

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE**

DATE: July 28, 2022

CLIFF #: 271648

PREVIOUS CLIFFs #: 265948 (December 2021); 260142 (May 2021), 259206 (March 2021), 258350 (February 2021), 257549 (January 2021)

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

ISSUE: External Review of Intercountry Adoption Services and Adoption Agency Regulation

BACKGROUND:

Following the closure of Choices Adoption and Pregnancy Counselling (Choices) in October 2019, the Ombudsperson's Office reviewed the circumstances which led to Choices' closure and identified administrative fairness concerns in the oversight and licensing processes of intercountry adoptions in BC. The Provincial Director of Adoption licenses and oversees adoption agencies under the Adoption Agency Regulation (AAR). There are currently two licensed adoption agencies; this is down from seven when the agency structure was created in 1996.

In November 2020, the Ombudsperson's Office recommended a review of the regulatory powers regarding intercountry adoption to determine whether they are sufficient to meet the Ministry's financial oversight mandate, and if deemed necessary, to develop policy and/or amend the AAR to ensure there are adequate tools for adoption agency oversight.

In September 2021, the Ministry retained KPMG to undertake an assessment of the service delivery model for intercountry adoptions and BC's adoption agency regulatory framework. The scope of KPMG's work went beyond the review of financial controls recommended by the Ombudsperson and was transformative in nature.

In June 2022, the Ministry received a draft copy of KPMG's report, attached as Appendix A. The final report will be submitted to the Ministry on August 31, 2022.

DISCUSSION:

The draft report outlines the current state of the intercountry adoption service delivery model and regulatory framework, a cross-jurisdictional and literature review, opportunities, and identifies three future state models. It then makes recommendations for changes to intercountry adoption practices in BC that address the identified opportunities or gaps.

Current State

s.13

Page 002 of 294 to/à Page 003 of 294

Withheld pursuant to/removed as

s.13

NEXT STEPS:

KPMG will submit the final report to staff on August 31, 2022; the Provincial Director of Child Welfare's Office will provide it to the Ombudsperson's Office. Prepare a communications plan.

ATTACHMENTS:

- A. Appendix A: KPMG *Review of Adoption Agency Regulatory Framework and Intercountry Adoption Services Final Report* (June 30, 2022 Discussion Draft)
- B. Appendix B: Summary of Opportunities (June 30, 2022 Discussion Draft)
- C. Appendix C: Summary of Recommendations (June 30, 2022 Discussion Draft)
- D. Appendix D: Ministry Feedback on June 30, 2022 Discussion Draft

Contact**Assistant Deputy Minister:**

Carolyn Kamper
Strategic Integration, Policy and
Legislation

778-698-8835

**Alternate Contact
for content:**

Kristina Ponce
Operational Child Welfare
Policy
 778-974-3808

Prepared by:

Sara Huber
Operational Child
Welfare Policy
 236-468-3258

Staff Consulted:

Page 005 of 294 to/à Page 251 of 294

Withheld pursuant to/removed as

s.13

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE**

DATE: August 3, 2022
CLIFF#: 271717

DATE OF PREVIOUS NOTE: March 9, 2020
PREVIOUS CLIFF #: 258460

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

ISSUE: Public posting of RCY's final assessment of MCFD's progress on recommendations from the RCY report *Room for Improvement: Toward Better Education Outcomes for Children in Care*

BACKGROUND:

Released in October 2017, the *Room for Improvement* report documented poor educational outcomes for children in care and made six recommendations intended to improve these outcomes. Three of these recommendations were to MCFD. One of the three was made jointly to MCFD and the Ministry of Education (now known as Ministry of Education and Child Care (ECC)) to improve coordination between K-12 education and child welfare in support of positive educational outcomes for children in care.

In November 2019, MCFD and ECC provided the RCY with a joint Action Plan for implementing the recommendations. In February 2020, the RCY indicated that the Action Plan would meet the intent of these recommendations if implemented.

The RCY assesses progress on implementing recommendations based on evidence provided by ministries on the anniversary of a report's release and publicly posts these assessments to the RCY website.

MCFD and ECC provided the first year's evidence for *Room for Improvement* in March 2020. In April 2020, the RCY assessed two of the recommendations to MCFD as "complete", this included the joint recommendation to MCFD and ECC. The RCY assessed the third recommendation to MCFD, which calls for trauma assessment and recovery supports for children in care, as "some progress."

The second annual evidence submission was in December 2020. The RCY assessed the recommendation relating to trauma assessment and recovery supports for children in care as still "some progress".

The deliverables in MCFD's action plan for this outstanding recommendation include implementation of Trauma Informed Practice (TIP) guidelines, developing key actions to support mental wellness of children in care and inclusion of trauma-informed practice in the plan for the residential care system.

MCFD is currently conducting administrative fairness review for an upcoming RCY report on mental health supports for children in care. The draft report under review contains draft recommendations that include mental health screening, assessment and intervention services for children and youth in care.

DISCUSSION:

MCFD submitted the third annual evidence for the outstanding *Room for Improvement* recommendation on March 23, 2022.

The RCY was informed that the implementation of the TIP Guide is underway and on-going. Regarding supporting mental wellness of children in care, MCFD has completed the Child and Youth Mental Health Service Framework. Inclusion of trauma informed practice is integral to the In-Care Service Framework which was finalized in Q1 of 2021. The phased implementation of the service framework began with the transformation of the role played by contracted residential agencies. Full implementation of the service framework will occur over a few years.

To address trauma assessment, MCFD reviewed evidence-informed trauma-related assessment tools that could be used for all children and youth coming into care. A trauma screening tool which includes assessment of two primary domains, exposure, and reaction, is being considered. Engagement with Indigenous Child and Family Service Agencies (ICFSA) Directors occurred on February 15, 2022, indicating further work was needed to determine the cultural appropriateness of a standardized tool.

Based on the evidence provided by MCFD the RCY has completed the attached assessment (Appendix A). The assessment will be posted on the RCY website on August 9, 2022. The status of the one outstanding recommendation on trauma assessments and supports remains at “some progress”. The attached document indicates that this is RCY’s final assessment of recommendations from *Room for Improvement*.

