

Wednesday, April 13, 2016
Time: 4:00 p.m.

Thomas Haney Secondary School
23000 116 Avenue
Maple Ridge BC V2X 0T8

“The man who can make hard things easy is the educator” – Ralph Waldo Emerson

A G E N D A

A. OPENING PROCEDURES

ITEM 1

1. Call to Order
2. Correspondence
 - Teresa Rezanoff, President, BC School Trustees Association
 - 2016-03-09 Frank Lento, SD5
 - 2016-03-09 Frank Lento, SD5
 - 2016-03-09 Frank Lento, SD5
 - 2016-03-09 Frank Lento, SD5
 - 2016-03-09 T Goulet, SD28
 - 2016-03-11 E Flynn, SD69
 - 2016-03-22 L Trenaman, SD8
3. Approval of Agenda
4. Invitation for Public Input to matters on the Agenda - *Members of the public can provide input on items on the Agenda. Speaker's time is limited to 2 minutes per person. This agenda item has a time limit of 10 minutes.*

B. APPROVAL OF MINUTES

1. March 9, 2016 ITEM 2

C. PRESENTATIONS - *Individuals and groups invited by the Board to make presentations. Time limits for individual presentations will be established to allow all speakers to present within the time limit for this item. This agenda item has a time limit of 20 minutes including questions; extension*

1. Proposed Preliminary Budget 2016/17 ITEM 3

D. DELEGATIONS - *Registered delegations can make presentations to the Board. Time limits for individual delegations will be established to allow all registered delegations to present within the time limit for this item. This agenda item has a time limit of 20 minutes including questions; extension is at the discretion of the Board.*

E. DEFERRED ITEMS

F. DECISION ITEMS

1. Chairperson
2. Superintendent of Schools
3. Secretary Treasurer
 - a) 2016/17 School Enhancement Program Submission ITEM 4
4. Board Committees
 - a) Budget
 - b) Finance
 - c) Board Policy Development
 - d) Education
 - e) Aboriginal Education

G. INFORMATION ITEMS

1. Chairperson
2. Superintendent of Schools
 - a) Superintendent's Update ITEM 5
3. Secretary Treasurer
4. Board Committees & Advisory Committee Reports
 - a) Finance
 - b) Budget
 - c) Board Policy Development
 - i Proposed Draft Policy 9430: Physical Restraint and Seclusion in School Settings ITEM 6
 - d) Education
 - e) Aboriginal Education
 - f) Inclusive Education
 - g) French Immersion Advisory
 - h) District Student Advisory
 - i) Round Table with Partners
 - j) Facilities Planning

H. TRUSTEE MOTIONS AND NOTICES OF MOTIONS

I. TRUSTEE REPORTS

1. BC School Trustees Association Provincial Council
 - a) 2016 Annual General Meeting Motions ITEM 7
 - b) Final Report on Child and Youth Mental Health in British Columbia ITEM 8
2. District Parent Advisory Council
3. Joint Parks and Leisure Services
4. Municipal Advisory & Accessibility
5. Maple Ridge-Pitt Meadows Arts Council
6. Ridge Meadows Education Foundation
7. Social Planning Advisory:
<http://www.mapleridge.ca/AgendaCenter/Social-Planning-Advisory-Committee-10>
8. Tzu Chi Foundation
9. Other Board Liaison Representative Reports
10. Good News Items

J. QUESTION PERIOD - *Questions, with the exception of Trustee questions, will be limited to one question per person with one follow-up clarification question, if necessary. Question period will be restricted to questions only – statements and debate will not be permitted. This agenda item has a time limit of 10 minutes; extension is at the discretion of the Board.*

K. OTHER BUSINESS

1. Public Disclosure of Closed Meeting Business ITEM 9

L. ADJOURNMENT

To: **Board of Education**

From: Chairperson
Mike Murray

Re: **OPENING PROCEDURES**

Date: April 13, 2016
(Public Board Meeting)

Information/Decision

1. *CALL TO ORDER*
2. *CORRESPONDENCE (Information Item)*
 - *Teresa Rezansoff, President, BC School Trustees Association*
 - *2016-03-09 Frank Lento, SD5*
 - *2016-03-09 Frank Lento, SD5*
 - *2016-03-09 Frank Lento, SD5*
 - *2016-03-09 Frank Lento, SD5*
 - *2016-03-09 T Goulet, SD28*
 - *2016-03-11 E Flynn, SD69*
 - *2016-03-22 L Trenaman, SD8*

RECOMMENDATION:

THAT the Board receive the correspondence for information.

Attachments

3. *APPROVAL OF AGENDA (Decision Item)*

RECOMMENDATION:

THAT the Agenda be approved as circulated.

4. *INVITATION FOR PUBLIC INPUT TO MATTERS ON THE AGENDA - Members of the public can provide input on items on the Agenda. Speaker's time is limited to 2 minutes per person. The agenda item has a time limit of 10 minutes.*

March 9, 2016

The Honourable Mike Bernier
Minister of Education
PO Box 9045, Stn Prov Govt
Victoria, BC
V8V 9E2

RE: Additional funding to support professional development opportunities for part-time teachers and teachers teaching on call (TTOC's)

Dear Minister Bernier,

At the most recent meeting of the BCSTA Provincial Council, members passed the following motion:

"That BCSTA urge the Ministry of Education to invest in the successful implementation of the BC Ed Plan by providing districts with additional funds earmarked for part-time teachers and TTOC professional development opportunities."

The roles of part-time teachers and teachers teaching on call within the K-12 education system are both large and important. These teachers, like their full-time colleagues, provide valued and critical services to our students. We believe they are an integral part of our education system, yet they often do not have the same level of access to professional development activities as their full-time colleagues.

Although school districts most often welcome these teachers to professional development events, there are often practical barriers to their participation. We recognize that while there are no collective agreement or policy barriers to part-time teachers or TTOC's attending pro-d events, individuals may be placed in the predicament of having to choose between unpaid attendance at such activities and paid alternate work. In the end, many simply will not be able to attend for personal financial reasons.

In order to ensure implementation of the new BC Ed plan is fully successful, we want all educators to be able to attend as many professional development activities as possible. The addition of funding in support of these groups of teachers will greatly assist school

districts in ensuring they can join full-time teachers, administrators and district staff in the broad-based pro-d needed to have BC continue as a world leader in K-12 education.

I look forward to discussing with you and your Ministry team how additional resources might be provided to ensure that all educators have the opportunity to be a part of the evolution and continued success of our educational programs and services.

Sincerely,

Teresa Rezansoff

President

BC School Trustees Association

cc: Dave Byng, *Deputy Minister of Education*
BCSTA Member Boards of Education

March 9, 2016

The Honourable Terry Lake
Minister of Health
PO Box 9639, Stn Prov Govt
Victoria, BC V8V 9P1

The Honourable Mike Bernier
Minister of Education
PO Box 9045, Stn Prov Govt
Victoria, BC V8V 9E2

RE: BCSTA request for coordinated mental health services for refugee students

Dear Minister Lake and Minister Bernier,

At a recent meeting of the BCSTA Provincial Council, representatives of member boards of education from across BC passed the following motion:

"That BCSTA urge the Provincial Government to ensure: there are additional mental health supports in place for all refugee students in K-12 arriving in BC; and there is a process in place to coordinate public education services with the refugee services."

