MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 6, 2021
CLIFF#: 265029

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Public Posting of Case Review Summaries in December 2021

BACKGROUND:
In the *BC Children and Youth Review*, the Honourable Ted Hughes recommended that twice a year the Ministry of Children and Family Development (ministry) publicly release a summary of each child death review it completed during the previous six months. In June 2011, the ministry revised its process for posting summaries to include all critical injury case reviews as well. The summaries are posted in June and December each year and provide a narrative description of the case review. The public disclosure of case review summaries considers privacy issues and confidentiality in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act.*

DISCUSSION:
There are 15 summaries to be posted in the December 2021.

Of the 15 reviews:

- All 15 were file reviews
    - 1 was related to a sibling group of 3, 1 was related to a sibling group of 2 and 13 were on a child totalling 18 children related to the 15 reviews
- Of the 18 children 11 children died and 7 were critically injured. Of the 11 children that died:
    - 8 were Indigenous
    - 7 were in care and 4 were not in care
    - 1 was served by a Delegated Aboriginal Agency (DAA) and 10 were served by the ministry
    - the coroner determined 4 deaths were accidental, 3 were undetermined, 2 were suicide, and 2 were natural

4 of the 15 reviews were regarding critical injuries, and of the 7 children injured:

- 4 are Indigenous
- 1 is in care and 6 are not in care
- 5 were served by the ministry and 2 were served by a DAA

Positive practice themes for the case reviews were:

- Collaboration with other service areas and providers
- Communication with and support for parents
- Engagement of Indigenous communities in planning
- Support for youth transitioning to adulthood
- Facilitating connections with family

The practice concerns identified in the case reviews were addressed through action plans developed in collaboration with DAAs and Service Delivery Area (SDA) leadership where the children were served, in addition to leadership within the Child Welfare Policy Team. Themes of the practice concerns were:

- Cultural planning
- Child protection safety assessments and planning
- Mental health assessments and planning
- Joint case management and case transfer process
- Communication with caregivers

Each SDA and DAA is responsible to complete their action plans. The Quality Assurance Branch monitors the completion of every action in the action plans by following up with those accountable until they are completed. Overdue actions require an explanation, as well as the expected steps and timeframe for completion; these may be brought to the attention of the responsible Assistant Deputy Minister.

Next Steps:
Once approved, these summaries will be posted to the ministry's internet page.

ATTACHMENTS:

A. Table for Summary Posting December 2021
B. 247171 FR Summary
C. 250279 FR Summary
D. 252470 FR Summary
E. 256121 FR Summary
F. 253702 FR Summary
G. 254853 FR Summary
H. 246653 FR Summary
I. 258634 FR Summary
J. 257651 FR Summary
K. 257282 FR Summary
L. 247700 FR Summary
M. 254852 FR Summary
N. 255224 FR Summary
O. 252206 FR Summary
P. 255485 FR Summary

Contact	**Alternate Contact**	**Prepared by:**
Assistant Deputy Minister:	**for content:**	
Cory Heavener	*Jackie Lee*	*April Surry*
Office of the Provincial Director of Child Welfare and Aboriginal Services	*Executive Director, Quality Assurance Branch*	*Senior Practice Analyst, Quality Assurance Branch*
(778) 698-5125	*(778) 698-4970*	*(778) 698-4963*

Table for Summary Posting: December 2021

#	Ref #	Type	Critical Injury/Fatality	Type of Fatality	In Care	Indigenous	MCFD or DAA	# Actions	Actions Completed	Actions In Progress	Actions Overdue
1	247171	File	Fatality	s.22	No	No	MCFD	5	5	0	0
2	250279	File	Fatality		No	No	MCFD	7	2	5	0
3	252470	File	Fatality		Yes	Yes	MCFD	5	5	0	0
4	256121	File	Fatality		Yes	Yes	MCFD	0	0	0	0
5	253702	File	Fatality		Yes	Yes	MCFD	0	0	0	0
6	254853	File	Fatality		Yes	Yes	DAA	0	0	0	0
7	246653	File	Fatality		Yes	Yes	MCFD	0	0	0	0
8	258634	File	Fatality		Yes	Yes	MCFD	0	0	0	0
9	257651	File	Fatality		Yes	Yes	MCFD	4	4	0	0
10	257282	File	Fatality		No	Yes	MCFD	0	0	0	0
11	247700	File	Fatality		No	No	MCFD	7	5	1	1**
12	254852	File	Critical Injury		Yes	Yes	MCFD	4	3	0	1**
13	255224	File	Critical Injury		No	Yes	MCFD	4	1	3	0
14	252206*	File	Critical Injuries		No	Yes	DAA	8	4	4	0
15	255485*	File	Critical Injuries		No	No	MCFD	2	0	2	0
							Totals:	46	29	15	2

* These case reviews relate to sibling groups.

** Quality Assurance has followed up on these and there is a plan a to complete them.

BRITISH COLUMBIA

Ref #: 247171
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth Known to the Ministry in 2019

Circumstances of the Fatality

The review examined the ministry services provided to a youth who died. The youth, and their family, were receiving services at the time of the death.

Findings

Ministry staff and community support programs worked collaboratively to provide the youth and their family with services to meet their needs. The youth and their family were engaged with services and regularly supported by a team of professionals. Concerns for the youth's safety and well-being were properly assessed and addressed when a child protection concern was received. However, the ministry did not submit reports as required, update a plan when needed or inform the youth's family of a mental health issue.

Prior to the case review being finalized, the involved staff received training on completing Reportable Circumstance reports as required by policy, and a process was developed for an annual review of this requirement. A new system was also initiated for ministry staff to regularly review mental health related information.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to provide involved staff with training related to a specific mental health issue.

The review was completed in August 2021. The above action plan was fully implemented in September 2021.

BRITISH COLUMBIA

Ref #: 250279
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth Known to the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to a youth who died. The youth, and their family, were receiving services at the time of the death.

Findings

The youth's health and safety needs were not met by the ministry prior to their death. Comprehensive assessments and planning did not occur to address their mental health concerns. When a new child protection report was received, the ministry assessed that there were no child protection concerns and determined no further action was required; however, the youth and their family could have been contacted to offer support services.

Prior to the case review being finalized, a new process was developed in the Service Delivery Area to discuss issues, concerns, and training requirements. A discussion also occurred with the involved leadership team around the importance of completing and documenting assessments and planning.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review the importance of file documentation, the duty to report child protection concerns, and the use of Service Requests to determine the need for support services. Specific training occurred for staff to support them to provide provision of mental health supports.

The review was completed in November 2021. The above action plan is due for full implementation in December 2021.

BRITISH COLUMBIA

Ref #: 252470
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous youth who died. The youth, and their family, were receiving services at the time of the death.

Findings

The director developed, implemented, and monitored a care plan to support the youth's transition to the community. Regular transition planning Circles were held, and the youth was supported by their care team to engage with services. Although the youth's family was involved in planning and decision making, the views of the youth's Indigenous community were not known. Joint case management occurred but could have been arranged sooner based on the youth's circumstances. Monitoring the youth's plan more frequently could have improved communication, service delivery, and planning for their specific needs.

Prior to the case review being finalized, guardianship sessions were provided to staff and a process was developed to support collaborative planning and communication between the director and the resource.

Actions

The involved Service Delivery Area (SDA) and the Quality Assurance team developed an action plan to review with the involved staff the practice directive regarding case transfer and joint management and arranged for staff to complete training specific to working with Indigenous families and communities. A discussion with SDA leadership also occurred on planning for youth transitioning to the community.

The review was completed in September 2021. The above action plan was fully implemented in November 2021.

BRITISH COLUMBIA

Ref #: 256121
Date: Dec 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous youth who died. The youth, and their family, were receiving services at the time of the death.

Findings

The director made consistent efforts to address the youth's health needs by collaborating with the youth's parents and the large care team that supported the youth. The youth was reluctant to engage in services to support their specific needs. The director was working to provide services to the youth that would strengthen their Indigenous identity at the time of their death.

Actions

No actions were required to address the findings of the review.

The review was completed in June 2021.

BRITISH COLUMBIA

Ref #: 253702
Date: June 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous youth who died. The youth was receiving guardianship services at the time of their death.

Findings

The director fulfilled their guardianship responsibilities and worked to address the youth's needs, with a specific focus on their health and need for cultural continuity. Planning was informed through collaboration with the youth, their family, their Indigenous community and other community members and was adjusted as the youth's needs changed.

Actions

No actions were required to address the findings of the review.

The review was completed in June 2021.

BRITISH COLUMBIA

Ref #: 254853
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the Delegated Aboriginal Agency services provided to an Indigenous youth who died. The youth, and their family, were receiving guardianship and support services at the time of the death.

Findings

Significant assessment and planning were completed to support the youth. The youth's health issues, transition from care and relational connections were prioritized. The youth's culture could have been drawn on for increased support.

Actions

No actions were required to address the findings of the review.

The review was completed in July 2021.

BRITISH COLUMBIA

Ref #: 246653
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth in the Care of the Director in 2019

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous youth who died from natural causes. The youth was receiving guardianship services at the time of their death.

Findings

A collaborative plan was developed, implemented, and monitored to support the youth's transition to adulthood, particularly in relation to their health, permanency, and culture. The youth had a large care team who met regularly, and support services were provided to meet the youth's specific needs. Collective planning and decision making occurred with the youth's guardianship team, other ministry program areas, community professionals, family, and community, which supported their health and well-being.

Actions

No actions were required to address the findings of the review.

The review was completed in May 2021.

BRITISH COLUMBIA

Ref #: 258634
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth in the Care of the Director in 2021

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous youth who died. The youth was receiving guardianship services at the time of their death.

Findings

The youth had significant health needs that impacted their daily functioning. The director and community professionals supported the youth with services that addressed these needs. The youth was aware of their Indigenous identity and regularly attended their Indigenous community and cultural events. Permanency planning for the youth was ongoing, focusing on relational and physical permanence.

Actions

No actions were required to address the findings of the review.

The review was completed in September 2021.

BRITISH COLUMBIA

Ref #: 257651
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Child in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous child who died. The director was providing guardianship and family support services to the child and their parents at the time of the death.

Findings

In the eight months before the child's death, the ministry thoroughly assessed and created comprehensive plans to address the child's medical and developmental needs. This included the child's extensive care team meeting on a regular basis to plan for them, contributing to their referral for and participation in appointments with medical professionals and therapists. Reassessment of the child's placement with a sibling in a family care home could have supported their need to be connected to their family and culture.

Prior to the case review being finalized, the involved staff completed guardianship orientation training, reviewed their roles and responsibilities. Additionally, the involved staff participated in monthly practice circles to share information and practice strategies in serving Indigenous children and families. Involved leaders had access to similar practice circles and participated in monthly meetings focused on permanency, in which discussions and tracking of placement reassessments took place.

Actions

No further actions were required to address the findings of the review.

The review was completed in November 2021.

BRITISH COLUMBIA

Ref #: 257282
Date: December 2021

SUMMARY: FILE REVIEW
Of the Death of a Child Known to the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous child who died. The child, and their family, were receiving services at the time of the death.

Findings

The director's assessment and planning addressed the child's safety and well-being and was informed through collaboration with the child's family, Indigenous community, and service partners.

Actions

No actions were required to address the findings of the review.

The review was completed in July 2021.

BRITISH COLUMBIA

Ref #: 247700
Date: June 2021

SUMMARY: FILE REVIEW
Of the Death of a Youth Known to the Director in 2020

Circumstances of the Fatality

The review examined the ministry services provided to a youth who died. Although the director was not providing services to the youth and their family at the time of the death, they were on a waitlist for services.

Findings

The director did not properly assess the youth's safety or develop a plan for their well-being. The youth and their family were placed on a waitlist for services and were not contacted prior to the youth's death. There was also no collaboration between ministry programs regarding their mental health needs. The ministry program referred the youth to another community support program; however, they did not follow up with the youth to facilitate their participation in the program. Further assessment and services were needed to support the youth's health needs.

Prior to the case review being finalized discussions occurred regarding timely file assignments, reorienting staff to service mandates, developing a system to clarify and monitor referrals, and establishing monthly collaborative meetings.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review with the involved staff the screening of child protection reports involving high risk youth with mental health involvement, as well as moving service focus between protection and non-protection focus. Training is provided to support further understanding for staff regarding specific a mental health issue.

The review was completed in May 2021. The above action plan is due for full implementation in December 2021.

BRITISH COLUMBIA

Ref #: 254852
Date: December 2021

SUMMARY: FILE REVIEW
Of the Critical Injury of a Youth in the Care of the Director in 2020

Circumstances of the Critical Injury

The review examined the ministry services provided to an Indigenous youth who was critically injured. The youth was receiving guardianship services at the time of their critical injury.

Findings

The director worked to address the youth's needs, with a specific focus on their health and transition to adulthood. The director balanced the youth's desire for independence and connection with their family, with helping them achieve the skills necessary for their transition to adulthood. The Care Plan was missing information about the youth's culture and connection to their community.

Prior to the case review being finalized, the involved staff reviewed best practices for planning with Indigenous children and youth. Additionally, a practitioner engaged the youth in discussions about their cultural identity.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan for the involved team leaders to review each Care Plan and confirm the section for Cultural Identity and Plan for Identity are well informed and documented. Additionally, the involved staff would review the Care Plan Practice Guide and the supplemental document Positive Racial Identity Development and Needs of Aboriginal Children.

The review was completed in July 2021. The above action plan was due for full implementation in October 2021.

BRITISH COLUMBIA

Ref #: 255224
Date: December 2021

SUMMARY: FILE REVIEW
Of a Critical Injury of a Child Known to the Director in 2020

Circumstances of the Critical Injury

The review examined the ministry services provided to an Indigenous child who was critically injured. The child, and their family, were receiving services at the time of the critical injury.

Findings

Initially, the ministry accurately identified concerns for the child's safety and implemented planning and services to address the concerns; however, when circumstances changed, additional steps were not taken to attend to the child's safety. The absence of regular contact and an incomplete assessment of the child's safety and needs contributed to their increased vulnerability. Additionally, when the family informed the ministry they were moving, there was no record of a request to transfer the child welfare involvement to the new community in order to continue to support the child's safety and well-being.

Prior to the review being finalized, the involved staff reviewed policies related to issues identified through the review.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review with the involved staff the Family Development Response policy, the relevant guidelines on file transfers, and the practice guidelines related to issues identified through the review.

The review was completed in October 2021. The above action plan is due for full implementation in December 2021.

BRITISH COLUMBIA

Ref #: 252206
Date: December 2021

SUMMARY: FILE REVIEW
Of the Critical Injuries of Children in the Care of the Director in 2020

Circumstances of the Critical Injuries

The review examined the Delegated Aboriginal Agency (DAA) services provided to Indigenous children who were critically injured. The children, and their family, were receiving services at the time of the critical injuries.

Findings

Assessments were not fully completed, and planning was not implemented to address the concerns. Services were not provided, and the children's safety was not addressed.

Prior to the case review being finalized, a new collaborative practice guide which enhanced DAA practice was created, and training was delivered to staff. The involved staff also participated in training to address the use of assessment tools and discussed the use of extended family to mitigate risk. In addition, a screening template was implemented to highlight when high-risk factors or indicators are present.

Actions

The involved DAA leadership and the Quality Assurance team developed an action plan to: provide information to staff about completing culturally safe parental mental health assessments when assessing child safety; review practice directives around clinical consultation and support in complex high risk child protection cases; and provide training on policies to support information sharing between ministry programs and screening of reports.

The review was completed in November 2021. The above action plan is due for full implementation in January 2022.

BRITISH COLUMBIA

Ref #: 255485
Date: December 2021

SUMMARY: FILE REVIEW
Of a Critical Injuries of Children Known to the Director in 2020

Circumstances of the Critical Injuries

This review examined the ministry services provided to children who were critically injured. The children, and their family, were receiving services at the time of the critical injuries.

Findings

Six months before the injuries, the ministry received a report of concern for the children. An assessment of the children's safety was incomplete when the ministry ended their involvement with the family one month later. Specifically, in-person interviews and a home visit were not completed despite the assessed high level of vulnerability of the children.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review with involved child welfare practitioners the policy and practice guidelines for the child protection response and assessing and responding to reports involving a specific issue.

The review was completed in October 2021. The above action plan is due for full implementation in December 2021.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 3, 2021 **DATE OF PREVIOUS NOTE:** May 26, 2021
CLIFF#: 265070 **PREVIOUS CLIFF #:** 260337,255707,250039

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Public Posting of Deaths of Children in Care and Children Not in Care (Received Services in Past Twelve Months) from January 1 to June 30, 2021.

BACKGROUND:
In 1996 the ministry began publishing statistics on deaths of children in care and deaths of children who had received services within the past twelve months under the *Child, Family and Community Service Act* (*CFCSA*). The child death statistics are updated every six months and are publicly posted in June and December as a public accountability measure.

A child in care is defined as a child who is in the custody, care or guardianship of a director by court order or agreement under the *CFCSA.*

A child receiving services (not in care) is defined as a child who is not in the director's custody, care or guardianship but is receiving ministry services. These services may include: a child whose family is receiving protective or support services, (i.e., child care workers, respite or family counseling service providers); child and youth mental health services; a youth on a Youth Agreement; a family receiving services to Children and Youth with Support Needs (CYSN); and children placed in the custody of another person under the director's supervision.

DISCUSSION:
The ministry works with the British Columbia Coroner's Service (BCCS) to confirm its data[1] on child deaths before postings occur. The BCCS may change the classification of a death if new information is revealed during their investigation. When this happens death statistics are updated to reflect the revised classification.

Children in Care Deaths:
From January 1 to June 30, 2021, 6 children in care died. The following classifications of death is information *currently* provided by BCCS :

- 2 Natural;
- 2 Accidental[2];
- 1 Suicide;
- 0 Homicide;
- 1 Undetermined - Open; and

[1] Current 2020 child death data was reviewed and reconciled by BCCS as of November 19, 2021.

[2] Accidental deaths may include motor vehicle accidents, drownings, choking, poisonings (including overdoses), unsafe sleeping practices, house fires or opioid overdoses.

- 0 Undetermined – Closed.

The ministry's analysis of the BCCS data confirms the following:
- 2 of the Accidental deaths were confirmed by BCCS as opioid/fentanyl overdoses;
- All 6 deaths proceeded to Case Review as required by policy - all were File Reviews. 1 of these reviews is completed and 5 are in progress.
- The legal status of the 6 deaths included: 1 Temporary Custody Order and 5 Continuing Custody Orders.
- 5 of the 6 children identified as First Nations, Métis or Inuit; for those identified as Indigenous their death classifications were: 2 Natural; 1 Accidental; 1 Suicide; and 1 Undetermined - Open BCCS investigation.

Deaths of Children who Received Services (not in care) in the previous twelve months:
Between January 1 and June 30, 2021, 43 children who had received services died. The following classifications of death is information *currently* provided by the BCCS:
- 16 Natural[3];
- 8 Accidental[2];
- 2 Homicide;
- 6 Suicide[4];
- 10 Undetermined - 9 with an Open BCCS investigation and 1 is Closed.

The ministry's analysis of the BCCS data confirms the following:
- 1 death had no BCCS Classification as the child died outside the province of British Columbia.
- Of the 43 children who died, 10 identified as First Nations, Métis or Inuit; those identified as Indigenous by death classification - 1 Natural; 3 Accidential; 1 Homicide; 2 Suicide; and 3 Undetermined - 3 Open BCCS investigations and 0 Closed.
- 5 of the 8 Accidental deaths were children and youth who died of an opioid/fentanyl overdose, confirmed by BCCS.
- All deaths were reviewed to determine whether a Case Review was required, with 5 proceeding to a Case Review. All 5 are File Reviews- In progress.

SUMMARY:
Child death data from 2020 and 2021 (to date) reveals no significant variations from previous years.

ATTACHMENTS:
FATALITIES OF CHILDREN IN CARE & RECEIVING SERVICES UNDER THE *CFCSA*

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[3] The majority of children who died of *Natural* causes were receiving services from the CYSN+ program area; which comprises 37% of the total number of deaths of children receiving services for this time period.

[4] Suicide deaths - 5 of these 6 deaths were due to hanging, with 2 youth identified as IndigenousFirst Nations, Métis or Inuit. According to BCCS, the proportion of children and youth who completed suicide by hanging compared to other means of suicide is consistent with historical averages.

Fatalities of Children in Care By Calendar Year

YEAR	NATURAL	ACCIDENT	HOMICIDE	SUICIDE	UNDETERMINED[5]		TOTALS
					OPEN	CLOSED	
2008	6	5	2	2	0	0	15
2009	8	1	0	1	1	0	11
2010	5	3	0	0	5	0	13
2011	6	1	0	2	0	1	10
2012	6	6	0	2	1	0	15[ii]
2013	2	2	2	2	0	1	9[ii]
2014[ii]	6	3	0	4	0	1	14[iv]
2015	1	4	2	3	1	0	11
2016	4	0	1	1	0	0	7[iv]
2017	4	5	0	0	3	0	12
2018[vi]	5	4	0	2	2	0	13
2019	5	7	1	1	0	0	15[iv]
2020	2	9	0	1	3	0	15
2021	2	2	0	1	1	0	6

Fatalities of Children Receiving Services (Not in Care) By Calendar Year

YEAR	NATURAL[v]	ACCIDENT	HOMICIDE	SUICIDE	UNDETERMINED[i]		TOTALS
					OPEN	CLOSED	
2008	46	12	3	1	16	4	82
2009	44	11	3	3	15	2	78
2010	38	12	1	5	6	1	63
2011	40	16	2	2	6	2	69[iii]
2012	61	20	1	7	6	1	96
2013	53	10	2	7	0	8	80[ii]
2014[ii]	38	11	6	4	3	4	67[iv]
2015[ii]	70	17	4	11	3	2	110[iv]
2016[iii]	54	17	1	9	15	0	97[iv]
2017	58	26	6	12	5	0	108[iv]
2018[vii]	60[iii]	22[ii]	2	7	7	2[ii]	101[vi]
2019	50	18	3	11	2	5	91[iv]
2020	49[v]	11	1	10	6	6	84[iv]
2021	16	8	2	6	9	1	43[iv]

[i] In the "Undetermined" category, "open" indicates a case is still under investigation by the Coroner; "closed" indicates the Coroner's investigation is complete and due to insufficient evidence or inability to determine, the death cannot reasonably be classified as natural, accidental, suicide or homicide.

[ii] Updated classification from the Coroner regarding cause of death.
[iii] Late report of death outside of six month bi-yearly report.
[iv] This total includes 1 fatality where there is no Coroner classification of death because the fatality occurred outside the province or country.
[v] 37% of the total number of deaths for January 1 to June 30, 2021 were attributed to Natural causes.
[vi] These numbers represent data from January 1 to December 31, 2018 - bi-yearly report.
[vii] This total includes a child in care under the Adoption Act who received services within 12 months of death.

Contact ADM:	**Alternate Content Contact:**	**Prepared by:**
Cory Heavener -	*James Wale -*	*Claudine Fletcher -*
Assistant Deputy Minister &	*Deputy Director of Child*	*Practice Analyst*
Provincial Director of Child	*Welfare*	*Child Welfare Branch*
Welfare & Aboriginal Services	*Child Welfare Branch*	
Division		
250-580-4434	*250-516-4633*	*250-812-0986*

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: November 24, 2021
CLIFF#: 265088

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: *Declaration on the Rights of Indigenous Peoples Act* Section 7 Implementation

BACKGROUND:

Section 7 of the *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act) enables the Province to enter into agreements regarding the exercise of statutory powers of decision-making with Indigenous Governing Bodies (IGBs). This includes agreements for the Province and an IGB to make joint statutory decisions or for the Province to gain consent of the IGB before making a statutory decision.

s.16

s.16 s.14
s.14

s.12; s.13

DISCUSSION:

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s.13 MCFD, MAG and the Ministry of Indigenous Relations and Reconciliation are working collaboratively in finding a set of options that might fit a section 7 agreement under the CFCSA.

s.13

To date, no IGB has expressly requested to enter into a section 7 agreement with MCFD.s.13
s.13

Additionally, MCFD is currently working with First Nations and Métis partners to prepare for engagement, beginning Spring 2022, on modernizing the CFCSA to bring it into alignment with the Federal Act and Declaration Act. This provides an opportunity for MCFD to collaborate with Indigenous rights holders on their priorities for systemic reform of child and family services, including determining how any priorities they may have for section 7 agreements can be enabled through existing legislation or future legislative amendments.