ATTACHMENTS:

Appendix A: RCY Recommendations Tracking – Update: Room for Improvement

Contact

Assistant Deputy Minister:

Cory Heavener

ADM/Provincial Director of Child Welfare
and Aboriginal Services

778-698-5126

Alternate Contact

for content:

James Wale

Deputy Director
of Child Welfare

778-698-4966

Prepared by:

Deborah Francis

Manager

Interface and Provincial
Partnerships

778-698-8662

Recommendations Tracking – Update (see Appendix A for assessment definitions)

RCY Report: *Room for Improvement: Toward better education outcomes for children in care* (October 2017)

Joint Action Plan: Ministry of Children and Family Development (MCFD) and Ministry of Education

May 2022

Recommendation		Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
#1	That the Ministry of Education allocate specific funding to each school district based on the number of children and youth in care, funding that would be dedicated to support the learning of these students. This should be a priority of the ministry as it undertakes a review of the K to 12 education system's current funding formulas.	<ul style="list-style-type: none"> Develop mutually-agreed upon principles for the new funding model Draft a discussion paper summarizing current state and outlining potential options to consider for a new model Report of the Funding Model Review Panel to Minister of Education Establish Funding Model Working Groups to review the recommendations of the Independent Panel and provide information to the Minister on the implications of implementing the recommendations Develop the new Funding Manual; and Implementation and transition materials New operating grant manual and tables for 2021/22 school year; Transition information for stakeholders; and Monitoring and evaluation plan for Ministry 	Substantial progress The Ministry of Education developed principles for a new funding model, wrote a discussion paper and report on the model and established the working group, which wrote a report for the Minister of Education on implications of the model. The Ministry decided on a phased implementation of the Independent Panel's recommendations, to be completed by February 2021. It also announced details of a new supplement to the budget, funding additional services to children and youth in government care, children and youth receiving non-clinical mental health supports and low-income families in the school district.	Final Assessment: Substantial progress The Ministry of Education has made substantial progress towards the allocation of specific funding for children and youth in care through the Independent Panel for the Funding Model Review, in their report: Improving Equity and Accountability: Report of the Funding Model Review Panel . The Ministry successfully completed the development of mutually-agreed upon principles for the new funding model; a discussion paper summarizing current state and outlining potential options to consider for a new model; a report to the Minister of Education containing 22 recommendations focused on equity, diverse student populations, and system efficiencies (including a new

Recommendation		Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
			<p>The ministry formed two committees to implement the phased implementation of the panel's recommendations. The work of these committees is in progress.</p> <p>The Ministry of Education is on track to develop: operating grant manual and tables for the 21/22 school year; transition information for stakeholders; and a monitoring and evaluation plan for the ministry.</p>	<p>inclusive education supplement that accounts for the numbers of children and youth in care); and the implementation of the Equity of Opportunity Supplement that was implemented in 2020.</p> <p>Full implementation of the Funding Model Review, scheduled for February 2021, was put on hold to the COVID-19 pandemic.</p> <p>Preliminary funding for the 2022/23 school year was announced on March 11, 2022 to meet the Ministry's obligations under the School Act. The earliest that a new funding model could be introduced in for the 2023/24 school year with funding announced, as per the School Act, would be on or before March 15, 2023.</p>

Recommendation		Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
#2	That the Ministry of Education strengthen its accountability to improve and monitor supports for children and youth in care across the province, as well as tracking and reporting out on educational outcomes for these students.	<ul style="list-style-type: none"> Draft a provincial accountability and reporting framework to create a system-wide focus on continuously improving educational outcomes for all students, with a specific focus on improving equity of outcomes for all students, with a specific focus on Indigenous students, children in care and students with diverse abilities or disabilities. Develop a provincial <i>How are we Doing? CYIC and YAG</i> report on educational outcomes of children and youth in care to be shared for consultations with stakeholders Incorporate stakeholders' feedback, finalize and publish annual reports on educational outcomes of children and youth in care titled <i>How are we Doing? CYIC and YAG</i> 	<p>Complete</p> <p>The Ministry of Education piloted the accountability and reporting framework in nine school districts and published a report on children and youth in government care and on Youth Agreements.</p> <p>The Ministry of Education has implemented the framework in the 2020 school year.</p>	Complete
#3	That the Ministry of Education implement the Auditor General's 2015 recommendation that the ministry "collaborate with boards of education, superintendents, and Aboriginal leaders and communities to develop a shared, system-wide strategy with accountabilities to close the gaps between Aboriginal and non-Aboriginal student outcomes," and that this strategy include specific actions to improve education outcomes of Indigenous children and youth in care.	<ul style="list-style-type: none"> Position paper <i>Meaningful Reconciliation</i> was developed in co-operation with representatives from the First Nations Education Steering Committee (FNESC), Métis Nation British Columbia and input from education representatives from school districts. <i>Tripartite Education Agreement</i> (BCTEA) Implementation 	<p>Substantial Progress</p> <p>With representatives from the First Nations Education Steering Committee, Métis Nation British Columbia and input from education representatives from school districts, the Ministry of Education developed a position paper outlining a vision for Indigenous student outcomes. The Tripartite Education Agreement has been signed.</p> <p>Full implementation of the agreement is anticipated by July 2023.</p>	<p>Final Assessment: Substantial progress</p> <p>The Ministry of Education has made substantial progress in their work to implement the Auditor General's 2015 recommendation through the <i>Meaningful Reconciliation</i> report, written in collaboration with representatives from the First Nations Education Steering Committee (FNESC), the Métis Nation of British Columbia and input from education representatives from school districts, and with the implementation of the <i>Tripartite</i></p>

Recommendation		Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
				<i>Education Agreement</i> (BCTEA) in June 2018.

	Recommendation	Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
#4	That the Ministry of Education, school districts and MCFD work together to create positions dedicated to information sharing, coordination and advocacy in support of education outcomes of children and youth in care.	<p><u>High-level agreement between ministries:</u> Specific roles and responsibilities for EDUC and MCFD at a high level will be outlined in an agreement between ministries.</p> <p><u>Delegated Aboriginal Agencies</u> MCFD to hold meetings with a working group of DAAs to identify the following in relation to improving information sharing, coordination and advocacy between DAAs and school districts:</p> <ul style="list-style-type: none"> • Roles for DAA leadership • Roles for school district leadership • Roles for MCFD • Roles for Ministry of Education • Approaches to engaging and supporting DAA leadership • A draft plan for further action <p><u>Capacity building and information sharing</u></p> <ul style="list-style-type: none"> • List of Leads for MCFD and school districts will be updated and shared annually. • Capacity building will be promoted and supported through information sharing on actions such as: <ul style="list-style-type: none"> ○ Regional and provincial opportunities to share promising practices ○ Joint training opportunities, such as information sharing regarding children and youth in care ○ System changes (e.g., changes to permission forms) ○ Current literature and promising practices (for example: evidence-based coordination models). 	<p>Complete</p> <p>The Ministries of Education and Children and Family Development signed an agreement outlining their respective roles and responsibilities regarding information sharing, coordination and advocacy. A working group of MCFD and representatives of DAAs met to improve information sharing, coordination and advocacy supporting educational outcomes for children and youth in care. Jointly, the Ministries developed <i>A Guide to Sharing Information about Children and Youth in Care</i>, which outlines roles and responsibilities of MCFD social workers and caregivers and school personnel.</p> <p>Note February 2021: Implementation and follow through consistent with the guidelines at a school district level appears to be inconsistent and work toward full provincial consistency is still in progress.</p>	<p>Complete</p> <p>The Ministry of Education and the Ministry of Children and Families have completed this recommendation through an Information Sharing Agreement outlining their respective roles and responsibilities regarding information sharing, coordination and advocacy. In addition, the Ministries developed <i>A Guide to Sharing Information about Children and Youth in Care</i>, which outlines roles and responsibilities of MCFD/DAA social workers and caregivers and school personnel.</p> <p>For long term success, Ministries will have to ensure ongoing capacity building and awareness of information sharing agreements to support consistent implementation across school districts.</p>