As I'm sure you can appreciate, our members are concerned for the emotional well-being of the many hundreds of refugee students who will be entering BC schools over the coming weeks. Trustees want to ensure that all of the necessary services are in place to assist these extremely vulnerable children and youth, most of whom will have come from war-torn regions.

Every school district in the province is committed to doing whatever is possible to support these new students, but we need your help. While school counsellors, educators and district support staff can provide basic supports, they do not have either the expertise or the time to address the more complicated concerns that will need immediate attention. In order to ensure appropriate mental health services for these children, we are requesting the commitment of both Ministries to work with us in establishing the resources and cooperation required.

We do appreciate the work that has been done to date by the provincial government in regard to providing information and a coordinated response. In regard to this specific issue, however, we believe there is still significant work to be done in relatively short order.

Representatives of our organization would be happy to meet with appropriate contacts in your ministries, or with the provincial coordinating body on refugees, in order to discuss how best we can move ahead with addressing this issue. Like you, we are committed to doing our part, but in the current situation school districts alone will not be able to address the anticipated need.

Thank you for considering our request, and I look forward to discussing options with you in the near future.

Sincerely,

Teresa Rezansoff

President

BC School Trustees Association

cc: Stephen Brown, *Deputy Minister of Health*
Dave Byng, *Deputy Minister of Education*
BCSTA Member Boards of Education

March 10, 2016

The Honourable Mike Bernier
Minister of Education
PO Box 9045, Stn Prov Govt
Victoria, BC V8V 9E2

RE: Request to ensure full funding for exempt staff compensation improvements

Dear Minister Bernier,

I would like to begin by thanking you for your willingness to maintain an open dialogue regarding the funding needs of school districts within the current budget cycle in particular. To that end, I would like to bring to your attention the following motion passed at our most recent Provincial Council meeting:

"That BCSTA urge the Ministry of Education to fully fund the costs incurred by boards of education to provide the modest, differentiated compensation increases for principals and vice-principals which were recently approved by the Public Sector Employers' Council (PSEC)."

As always, the primary concern of boards of education is being able to maintain relevant and appropriate educational programs for our students. Maintaining 'per pupil' funding rates is a step in the right direction toward ensuring that goal is met, but it will not fully meet our minimum target of truly 'status quo' budgets if we also have to absorb increasing costs.

The reality in many, if not all, school districts is that boards will soon be faced with a choice of either cutting programs for students or providing exempt staff with their first wage increase in many years. The above request is made to reflect the reality that a simple rollover of current funding levels will not allow boards to maintain all current commitments.

We appreciate that ultimate control over education funding rests with the Ministry of Finance. Your support, however, for the funding of approved exempt staff compensation would be appreciated. When government approved the new collective agreements for teachers and support staff, the need for full funding was immediately recognized. We do not see the compensation improvements for exempt staff as being any different. Certainly school districts and exempt staff members have done more than their part to help balance the education budget through the required \$54 million in yearly cuts to administration. To continue to insist that any compensation improvements also be paid for through further cuts in other areas is inappropriate in our opinion.

We would be pleased to meet with you and your staff at any time to discuss this issue further. As mentioned at the outset, our end goal is to ensure the viability of all current programs through the establishment of truly status quo funding. Providing boards with additional dollars to cover the cost of modest exempt staff compensation improvements would help to ensure that this is possible.

Sincerely,

Teresa Rezansoff

President

BC School Trustees Association

cc: Dave Byng, *Deputy Minister of Education*
BCSTA Member Boards of Education



SCHOOL DISTRICT 5

S O U T H E A S T K O O T E N A Y

March 9th, 2016

Board of Directors
British Columbia School Trustees Association (BCSTA)
4th floor - 1580 West Broadway
Vancouver, BC V6J 5K9

Dear Board of Directors, BCSTA

RE: Provincial Budget and the BCSTA Strategic Plan: Media/Communications

On February 16th, the British Columbia School Trustees' Association (BCSTA) circulated a media release responding to the Provincial Government's Budget 2016. At the March 8th, 2016 meeting of the School District 5, Southeast Kootenay (SD5) Board of Education, the following motion was carried:

M/S that the Board send a letter to the BCSTA expressing our profound disappointment with the media release regarding the 2016 provincial budget and our concerns regarding the BCSTA "media strategic plan".

Boards across the province continually advocate around funding and other issues, as articulated in our numerous letters to government. As the BCSTA is the principal advocate for all Boards, SD5 is profoundly disappointed by the lack of clarity or advocacy for fair and adequate funding provided on our behalf by the BCSTA.

In paragraph two of the media release it states, *"Providing boards of education with the same 'per student' funding as this year will assist school districts being able to maintain the programs and resources needed to support student learning."*

Given you have already stated in the opening paragraph that this is merely *"BCSTA's expectation of government that additional dollars will be added...to address any growth in student enrollment numbers allowing the effective 'per pupil' funding rate to remain unchanged"*, by using the phrasing, *"will assist"*, in

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the paragraph following, the reader is lead to assume Boards of education are receiving the same per student funding as last year, or is left uncertain as to which statement is correct.

Your message is further confused when, in paragraphs five and six you state, *"When budgets do not keep pace with cost increases, boards of education have no alternative but to cut from somewhere within existing staffing or programs"*, leaving the reader unsure as to whether boards of education will or will not be able to maintain programs and resources.

While the release acknowledges some of the additional costs not covered in this budget, SD5 was disappointed you did not mention any of the "clawbacks" specific to this year that Boards must budget for, such as the disappearance of already-anticipated-and-budgeted-for "holdback funds", year two of the "administrative savings" demanded by government in 2015 or the "infrastructure costs" that are required by districts to accommodate the new MyEdBC program that will *no longer* be funded by government.

As you are aware, the Select Standing Committee on Government Finances and Services (SSCGFS) Budget 2016 Report indicated –very clearly—that no other area of expense exceeded K-12 education as a *public spending priority* and recommends government *"Provide stable, sustainable and adequate funding to enable school districts to fulfill their responsibility to continue to provide access to quality public education, with recognition of the **increased costs that school districts have incurred**"* (emphasis mine).

Yet none of this was mentioned in the release. Nor do you indicate the increase in the number of Boards that are now considering school closures as a result of funding inadequacies.

Paragraph seven states:

On a positive note, the \$34 million increase in the K-12 capital projects budget will help to address school construction needs across the province...Likewise, it was good to see that education is specifically mentioned as a part of government's new prosperity fund. Investing in BC's children, both now and in the future, is a wise choice for us all.

While our Board agrees that any increase to funding for educational facilities (as projected under Capital, not Education Funding) is beneficial, we fail to understand why you would portray the BC Prosperity Fund as remotely positive for K – 12 public education.

