

Johnston, Karen GCPE:EX

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 5:47 PM
To: Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Heinze, Laura R GCPE:EX; Groot, Jeff GCPE:EX; Sitter, Donna GCPE:EX; Fillion, Corinna GCPE:EX; Anderson, Maryann GCPE:EX
Cc: Gordon, Matt GCPE:EX; Woods, Emily GCPE:EX; Johnston, Karen GCPE:EX
Subject: RE: Rapid Response Team model
Attachments: 2015CFD0037-001673.pdf; QA_Rapid Response Team Model_Oct 2015_draft.docx

Hi all,

With apologies for the late notice –

The attached NR is slated to go out tomorrow morning at 9:30 a.m.

This team includes a large cross-section of stakeholders from MCFD/health/justice/SDSI spheres on the Downtown Eastside.

Shawn Larabee

Government Communications and Public Engagement

Ministry of Children and Family Development

250 356-1639

Shawn.G.Larabee@gov.bc.ca

Johnston, Karen GCPE:EX

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 5:43 PM
To: Rud, Jeff RCY:EX
Cc: Johnston, Karen GCPE:EX
Subject: RE: embargoed: Rapid Response NR
Attachments: 2015CFD0037-001673.pdf

I suppose that would be helpful...
(sorry, long day)

From: Rud, Jeff RCY:EX
Sent: Wednesday, October 7, 2015 5:41 PM
To: Larabee, Shawn G GCPE:EX
Cc: Johnston, Karen GCPE:EX
Subject: RE: embargoed: Rapid Response NR

Thanks Shawn. I think you forgot the attachment, though.

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 5:39 PM
To: Rud, Jeff RCY:EX
Cc: Johnston, Karen GCPE:EX
Subject: embargoed: Rapid Response NR

Hi Jeff,

The attached (embargoed) news release is scheduled to go out at 9:30 a.m. tomorrow.

Shawn Larabee
Government Communications and Public Engagement
Ministry of Children and Family Development
250 356-1639
Shawn.G.Larabee@gov.bc.ca

Johnston, Karen GCPE:EX

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 4:52 PM
To: Boudreau, Marc GCPE:EX; Johnston, Karen GCPE:EX
Cc: Stagg, Linda R GCPE:EX; Hayes, Dana GCPE:EX; Chant, Jon GCPE:EX
Subject: RE: DRAFT: Improving services for youth on the Downtown Eastside

Hi Marc,

By way of explanation about the "influence" sentence, the rapid response team model allows service providers to be able to influence decisions around systemic change (regardless of whether their respective agencies can directly assist in realizing those changes). The influence could be a matter of a shared voice and collaborative call for change that would hold more weight than if it was simply a recommendation from any one agency.

I'm leery of changing any of the language, given all the stakeholders who have a hand in this.
Let me know what you think

-----Original Message-----

From: Boudreau, Marc GCPE:EX
Sent: Wednesday, October 7, 2015 4:25 PM
To: Larabee, Shawn G GCPE:EX; Johnston, Karen GCPE:EX; Lauvaas, Kirsten GCPE:EX; Burns, Heather B GCPE:EX
Cc: Stagg, Linda R GCPE:EX; Hayes, Dana GCPE:EX; Chant, Jon GCPE:EX
Subject: FW: DRAFT: Improving services for youth on the Downtown Eastside

Hello,

Please find attached your IB for final edits/approval.

I have a question. Last sentence of the 2nd paragraph,

"It will also provide influence to remove systemic barriers and address any identified service gaps."

I'm not sure what's meant by "provide influence" can you clarify? Would it be better to use "provide assistance in removing..." instead?

Please call with any edits.

Thanks!
Marc
6-7397

-----Original Message-----

From: Boudreau, Marc GCPE:EX [mailto:Marc.Boudreau@gov.bc.ca]
Sent: Wednesday, October 7, 2015 4:22 PM
To: Boudreau, Marc GCPE:EX
Subject: DRAFT: Improving services for youth on the Downtown Eastside

Please refer to the files attached to this email. The following is the summary of the News Release

NR Number: Not Approved
NR Type: Information Bulletin
State: Planned
Planned Release Date: October 8, 2015 at 9:30 am No Lead Organization
Headline: Improving services for youth on the Downtown Eastside

This email was auto-generated.

Not Approved
Oct. 8, 2015

Ministry of Children and Family Development

INFORMATION BULLETIN
Improving services for youth on the Downtown Eastside

VICTORIA - Government is strengthening services on the Downtown Eastside through a rapid response team model that will reach out to directly serve the needs and address the safety of the area's highest-risk youth.

The rapid response team model brings together service providers and representatives from various government ministries, the City of Vancouver, health authorities, the First Nations health authority, police and the education system. It establishes an integrated and co-ordinated team of on-the-ground service providers to monitor and support those youth on the Downtown Eastside who are deemed to be in the highest risk category. It will also provide influence to remove systemic barriers and address any identified service gaps.

Service providers working in the area have identified up to 50 high-risk youth currently living in or frequenting the Downtown Eastside neighbourhood - 10 of whom are deemed to be at the highest risk, specifically because of intravenous drug use.

The core members of the rapid response team had their first meeting on Sept. 30, 2015, to consider the files of these 10 highest-risk youth. These individuals will be closely monitored and their case files handled by the rapid response team, enabling Downtown Eastside service providers to work directly with the youth and connect them with appropriate available services to meet their individual needs.

The rapid response team model operates under a three-tier collaborative advisory structure, so that all levels - funding, management and service delivery - are invested in the process, thereby ensuring the program has the resources, capacity and responsiveness to directly serve the youth who need it most. On-the-ground members of the rapid response team will meet on a weekly basis.

Children and Family Development Minister Stephanie Cadieux committed to the creation of a rapid response team model in May 2015, as a response that went above and beyond the recommendations stemming from the Representative for Children and Youth's Report, Paige's Story. The ministry will be providing an update to its response to the recommendations once there is an opportunity for the Representative to be briefed.

Quotes:

Stephanie Cadieux, Minister of Children and Family Development -

"The rapid response team is there to ensure service providers and stakeholders in the area understand the need to contact MCFD whenever a child or youth is in a high-risk situation. It allows cases to be immediately escalated when we

need to find or identify a youth and, when a youth reaches out, it enables service providers to contact them directly and notify their rapid-response colleagues so that all the youth's needs can be met."

Michelle Fortin, executive director, Watari Counselling and Support Services Society -

"Vulnerable youth are often the most challenging to support and encounter many barriers to service. Our hope is that the Rapid Response Team is committed to taking a holistic approach to the young person and the way in which we support them, including resource allocation. It is imperative that MCFD lead this process and that community and other ministries must be partners for it to be successful."