	Recommendation	Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
#5	That MCFD ensure that an evidence-based approach is used to assess trauma-related needs of all children and youth coming into care and that, based on assessed needs, supports for recovery from trauma are implemented consistently across all care settings, including schools.	<ul style="list-style-type: none"> • Implementation of <i>Trauma Informed Practice Guidelines</i> • Develop key actions to support mental wellness of children in care • Inclusion of trauma-informed practice in the plan for the residential care system 	<p>Some Progress MCFD has developed a <i>Trauma Informed Practice Guide</i> that is in the process of implementation.</p> <p>MCFD has created a <i>Child and Youth Mental Health Service Framework</i> that aligns with <i>A Pathway to Hope</i>, developed by the Ministry of Mental Health and Addiction and cross-government partners.</p> <p>MCFD is building on learnings from the initial, phase of implementation of a draft <i>In-care Service Framework</i> for the final version, expected in 2021.</p> <p>Implementation of the framework has begun toward transforming the role of contracted residential agencies and ties into the <i>Trauma Informed Practice Guide</i>.</p> <p>Full implementation of MCFD training is in progress.</p>	<p>Final Assessment: Some Progress MCFD has reviewed evidence-informed trauma-related assessment tools that could be used for all children and youth coming into care and has acknowledged that trauma screening is a foundational element of trauma-informed practice.</p> <p>A trauma screening tool is being considered and engagement underway. No implementation plan or timeline for when an evidence-based approach to assess trauma-related needs of all children and youth have been identified.</p>

Recommendation		Ministries' Response	RCY Feb 2021 Assessment	RCY March 2022 Final Assessment
#6	That MCFD facilitate by legislation or other means the authorization of caregivers to make decisions involving the participation of children and youth in care in age- and developmentally appropriate activities, including school activities that require written permission. This authorization should apply a reasonable and prudent parent standard and protect caregivers who follow this standard from liability.	<ul style="list-style-type: none"> Amendment to <i>Financial Administration Act Regulation</i> to repeal requirement to have indemnity forms approved by Risk Management Branch of the Ministry of Finance prior to being signed Updates to the <i>Children and Youth in Care Policies, Standards for Foster Homes</i>, and <i>Foster Family Handbook</i> to reflect regulatory changes Communication to the field about the changes to the <i>Regulations, Policy and Standards</i> 	Complete MCFD amended the <i>Financial Administration Act Regulation</i> , updated the <i>Children and Youth in Care Policies, Standards for Foster Homes</i> and <i>Foster Family Handbook</i> . MCFD communicated these changes to MCFD/DAA staff, the BC Federation of Foster Parent Associations and social workers in the field. The Ministry of Education communicated these changes to its staff.	Assessed as complete Feb 2021.

Appendix A

RCY Assessment Definitions:

- **Complete/Implemented** = All activities that directly support the implementation of the recommendation are complete
- **Substantial Progress** = Most of the activities that directly support the implementation of the recommendation are complete
- **Some Progress** = Some of the activities that directly support the implementation of the recommendation are complete
- **No Progress** = None of the activities that directly support the implementation of the recommendation are complete (pre-planning may be underway but there has been no progress in formal planning or implementation).

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE**

DATE: August 29, 2022
CLIFF#: 272163

DATE OF PREVIOUS NOTE: N/A
PREVIOUS CLIFF #: N/A

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

ISSUE: Presentation on September 6, 2022, to the Select Standing Committee on Health on MCFD's response to the illicit drug toxicity and overdose crisis

BACKGROUND:

The Select Standing Committee on Health (the Committee) of the BC Legislature is empowered to examine the urgent and ongoing illicit drug toxicity and overdose crisis (Attachment A). The Committee is preparing a report to the House to be submitted by November 2, 2022.

The Committee requested MCFD provide a 15-minute presentation followed by a 45-minute question period on MCFD's insights on the illicit drug toxicity and overdose crisis—including measures aimed at children and youth, as well as connections with child protection—the ministry's views on any tangible solutions that could be incorporated as part of the Committee's recommendations.

On August 16, 2022, the BC Coroner's Service website updated the statistics on Illicit Drug Toxicity Deaths in BC up to June 30, 2022. Following the posting of these stats the BC Coroner was joined by the Representative for Children and Youth (RCY) at a media event and the RCY subsequently publicly posted a statement on their website on August 25, 2022 (Attachment B). Comments made by the RCY at the media event and in the statement draw attention to the increase in overdose deaths of children under 19 and young adults aged 19-29 since 2016. The emotional harm experienced by children and youth when there is a substance-related death of a parent, or primary caregiver is also highlighted.

DISCUSSION:

MCFD's presentation (Attachment C) will be attended by the A/Deputy Minister, the A/ADM Service Delivery Division, the A/Provincial Director of Child Welfare and the Executive Director of Child and Youth Mental Health Provincial Services. A representative from the MMHA will also join to speak to any relevant Pathway to Hope questions that are best suited for MMHA.

The presentation acknowledges the ongoing crisis and provides an overview of MCFD's response. The presentation focuses on supporting children and families and providing information on MCFD's approach with youth, including children and youth in care. Key messaging centres on limiting trauma, utilizing collaborative practice, and providing trauma informed and culturally appropriate supports and services. Child/youth fatality data are included.

The presentation includes the key areas of MCFD's role in "A Pathway to Hope".

NEXT STEPS:

MCFD's presentation on illicit drug toxicity and overdoses crisis to the Select Standing Committee on Health will take place virtually on September 6, 2022.