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As you must be aware, the BC government has chosen to pay down debt faster than scheduled in last year's budget, essentially removing \$500 million from this year's budget—despite BC already having a AAA credit rating and one of the lowest debts among provinces. This is money that could be used *now* to better support education and other essential services for British Columbians. In addition to removing half a billion dollars from circulation, government chose to remove another \$100 million for a Prosperity Fund whose *main purpose*, according to the government's February 16, 2016 media release, is to *further pay down debt* (emphasis below is mine):

*"Government has identified its **lead priority** for the B.C. Prosperity Fund as reducing taxpayer-supported debt. Government will allocate a **minimum** of 50% of each year's allocation to the fund to debt retirement, and a **minimum** of 25% will be saved to accumulate earnings. The **remainder** will be available for **core government priorities** that provide long-term benefits to British Columbia."*

For some reason you have made the leap that "core government priorities" includes "investing in BC's children", even though education is not mentioned in the above quote from the Budget Release 2016 on the government's website.

Our Board is also frustrated by the direction taken by the BCSTA with regard to its media/communications strategy, as exemplified by this media release.

While we find no fault with the internal communication provided to Boards of Education, we believe that communication to our stakeholders, partner groups and to media is sadly lacking and that our focus on "good news stories" via *Boards Making a Difference: Stories From Your Community* simply expends valuable resources in order to "sing to the choir".

Rather, the BCSTA's focus should be on the *public arena* so that our constituents become better aware of the issues and concerns facing Boards of Education. It is the public, not Boards who will ultimately influence government. Our role is to provide them with clear facts and the impetus to demand change.

The BCSTA *must* reassess its own brand of messaging. It needs to develop a strategy aimed at educating the public with simple, hard facts rather than the current strategy of conciliatory gestures toward government. It should be obvious that this strategy simply has not and does not work.

Boards *must* be given the essential tools needed to communicate to the public (ie: creating their message, researching and writing media releases, developing

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and maintaining media relations etc.) as part of their BCSTA professional development.

Without proactive media participation by the BCSTA –and Boards of Education— Boards will continue to experience the same challenges we have been facing for over a decade. The reality is that while Trustees and stakeholders are well-versed on the issues facing public education today, the majority of the public is not.

It is **not** that the public doesn't care enough to demand more for public education and their children. They are simply unaware that education funding is in crisis and that this negatively impacts the classroom despite the excellent work Boards, Administrators, teachers and support staff continue to provide to ensure students receive the best education that limited funding can support.

Until the public is made aware of these challenges and their impact on students, parents and communities have no reason --or impetus—to pressure government to make changes to education funding or to the legislation that is increasingly removing decision making from the local, community level.

Our Board implores the BCSTA Board of Directors to reconsider your media/communications strategy and choose to provide the public with timely, accurate and succinct information regarding the challenges facing public education *regardless of real or perceived political influence or pressure* and to provide Trustees with the information and tools to do so as well.

Sincerely,



Frank Lento, Board Chair,
SD5

Cc: BCSTA for distribution to member Boards of Education

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SCHOOL DISTRICT 5

S O U T H E A S T K O O T E N A Y

March 9th, 2016

All Boards of Education
Via Distribution Through the BCSTA
4th floor - 1580 West Broadway
Vancouver, BC V6J 5K9

Dear Board Chair:

RE: Request to All Boards to Forward to SD5 Their Responses From
Government re: Board Advocacy

At the March 8th meeting of the School District 5, Southeast Kootenay (SD5) public Board meeting, the Board carried the following motion:

M/S that the Board write a letter to all Boards to forward any responses to letters received from the Ministry of Education, through the BCSTA, for distribution to all Boards.

Recently, your Board received a copy of a letter written by the SD5 Board of Education on January 12th, 2016 to Premier Christy Clark and Ministers Michael De Jong and Mike Bernier requesting information on what has been done regarding the recommendations of the Select Standing Committee on Government Finances and Services (SSCGFS) Report on the Budget 2014, 2015 and 2016.

Although this is our fourth letter to Minister De Jong requesting information on the Budget 2014, our Board has still not received a response on this issue. Our Board believes it is disrespectful to *elected representatives* that the provincial government does not respond to our concerns and those of our constituents.

We also believe that we may not be alone in this regard and that other Boards of Education struggle with this issue. However, by being aware of

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the responses that are received by other Boards in the province we feel that we may ultimately gain more information on our advocacy efforts than we currently receive via government responses.

Sincerely,

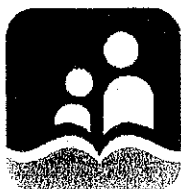


Frank Lento, Board Chair,
SD5

Cc: Teresa Rezasnoff, President, BCSTA
BCSTA for distribution to member Boards of Education

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SCHOOL DISTRICT 5

S O U T H E A S T K O O T E N A Y

March 9th, 2016

Honourable Christy Clark
Premier, Province of British Columbia
PO Box 9041 Stn Prov Govt
Victoria BC V8W 9E1

Honourable Michael De Jong
Minister of Finance and Government House Leader
PO Box 9048 Stn Prov Govt
Victoria BC V8W 9E2

Honourable Mike Bernier
Minister of Education
PO Box 9045 Stn. Prov. Govt
Victoria BC V8W 9E2

Dear Premier Clark and Ministers De Jong and Bernier:

RE: Provincial Budget, SSCGFS, "Prosperity Fund" & Public Education Funding

On February 16, 2016 government released the highlights of the British Columbia Budget 2016-2017. Upon reviewing the release, our Board noted the only comment regarding K – 12 Education was the \$1.7 Billion set aside for seismic upgrades; an addition of \$34 million over last year.

While we acknowledge the great need for such upgrades to be included in the Province's Capital Budget, our Board is extremely disappointed that government continues to choose not to invest in K – 12 Education to ensure future prosperity for the province through a well-educated work force.

Minister De Jong is quoted in the *Balanced Budget 2016 News Release*:

"The measure of any society is reflected in the degree to which it is willing to help the most vulnerable."

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Yet, as a result of government's budgetary choices, our Board continues to struggle to provide not only for our most vulnerable, but for all students with the educational supports they need.

To that end, the School District 5, Southeast Kootenay (SD5) Board of Education carried the following motion at its Board Meeting of March 8th, 2016:

M/s that the Board send a letter to government expressing our concerns regarding the provincial budget, the report of the Select Standing Committee on Finance and Government Services (SSCGFS), the "prosperity fund" and education funding.

The Select Standing Committee on Government Finances and Services (SSCGFS) Budget 2016 Report indicated –very clearly—that submissions regarding K-12 education constituted a significant portion of the public input on Budget 2016, that no other area of expense exceeded K-12 education as a *public spending priority* and that, according to the SSCFGS, **"By properly investing in this sector, the Committee suggests that economic and community goals have a better chance of being realized"**.

Despite these bipartisan findings, funding for K-12 education is virtually frozen this year, with a minimal increase of 1% in each of the next two years. This eventual increase does nothing to address "inflationary costs" like "Hydro" and "MSP increases", surprise "claw-backs" like the disappearance of this year's "holdback funds" due to the massive under-projection of student enrolment, year two of the "administrative savings" demanded by government in 2015 or the "infrastructure costs" that are required by districts to accommodate the new increased enrolment across the province.