SUMMARY:

s.12; s.13

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Additionally, MCFD's upcoming engagement on CFCSA modernization presents an opportunity to further enable section 7 agreements under the CFCSA, in alignment with the priorities of Indigenous rights holders.

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Carolyn Kamper *Strategic Integration, Policy & Legislation* *778-698-8835*	*Francesca Wheler* *Child Welfare & Reconciliation Policy* *778-974-2164*	*Jas Brown* *Child Welfare & Reconciliation Policy* *778-698-8426*	s.14

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: November 29, 2021 **DATE OF PREVIOUS NOTE:** N/A
CLIFF#: 265172 **PREVIOUS CLIFF #** N/A

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Implications of proposed BC policy to decriminalize controlled substances on foster caregivers and youth.

BACKGROUND:
The BC Government, led by the Ministry of Mental Health and Addictions (MMHA), is seeking an exemption to the Federal *Controlled Drugs and Substances Act* (CDSA) in the public interest, based on an urgent health need. The definition of decriminalization for the purpose of the BC Government application would remove criminal sanctions, including drug seizures, arrests, and recommended charges, for people who have up to 4.5g total of opioids, powder or crack cocaine, or methamphetamines for personal use. BC is the first province to apply for such an exemption from the federal government. Gang activity, drug trafficking and other drug-related offences will remain illegal.

Decriminalization does not seek to promote substance use, nor does it increase availability or access to toxic illicit drugs. Decriminalization seeks to preserve and protect the lives of those already engaged in substance use by treating them with dignity and respect and encouraging them to reach out for help when they need it. The decriminalization framework proposes that, as an alternative to criminalization, all individuals found in possession of personal amounts of substances at or below the threshold will be provided with information regarding local health and social services, as well as additional assistance to connect with services if desired. Harm reduction supplies may also be provided where appropriate.

A broad spectrum of partners and stakeholders were consulted in developing BC's decriminalization framework, including people with lived and living experience; health and social service providers; municipalities; law enforcement; advocacy organizations; and clinical and research experts. Indigenous partners were also consulted, including the BC Association of Aboriginal Friendship Centres, BC First Nations Justice Council, First Nations Health Authority, and Métis Nation BC.

Reducing stigma around drug use is a vital part of BC's mental health and addictions roadmap, *A Pathway to Hope*, for building a better, more comprehensive system of care for people in British Columbia.

DISCUSSION:
Youth
The provincial framework proposes to apply to adults at the provincial age of majority (19), with MMHA leading cross-ministry work to determine if special considerations are required to meet the needs of youth under BC's decriminalization framework. The age 19 threshold aligns

with the current provincial approach permitting adults aged 19 and over to purchase and consume psychoactive drugs like alcohol, tobacco, and cannabis.

Depending on the outcome of MMHA's cross-ministry work, amendments may be needed to the following Ministry of Children and Family Development (MCFD) policies to address decriminalized possession and drug use by youth:

- Children and Youth in Care Policies (for youth in foster care), and
- Standards for Youth Support Services and Youth Agreements (for youth receiving support through a youth agreement).

A working group on the impacts of decriminalization on youth as a vulnerable population and youth justice policy and both Federal and Provincial Youth Justice legislation is being set up by MMHA as part of their ongoing work.

Foster Caregivers

To be a foster caregiver, a person must be at least 19 years of age. Foster caregivers will be treated as any other adult under the proposed decriminalization, and changes or additions to existing child welfare policies will be needed to address foster parents' drug possession and use should the federal decriminalization exemption be approved. The scope of such changes will depend on whether MCFD chooses to pursue prohibition of decriminalized drug possession and use by foster caregivers.

If MCFD does not prohibit drug possession or use among foster caregivers, necessary changes to the Resource Work Policies (RWP) would be similar to those introduced when cannabis was made legal in 2018, addressing such topics as the safe storage of decriminalized drugs to ensure they are inaccessible to any child/youth in a family care home. The policy would also need to outline delegated workers' responsibility for assessing caregivers' drug storage as applicable.

While some aspects of possessing decriminalized drugs will have to be addressed in policy as described above, there is not necessarily a need to address the use of those drugs in policy. Intoxication as a result of decriminalized drug use when a foster caregiver is caring for a child in care would still be a significant concern warranting a Quality of Care Review, or even a full Investigation, just as it currently is for other legal drugs and alcohol. If MCFD were to decide to ban the use of these decriminalized drugs by foster caregivers, then policies would have to reflect that decision and the Family Care Home Agreements (FCHA) with foster caregivers may have to be updated. Updating all FCHAs would be a significant undertaking. It is advisable that a comprehensive legal opinion be sought if MCFD is considering banning the use of these drugs among foster caregivers.

NEXT STEPS:

Until such time as the section 56 exemption to the CDSA is approved and it is known whether there will be any changes to provincial legislation or regulation as a result of the exemption, MCFD should continue to monitor the BC Government's application process and participate on the youth working group. The timeline for review and determination for this application is unknown.

When more is known about the extent of the decriminalization application approval, a more thorough review of policies, standards and practices can be conducted.

The BC Government is committed to developing a robust monitoring and evaluation framework once the exemption is approved, including assessing the effectiveness of the proposed thresholds on an ongoing basis and adjusting if necessary.

ATTACHMENTS:
Appendix A: MMHA Decriminalization in BC s.56 Submission
Appendix B: MMHA News Release
Appendix C: MMHA QAs
Appendix D: MMHA Speaking Notes

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Carolyn Kamper *Strategic Integration, Policy & Legislation* *778-698-8835*	*Kristina Ponce* *Child Welfare & Reconciliation Policy* *778-974-3808*	*Eric Hallman* *Child Welfare & Reconciliation Policy* *778-698-5138*	*PDCW* *PDYJ*

Decriminalization in BC: S.56(1) Exemption

Request for an exemption to Health Canada from the *Controlled Drugs and Substances Act* (CDSA) pursuant to Section 56(1) to decriminalize personal possession of illicit substances in the Province of British Columbia

October 2021

Acknowledgements

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

We acknowledge with respect that the work we do throughout B.C. takes place on the traditional lands of Indigenous peoples. The Ministry of Mental Health and Addictions is deeply committed to true and lasting reconciliation with Indigenous peoples in B.C.

This submission was drafted by the BC Ministry of Mental Health and Addictions with input from the Ministry of Public Safety and Solicitor General, Ministry of Health, Ministry of Children and Family Development, Ministry of the Attorney General, and the Office of the Provincial Health Officer, as well as our external partners that came together to form the Decriminalization Core Planning Table (CPT).

We would like to express our gratitude for the contributions of CPT members who shared their time, experiences, expertise, and data with us, engaging enthusiastically and in good faith even when perspectives diverged. The recommendations put forth in this submission may not always represent the views of all members. Member organizations include:

BC Association of Aboriginal Friendship Centres
BC Association of Chiefs of Police
BC Centre for Disease Control
BC Centre on Substance Use
BC First Nations Justice Council
BC/Yukon Association of Drug War Survivors
City of Kamloops
City of Vancouver
First Nations Health Authority
Métis Nation BC
PIVOT Legal Society
RCMP "E" Division
Rural Empowered Drug Users Network
Society for Narcotic and Opioid Wellness
SOLID Victoria
Union of BC Municipalities
Vancouver Area Network of Drug Users
Vancouver Police Department

This submission was also informed by conversations with additional organizations and experts, including health authorities, the Canadian Mental Health Association (CMHA-BC), Moms Stop the Harm (MSTH), the Canadian Drug Policy Coalition, the South Asian Mental Health Alliance (SAMHAA), the Rainbow Heath Cooperative, the Support Network for Indigenous Women and Women of Colour (SNIWWOC), and others.

TABLE OF CONTENTS

1 Introduction 4
2 Background and Rationale 5
2.1 Substance Use and Criminalization Harms 7
2.2 Addressing Inequities 9
2.3 Decriminalization to Enable a Public Health Response 10
2.4 Decriminalization in the Context of Public Safety 12
3 British Columbia's Approach 12
3.1 Partners and Stakeholders 13
3.1.1 Cross-Government Project Team 13
3.1.2 Core Planning Table 13
3.1.3 Indigenous Partners and Leaders 13
3.1.4 Additional Engagement 14
3.2 Principles 14
4 A Framework for Decriminalization in BC 15
4.1 Goals and Objectives 16
4.2 Eligibility 17
4.3 Defining Personal Possession 17
4.3.1 Considerations 18
4.3.2 Data and Evidence 19
4.3.3 Recommendation 22
4.3.4 Summary of Stakeholder Feedback 23
4.4 Alternatives to Criminal Penalties 24
4.4.1 Provision of Information and Harm Reduction Supplies 24
4.4.2 Voluntary Referrals 25
4.5 Health System Readiness 26
4.6 Regional Considerations 27
4.6.1 Rural and Remote Considerations 28
4.7 Approach to Unique Populations (GBA+) 29
4.7.1 Youth 29

4.7.2 Indigenous Peoples 29
4.7.3 Other Identity Factors 30
4.8 Approach to Unique Circumstances 30
4.8.1 Personal Possession in a Motor Vehicle 30
4.8.2 Public Consumption 31
4.9 Implementation 31
4.9.1 Implementation at Different Stages of the Criminal Justice System 31
4.9.2 Police Training 32
4.9.3 Public Education 32
4.10 Monitoring and Evaluation 32
5 Conclusion 33
6 Appendix A 35
7 Appendix B 37
8 Appendix C 39
9 Appendix D 40

1 INTRODUCTION

Since 2016, British Columbia has been under a public health emergency. This emergency is arising out of unprecedented numbers of illicit drug poisoning deaths, primarily due to increasing toxicity and unpredictability of the illicit drug supply with increasing concentrations of fentanyl and its analogues. The emergency has been exacerbated by the COVID-19 pandemic, which has significantly impacted social determinants of health, reduced access to harm reduction and treatment services, incentivized the manufacturing of more potent street drugs as a result of international supply disruptions, and driven people at risk of a fatal or non-fatal illicit drug toxicity poisoning to use drugs alone in dangerous situations.

BC has taken action to address the illicit drug poisoning crisis, including rapid scale-up and implementation of life-saving initiatives such as the Take-Home Naloxone program, access to medication-assisted treatments and prescribed safer supply, and expanded supervised consumption, overdose prevention, and harm reduction services and improvements in treatment and recovery. While these initiatives have saved lives and underscore the widely accepted notion that substance use should be approached as a public health issue, they are undermined by the continued criminalization of illicit substance use under Canada's *Controlled Drugs and Substances Act* (CDSA). Criminalization of simple possession remains a significant impediment to BC's ability to implement a comprehensive public health response to the illicit drug poisoning crisis.

This submission is intended to start an iterative dialogue with Health Canada regarding how BC's approach to decriminalization can satisfy the expectations of both governments, leading to the granting of a s.56(1) exemption.

To meaningfully address the illicit drug poisoning crisis, including the widespread stigma that can lead people who use drugs (PWUD) to avoid life-saving health services and use alone, the Premier's 2020 Mandate Letter to Minister Sheila Malcolmson directs the Ministry of Mental Health and Addictions (MMHA) to work with the Ministry of Public Safety and Solicitor General and the Ministry of Attorney General to pursue the decriminalization of personal possession of illicit substances in BC.

Public support for the decriminalization of personal possession of illicit substances is strong, with 66 percent of British Columbians in favour of the move, according to a February 2021 poll conducted by the Angus Reid Institute.[1] This represents the highest level of support for decriminalization of any Canadian province. There have also been calls for decriminalization from the Canadian Association of Chiefs of Police,[2] the Health Officers Council of BC, BC's

[1] https://angusreid.org/opioid-crisis-covid/

[2] https://www.cacp.ca/index.html?asst_id=2189

Provincial Health Officer, several BC municipalities, Health Canada's own Expert Task Force on Substance Use,[3] the First Nations Health Authority,[4] and a variety of organizations representing people with lived experience of substance use.

With this widespread support **BC is formally asking the federal Minister of Health, in consultation with the federal Minister of Mental Health and Addictions to exercise their authority under Section 56(1) of the CDSA to exempt all persons in British Columbia 19 years of age or older from the application of Section 4(1) on the condition that the amount of any controlled substance in their possession does not exceed the thresholds for "personal possession" set out in a Schedule.** This Schedule would be based on evidence of personal use patterns. This submission includes BC's recommendations for a personal use Schedule for opioids (including heroin and fentanyl), crack and powder cocaine, and methamphetamine.

BC submits that this proposed exemption meets the test under s.56(1). It is necessary for a medical purpose, namely combatting the public health emergency of drug poisoning deaths. In addition to saving lives, this proposed exemption is in the public interest to mitigate the harms to PWUD (i.e., unnecessary involvement in the criminal justice system) and to society of the attendant costs, harms, and reduced effectiveness of public health interventions. It also reflects the *Charter* values at stake in a proportionate way.

This document describes the overarching principles, objectives, and other key details of BC's proposed decriminalization framework. This submission represents the culmination of intensive stakeholder and partner engagement, which will continue into the implementation planning and post-implementation phases. **This submission is intended to support ongoing dialogue with Health Canada regarding how BC's approach to decriminalization can satisfy the expectations of both governments, leading to the granting of a s.56(1) exemption.** It is recognized that details of the proposed framework may change as a result of these future discussions.

2 Background and Rationale

Since the declaration of the public health emergency in April of 2016, over 7,700 British Columbians have died from illicit drug poisoning. Numbers of fatal illicit drug poisoning initially peaked at 1,549 in 2018, at an average of 4.2 deaths per day. Following a 36 percent decrease in illicit drug poisoning deaths between 2018 and 2019 (984, for an average of 2.7 deaths per

[3] Health Canada. Expert Task Force on Substance Use. (2021). Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS). https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies /expert-task-force-substance-use/reports/report-2-2021.html#a3

[4] https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf

day), deaths reached a new high in 2020, with 1,733 deaths, or 4.7 per day – an increase that the BC Centre for Disease Control (BCCDC) linked, in part, to the ongoing COVID-19 public health emergency.[5] Deaths have continued to climb in 2021 with 1,204 suspected illicit drug toxicity deaths in the first seven months and are on track to exceed the previous annual high.[6] Illicit drug poisoning is now the leading cause of death amongst British Columbians aged 19 to 39—people in the prime of their lives. For men, the toxic drug crisis has been so severe that overall life expectancy at birth for males has declined in recent years in BC.[7]

The BC Coroners Service reports that this year has seen an increase in deaths in which extreme fentanyl concentrations were present.[8] Regional Health Authorities, overdose prevention service providers, and researchers[9] also continue to issue alerts and raise concerns regarding increased presence of benzodiazepines in the illicit drug supply, which is causing severe and complex drug toxicity presentations. While no British Columbians have died of illicit drug poisoning at overdose prevention or safe consumption sites, the scientific and medical literature[10,11,12] supports what we have been told by PWUD, namely that drug law enforcement pushes PWUD to deliberately avoid these kinds of lifesaving services. Criminalization and stigma lead many to hide their use from family and friends and to avoid seeking treatment, thereby creating situations where the risk of drug poisoning death is elevated. The BC Coroners Service reports that between 2018 and June 2021, most illicit drug toxicity deaths occurred in private residences (55.7 percent) or other residences, such as social housing sites or shelters (26.3 percent), where residents are more likely to use alone.

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[5] http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2021.04.16_Infographic_OD%20Dashboard.pdf

[6] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[7] The Daily — Life tables, 2016/2018 (statcan.gc.ca)

[8] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[9] Laing, M. K., Ti, L., Marmel, A., Tobias, S., Shapiro, A. M., Laing, R., Lysyshyn, M., & Socías, M. E. (2021). An outbreak of novel psychoactive substance benzodiazepines in the unregulated drug supply: Preliminary results from a community drug checking program using point-of-care and confirmatory methods. International Journal of Drug Policy, 93, 103169. https://doi.org/10.1016/j.drugpo.2021.103169

[10] Kerr, T., Small, W., & Wood, E. (2005). The public health and social impacts of drug market enforcement: A review of the evidence. *International Journal of Drug Policy*, 16(4), 210–220. https://doi.org/10.1016/j.drugpo.2005.04.005

[11] Collins, et al. (2019). Policing space in the overdose crisis: a rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites. *Journal of International Drug Policy, 73*, 199-207.

[12] Small, W., Kerr, T., Charette, J., Schechter, M.T., and Spittal, P.M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*, 17(*2*), 85-95.

This data indicates that, while the purpose of the *Controlled Drugs and Substances Act* is to protect public health, it is in fact undermining it by contributing to the conditions that make fatal and non-fatal illicit drug poisonings more likely. An exemption to enable decriminalization within BC is necessary and warranted in order to disrupt these conditions, as it meets the s.56(1) criteria of serving a medical purpose and being in the public interest. It is supported by scientific research and it will directly support BC's response to the illicit drug poisoning crisis, which will ultimately save lives.

2.1 Substance Use and Criminalization Harms

Before discussing the harms associated with substance use, it is necessary to acknowledge that substance use occurs on a continuum, ranging from beneficial to harmful. Some people experience minimal health-related harms from substance use. However, the harms caused by criminalization of substance use affect many, regardless of whether their substance use is beneficial, neutral, or problematic for their health. For those whose substance use could be characterized as problematic, criminalization is an ineffective deterrent and serves to compound harms.[13] Dr. Bonnie Henry, BC's Provincial Health Officer, highlights this in her 2019 report, *Stopping the Harm: Decriminalization of People Who Use Drugs in BC*:

> If the intention of a prohibition-based system was to protect individuals from harms inherent to substance use, then this policy approach has significantly failed to achieve this goal at an individual or population level. Evidence shows that this approach has had the opposite effect and has substantially increased harms.[14]

In terms of quantifiable economic harms, the Canadian Centre for Substance Use and Addiction[15] has estimated that licit and illicit substance use in BC costs over $6.6 billion per year:

- $1.9 billion in costs to the health care system (e.g., hospitalizations and emergency room visits);
- $3.1 billion in lost economic productivity;
- $1.2 billion in costs from the criminal justice system (e.g., policing and court system); and

[13] Ibid.
[14] Henry, B. (2019). "Stopping the Harm: Decriminalization of People Who Use Drugs in BC." Office of the Provincial Health Officer. Retrieved from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf.
[15] https://www.ccsa.ca/canadian-substance-use-costs-and-harms Canadian Substance Use Costs and Harms, 2015-2017

- $483 million in other direct costs (e.g., property crime).[16]

These costs include the increased healthcare expenses and lost economic productivity experienced by people with acquired brain injury due to drug poisoning events. Although the diagnosis of neurological injury and associated long-term impairment is complex and population prevalence is challenging to measure, recent research conducted by the BCCDC found a high occurrence of such injuries in the Provincial Overdose Cohort.[17] The long-term impacts of acquired brain injury are varied, and can include physical and cognitive impairments, diminished motor skills, and significant behavioural changes—all of which can pose significant challenges for individuals, their families, and provincial health and social services.[18]

Harms associated with substance use are exacerbated by criminalization and the stigma faced by individuals who use substances. In some cases, substance use can lead to social harms such as job loss, housing insecurity, loss of driver's license, and/or damaged interpersonal relationships. In other cases, these harms may be primarily caused by the issuance of criminal penalties for substance use, and the related structural stigma that individuals who use substances face. Many people who use substances also face stigma and discrimination in interactions with the healthcare system, leading to a lack of trust in health care services and providers, and poorer health outcomes.[19] Even in the absence of criminal charges or penalties, fear of drug seizure prevents people from accessing life-saving services, from calling police when in unsafe situations, and from calling emergency services during overdose events.

In addition to the harms caused by criminalization, there is also evidence that it does little to deter illicit substance use. According to a study of injection drug users in Vancouver by Werb et al (2008), the majority of individuals whose drugs were seized by law enforcement purchased a replacement supply within 10 minutes.[20]

Beyond the harms experienced by people who are criminalized for substance use, there are also major impacts on those around them, including family members, friends, and dependents.

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[16] This includes both licit and illicit substances. Provincial data is not available broken down by substance.
[17] http://www.bccdc.ca/Health-Professionals-Site/Documents/Harm-Reduction-Reports/Neurological%20Injury_ODC_2020_01_03.pdf
[18] https://www.canada.ca/en/health-canada/services/opioids/opioid-related-hospitalizations-anoxic-brain-injury.html
[19] Public Health Agency of Canada. (2019). "Addressing Stigma: Towards a More Inclusive Health System: The Chief Public Health Officer's Report on the State of Public Health in Canada 2019." Retrieved from https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf.
[20] Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J., and Kerr, T. (2008). "Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy,* 19(4), p. 332-338.

These harms include social, emotional, relational, and financial impacts when an individual who uses substances is fined, arrested, charged, incarcerated, and/or loses their job. It is also felt by children who come to be involved with the child welfare system because of a parent or guardian's substance use.

MMHA urges Health Canada and the federal Ministers of Health and Mental Health and Addictions to consider these harms in the context of the *Charter* rights of PWUD in our province. Under Section 7 of the *Charter,* everyone has a right to life, liberty, and security of the person and a right not to be deprived thereof except in accordance with the principles of fundamental justice. One fundamental implication of this is that criminal laws with the purpose of promoting public health and safety should not unintentionally make the risk of death–or serious mental or physical harm—worse. Section 15(1) guarantees equality, including without discrimination based on mental or physical disability. While the illicit drug poisoning crisis affects all PWUD, people with substance use disorders–a recognized disability–are disproportionately affected. All levels of government therefore have an obligation to minimize the mortality and morbidity risks of their policies and to not exacerbate any pre-existing inequities. This decriminalization framework strikes a careful and proportionate balance between those rights—particularly under sections 7 and 15—and the primary purposes of the *CDSA*: to preserve and protect public health and safety.

2.2 Addressing Inequities

Indigenous Peoples come from resilient communities with strong traditional wellness practices. However, due to the ongoing impacts of colonization and racism and healthcare inequities, Indigenous Peoples in BC are over-represented among those experiencing substance use related harms and criminalization. In 2020, First Nations people died of illicit drug poisoning at 5.3 times the rate of other BC residents.[21] First Nations women are disproportionately represented among illicit drug toxicity deaths, dying at 9.9 times the rate of other women in BC in 2020.[22]

Indigenous Peoples are also over-represented in the criminal justice system. In 2017/2018, Indigenous adults accounted for 35 percent of admissions to adult custody, while representing only approximately six percent of the Canadian adult population.[23] Indigenous women accounted for 42 percent of all women admitted to custody. During the same period, Indigenous youth (aged 12-17) made up 43 percent of admissions to correctional services in

[21] https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA-First-Nations-in-BC-and-the-Toxic-Drug-Crisis-January-December-2020-Infographic.pdf
[22] Ibid.
[23] https://www.justice.gc.ca/eng/rp-pr/jr/gladue/p2.html

nine reporting jurisdictions, while representing only about eight percent of the Canadian youth population.

Current federal drug laws pertaining to simple possession also create significant and disproportionate harms for Black communities, evident in high rates of police stops, arrests, and incarceration for drug use or suspected drug use. In 2010-11, nine percent of the Canadian federal prison inmate population was Black, even though Black people account for just 2.5 percent of Canada's overall population.[24] In 2014, 12 percent of prisoners incarcerated for *drug-related* crimes in Canadian prisons were Black,[25] an inequity stemming in part from racialized enforcement of the CDSA. Other marginalized communities also experience additional and intersecting harms related to illicit substance use. This has been documented within the LGBTQ2S+ community, particularly for trans women and men who have sex with men.[26,27] Negative outcomes are amplified for individuals experiencing multiple axes of marginalization, such as People of Colour who also identify as LGBTQ2S+.

2.3 Decriminalization to Enable a Public Health Response

In 2019, the Government of BC launched *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.*[28] The roadmap lays out a 10-year vision and three-year action plan for mental health and addictions, with an emphasis on supporting well-being, addressing problems early on, and transforming care for children, youth, and young adults. Initiatives in the three-year action plan include promoting early childhood social emotional development, expanding services for youth and young adults, and Indigenous-led mental health and wellness initiatives as part of the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services*. Other cross-government initiatives that address root causes of substance use and support prevention of mental health and substance use problems include a poverty reduction strategy, affordable childcare, and housing affordability plans.

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[24] Wortley, S., & Owusu-Bempah, A. (2011). The usual suspects: police stop and search practices in Canada. Policing and Society, 21(4), 395-407.