Quick Facts:

- * The Downtown Eastside is the neighbourhood encompassed by local health area 162.

A backgrounder follows.

Media Contact:

Government Communications and Public Engagement Ministry of Children and Family Development
250 356-1639

BACKGROUND

Rapid Response Team model

Core Rapid Response Team

Working with a Youth Services Coordinator, the Rapid Response Team will consist of a core group of people representing the following organizations:

- * Ministry of Children and Family Development (Coordinator)
- * Ministry of Children and Family Development (Youth Outreach staff)
- * Vancouver Coastal Health - Addiction Services
- * Vancouver Coastal Health - Child and Youth Mental Health Services
- * BC Housing
- * Vancouver Police Department (Car 20)
- * Watari Counselling & Support Services Society (Community Youth Outreach)

The Rapid Response Team meets in person on a weekly basis to review the individual service needs of high-risk youth and to ensure that services are prioritized and provided in a co-ordinated and timely manner. Impromptu meetings will be arranged to co-ordinate and approve urgent service requests.

In addition to this core group, the team is supported by a three-tier collaborative advisory structure.

Primary responsibilities:

- * Any representative from the Tier 2 or Tier 3 advisory groups can identify and bring forward youth who are in urgent need of service.
- * The Rapid Response Team will assess the needs and service requirements of each young person identified, and will prioritize those needs based on identified risk factors.
- * Should the appropriate service to support the young person not be readily available, the Rapid Response Team can contact the appropriate Tier 2 management services representative to accommodate critical requests.
- * Full documentation of the assessed needs of the high-risk youth, and the ability and response time of the required services will inform Tier 1 representatives as to whether changes in services or to the delivery model are required.
- * Once the young person is stabilized, the team will work to ensure available services are transferrable to the young person's home community.

Director's Steering Committee Representatives (Tier 1)

Comprised of major funders and decision-makers for agencies that deliver services to youth in the DTES. Will meet on an at least quarterly basis to review the progress of the Rapid Response Team and review the outcome of the program.

Includes representation from:

- * Vancouver Police Department
- * City of Vancouver
- * Vancouver Coastal Health Authority
- * First Nations Health Authority
- * Providence Health Care
- * BC Mental Health & Substance Use Services
- * Vancouver School Board
- * Vancouver Aboriginal Child and Family Services Society
- * BC Housing
- * Ministry of Children and Family Development
- * Community Living BC
- * Ministry of Social Development and Social Innovation
- * Hospitals

Primary responsibilities:

- * Ensuring that the policies and decisions reflect a common approach in addressing high-risk youth in the DTES.

- * Ensuring that resources are in place to support the integration of services for high-risk youth in the DTES.
- * Removing systemic barriers that prevent youth from accessing service in a timely manner.
- * Ensuring that protocols and agreements are in place and working between the partner agencies, including common and explicit information-sharing agreements.
- * Reviewing best practice models from elsewhere and making recommendations on improvements and enhancements to the Rapid Response Team.
- * Establishing outcome objectives and success measures for the Rapid Response Team.
- * Supporting the creation and maintenance of an up-to-date inventory of services for youth.
- * Reviewing the profile of high-risk youth and comparing to the directly provided or contracted services in order to make adjustments for any gaps or overlaps in this service continuum.

Management Service Coordination Representatives (Tier 2)

Comprised of management-level personnel from various service agencies providing direct services to at-risk youth in the DTES. This group will meet twice per quarter and may be contacted directly if there are individual barriers in regard to a young person accessing urgent service.

Includes representation from:

- * Vancouver Coastal Health Authority
- * Providence Health Care
- * City of Vancouver
- * Vancouver Aboriginal Child and Family Services Society
- * Vancouver School Board
- * Provincial Health Services Authority
- * BC Mental Health & Substance Use Services
- * Vancouver Police Department
- * Ministry of Children and Family Development
- * Watari Counselling & Support Services Society
- * Urban Native Youth Association
- * Pacific Community Resources Society
- * Family Services of Greater Vancouver
- * PLEA Community Services Society

- * Community Living BC
- * Ministry of Social Development and Social Innovation
- * Hospitals
- * Connexus Family & Children Services
- * Boys and Girls Club
- * Portland Hotel Society
- * ATIRA Women's Resource Society
- * Ray-Cam Co-operative Centre

Primary responsibilities:

- * Day-to-day assignment of resources and services to at-risk youth in the DTES.
- * Directing and co-ordinating resources to ensure that a rapid response to the needs of the high-risk youth is available in a timely and focused manner.
- * Ensuring positive working relationships between service providers and ensuring that services are provided in a coordinated and consistent manner.
- * Identifying gaps and overlaps in the existing service structure and developing solutions to best address them within existing resources.
- * Identifying other service agency representatives that need to be involved in co-ordinating a rapid response to the needs of a high-risk youth.

Direct Service Representatives (Tier 3)

Comprised of representatives of agencies or individuals who provide direct service to high-risk youth in the Downtown Eastside. This group will meet on a monthly basis.

Includes representation from:

- * Provincial Health Services Authority
- * City of Vancouver - Parks & Recreation
- * Vancouver Aboriginal Child and Family Services Society
- * Vancouver Coastal Health Authority
- * Vancouver School Board
- * Providence Health Care

- * BC Housing
- * Vancouver Police Department
- * Ministry of Children and Family Development
- * First Nations Health Authority
- * Family Services of Greater Vancouver - Directions
- * Urban Native Youth Association
- * Watari Counselling & Support Services Society - Youth Resources
- * Community Living BC
- * Ministry of Social Development and Social Innovation
- * Hospitals
- * Portland Hotel Society
- * ATIRA Women's Resource Society
- * Boys and Girls Club
- * Covenant House
- * Connexus Family & Children Services

Primary responsibilities:

- * Identification of, and outreach to, high-risk youth in the DTES.
- * Ensuring that each of these youth have their primary service needs identified and documented.
- * Ensuring that each young person has an advocate or key contact that can assist them in accessing services.
- * Ensuring that each young person has a safety plan in place that is known and can be acted on should the need arise.
- * Ensures that when a young person indicates that they are ready to access service -through the Rapid Response Team - services are accessed in a time-urgent manner.

Media Contact:

Government Communications and Public Engagement Ministry of Children and Family Development
250 356-1639

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

Larabee, Shawn G GCPE:EX

From: Kerr, Carleen GCPE:EX
Sent: Wednesday, October 7, 2015 5:34 PM
To: Larabee, Shawn G GCPE:EX
Cc: Safarik, Melissa GCPE:EX
Subject: RE: Foster Family Month profiles (as NYCU)

Thanks – I don't see them yet, but will look forward to helping you confirm times/dates for theme.

