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MINISTRY OF SOLICITOR GENERAL OFFICE OF THE CHIEF CORONER

Ref: 218746



September 8, 2014

Lisa Lapointe Chief Coroner Office of the Chief Coroner Ministry of Justice Metrotower II 800 – 4720 Kingsway Burnaby BC V5H 4N2

Dear Ms. Lapointe:

Re: BC Coroners Service Child and Youth Death Review Panel Report and Recommendations – Request for an Update

Thank you for your letter of August 6, 2014, to the Honourable Stephanie Cadieux, Minister of Children and Family Development, requesting an update on the actions taken in response to the 2013 Child Death Review Panel's recommendation 2 - access to child and youth mental health services.

As Deputy Minister for Children and Family Development, I am pleased to provide a summary (see Attachment 1) of service enhancements, implemented and/or initiated by the Ministry of Children and Family Development (MCFD) or in partnership with the Ministry of Health (MoH) and Health Authorities and others, that support improved access for children and youth with mental health problems and their families.

Our Ministry's collaboration with other ministries and community partners is critical to successfully addressing access and other issues that support improved well-being and mental health outcomes for children and youth. Throughout the spring and summer, MoH and MCFD have been engaging with community and ministry partners to inform development of a three-year work-plan for continued progress towards *Healthy Minds, Healthy People's* goals.

The *Healthy Minds, Healthy People 2014 – 2017 Work-Plan* will align with Health's *Setting Priorities* document and *MCFD's Operational and Strategic Directional Plan,* and will include actions to support priorities identified in these strategic documents. The work-plan is expected to be complete in the Fall of 2014.

The child and youth mental health component of the 2014-2017 Work-Plan will address needs identified in the Representative for Children and Youth's report *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.* The work-plan actions will aim to improve service delivery for youth across the spectrum from acute care through to self-help supports, and will include a focus on transition age youth in order to meet the particular needs of this priority population. Another area of focus will be to identify opportunities for collaborative action and to build on efforts to address system fragmentation.

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The ministry recognizes that there is still more to be done to improve services for children and youth with mental health problems and their families, and that coordination and partnership with others is critical to this goal. The ministry looks forward to opportunities for continued collaboration to enhance healthy development and mental wellness, and to support children and youth with mental health challenges and their families.

Sincerely,

Mark Sieben

Deputy Minister

Attachment

pc: Doug Hughes, ADM, Health Services and Quality Assurance, Ministry of Health Michael Egilson, Chair, Child Death Review Unit, Ministry of Justice

Attachment 1:

Accomplishments and Initiatives Underway Related to Recommendation 2: Access to Child and Youth Mental Health Services

Map MCFD and contracted agency mental health services and service levels across the province and make the information easily accessible and publicly available

- The Ministries of Children and Family Development (MCFD) and Health (MOH) have developed an online service inventory and Google style map format that identifies key MCFD, Health Authority and contracted agency services to facilitate easier access to child and youth mental health and substance use services in British Columbia, including Aboriginal child and youth mental health services. The map was developed in consultation with a parent from Families Organized for Recognition and Care Equality (FORCE), a youth from the MCFD Aboriginal Advisory Committee, and the Federation of Community Social Services in BC, and will be available to the public in October 2014.
- A toolkit of mental health information and self-help resources to support children, youth and families who are waiting for assessment and therapy is now available on the MCFD Web site: http://www.mcf.gov.bc.ca/mental health/pdf/tool kit.pdf

Identify and address barriers to accessing mental health services, including the perspective of what young people identify as barriers to services

- MCFD has introduced a new Intake Clinic Model in 20 community-based Child and Youth Mental Health (CYMH) teams with a focus on streamlining intake processes and reducing wait times. Youth and families who have engaged in this approach to intake are reporting positive experiences with access to the intake process on the same day. Families from the FORCE consulted on the development of this model, and lessons learned from the youth, family and staff currently using this model will be reviewed and incorporated before additional teams across the province initiate implementation.
- Access has also been improved through expansion of the use of video-conferencing to provide more timely access to psychiatric services for children, youth and their families in northern communities in British Columbia. Through a partnership with MCFD, Northern Health Authority, Psychiatrists and BC Children's and Women's Mental Health Program, psychiatrists provide direct services and participate in planning discussions and education with local clinicians. Telehealth has also reduced travel costs and time away from work for families.
- To improve practitioners' knowledge and ability to support youth at risk of suicide, MCFD has developed and released new *Practice Guidelines for Working with Children and Youth at-risk for Suicide in Community Mental Health Settings*. These guidelines emphasize collaboration with those involved in the formal and informal child and youth serving systems, as well as the active involvement of parents, caregivers, family and community members, as follows:
 - A live meeting presentation to introduce the guidelines to MCFD staff and other practitioners across the province held in July 2014.
 - MCFD developed a Quick Reference desktop guide summarizing these guidelines for practitioners that will be distributed in early fall 2014:
 - http://www.mcf.gov.bc.ca/suicide_prevention/pdf/suicide_pip_pg_quick_ref.pdf
- The MCFD CYMH policy, *Suicide Prevention, Intervention & Postvention*, has been revised to align with best practices and in response to the BC Coroners recommendations. Staff orientations are nearly complete.
- The preventing youth suicide content on the MCFD CYMH website was updated in the last year to include the most current research and practice information, including information specific to the needs of Aboriginal youth, families and communities.
- MCFD continues to provide advanced training in recognizing and responding to suicide risk for CYMH practitioners on community-based teams and over half of CYMH practitioners have been