[25] Solomon, E. (2017, April 4th). "A Bad Trip: Legalizing pot is about race," *Maclean's*, http://www.macleans.ca/politics/ottawa/a-bad-trip-legalizing-pot-is-about-race/.

[26] Fendrich, M., Mackesy-Amiti, M. E., & Johnson, T. P. (2008). Validity of self-reported substance use in MSM: Comparisons with a general population sample. *Annals of Epidemiology, 18*(10), 752-759. doi:10.1016/j.annepidem.2008.06.001

[27] Hughes, T. L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. *The Journal of Primary Prevention, 22*(3), 263-298. doi:10.1023/A:1013669705086

[28] Government of BC. (2019. A Pathway to Hope. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

The Province has developed a comprehensive approach to responding to the illicit drug poisoning crisis, led by MMHA's Overdose Emergency Response Centre (OERC). BC's emergency response includes a comprehensive package of essential evidence-based supports and services, including the Take-Home Naloxone program, overdose prevention and supervised consumption services, drug checking services, opioid agonist treatment and prescribed safer supply, acute overdose risk case management, and enhancements to the treatment and recovery system of care[29]. According to modelling conducted by the BCCDC, BC's harm reduction services averted more than 6,100 deaths between 2016 and 2020 – a number which has almost certainly increased since, with new healthcare initiatives coming on board.

Ultimately, the goal of each component of the comprehensive package for responding to the illicit drug poisoning crisis is to prevent illicit drug toxicity-related events and deaths and to improve health and social outcomes for PWUD. One of the biggest impediments to maximizing the benefits of these interventions is the stigma and criminalization that PWUD continue to experience. As noted previously, stigma and criminalization prevent people from accessing critical health and social services and impacts social determinants of health like employment, income security, and housing.

Despite attempts at de facto decriminalization in municipalities such as Vancouver, as well as the BC Solicitor General's request that police adopt a harm reduction approach to simple possession, the application of such policies is inconsistent and many PWUD continue to be criminalized for personal possession. Between 2008-2017, there were 49,891 criminal drug possession charges in BC. [30] There is wide variation between regions in BC when it comes to drug arrests. For example, in 2018 the rate of drug arrests in Kelowna was roughly twice that of Vancouver.[31] In addition, some measures of criminalization have increased in recent years. RCMP data shows a 49% increase in total drug seizures between 2018 and 2020, with small quantities (below thresholds proposed by City of Vancouver in their 2021 section 56(1) exemption request) making up the majority of the additional seizures.[32]

To better ensure that all British Columbians who use substances can access health and social services without fear of criminalization, and that drug laws are applied evenly and equitably in a way that maximizes positive public health outcomes, a province-wide approach to

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[29]See the full list of comprehensive interventions and details of the OERC structure at: https://www2.gov.bc.ca/assets/gov/overdose-awareness/bg_overdose_emergency_response_centre_1dec17_final.pdf

[30] BC Ministry of Public Safety and Solicitor General. British Columbia crime trends, 2008 - 2017. Victoria, BC. Available from: https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/police/publications/statistics/bc_crime_trends_2008-2017.pdf

[31] Boyd, S. (2018). *Drug Arrests in Canada, 2017*. Report prepared for the Vancouver Area Network of Drug Users.

[32] RCMP "E" Division Criminal Operations Core Policing. (2021). *Illicit Street and Pharmaceutical Drug Occurrences & Total Drug Possession Charges "E" Division (20118-2020).*

decriminalization is needed. That is why the Province is requesting a section 56(1) exemption from the federal *CDSA* to decriminalize personal possession of small amounts of illicit substances. Not only would a section 56(1) exemption allow the Province to better align its response to the illicit drug poisoning crisis with a public health approach, but it would also enable police to improve the nature of interactions between law enforcement and PWUD and emphasize other public safety priorities, like violence, property crime, drug trafficking, and organized crime.

2.4 Decriminalization in the Context of Public Safety

Saving and improving the lives of PWUD remains the overarching goal of BC's response to the illicit drug poisoning crisis. It is within this context that we are pursuing decriminalization of personal possession of illicit substances. Complementary to this goal, the Province remains committed to ensuring the safety of the entire public and combatting serious drug-related crimes remain priorities. As such, the BC Minister of Public Safety and Solicitor General has received a mandate to "work with police to address serious crime in BC communities, including cracking down on those who distribute toxic drugs."[33]

The Canadian Association of Chiefs of Police has emphasized the need to prioritize public safety alongside public health, noting in its report recommending decriminalization that police must continue to fight organized crime and disrupt the illicit drug supply into communities through enforcement of laws pertaining to the trafficking, production, and importation of illicit substances. This would require continued enforcement activities related to these more serious drug-related crimes alongside moves to decriminalize personal possession.

While decriminalization would allow police to shift resources away from enforcement of laws pertaining to simple possession and toward more serious crime such as trafficking and importation of illicit substances, it is anticipated that, in many cases, frontline law enforcement officers would continue to interact with people in possession of personal amounts of drugs at times. We recognize that for many PWUD, interactions with police have the potential to perpetuate trauma. Within this context, decriminalization offers an opportunity to improve interactions and build trust between police and PWUD.

3 British Columbia's Approach

MMHA established a collaborative process to develop a comprehensive framework for decriminalization in BC. Consultation with key partners and stakeholders has informed all

[33] https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/premier-cabinet-mlas/minister-letter/farnworth_mandate_2020_mar_pssg.pdf

components of the framework, including key principles, implementation and evaluation planning, risk identification and mitigation, and public education, training, and communications.

3.1 Partners and Stakeholders

MMHA has undertaken engagement in a variety of ways to inform all elements of the full s.56(1) exemption request, including through a cross-government Project Team, a Core Planning Table made up of key stakeholders, and focused engagement with Indigenous partners and other impacted groups.

3.1.1 Cross-Government Project Team

MMHA has convened a Project Team inclusive of leadership staff from the Ministries of Health, Public Safety and Solicitor General, Attorney General, and Children and Family Development, as well as the Office of the Provincial Health Officer. Project Team members have been working with MMHA to ensure BC's approach to decriminalization is supported by and reflects the perspectives of all relevant arms of government and public health.

3.1.2 Core Planning Table

MMHA established a Decriminalization Core Planning Table (CPT) to support the development of the policy framework that serves the basis of BC's s.56(1) exemption request. Participating members represent a variety of partners and stakeholders.[34] Feedback from members was generated through professionally facilitated workshops on key topic areas, discussion at regular CPT meetings, surveys, and one-on-one conversations. Participants were provided with materials in advance of meetings to help facilitate focused discussions on iterations of s.56(1) exemption application drafts.

3.1.3 Indigenous Partners and Leaders

MMHA is taking a distinctions-based approach to engaging with Indigenous partners and leaders in BC, seeking input from both First Nations and Métis leadership based on their preferred methods and tables of engagement. In addition to the inclusion of representatives from the First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal Friendship Centres, and the BC First Nations Justice Council on the CPT, MMHA has engaged with governance organizations to seek input on the framework and guidance on how they would like to be involved moving forward. MMHA is also committed to undertaking further engagement to determine how or if the s.56(1) exemption could or would be applied to First Nations reserves in BC, or whether individual First Nations could choose to opt out of implementing decriminalization on reserve lands.

[34] See appendix A for a more detailed list of organizations represented at the Core Planning Table.

3.1.4 Additional Engagement

Focused engagement has also been undertaken to generate feedback from additional stakeholders not represented at the CPT or Project Team. This has included discussions on key decriminalization policy issues with a variety of stakeholders, such as:

- Regional Health Authorities and other health and social service providers;
- Law enforcement and justice sector partners;
- Municipal governments;
- People with lived and living experience and family/caregiver groups; and
- Advocacy organizations, including drug policy advocacy organizations and organizations representing racialized communities in BC.

3.2 PRINCIPLES

The following principles have been developed and endorsed by CPT members to guide the development of BC's decriminalization framework.

1. **Do No More Harm:** Drug prohibition creates significant harms for PWUD and broader society, contributing to institutionalized stigma and discrimination, overdose deaths, communicable disease, violence, incarceration, and barriers to effective health and harm reductions services. The provincial decriminalization framework should seek to reduce harms caused through its policies and programs.

2. **Choice and Autonomy**: The provincial decriminalization framework must ensure that PWUD be treated with dignity and respect, including when interacting with the criminal justice and healthcare systems. To this end, the framework should support PWUD to define their own personal goals when it comes to their health and ensure that information is provided to support PWUD to access timely health and social support.

3. **Trauma-Informed and Person-Centred:** Many PWUD have experienced trauma and violence. The provincial decriminalization framework must ensure that alternatives to criminalization (e.g., referrals to health and social services) are trauma-informed and person-centred.

4. **Anti-Racism:** Recognizing that drug prohibition has disproportionately harmful impacts on racialized people, including Indigenous Peoples, the development of a framework for decriminalization should take an anti-racist approach, creating conditions of greater inclusion, equity, and justice.

5. **Reconciliation and Decolonization**: BC's approach to decriminalization should also be informed by the understanding that colonialism is inherent in the province's criminal justice

system, thus the framework must be designed in a way that removes the unique and disproportionate impacts of drug prohibition on Indigenous Peoples.

6. **Cultural Safety**: BC's decriminalization framework should ensure that alternatives to criminalization are culturally safe and do not reproduce trauma, racism, or discrimination.
7. **Equal Voice:** Recognizing that pre-existing power imbalances exist, BC's decriminalization framework must consider the perspectives of all voices equally.
8. **Value Lived Experience:** The provincial decriminalization framework must reflect ongoing engagement with PWUD throughout policy development, implementation, monitoring, and evaluation.
9. **Public Health and Health Equity (including Gender-based Analysis +)**: Our work must seek to understand and address social inequities and social determinants of health faced by diverse populations of PWUD and take into consideration how varying identity factors such as gender, race, ethnicity, age, and disability may impact how people experience policies and initiatives related to decriminalization.
10. **Public Safety**: The provincial decriminalization framework must recognize law enforcement's role in protecting society by combatting organized crime and disrupting the supply of illegal substances into BC communities through enforcement of laws pertaining to the trafficking, production, and importation of illicit substances.
11. **Comprehensiveness**: BC's framework for decriminalization should provide protection and benefits for as many PWUD as possible, in a variety of contexts and situations. This includes recognizing the community and social contexts of drug use, and that not all PWUD require or desire treatment interventions.

4 A Framework for Decriminalization in BC

This full s.56(1) exemption request builds upon a previous outline submitted to Health Canada by providing additional details regarding the proposed approach to decriminalization in BC. MMHA has worked with partners inside and outside of government to ensure that this submission comprehensively addresses the key components flagged for inclusion by Health Canada. This submission is intended to form the basis for ongoing dialogue with Health Canada, wherein revisions and/or additions may be made to satisfy the requirements and expectations of both the Province of BC and the federal government.

4.1 Goals and Objectives

The overarching goal of British Columbia's decriminalization framework is the decriminalization of personal possession of small amounts of illicit substances in BC. Criminalization and associated stigmatization for substance use have a significant and negative impact on the social environment and wellbeing of people who use drugs by contributing to self-stigma, social isolation, lack of economic opportunity, reduced access to health and social services, and societal exclusion, all leading to increased vulnerability to substance use harms including illicit drug toxicity-related poisoning events and deaths. As part of a comprehensive strategy to save lives, this framework and policy seeks to address criminalization as a social determinant of health, reducing harms caused by criminalization and removing structural barriers to support for people who use drugs and who are at high risk of drug poisoning death.

Decriminalization is expected to support the following long-term objectives:

- Reduce illicit drug poisoning events and deaths;
- Reduce barriers to accessing health services experienced by PWUD;
- Reduce structural and societal stigma;
- Reduce health, social, and economic harms associated with the criminalization of substance use;
- Reduce PWUD reliance on toxic illicit drugs, and increase access to health and social services, including safer supply;
- Increase engagement and retention in treatment and support services for people with substance use disorders;
- Improve interactions between law enforcement and PWUD;
- Increase PWUD trust in law enforcement and criminal justice system;
- Improve ability of law enforcement and criminal justice system to prioritize serious crime; and
- Increase socio-emotional well-being of PWUD.

Measurable progress towards outcomes above is unlikely to be achieved through decriminalization alone. Progress also relies on other complementary system change initiatives, such as expanding and improving health and social services to support PWUD and addressing other social determinants of health such as poverty, housing, and systemic racism.

Shorter term objectives include:

- Increase PWUD awareness of and comfort with accessing health and social services;
- Increase voluntary and appropriate connections between PWUD and health and social services;
- Increase public awareness of decriminalization and its role in reducing stigma;

- Increase public understanding of substance use as a public health issue;
- Increase law enforcement awareness and understanding of decriminalization policy and health and social services;
- Improve interactions between law enforcement and PWUD regarding personal possession of illicit substances, including providing law enforcement with information to support PWUD to access health and social services;
- Reduce seizures, arrests, charges, penalties, and criminal records for simple possession;
- Decrease existing racial disparities in enforcement of federal law regarding simple possession; and
- Reduce police and court time and resources spent on enforcement or prosecution of personal possession.

Measurable progress on these objectives is expected within 1-5 years of implementation.

Appendix B contains a logic model summarizing the key inputs, outputs, and intended outcomes of BC's decriminalization framework. This model will continue to be refined through engagement with stakeholders, including research and evaluation experts, and PWUD.

4.2 Eligibility

At this time, BC's decriminalization framework will apply to adults at the provincial age of majority (19 years and older) within the geographic boundaries of British Columbia. Further work will address how decriminalization could be applied appropriately for youth and young adults aged 12 to 18. BC recognizes that youth are vulnerable to substance use-related harms and is committed to developing an evidence-based and equitable approach to addressing the needs of youth within its decriminalization framework. It is also necessary to undertake appropriate steps to reconcile the potential inclusion of youth with existing federal and provincial legislation and regulations governing youth justice. Any approach to addressing youth substance use within a provincial decriminalization framework will be developed with the participation of youth with lived and living experience and designed to ensure that any penalties for youth possession are no more punitive than those for adults.

MMHA will also continue to work with First Nations, Indigenous partners, and governance organizations to determine how decriminalization could apply on individual First Nations reserves.

4.3 Defining Personal Possession

Section 4(1) of the *CDSA* makes it an offence to possess a controlled substance. A charge under s.4(1) is often referred to as "simple possession" in contrast to a charge of possession for the purposes of trafficking under s.5(2) of the *CDSA.* The *CDSA* does not have a concept of

"personal possession", which is what BC is asking the federal Ministers of Health and Mental Health and Addictions to decriminalize.

In order to decriminalize personal possession, it is necessary to first define it. In BC's decriminalization framework, the exemption will only apply if the quantity of the substance possessed qualifies as an amount for "personal use". Those amounts will be set out as specified quantities in a Schedule. The definition will also provide PWUD clarity regarding criteria under which the exemption applies to them. A robust public education campaign will support dissemination of clear public-facing messages regarding the exemption.

MMHA has worked closely with the CPT to determine an approach to defining personal possession. This includes examining much of the available evidence on substance use and personal possession patterns in BC and exploring options for a discretionary model or a model of binding thresholds based on available data regarding personal use patterns. A dedicated workshop was held with the CPT to review available evidence and discuss options for defining personal possession, followed by a focused discussion regarding proposed threshold amounts. While CPT members did not come to complete consensus on a recommendation for defining personal possession, BC recommends binding thresholds.

4.3.1 Considerations

Guided by the overarching framework principles identified in section 4.2, the CPT identified several key considerations for defining personal possession. The following questions were developed to help determine options.

- Is the model clear and easy to communicate to PWUD, police, and the public?
- How do we account for people who use larger amounts (e.g., those with severe substance use disorders)?
- How do we account for people who use more than one type of illicit substance?
- People often purchase or use substances within a social context, such as purchasing on behalf of or to share with friends and/or family. This usually occurs without intent for profit. How do we account for "social supply" within the definition of personal possession?
- What guidance do law enforcement need to limit discretion?
- Individuals who live in or travel to rural areas, where illicit drugs may not be as readily available, may routinely purchase larger amounts of drugs that are intended as a multi-day supply. How can a definition of personal possession account for regional variation and multi-day supply?
- How do we ensure the proposal meets the needs of Indigenous Peoples, People of Colour, and people of low socio-economic status (e.g., unhoused people)?

- In what cases will people still be arrested? In what cases will people have their drugs seized?

Three approaches to defining personal possession were considered and discussed with the CPT, based on a review of approaches in other jurisdictions and careful consideration of strengths and limitations of possible options within this s.56(1) exemption:

- Indicative Threshold: A flexible, suggested threshold range of an illicit substance that an individual can possess for personal use. This option would allow for some discretion and consideration of individual circumstances by law enforcement.
- Binding Threshold: A firm threshold indicating the maximum amount of an illicit substance than an individual can possess for personal use. Discretion could still be exercised by law enforcement for those in possession above thresholds (i.e., it does not automatically indicate a charge such as trafficking). In this definition, binding thresholds should be considered a floor, not a ceiling.
- No Thresholds: No recommendations on what constitutes a "personal amount" of a substance. This allows for maximum law enforcement discretion.

Based on the principles and considerations identified above, most CPT members indicated a preference for binding thresholds, assuming threshold levels accommodate for current patterns of possession and consumption. Binding threshold floors also offer the advantage of having the greatest ease of communication to PWUD, law enforcement and members of the public. This option also limits police discretion below the threshold, thereby reducing the likelihood of biased and discriminatory application of the exemption, while still allowing for consideration of unique circumstances for people in possession above the threshold. Although MMHA considered the option of pursuing an exemption without established thresholds, it was determined that such a model would provide too much discretion and likely fail to achieve desired short- and long-term objectives.

4.3.2 Data and Evidence

For thresholds to be effective, they must be set to reflect actual patterns of use and possession. Otherwise, many PWUD will continue to possess amounts over the threshold limit and remain at risk of criminalization. Thresholds that are too low have been found to be ineffective and diminish progress overall on the objectives of decriminalization. For example, in Mexico, because binding thresholds were set extremely low, rates of drug-related arrests and criminal proceedings have continued to rise,[35] as have the numbers of people charged with trafficking.[36] Russia has also set low thresholds that, combined with a punitive enforcement culture, have

[35] Talking Drugs. Drug Decriminalization Across the World.
[36] Office of the Provincial Health Officer, pg. 26

resulted in a lack of real drug policy reform. Conversely, setting thresholds too high may impede law enforcement's ability to conduct trafficking investigations.[37]

To help inform the potential development of threshold levels for decriminalization, researchers (DeBeck., et al) developed a methodology for estimating drug consumption volumes based on self-reported data from existing research studies of PWUD in Vancouver.[38] Due to study limitations, including measurement limitations and the timeframe of data (current to 2018 only), the researchers emphasize that the estimates produced from this methodology are conservative and expected to underestimate the current volumes of drug consumption. They are also focused on only a few classes of drugs (i.e., opioids and stimulants), and thus do not provide guidance on other substances, such as psychedelics.

Estimated Volume of Drugs Consumed and Projections for Multiday Supply Scenarios

Substance		Estimated Volume of Drugs Consumed per Day	3 Day Supply	5 Day Supply	10 Day Supply
Opioids*	Median	**0.33 g**	0.98 g	1.63 g	3.25 g
	Upper Quartile	**0.65 g**	1.95 g	3.25 g	6.50 g
	Max	**4.39 g**	13.16 g	21.94 g	43.88 g
Cocaine	Median	**0.50 g**	1.50 g	2.50 g	5.00 g
	Upper Quartile	**1.06 g**	3.19 g	5.31 g	10.63 g
	Max	**4.75 g**	14.25 g	23.75 g	47.50 g
Crack cocaine	Median	**2 rocks****	6 rocks**	10 rocks**	20 rocks**
	Upper Quartile	**4 rocks**	12 rocks	20 rocks	40 rocks
	Max	**75 rocks**	225 rocks	375 rocks	750 rocks
Amphetamine	Median	**0.21 g**	0.63 g	1.05 g	2.10 g
	Upper Quartile	**0.45 g**	1.35 g	2.25 g	4.50 g
	Max	**6.45 g**	19.35 g	32.25 g	64.50 g

*Opioids = heroin, fentanyl, and other powder street opioids; ** 1 rock = one point, 0.1 g

Figure 1: DeBeck et al estimated drug consumption volumes

In addition to the research conducted by DeBeck et al., in early 2021 the Vancouver Area Network of Drug Users (VANDU) partnered with a local researcher to conduct a rapid survey of PWUD to generate additional information regarding daily use and purchasing patterns. VANDU recommended threshold amounts based on average daily purchase amounts and 90-95 percent coverage (respondents not vulnerable to arrest for possession under these thresholds).[39] It

[37] Canadian Association of Chiefs of Police (CACP). Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety and Policing. Special Purpose Committee on the Decriminalization of Illicit Drugs. (2020). https://www.cacp.ca/index.html?asst_id=2189

[38] DeBeck, K., et al. Methodology to Estimate Drug Consumption Volumes to Inform Threshold Determinations (September 2021) [Powerpoint Slides].

[39] VANDU. VANDU Decrim Study Results (May 2021) [PowerPoint Slides].

should be noted that the VANDU survey did not address polysubstance use or cumulative possession and purchasing patterns. While other regional drug user groups and researchers are interested in surveying PWUD in their communities on local purchasing and consumption patterns, current data reflects PWUD in Vancouver only. Consultation with provincial stakeholders suggests that PWUD outside of the Vancouver (particularly those living in rural or remote parts of BC) are likely to purchase and carry a multi-day supply for personal use due to limited local availability of drugs for purchase, transportation issues, and in some cases higher income and ability to purchase more supply at a given time.

Drugs	Use quantities per day (average – max range)	Purchase quantities at one time (average-max range)	**Recommended thresholds: 95% Coverage**	**Recommended thresholds: 90% coverage**
Fentanyl	0.75 - 5.0g	0.5-3.5g	10.00	4.50
Heroin	0.40 - 3.5g	0.5-3.5g	5.00	3.25
Cocaine	0.61 – 7.0g	0.5-2.0g	6.00	4.00
Crack	1.0 -14.0g	0.5-3.5g	6.00	4.00
Methamph -etamine	0.5 -7.0g	0.5-3.0g	28.00	10.00

Figure 2: VANDU estimated drug consumption and purchase volumes

The Vancouver Police Department (VPD) has published data provided in response to a Freedom of Information (FOI) request on drug seizures from May 2019 to June 2020.[40] This data includes drug type and quantity seized by the VPD over the period. [41] For the purposes of this submission, the RCMP "E" Division has also provided a report to the BC Government on drug seizure occurrences, quantities, and charges for possession from 2018 to 2020. [42] This data provides additional context for drug quantities commonly held and seized by police in BC.

MMHA has also consulted with clinical experts to inform the development of appropriate thresholds. Addictions medicine physicians around the province have observed that tolerance levels have increased in recent years due to higher concentrations of illicit fentanyl, leading to higher consumption quantities, particularly for opioids. Although use varies widely, consumption for people with substance use disorders can be as high as 3.5g/day.

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[40] Vancouver Police Department. Records Access Request. (July, 2020). https://vpd.ca/wp-content/uploads/2021/06/seized-illicit-substances-may-17-2019-to-june-9-20.pdf

[41] MMHA team is grateful to researcher Dr. Geoff Bardwell for translating the seizure data from a PDF to a workable spreadsheet, and to Erica McAdam, a graduate student at Simon Fraser University for sharing her analysis of seizure quantities against varying threshold levels.

[42] RCMP "E" Division Criminal Operations Core Policing. (2021). *Illicit Street and Pharmaceutical Drug Occurrences & Total Drug Possession Charges "E" Division (20118-2020).*

4.3.3 Recommendation

Based on the available data and extensive consultation, ***BC seeks to establish a cumulative binding threshold quantity at 4.5g, with no drug seizures, arrests, or charges for simple possession at or below this amount.*** Phase one of BC's exemption request seeks to set a threshold for those substances most commonly involved in illicit drug poisoning deaths; however, MMHA is committed to working with Health Canada and CPT stakeholders to develop appropriate thresholds for other illicit substances (e.g., MDMA and psilocybin) in phase two. We recognize that those who use multiple substances may possess higher cumulative quantities than people who primarily use one type of substance, and that polysubstance use is common. A common example of this is co-use of crystal methamphetamine with opioids. Crystal methamphetamine was the most commonly used substance among clients of harm reduction sites in BC in 2018 and 2019, and was frequently used concurrently with opioids.[43] As such, we will seek to work with Health Canada, researchers, and people with lived experience to evaluate any disproportionate impact of a cumulative threshold on polysubstance users and adjust our approach if required. We propose an annual review (at minimum) of the proposed threshold quantity alongside monitoring and evaluation data, which could result in either a change in the cumulative binding threshold floor or the setting of thresholds for individual substances.