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 5:33 PM
To: Kerr, Carleen GCPE:EX
Subject: RE: Foster Family Month profiles (as NYCU)

That works just fine.

Thanks, Carleen. And I've got new calendar entries in now for the other three as well.

Cheers

From: Kerr, Carleen GCPE:EX
Sent: Wednesday, October 7, 2015 5:33 PM
To: Larabee, Shawn G GCPE:EX
Subject: RE: Foster Family Month profiles (as NYCU)

Sure – how about 12:30pm tomorrow?

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 5:21 PM
To: Kerr, Carleen GCPE:EX
Subject: Foster Family Month profiles (as NYCU)

Hi Carleen,

We have these great profiles of foster families that we had been pitching to media.

A decision was made – and our MO today approved that we also send these out as NYCU. There are four of them, so the idea is to send out one per week for the rest of October.

Is there a time today or tomorrow that we could send out this first one?

(Distribution would be just to Penticton and area, but having it on the newsroom page would allow us to share the link via social media and have our stakeholders do the same).

Shawn Larabee
Government Communications and Public Engagement
Ministry of Children and Family Development
250 356-1639
Shawn.G.Larabee@gov.bc.ca

Larabee, Shawn G GCPE:EX

From: McCray, Lindsay GCPE:EX
Sent: Wednesday, October 7, 2015 3:52 PM
To: Larabee, Shawn G GCPE:EX
Cc: Lauvaas, Kirsten GCPE:EX; Johnston, Karen GCPE:EX; Finnigan, Brooke GCPE:EX
Subject: RE: Graphic and profile roll out?

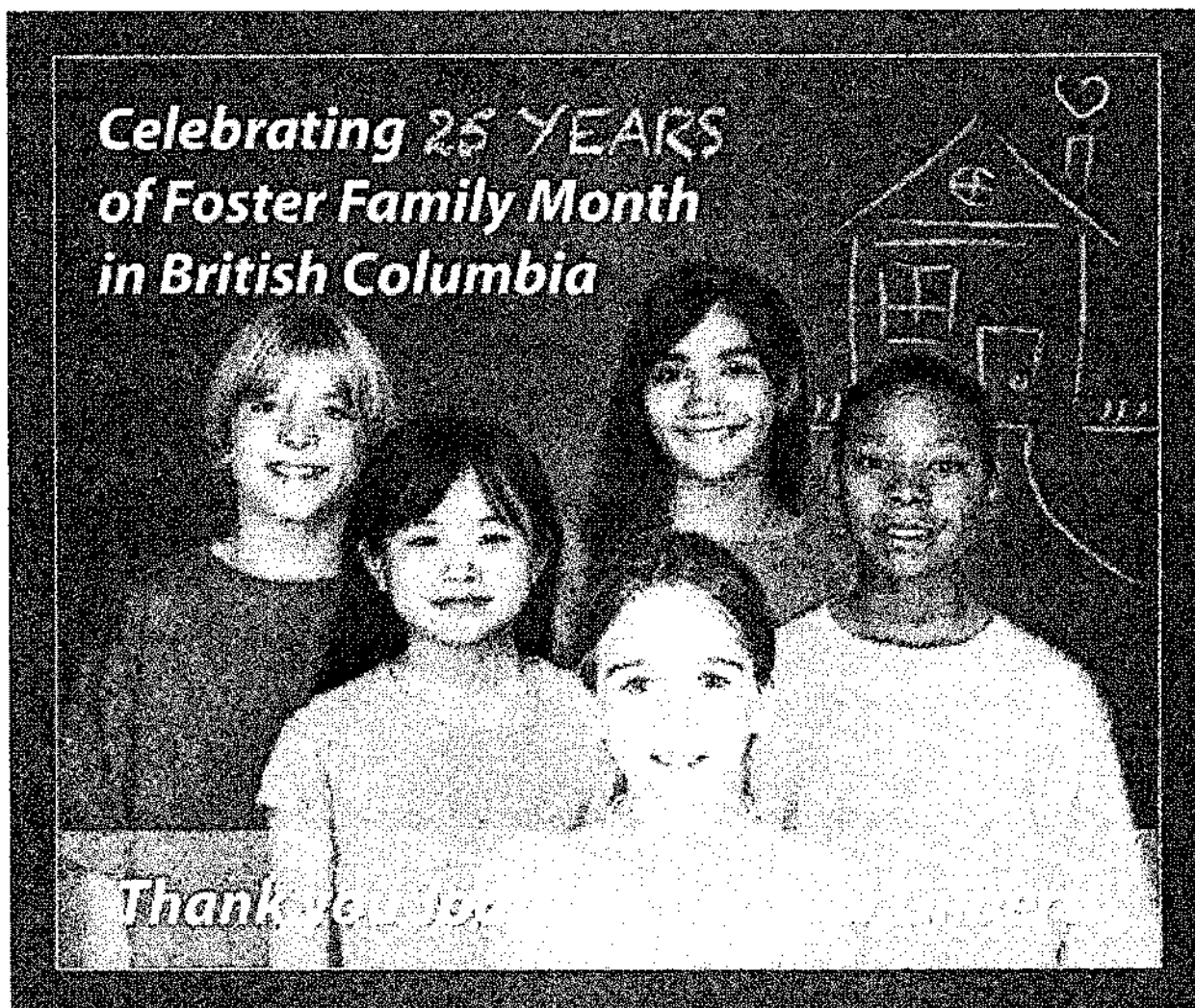
Hey Shawn,

We have the first graphic ready to go for the Jodi Ihas/Bev Gilbert NYCU (see below). The other graphics will look somewhat similar, but will use different photos of the same children and the other phrases (below image) to thank the families.

Let me know when the first NYCU is scheduled.

Thanks!

Lindsay



Foster Family Month is a time to celebrate the kindness of more than 3,000 families. Thank you Edith van de Watering and Kathy Tait!

Foster parents are ordinary people engaged in extraordinary acts of kindness. Thank you MJ Samson!

Foster families open their hearts & homes to 5,300+ vulnerable children & youth each year. Thank you Stephen Paquette!

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 12:56 PM
To: McCray, Lindsay GCPE:EX
Cc: Lauvaas, Kirsten GCPE:EX; Johnston, Karen GCPE:EX; Finnigan, Brooke GCPE:EX
Subject: RE: Graphic and profile roll out?

Hi Lindsay,

Here are the NYCU profiles of foster families, as discussed.
We can run Jodi and Bev as soon as possible, then follow with a profile every subsequent Wednesday in October (the 14th, 21st and 28th)

Cheers
-Shawn

From: McCray, Lindsay GCPE:EX
Sent: Tuesday, October 6, 2015 8:48 AM
To: Larabee, Shawn G GCPE:EX
Cc: Lauvaas, Kirsten GCPE:EX; Johnston, Karen GCPE:EX; Finnigan, Brooke GCPE:EX
Subject: RE: Graphic and profile roll out?