Ultimately, these continued and increasing funding shortfalls cannot help but increase class sizes and reduce services in order for Boards of Education to balance their budgets. For some districts, this unfortunately means the possibility of school closures despite the large and unanticipated influx of new students into our province.

Our Board cannot understand why, despite BC already having a AAA credit rating and one of the lowest debts among provinces, the BC government has chosen to pay down debt faster than scheduled in last year's budget, essentially removing \$500 million from the Provincial Budget that could have been used to better support public education and other essential services British Columbians pay taxes to support.

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Nor can we understand why, given the funding challenges faced by all 60 Boards of Education across the province, government has also created a \$100 million "Prosperity Fund" and has identified its *lead priority* for the Fund as reducing taxpayer-supported debt by allocating a *minimum* of 50% of each year's allocation to debt retirement, and a *minimum* of 25% to savings to accumulate earnings with only 25% --or less--available for the core services that provide tangible, long-term benefits to British Columbians, especially its most vulnerable.

Our Board urges government to properly invest in public education and reconsider your funding choices for the Provincial Budget 2016.

Sincerely,



Frank Lento, Board Chair,
SD5

Cc: Bill Bennett, MLA Kootenay East, BC
John Horgan, Leader, BC New Democratic Party
Rob Fleming, Education Critic, BC New Democratic Party
Teresa Rezasnoff, President, BCSTA
BCSTA for distribution to member Boards of Education
Jim Iker, President BC Teachers' Federation
Nicole Makohoniuk, President, BCCPAC
Shelley Balfour & Christina Smith, CFTA Co-Chairs
Debbie Therrien, DPAC Chair
Dan Noble, President, SD5 Administrators' Association
Media

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SCHOOL DISTRICT 5

S O U T H E A S T K O O T E N A Y

March 9th, 2016

Mike Roberts, Chief Executive Officer,
British Columbia School Trustees' Association
4th floor - 1580 West Broadway
Vancouver, BC V6J 5K9

Dear Mike Roberts:

RE: Request for Copies of Government Responses to BC Boards of Education
Letters of Advocacy

At the March 8th meeting of the School District 5, Southeast Kootenay (SD5) public Board meeting, the Board carried the following motion:

M/S that the Board write a letter to Mike Roberts requesting him to forward any Ministry responses to Board letters to all Boards.

Recently, the BCSTA received a copy of a letter written by the SD5 Board of Education on January 12th, 2016 to Premier Christy Clark and Ministers Michael De Jong and Mike Bernier requesting information on what has been done regarding the recommendations of the Select Standing Committee on Government Finances and Services (SSCGFS) Report on the Budget 2014, 2015 and 2016.

Although this is our fourth letter to Minister De Jong requesting information on the Budget 2014, our Board has still not received a response on this issue. Our Board believes it is disrespectful to *elected representatives* for the provincial government to ignore our concerns and those of our constituents.

We also believe that we may not be alone in this regard and that other Boards of Education struggle with this issue. However, by being aware of the responses that are received by other Boards in the province we feel that Boards such as our own may ultimately gain more information on our advocacy efforts than we currently receive via correspondence by government.

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While our Board understands that you may not be a recipient of this type of government correspondence, we felt it worthwhile to ask on the chance that you do receive such copies.

Sincerely,



Frank Lento, Board Chair,
SD5

Cc: Teresa Rezasnoff, President, BCSTA
BCSTA for distribution to member Boards of Education

Frank Lento (Chair) • Trina Ayling • Bev Bellina • Jacqueline Blumhagen • Gail Brown
• Curtis Helgesen • Chris Johns • Doug McPhee • Patricia Whalen

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Quesnel School District

401 North Star Road,
Quesnel, BC
V2J 5K2

Tel. 250-992-8802
Fax 250-992-7652

Board of Education

March 11, 2016

The Honourable Mike Bernier
Minister of Education
PO Box 9161 STN PROV GOVT
Victoria, BC V8W 9E2

Dear Minister Bernier:

For the past several years, the Quesnel School District has faced mounting financial pressures which have ultimately led to the need to investigate potential school closures in order to ensure balanced budgets in the near future.

At the February 17, 2016 Board of Education meeting, Trustees voted unanimously that a letter be written to the Minister of Education and other partner groups to convey frustration and displeasure regarding the downloading of unfunded costs to school districts within the province of British Columbia. Three examples impacting the 2015-16 Budget are noted below. The submission of the 2015-16 Amended Budget for which the cost pressures facing our District were highlighted, also comes at the heels of the provincial announcement for funding of the 2016-17 school year which provides little expectation of an increase in per-pupil funding.

First, our District had an "administrative savings" of \$202,000 taken from our operating grant which came primarily from reducing both the Manager of Transportation and Manager of Finance positions from full-time to part-time. This savings amount also led to a reduction in non-enrolling resource teacher time and loss in custodial time due to lost programs. These administrative savings will further be felt in the 2016-2017 year as an additional \$177,000 of administrative savings has been mandated.

Secondly, as per the previous letter written to the Minister of Education in December, the Board was disappointed that the thaw of the wage freeze for some exempt staff, and subsequent salary increase was unfunded by the Ministry. This meant a further erosion of our operating budget for the 2015-16 year.

Finally, the Next Generation Network upgrade was a mandated conversion and while we understand the benefits that will come from the upgrade, the costs are still being downloaded to school districts and place a significant burden on an already-tight operating budget. For the Quesnel School District, \$83,000 was taken in July 2015 for the set-up fee, another \$76,000 is to be taken on or before March 2016 and it is anticipated that an additional \$80,000 will be needed to do upgrades within our school to ensure compatibility. This amounts to \$239,000 coming out of the 2015-16 operating budget alone.



Based on just the financial pressures noted above, the Quesnel School District must fund over \$500,000 in unplanned costs in this school year. This does not include additional cost pressures due to increased costs to MSP, Hydro, and other inflationary costs.

In light of the above however, the Board is pleased that the Ministry has committed to allow Districts to keep and repurpose the savings that will be realized in the 2016-17 budget from reduced employer contributions to the teacher pension plan. We are also pleased to see that there was a \$34 million increase in the K-12 capital projects budget, which we hope Quesnel can benefit from due to the aging schools in the District.

Sincerely

**BOARD OF EDUCATION
QUESNEL SCHOOL DISTRICT**



Tony Goulet
Chairperson

TG/tr

- c: Trustees, Board of Education of School District No. 28 (Quesnel)
The Honourable Coralee Oakes, MLA for Cariboo North
The Honourable Michael de Jong, Minister of Finance
Mr. Rob Fleming, MLA - NDP Education Critic
Mr. Brian Cullinane, QPVPA Co-Chairperson
Ms. Wendy Forsythe, QPVPA Co-Chairperson
Ms. Lisa Kishkan, QDTA President
Ms. Denice Bardua, President- CUPE Local 4990
BCSTA – for all other School Boards
Local Media



SCHOOL DISTRICT No. 69 (QUALICUM)

March 11, 2016

Honourable Mike Bernier
Minister of Education
PO Box 9045, Stn Prov Govt
Victoria BC V8W H3

via email: Minister.Educ@gov.bc.ca

Dear Minister Bernier:

Further to your interview on CBC's the *Early Edition* on February 23, 2016, the Board of Education of School District 69 (Qualicum) is writing to respond to a particular comment you made.