Substance	Cumulative Binding Threshold Floor for Personal Use
Opioids (including heroin and fentanyl)	**4.5g**
Powder cocaine and crack cocaine	
Methamphetamine	

This cumulative, binding threshold will be simple and clear to communicate to the public, PWUD, and police agencies operating in the province. The threshold quantity is a floor, below which nobody found in possession would be subject to confiscation of drugs, arrest, or charge for simple possession. This model limits police discretion and reduces the risk of inequitable application of the exemption based on bias and discrimination. Above the threshold, law enforcement will continue to exercise discretion regarding whether to confiscate drugs or arrest an individual for simple possession. Officers may still choose not to seize drugs or arrest for amounts above the threshold floor if they feel that the individual circumstances do not warrant such a response. Police discretion would continue to be governed by federal guidelines which advise the Public Prosecution Service of Canada to avoid pursuing charges for simple possession except in the most serious cases when there is a risk to the public. Due to variations

[43] Papamihali, K., Collins, D., Karamouzian, M., Purssell, R., Graham, B., & Buxton, J. (2021). Crystal methamphetamine use in British Columbia, Canada: A cross-sectional study of people who access harm reduction services. PLoS ONE 16(5): e0252090. https://doi.org/10.1371/journal.pone.0252090

in drug purchasing and possession patterns in rural and remote areas, it is expected that law enforcement will use appropriate discretion for amounts for personal use that are above the cumulative binding threshold floor. Similar discretion will be recommended to accommodate individuals with severe substance use disorder and/or polysubstance use.

BC's exemption request does not seek to exempt individuals from the charge of possession for the purpose of trafficking (PPT) under the CDSA. Therefore, police will maintain their authority under current law to arrest and/or seize drugs where evidence of an intent to traffic exists, even if amounts of substances in possession are below threshold quantities.

Informed by available data from DeBeck et al and VANDU, a cumulative 4.5g threshold floor would likely accommodate multi-day supply for many PWUD who primarily use one substance (e.g., opioids or crystal methamphetamine), as well as some limited amounts of "social supply" (i.e., substances possessed with intention to share with another individual where there is no motivation to profit). Based on drug seizure data provided by VPD and RCMP, there is evidence that eliminating seizures for personal possession below recommended threshold amounts could reduce overall seizures significantly.[44] When an individual who is living in poverty and struggling with substance use disorder has their drugs seized, they are often put into desperate and unsafe situations when seeking to replace their drugs. This includes incurring drug debts, and/or turning to property crime or survival sex work. Therefore, by significantly reducing the numbers of drug seizures, BC's decriminalization framework has the potential to reduce harms by decreasing property crime, increasing safety of PWUD, and improving interactions between police and PWUD. While data on consumption and possession patterns outside of Vancouver is limited, this approach would also provide coverage for some degree of regional variation.

4.3.4 Summary of Stakeholder Feedback

CPT members, partners and stakeholders were not all aligned in their recommendations for threshold amounts. While PWUD, clinical experts, researchers, and Indigenous partners advocated for thresholds to be set at recommended levels based on available evidence, guiding principles, and the perspectives of people with lived experience of substance use, policing partners expressed concern that the recommended levels were too high.

The majority of CPT members were opposed to confiscation of personal amounts of illicit substances under recommended thresholds. However, support for exempting drug seizures was mixed amongst law enforcement agencies, as some perceived potential risks and liabilities in allowing individuals to remain in possession of toxic illicit substances.

MMHA will work with BC's Ministry of Public Safety and Solicitor General to mitigate any risks and concerns associated with limiting drug seizures below the thresholds, including a legal

[44] MMHA will work with policing partners to quantify this impact as part of our evaluation plan.

review of potential liabilities, a comprehensive change management approach, and rigorous monitoring and evaluation.

4.4 Alternatives to Criminal Penalties

Many jurisdictions that have pursued decriminalization have put in place a range of administrative sanctions as alternatives to criminal penalties. These sanctions sometimes include fines, confiscation of drugs, mandatory education or treatment, and/or confiscation of documents. Widespread confiscation of drugs has also continued in areas of BC where forms of *de facto* decriminalization exist, such as the City of Vancouver.

MMHA held a workshop with CPT members and others on September 10, 2021 to discuss and formulate recommendations on alternatives to criminalization. This workshop revealed widespread opposition to inclusion of administrative sanctions or any alternatives that could be perceived as coercive, as these may contribute to further criminalization, stigma, discrimination, and a lack of trust in the health and social service system for PWUD.

As such, ***BC's framework proposes to exclude alternative administrative sanctions and penalties such as fines, seizure of documents, or mandatory referral to education or treatment.***

In keeping with Canada's obligations under international human rights and drug treaty conventions to which it is a signatory, and by recommendation of the CPT, BC is committed to offering alternative health and social service pathways to people found in possession of drugs meeting the criteria for personal possession.[45]

BC's decriminalization framework proposes that, as an alternative to criminalization, all individuals found in possession of personal amounts of substances at or below the threshold will be provided with information regarding local health and social services, as well as additional assistance to connect with services if desired. Harm reduction supply provision may also be provided where appropriate.

4.4.1 Provision of Information and Harm Reduction Supplies

Police will, at a minimum, provide people found to be in possession of small amounts of illicit substances for personal use with information about how to access local health and social supports.

[45] Including, but not limited to, the Universal Declaration on Human Rights (1948), the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

Provision of information would take the form of a pamphlet or card with a standardized preamble as well as Health Service Delivery Area (HSDA)[46]-specific information on available treatment, safer supply options, harm reduction and supervised consumption sites, drug checking services, peer-led services, social services, Indigenous-specific services, and traditional treatment approaches. Individuals would not be required to follow up with any of these services but could choose to self-refer. When an individual requests it of them, police could assist with a referral. An example of the types of services that could be included in these lists is included in Appendix D. If this submission is approved, MMHA will work with Health Authorities, social service providers and people with lived and living experience to develop resource lists for all HSDAs and ensure that they are safe, relevant, up to date and inclusive of peer-led supports as available.

Subject to funding and necessary policy arrangements, BC will also equip RCMP detachments and municipal and First Nations police departments with harm reduction supplies such as Take-Home Naloxone kits and drug checking supplies to offer to individuals.

4.4.2 Voluntary Referrals

Stakeholder opposition to mandatory referrals to addiction treatment or other services was near-unanimous. Members of the CPT stated that mandatory referrals are rarely effective, perpetuate the belief that all substance use requires treatment interventions, and further stigmatize PWUD. Regional Health Authorities have also suggested that because clinicians take a patient-centred, trauma-informed approach to supporting PWUD, there would be little support for any model wherein referrals would be perceived as mandatory or coercive in nature.

BC has taken a nuanced approach to defining “voluntary referrals”. Police will not proactively refer individuals to health or social services, as PWUD may feel obligated to accept a referral from a member of law enforcement. However, assistance may be provided to those who would like a referral or require assistance to initiate a referral. Under this arrangement police would not collect health information such as a BC Personal Health Number, although collection of minimal identifying information such as name and birthdate may be required. Other intermediaries such as peer support or outreach workers could also fulfill this role during their own interactions with PWUD.

In addition to preserving the choice and autonomy of PWUD, the inclusion of voluntary referrals to a range of services under BC’s decriminalization model represents an

[46] Each Regional Health Authority contains three geographically bounded Health Service Delivery Areas (HSDAs), which are in turn divided into a number of Local Health Areas. HSDA boundaries are used for administrative purposes such as demographic data analysis and to group and classify the community-level health services provided within them.

acknowledgement that treatment is not indicated for everyone who uses illicit substances. According to the BC Coroners Service Illicit Drug Overdose Death Review Panel findings, at least 10 percent of those who died of illicit drug poisoning were not regular users, meaning that they would not meet the criteria for substance use disorder.[47] Furthermore, as noted by BC's Provincial Health Officer, substance use occurs along a continuum, with one end representing beneficial and/or cultural use. For individuals engaging in forms of non-problematic substance use, any harms are primarily associated with the potential contamination of their drugs as a result of BC's poisoned illicit drug supply.[48] Although referral to overdose prevention, drug checking, or other harm reduction services may be beneficial for these individuals, treatment interventions are not necessary.

4.5 Health System Readiness

While significant work is underway to build up BC's substance use system of care, our Regional Health Authorities offer a continuum of substance use services, which range from specialized treatment to harm reduction programming and novel safer supply programs that provide pharmaceutical alternatives to the illicit drug supply. BC is continuing to strengthen the substance use system of care and is currently developing a framework that would bring together these and other services in a coordinated and comprehensive way.

The following is a high-level list of services that are available in all BC health regions and are continuing to be scaled up by Regional Health Authorities in partnership with the Ministry of Health and MMHA:

- Harm reduction services: Take-Home Naloxone, harm reduction supplies, drug checking services, and overdose prevention and supervised consumption sites (including supervised inhalation);
- Medication-assisted treatment: Expanded access to evidence-based medications for substance use disorders (including through nurse prescribing) such as buprenorphine/naloxone, methadone, and Kadian™ (opioid agonist treatment) and acamprosate for alcohol use disorder;
- Community-based treatment and recovery: Access to community-based mental health and substance use treatment and support, including psychosocial supports, group counselling, and intake/referral to specialized treatment programs through regional and local community clinics;
- Injectable opioid agonist treatment (iOAT)

[47] BC Coroners Service. (2018.) https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/bccs_illicit_drug_overdose_drp_report.pdf
[48] Office of the Provincial Health Officer, p. 4.

- Prescribed safer supply: Programs and policies are aimed at increasing available pharmaceutical alternatives to toxic illicit drugs;[49]
- Enhanced harm reduction services, including managed alcohol programs for people with alcohol use disorder, and contingency management for people with stimulant use disorder;
- Bed-based services, including withdrawal management, treatment, and recovery;
- Mental health and substance use supports for youth, including Foundry centres and bed-based treatment and recovery care for youth and young adults; and
- Community outreach programs for people at risk of overdose, including Overdose Outreach Teams, Intensive Case Management Teams, and Assertive Community Treatment Teams.

4.6 Regional Considerations

BC's population is spread across many municipalities, unincorporated areas, and First Nations. Overall, BC has 162 municipalities and 198 distinct First Nations. Seven of the top 10 most populated municipalities are in the Metro Vancouver area, with a combined population accounting for roughly half of BC's overall population.[50]

Under the *Police Act*, municipalities with populations of 5,000 and over must provide law enforcement by forming their own police department, contracting with an existing department, or contracting with the provincial government for RCMP police services. Twelve municipalities have their own police forces and 63 have contracts with the Province for RCMP services. The Stl'atl'imx Tribal Police Service is the only Tribal Police Service in BC, providing policing services to St'at'imc Nation communities. Several other agencies and integrated teams provide supplemental or dedicated policing. These include the Metro Vancouver Transit Police, an enhanced police force at the Vancouver International Airport, and integrated teams throughout the province.

The Ministry of Health and MMHA partner with the Provincial Health Services Authority, five Regional Health Authorities, and the First Nations Health Authority (FNHA) to provide health services across BC. This regionalized approach allows for services to be planned and delivered in ways that meet the unique needs of specific regions and communities. These benefits are evident in the range of innovative community-based substance use services that have been developed across the province in response to the illicit drug toxicity crisis. Regional Health

[49] https://news.gov.bc.ca/releases/2021MMHA0035-001375
[50] https://www2.gov.bc.ca/assets/gov/data/statistics/people-population-community/population/pop_subprovincial_population_highlights.pdf

Authorities, the Ministry of Health and MMHA use sixteen geographic Health Service Delivery Areas[51] to plan and provide health program delivery and services to BC's population.

FNHA represents a new relationship between First Nations, the Province of BC, and the Government of Canada. FNHA aims to improve health outcomes for First Nations people in British Columbia. FNHA is responsible for:

- Planning, managing, delivering and funding First Nations health programs and services previously provided by Health Canada's First Nations and Inuit Health Branch;
- Working with BC's Ministry of Health and health authorities to address service gaps and improve health outcomes for First Nations in BC; and
- Improving the quality, accessibility, delivery, effectiveness and cultural appropriateness of health-care programs and services for First Nations.

MMHA is engaging with representatives from FNHA, the Union of BC Municipalities and its members, Regional Health Authorities, municipal police, and the RCMP to ensure that BC's decriminalization framework is implemented in a safe and effective way to meet its core goals and objectives.

4.6.1 Rural and Remote Considerations

Although most of the population in BC is concentrated in large and medium-sized municipalities, a significant proportion of the population, including many Indigenous Peoples, reside in rural and remote environments with unique barriers for timely health and social service delivery. These barriers are the result of a variety of factors, including geographic remoteness, low population density, challenges in recruitment and retention of health and social service providers, limited mobile network coverage and access to internet services, and inclement weather conditions affecting transportation and telecommunications. BC's approach to decriminalization will consider the needs of people living in rural and remote areas by working with Regional Health Authorities to identify services able to support PWUD in each HSDA. As evidenced by the approach to defining simple possession and alternative pathways, BC is also actively engaged with municipal partners, and drug user advocacy groups to understand and respond to the specific needs of PWUD in rural and remote communities.

BC also recognizes that for PWUD living in rural and remote regions of the province, purchasing patterns of illicit substances may differ from those living in urban centres. Furthermore, some of the barriers to accessing treatment and services in rural and remote areas (e.g., transportation issues) also impact drug purchasing patterns. These factors can lead PWUD living or working in rural and remote areas to purchase larger, multi-day supplies of illicit substances, likely in excess of 4.5g. As such, future phases of implementation may wish to consider higher

[51] https://catalogue.data.gov.bc.ca/dataset/health-service-delivery-area-boundaries

threshold quantities for these regions. This would require significant data collection and stakeholder consultation activities, including with First Nations located in rural and remote areas.

4.7 Approach to Unique Populations (GBA+)

BC's decriminalization framework has been developed using gender-based analysis plus (GBA+) to assess how diverse groups of people may experience and be affected by the policies and approaches taken. This analysis goes beyond sex and gender and includes the examination of a range of intersecting identity factors (e.g., Indigeneity, age, education, language, race, ability, class etc).

4.7.1 Youth

BC's decriminalization framework seeks alignment with existing federal and provincial legislation and regulations. BC's decriminalization framework proposes to define youth in a way that is consistent with the age of majority (19 years of age) used in provincial regulation of legal psychoactive substances like alcohol and cannabis. However, it is recognized that individuals 18 years of age are adults under the CDSA. Under the *Youth Criminal Justice Act* (YCJA), youth aged 12 to 17 who have committed a criminal offense may be dealt with through alternative or extrajudicial measures rather than pursuing criminal charges. If the offence is nonviolent (e.g., personal possession of controlled substances) and the youth has no previous offences, a police officer must consider this route. This may involve taking no further action, or, in the case of possession of illicit substances, may include referral to community or health services. In cases of multiple or more serious offences, Crown counsel may approve an extrajudicial sanction such as participation in counselling as an alternative to a criminal charge.

Given the separate legislation governing youth justice and additional safety concerns, as well as the fact that individuals 18 years of age are no longer subject to the YCJA and are treated as adults under federal drug law, further discussion with Health Canada is needed to determine how a decriminalization framework may apply to youth/young people. MMHA is also liaising with leadership from the Ministry of Children and Family Development, and other stakeholders to explore all options and determine if special considerations are required to meet the needs of youth/young people under BC's decriminalization framework.

4.7.2 Indigenous Peoples

MMHA has taken a distinctions-based approach to consulting with Indigenous partners and leaders in BC, seeking input from Indigenous leadership based on their preferred methods and tables of consultation. A key area of policy development in the implementation planning phase will focus on determining how or if the s.56(1) exemption could or would be applied to First Nations reserves in BC. BC is committed to ensuring that alternative pathways identified as

appropriate for inclusion in BC's decriminalization framework are culturally safe and trauma-informed.

4.7.3 Other Identity Factors

As part of engagement with the CPT, as well as discussions with other stakeholders, several other identity factors have been identified as having an impact on how an individual may experience criminalization for substance use, or, conversely, decriminalization. If BC's submission is approved, MMHA will continue to work with partners and stakeholders to address and respond to these factors where possible and mitigate unintended consequences for specific groups of people. These include:

- Racialized people/People of Colour who face systemic racism in the criminal justice and health care systems;
- Immigrants, refugees, and international students who may fear that accessing health and support services for substance use will jeopardize their legal status;
- Women and gender-diverse individuals who engage in sex work, who may be more vulnerable to experiencing violence and may fear seeking assistance from police due to substance use and fear of criminalization;
- LGBTQ2S+ individuals who use substances may have longstanding distrust of police and health systems due to experiences of discrimination;
- Parents who fear investigation and loss of custody due to substance use;
- People who work in labour and trade industries who are disproportionately represented among people poisoned by illicit drugs, and who may work in remote locations for extended periods and purchase substances in higher quantities; and
- People with disabilities, including chronic pain, who may have unique reasons for seeking illicit substances and face unique barriers to accessing appropriate health and social supports.

4.8 Approach to Unique Circumstances

MMHA has undertaken work with government partners and the CPT to address intersections between the decriminalization framework and other existing legislation and regulation, including public safety concerns regarding personal possession while operating a motor vehicle, local government bylaws and regulations surrounding consumption in public places, considerations related to child welfare, and mental health and safety concerns.

4.8.1 Personal Possession in a Motor Vehicle

Under Canadian and BC legislation and regulations, adults can operate a vehicle with alcohol or cannabis in it as long as the product is contained in its unopened original packaging, or not readily accessible to the driver and any passengers (e.g., in the trunk). During the implementation planning phase, MMHA will work with the CPT and government partners to

determine a clear policy for how BC's decriminalization framework will approach possession of personal amounts of other drugs while operating a motor vehicle.

Section 320.14(1) of the *Criminal Code* makes operating a motor vehicle while impaired by any psychoactive substance a criminal offence. Police presently possess a variety of enforcement tools to manage public safety concerns regarding impaired driving, regardless of the psychoactive substance used. This will not be affected by the exemption application. The Province does not anticipate that its application for a s.56(1) exemption for personal possession will lead to increased rates of impaired driving but we will be monitoring closely for this potential impact.

4.8.2 Public Consumption

Health Canada has previously indicated that a s.56(1) exemption request for decriminalization should consider the risk of increased public consumption of illicit substances. A systematic review of all available evaluation studies of the impacts of decriminalization on subsequent drug use trends found that, in the majority of jurisdictions that have implemented some form of decriminalization, drug use did not increase following implementation.[52] This includes Portugal, which remains the most highly studied example of decriminalization of personal possession of illicit substances globally.[53] As such, the Provincial Government does not anticipate that our decriminalization framework will increase overall population prevalence of substance use, or public consumption. Although police have ongoing concerns regarding potential impacts to public consumption, officers will continue to have enforcement tools, including laws prohibiting trespassing and public intoxication. Risk mitigation strategies to limit the likelihood of increased public consumption will need to balance public safety risks with the need to ensure that PWUD are not subject to increased enforcement and driven to use drugs alone, where risk of illicit drug toxicity death is elevated.

4.9 Implementation

To realize the objectives of decriminalization, policymakers must pay significant attention to how BC's decriminalization framework will be implemented on the ground in communities.

4.9.1 Implementation at Different Stages of the Criminal Justice System

CPT members have raised questions concerning how an exemption would apply to people who have an active criminal case file regarding a charge for simple possession in BC, and whether

[52] Scheim, A.I., Maghsoudi, N., Marhsall, Z., Churchill, S., Ziegler, C., and Werb, D. "Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review." *British Medical Journal Open* 2020, 10:e035148. doi: 10.1136/bmjopen-2019-035148

[53] Hughes, C.E. and Stevens, A. (2010). "What can we learn from the Portuguese decriminalization of illicit drugs?" *The British Journal of Criminology*, 50(6), pp. 999-1022.

previous criminal records for simple possession could be expunged. MMHA is committed to working with Health Canada and its partners in the criminal justice system to explore these questions.

4.9.2 Police Training

If granted an exemption from the CDSA, MMHA will work with its policing partners and Health Authorities to develop a range of training resources to support knowledge and full implementation of the decriminalization framework amongst front-line police officers across BC. The BCCDC has expertise in this area, having worked with police forces to develop resources to support officer knowledge and application of the *Good Samaritan Drug Overdose Act*. Examples of training resources are included in Appendix C.

4.9.3 Public Education

MMHA has a public engagement team and a dedicated annual budget to develop and run public campaigns supporting overdose awareness. These existing resources will be leveraged to launch an education and awareness campaign to inform British Columbians about the decriminalization framework. The public engagement team has expertise in social marketing, production of web- and television-based advertisements, and can draw on a network of branding and communications agencies. The team is also committed to working with PWUD to ensure that messages resonate with those most impacted by the illicit drug poisoning crisis.

Workplaces represent a specific context in which education will be particularly relevant, both for employers and employees. MMHA will work with its partners inside and outside of government to support employers in developing workplace policies on personal possession of illicit substances, where required.

4.10 Monitoring and Evaluation

If a s.56(1) exemption is approved, MMHA will lead the oversight, monitoring, and evaluation of BC's decriminalization framework, including working with internal and external evaluation partners to monitor progress toward objectives, intended outcomes, unintended consequences, and other issues, risks, and risk mitigation strategies on an ongoing basis.

BC is home to public universities and research institutions that are world leaders in substance use research, uniquely positioning the province to develop a significant body of research literature and implementation science regarding the Province's decriminalization policy. A comprehensive evaluation plan will require partnerships with various research institutions, law enforcement agencies, and people with lived experience of substance use. It will also require access to a range of provincial administrative datasets from health and justice stakeholders, as well as qualitative data generated in partnership with people with lived and living experience, and policing partners.

MMHA has convened a Decriminalization Research and Evaluation Committee with leading researchers and experts, including representatives of the BCCDC, BC Centre on Substance Use (BCCSU), Canadian Institute for Substance Use Research (CISUR), FNHA, as well as members with lived and living experience of substance use. The committee will develop key indicators, explore the use of administrative data to track progress on indicators, and determine key qualitative research needed to support comprehensive evaluation. If a s.56(1) exemption is granted, BC will submit a detailed evaluation plan to Health Canada. Below are a few examples of indicators and data sources that will be explored.

Intended Outcomes	Indicators (draft examples only)	Potential Data Sources
Reduction in illicit drug poisoning events and deaths	# of deaths officially attributed to illicit drug poisoning # of illicit drug poisoning-related calls responded to by BC Emergency Health Services	BC Coroners Service data BC Emergency Health Services data
Reduction in arrests and charges for simple possession	# of criminal cases with simple possession as the most serious offence (MSO)	Statistics Canada data on adult criminal cases and charges
Reduction in drug seizures under the threshold for personal possession	# of drug seizure events under threshold quantities	Municipal police department data RCMP data
Increased voluntary and appropriate health service referrals	# of connections with health services where police were cited as the referral/information source	Health Link BC Health Authorities
Law enforcement awareness and understanding of decriminalization policy, health and social services	# of police officers that have attended training/information sessions on decriminalization # of police officers that report implementing decriminalization policy in practice	Attendance/participation data on new training/information sessions Participant Survey (TBD)
Increased public awareness of decriminalization and its role in reducing stigma	# of people reached by decriminalization awareness campaign materials	BC Stats Survey (TBD)

5 CONCLUSION

BC has faced a public health emergency relating to high rates of illicit drug toxicity deaths since 2016, with over 7,500 lives lost in the past five years, and countless others impacted by non-fatal illicit drug poisonings, stress and burnout from crisis response efforts, and the pain of

bereavement. The Province is committed to using every tool at our disposal to bring this crisis to an end. BC has a history of bold and innovative drug policy, but further action is urgently needed. Therefore, under an urgent public health need, the Province is pursuing a s.56(1) exemption to decriminalize personal possession of illicit substances in BC. Decriminalization will help to address the stigma that prevents so many from reaching out for the services and support they need.

BC's decriminalization framework seeks to complement a comprehensive response to the illicit drug poisoning emergency. This submission was developed with input from key partners and stakeholders, including people with lived and living experience, clinical leaders, public health experts and practitioners, drug policy experts, law enforcement, Indigenous partners, Regional Health Authorities, and municipalities.