Hey Shawn,

Do we have a schedule for what NYCU is going out on what date yet? The pictures are of such poor quality that I need to ask graphics to create images for the facebook posts. Would like to be able to let them know timelines.

Thanks,

Lindsay

From: Larabee, Shawn G GCPE:EX
Sent: Thursday, October 1, 2015 4:23 PM
To: McCray, Lindsay GCPE:EX
Cc: Lauvaas, Kirsten GCPE:EX; Johnston, Karen GCPE:EX; Finnigan, Brooke GCPE:EX
Subject: RE: Graphic and profile roll out?

We're converting the profiles to NYCU format right now.

Will let you know shortly about the order and dates of release.

Attached again are the four photos we have (one per article, but only Bev for the Bev & Jodi article)

From: McCray, Lindsay GCPE:EX
Sent: Thursday, October 1, 2015 4:18 PM
To: Larabee, Shawn G GCPE:EX

Cc: Lauvaas, Kirsten GCPE:EX; Johnston, Karen GCPE:EX; Finnigan, Brooke GCPE:EX
Subject: Graphic and profile roll out?

Hey Shawn,

FYI – the following graphic has been uploaded to flickr. Please share it with your Minister and stakeholders and encourage them to use it. <https://flic.kr/p/zhxAQW>

Can you please give me an idea of how you plan to roll out the profiles?

- 1) Are you going to send them out as NYCU (through News on Demand) or are you going to just web post them to the MCFD news page?
- 2) What order will you be releasing them and on what dates?
- 3) Any word on the 4th photo for the profiles?

I have scheduled a series of tweets throughout the month to go out from @BCGovNews. They are included in the document attached, FYI.

Thanks,

Lindsay

Lindsay McCray

Online Communications Officer

Social Media & Digital Services

Government Communications & Public Engagement

250 886-4732

*Check GCPE 411 for all your social media how-to's: <https://gcpe.gov.bc.ca/411/Pages/Social%20Media.aspx>

Larabee, Shawn G GCPE:EX

From: Sandur, Parveen MCF:EX
Sent: Wednesday, October 7, 2015 12:14 PM
To: Larabee, Shawn G GCPE:EX
Cc: Johnston, Karen GCPE:EX; Lauvaas, Kirsten GCPE:EX; Lalari, Terry MCF:EX
Subject: RE: FOR APPROVAL: Foster Family Month - NYCU

Approved. Not keen on the photos so best to exclude them.

From: Larabee, Shawn G GCPE:EX
Sent: Monday, October 5, 2015 9:18 AM
To: Lalari, Terry MCF:EX; Sandur, Parveen MCF:EX
Cc: Johnston, Karen GCPE:EX; Lauvaas, Kirsten GCPE:EX
Subject: FOR APPROVAL: Foster Family Month - NYCU

I've converted the foster family month profiles to the News You Can Use format, for posting on the newsroom page. Newsroom can post the photos too, then we can include links on the Foster Family Month website and share via twitter, facebook, blog, etc. with help from the social media team.

This one can go up today, if you'd like. Then we can follow with another each Monday in October.

Shawn Larabee
Government Communications and Public Engagement
Ministry of Children and Family Development
250 356-1639
Shawn.G.Larabee@gov.bc.ca

Johnston, Karen GCPE:EX

From: Kerr, Carleen GCPE:EX
Sent: Wednesday, October 7, 2015 4:11 PM
To: Larabee, Shawn G GCPE:EX
Cc: Lauvaas, Kirsten GCPE:EX; Safarik, Melissa GCPE:EX; Johnston, Karen GCPE:EX
Subject: RE: NR for tomorrow - Rapid Response Team

Perfect – thanks!

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 4:10 PM
To: Kerr, Carleen GCPE:EX
Cc: Lauvaas, Kirsten GCPE:EX; Safarik, Melissa GCPE:EX; Johnston, Karen GCPE:EX
Subject: Re: NR for tomorrow - Rapid Response Team

Hi Carleen,
No changes to what I sent on RRT a few hours ago

Sent from my iPhone

On Oct 7, 2015, at 4:07 PM, Kerr, Carleen GCPE:EX <Carleen.Kerr@gov.bc.ca> wrote:

Thanks. Can you please send your latest materials for Rep Report and BCGEU report in the next thirty minutes or so?

Shawn – are the materials you sent a little while ago the latest you have? Just checking in case there are edits.

From: Lauvaas, Kirsten GCPE:EX
Sent: Wednesday, October 7, 2015 3:04 PM
To: Kerr, Carleen GCPE:EX; Larabee, Shawn G GCPE:EX
Cc: Safarik, Melissa GCPE:EX; Johnston, Karen GCPE:EX
Subject: RE: NR for tomorrow - Rapid Response Team

Hi Carleen,

We are issuing a statement, but teleconference is TBD. We'll get a line ready in case things go nuts, but planning on managing requests as one-offs, at least initially.

K

From: Kerr, Carleen GCPE:EX
Sent: Wednesday, October 7, 2015 2:54 PM
To: Larabee, Shawn G GCPE:EX
Cc: Safarik, Melissa GCPE:EX; Lauvaas, Kirsten GCPE:EX
Subject: RE: NR for tomorrow - Rapid Response Team

Yes, I have it for 9:30am tomorrow, followed by media teleconference at 9:45am as per Karen's suggestion. In response to the RCY report tomorrow, is there a statement? Is this an accurate reflection of your plans?

9:30 a.m. C/D News Release only provincewide - Minister Carney announce the implementation of the Rapid Response Model. The news release will be followed by media teleconference at 9:30 a.m. BCGov NR

10:30 a.m. C/D Minister Carney issues statement in response to RCY report and media teleconference BCGov STMT

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 2:50 PM
To: Kerr, Carleen GCPE:EX
Cc: Safarik, Melissa GCPE:EX; Lauvaas, Kirsten GCPE:EX
Subject: NR for tomorrow - Rapid Response Team

Hi Carleen,

A decision was made to split up what was going to be an update on youth services in the Downtown Eastside into two different announcements: the standalone NR on the Rapid Response Team (attached, to go out tomorrow), and a separate announcement regarding MCFD's response to RCY recommendations (likely next week, as soon as RCY is available for a briefing)

Are we able to do the Rapid Response Team NR at 9:30 a.m. tomorrow? The idea is to get it out the door before the RCY releases her next report at 11 a.m.