ATTACHMENTS:

- A) Select Standing Committee – Terms of Reference
- B) RCY's public statement
- C) MCFD's presentation

Contact	Alternate Contact	Prepared by:	Staff Consulted:
Assistant Deputy Minister:	for content:		
<i>Jackie Lee</i>	<i>James Wale</i>	<i>Deborah Francis</i>	
<i>A/ADM</i>	<i>Deputy Director of Child Welfare/ A/Provincial</i>	<i>Manager of</i>	
	<i>Director of Child Welfare</i>	<i>Interface and</i>	
	<i>and Aboriginal Services</i>	<i>Provincial</i>	
		<i>Partnerships</i>	
<i>778-698-4970</i>	<i>778-698-5048</i>	<i>778-698-8662</i>	

Select Standing Committee on Health

Terms of Reference

On April 4, 2022, the Legislative Assembly agreed that the Select Standing Committee on Health be empowered to examine the urgent and ongoing illicit drug toxicity and overdose crisis, and in particular:

1. The increasing toxicity of illicit drug supplies in British Columbia, including but not limited to, trends in the patterns of use of illicit drugs, the illegal drug market, the role of organized crime, and the rapid increase in toxicity coinciding with the COVID-19 pandemic;
2. The systems and services guiding government responses to illicit drug supplies and toxicity deaths and injuries in Canada (federal, provincial, territorial and local) and other jurisdictions; and,
3. Relevant and recent reports, studies and examinations as the Committee deems appropriate.

That the Committee make recommendations with respect to:

1. Responding to the crisis with reforms and initiatives by the Province and local governments, including those which may require federal approval;
2. Continuing to build an evidence-based continuum of care that encompasses prevention, harm reduction, treatment, and recovery; and,
3. Expanding access to safer drug supplies, implementing decriminalization, and disrupting illicit toxic drug supplies.

That, in addition to the powers previously conferred upon Select Standing Committees of the House, the Select Standing Committee on Health be empowered to:

- a. appoint of its number one or more subcommittees and to refer to such subcommittees any of the matters referred to the Committee and to delegate to

the subcommittees all or any of its powers except the power to report directly to the House;

- b. sit during a period in which the House is adjourned, during the recess after prorogation until the next following Session and during any sitting of the House;
- c. conduct consultations by any means the Committee considers appropriate;
- d. adjourn from place to place as may be convenient; and,
- e. retain personnel as required to assist the Committee.

That the Committee report to the House by November 2, 2022, and that during a period of adjournment, the Committee deposit its reports with the Clerk of the Legislative Assembly, and upon resumption of the sittings of the House, or in the next following Session, as the case may be, the Chair present all reports to the House.



Statement

Aug. 25, 2022

For Immediate Release

Since April 2016, when the province first declared it a Public Health Emergency, the devastating effects of the toxic drug crisis on British Columbia have grown more apparent by the month. Illicit drug overdoses are now overwhelmingly the leading cause of unnatural deaths in this province, far eclipsing other causes such as motor vehicle accidents and homicides. With more than 2,200 toxic drug deaths in 2021 alone – and more than 10,000 in total since April 2016 – this has sadly become common knowledge among British Columbians.

But what is less recognized is the damaging effect that the toxic drug supply is having on our children and youth. As B.C.'s Representative for Children and Youth, I am compelled to provide that focus, which I did during last week's media release of toxic drug fatality statistics for the first six months of this year by the BC Coroners Service.

According to the Coroners Service, in 2021, 29 people in B.C. under the age of 19 died due to toxic drug poisoning. That is the highest total on record and nearly 2½ times the number of children who died of overdoses in 2016, the year the province declared the Public Health Emergency. Over the first six months of 2022, 16 people under the age of 19 died due to toxic drug poisoning.

In addition, a record 330 people between 19 and 29 – the ages that comprise the upper echelon of what we generally consider “youth” – died from toxic drug poisoning in B.C. in 2021, a nearly 62 per cent increase over 2016.

While older age categories account for the majority of overdose deaths among British Columbians, these are, nevertheless, significant numbers for our province's

youngest and most vulnerable population. And they don't tell the entire story of the negative effects that the toxic drug crisis is having on young people in B.C.

My Office, an Independent Office of the Legislature, receives a "reportable" whenever a child or youth in care or receiving certain public services dies or experiences a critical injury. We review every child's story that is reflected in these reportables, and analyze them to determine emerging trends and interrogate observed trends (e.g., increases in injury types, regional or care status variation) that are contributing to these critical injuries and deaths. The damage being inflicted on children and youth by the toxic drug supply is a trend we cannot ignore.

Of the 99 child and youth deaths reported to our Office that occurred in 2021, 21 were substance-related. This represents an increase of almost 62 per cent over 2020. In addition to those death reports, RCY received 120 critical injury reports of illicit drug overdoses among children and youth in 2021. The overall number of substance-related injuries we receive is also increasing over time.

In 2021, our Office also received 158 reports of emotional harm injuries experienced by children and youth as the result of the substance-related death of a parent, primary caregiver or close sibling. This is undoubtedly an undercount, as details regarding the cause of death of a loved one are not always available, and the practice of reporting these losses as injuries is still evolving. In addition to deep and lasting emotional harm, the death of a parent or caregiver may result in significant change and additional trauma for a young person including, in some cases, having to come into government care, losing contact with friends and family, losing cultural and community connections, or having to relocate to a different community or school. Unaddressed loss and grief is a significant theme that we see in the work that we do with and for children and youth at the RCY.

All of this is occurring while services for children and youth who use substances and their families remain fragmented and inadequate in B.C. In November 2018, RCY released the report *Time to Listen: Youth Voices on Substance Use*, which made recommendations to improve such services. The main recommendation from that report called for the Ministry of Mental Health and Addictions and the Ministry of Health – in association with other relevant partners – “to lead the development of, and

ensure funding of, a comprehensive system of substance use services capable of consistently meeting the diverse needs of all youth, . . . with specific attention given to the development of culturally relevant and culturally safe services and supports for First Nations, Indigenous, Métis and Inuit youth and their families.” Although significant investments have been made, this recommendation remains “in progress” while the pace of change with the toxic drug supply and the needs of young people continue to outstrip the capacity of health and social care systems to meaningfully respond.

There are myriad holes in the current ‘system’, including barriers to entry such as age restrictions for substance use programs; lack of availability of these programs in all areas of the province, particularly rural or remote areas; lack of community support services once a child or youth has completed a program; lack of harm reduction approaches offered on a province-wide basis; and lack of culturally appropriate services for First Nations, Métis, Inuit and Urban Indigenous children and youth and their families. Too often, there is also a lack of coordination between services, which leaves children and youth who have complex and intersecting needs without sufficient support.

Harm reduction for children and youth is a critically important piece of the solution. It is an uncomfortable topic for many, but we have to blow up the myth that harm reduction somehow “encourages” or “condones” substance use.