This submission expands upon an initial outline provided to Health Canada by detailing key details of BC's plan for the decriminalization of personal possession. These include intended outcomes, eligibility, a definition of what constitutes "personal possession", alternatives to criminal penalties, and a plan for implementation including training and public education. The framework considers the nuances of how decriminalization would work in different regions, for specific populations (including Indigenous Peoples), and in unique circumstances. Finally, the framework commits to strong monitoring and evaluation to ensure that intended outcomes are realized and to support evidence-based adjustments to our approach throughout the implementation phase. Given the significant public support for decriminalization, BC's proposal provides the federal government with an opportunity to generate a timely body of implementation science to support drug policy reform elsewhere in the country and world.

This submission is intended to inform ongoing dialogue between Health Canada and MMHA leading to a s.56(1) exemption. MMHA is committed to ensuring that our approach meets the requirements of the federal government and we look forward to continuing to work together on this important act of drug policy reform.

6 APPENDIX A

Core Planning Table Member Organizations
Peer Organizations
Vancouver Area Network of Drug Users
Society of Living Illicit Drug Users (Victoria)
Coalition of Substance Users of the North (Quesnel)
Society for Narcotic and Opioid Wellness (Dawson Creek)
Rural Empowered Drug Users Network (Nelson / Grand Forks)
BC Yukon Association of Drug War Survivors (province-wide)
Indigenous Partners
First Nations Health Authority
Métis Nation BC
BC Association of Aboriginal Friendship Centres
BC First Nations Justice Council
Police
RCMP
BC Association of Chiefs of Police
Vancouver Police Department
Municipalities
Union of BC Municipalities

City of Vancouver
City of Kamloops
Additional Partners
BC Centre on Substance Use
BC Centre for Disease Control
Pivot Legal Society

Government Members/Secretariat	
Ministry of Mental Health and Addictions	Ally Butler, Executive Director of Substance Use and Strategic Initiatives (Co-Chair) Chris Van Veen, Senior Director (Co-Chair) Meg Emslie, Director
	Secretariat Support Stephanie Taylor, Senior Policy Analyst Danielle Parish, Senior Policy Analyst
Ministry of Health	Kenneth Tupper, Director of Substance Use Prevention and Harm Reduction
Office of the Provincial Health Officer	Dr. Daniele Behn-Smith, Deputy Provincial Health Officer, Indigenous Health Dr. Brian Emerson, A/Deputy Provincial Health Officer
Ministry of the Attorney General	
Ministry of the Solicitor General and Public Safety	Brian Sims, Executive Director of Policing and Security Matt Brown, Director of Policing Operations
Ministry of Children and Family Development	Wendy Norris, Manager, Strategic Child Welfare and Reconciliation Policy Rose Anne Van Mierlo, Director, Youth Justice Program Support

7 APPENDIX B

The following logic model summarizes inputs, outputs, and immediate and longer-term outcomes of our proposal.

Inputs	Outputs	Short-Term Outcomes	Long-Term Outcomes[54]
Section 56(1) exemption	Definition of simple possession / thresholds *Policy restricting seizures under threshold amounts	Reduced police and court time and resources spent on enforcement of personal possession	Reduction in illicit drug poisoning events and deaths
		Reduction in seizures, arrests, charges, criminal penalties, and criminal records for simple possession for PWUD	Reduction in health, social, and economic harms associated with criminalization of substance use
Stakeholder input into policy design	Health and social service referral pathways and resources	Decreased racial and other disparities in enforcement of simple possession	Reduction in PWUD reliance on toxic illicit drugs and increase access to health and social services
		Increased voluntary and appropriate connections between PWUD and health and social services	
	Guidelines and training for law enforcement	Law enforcement awareness and understanding of decriminalization policy, health, and social services	Reduction in barriers to accessing health services experienced by PWUD
		Reduced and improved interactions between law enforcement and PWUD regarding personal possession	Increased engagement and retention in treatment and supports for people with substance use disorders
			Improved interactions between law enforcement and PWUD
			Increased PWUD trust in law enforcement and criminal justice system

[54] Long term objectives of decriminalization are unlikely to be achieved through decriminalization alone. Progress on these objectives is expected to take years and relies on other complementary system change initiatives, such as expanding and improving health and social services to support PWUD and addressing social determinants of health such as poverty, housing, and systemic racism.

			Improved ability of law enforcement and criminal justice system to prioritize serious crime
	Public awareness campaign	Increased public awareness of decriminalization and its role in reducing stigma	Reduced stigma experienced by PWUD
		Increased public understanding of substance use as a public health issue	Increased socio-emotional well-being of PWUD

8 APPENDIX C

The following list contains examples of BC-specific resources developed to promote police officer education and awareness of the federal *Good Samaritan Drug Overdose Awareness Act*.

'Test Your Knowledge' Quiz:
https://towardtheheart.com/assets/uploads/1618262317VlUle50ZLLqMaxqcobmVNfdFeBC95WjEqYhrOwV.pdf

Training Slide Deck:
https://towardtheheart.com/assets/uploads/1625680068BGJmmCAyxkIwZo8vENGBQElBc6OssoL0teYImdz.pdf

GSDOA Poster:
https://towardtheheart.com/assets/uploads/1505411688Qgm0PwNT8IxIogPhlnwYhaFnm6NpIcikCfb2EY2.pdf

GSDOA Wallet Cards:
https://towardtheheart.com/assets/uploads/1526595325dttSdJc37OH9Y8aecNPDo1PlR5KsP2h7KaWZcgE.pdf

9 APPENDIX D

The following tables include examples of provincial and Health Service Delivery Area (HSDA) resources that could be included in service information cards provided by police to people found in possession of personal amounts of illicit substances. The formatting may look different in the final information products.

Table 1: Provincial Services

Provincial Services

Type	Service	Contact Information (all services 24/7 unless otherwise stated)
Supervised Consumption & Harm Reduction	Lifeguard App *Safer use smart phone app with timer and automatic emergency responder contact if no response following use*	https://lifeguarddh.com/products/lifeguard-app/
	Toward the Heart *Information on harm reduction services including take home naloxone training and harm reduction supply locations*	https://towardtheheart.com/
Crisis Support	Crisis Lines BC *Emotional support, crisis and suicide assessment/intervention and resource information*	Suicide support line: 1-800-784-2433 Mental Health Support Line: 310-6789 Seniors Distress Line: 604-872-1234 Youth Chat: www.YouthInBC.com (noon-1am) Adult Chat: https://crisiscentrechat.ca/ (noon-1am) Local crisis lines: https://www.crisislines.bc.ca/mapcrisis-lines
	Hope for Wellness Help line: (nationwide) *24 hr immediate mental health counselling and crisis intervention for all Indigenous people across Canada*	1-855-242-3310
	Kuu-Us Crisis Line Society – *Indigenous-focused crisis support located on Nuu-Chah-Nulth Territory, but provides crisis support to Indigenous people across BC*	Adults/Elders line: 250-723-4050 Youth line: 250-723-2040 Toll free: 1-800-588-8717
Overnight Shelter and Drop In	BC211 *Connection to Shelter and Street Help Line, shelter availability (Lower mainland only)*	2-1-1 http://shelters.bc211.ca/bc211shelters (updated daily with availability)
	BC Housing Emergency Shelter and Drop In *List and map of all shelters and drop-in services supported by BC Housing*	https://www.bchousing.org/housing-assistance/homelessness-services/emergency-shelter-map
Access to treatment and information about health services	Health Link BC / 8-1-1 *Health service navigators can help find health information or health services, or connect you with a nurse, dietitian, or pharmacist.*	8-1-1 https://www.healthlinkbc.ca/
	BC211	2-1-1 https://bc211.ca/

	Community resource navigation and link to specialized help lines including Alcohol and Drug Information and Referral Line	info@bc211.ca Phone, text, email and webchat available
	Wellbeing *B.C.'s official resource for mental health, substance use, and addictions support*	https://wellbeing.gov.bc.ca/
First Nations and Indigenous-specific Services	First Nation's Virtual Doctor of the Day *Virtual doctor appointments for First Nations people in BC*	1-855-344-3800 Monday to Sunday 8:30am to 4:30pm
	Native Courtworker and Counselling Association of British Columbia *Culturally appropriate justice and health related services according to need*	Call toll free: 1-877-811-1190 Email: nccabc@nccabc.net Website: https://nccabc.ca/
	Indian Residential School Survivors Society *Wellness and healing services to Indian Residential School Survivors and intergenerational Survivors throughout B.C.*	1-800-721-0066

Table 2: HSDA 23-233 Fraser South: Surrey

HSDA 23-233 Fraser South: Surrey

Type	Service	Hours of Operation	Address, Telephone No
Supervised Consumption & Harm Reduction	SafePoint *Supervised consumption (Injection)*	Monday to Sunday 7:00 am to 1:00 am No appointment needed	2- 10681 135a St, Surrey 604-587-7898
	Smoke n' Go *Supervised consumption (inhalation)*	Monday to Sunday 9:00 am to 9:00 pm No appointment needed	2- 10681 135a St, Surrey 604-587-7898
	Surrey North Community Health Clinic *Harm Reduction Supplies incl Naloxone Distribution, drug checking, medical clinic.*	Monday to Friday 8:30 am to 4:30 pm	10697 135A Street Surrey 604-589-8678
	Lookout Mobile Harm Reduction *Delivery of supplies including drug checking to Delta, White Rock, Surrey, Ladner, Langley*	Monday to Friday 8:30 am to 4:30 pm Call for delivery.	604-328-7610
Crisis Support	Fraser Health Crisis Line *Free & confidential emotional support, crisis intervention, community resource information*	24/7	604 – 951 - 8855 Toll-free 1-877-820-7444
	Surrey Women's Centre *Medical emergency support, trauma counselling, transportation to hospital*	Support worker available 24/7 by phone	604-583-1295
Overnight Shelter and Drop-In	Gateway Shelter and Resource Centre (Lookout Society)	24/7 Walk-in's welcome	10667 135A Street Surrey 604-589-7777
	Year-round and Emergency Shelters *(multiple, including women's-only shelters)*	Most are 24hr, intake hours vary	http://shelters.bc211.ca/bc211shelters (updated daily with availability)

	Quibble Creek Sobering Centre *Place to recover from intoxication, supervised consumption, harm reduction supplies*	Monday to Sunday 24 hours per day Walk-in's welcome	13670 94A Avenue, Surrey 604-580-4969
Access to Treatment	Regional Access to Addiction Care Clinic, Fraser South *Access to addiction care and treatment*	Monday to Friday 8:30 am to 4:30 pm No appointment needed	13740 94a Ave, Surrey 604-587-3755
	Surrey Urgent Care Response Centre *Access to Mental Health care and treatment*	Monday to Sunday 8:30 am to 8:30 pm No appointment needed	Charles Barham Pavilion 13750 96 Ave Access through 94a Ave, Surrey 604-953-6200
	Quibble Creek Substance Use Services *Substance use counselling services*	Monday to Friday 8:30 am to 4:30 pm Walk-in's welcome	13670 94A Avenue, Surrey, BC 604-580-4950
Indigenous-specific supports	Fraser Region Aboriginal Friendship Centre Association (FRAFCA) *Harm reduction, outreach, counselling, housing support*	Monday to Friday 8:30 am to 5:00 pm	101-10095 Whalley Blvd, Surrey, BC 604-283-3293 https://frafca.org/

Table 3: HSDA 43-432 North Vancouver Island: Campbell River

HSDA 43-432 North Vancouver Island: Campbell River

Type	Service	Hours of Operation	Address, Telephone No
Supervised Consumption & Harm Reduction	Overdose Prevention Service *Harm reduction supplies, witnessed consumption, education, referrals*	Monday-Sunday 9:00 am- 7:00 pm	1330 Dogwood Street, Unit #5 Campbell River 250-287-9969
	AVI Campbell River *Harm reduction services and supports, referral to services, systems navigation, outreach*	Monday - Thursday 9:00 am - 4:00 pm Friday: 11:00 am - 3:00pm	1371 c. Cedar Street, Campbell River BC 250-830-0787 Info line: 1-800-665-2437
Crisis Support	Vancouver Island Crisis Society *Crisis line, incl. supports for substance use*	24/7	1-888-494-3888
Overnight Shelter and Drop-In	Salvation Army Evergreen House *Low barrier shelter with housing transition support*	24/7 Walk-in's welcome	690 Evergreen Road Campbell River 250- 287-3791
	Sobering and Assessment Centre *Safe, supportive environment for overnight sobering*	24/7 Walk-in's welcome	#6 - 1330 Dogwood Street Campbell River 250-287-9969
	Campbell River Women's Resource Centre and Transition House *Drop-in counselling and resource centre and emergency transition house*	Resource Centre: Monday-Thursday 10:00 am – 3:00 pm	1330 Dogwood Street, Unit #5 Campbell River 250-287-3044 24 hr help line: 250-286-3666 24 hr text line: 250-895-1773
	Kwesa Place *Drop-in services, free laundry, showers, clothing, and snacks*	10am-4pm Monday to Friday	1342 Shoppers Row Campbell River
Access to Treatment	Island Health Mental Health and Substance Use Services Intake Services *Assessment, short term counselling, referrals*	Monday-Friday 8:30 am – 4:30 pm (closed 12-1)	#207–1040 Shoppers Row Campbell River 250-850-2620

	Foundry Campbell River *Mental Health and Substance use supports for youth aged 12-24*	Mon, Fri 830-430 Tues, Wed, Thurs 8:30 am-6:00 pm	140 10th Avenue, Campbell River 250-286-0611
	Columbia Coast Medical Services *Medical management of opiate dependency, methadone, counselling, pain assistance (private clinic: fees may apply)*	Monday – Friday 8:30 am - 4:30 pm Call to make an appointment	1371B Cedar St Campbell River 250-287-4822
	North Island Survivors Healing Society *Trauma and abuse counselling centre*	Call for options and to make an appointment	625 D 11th Avenue, Campbell River 250-287-3325
Indigenous-specific supports	Kwakiutl District Council Health (KDC Health) *First Nations and Indigenous intervention and counselling, screening, treatment, education*	Monday -Friday 8:30 am - 4:30 pm	1400A Drake Rd Campbell River 250-286-9766
	Laichwiltach Family Life Society *Holistic services (cultural, mental, emotional, spiritual, physical) for Indigenous people and families*	Monday to Friday 8:30 am to 4:30 pm	441 4 Ave, Campbell River, BC 1-250-286-3430
	Tsow Tun Lelum Society *Confidential outreach services such as counselling and cultural support*	Monday to Friday 9:00am- 4:00pm	1-888-403-3123

BRITISH COLUMBIA

NEWS RELEASE

For Immediate Release
2021MMHA0059-002084
Nov. 1, 2021

Ministry of Mental Health and Addictions

B.C. applies for decriminalization in next step to reduce toxic drug deaths

VICTORIA – British Columbia has taken an important step forward to prevent drug poisoning deaths by applying to the federal government to remove criminal penalties for people who possess small amounts of illicit drugs for personal use.

B.C. is the first province in Canada to seek an exemption from Health Canada under Section 56 (1) of the Controlled Drugs and Substances Act. If approved by the federal government, the exemption would help reduce the fear and shame associated with substance use that prevents people from seeking care.

"Substance use and addiction is a public health issue, not a criminal one," said Sheila Malcolmson, Minister of Mental Health and Addictions. "B.C. is adding new health and substance-use care services almost weekly, but we know shame prevents many people from accessing life-saving care. That's why it's crucial to decriminalize people who use drugs."

Since the Province declared a public health emergency in 2016, 7,700 British Columbians have died because of a toxic drug supply. Prior to the outbreak of COVID-19, B.C. saw a decrease in death due to toxic drugs. However, the COVID-19 public health emergency reversed this trend, causing toxic drug poisoning deaths to reach an all-time high.

"B.C. is in the midst of two public health emergencies: COVID-19 and the toxic drug crisis," said Dr. Bonnie Henry, B.C.'s provincial health officer. "The intersection of these two emergencies has produced tragic results. B.C.'s application to Health Canada to decriminalize people who use drugs is a vital step to keep people alive and help connect them with the health and social support they need."

By treating substance use as a public health challenge rather than a criminal act, the Province will create new pathways to support those seeking treatment.

"Criminalizing members of our communities who use drugs has resulted in decades of causing further harms to many who are already suffering from mental or physical health challenges and/or the effects of emotional or physical trauma," said Lisa Lapointe, B.C.'s chief coroner. "Decriminalization will help shift our focus from punishment, which has resulted in social isolation, stigma and fear, toward a medical model that recognizes substance use as a health issue. This is an important step that, combined with increased access to safe supply and implementation of an evidence-based model of treatment and recovery, will help to save lives."

B.C. is transforming health and substance-use services throughout the province as outlined in A Pathway to Hope, the Province's mental health and addictions road map. Decriminalization is a crucial component in ending the toxic drug crisis, as the Province continues to create a full continuum of care that includes prevention, prescribed safer supply and other harm-reduction

measures, treatment, and recovery supports.

A broad range of partners and stakeholders played a vital role in developing the application. The Province worked with health and social service providers, Indigenous partners, people with lived and living experience, municipalities, law enforcement, advocacy organizations and clinical and research experts. The submission is intended to support further discussions between Health Canada and the B.C. government on an approach to decriminalization in B.C.

Quotes:

Mike Knott, a person with lived experience –

"The stigma and shame I felt when I used drugs was overwhelming. I felt isolated and compelled to use drugs alone. I also felt persecuted by the criminal justice system because I was a person who used drugs. Decriminalization will help reduce the shame felt amongst people who use drugs and enhance dignity. The toxic drug crisis is a health crisis, not a criminal one."

Sen. Larry Campbell, Senate of Canada –

"I would like to congratulate the provincial government for being the first in Canada to step forward on this critical issue. We know that drug use is a health problem, not a criminal one. That means we must respond with a public health approach and not a criminal justice one. Moving toward decriminalization is one of the most important steps any government can take to save lives, families and communities."

Lisa Helps, mayor of Victoria –

"The toxic drug crisis continues to devastate our communities and leave families broken. Decriminalization is an important step in reducing the stigma associated with drug use and saving lives of those people who use drugs. We thank the Province for their leadership in submitting a decriminalization application to Health Canada and we hope Health Canada responds favourably and swiftly."

Katrina Jensen, executive director, AVI Health and Community Services –

"Today's submission toward decriminalizing people who use drugs is one of the most important steps government has taken to address the toxic drug supply in British Columbia. Criminalization drives stigma and makes people reluctant to seek support. Decriminalization will save lives and make it easier to connect people to life-saving services, like those available at AVI. This is a logical and necessary response on the part of government's efforts to treat this as a health issue that it is."

Learn More:

To see B.C.'s decriminalization submission to the federal government, visit: https://news.gov.bc.ca/files/DecrimSubmission.pdf

A Pathway to Hope: https://news.gov.bc.ca/files/BCMentalHealthRoadmap_2019.pdf

Stop Overdose BC: https://www.stopoverdose.gov.bc.ca/

Contact:

Ministry of Mental Health and Addictions
Communications
250 213-8172 (media line)

Connect with the Province of B.C. at: news.gov.bc.ca/connect

Page 076 of 214 to/à Page 087 of 214

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SPEAKING POINTS FOR

MINISTER MALCOLMSON

Minister of Mental Health and Addictions

Decriminalization of people who possess controlled substances

Monday, Nov. 1, 2021

3 p.m.

Location: Press Theatre, BC Legislature

(Arrive: 2:50 p.m.)

Length: 5 minutes

REMARKS

- Good afternoon.
- I am joining you from the traditional territory of the Songhees and Esquimalt First Nations.
- I'm with:
    - Dr. Bonnie Henry, Provincial Health Officer
    - Lisa Lapointe, B.C.'s Chief Coroner
    - Mike Knott, an activist with lived experience
    - and Senator Larry Campbell
- We're here today to mark BC's next step on preventing toxic drug deaths.
- Our government is investing in the health care system for addictions prevention and treatment at an unprecedented level.
    - We've added over 100 adult treatment beds;

- We've doubled overdose prevent and supervised consumption sites;
- We are the first jurisdiction in Canada to offer a prescribed safer supply program;
- We've expanded the Take-Home Naloxone program;
- And just this Friday we opened the 105 bed Red Fish Healing Centre for treatment of complex mental health and addictions.

- The expansion of services is historic. And by fighting two public health emergencies and building a system of care at the same time, we've never asked our health care system to do more.
- People on the frontline are making heroic efforts to save lives.
- And yet, tragically we continue to lose lives at historic levels -- with the effects of the pandemic increasing drug toxicity, now six people a day or dying.

- Even though we are adding so many services, we continue to see too many deaths. Despite all this innovation and determination, we have not ended the public health emergency.

- And so, we must do more. Today represents that next step, once again taking up a tool no one else in Canada has.

- Today we applied for an exemption from Health Canada under Section 56 of the Controlled Drugs and Substances Act.

- The exemption would remove criminal penalties for people who are in possession of small amounts of illicit substances.

- Substance use and addictions is a public health issue, not a criminal one.

- By decriminalizing people who are in possession of a small amount of drugs, we will be removing a barrier to health and treatment services.

- We know that shame and fear keep many people from accessing these life-saving services and treatments. And shame and fear can make people hide addiction and use drugs alone, which risks dying alone.

- That is why today's announcement is so critical.

- A dedicated and thoughtful group of stakeholders and partners played a crucial role in developing the application to Health Canada, including:

    - Health and social service providers
    - Indigenous organizations
    - People with lived and living experience
    - Municipalities
    - Law enforcement
    - Advocacy organizations
    - And clinical and research groups

- Together, we look forward to Health Canada's response and working with the new federal Ministry of Mental Health and Addictions.

- As we proceed with next steps, we will continue to work with our partners throughout the Province to make sure decriminalization is done right.

[PAUSE]

- Today's announcement builds upon our government's investments in treatment and recovery services, and fixing a deeply fragmented system that was neglected for 16 years.

- While we pursue decriminalization, we're also tackling the toxic drug emergency crisis on all fronts.

- We're continuing to add overdose prevention sites for inhalation drug users.

- We've announced the next phase of the prescribed safer supply, expanding access across B.C.
- We continue to build up our medication-assisted treatment program throughout the province.
- And last month, we announced a $132-million investment over the next three years to help increase substance-use treatment services across B.C.…
    - …which includes 195 new substance-use treatment beds for adults.
    - This is on top of the doubling of youth treatment beds that's underway.
- We are working harder, every day, to help people stay safe and access the supports they need.
- We know there is more to do, and we need to use every tool in our toolbox.

- There is no one silver bullet to end the drug poisoning crisis…
- …but decriminalizing people who use drugs is essential to stemming the tide of the toxic drug crisis…
- …and to reducing the shame around drug use which is vital to building a more comprehensive system of mental health and addictions care that all British Columbians deserve.

[PAUSE]

INTRODUCTIONS

- BC's Provincial Health Officer, Dr. Bonnie Henry,

[*Dr. Henry speaks*] & introduces…

- Lisa Lapointe, B.C.'s Chief Coroner

[*Lisa Lapointe speaks*] & introduces…

- Mike Knott, an activist with lived experience

[*Senator Larry Campbell speaks]* & introduces

- Senator Larry Campbell

[*Senator Larry Campbell speaks]*

CONCLUSION

- Thank you for joining and sharing your insights on what decriminalization will mean for British Columbia.

- We will now take questions from the media.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT (MCFD)
INFORMATION NOTE

DATE: December 6, 2021
CLIFF#: 265214

DATE OF PREVIOUS NOTE: NA
PREVIOUS CLIFF # (if applicable):NA

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: To provide background information on the public posting of four practice audit reports in December 2021.

BACKGROUND:

The purpose of the practice audit program is to support and improve child welfare practice under the Child, Family and Community Service Act, the Adoption Act, Youth Criminal Justice Act and the Aboriginal Operational Practice Standards and Indicators through measuring levels of compliance with practice standards.

There are three Ministry of Children and Family Development (MCFD) and one Delegated Aboriginal Agency (DAA) practice audit reports to be posted.

The Provincial Care Plan audit originated as a joint project with the Representative for Children and Youth (RCY) and later it was decided that each organization would do their own audit to be consistent with their mandate. The audit was designed and implemented to assess achievement of key components of the Child and Youth in Care Policies (CYICP). This was the first audit conducted to specifically analyze guardianship practice and the decision was to proceed with this audit at a provincial level. The CYICP support the duties and functions carried out by delegated guardianship social workers under the CFCSA. Guardianship social workers provide services to children and youth in care of MCFD. The goals of these services are to preserve a child's cultural identity, assess and plan for a child's needs and development, and promote a child's safety and well-being in collaboration with their formal and informal support systems.