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Johnston, Karen GCPE:EX

From: Larabee, Shawn G GCPE:EX
Sent: Wednesday, October 7, 2015 3:59 PM
To: GCPE Editors
Cc: Johnston, Karen GCPE:EX; Lauvaas, Kirsten GCPE:EX; Burns, Heather B GCPE:EX
Subject: FOR V5ing: NR_Rapid Response Team
Attachments: NR_BG_Rapid Response Team Model_Oct 2015_FINAL.docx

Please see the attached NR to go out provincewide tomorrow at 9:30 a.m.

Shawn Larabee

Government Communications and Public Engagement
Ministry of Children and Family Development
250 356-1639
Shawn.G.Larabee@gov.bc.ca

Johnston, Karen GCPE:EX

From: Shaw, Rob (Vancouver Sun) <rshaw@vancouver.sun.com>
Sent: Tuesday, October 6, 2015 2:25 PM
To: Johnston, Karen GCPE:EX
Subject: rapid response

Hi Karen,

Has gov briefed METL yet on the Paige report progress and if so, can the minister now discuss the rapid response team model in the downtown east side?

Rob

ROB SHAW

Legislative Reporter
The Vancouver Sun
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QUESTIONS AND ANSWERS

Rapid response team

Ministry of Children and Family Development

Oct. 8, 2015

Q1. This rapid response team amounts to little more than a repackaging of resources that were already in the DTES – resources that failed Paige. How is this an adequate response?

- What we know, from the Paige report and from our own experience, is that there are a lot of services in the DTES but they operate in silos. This means our first focus, in order to make a difference quickly, was to bring the service providers together.
- We all talked strategically about how we can do a better job serving these high-risk kids, and we all agreed that we needed to be more collaborative in doing that.
- Currently membership of the core Rapid Response Team consists of representatives from Vancouver Coastal Health, BC Housing, Vancouver Police Department, Watari Counselling & Support Services and Ministry of Children and Family Development staff.
- This group is supported by a three-tiered structure of advisory groups.
- Membership continues to grow, as the formalized selection of individuals to represent several other groups/organizations is still in the process of being finalized.
- Everyone at the table is focused on services and focused first on meeting the needs of the highest-risk youth.
- Here is how the RRT works:
 - They meet at least weekly to review and triage the individual service needs of the youth that have been referred to them.
 - They ensure that each youth has an up-to-date safety plan in place and that the services for these youth are prioritized and provided in a collaborative and timely manner.
 - Referrals of youth that are deemed to be of high risk to the RRT are received from existing youth servicing agency and groups.
 - The coordinated focus of the RRT provides assistance to the youth in accessing the services and resources that they require, while at the same time supporting the youth's family / worker to make longer-term arrangements for the young person.
- On September 22, 2015 the initial weekly meeting of the Rapid Response Team occurred.
- Let's not forget that these services are all voluntary. The key to helping youth like Paige is knowing where they are and continually reaching out to them and seeking the

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window of opportunity where they actually want help.

- This model is designed to help us track these youths' movements better so that when they're ready to accept help, we're there and can act quickly.
- This takes collaboration among all the people who come into contact with a high-risk youth—whether that's police, doctors in the ER, staff in youth shelters and detox programs or youth outreach workers who walk the streets of the DTES checking in on the 'regulars'.
- The RRT doesn't stop there. The Paige report talks about systemic issues in the DTES and now we have high-level administrators of key organizations – like MCFD, the City, health authority, other government agencies like housing – who can make decisions to beef up services or who have access to senior decision-makers with the authority to act quickly to find a solution for a youth that might not yet exist systemically.

Q2. How much is this model costing?

- At this point, we are amalgamating existing services into a coordinated team.
- This team is focused on service-delivery. If the team identifies other service needs or gaps, they will bring this forward to the senior representatives of the organizations.
- This is why it is important that we have both a group focused on the needs of the kids on the ground, and a higher-level group looking at systemic problems.

Q3. So, essentially, your 'new' model has been put in place to get people to do their jobs?

- To be clear, the people working on the DTES with some of our most high-risk youth are some of the most dedicated and experienced people in their fields. We owe them a debt of gratitude for doing work that many don't have the ability or desire to do.
- They do their jobs each and every day, around the clock. While we're sleeping they are on the streets looking for and reaching out to youth. When we're celebrating Thanksgiving with our families, they are in car 86, maybe, looking for a kid who is in an SRO where they shouldn't be; on the weekends, they are in the ER or helping a youth detox. Their commitment is beyond questioning, frankly.
- What the model gives them is a better collaborative structure to work within and a place to go when systemic barriers get in the way of good service.

Q4. There are agencies on the DTES – advocates like Scott Clarke – that say they've been left out of the loop. These are people who are on the front lines of helping youth on the DTES. It sounds like you don't have the right people at the table?

- Our immediate issue is to focus on the highest risk youth: youth who may be needle addicted, sexually exploited and/or homeless. The organizations we needed to connect

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to first were those that provide direct services to the high-risk youth in the DTES.

- Other agencies working on the DTES will, of course, be brought in and we welcome broader participation in the initiative.
- Currently membership of the RRT consists of representatives from Vancouver Coastal Health, BC Housing, Vancouver Police Department, Community Agency outreach staff, and Ministry of Children and Family Development staff.
- Membership of the Team continues to grow, as the formalized selection of individuals to represent several other groups / organizations is still in the process of being finalized.
- In addition to the organizations connected to the individual members of the Rapid Response Team, the advisory groups have representation from City of Vancouver, Vancouver School Board, Vancouver Aboriginal Child and Family Services, Provincial Health Services, Providence Health, First Nations Health as well as representation from 6 other community service providers, allowing for a truly integrated and coordinated community-based approach to high-risk youth.
- Our next task will be to reach out to other organizations that provide upstream services, address systemic issues or provide prevention services.

Q5. How many kids are high risk youth on the DTES. The RCY says it's in the 100's – you say 10 are at the highest risk. How can there be such a difference in how MCFD sees this vs. how the RCY sees it?

- We are focusing on the highest-risk 10 right now: youth who are needle-addicted, homeless or sexually exploited.
- This is not to say that there are not other high-risk youth; there are.
- We estimate 40 to 50 youth are high-risk, and not all are in care, but they are all living in or frequenting the DTES. Our model will work to address the service needs of all of these youth.

Q6. How will you measure the team model's success?

- We are working on an analytical framework for this that will start by doing a more thorough search of models throughout North America. The RRT, as it exists today, is not the end of the story; it will continue to evolve to accommodate best practices and learn as we go.

Q7. Why do you have a 'model' in place when what you really need is secure care? Is government looking at that in the wake of the damning Paige report?

- The B.C. government is committed to providing the most appropriate services for people suffering from addictions in British Columbia, and we welcome any ideas on how

CONFIDENTIAL ADVICE TO MINISTER

we may be able to improve these.