What must be understood is that substances often serve a purpose in a young person’s life. They can be a coping mechanism for unaddressed or ongoing trauma, for example. Harm reduction – especially safe supply – can be the bridge to addressing such issues and pain while keeping children alive. Many youth are not yet able or ready to engage in treatment programs and, until such time as they are ready, they need to be safe. Harm reduction efforts can help with that.

Our RCY Advocates frequently take calls from desperate families who are finding no suitable help for their children or being put on wait lists that are several months long. We are seeing many instances in our injury reportables of repeated overdoses by the same children and youth who clearly aren’t getting the help they need and residential resources that are not equipped to deal with young people struggling with addiction and mental health concerns. And when it comes to the individual

deaths on which RCY has conducted full investigations in recent years, all have involved substance use and the lack of adequate services as significant factors.

Child and youth substance use is one of RCY's priority concerns for the next year and beyond. In addition to monitoring and pressing for full implementation of the recommendations from *Time to Listen*, we are collaborating with Drs. Brittany Barker, Karen Urbanoski and Bernie Pauly of the Canadian Institute for Substance Use Research at the University of Victoria on a study of substance use, harm reduction and safer supply among young people who use drugs in B.C. We will use this research – which will be informed by youth voice – along with other RCY work to continue to advocate for necessary systemic change in the province. RCY is also working on a number of projects that recognize the interconnectedness between substance use and other challenges that youth experience such as mental illness, housing instability, grief and loss, and violence.

We are also planning an RCY social media and knowledge mobilization campaign to raise greater awareness of the toxic drug crisis in B.C., how it is affecting our children and youth, and the desperate need for change. As B.C.'s Representative for Children and Youth, shining a brighter spotlight on this troubling issue is my responsibility.

Sincerely,

A handwritten signature in black ink, appearing to read "J Charlesworth". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Jennifer Charlesworth
Representative for Children and Youth

Illicit Drug Toxicity and Overdose Crisis

Presentation to the Select Standing Committee on Health
September 6, 2022

Intro of members attending from MCFD and MMHA:

MCFD:

- Carolyn Kamper, A/DM, ADM of Strategic Integration, Policy and Legislation
- James Wale, A/Provincial Director of Child Welfare
- Kelly Durand, A/ADM, Service Delivery Division
- Deborah Headley, Executive Director, Provincial Services

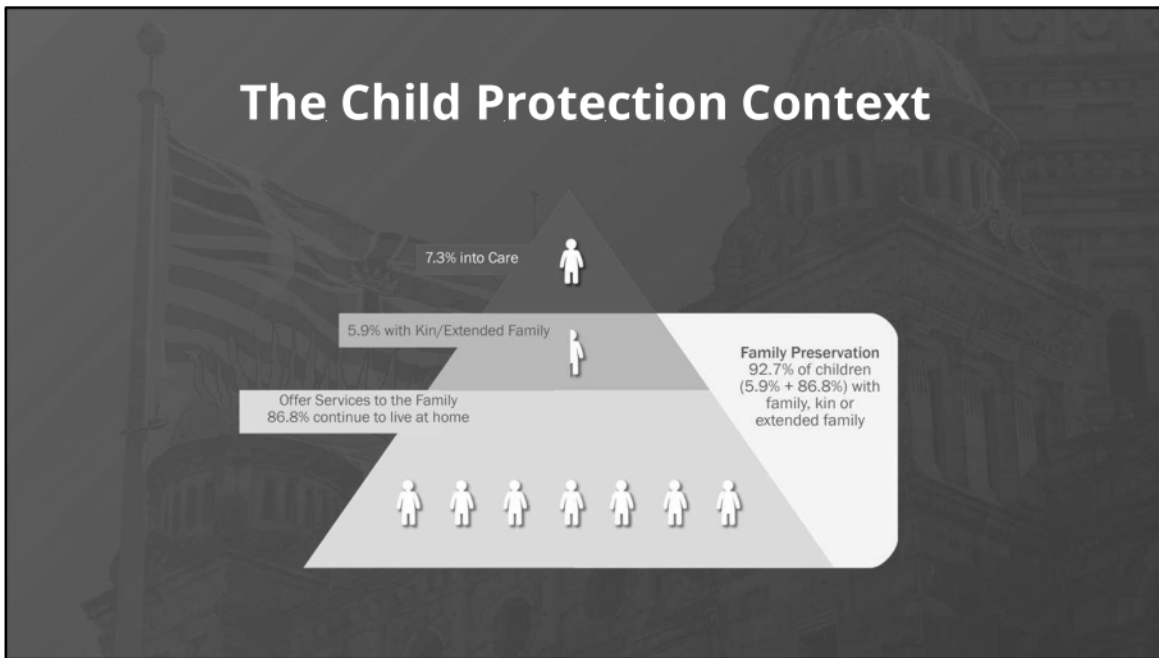
MMHA:

- Kelly McConnan, Executive Director of Child, Youth and Mental Health Policy.

Territorial acknowledgment



Acknowledging the territory we are calling from, the unceded territory of the Lekwungen Peoples. Acknowledging too all the other territories within the province.



We understand that the Committee is particularly interested in hearing MCFD’s insights on the illicit drug toxicity and overdose crisis—including measures aimed at children and youth, as well as connections with child protection—and MCFD’s views on any tangible solutions that could be incorporated as part of the Committee’s recommendations.

The Committee requested MCFD provide a 15-minute presentation followed by a 45-minute question period on MCFD’s insights on the illicit drug toxicity and overdose crisis—including measures aimed at children and youth, as well as connections with child protection— the

ministry's views on any tangible solutions that could be incorporated as part of the Committee's recommendations.

To begin with the child protection context...

Although not all children of parents with problematic substance use will suffer abuse, neglect or other negative outcomes, research indicates there is a relationship between child maltreatment and parental problematic substance use. Typically, the younger the child is, the more detrimental the impact. According to research, 50% to 80% of child welfare cases involve a parent with problematic substance use issues. As such, parental problematic substance use is recognized as a risk factor for potential child maltreatment and child welfare involvement

Mandatory reporting under the CFCSA only occurs when a person has reason to believe that a child need protection. Parental substance use, on its own, is not a child protection issue unless there is a concern of harm or likelihood of harm to a child, such as through neglect.

We acknowledge that removal of a child causes trauma, both to the child and to the parent. This is why the Child, Family and Community Service Act requires that a removal only occurs if 1) a child's health or safety is in immediate

danger or 2) there is no less disruptive measure that is available and that is sufficient to protect the child. Any removal involves an assessment of the child's safety and less disruptive measures, and requires an appearance before provincial court within 7 days of the removal. After a removal, the placement priority is to place with extended family and people known to the child.