The Service Delivery Area (SDA) Community Youth Justice audits are designed to assess the practice of MCFD youth probation officers in relation to key components in the Community Youth Justice Operations Manual and related practice directives and guidelines. Practice Analysts rate compliance using a tool consisting of 19 measures based on the above policies. These are the first two audits for Community Youth Justice and provide a benchmark for practice.

The DAA audits are designed to assess the practice of agency social workers in relation to their relevant delegated programs in Aboriginal Operational and Practice Standards and Indicators

and, when applicable, in the Adoption Practice Standards and Guidelines (2001) and the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies.

DISCUSSION:

1. One Provincial Care Plan Audit Report will be posted:

    - Overall compliance rate: **52**%
    - 6 actions total; 4 were due Sept 30, 2021. Two related to training are in progress with a pilot, with a full launch January 2022. None of the six actions are complete.

    The audit timeframe was September 1, 2017 to February 28, 2018. Given the significance of the findings of this audit, and the complexity developing and implementing an improvement plan across 13 SDAs, a multi- year plan was developed and endorsed by executive to address the concerns. The action plan, including training, will be complete in March 2022. A repeat special audit will be completed later in 2022 utilizing an audit tool focusing on the areas where improvements were indicated to understand if the actions taken, have improved practice.

2. Two SDA Community Youth Justice Practice Audit Reports will be posted: **Thompson Cariboo Shuswap** (TCS) and **Vancouver Richmond**.

    - Overall Compliance Rates; Thompson Cariboo Shuswap **36**%, Vancouver Richmond **52**%
    - Thompson Cariboo Shuswap: All 8 actions were completed August 2020
    - Vancouver/Richmond: 3 out of 4 actions have been completed. The outstanding one is due Dec 31, 2021

    The Thompson Cariboo SDA developed an eight-point action plan to address and support the improvements to services being provided. The improvements include improved screening of youth for disabilities, social history considerations, improving service planning, consultations, documentation, and monitoring. The SDA has reported that they have implemented the components of this plan.

    The Vancouver Richmond SDA action plan is a four-point plan that addresses and supports the improvement of services. The SDA is currently working on improvements to monitoring the completion of planning documents, refresher training for their youth justice staff, increasing youth and family engagement in planning, and meeting with staff to improve clarity on expectations. The components of the action plan are to be completed by December 31, 2021.

3. One DAA Practice Audit Report will be posted: **Métis Family Services** (C6 Delegation: Child Service, Resource, Child Safety and Protection Family Service, and Adoption).

- Overall compliance rates; Child Service **71%**, Resources **84%**, Family Services **85%**, Adoption **71%**.
- Five actions all due Jan 30, 2022. To date 3 actions have been completed.

The DAA is committed to improvements including reviewing timelines, policies, standards, and consultation points related to incidents, ongoing family service cases, care plans, annual Rights of Children in Care, Appropriate Discipline standards and submitting Reportable Circumstances. They have agreed to implement a notification system for due items related to Structured Decision-Making tools/Interim Plan of Cares/CPOCs and to sign all outstanding care plans.

Attachments:
Appendix A – Further information on audit reports

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Cory Heavener *Office of the Provincial Director and Aboriginal Services* *(778) 698-5126*	*Jackie Lee Executive Director of Quality Assurance* *(778) 598-4970*	*Megan Tardif* *Director of Quality Assurance* *778-405-1787*	*Amanda Armstrong* *Denae Field* *Scott Horvath*

Appendix A

Additional information on each audit report to be posted with summaries of common strengths and challenges are as follows:

1. <u>Provincial Care Plan Audit</u>

- Report Completed: June 7, 2021
- Overall Compliance: **52**%

Strengths and Challenges of the Provincial Care Plan Audit

Strengths were found in the following areas:

- Identifying the child/youth's indigenous community and identity
- Assessments in all seven domains of the care plans
- Plans in all seven domains of the care plan
- Review of the Rights of Children in care with the child/youth

Challenges were found in the following areas:

- Participation of the Indigenous Community in the development and implementation of the Cultural plan
- Social workers contact with the children/youth in care
- Signatures of all members of the care team/circle members on the care plan
- Submitting child/youth safety information to the Provincial Director in the required timeframe

2. <u>Service Delivery Area Community Youth Justice Practice Audit Reports to be Posted:</u>

Thompson Cariboo Shuswap.

- Report Completed: June 17, 2021
- Overall Compliance: **36%**

Vancouver Richmond

- Report Completed: November 24, 2021
- Overall Compliance: **52%**

Common Strengths and Challenges of the Two Service Delivery Area Community Youth Justice Audits:

Strengths were found in the following areas:

- Service planning being reviewed with youth and parent(s)
- Documentation is being properly entered
- Service plans include clearly identified social histories.
- Service plans being completed within 30 days of initial meetings with youth

Challenges were found in the following areas:

- Service plans not addressing considerations specific to victims
- Service plans not addressing youth goals
- Initial meeting / interview with youth being documented within 5 days

3. <u>Delegated Aboriginal Area Practice Audit Report to be Posted:</u>

Métis Family Services

- Completed: February 24, 2021

Child Service

- Overall compliance: **71%**

Resource

- Overall compliance: **84%**

Child Safety and Protection Family Service

- Overall compliance: **85%**

Adoption

- Overall compliance: **71%**.

Strengths and Challenges to the One Delegated Aboriginal Agency Audit:

Strengths were found in the following areas:

Child Service:

- Preserving the identity of the child in care and providing culturally appropriate services, deciding where to place the child, meeting the child's need for stability and continuity of relationships, providing initial and ongoing medical and dental care for a child in care, planning a move for a child in care, preparation for independence, notifying the public guardian and trustee and involving them when required, and following guardianship agency protocols established by the agencies.

Resource:

- Obtaining and documenting supervisory approval at key decision points, providing training for caregivers and having current signed agreements with caregivers.

Child Safety and Protection Family Service:

- Gathering full and detailed information from the caller, assessing the report about a child or youth's need for protection (completing the screening assessment), determining whether the report requires a protection or non-protection response, assigning an appropriate response priority, assessing the safety of the child or youth,

making a safety decision consistent with the safety assessment, and determining the need for protection services.

Adoption:

- Completing the Adoption Education Program (AEP) component of the home study process, completing the adoption proposal and preparing for placement, obtaining consents, and preparing the report on a younger child's views.

Challenges were found in the following areas:

Child Service:

- Completing the initial and first annual care plans, maintaining in-person contact every 30 days with children and youth in care, providing the caregiver with information about the child or youth and reviewing the appropriate discipline standards, case documentation and interviewing the child or youth about the care experience after moving from placements.

Resource:

- Having a complete application and orientation for the family care home, monitoring and reviewing the family care home, providing written documentation to the caregiver indicating the intent of the agency to close the family care home.

Child Safety and Protection Family Service:

- Documenting the safety assessment and completing the FDR assessment or Investigation within 30 days or receiving the report or in accordance with the extended timeframe that had been approved by the supervisor.

Adoption:

- Keeping the written family assessment current, accepting the application to adopt, completing all post placement responsibilities.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 7, 2021 **DATE OF PREVIOUS NOTE:** October 13, 2021
CLIFF#: 265794 **PREVIOUS CLIFF #:** 264020

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Progress update on action plan for recommendations in the Ombudsperson's report "*Alone: The Prolonged and Repeated Isolation of Youth in Custody*"

BACKGROUND:

In June 2021, the Office of the Ombudsperson (Ombudsperson) released "Alone" which reported on the use of separate confinement in Youth Custody Services. The report contains 26 recommendations including amendments to legislation, regulations, and policy on separate confinement, conducting independent reviews of ministry practice, and creation of an independent review body.

In response to the report, the Minister stated: *"we will endeavour to implement every recommendation in your report and, if there are any that we cannot implement through the means you have described, we will achieve the goal and intent of that recommendation."*

On October 15, 2021, the Ministry provided a draft action plan containing timelines, specific actions and deliverables as requested by the Ombudsperson. The draft action plan also included evidence of implementation to date.

The Ombudsperson's request for notification of each instance of separate confinement to the RCY and PGT is being addressed separately from action planning.

DISCUSSION:

The Ombudsperson's monitoring process includes a six-month progress update on the recommendations as outlined in the draft action plan. The six-month progress update for "Alone" is scheduled for December 15, 2021 to ensure the Ministry is responding to the commitments in the report.

On November 23, 2021, the Ombudsperson provided feedback on the draft action plan, requesting clarification of some of the evidence provided within the draft action plan. The

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NEXT STEPS:

- The Ministry will provide the Ombudsperson the final action plan by December 15, 2021.
- The Ministry will prepare the second progress update no later than June 15, 2022.
- The Ombudsperson will formally assess the Ministry's progress on the first anniversary of the report's release (June 2022). This assessment may be released publicly in the form of a monitoring report synthesizing data collected from the Ministry.

ATTACHMENTS:

A. Action Plan
B. Policy Chart

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Cory Heavener *ADM* *778-698-5126*	*Dillon Halter* *SIYJ* *250-208-6255*	*Sarah Watson* *SIYJ* *236-409-2016*	*Rose Anne Van Mierlo*

Page 105 of 214 to/à Page 132 of 214

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 1, 2021 **DATE OF PREVIOUS NOTE (if applicable):** May 2021
CLIFF#: 265827 **PREVIOUS CLIFF # (if applicable):** 259194.

PREPARED FOR: The Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: s.13
s.13

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 7, 2021 **DATE OF PREVIOUS NOTE:** December 14, 2020
CLIFF#: 265965 **PREVIOUS CLIFF #:** 256213

PREPARED FOR: The Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: s.13
s.13

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 14, 2021 **DATE OF PREVIOUS NOTE:** December 7, 2020
CLIFF#: 266112 **PREVIOUS CLIFF #:** 255997

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Release of the Public Guardian and Trustee's, "*Child and Youth Guardianship Services 2020-2021 Report*"

BACKGROUND:

The Public Guardian and Trustee (PGT) releases an annual report providing a status update about the work carried out by the PGT on behalf of British Columbia's children and youth in care.

As property guardian, the PGT protects the legal and financial interests of children and youth in the continuing care of the province, those undergoing adoption, those without a legal guardian, and in some cases, children in temporary care. As trustee, the PGT invests and manages funds for children and youth from several different sources, including personal injury settlements or court awards, life insurance payments and inheritances. The PGT also reviews all proposed settlements of claims for damages of children and youth for personal injury, a variation of a will or trust, and claims made under the *Family Compensation Act* to ensure outcomes are in the best interests of the child or youth in care.

The Ministry of Children and Family Development (MCFD) and Delegated Aboriginal Agencies (DAAs) provide the PGT with information about any legal or financial issues affecting a child or youth when they initially come into continuing care and then through annual updates. MCFD and DAAs provide the PGT with "Reportable Circumstance Reports" concerning children in care who have suffered injury or been involved in a serious incident when the PGT is the property guardian for those children. Reviewing and responding as appropriate to these reports is a key duty of the PGT.

DISCUSSION:

On December 16, 2021, the PGT will release their annual "*Child and Youth Guardianship Services Report*" which provides an update on work carried out by the PGT from April 1, 2020 to March 31, 2021.

The 2020-2021 PGT report indicates that in that year the PGT had 4,548 property guardian clients, 8,727 trustee clients, and 2,748 protective legal review clients. Of the property guardian client's, 42 percent were Indigenous children served by a DAA, and 26 percent were Indigenous children served by MCFD.

The report notes that in the same year, the PGT opened 349 legal files on behalf of property guardian clients covering a wide range of matters from wills and estates to personal injury

including sexual assault. The PGT recovered almost $734,000 on behalf of property guardian clients in 2020–2021 which includes the October 2020 court approved settlement in the Class Action Proceeding initiated by the PGT on behalf of children victimized by an MCFD social worker. All recipients were provided with financial wellness information prior to receiving compensation and some are utilizing the PGT's post majority trust services to assist in managing their funds.

In 2020-2021 the PGT received and reviewed 1936 injury and serious incident reports from MCFD and DAAs involving 762 children and youth. The five major categories of harm experienced by children and youth were:

- physical assault (265)
- sexual assault (128)
- self-harm (241)
- medical condition (108)
- other type of injury or harm to a child (277)

The "other type of injury or harm to a child" category includes 116 incidents where a child or youth was hospitalized or treated due to drug or alcohol intoxication. Of the 1936 reports, 64 were related to the pandemic with reported issues including mental health difficulties, loss of a family member due to COVID-19 and breaching of restrictions made by the Provincial Health Officer.

A key area of focus for the PGT is to establish Registered Disability Savings Plans (RDSPs) for children and youth who have received the Disability Tax Credit designation from the federal government. The PGT is committed to advancing the interests of its property guardian clients by collecting the federal funds in the form of matching grants resulting in 767 RDSPs worth approximately $10.5 million on March 31, 2021.

The average duration of service for PGT property guardian clients is 5.2 years. The most common reason for the PGT's property guardianship role ending is the child reaching the age of majority. These clients may voluntarily enter into an agreement with the PGT to hold and manage their funds up to the age of 27 years.

In October 2020 MCFD settled a class action lawsuit brought forward by the PGT on behalf of youth or former youth in care who were the victims of fraudulent activity by a social worker. The PGT received $712,000 on behalf of 12 property guardian clients and $425,000 n behalf of 5 former property guardian clients.

In 2020-2021 the PGT provided 20 financial wellness workshops that directly reached 141 children and youth.

NEXT STEPS:

The Public Guardian and Trustee will release their "*Child and Youth Guardianship Services 2020-2021 Report*" on December 16, 2021.

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Cory Heavener *ADM/Provincial Director of Child Welfare and Aboriginal Services* *778-698-5126*	*James Wale* *Deputy Director of Child Welfare* *778-698-5048*	*Deborah Francis* *Manager of Interface* *778-698-8662*	*Brian Hill*

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 15, 2021 **DATE OF PREVIOUS NOTE:** November 22, 2021
CLIFF#: 266225 **PREVIOUS CLIFF #:** 265329

PREPARED FOR: The Honourable Mitzi Dean, Minister of Children and Family Development

PURPOSE: 2022/23 – 2024/25 Service Plan

BACKGROUND:

On November 22, 2021 the ministry submitted an information note outlining the planned approach to the development of the 2022/23 – 2024/25 Service Plan. Since that time the ministry has prepared its first draft of the Service Plan. The goals, objectives, and key strategies have been drafted by executive directors and reviewed by the Deputy Minister and ADMs. The performance measures were provided by the Modelling, Analysis and Information Management branch – forecast and targets for PM 3.1b are still being finalized and will be added to the document at a later date.

DISCUSSION:

As per the November 22, 2021 information note, the Service Plan continues to be aligned to the long-term transformations identified in the Strategic Framework – updated to reflect progress and current direction.

There have been two changes to the Service Plan approach. s.13
s.13

NEXT STEPS:

On December 15, 2021, the ministry submitted the first draft of the Service Plan (see attached) to the Ministry of Finance for initial review and feedback. Feedback will be provided by the Ministry of Finance by January 7, 2022.

Staff are submitting the attached draft Service Plan for the Minister's early review as we do not anticipate significant feedback from Ministry of Finance.

The Minister will receive an updated copy of the Service Plan and a briefing is scheduled for 11:00 - 11:50 on January 24, 2022. The final Service Plan is submitted to the Ministry of Finance at the beginning of February – to be published once the budget is released.

ATTACHMENT:

- MCFD 2022-23 Service Plan

Contact **Assistant Deputy Minister:**	**Alternate Contact** **for content:**	**Prepared by:**
Carolyn Kamper *Assistant Deputy Minister,* *Strategic Priorities*	*Lisa Jones* *Director, Strategic Planning* *and Engagement*	*David Gorham* *Senior Planning and Reporting* *Analyst*
778-698-8835	*(778) 974-5779*	*(250) 419-8556*

Ministry of Children and Family Development

2022/23 – 2024/25
Service Plan

February 2022

For more information on the Ministry of Children and Family Development contact:

PO Box 9970

STN PROV GOVT

Victoria, B.C.

V8W 9S5

1-877-387-7027

Or visit our website at

www.gov.bc.ca/mcfd

Published by the Ministry of Children and Family Development

Minister's Accountability Statement

The *Ministry of Children and Family Development 2022/23 – 2024/25 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

Signature Placeholder
Replace with Signature Image

Honourable Mitzi Dean
Minister of Children and Family Development
March 31, 2022

Table of Contents

Minister's Accountability Statement 3
Purpose of the Ministry 5
Strategic Direction 5
Performance Planning 6
Financial Summary 13
Appendix A: Agencies, Boards, Commissions and Tribunals 14

Purpose of the Ministry

The primary focus of the Ministry of Children and Family Development is supporting the well-being of all children and youth in British Columbia – both Indigenous and non-Indigenous – to live in safe, healthy and nurturing families, and to be strongly connected to their communities and culture. The ministry approaches its work through a Gender-Based Analysis Plus lens, delivering services that are inclusive, intersectional, responsive, accessible and culturally safe.

The ministry supports children, youth and their families, emphasizing the principles of early intervention, prevention and cultural and community connections to keep families together, where possible, and to connect children and youth with permanent living arrangements when needed. Services include early childhood development, supporting children and youth with support needs, child and youth mental health, adoption, child protection, youth justice as well as helping youth transition to adulthood and adult services.

Strategic Direction

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Performance Planning

Goal 1: Recognize the right of Indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child [UNDRIP][1] and the Truth and Reconciliation Commission's Calls to Action

Objective 1.1: Continue to work with Indigenous peoples and the federal government, where applicable, regarding systemic transformation, including implementing increased decision-making authority and child and family services jurisdiction

Key Strategies

- Work with Indigenous Governing Bodies (alongside representatives from the federal government) towards exercising jurisdiction for child and family services under the federal *Act respecting First Nations, Inuit and Métis children, youth and families* (the federal Act), through the development of tripartite coordination agreements, and continue an ongoing dialogue with Indigenous communities that are planning for increased decision-making authority or jurisdiction.
- Co-develop with Canada and Indigenous partners, a B.C. specific fiscal framework in alignment with B.C.'s *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act), to support the transition of services as Indigenous Governing Bodies begin to exercise their inherent jurisdiction over child and family services.
- Engage with Indigenous rights holders, communities, leadership, service providers and partners in order to co-develop reform of the *Child, Family and Community Service Act*, in alignment with the *Declaration Act* and the federal *Act Respecting First Nations, Inuit and Métis children, youth and families*.
- In collaboration with Indigenous rights holders, leadership, and communities, along with federal and provincial partners, develop a cross-jurisdictional model for how to integrate and deliver services through multiple jurisdictions. This will include a policy and legislative framework to support this future system.

Objective 1.2: In collaboration with Indigenous peoples, design and implement restorative policies, practices and services with cultural humility and a commitment to eliminate racism and discrimination consistent with our responsibilities under UNDRIP

Key Strategies

- Continue work to ensure transparency and accountability to Indigenous children, youth, families and communities, including working to implement information-sharing

[1] UN Declaration on the Rights of Indigenous Peoples and UN Convention on the Rights of the Child.

agreements (under s. 92.1 of the *Child, Family and Community Service Act*) and develop community agreements.

- Work with Indigenous peoples, following the Aboriginal Policy and Practice Framework, to transform policies, practices, services and programs that reflect the priority of keeping children and youth safely at home and connected to their community and culture. Working with Delegated Aboriginal Agencies to ensure a diversity of Indigenous voices, history and wise practices are reflected in this work.
- With Indigenous peoples, develop and continue to implement tools and resources to support ministry staff to address systemic racism and implement practice changes to provide services in a culturally safe manner.
- Collaborate with partners, including Delegated Aboriginal Agencies, to build on efforts to address the 40 ministry-led responses to the calls for justice in the final report on the inquiry into missing and murdered Indigenous women and girls.

Performance Measure	2016/17 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
1.1 Rate of children and youth (age 0-18) in care per 1,000 children and youth in the population					
All children and youth	7.7	5.6	5.4	5.1	5.0
Indigenous children and youth	48.1	36.4	35.3	34.3	33.5
Non-Indigenous children and youth	3.2	2.0	1.9	1.8	1.7

Data source: Integrated Case Management (ICM) System

Linking Performance Measure to Objective

This performance measure tracks the rate of Indigenous and non-Indigenous children and youth in care and the overrepresentation of Indigenous children and youth in care. MCFD is working to address the overrepresentation of Indigenous children and youth in the child and family services system. The impact of colonization, the imposition of a legal regime foreign to the cultures and customs of Indigenous peoples, and the undermining of family and community systems and resultant inter-generational trauma have all contributed to this overrepresentation.

Discussion

Targets for 2022/23 and 2023/24 have been adjusted, based on forecasted performance, to capture better than expected results for Indigenous children and youth and maintain relevance moving forward.

Goal 2: To support improved outcomes and keep families safely together, strengthen supports and prioritize resources for families and children based on their needs, and in collaboration with communities and other partners

Objective 2.1: Implement changes to the delivery of services to focus on prevention, early intervention and family supports

Key Strategies

s.13

- In line with B.C.'s *A Pathway to Hope* roadmap, continue to implement the following child and youth mental health services and supports: 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.
- Continue to develop a Prevention and Family Supports Service Framework that provides direction for the implementation of significant systemic changes – including the areas of child and family safety, children and youth with support needs, child and youth mental health, early years and Indigenous early years, child care, and in alignment with the national standards of the federal *Act respecting First Nations, Inuit and Métis children, youth and families*, which prioritize preventive care.
- Engage on social work oversight to explore challenges with the current model and develop an informed understanding of opportunities to strengthen the oversight system.
- Provide policy and practice guidance and training for Ministry employees and work together with partners and service providers to support 2SLGBTQ+ people to be safe, recognized, respected, supported and cared for in a manner that affirms their sexual orientation, gender identity and gender expression.

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Goal 3: Youth and young adults have the tools, resources, and social supports to transition successfully to adulthood and adult services

Objective 3.1: Support youth and young adults to successfully transition to adulthood and adult services

Key Strategies

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Goal 4: Services and supports provided in the network of care are driven by a child or youth's needs and focused on developing and strengthening belonging to family, community and culture

Objective 4.1: In collaboration with partners, implement an integrated network of care providing services and placements that meet a child or youth's needs, nurture a sense of love and belonging, and prioritize cultural and family connections

Key Strategies

- Begin to realize 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.
- Continue implementing an outcomes-based Quality Assurance Framework, ensuring that the quality of services (across all types of care) is responsive to feedback from children, families and communities.
- Finalize and begin to implement a new Procurement Strategy, including a modern digital solution, to provide more clarity and an increased focus on deliverables to support children, youth and their families.

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- Complete a review of the licensed adoption agency model, regulatory framework and the provision of intercountry adoption services.

Performance Measure	2016/17 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
4.1 Percentage of children and youth in care with no moves in the first 12 months since their last admission to care	67.9%	67.0%	66.0%	66.5%	67.0%

Data source: ICM

Linking Performance Measure to Objective

Placement stability is essential for children and youth to develop a secure attachment to a caregiver, which is a fundamental determinant of their well-being and sense of belonging. Children and youth with stable placements that are driven by their needs achieve better outcomes in terms of safety, permanency, attachment and well-being.

Discussion

The impact of the COVID-19 pandemic on this performance measure is still unclear. In the interim, targets have been maintained.

Financial Summary

Core Business Area	2021/22 Restated Estimates[1]	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses ($000)				
[Core business 1]	0,000	0,000	0,000	0,000
[Core business 2]	0,000	0,000	0,000	0,000
[Core business 3]	0,000	0,000	0,000	0,000
Total	**0,000**	**0,000**	**0,000**	**0,000**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
[Core business 1]	0,000	0,000	0,000	0,000
[Core business 2]	0,000	0,000	0,000	0,000
[Core business 3]	0,000	0,000	0,000	0,000
Total	**0,000**	**0,000**	**0,000**	**0,000**
Capital Plan ($000)				
By Core Business (and Purpose)	0,000	0,000	0,000	0,000
Total	**0,000**	**0,000**	**0,000**	**0,000**
Other Financing Transactions ($000)				
By Core Business (and Purpose)	0,000	0,000	0,000	0,000
Receipts	(0,000)	(0,000)	(0,000)	(0,000)
Disbursements	0,000	0,000	0,000	0,000
Net Cash Requirements (Source)	0,000	0,000	0,000	0,000
Total Receipts	**(0,000)**	**(0,000)**	**(0,000)**	**(0,000)**
Total Disbursements	**0,000**	**0,000**	**0,000**	**0,000**
Total Net Cash Requirements (Source)	**0,000**	**0,000**	**0,000**	**0,000**

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

* Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates.