You must certainly be aware, in your capacity as Education Minister, of the numerous organizations and their affiliated people that support and advocate for quality public education in this province. The BC Teachers' Federation (BCTF) represents 41,000 members. The public education system employs 34,000 support staff. The BC Confederation of Parent Advisory Councils (BCCPAC) represents tens of thousands of parents. There are 60 school districts in this province with over 400 individual school trustees elected by their community. Over the past few years, all of these organizations have written letters and/or had verbal consultations with you and your predecessors imploring the province to change how it funds public education.

Our Board of Education took exception to your remark in reference to those who support proper education funding. You were quoted as saying, "We constantly hear from a few groups that it (public education) is underfunded. Unfortunately when you hear this noise from a few groups all the time that is what people start to believe."

Your comments demonstrate a lack of understanding for those advocating on behalf of our students. Your remarks marginalize and dismiss hundreds of thousands of people in this province. They show a blatant disregard and lack of respect for school boards who are working within a co-governance model with the Ministry of Education. Furthermore, you are dismissing the province's own Select Standing Committee on Finance and Government Services, which has recommended increases in financial support to public education.

/2

The voice of properly funded education is not 'noise from a few groups'. It is a united outcry.

As a Board we respectfully request a public apology to your partners in education who work so tirelessly to ensure students are provided with the best possible supports to ensure their success in BC's public school system.

Sincerely,



Eve Flynn
Board Chair

cc: Board of Education SD69
Mr. Rollie Koop, Superintendent of Schools (SD69)
Mr. Ron Amos, Secretary Treasurer (SD69)
Norberta Heinrichs, President, Mount Arrowsmith Teachers' Association
Troy Forster, President, Canadian Union of Public Employees (Local 3570)
Jalyn Sorg/Andrea Button, Co-Chairs, District Parent Advisory Council (SD69)
MLA Michelle Stilwell, Parksville-Qualicum
MLA Scott Fraser, Alberni-Pacific Rim
BC Boards of Education (via BCSTA)
Local Media

File: 0530-01



School District No. 8 (Kootenay Lake)

Board Chair

570 Johnstone, Nelson, B.C. V1L 6J2

Telephone: (250) 352-6681 Fax: (250) 352-6686

Toll Free: 1-877-230-2288 Web: www.sd8.bc.ca

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March 22, 2016

The Honorable Mike Bernier
Minister of Education
PO Box 9045, Stn Prov Gov
Victoria, BC V8W 9E2

Dear Minister Bernier:

Re: Timeline for Implementation of the Grades 10-12 Redesigned Curriculum

At its Regular Meeting on March 8, 2016, the SD8 (Kootenay Lake) Board of Education agreed, by resolution, to write a letter to you to express our concerns regarding the current timeline for implementation of the redesigned curriculum for Grades 10-12.

Our school district is committed to ensuring a successful implementation of British Columbia's redesigned curriculum. The proposed changes in the drafts we have seen reflect our beliefs about learning and teaching. They also reflect the expectations of our community. We believe that this District is well prepared for the shifts that are contemplated and we see a tremendous momentum building behind the shift. However, we believe the Ministry's timeline for this implementation at the district level throughout the Province does not align with work being completed and shared by the Ministry of Education, and that a rushed implementation schedule may lead to disappointment, loss of commitment and, ultimately, an unsuccessful endeavor.

We would like to emphasize that the transformation of the BC Curriculum corroborates with the underlying principles that have guided the learning focus in SD8 (Kootenay Lake) over the past six years:

- Emphasis on formative assessment, the design of a greater array of strategies for learners to demonstrate evidence of learning for summative evaluation, and effective communication of learning;
- Student ownership of their own learning – students as leaders of learning;
- Learning environments that engage students in deep, connected inquiry and solution-seeking;
- Global awareness and sustainability;
- Collaboration between teachers – development of the profession;
- Understanding the K-12 trajectory and supporting cross curricular experiences for students; and
- Observing our children carefully and aligning our resources to respond to their changing needs.

Continued.../2

School District No. 8 (Kootenay Lake) has been working from a transformative perspective for several years. In spite of the curriculum, and in spite of the challenging pressures that may distract, or even dissuade us, we are growing a culture of innovation and focusing on the transformation of learning environments. We have strived as a District to align our resources and to focus all of our efforts from every aspect of the organization on shifting the learning environment and supporting the ever-changing needs of our students. It is critical that we continue to celebrate the ongoing efforts of the Districts throughout the Province to transform learning environments, and that we feel confident the new provincial curriculum will ultimately support our progress. Equally critical is that we address the challenges that could seriously impede, or even stop, this important work.

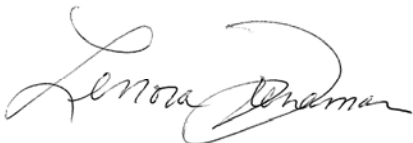
In light of the fact that the Province

- has yet to revise K-12 completion requirements in order to better reflect shifted learning expectations for students, and
 - recognizing that while we understand the Ministry is working on a revised standard of assessment, it is not yet completed, and also,
 - knowing that parents and students will experience raised levels of anxiety regarding whether revised standards in BC will be accepted at all post-secondary institutions and other post-secondary choices students may make,
- we feel that the implementation schedule is too hasty.

We look forward to hearing from you well prior to the end of this school year, with your considerations of how you are attending to the challenges that we have expressed.

Sincerely,

SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)



Lenora Trenaman

Board Chair

ltrenaman@sd8.bc.ca

cc *Board of Education, School District No. 8*
 Dave Byng, Deputy Minister of Education
 BCSTA – All School Districts
 Paul Boscariol, Co-President, KLTF
 Doug Kunzelman, Co-President, KLTF
 Michelle Bennett, President, CUPE Local 748
 Sheri Walsh, Chair, DPAC
 Mike Hurley, President, KLPVPA



ITEM 2

To: **Board of Education**

From: Chairperson
Mike Murray

Re: **APPROVAL OF MINUTES**

Date: April 13, 2016
(Public Board Meeting)

Decision

RECOMMENDATION:

THAT the Minutes of the March 9, 2016 Public Board Meeting be approved as circulated.

Attachment

IN ATTENDANCE:

BOARD MEMBERS:

Chairperson – Mike Murray
Vice Chairperson – Susan Carr
Trustee – Lisa Beare
Trustee – Korleen Carreras
Trustee – Ken Clarkson
Trustee – Eleanor Palis
Trustee – Dave Rempel

STAFF:

Superintendent – Sylvia Russell
Deputy Superintendent – Laurie Meston
Secretary Treasurer – Flavia Coughlan
Executive Assistant – Karen Yoxall

A. OPENING PROCEDURES

1. Call to Order

The meeting was called to order at 6:00 p.m. The Chairperson welcomed and thanked everyone for attending. The Chairperson acknowledged that this meeting is taking place on the traditional territory of Katzie First Nation and Kwantlen First Nation.