MCFD receives child protection reports regarding about 55,000 children per year. After an assessment, about half of those children are determined to be safe and require no child protection involvement. Of those children who are in need of protection, last year about 87% remained with parent and about a further 6% stayed with extended family

Co-occurrence of Problematic Substance Use with other concerns

- Mental Health
- Domestic Violence
- The need for a Trauma-Informed approach

When parental problematic substance use, mental health challenges and domestic violence occur together in the same family, this places children at much greater risk of harm than with the presence of any single factor. The harm from multiple risk factors may be cumulative and may deplete the child's coping resources/protective capacities. When one risk factor is present, particularly domestic violence, it is critical to the child's safety that the risk factor not be viewed in isolation of the other potential risk factors.

The presence of one of the factors (domestic violence, mental health challenges or problematic substance use)

may increase challenges with the others. For example, domestic violence is associated with increased risk of mental health challenges and the use of substances as a means of coping with the trauma. In turn, people with mental health challenges and problematic substance use are more susceptible to further violence

MCFD recognizes the lasting impact of trauma. The Trauma-informed Practice Guide (2017) was designed to inform work of MCFD and Indigenous Child and Family Service Agency leaders, system planners and practitioners working with children, youth and families. It is concerned with advancing understanding and action about trauma-informed approaches that support program and service delivery, across the system.

Another source of guidance to practice is found in MCFD's **Practice Guidelines When Assessing Parental Problematic Substance Use in Child Welfare (2018)**. This document addresses harm reduction practice with parents and working with Addiction counsellors.

A Director of Practice works with FIR Square- a Combined Care Unit that provides care to women using substances and infants exposed to these substances.

Guiding MCFD's work with Indigenous families

- Federal Legislation-
 - An Act respecting First Nations, Metis and Inuit children, youth, and families
- Policy 1.1: Working with Indigenous children, youth, families and communities.
- Aboriginal Policy and Practice Framework

Federal legislation - An Act respecting First Nations, Metis and Inuit children, youth, and families – has been in force since January 2020. There is an ongoing process to transform MCFD to support the aims of the federal legislation^{s.12; s.13}

s.12; s.13

Some key sections:

Priority to preventive care

14 (1) In the context of providing child and family services in relation to an Indigenous child, to the extent that providing a service that promotes preventive care to support the child's family is consistent with the best interests of the child, the provision of that service is to be given priority over other services.

Prenatal care

(2) To the extent that providing a prenatal service that promotes preventive care is consistent with what will likely be in the best interests of an Indigenous child after he or she is born, the provision of that service is to be given priority over other services in order to prevent the apprehension of the child at the time of the child's birth.

Socio-economic conditions

15 In the context of providing child and family services in relation to an Indigenous child, to the extent that it is consistent with the best interests of the child, the child must not be apprehended solely on the basis of his or her socio-economic conditions, including poverty, lack of adequate housing or infrastructure or the state of health of his or her parent or the care provider.

Reasonable efforts

15.1 In the context of providing child and family services in relation to an Indigenous child, unless immediate apprehension is consistent with the best interests of the child, before apprehending a child who resides with one of the child's parents or another adult member of the child's family, the service provider must demonstrate that he or she made reasonable efforts to have the child continue to reside with that person.

Policy 1.1 Working with Indigenous children, youth families and communities

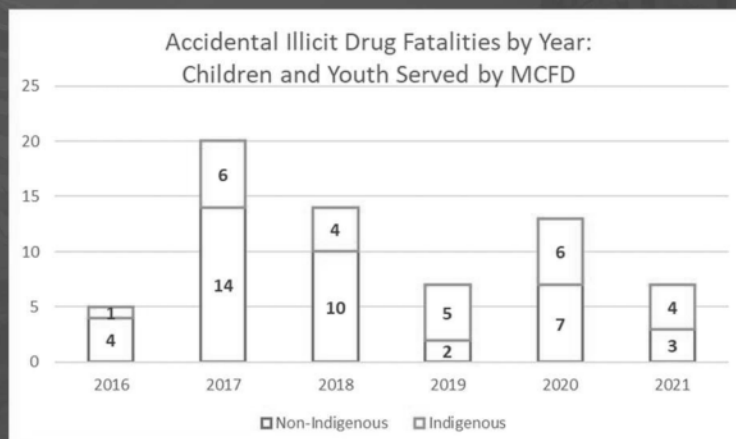
This policy has two purposes:

1. To provide guidance respecting the identity of Indigenous children and collaboration with Indigenous communities; and
2. To outline how An Act respecting First Nations, Inuit and Métis children, youth and families (Federal Act) modifies a director's powers and duties under the Child, Family and Community Service Act (CFCSA).

APPF The Aboriginal Policy and Practice Framework identifies a pathway towards restorative policy and practice that supports and honours Indigenous peoples' cultural systems of caring and resiliency. The framework applies to all policy and practice involving Indigenous children, youth, and families, living on reserve or in urban communities, who receive services from a Indigenous Child and Family Service Agencies or the Ministry. The

framework applies to all of MCFD's six service lines.

Fatality Data



This slide presents data on accidental illicit drug fatalities of children and youth served by MCFD within a year prior to their death. BCCS shares information with MCFD regarding the classification of death when confirmed. This data is presented by calendar year.

It can take over a year for the Coroner's Service to complete an investigation and confirm the classification of death. This graph does not include fatalities that the Coroner's Service is still investigating.

The number of deaths per year is variable, with a high of 20 in 2017. There are a number of fatalities from 2021 still under investigation, so numbers for that year will grow when MCFD has received information on causes of death from the Coroner's Service.

From 2016 to 2021, among 68 children and youth served by the ministry who died of accidental illicit drug overdoses, 28 (or 41%) were Indigenous and 24 (or 35%) were children and youth in care.

Measures to Protect Children and Youth from Illicit Drug Fatalities

- Training for Foster Caregivers
- Naloxone kits
- Collaborative provincial partnerships
- Problematic Substance Use - cross disciplinary course

MCFD has collaborated with Health to develop an online training course for foster caregivers called Supporting Open and Safe Dialogue about Substance Use. This course has been added as a module in the new mandatory In-Service training (effective Dec. 2019) for foster caregivers and is also available as a stand-alone course for caregivers who completed In-Service training prior to Dec. 31/19.

It is a cross disciplinary course with both an online and face to face delivery; learning outcome to identify collaborative strategies to engage caregivers in addressing problematic substance use while ensuring safety and wellbeing of the children

Naloxone kit training and provision of naloxone kits has occurred (since 2017) with training for both foster caregivers and children and youth in care.