[Additional instructions (delete once table is populated):
For the "Capital Plan" section, the Purpose should identify the category of projects, for example "Public Schools" or "Colleges". For "Other Financing Transactions", the Purpose should identify the program, for example, "Student Loan Program".]

Appendix A: Agencies, Boards, Commissions and Tribunals

As of March 31, 2022, the Minister of Children and Family Development is responsible and accountable for the following:

BC College of Social Workers:

The British Columbia College of Social Workers regulates the social work profession in British Columbia. Its mandate is to protect members of the public from preventable harm while they are interacting with Registered Social Workers. The College maintains an online registry of all social workers authorized to practice as Registered Social Workers.

Approvals Table [CABRO/TBS use only, delete before sending for Minister signature]

The following table is used by CABRO to track reviews and approvals. Please do not remove this table until all approvals are provided below.

Reviews and Approvals	Initial & Date on Completion
CABRO first review complete	
PBO first review complete	
Approved by CABRO	
Approved by PBO	
Approved by FPE	

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 15, 2021 **DATE OF PREVIOUS NOTE (if applicable):** December 6, 2021

CLIFF#: 266260 **PREVIOUS CLIFF # (if applicable):** 265948

PREPARED FOR: The Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: s.13
s.13

Page 158 of 214 to/à Page 161 of 214

Withheld pursuant to/removed as

s.13

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 20th, 2021 **DATE OF PREVIOUS NOTE:** August 23rd, 2021
CLIFF#:266285 **PREVIOUS CLIFF #:** 262041

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Engagement Plan for *Child, Family and Community Service Act* Reform.

BACKGROUND:

MCFD is launching an initiative to reform the CFCSA as part of the Minister's mandate letter to undertake systemic transformation of child and family services. This effort needs to be done in collaboration with key Indigenous and non-Indigenous partners, service providers and Indigenous rights holders. A first step will be to engage with them to identify their priorities for change.

A proposed engagement model was approved in Summer 2021 (CLIFF #262041). The model consisted of two main components:

- Distinctions-based Advisory Groups for First Nations and Métis peoples providing input and guidance to the policy team throughout the engagement process; and,
- Engagement with Indigenous rights holders through meetings hosted by an Indigenous facilitator; targeted meetings with communities and organizations hosted by MCFD; and online engagement opportunities.

The intention of this information note is to inform and seek input on the launch of engagement on CFCSA reform in January 2022 and the plan for outreach throughout the Spring.

DISCUSSION:

Since this engagement model was approved, the project team has been in an intensive planning process. To date, the following has been completed:

- Conducted extensive analysis of over 950 previous recommendations (from 50 sources) made to government regarding Indigenous child and family service reform and compiled an *Honouring Past Wisdom* report,
- Worked with the Government Digital Experience Division in Citizen Services to develop content for an online engagement platform through Engage BC,
- Stood up an Advisory Circle of Métis representatives from Métis Nation BC, the Métis Commission for Children and Families of BC, and the Island Métis Family & Community Services Society,
- Connected with the First Nations Leadership Council, the Delegated Aboriginal Agencies Partnership Forum, Alliance of Modern Treaty Nations, the Minister's Advisory Council on Indigenous Women, the Social Sector Advisory Council, the Federation of Community Social Services, and the Urban Aboriginal Coalitions to discuss the formation of a First

Nations Advisory Circle. Based on feedback from the FLNC and Modern Treaty Nations, the project team decided to forgo forming a First Nations Advisory Circle in favour of direct engagement with key partners; and,
- Procured the services of an Indigenous facilitation firm, Alderhill Planning, to support planning and engagement throughout 2022.

The project team has also completed extensive planning on the engagement design. Although the approach will be agile in response to input from the Métis Advisory Circle, First Nations partners, and the facilitator, the project team has created a framework for the content that will be covered at each stage of engagement (Appendix A). The project team has also created a list of parties to be engaged (Appendix B) and the modalities that will be used to support engagement (Appendix C).

NEXT STEPS:

Work with the Métis Advisory Circle began in November 2021 and will continue in 2022. Planning with the Indigenous Facilitator and First Nations partners will begin in January 2022, with facilitator-led engagement sessions planned to start in February 2022. Web content for Engage BC is being developed with a planned web launch in January 2022.

ATTACHMENTS:

- Appendix A: Engagement Stages and Timeline
- Appendix B: List of Partners
- Appendix C: Engagement Modalities

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Carolyn Kamper *Strategic Integration, Policy and Legislation Division* *250 208-9482*	*Wendy Norris* *Strategic Child Welfare & Reconciliation Policy* *250-208-7547*	*Richel Donaldson* *Strategic Child Welfare & Reconciliation Policy* *778-698-7493*	*Clare Whelan-Sadike & Jas Brown* *Strategic Child Welfare & Reconciliation Policy* *778-572-5062 / 778 698-8426*

Appendix A: Engagement Stages and Timeline

s.12; s.13

Appendix B: Engagement Modalities

Modality	Tools
Engage BC	The Engage BC website will be publicly available, and gather input from Indigenous communities, social sector staff, and those with lived experience. It will be the central point for gathering input. • Hosting report: *What we Heard Report* after initial engagement • Document commenting in-line commenting on documents • Surveys and questionnaires • Online submissions • Email submissions • Mail out engagement packages • Social media outreach • Virtual engagement sessions
Indigenous Facilitator (Alderhill Planning)	The Indigenous facilitator will focus primarily on providing facilitation for Indigenous rights holders, including First Nations and Inuit communities, Indigenous women, 2SLGBTQIA+ populations, urban Indigenous populations, youth, and Elders. • Lead 10 engagement sessions, virtually and in-person when applicable • Engagement sessions will provide a supportive environment for community members to share input on specific questions. • Facilitator will provide notetaking support and reporting on each session.
Métis Advisory Circle	The Métis Advisory Circle will guide engagement with Métis communities in BC. • The Métis Nation has existing engagement structures to engage its membership. Through the Advisory Circle, the ministry will provide support and resources to leverage engagement through these structures.

Modality	Tools
Targeted MCFD led meetings & correspondence	Due to the unique obligations and relationships, some engagement needs to be hosted directly by the ministry. These include: • Meetings with the First Nations Leadership Council through the Tripartite Working Group; including co-development of materials through an NDA. • Meetings with Modern Treaty Nations through the Alliance of Modern Treaty Nations, in addition to the communications required to meet legislative obligations. • Meetings with representatives of the Indigenous Child and Family Services Directors (DAA Executive Directors). Additionally, the ministry has capacity to host direct meetings where appropriate and requested by partners. This could include: • Sending correspondence to inform external and internal partners of engagement opportunities, • Providing presentations through existing tables, • Providing presentations and conversations through ad-hoc meetings, • Supporting front-line MCFD and DAA workers to inform the children, youth, and families they are working with of engagement opportunities, • Conducting outreach through ministry social media; and, • Hosting ongoing discussions with experts on specific policy and program areas.

Appendix C: List of Partners

Partners and Potential Organizations	Engagement Modalities
First Nations • First Nations • Treaty First Nations • Coordination Agreement tables • First Nations Leadership Council • First Nations individuals (particularly women, youth, and 2SLGBTQIA+ people)	Engage BC Indigenous Facilitator Targeted MCFD led meetings
Métis • Métis Advisory Circle on CFCSA Reform – representatives of Métis Nation BC, Métis Commission for Children and Families of BC, Island Métis Family and Community Services Society who are working alongside MCFD to support engagement with Métis communities and individuals	Métis Advisory Circle TBD by Métis partners
Inuit • Inuit Tapiriit Kanatami and Inuit Regional Organizations • Inuit individuals (particularly women, youth, and 2SLGBTQIA+ people)	Engage BC Indigenous Facilitator Targeted MCFD led meetings & correspondence
Urban Indigenous • BC Association of Aboriginal Friendship Centres & Friendship Centres • Urban Aboriginal Coalitions • Urban Indigenous individuals (particularly women, youth, and 2SLGBTQIA+ people)	Engage BC Indigenous Facilitator Targeted MCFD led meetings & correspondence

Partners and Potential Organizations	Engagement Modalities
Delegated Aboriginal Agencies (DAAs) • Indigenous Child and Family Services Directors/DAA Partnership Forum	Collaboration through targeted MCFD led meetings
Indigenous Organizations • Organizations representing women and girls, youth, 2SLGBTQIA+, Elders • Child and family service organizations, legal organizations, and disability advocacy organizations	Engage BC Indigenous Facilitator Correspondence
Individuals with Experience of Child Welfare/Child and Family Services • Children, youth, parents, and families with current or previous experience of MCFD or DAA services • Youth Advisory Council • Federation of BC Youth in Care Networks	Engage BC Targeted MCFD led engagement Correspondence
Caregivers, Foster Parents, and Adoptive Parents • BC Federation of Foster Parents Association • Parent Support Services Society of BC	Engage BC Correspondence
MCFD Social Sector Advisory Committee	MCFD led meeting
Social Sector Advocacy Organizations • Federation of Community Services of BC • BC Association of Social Workers	MCFD led meeting Correspondence
Community and Social Service Organizations • Organizations representing women and girls, youth, & 2SLGBTQIA+ • Child and family service organizations, legal organizations, disability advocacy organizations, gender-based violence organizations • Organizations representing or serving people who are Black and/or people of colour	Engage BC Correspondence

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 17, 2021 **DATE OF PREVIOUS NOTE:** August 23, 2021; December 16, 2021
CLIFF#: 266286 **PREVIOUS CLIFF #:** 262041; 266285

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Content for Engage BC Website on *Child, Family and Community Service Act* (CFCSA) Reform

BACKGROUND:

MCFD will embark on an initiative to reform the CFCSA over the next 24 to 36 months as part of the Minister's mandate letter to undertake systemic transformation of child and family services. This effort needs to be done in collaboration with key Indigenous and non-Indigenous partners, service providers and Indigenous rights holders to identify their priorities for change.

The engagement model was approved in Summer 2021 (CLIFF #262041) and the proposed engagement approach is detailed in a recent Information Note for the Minister of Children and Family Development (CLIFF #266285). This approach includes launching an Engage BC website in January 2022, which will serve as a hub for posting engagement materials and gathering input. The CFCSA Reform project team has been working with the Government Digital Experience (GDX) Division in the Ministry of Citizens' Services to develop content for this online engagement platform.

DISCUSSION:

The purpose of this information note is to inform and seek input on the draft website content prior to the launch of the Engage BC platform in January 2022.

The draft website content is outlined in Appendix A. Website content has been developed to be at a grade eleven reading level. Additionally, a sample of the website's possible appearance is included in Appendix B, though this is intended as an example only and GDX is responsible for the final formatting of the website. The project team is working with Government Communications and Public Engagement (GCPE) to determine the final graphics for the website.

This draft content was developed in collaboration with the Ministry of Citizens' Services' GDX team and has undergone a preliminary review by MCFD's GCPE team. Following approval of this content, GCPE will conduct a final review of the content prior to the website going live.

MCFD is responsible for proposing a brief handle to include in the website's address, for final approval by GCPE and GDX. To meet the requirement that the web address include no acronyms or hyphens, the project team proposes using https://engage/gov.bc.ca/childfamilyservicesreform as the URL. An alternative URL could be https://engage/gov.bc.ca/reformchildfamilylegislation. The project team is currently finalizing

the engagement tools that will be accessible through the website when the broad external engagement is launched in February 2022. Currently, these engagement methods are listed as "to be determined" in the appendices and will be updated once finalized.

NEXT STEPS:

Following approval of the website content, the project team will work with GCPE and GDX to finalize and launch the online engagement platform by late January 2022. A broad external engagement with Indigenous and non-Indigenous partners, service providers and Indigenous rights holders will be initiated through the website in February 2022.

ATTACHMENTS:

A. Engage BC Website on CFCSA Reform Content
B. Sample Engage BC Website on CFCSA Reform Format

Contact:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Francesca Wheler *Child Welfare and Reconciliation Policy* *778 974-2164*	*Wendy Norris* *Strategic Child Welfare and Reconciliation Policy* *250 208-7547*	*Jas Brown* *Strategic Child Welfare and Reconciliation Policy* *778 698-8426*	*Nicole Beneteau* *Senior Public Affairs Officer* *GCPE*

CFCSA Reform Engagement Site Content

Commented [WFMM1]: Alternate handle /reformchildfamilylegislation

Template info	Draft content
Righthand sidebar options • Contact information • Sign-up for updates • Links to reports • List of links/supports	TBD
Footer banner • Sign-up for updates • Link to govTogetherBC (all sites) • Land acknowledgement (all sites)	*To be created by CITZ*
Banner: • Banner image • What's this engagement about? o 1-2 sentences describing the engagement o Timeline dates o A button that links to more information	*Banner to be created by MCFD* **What is this engagement about?** The Province plans to reform B.C.'s child and family service legislation to improve service for all children and families. These changes will also better support the rights of Indigenous Peoples including Indigenous Governments as they deliver child and family services under their own laws. **Engagement timeline:** s.13
Main body: • How to participate (boxes) a. 1-2 sentences describing how to participate in the engagement b. Who is the intended audience? *For example: renters or landlords or stakeholder organizations* c. A button that links to the method of engagement. *Example: Join the online discussion or Take the survey* • Next steps a. 1-2 sentences describing what is being done with the feedback. *Example: The task force will report findings and make recommendations to Premier Horgan and Minister of Municipal*	**How to participate** The Province is seeking input and direction from First Nations, Métis, and Inuit governments, organisations, and people to inform changes to policy and legislation. We also want to hear from non-Indigenous community and social service organizations, and people who have experience with child and family services. We encourage individuals and organisations that represent Black people, People of Colour, women, 2SLGBTQIA+ people, people with disabilities, youth and young adults, and Elders to take part. <box 1> Phase 1: s.13 s.13 Phase 2: Active Engagement. s.13 s.13 Phase 3: What we Heard Report. s.13 s.13 Phase 4: Validate the Policy Framework. Turn what we heard in engagements into proposed changes to policy and legislation. s.13

Affairs and Housing Selina Robinson in December 2018.	Next steps s.13
Right hand sidebar: • Who's listening a. Give 1-2 sentence brief description of who is listening to the feedback. Ex: A minister, a task force, a ministry? b. If it's specific people list their name, photo and brief bio • Timeline a. Should include key milestone and phases of an engagement including: Launch date, events, close date, and when to expect the final report.	**Who's listening?** The Province commits to working with Indigenous partners and rights holders to transform the child and family services system. This engagement is guided by s.13 s.13 **Timeline** s.13 **- Phase 1** Winter 2022 **Active Engagement – Phase 2** s.13 **What We Heard Report – Phase 3** Fall 2022 **Validate the Policy Framework – Phase 4** Late Fall 2022
About the project This page should provide background information on the "why" of the project. It could answer some of the following questions: • What is the current situation? • Why is this project needed? • What is the history? Is it part of a mandate? Reminder to use the writing for the web guide.	**Purpose of Engagement** . B.C.'s child and family services legislation has been in place since 1996. Many changes have happened in family services over the past 25 years, but the laws have not kept up with these changes. Indigenous communities in particular have made a lot of progress in restoring their ways of caring for their children. Changes to legislation are needed to support Indigenous communities to have more control over child and family services for their citizens, and to improve services for all children and families in the province. s.13

	s.13 The Province also wants to hear from non-Indigenous people and organizations on what changes they want to see to provincial child and family services.
Process: This page explains the scope of the project, what's included what's not. What the engagement hopes to achieve and what will be done with the input. This can include links to engagement methods.	**Process** s.13 B.C. is engaging with Indigenous governments, partners, service providers, families, interest groups and community members to make sure that changes are based on Indigenous peoples' experience and views. There will be several ways to provide input throughout the engagement, including: s.13
Background materials (if applicable) This could include: • Studies and research • Previous engagement materials • Technical information • Past reports	**Background materials** The child and family services system needs to be transformed. Two new laws, one provincial (the *Declaration on the Rights of Indigenous Peoples Act*) and one federal (*An Act respecting First Nations, Inuit and Métis children, youth and families*), provide an opportunity for B.C. to create a system that reflects the needs and priorities of Indigenous Peoples by recognizing their right to deliver child and family services under their own laws.

	Indigenous communities have already spent a significant amount of time and effort providing B.C. with recommendations on how to fix the child and family services system. We want to respect that valuable work. These recommendations have been brought together under the report "Honouring Past Wisdom." The Province will use this wisdom as a starting place to understand the changes that are needed.
Get involved This section will include pages on each engagement method. For example: • Online discussion (link to list of discussion topics) • In-line commenting (link to the document for commenting) • Stakeholder submissions criteria (see standard wording below) • Stakeholder submissions (link to list of submissions if applicable) • Online surveys/questionnaires/feedback forms (direct link) • Community meetings (link to list of meetings/registration forms)	**Get involved** TBD
Stakeholder submission criteria Below are 8 points that stakeholders must follow for written submissions. Above and below are sample instructions that can be edited depending on the audience and if submissions will be posted publicly. *All British Columbians, including employers, employees, organizations, professionals, and Indigenous communities are invited to make written submissions to email@gov.bc.ca before* ***Date at 4 pm****.* *Please refer to the questions provided throughout the discussion paper when preparing and organizing written submissions. Written submissions should be no longer than five pages in Word or PDF format.* *Submissions must meet the following criteria:* 1. *Does not contain profanity or content that is defamatory, threatening, hateful, personally disparaging, harassing, indecent, vulgar, obscene, illegal, immoral*	TBD

or sexually explicit (partially masking profanity or other unacceptable language by substituting asterisks or other symbols into a word is not acceptable if the word remains recognizable); 2. *Does not appear to, or actually, infringe the copyright, trade-mark, right of privacy, right of publicity or any other intellectual property or other proprietary right of any third party;* 3. *Does not contain information about, or images (e.g., photographs, videos or illustrations) of, any person other than the person submitting the content;* 4. *Does not advertise any product, person or organization, or direct attention to another website for personal gain;* 5. *Does not provide links to, or information about, other sites that contain unlawful, objectionable or inappropriate content;* 6. *Does not make unproven or unsupported accusations against individuals, groups or organizations;* 7. *Does not appear to be spam-like messaging, a repeat posting or a template letter writing campaign; and* 8. *Is not far off-topic.* *All submissions received will be posted on this site provided they meet the above criteria. All submissions will be read and considered as part of the What we heard report.*	

Page 1: home page

Home Learn more Get involved

Child and Family Services Reform

What is this engagement about?

The Province plans to reform B.C.'s child and family service legislation to improve service for all children and families.

These changes will also better support the rights of Indigenous Peoples including Indigenous Governments as they deliver child and family services under their own laws.

Engagement timeline:

s.13

Learn more about this engagement

How to participate

The Province is seeking input and direction from First Nations, Métis, and Inuit governments, organizations, and people to inform changes to policy and legislation. We also want to engage with non-Indigenous community and social service organizations and people who have experience with child and family services.

Individuals and organizations that represent Black people, People of Colour, women, 2SLGBTQIA+ people, people with disabilities, youth and young adults and Elders are encouraged to take part.

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Who's listening?

The Province commits to working with Indigenous partners to transform the child and family services system.

s.13

Timeline

- s.13 - Phase 1
  Winter 2022
- **Active Engagement - Phase 2**
  s.13
- **What we Heard Report - Phase 3**
  Fall 2022
- **Validate the Policy Framework - Phase 4**
  Late Fall 2022

Visit govTogetherBC for more ways to to engage with the BC government

govTogetherBC

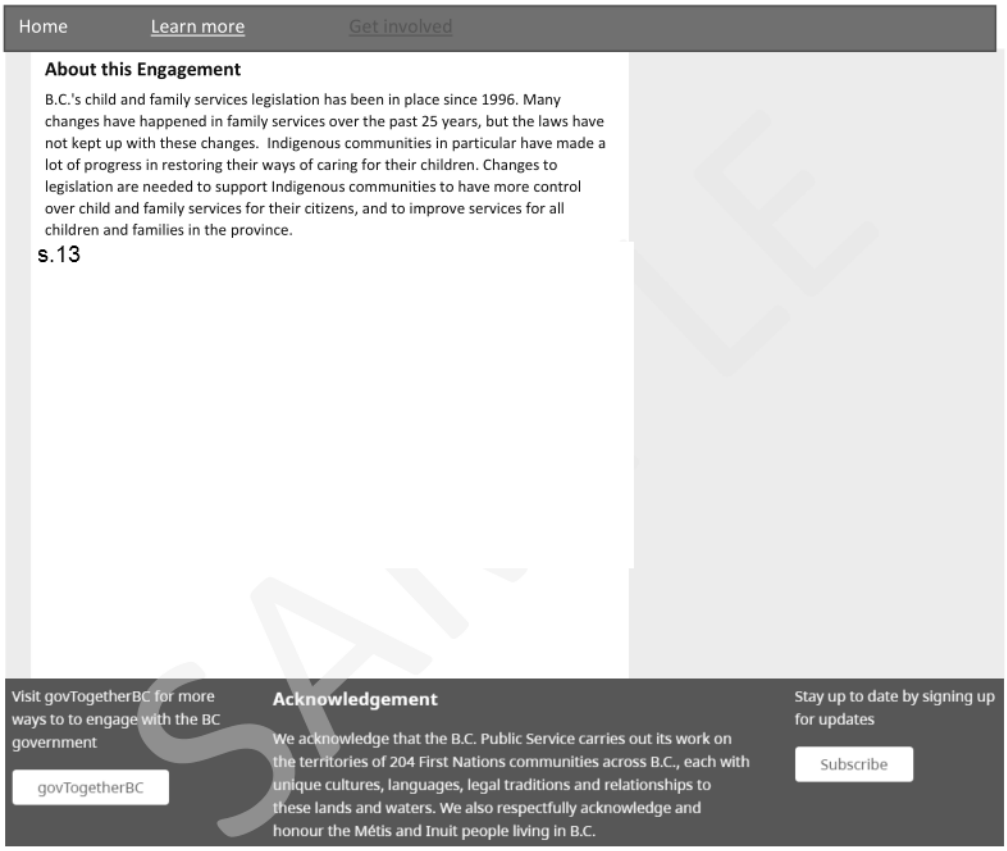
Acknowledgement

We acknowledge that the B.C. Public Service carries out its work on the territories of 204 First Nations communities across B.C., each with unique cultures, languages, legal traditions and relationships to these lands and waters. We also respectfully acknowledge and honour the Métis and Inuit people living in B.C.