- Within the court system, judges may recommend addiction treatment to take place within a youth custody facility as part of a youth's sentence or may order participation in treatment as condition of community supervision.
- This includes placement in one of four community residential substance abuse treatment programs funded by the Ministry of Health.
- In addition, in certain circumstances under the *Mental Health Act*, individuals with both mental health and addiction issues may be admitted to a psychiatric facility for assessment and treatment if they pose a clear danger to themselves or others and are suffering from a mental disorder.
- It is widely agreed that voluntary services – such as detox, residential treatment, and outpatient addictions and/or mental health counselling – are the most effective means of addressing addiction issues, which are often concurrent with mental health problems.
- Going beyond the limitations of currently available options (i.e. through the justice system, the *Mental Health Act*, child protection legislation and voluntary services) would require the enactment of specialized legislation authorizing the involuntary detainment of youth.
- This would require establishing specialized and expensive new facilities and programs. The potential costs and benefits of such an approach must be carefully considered.

Q8. Where is government's response to the rest of the RCY's recommendations?

- All we are waiting for is a chance to brief the RCY. We've been ready for weeks but finding time when the RCY is available for a briefing has been challenging.
- The rapid response team model is designed to work in concert with the efforts we've put in place to respond to each of the RCY's recommendations and we look forward to briefing her and responding to her questions and concerns should she have any.

INFORMATION BULLETIN

For Immediate Release
2015CFD0037-001673
Oct. 8, 2015

Ministry of Children and Family Development

Improving services for youth on the Downtown Eastside

VICTORIA – Government is strengthening services on the Downtown Eastside through a rapid response team model that will reach out to directly serve the needs and address the safety of the area's highest-risk youth.

The rapid response team model brings together service providers and representatives from various government ministries, the City of Vancouver, health authorities, the First Nations health authority, police and the education system. It establishes an integrated and co-ordinated team of on-the-ground service providers to monitor and support those youth on the Downtown Eastside who are deemed to be in the highest risk category. It will also provide influence to remove systemic barriers and address any identified service gaps.

Service providers working in the area have identified up to 50 high-risk youth currently living in or frequenting the Downtown Eastside neighbourhood – 10 of whom are deemed to be at the highest risk, specifically because of intravenous drug use.

The core members of the rapid response team had their first meeting on Sept. 30, 2015, to consider the files of these 10 highest-risk youth. These individuals will be closely monitored and their case files handled by the rapid response team, enabling Downtown Eastside service providers to work directly with the youth and connect them with appropriate available services to meet their individual needs.

The rapid response team model operates under a three-tier collaborative advisory structure, so that all levels – funding, management and service delivery – are invested in the process, thereby ensuring the program has the resources, capacity and responsiveness to directly serve the youth who need it most. On-the-ground members of the rapid response team will meet on a weekly basis.

Children and Family Development Minister Stephanie Cadieux committed to the creation of a rapid response team model in May 2015, as a response that went above and beyond the recommendations stemming from the Representative for Children and Youth's Report, Paige's Story. The ministry will be providing an update to its response to the recommendations once there is an opportunity for the Representative to be briefed.

Quotes:

Stephanie Cadieux, Minister of Children and Family Development –

"The rapid response team is there to ensure service providers and stakeholders in the area understand the need to contact MCFD whenever a child or youth is in a high-risk situation. It allows cases to be immediately escalated when we need to find or identify a youth and, when a

youth reaches out, it enables service providers to contact them directly and notify their rapid-response colleagues so that all the youth's needs can be met."

Michelle Fortin, executive director, Watari Counselling and Support Services Society –

"Vulnerable youth are often the most challenging to support and encounter many barriers to service. Our hope is that the Rapid Response Team is committed to taking a holistic approach to the young person and the way in which we support them, including resource allocation. It is imperative that MCFD lead this process and that community and other ministries must be partners for it to be successful."

Quick Facts:

- The Downtown Eastside is the neighbourhood encompassed by local health area 162.

A backgrounder follows.

Media Contact:

Government Communications and Public
Engagement
Ministry of Children and Family Development
250 356-1639

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



BACKGROUNDER

For Immediate Release
2015CFD0037-001673
Oct. 8, 2015

Ministry of Children and Family Development

Rapid Response Team model

Core Rapid Response Team

Working with a Youth Services Coordinator, the Rapid Response Team will consist of a core group of people representing the following organizations:

- Ministry of Children and Family Development (Coordinator)
- Ministry of Children and Family Development (Youth Outreach staff)
- Vancouver Coastal Health – Addiction Services
- Vancouver Coastal Health – Child and Youth Mental Health Services
- BC Housing
- Vancouver Police Department (Car 20)
- Watari Counselling & Support Services Society (Community Youth Outreach)

The Rapid Response Team meets in person on a weekly basis to review the individual service needs of high-risk youth and to ensure that services are prioritized and provided in a co-ordinated and timely manner. Impromptu meetings will be arranged to co-ordinate and approve urgent service requests.

In addition to this core group, the team is supported by a three-tier collaborative advisory structure.

Primary responsibilities:

- Any representative from the Tier 2 or Tier 3 advisory groups can identify and bring forward youth who are in urgent need of service.
- The Rapid Response Team will assess the needs and service requirements of each young person identified, and will prioritize those needs based on identified risk factors.
- Should the appropriate service to support the young person not be readily available, the Rapid Response Team can contact the appropriate Tier 2 management services representative to accommodate critical requests.
- Full documentation of the assessed needs of the high-risk youth, and the ability and response time of the required services will inform Tier 1 representatives as to whether changes in services or to the delivery model are required.
- Once the young person is stabilized, the team will work to ensure available services are transferrable to the young person's home community.

Director's Steering Committee Representatives (Tier 1)

Comprised of major funders and decision-makers for agencies that deliver services to youth in the DTES. Will meet on an at least quarterly basis to review the progress of the Rapid Response

Team and review the outcome of the program.

Includes representation from:

- Vancouver Police Department
- City of Vancouver
- Vancouver Coastal Health Authority
- First Nations Health Authority
- Providence Health Care
- BC Mental Health & Substance Use Services
- Vancouver School Board
- Vancouver Aboriginal Child and Family Services Society
- BC Housing
- Ministry of Children and Family Development
- Community Living BC
- Ministry of Social Development and Social Innovation
- Hospitals

Primary responsibilities:

- Ensuring that the policies and decisions reflect a common approach in addressing high-risk youth in the DTES.
- Ensuring that resources are in place to support the integration of services for high-risk youth in the DTES.
- Removing systemic barriers that prevent youth from accessing service in a timely manner.
- Ensuring that protocols and agreements are in place and working between the partner agencies, including common and explicit information-sharing agreements.
- Reviewing best practice models from elsewhere and making recommendations on improvements and enhancements to the Rapid Response Team.
- Establishing outcome objectives and success measures for the Rapid Response Team.
- Supporting the creation and maintenance of an up-to-date inventory of services for youth.
- Reviewing the profile of high-risk youth and comparing to the directly provided or contracted services in order to make adjustments for any gaps or overlaps in this service continuum.