2. Correspondence

3. Approval of Agenda

Moved/Seconded

THAT the Agenda be ordered as circulated.

CARRIED

4. Invitation for Public Input to matters on the Agenda

B. APPROVAL OF MINUTES

1. February 24, 2016

Moved/Seconded

THAT the Minutes of the February 24, 2016 Meeting be approved as circulated.

CARRIED

C. PRESENTATIONS

1. Child Care Workers

Moved/Seconded

Child care workers presented information on their role in the schools, their connection to a child's daily life and the development of therapeutic relationships.

THAT the Board receive the presentation by the Child Care Workers for information.

CARRIED

D. DELEGATIONS

E. DEFERRED ITEMS

F. DECISION ITEMS

1. Chairperson
2. Superintendent of Schools

a) 2016-2017 and 2017-2018 District School Calendars

Moved/Seconded

The Deputy Superintendent reported that in order to provide families more opportunity to plan, Senior Team had proposed calendars for both 2016-2017 and 2017-2018. The proposed draft District School Calendars, Kanaka Creek School Calendars and the District Distributed Learning Calendars for 2016-2017 and 2017-2018 had been shared with the public for feedback, had been prepared in accordance with the School Calendar Regulation and meet the required minutes of instruction as outlined in the regulation.

The Deputy Superintendent further reported that two changes had been implemented as a result of feedback received.

A request was received from the Curriculum Implementation Steering Committee to switch the September 26, 2016 Pro-D day with the November 10, 2016 Curriculum Implementation Day. The proposed District School Calendar, proposed District Learning Calendar and the proposed Kanaka Creek School Calendar now reflected this change.

Teachers at Kanaka Creek School expressed their concern at the number of instructional days in the proposed Kanaka Creek School Calendar for 2017-2018. It was identified that there were two additional instructional days over the ministry requirements and the proposed 2017-2018 calendar now reflected this change.

THAT the Board approve the attached District School Calendars, Kanaka Creek School Calendars, and the District Distributed Learning Calendars for 2016-2017 and 2017-2018.

CARRIED

b) Late French Immersion Program

Moved/Seconded

The Superintendent reported that over the years the Late French Immersion Program had been offered at different elementary sites but that due to lack of enrolment only Golden Ears Elementary now offered the program.

The Superintendent further reported that an information night for parents wishing to enroll their students in the Late French Immersion program had been held, registration information had been placed in local newspapers, school newsletters and on the school district website but that currently only 16 students had registered for this program of choice for September 2017.

THAT the Board approve the following recommendations:

That given the low number of students registered for the Late French Immersion program at Golden Ears Elementary, that the school district not offer a grade 6 Late French Immersion program, for the 2016-2017 school year.

and Further:

That the grade 7 Late French Immersion Program continues to be offered at Golden Ears Elementary for September 2016.

and Further:

That the school district offers the opportunity for interested students to register for a Grade 6 Late French Immersion Program for September 2017 at Golden Ears Elementary.

and Further:

That should there be an insufficient number of students (less than 26) to offer a grade 6 Late French Immersion Program for September 2017, that the school district terminate the Late French Immersion program in School District 42.

CARRIED (Trustee Beare Opposed)

c) My Education BC Update

Moved/Seconded

The Director of Instruction and Project Manager reported that in order to implement the Family Portal Module of My Education BC, teachers will require further training. Optional spring training is being proposed for teachers beginning April 4, 2016 and that in order to fund the release time for up to 835 teachers an additional one-time allocation of up to \$75,000 would be required.

THAT the Board approve the use of up to \$75,000 from the contingency reserve to fund the spring teacher training beginning April 4th, 2016.

CARRIED

3. Secretary Treasurer

a) South Albion Expropriation Notice Bylaw 2016

Moved/Seconded

(1) THAT the Board of Education of School District No. 42 (Maple Ridge – Pitt Meadows) South Albion Expropriation Notice Bylaw 2016 be given three (3) readings at this meeting (vote must be unanimous).

CARRIED

Moved/Seconded

(2) THAT the Board of Education of School District No. 42 (Maple Ridge – Pitt Meadows) South Albion Expropriation Notice Bylaw 2016 be:

Read a first time on the 9th day of March, 2016;

Read a second time on the 9th day of March, 2016;

Read a third time, passed and adopted on the 9th day of March, 2016.

CARRIED

b) Energy Management Plan Update

Moved/Seconded

The Secretary Treasurer reported that at the March 25, 2015 Public Board Meeting, the Board approved the 2015-2019 Energy Management Plan. The Plan was created based on high level assessments for all 34 school district facilities and provided high level estimates of required one-time capital investments as well as estimated ongoing energy savings related to the creation and implementation of the Energy Management Plan. The Secretary Treasurer further reported that the 2014/15 projects are now complete.

The Manager of Energy and Environmental Sustainability reported on the 2014/15 Projects, 2015/16 Projects and spoke to the success and challenges of the first year.

The Manager of Energy and Environmental Sustainability further reported that in December 2015 BC Hydro informed the school district of Energy Manager Program changes including discontinuing their incentives for mechanical, heating, ventilation and cooling (HVAC), refrigeration and commercial kitchen projects starting March 1, 2016.

The impact of these changes in incentive funding, revised cost estimates for 2015/16 and estimated one time savings was presented.

THAT the Board approve the transfer of \$250,000 from the operating fund (utilities savings) to the Local Capital fund to be used to supplement the funding of projects included in the Energy Management Plan.

CARRIED

4. Board Committees

- a) Budget
- b) Finance
- c) Board Policy Development

i. Policy 4204: Contingency Reserve

Moved/Seconded

The Secretary Treasurer presented Policy 4204: Contingency Reserve and reported that the policy had been developed based on current practice, recommendations included in the 2015 Ernst and Young's Report on the Special Advisor's Review of the Vancouver Board of Education and recommendations from the Office of the Auditor General.

THAT the Board approve Policy: 4204 Contingency Reserve.

CARRIED

ii. Policy 8801: Course Challenge

Moved/Seconded

THAT the Board approve Policy 8801: Course Challenge

And Further;

THAT the Board receive for information Procedure 8801.1: Course Challenge

CARRIED

d) Education Committee

i. Board Authorized Approved Courses

Moved/Seconded

The Superintendent reported that as per the School Act, Boards of Education must approve Board authorized approved courses, academies, trade and partnership programs proceeding their implementation.

The Director of Instruction reported that the Education Committee had met, reviewed, approved and recommended the implementation of Peer Social Support, Conversation Francaise 11/12 and Chess 11.

Discussion ensued on Chess 11, interest in the course and student enrolment required.