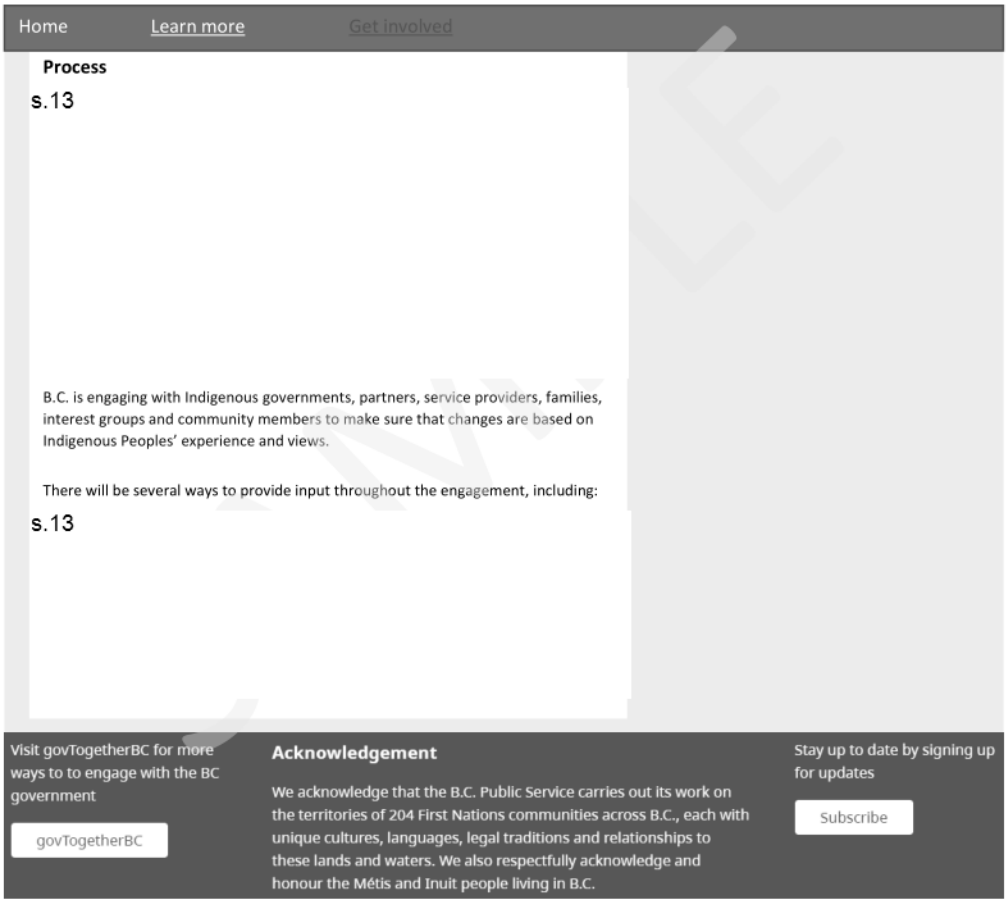
Stay up to date by signing up for updates

Subscribe

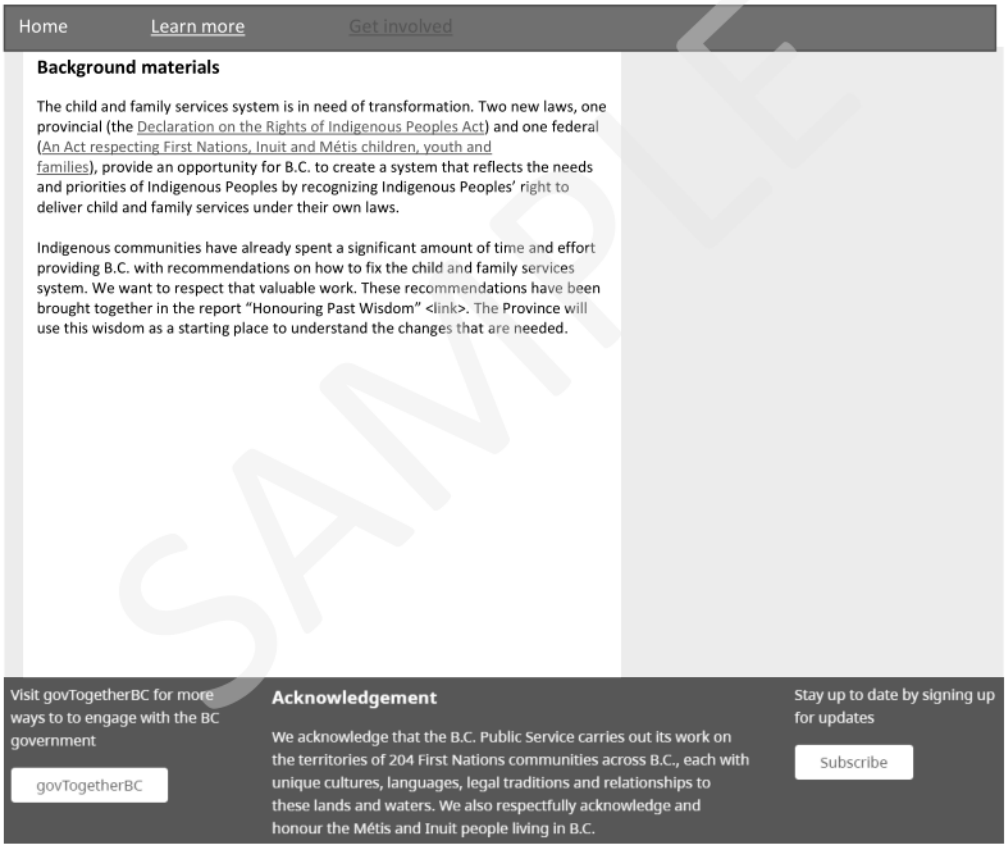
*Page 2: linked from "**Learn more about this engagement**" and "**Learn More**" on the home page*



*Page 3: linked from "Process" on the home page (accessed via a drop down menu from "**Learn More**" on the top of the home page)*



*Page 4: linked from "Background" on the home page (accessed via a drop down menu from "**Learn More**" on the top of the home page). Note: this page is optional.*



MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: December 17, 2021
CLIFF#:

PREPARED FOR: Carolyn Kamper, a/Deputy Minister, Ministry of Children and Family Development

PURPOSE: Approval of the Ministry of Children and Family Development's December 2021 Risk Register Update

BACKGROUND:
Core Policy requires that ministries submit an organizational risk register update, with Deputy Minister's approval to the Government Chief Risk Office, Risk Management Branch (RMB), Ministry of Finance, on or before December 31, 2021.

The 2021-2022 ministry risk register was last approved and submitted to RMB on June 30, 2021. The ministry submitted its three-year risk maturity assessment on the same date.

The current risk register update includes input from Assistant Deputy Ministers (ADMs), whose responses have been incorporated.

s.13

DISCUSSION:
The purpose of the December 2021 update is:

1. to capture any new significant risks not previously recorded.
2. to reflect on the performance of mitigations reported in the June 2021 submission.

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NEXT STEPS: Deputy Minister's Approval Required

Please review the attached document: *MCFD Risk Register Updates DEC 2021.xlsx* (Risk Management Branch's required format), provide any necessary updates and your approval on or before December 25, 2021 to ensure the Ministry will meet the December 31, 2021 deadline.

Contact	**Alternate Contact**	**Prepared by:**
Assistant Deputy Minister:	**for content:**	
Rob Byers, ADM and EFO	*Paula Switzer, Director,*	*Jim Leschuk*
Finance and Corporate Services Branch	*Accounting Operations*	*Sr. Manager, Financial Practice and Controls*
778-698-9126	*Financial Services Branch*	*Financial Services Branch*
	778-698-5674	*236-478-1150*

The document has also been provided in a more reader-friendly Word format as the attachment: *MCFD Risk Management UPDATE DEC 2021*

ATTACHMENTS:

A. *MCFD Risk Management UPDATE DEC 2021.docx*
B. *MCFD Risk Register Updates DEC 2021.xlsx*

MCFD RISK MANAGEMENT PLAN

Updated Dec 17, 2021

OVERVIEW

Identifying, measuring, and planning for risk is the cornerstone to prudent fiscal and operational management in any organization.

Within the Province of BC, this critical function is acknowledged through the Core Policy and Procedures Manual, which requires that all ministries conduct a semi-annual risk assessment across their operations to ensure appropriate strategies are in place to minimize or otherwise respond to risk events.

This Plan supports the ministry's compliance with government's policy, and - more importantly - establishes the framework by which risks across MCFD can be identified, defined, and prepared for through the development of strategies that plan for events that would otherwise jeopardize the success of the ministry in meeting its objectives.

STRUCTURE

The MCFD Risk Management Plan is event-centric, being comprised of the most critical financial, operational, business, reputational, and legal risks within the ministry and their corresponding ratings (i.e. their likelihood and consequence). Each section therefore captures the high-level risk and corresponding strategies to address that risk.

Risks in this register are:

- Aligned either to the Minister's Mandate, the ministry's core operations, or to fundamental operating requirements, and
- Rated by weighting of the likelihood they will occur and the consequence of the risk occurring (as defined in Appendix A). The risk ratings are based on **residual** risk (the risk remaining after considering the mitigation(s)).

OWNERSHIP

The Financial Services Branch, Finance and Corporate Services Division is responsible for the coordination and updating of the ministry's Risk Register, the Ministry Executive Leaders are accountable for the risks within their divisional purview and therefore and responsible for reviewing and updating the MCFD Risk Management Plan on a regular basis.

Page 182 of 214

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Page 183 of 214

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Page 184 of 214

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Page 185 of 214

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Page 186 of 214 to/à Page 187 of 214

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Page 188 of 214

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Page 189 of 214 to/à Page 193 of 214

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Page 194 of 214 to/à Page 195 of 214

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Page 201 of 214

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Page 202 of 214

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Page 203 of 214 to/à Page 206 of 214

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Appendix A

Risk Weighting Definitions

Likelihood	Rating	Criteria	Probability
Almost certain	5	It is expected to happen. Will certainly happen this fiscal year or during the three-year period of the Service Plan.	80% to 100% or once a year or more frequently
Likely	4	We expect it to happen. It would be surprising if this did not happen.	61% to 79% or once every 3 yrs.
Possible	3	Just as likely to happen as not. We don't expect it to happen, but there is a chance.	40% to 60% or once every 5 yrs.
Unlikely	2	Not anticipated. We won't worry about it happening.	11% to 39% or once every 15 years
Almost certain **not** to happen	1	It would be surprising if this happened. There would have to be a combination of unlikely events for it to happen.	0 to 10% or once every 25 yrs.

Consequence	Rating	Criteria / Examples
Catastrophic	5	- Major problem from which there is no recovery. - Significant damage to ministry credibility or integrity. - Complete loss of ability to deliver a critical program.
Major	4	- Event that requires a major realignment of how service is delivered. - Significant event which has a long recovery period. - Failure to deliver a major political commitment.
Moderate	3	- Recovery from the event requires cooperation across departments. - May generate media attention.
Minor	2	- Can be dealt with at a department level but requires Executive notification. - Delay in funding or change in funding criteria. - Partner or client would take note.
Insignificant	1	- Can be dealt with internally at the branch level. - No escalation of the issue required. - No media attention. - No or manageable partner or client interest.

5	LOW	MED	HIGH	EXT	EXT
4	LOW	MED	HIGH	HIGH	EXT
3	LOW	MED	MED	HIGH	HIGH
2	LOW	LOW	MED	MED	MED
1	LOW	LOW	LOW	LOW	LOW
LIKELIHOOD	1	2	3	4	5

CONSEQUENCE

L x C
Score 0 - 5 = Low
Score 6 - 10 = Medium
Score 12 - 16 = High
Score 20 - 25 = Extreme

CONFIDENTIAL - Advice to Treasury Board
MINISTRY OF CHILDREN & FAMILY DEVELOPMENT, FISCAL 2022, as at December 2021

Note to reporting ministry/agency: **This Ministry Risk Register forms part of a Master Provincial Risk Register used by the Chief Risk Office to report risk to senior government and cannot be altered. All ministries/agencies are to insert their risk data into the fillable cells and use all drop-downs as applicable (pick one that most aligns) as described in the column descriptor. If the ministry would like a unprotected risk register for internal use only, please contact the Chief Risk Office at ERM@gov.bc.ca. Any customized registers submitted to the Chief Risk Office will be returned. This Ministry Risk Register will be used to inform senior government and it is encouraged that all risk information be provided at a briefing note (executive summary) level. Typically, risks included in a Master Ministry Risk Register are those that have been escalated to senior ministry leadership for action (e.g., to confirm risk tolerance, to inform a decision, or to raise awareness).**

RISK MANAGEMENT PROCESS *(For Guidance, See Tab 2)*				CONTEXT *(For Guidance, See Tab 3)*	RISK IDENTIFICATION				ANALYSIS Residual risk rating with treatments in place *(For Guidance, See Tab 4)*				EVALUATION *(For Guidance, See Tab 5)*			SEMI ANNUAL UPDATE TO PERFORMANCE STATUS (*Period*) TREATMENT MANAGEMENT						
MINISTRY	MIN ID	Ministry Branch/Division	New or Carryover Risks	BUSINESS OBJECTIVE/ PRIORITY	RISK EVENT	RISK CAUSE	IMPACT	CURRENT TREATMENTS	L (1-5)	C (1-5)	RISK RATING	HEAT MAP	ADEQUACY OF CURRENT TREATMENTS	ACTION	TREND	ADDITIONAL PLANNED TREATMENT	DELIVERABLES	TASK OWNER	DUE DATE	DEPENDENCIES/ INTER-RELATIONSHIPS	STATUS	COMMENTS/ ISSUES
Acronym ***(Use drop-down list)***	*# (for sub risks, use # with a letter e.g., 1a, 1b, 1c, etc.)*	*For Ministry use (Optional)*	*Is this a new risk or carryover risk from the last report?* ***(Use drop-down list)***	*What business objective/priority does this Risk Event affect (e.g., Mandate letter, strategic directive, etc.)?*	*What events could impact the achievement of objectives (can be positive or negative)?*	*What Risk Cause (trigger, circumstance, uncertainty) could increase the Likelihood of the Risk Event occurring? There are usually multiple Risk Causes leading to a Risk Event.*	*How would the Risk Event* ***impact*** *the achievement of the objective/priority?*	*What Treatments are* ***currently*** *in place to manage the Risk Event? Focus on Treatments that either reduce the Likelihood (column J) of the Risk Event or can reduce the Consequence (column K) if the Risk Event occurs.*	*How likely?*	*How severe?*	*(LxC)*	*Rating with current treatments in place*	*Non-existent Inadequate Adequate Robust* ***(Use drop-down list)***	*Will you do more to manage the risk (treat) or choose to accept and monitor?* ***(Use drop-down list)***	*Since the last report has the risk rating in column L increased (upward trend) or decreased (downward trend)* ***(Use drop-down list)***	*What Treatments are needed to* ***further*** *manage the Risk Event? Focus on Treatments that either reduce the Likelihood (column J) of the Risk Event or can reduce the Consequence (column K) if the Risk Event occurs.*	*Future Treatments will come in what form (e.g., a project plan, a briefing note, report, Treasury Board submission, other)?*	*Who will take the lead on Treatments? (Optional)*	*For Ministry use (Optional)*	*Do the Risk Event or Treatments depend on another team or organization? Do they impact another group?*	*On Track Slowed Stalled* ***(Use drop-down list)***	*For Ministry use (Optional)*
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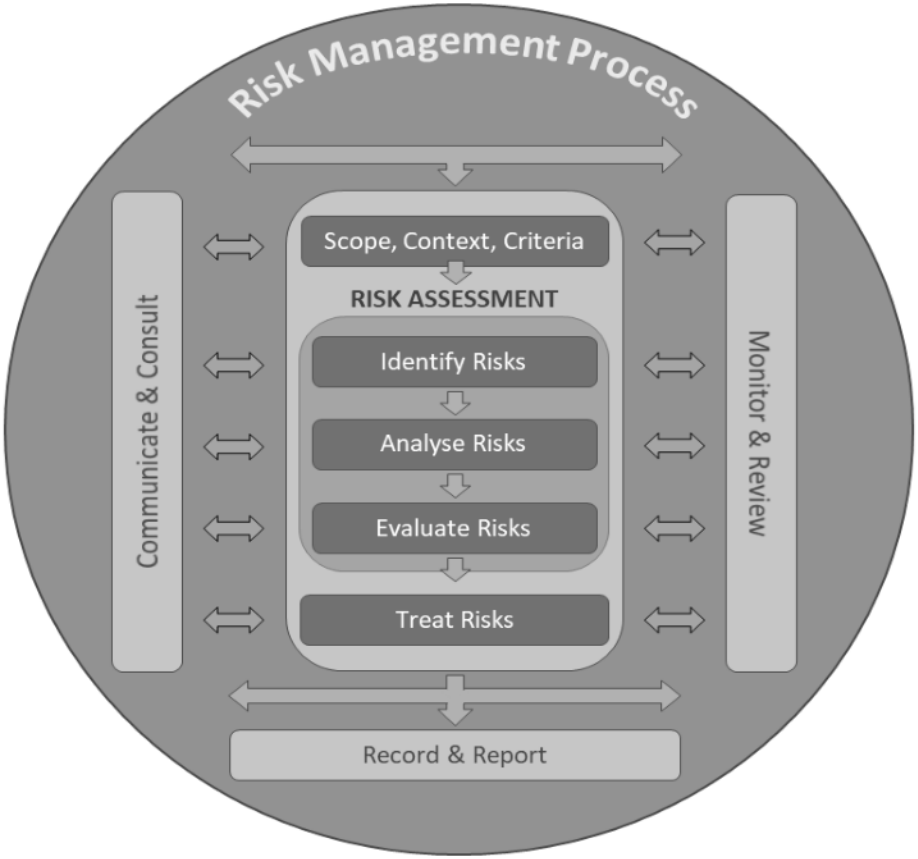
RISK MANAGEMENT PROCESS: OVERVIEW



1. The SCOPE, CONTEXT, and CRITERIA identifies the subject of the risk assessment. **For Guidance, See Tab 3.**

2. IDENTIFY risks by asking, "What could occur that would have an impact on our objectives?" Risks have three key elements: **Event, causes, impacts**.

3. Risks ANALYSIS involves ranking the likelihood and consequence using a 1-5 scale. **For Guidance, See Tab 4**.

4. In order to EVALUATE risks the group reviews the effectiveness and appropriateness of currents controls and determines what action to take, if any. **For Guidance, See**

5. Risk TREATMENT is the activity (s) you are going to implement to better manage your exposures. Your mitigations will reduce the likelihood and/or consequence of the risk event occurring.

for more information, please see the **Risk Management Guideline for the BC Public Sector**

CONTEXT TEMPLATE
ESTABLISH CONTEXT: **The first step in any risk assessment is to set the context. Use this optional template to establish scope, criteria, and deliverable for your ministry. Refer to your ministry's Mandate Letter, Service Plan, and other strategic initiatives.**
1. *State the Business Objectives/Priorities of your ministry*
Text text text.
2. *State the mission, vision, operating principles* and any other value criteria.
Text text text.
3. *Identify stakeholders*; determine their influence on the ministry's objecitves, methods of consultation and communciation, as appropriate.
Text text text.
4. *Set out assumptions and constraints* (deadlines, time-frames, environmental factors, executive or political directives).
Text text text.

RISK RATING MATRIX (LIKELIHOOD AND CONSEQUENCE)

Likelihood and Consequence Descriptors for Risk Assessments

Likelihood	Rating	Criteria	Probability
Almost certain	5	It is expected to happen. Will certainly happen this fiscal year or during the three year period of the Service Plan.	80% to 100% or once a year or more frequently
Likely	4	We expect it to happen. It would be surprising if this did not happen.	61% to 79% or once every 3 yrs
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Consequence	Rating	Criteria / Examples	
Catastrophic	5	- Major problem from which there is no recovery. - Significant damage to ministry credibility or integrity. - Complete loss of ability to deliver a critical program.	Min
Major	4	- Event that requires a major realignment of how service is delivered. - Significant event which has a long recovery period. - Failure to deliver a major political commitment.	DM
Moderate	3	- Recovery from the event requires cooperation across departments. - May generate media attention.	ADM
Minor	2	- Can be dealt with at a department level but requires Executive notification. - Delay in funding or change in funding criteria. - Stakeholder or client would take note.	Exec
Insignificant	1	- Can be dealt with internally at the branch level. - No escalation of the issue required. - No media attention. - No or manageable stakeholder or client interest.	Mngr

Risk Rating Matrix

RISK EVALUATION

In order to **EVALUATE** risks, the **ADEQUACY OF CURRENT TREATMENTS** (Column N) and **ACTION** (Column O) are determined

ADEQUACY OF CURRENT TREATMENTS: Use the drop-down in Column N to identify the risk tolerance of the organization considering the current treatments. Choices include:
- **Non-existent**: there are no current treatments identified in Column I (are not doing anything)
- **Inadequate**: the current treatments (Column I) do not meet the organization's risk tolerance and need attention (are not doing enough)
- **Adequate**: the current treatments (Column I) meet the organization's risk tolerance and no further action is required (are doing enough)
- **Robust**: the current treatments (Column I) exceed the organization's risk tolerance (are doing too much)

ACTION: Use the drop-down in Column O to identify the action the ministry will take to respond to the risk, if any
Choices incude:
- **Accept**: no further action is required
- **Monitor**: Accept and keep an eye on future trends that may impact the currently accepted risk tolerance
- **Treat**: implement **ADDITIONAL TREATMENTS** to either reduce the liklihood (Column J) or reduce the impact if the risk event occurs (Column K)
- **Transfer**: allocate the risk responsibility to another party through legal contract (e.g. hire another party and transfer the risk to them)
- **Avoid**: do not pursue the objective to avoid the potential consequences identified that are outside of the risk tolerance of the organization

TREND: Use the drop-down in Column P to identify the trend of the risk rating since the last reporting period (if applicable).
Choices incude:
- **New Risk**: the risk was not included in the last reporting period
- **Downward**: the risk rating (Column L) has decreased since the last reporting period
- **Static**: the risk rating (Column L) has not changed since the last reporting period
- **Upward**: the risk rating (Column L) has increased since the last reporting period

Example Register Only - Not a real risk

SEMI ANNUAL UPDATE TO PERFORMANCE STATUS (*Period*)

SEMI ANNUAL UPDATE TO PERFORMANCE STATUS (*Period*)

RISK MANAGEMENT PROCESS (*For Guidance, See Tab 2*)				CONTEXT (*For Guidance, See Tab 3*)	RISK IDENTIFICATION				ANALYSIS Residual risk rating with treatments in place (*For Guidance, See Tab 4*)			
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Acronym ***(Use drop-down list)***	*# (for sub risks, use # with a letter e.g., 1a, 1b, 1c, etc.)*	*For Ministry use (Optional)*	*Is this a new risk or carryover risk from the last report?* ***(Use drop-down list)***	*What business objective/priority does this Risk Event affect (e.g., Mandate letter, strategic directive, etc.)?*	*What events could impact the achievement of objectives (can be positive or negative)?*	*What Risk Cause (trigger, circumstance, uncertainty) could increase the Likelihood of the Risk Event occurring? There are usually multiple Risk Causes leading to a Risk Event.*	*How would the Risk Event* ***impact*** *the achievement of the objective/priority?*	*What Treatments are* ***currently*** *in place to manage the Risk Event? Focus on Treatments that either reduce the Likelihood (column J) of the Risk Event or can reduce the Consequence (column K) if the Risk Event occurs.*	*How likely?*	*How severe?*	*(LxC)*	*Rating with current treatments in place*
	1	Aerospace Branch	Carryover risk from the last report	BC's Space Mission: Working to develop and grow B.C.'s aerospace sector through science, education, investment, job creation, and building an innovative and sustainable economy that helps B.C. compete in the global environment	Failure of first BC designed and manufactured rocket to enter orbit by launch date January 1, 2030	Unexpected changes in project scope, time or funding effecting program success Lack of professional knowledge in province to complete project Inability to procure rare materials to complete rocket build Transport Canada and BC legislation change required Change in political party/different mandate	Launch date missed Funding for project exceeds budget Reputation damage to Province Future funding from federal government not granted	Mandated letter from current BC Premier Treasury Board approval for funding Project team in place Key stakeholder commitment letters from Canada Space Agency, NASA, European Space Agency	3	4	12	*HIGH*
	2										0	*UNRATED*
	3										0	*UNRATED*
											0	*UNRATED*
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MIN ID	EVALUATION (*For Guidance, See Tab 5*)			TREATMENT MANAGEMENT						
MIN ID	ADEQUACY OF CURRENT TREATMENTS	ACTION	TREND	ADDITIONAL PLANNED TREATMENT	DELIVERABLES	TASK OWNER	DUE DATE	DEPENDENCIES/ INTER-RELATIONSHIPS	STATUS	COMMENTS/ ISSUES
	Non-existent Inadequate Adequate Robust ***(Use drop-down list)***	*Will you do more to manage the risk (treat) or choose to accept and monitor?* ***(Use drop-down list)***	*Since the last report has the risk rating in column L increased (upward trend) or decreased (downward trend)* ***(Use drop-down list)***	*What Treatments are needed to* ***further*** *manage the Risk Event? Focus on Treatments that either reduce the Likelihood (column J) of the Risk Event or can reduce the Consequence (column K) if the Risk Event occurs.*	*Future Treatments will come in what form (e.g., a project plan, a briefing note, report, Treasury Board submission, other)?*	*Who will take the lead on Treatments? (Optional)*	*For Ministry use (Optional)*	*Do the Risk Event or Treatments depend on another team or organization? Do they impact another group?*	*On Track Slowed Stalled* ***(Use drop-down list)***	*For Ministry use (Optional)*
1	Inadequate	Treat the risk with additional treatments	Static	More frequent meetings with project team and key stakeholders Quarterly reporting to ADM and DM by project team Put quality control team in place	Quarterly Reporting until launch date including quality control	Susan Smith, Executive Lead	1-Jan-30	Canada Space Agency, NASA, European Space Agency	On Track	
2										
3										