Management Service Coordination Representatives (Tier 2)

Comprised of management-level personnel from various service agencies providing direct services to at-risk youth in the DTES. This group will meet twice per quarter and may be contacted directly if there are individual barriers in regard to a young person accessing urgent service.

Includes representation from:

- Vancouver Coastal Health Authority
- Providence Health Care
- City of Vancouver
- Vancouver Aboriginal Child and Family Services Society

- Vancouver School Board
- Provincial Health Services Authority
- BC Mental Health & Substance Use Services
- Vancouver Police Department
- Ministry of Children and Family Development
- Watari Counselling & Support Services Society
- Urban Native Youth Association
- Pacific Community Resources Society
- Family Services of Greater Vancouver
- PLEA Community Services Society
- Community Living BC
- Ministry of Social Development and Social Innovation
- Hospitals
- Connexus Family & Children Services
- Boys and Girls Club
- Portland Hotel Society
- ATIRA Women's Resource Society
- Ray-Cam Co-operative Centre

Primary responsibilities:

- Day-to-day assignment of resources and services to at-risk youth in the DTES.
- Directing and co-ordinating resources to ensure that a rapid response to the needs of the high-risk youth is available in a timely and focused manner.
- Ensuring positive working relationships between service providers and ensuring that services are provided in a coordinated and consistent manner.
- Identifying gaps and overlaps in the existing service structure and developing solutions to best address them within existing resources.
- Identifying other service agency representatives that need to be involved in co-ordinating a rapid response to the needs of a high-risk youth.

Direct Service Representatives (Tier 3)

Comprised of representatives of agencies or individuals who provide direct service to high-risk youth in the Downtown Eastside. This group will meet on a monthly basis.

Includes representation from:

- Provincial Health Services Authority
- City of Vancouver – Parks & Recreation
- Vancouver Aboriginal Child and Family Services Society
- Vancouver Coastal Health Authority
- Vancouver School Board
- Providence Health Care
- BC Housing
- Vancouver Police Department
- Ministry of Children and Family Development
- First Nations Health Authority
- Family Services of Greater Vancouver – Directions

- Urban Native Youth Association
- Watari Counselling & Support Services Society – Youth Resources
- Community Living BC
- Ministry of Social Development and Social Innovation
- Hospitals
- Portland Hotel Society
- ATIRA Women's Resource Society
- Boys and Girls Club
- Covenant House
- Connexus Family & Children Services

Primary responsibilities:

- Identification of, and outreach to, high-risk youth in the DTES.
- Ensuring that each of these youth have their primary service needs identified and documented.
- Ensuring that each young person has an advocate or key contact that can assist them in accessing services.
- Ensuring that each young person has a safety plan in place that is known and can be acted on should the need arise.
- Ensures that when a young person indicates that they are ready to access service –through the Rapid Response Team – services are accessed in a time-urgent manner.

Media Contact:

Government Communications and Public
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Ministry of Children and Family Development
250 356-1639

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NEWS YOU CAN USE

For Immediate Release
2015CFD0038-001675
Oct. 8, 2015

Ministry of Children and Family Development

"I love you and I don't know where I'd be without you"

TRAIL – Jodi recently heard these words from one of her teenaged foster children. The quiet sentiment offered positive validation of the love and care Jodi and her family have provided to vulnerable youth in the Trail area for the past decade.

Prior to becoming a foster parent, Jodi earned degrees in psychology and social work and became a social worker specializing in child protection. However, she never could have predicted the most rewarding role of her life would be as a mom.

"Fostering has allowed me to become a better and more present mom to everyone in our home – it's amazing, rewarding work and I love it," she said. "If you enter into this role with your eyes wide open and are willing to learn and adapt, it could be one of the best things you ever do. You really can make a difference in a kid's life."

Jodi says fostering has also made an incredible impact on her two biological children, particularly in the way they view others.

"As I became a stronger foster parent, my kids gained those skills, too," she explained. "They learned how to communicate effectively and work with other personalities. They also realized that life doesn't come to everyone on a silver platter and other people struggle. Fostering has taught them how to be more compassionate."

As the Ministry of Children and Family Development Community Support Network (CSN) Lead for her region, Jodi regularly mentors other local foster families within the CSN. While Jodi's family chooses to foster teens, she marvels at fellow long-time foster parent and CSN member Bev Gilbert, known in the Trail area as "the baby lady." Over the years, the former nurse has fostered countless substance-exposed infants, helping to transition the majority of them into adoptive homes.

"The second a baby is placed in my care, I want that baby to have parents. That's how I can be okay with saying goodbye," Bev said. "When I foster an infant, I allow it to bond to me fully. Then, when it's time for the child to join their new family, they go happily because they trust me to make their best decisions."

Bev said there are many misconceptions about infants born addicted to substances. As a foster mom, she has received extensive training and developed a variety of processes and techniques aimed at successfully feeding, stimulating and soothing the babies.

"These children can be helped so much during the short period I have them, and by the time they are about 10 months old they tend to become typical toddlers," she explained. "I truly admire them – they started out facing a great deal of adversity, but they are such resilient little

people.”

Six years ago, Bev and her family adopted one of the babies they had originally fostered. Today, her daughter is a constant reminder of why Bev loves fostering infants.

“My reward is seeing a great little kid who is being welcomed by a loving new family and knowing I helped that great little kid get to that place in their life,” she says. “It’s wonderful when a child can become his or her very best.”

October is Foster Family Month in British Columbia – a time to honour and celebrate special people like Jodi and Bev. If you are 19 years or older, can provide a safe, loving, stable and supportive environment, and have a desire to make a difference in the life of a vulnerable child, call the Foster Line toll-free at 1 800 663-9999 or visit: www.mcf.gov.bc.ca/foster

Quick Facts:

- Foster family homes are the primary placement resource for children in care in B.C.
- These homes support children and teens who are unable to live with their traditional family for reasons of abuse, neglect, emergency or tragedy.
- 60% of children in care in B.C. are Aboriginal compared to only 12% of B.C.’s foster parents. There is a need for more Aboriginal families willing to foster so that all children in care can maintain their cultural and community connections.
- Foster parents must be in good physical and mental health. They receive training and undergo background, criminal record and reference checks. On average, the approval process takes three months.
- Once the approval process is successfully completed, new foster parents sign an agreement outlining their responsibilities and complete the 53-hour B.C. Foster Care Education Program within two years.