That the Board approve the following Board Authorized Approved Courses:

- Peer Social Support
- Conversation Francaise 11/12
- Chess 11

CARRIED

ii. Youth Learning Community Pilot Program

Moved/Seconded

The Principal, Environmental School presented the Youth Learning Community Pilot Program and reported that the program proposal provides an opportunity for Grade 8 – 12 students to access a program which combines the self-directed options offered at Thomas Haney Secondary with community/place-conscious, ecological studies.

The operational plan, program philosophy, and the request for start-up funding was discussed.

THAT the Board approve the proposed Youth Learning Community pilot program for the 2016-2017 School Year;

And Further;

THAT the Board approve the transfer of \$30,000 from the contingency reserve to the operating fund to fund the start-up costs for this program.

CARRIED

e) Aboriginal Education

G. INFORMATION ITEMS

1. Chairperson
2. Superintendent of Schools

a) Maple Ridge Elementary Early French Immersion Program Update

Moved/Seconded

The Superintendent reported that on October 14, 2015 the Board approved that a new Early French Immersion program be established at Maple Ridge Elementary starting September 2016 and that an implementation plan is created by senior staff in consultation with the school community.

The Superintendent further reported that Maple Ridge Elementary currently has 30 kindergarten students enrolled in the Early French Immersion program for September 2016, that increased registration is anticipated and that preparation of the classrooms and acquisition of materials will be supported through the federal government French grants.

THAT the Board receive the Maple Ridge Elementary Early French Immersion Program update for information.

CARRIED

b) Superintendent's Update

Moved/Seconded

The Superintendent reported on February 24, 2016 Pink Shirt Day and activities in schools.

THAT the Board receive the Superintendent's Verbal Update, for information.

CARRIED

Trustee Palis exited the meeting at 8:00 p.m.

3. Secretary Treasurer
4. Board Committees & Advisory & Advisory Committee Reports
 - a) Finance
 - b) Budget
 - c) Board Policy Development
 - d) Education
 - e) Aboriginal Education
 - f) Inclusive Education

The Chairperson reported that on February 29, 2016 the Board Policy Development Committee members met with the Inclusive Education Committee to discuss the draft Policy: Physical Restraint and Seclusion in School Settings.

Trustee Rempel exited the meeting at 8:03 p.m.

- g) French Immersion Advisory
- h) District Student Advisory
- i) Round Table with Partner Groups
- j) Facilities Planning

H. TRUSTEE MOTIONS AND NOTICES OF MOTIONS

I. TRUSTEE REPORTS

1. BC School Trustees Association Provincial Council

a) BCSTA 2016/17 Budget Planning: Additional Opportunity to Provide Feedback

Moved/Seconded

The Chairperson reported that at the February 19, 2015 Provincial Council meeting, the Finance Committee presented the first draft of BCSTA's 2016/2017 operating budget and that Boards of Education were being given an additional opportunity to provide feedback.

Trustee Clarkson reported on BCSTA budgetary issues.

That the Board receive the BCSTA 2016/17 Budget Planning: Additional Opportunity to Provide Feedback for information.

CARRIED

Trustee Rempel re-joined the meeting at 8:05 p.m.

b) Board of Education Input to Annual Review of MOU between BCSTA and the Ministry of Education

Moved/Seconded

On December 5, 2014 the BCSTA and the Ministry of Education signed a Memorandum of Understanding (MOU) regarding the co-governance relationship between the parties. As part of the co-governance process and the terms of the MOU, the parties agreed to an annual review of progress under the MOU as well as a setting of priorities for the coming year. Input is now being requested from BCSTA.

Discussion ensued on education funding and the formation of Audit Committees.

The Chairperson reported that trustee feedback would be gathered and a response submitted to BCSTA.

THAT the Board authorize the Board Chair to respond to the survey based on the input provided by trustees.

CARRIED

Maple Ridge-Pitt Meadows Arts Council

Trustees reported that committees and governance were discussed.

Social Planning Advisory

Trustee Carr reported that housing was discussed.

Good News

Trustees reported on a school visit to Whonnock Elementary, the Strong Kids Community Forum, the Youth Impact Summit and a fundraiser at Garibaldi Secondary School.

J. QUESTION PERIOD

A question was posed on a current employment opportunity in the school district.

K. OTHER BUSINESS

L. ADJOURNMENT

Moved/Seconded

THAT the Board adjourn the meeting.

CARRIED

The Public Board meeting adjourned at 8:43 p.m.

Mike Murray, Chairperson

Flavia Coughlan, Secretary Treasurer



ITEM 3

To: **Board of Education**

From: Chairperson
Mike Murray

Re: **PROPOSED PRELIMINARY BUDGET
2016/17**

Date: April 13, 2016
(Public Board Meeting)

Information

BACKGROUND/RATIONALE:

The Proposed Preliminary Budget 2016/17 is presented to the Board for information.

Groups or individuals who wish to present their views on the Proposed Preliminary Budget at the April 20, 2016 Budget Committee of the Whole meeting at 6:00 p.m. at Thomas Haney Secondary School, must register with Karen Yoxall (Executive Assistant to the Board) at budget@sd42.ca no later than April 18, 2016.

Written submissions may be forwarded no later than two working days before the meeting to the Board of Education, Attention: Executive Assistant to the Board, Secretary Treasurer's Office, 22225 Brown Avenue, Maple Ridge, BC V2X 8N6 or by email: budget@sd42.ca.

All submissions to the Board are considered to be public documents. The Board, therefore, reserves the right to make any submissions available to the public and placed on the website.

The Board of Education will make their final deliberations and adopt the 2016/17 Preliminary Budget at the Public Board meeting scheduled for April 27, 2016.

RECOMMENDATION:

THAT the Board receive the Proposed Preliminary Budget 2016/17 for information.

To be distributed

To: **Board of Education**

From: Secretary Treasurer
Flavia Coughlan

Re: **2016/17 SCHOOL ENHANCEMENT
PROGRAM SUBMISSION**

Date: April 13, 2016
(Public Board Meeting)
Decision

BACKGROUND/RATIONALE:

On March 15, 2016, the Ministry of Education issued the 2016/17 School Enhancement Program (formerly Routine Capital) Call for Projects (Attachment A). Capital projects eligible for submission include electrical upgrades, energy upgrades, health and safety upgrades, mechanical upgrades and roofing upgrades. The deadline for 2016/17 School Enhancement Program submissions to the Ministry is April 15, 2016.

The proposed 2016/17 School Enhancement Program submissions include capital projects that our school district did not receive funding for under the 2015/16 Routine Capital program as well as new projects for roofing upgrades that cannot be funded from the Annual Facilities Grant. Due to the tight deadline for submission staff and consultants are in the process of finalizing the detailed project information that will accompany the 2016/17 School Enhancement Program submission.