Collaborative provincial partnerships, including:

- **Perinatal Mental Health and Substance Use working group,**
- **Overdose Emergency Response Center provincial meetings,**
- **Public Engagement working group (opioid related),**
- **Sharing out of information via Directors of Practice and other leadership tables.**
- **Cross jurisdictional scans between provinces of harm reduction approaches.**

Mental Health Services for Children and Youth

- Substance Use Services for young people are provided by Ministry of Health through Regional Health Authorities. Local MCFD Child and Youth Mental Health Teams work in partnership with local Health Authorities to ensure accessible pathways to services
- Community Child and Youth Mental Health (CYMH) Services are provided by MCFD. Child and Youth Mental Health Services provide voluntary, evidence informed mental health services to people under 19 years of age (within the context of their family and community) who experience moderate to severe mental health challenges that significantly impact their ability to function across a variety of settings and situations. CYMH teams provide additional services in the areas of prevention, risk reduction, community education and consultation, and work in collaboration with other service agencies to ensure services are appropriate, relevant, culturally safe and inclusive
- MCFD is a full partner ministry in *A Pathway to Hope: Improving Wellness for Children, Youth and Young Adults*. As a part of this work Integrated Child and Youth Teams are to be developed. These teams will provide for seamless, accessible, integrated and coordinated services across ministries. Connecting young people early to integrated mental health and substance use care
- Also, as a part of *A Pathway to Hope*, MCFD has partnered in the development of Step up/Step down Services. These services are intended for children and youth with severe mental health challenges who require intensive intervention and treatment. The term "step up" refers to treatment options at a higher intensity than regular community services as an alternative to hospitalization. The term "step down" also refers to intensive treatment but for children and youth transitioning out of hospital care before returning to community services. The goal is to prevent young people from entering intensive service settings such as hospitals or remaining there longer than necessary.

Substance Use Services for young people are provided by Ministry of Health through Regional Health Authorities. Local MCFD Child and Youth Mental Health Teams work in partnership with local Health Authorities to ensure accessible pathways to services

Community Child and Youth Mental Health (CYMH) Services are provided by MCFD. Child and Youth Mental Health Services provide voluntary, evidence informed mental health services to people under 19 years of age (within the context of their family and

community) who experience moderate to severe mental health challenges that significantly impact their ability to function across a variety of settings and situations. CYMH teams provide additional services in the areas of prevention, risk reduction, community education and consultation, and work in collaboration with other service agencies to ensure services are appropriate, relevant, culturally safe and inclusive

MCFD is a full partner ministry in *A Pathway to Hope: Improving Wellness for Children, Youth and Young Adults*. As a part of this work Integrated Child and Youth Teams are to be developed. These teams will provide for seamless, accessible, integrated and coordinated services across ministries. Connecting young people early to integrated mental health and substance use care

Also, as a part of *A Pathway to Hope*, MCFD has partnered in the development of Step up/Step down Services. These services are intended for children and youth with severe mental health challenges who require intensive intervention and treatment. The term “step up” refers to treatment options at a higher intensity than regular community services as an alternative to hospitalization. The term “step

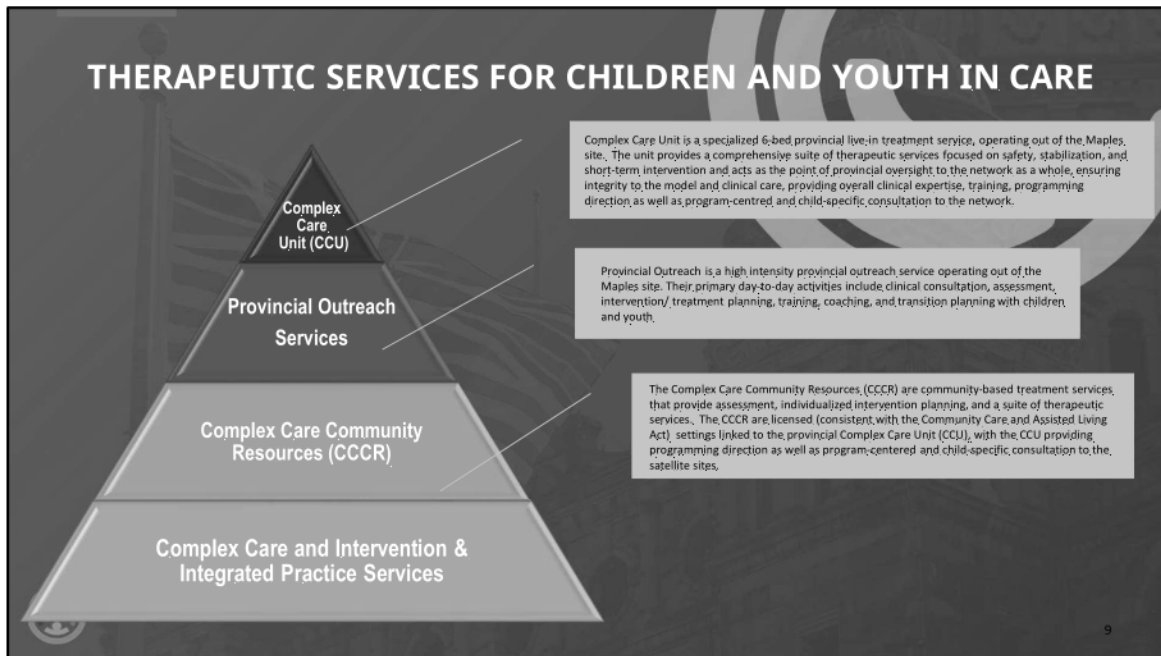
down” also refers to intensive treatment but for children and youth transitioning out of hospital care before returning to community services. The goal is to prevent young people from entering intensive service settings such as hospitals or remaining there longer than necessary.

- High Intensity Outreach Services have been developed in the first 5 A Pathway to Hope communities
- Live-In and additional Outreach Services are under development through expansion and enhancement of services provided by The Maples Adolescent Treatment Centre

Page 286 of 294 to/à Page 287 of 294

Withheld pursuant to/removed as

s.13



Overall the Children and Youth with Complex Care Needs (CYCCN) Network of services serves children and youth between the ages of 7 and 18 who are in care and have experienced significant trauma and also present with concurrent and persistent developmental and/or behavioural, emotional, mental health needs that affect their ability to function at home, in school or in their community and require specialized, integrated treatment and service plans that are individualized and typically involve multiple services systems; and are in need of a high level of care and support to manage behaviour on a daily basis.

The Network consists of four tiers of service

Tier 4: The Complex Care Unit (CCU)

Complex Care Unit is a specialized 6-bed provincial residential treatment service, operating out of the Maples site. The unit provides a comprehensive suite of therapeutic services focused on safety, stabilization, and short-term intervention and acts as the point of provincial oversight to the network as a whole, ensuring integrity to the model and clinical care, providing overall clinical expertise, training, programming direction as well as program-centred and child-specific consultation to the network.