Learn More:

- Foster Family Month in B.C information kits: www.mcf.gov.bc.ca/foster/ffm.htm
- B.C. Federation of Foster Parent Associations: www.bcfosterparents.ca/

Media Contact:

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Ministry of Children and Family Development
250 356-1639

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Oct. 8, 2015

MEDIA ADVISORY – Ministry of Children and Family Development

VICTORIA – Children and Family Development Minister Stephanie Cadieux will be holding a media availability to respond to the B.C. Representative for Children and Youth's latest investigative report.

Event Date: Thursday, Oct. 8, 2015

Time: 1:30 p.m.

Location:

By conference call

Special Instructions:

Call-in info:

1 877 353-9184

Participant Pass Code: 56394#

Contact:

Government Communications and Public Engagement

Ministry of Children and Family Development

250 356-1553

250 213-5572 (cell)

Government of British Columbia GCPE (MEDIA RELATIONS)

Your TELUS Contact

Contact Name: Sharyl Valere / Andre Dionne
Contact Phone Number: s.15,s.17
E-Mail Address:

Chairperson: Minister Stephanie Cadieux / Karen Johnston

Contact Person: Hannah Glover / Kirsten Lauvaas
Contact Number: 250-387-0779 / 250-356-1553
Contact E-mail Address: hannah.glover@gov.bc.ca | Kirsten.lauvaas@gov.bc.ca

Name of Call: Ministry of Children and Family Development

Teleconference Date: Thursday, October 08, 2015

Time: 12:30hrs Pacific

Lines Reserved: 50

Confirmation Number: s.15,s.17

Dial In Numbers: s.15,s.17 from Canada

Participant Pass Code:

Speakers Pass Code:

Private Secured Sub Conference for Speakers:

The TELUS lead agent will greet Chairpersons with the phrase: **"Welcome to the Ministry of Children and Family Development conference call.** You have joined the secured private meeting for speakers. May I have your name please?"

The lead agent will introduce themselves and give an update of how many participants are standing by in the meeting. When the speakers are ready to start the presentation, they can address the lead agent who will be standing by.

Meet and Greet for Media:

****Note:** it is recommended to have media dial into the call at least 15 minutes early in order to ensure all names are captured before the start of the call – may want to indicate this on media advisory**

TELUS lead agent will facilitate the Meet and Greet. There will be 'hold music' for the participants until the presentation begins. The participants are in 'listen-only' mode during the presentation.

Participants (media) will be greeted with the phrase: **“Welcome to the Ministry of Children and Family Development conference call. May I have your name and media outlet please? Thank you. Please stand by for the call to commence.”**

A list of participants will be e-mailed to Hannah Glover (hannah.glover@gov.bc.ca) following the conference call.

Stand-By Message: YES

A frequent stand-by message will be given until the start of the call. This stand-by message will be: **“Please stand-by for the Ministry of Children and Family Development conference call. The call will begin shortly.”**

Has a Q&A been requested? **YES**

If YES, the following will also be part of stand-by message: As a reminder you may queue up to ask a question anytime during the call by pressing the numbers 01. To withdraw your question, press the # sign. Thank you.”

Introduction: REQUIRED – YES

Good afternoon and welcome to the **Ministry of Children and Family Development Conference Call**. I would like to introduce Minister Stephanie Cadieux...go ahead minister....

Question and Answer: Required

Telus agent to provide instructions on Q&A and how those on the line can queue up to ask a question.

To ask a question: Press 01

To exit question queue: Press #

The lead Q&A agent will announce the phone participant's name and media outlet and prompt them to ask their question. Their line will be temporarily un-muted while they ask their question. They will be returned to 'listen-only' mode after their turn is complete and

the next participant in line will be announced. ***Note: Please allow only one question and one follow-up question, then move on to next caller in cue.**

Closing Statement:

Once the call has been concluded, the lead Q&A agent will provide the following closing message: "Ladies and Gentlemen, this **concludes the Children and Family Development Conference Call**. Thank you for your participation and have a nice day."

Recording:

Not required

Playback on Demand:

Not required



STATEMENT

Not Approved
Oct. 8, 2015

Ministry of Children and Family Development

Statement from the Minister of Children and Family Development

VICTORIA – Minister of Children and Family Development Stephanie Cadieux released the following statement in response to the Representative for Children and Youth's (RCY) latest report:

"The Representative for Children and Youth's report focuses on the difficult, complex and often life-changing work of B.C. social workers, and we agree with the report's findings around caseload challenges, recruitment and retention difficulties, as well as the complex issues our front-line workers deal with every single day. However, the report's data, which was gathered between November 2014 and January 2015, is now dated and no longer aligns with the current state of ministry offices because many of the concerns and challenges the RCY raises in the report have already been, or are currently being, addressed.

"The RCY's recommendations are in line with what the ministry has already identified through our own extensive staff engagement, client feedback, and our collaboration with the BCGEU. As per our usual process, ministry staff regularly update the RCY. She is well aware of the steps the ministry is taking to support our social workers so they can provide the best possible service to vulnerable children, youth and families in B.C.

"For example, like any complex, high-pressure and emotional job, there are often challenges with recruiting and retaining staff, particularly in rural and remote communities. That's why we're speeding up employee hiring through a new centralized approach that allows the ministry to recruit child-protection workers for rural, remote, high-needs and other positions either as a group on a quarterly basis, or individually as positions become available. In fact, we have hired 110 new child-protection workers across the province since last November – that's 11% more workers focused on direct services to children and youth in this year alone.

"We have also simplified business functions for our front-line staff, including expanding our successful centralized screening to more of our ministry offices to help free up social workers' time so they can focus on tasks that require their expertise and insight, such as meeting with clients and preparing comprehensive care plans.

"We will continue to work with ministry offices throughout the province to ensure we place new employees in the locations that need the most support. We are recruiting for priority front-line positions, and – for the first time ever – the ministry is bringing a direct focus on recruitment for senior leadership positions to help attract interest from Aboriginal applicants and qualified people from across Canada.

"Since these latest changes have taken place, we have been hearing positive feedback from staff and team leaders. And, as more child-protection workers are hired and the new processes continue to take effect in Service Delivery Areas, we expect that we'll continue to receive

positive feedback from local offices.

"There is no question that this government is trying to manage growing demands for services while also balancing our budget. My ministry is committed to balancing our budget, and balancing it in a way that meets the needs of our programs and services, and in turn, the vulnerable children, youth and families the ministry serves. It's about using what we currently have more effectively and efficiently, both now and in the future."

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