trained. Seventy practitioners were trained in 2013/2014 and training for 2014/2015 is scheduled for early in 2015.

- The First Nations Health Authority, in partnership with MoH, MCFD, the Ministry of Aboriginal Relations and Reconciliation, other health authorities, the BC Association of Aboriginal Friendship Centres and the Metis Nation BC, developed *Hope, Help and Healing: A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide*. The toolkit supports planning at a community level that is strengths-based and culturally relevant, and accounts for the enhanced vulnerability to suicide that is experienced by many First Nations/Aboriginal youth in British Columbia.
- Reducing barriers and improving access is one of the goals of the Interior Child and Youth Mental Health and Substance Use Collaborative (Collaborative) which is co-sponsored by Doctors of BC, MCFD, MoH and other partners, and includes the involvement of families and youth who are members of the FORCE. Objectives of the Collaborative are to:
 - Provide help quickly for children and youth with mental health and substance use (MHSU) challenges, and offer supports for families and communities;
 - Support the seamless transition of youth with MHSU disorders into adult services;
 - Develop a collaborative approach to care, with the family as the focus, for rural, remote, as well as urban areas;
 - Provide standardized youth screening tools, education, support, and referral pathways for primary care;
 - Implement a standardized protocol and process for children and youth attending an Emergency Room for MHSU challenges; and
 - Create an open, transparent system that welcomes young people and families to seek support and collaborate in their care.
- MCFD and MoH included members of the Collaborative in the development of the provincial Youth Mental Health Transition Protocol (Youth MHTP) Agreements between MCFD and MOH and Health Authorities, and will be seeking input from the Collaborative regarding development of the MHTP for Children and Youth Transitioning between Communities and Hospitals (see additional information below).
- Co-chaired by MCFD and the MoH, the Family Mental Health and Substance Use Task Force has developed *Families at the Centre*, a planning framework for public systems to address and mitigate vulnerabilities across generations for families affected by a mental health and/or substance use problem.
- MCFD practitioners working in local communities have participated in training with school personnel and other community service providers as part of the provincial ERASE (Expect Respect and a Safe Education) Anti-bullying strategy. This strategy includes content about youth suicide prevention and highlights the importance of connectedness and collaborative partnerships to support youth.

Identify and address barriers to transitioning between community mental health and acute hospital services.

• MCFD is collaborating with ministry and community partners in the development of a protocol over the next year to support children, youth and their families during transitions between community and hospital services to improve coordination and continuity of care.

Identify and address barriers to transitioning from child and youth mental health to adult mental health services.

- MCFD and MoH conducted an extensive review and revision of the Youth Transition Protocol, which will soon be implemented to promote coordinated, continuous and responsive planning and service delivery for youth age 17 – 21 years, who are transitioning from child and youth to adult services, and their families. Joint Management Tables, co-led by MCFD and health authorities, will support effective, consistent implementation in local communities.
- MCFD will also implement a new CYMH Youth Transition Policy in 2015, which will guide CYMH

practitioners in their work with youth, and support implementation of the transition protocols.

- Given that many youth with special needs also experience mental health challenges, consideration of
 mental health issues are increasingly being incorporated into initiatives to improve transitions for
 youth with special needs such as government's 2012, comprehensive, 12 point plan to support
 individuals with developmental disabilities which includes ways to improve transitions to adulthood.
 As part of this plan, through the Services to Adults with Developmental Disabilities (STADD)
 project, accomplishments include:
 - Simplification of the Persons with Disabilities (PWD) designation process for youth eligible for Community Living BC (CLBC) supports.
 - Development of an integrated service delivery model. Five early implementation sites have been launched to test, evaluate and refine the integrated service model prior to implementing it around the province. The sites are in Courtenay/Nanaimo; Surrey; Burnaby; Kamloops/Merritt; and Prince George/Haida Gwaii.
 - Creation of the Integrated Services Support Team as an option for people with developmental disabilities and their families who have concerns about the services offered by ministries and agencies, including CLBC.