13, 2022

  - Implementation of the Rapid Point of Care Testing Strategy as a testing option for all youth admitted to the facilities.
  - Personal protective measures, such as mask use for health workers and correctional officers.
- Youth admitted to custody are offered the Rapid Point of Care COVID-19 test and, when medically cleared by a health professional, are directly admitted to a general living unit.
- The newly implemented testing strategy used in conjunction with other COVID-19 prevention strategies has eliminated or reduced the length of medical isolation.
- COVID-19 vaccines are offered to every youth in custody.

BACKGROUND:

Average Daily Count of Youth in Custody (Fiscal Years 2019/20 to 2021/22)

	2019/20	2020/21	2021/22 FYTD*
Average Daily Youth in Custody	26	13.4	11.6
Total Number of Youth – Medical Confinement	14	161	94
Average Daily Count by Gender	86% male 14% female	89% male 11% female	85%: male 15%: female
Average Daily count by Indigenous Status	Indigenous: 46%	Indigenous: 56%	Indigenous: 46%
	Non Indigenous: 54%	Non Indigenous: 44%	Non Indigenous: 54%

Data Source: IBM Cognos

*Fiscal Year to Date as of February 07, 2022

Number of Medical Separate Confinement

- The total number of youth placed on medical confinement from April 1, 2021 to February 7, 2022 is 94, down from 161 in fiscal year 2020 – 21.

CROSS-REFERENCE: N/A

Contact: Teresa Dobmeier
Cell phone:Government
Date: January 13, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
STRATEGIC INTEGRATION, POLICY AND LEGISLATION
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Children and Youth with Support Needs (CYSN) Interim Measures

KEY MESSAGES:

- The health and safety of children, youth and families in B.C. is always our top priority.
- Since the beginning of the pandemic, we have followed public health guidance to quickly adapt the ways we work so we can continue to provide vital services for children, families and communities who count on us.
- We know that children and youth with support needs and their families have had added challenges during the pandemic.
- That's why we adjusted our services to better support children and youth with support needs.
- The flexible use of respite funding is now permanent so that families can continue to use their funding for other supports that provide some relief, like housekeeping and meal prep.
- Families can direct their child or youth's individualized funding to access family counselling and therapy services (including through virtual care) with a qualified provider.
- We have the temporary admission process available for families to access At Home Program (AHP) medical benefits, to ensure children and youth can receive benefits without unnecessary delay.
- And we're investing $10 million into the medical benefits portion of the program starting in April 2022 – the first investment in 20 years.
- This will help offset the out-of-pocket costs for hundreds of parents who need to purchase equipment like wheelchairs and adjustable beds for their children.

Contact: Carolyn Kamper, ADM, SIPLD
Cell phone: Government
Date: February 16, 2022

- We continue to accept virtual assessments from BC Autism Assessment Network (BCAAN), recognizing the challenges that still exist when it comes to accessing in-person services.
- Families who are struggling should contact CYSN staff, Autism Funding Program staff, or Autism Information Services BC staff to discuss how they can help.
- Interim measures allow long-term opportunities to monitor the impact of flexible measures to inform implementation of the CYSN Service Framework, operational streamlining measures, and the continuation of these measures post pandemic.

BACKGROUND:

AUTISM FUNDING PROGRAM:

- During the onset of the pandemic, the Ministry offered an interim measure for families with children under the age of 6 to use funding to access family counselling services. As of 2021, counselling services have become a permanent eligible service.
- Temporary exception to the eligibility policy to accept virtual assessments conducted through the British Columbia Autism Assessment Network (BCAAN) continues during the pandemic.

FLEXIBLE USE OF BASIC RESPITE FUNDING:

- MCFD implemented interim policies offering flexibility for families who receive basic Direct Funded/At Home Program respite.
- Families do not need to provide a record of respite expense forms for agreements expiring before March 31, 2022.
- These measures are being made permanent.

AT HOME PROGRAM (AHP):

- Option to use a temporary admissions process to ease access to At Home Program medical benefits when in person AHP assessments are not available.
- Families can use School Age Extended Therapy (SAET) funding for virtual care when appropriate.

Contact: Carolyn Kamper, ADM, SIPLD
Cell phone: Government
Date: February 16, 2022

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
COAST NORTH SHORE
ESTIMATES CORPORATE BRIEFING NOTE 2022/23

ISSUE: Good News Story – Impact of COVID-19 Emergency Supports to Youth in Coast North Shore SDA

KEY MESSAGES:

- Last year we heard about a young person in the Coast North Shore Service Delivery Area who had been assisted by the Covid extension during the initial phase of the program. This included her being able to continue working with her support professionals, her post-secondary studies, as well as obtaining her driver's license.
- As the extensions have continued this past year, this young person has continued to develop her plans for post-secondary education and has a detailed plan to be pursuing her dream career Personal Information
- During this past year this young person faced multiple personal challenges with her emotional well-being and physical health. Due to the continued support of the professionals in her life, including her youth transition worker and guardianship social worker, she was able to address these issues and engage with necessary support services. As a result, she was able to continue her future plans with minimal disruption.
- The pandemic emergency measures enabled her to keep her professional supports and relationships in place which meant that when faced with challenges, she had a network of people to help her navigate them and help her continue her career and life path.

CROSS REFERENCE: N/A

Contact: Teresa Dobmeier
Cell phone: Government
Date: January 20, 2022