Tier 3: Provincial Outreach Team

The Provincial Outreach Team is a tertiary-level provincial outreach service operating out of the Maples site. Their primary day-to-day activities include clinical consultation, assessment, intervention/ treatment planning, training, coaching, and transition planning with children and youth

Tier 2: Complex Care Community Residential Resources

The Complex Care Community Residential Resources (CCCR) are community-based residential treatment services that provide assessment, individualized intervention planning, and a suite of therapeutic services.

The CCCRR are licensed (consistent with the Community Care and Assisted Living Act) residential settings linked to the provincial Complex Care Unit (CCU), with the CCU providing programming direction as well as program-centered and child-specific consultation to the satellite sites. MCFD currently has two CCCRRs operating, one located in Prince George called Cranbrook Hill House. This is a 5 bed home with one bed designated a respite bed and operated by Milieu Family Services and one located in Vernon called Sage House also a 5 bed home with one bed designated a respite bed and operated by North Okanagan Youth and Family Services (NOYFS). Each home is budgeted at a cost of 1.3M/home.

Tier 1: Complex Care Intervention

The Complex Care and Intervention Program is a community-based service designed for children who have experienced significant trauma or maltreatment, and who exhibit substantial emotional, behavioural and interpersonal difficulties.

INTEGRATED PRACTICE SERVICES: There are 9 communities with IPC TLs and/or Clinicians in the province. Kamloops and the North Fraser are the only areas with 'teams' and the rest of the positions are Integrated Practice Clinicians embedded into a generalist CYMH team. Integrated practice IS not CCI; however the theoretical underpinnings of how

we explain the child/youth's behavior and why they present the way are is exactly the same. The service delivery model is very different. Through a neurodevelopmental and trauma informed approach the Integrated Practice Clinician engages the community care teams of these children, youth and families in a collaborative treatment effort to help mitigate the impact of abuse, trauma, neglect, violence and other adverse childhood experiences on their mental health and help increase their environmental and relational stability.

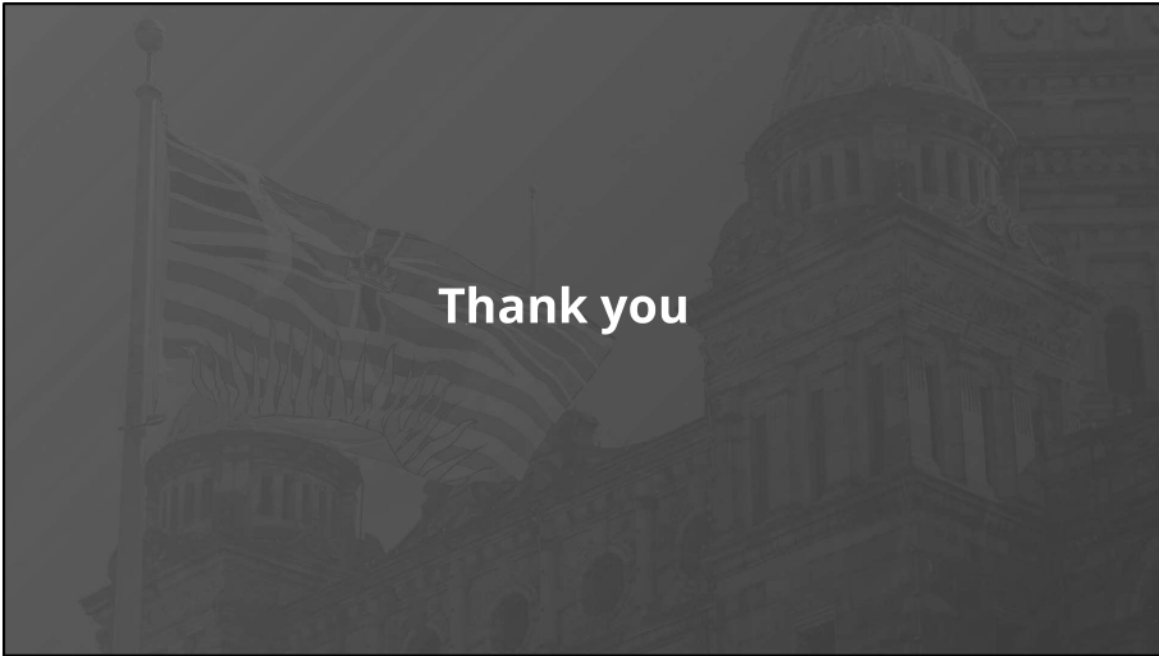
NEXT SLIDE PLEASE

Supporting Youth and Young Adults

- Budget 2022 announced new services and supports for youth and young adults, such as:
 - Housing Agreements and Support Agreements
 - Improvements to the Agreements with Young Adults Program
 - Earnings exemption and a rent supplement program
 - Additional funding for life-skills, cultural and skills training program and enhanced dental and medical benefits, including counselling
 - Income supplement of \$1,250 until age 20 and monthly funding of up to \$1,250 until 27th birthday if participate in eligible programming
 - P4Y- Phones for Youth and M4G (Mobility for Good)
-
- The Ministry is working towards an improved network of flexible supports, connections and interventions to help eligible youth in and from care to succeed, especially those at highest risk of poor outcomes in adulthood.
 - This slides highlights some of the new includes supports for housing, education and training, life skills, employment, finances and ongoing support, which were announced in Budget 2022, such as
 - Extending a COVID housing measure indefinitely
 - Maintaining flexibility for the AYA program including life-skills, rehabilitative and mental health program options to support low-barrier access for eligible young adults.
 - funding to support young people in accessing life-skills, cultural, and skills training programs, and enhanced dental and medical benefits, including counselling.
 - A no-limit earnings exemption that encourages young adults to pursue employment without a reduction in their financial benefits and a new rent

supplement of up to \$600/month to help eligible young adults from care who are ready to live independently to afford their rent.,

- And we will introduce an unconditional monthly income supplement of \$1,250 until age 20. The monthly income supplement of up to \$1,250 until the young adult's 27th birthday will be maintained for those participating in eligible programming, and the duration of support will be increased to 84 months (up from 48 months).
- P4Y- The teen years are a time of substantial growth and identity development. Providing mobile technology to youth (13-18) supports their ability to maintain connection to significant people and supports in their lives, and to increase safety. It is expected that all BC youth in care and youth in out-of-care placements are provided with reliable mobile technology and supported to use such technology safely and responsibly .



We would be pleased to answer your questions.