<i>School Name</i>	<i>Project Scope</i>	<i>Estimate (\$)</i>
<i>Westview Secondary</i>	PHASE 2: Install 46 roof top heat pumps with gas fired back-up heating, new domestic hot water tanks, DDC system connection, roofing, curbs, architectural	\$468,000
<i>Pitt Meadows Secondary</i>	Central boiler plant and domestic hot water system upgrade	\$588,000
<i>Yennadon Elementary</i>	Roofing upgrade	\$457,000
<i>Fairview Elementary</i>	Roofing upgrade	\$155,000
<i>Highland Park Elementary</i>	Roofing upgrade	\$120,000
<i>Laity View Elementary</i>	Roofing upgrade	\$482,000
<i>Riverside Centre</i>	Central boiler plant and domestic hot water system upgrade	\$216,000
<i>Harry Hooge Elementary</i>	Central boiler plant and domestic hot water system upgrade	\$234,000
<i>Westview Secondary</i>	PHASE 3: Purchase 26 roof top heat pumps with gas fired back-up heating	\$234,000
	PHASE 4: Install 26 roof top heat pumps with gas fired back-up heating, DDC system connection, roofing, curbs, architectural	\$234,000

Staff is recommending that a capital funding request for the above projects together with the consultant reports be submitted to the Ministry of Education for funding consideration.

RECOMMENDATION:

THAT the Board approve the 2016/17 School Enhancement Projects for submission to the Ministry of Education.

Attachment



March 15, 2016

Ref: 186656

All Superintendents
All Secretary-Treasurers
All School Districts

Re: School Enhancement Program (formerly Routine Capital) – 2016/17 Call for Projects

This letter is to invite you to submit your proposals for the School Enhancement Program (SEP) for the 2016/17 fiscal year. The goal of this program is to help school districts extend the life of their facilities and school-based assets.

Eligible projects must be more than \$100,000, but not exceed \$3,000,000 and may include:

- Electrical upgrades (power supply and distribution systems);
- Energy upgrades;
- Health and Safety upgrades (fire systems, indoor air quality);
- Mechanical upgrades (heating, ventilation, plumbing); and
- Roofing upgrades

Projects submitted must be completed by March 31, 2017.

Priority will be given to projects with the greatest opportunity to improve facilities (greatest impact on FCI, VFA priority). Consideration will also be given to whether the project proposals:

1. Address issues affecting safety or the effective functioning of the school;
2. Are in schools identified with identified long-term utilization;
3. Are in schools with high capacity utilization;
4. Are in schools with unique significant importance to the District such as those in rural areas with limited alternatives;
5. Where the benefits over the costs of the improvements are positive over the appropriate time horizon for the investment.

.../2

SEP projects must meet Generally Accepted Accounting Principles (GAAP) for capital improvements. Investments not eligible for SEP funding include, but are not limited to, day to day wear and tear, painting, flooring, parking and driveway repairs, and playfield repairs.

A maximum of five projects will be considered from each school district. The Project Proposal Data Sheet is attached. Please return your completed sheet to your Planning Officer by April 15, 2016.

The ministry will review all submissions and respond to Districts by May 31, 2016.

Sincerely,



Nicole Pharand-Fraser, Director
Construction and Routine Capital Branch

Attachments: Project Proposal Data Sheet

pc: All Facility Managers
Renée Mounteney, Executive Director, Capital Delivery Branch
All Regional Directors, Capital Delivery Branch
All Planning Officers, Capital Delivery Branch
Ian Aaron, Director, School District Financial Reporting Branch
Linda Seabrook, Lead Financial Accountant-Reporting, School District Financial Reporting Branch



ITEM 5

To: **Board of Education**

From: Superintendent
Sylvia Russell

Re: **SUPERINTENDENT'S UPDATE**

Date: April 13, 2016
(Public Board Meeting)

Information

RECOMMENDATION:

THAT the Board receive the Superintendent's Verbal Update, for information.

To: **Board of Education**

From: Board Policy Development
Committee

Re: **PROPOSED DRAFT POLICY**
9430: PHYSICAL RESTRAINT AND
SECLUSION IN SCHOOL SETTINGS

Date: April 13, 2016
(Public Board Meeting)

Information

BACKGROUND/RATIONALE:

At the recommendation of the Board Policy Development Committee ("Committee"), the following draft policy and procedure are presented to the Board for information:

Policy 9430: Physical Restraint and Seclusion in School Settings (Attachment A)
Procedure 9430:1 Physical Restraint and Seclusion in School Settings (Attachment B)
Report of Physical Restraint and/or Seclusion (Attachment C)

On October 9, 2015, the Ministry of Education issued the Provincial Guidelines on Physical Restraint and Seclusion in School Settings. In part, this notice from the Ministry set out an expectation that all boards of education are to review and revise existing policies, procedures and practices or develop new comprehensive policies, procedures and practices aligned with the newly issued Provincial Guidelines – Physical Restraint and Seclusion in School Settings.

Pursuant to the October 9, 2015 notice, a process was initiated to draft district policy and procedure in alignment with the provincial guidelines. The process of developing draft language has included the engagement of a Special Education Consultant and the input of members of the School District No. 42 Inclusive Education Committee. The attached proposed policy and procedure reflects the input received to date and are aligned with the Ministry of Education guidelines.

Input from education partners and the public is now invited. After receiving input, the Committee will have another opportunity to review the policy before it is again presented to the Board for approval on May 18, 2016.

RECOMMENDATION:

THAT the Board receive for information and continuation with the consultation process:

Policy 9430: Physical Restraint and Seclusion in School Settings
Procedure 9430:1 Physical Restraint and Seclusion in School Settings
Report of Physical Restraint and/or Seclusion

Attachments



SD 42 POLICY: 9430

PHYSICAL RESTRAINT AND SECLUSION IN SCHOOL SETTINGS

PHILOSOPHY

The Board of Education recognizes that it has a responsibility to maintain safe, orderly and caring school environments for all of its students and employees.

The Board of Education believes that behaviour interventions for all students emphasize prevention and positive behaviour supports, and every effort is made to employ preventative actions that preclude the need for the use of physical restraint or seclusion.

The Board further believes that respect for student rights, maintaining student dignity and the safety of all involved is paramount.

The Board recognizes that the use of emergency physical restraint or seclusion procedures may be necessary when a student presents imminent danger to themselves or others.

AUTHORITY

The Board authorizes the Superintendent to establish procedures that will guide the implementation of this policy pursuant to the Ministry of Education Provincial Guidelines – Physical Restraint and Seclusion in School Settings.

DEFINITIONS

1. **Physical restraint** is a method of restricting another person's freedom of movement or mobility in order to secure and maintain the safety of the person or the safety of others.

The provision of a 'physical escort', i.e. temporary touching or holding of a student's hand, wrist, arm, shoulder or back for the purpose of accompanying and inducing a student who is acting out to walk to a safe location, does not constitute physical restraint.

The provision of physical guidance, or prompting of a student when teaching a skill, redirecting attention, or providing comfort also does not constitute physical restraint.

2. **Seclusion** is the involuntary confinement of a person alone in a room, enclosure, or space which the person is physically prevented from leaving.

Behaviour strategies, such as "time out", used for social reinforcement as part of a behaviour plan, are not considered 'seclusion'.

The term seclusion does not apply where a student has personally requested to be in a different/secluded location/space.

3. Time out – is the removal of a child from an apparently reinforcing setting to a presumably non-reinforcing setting for a specified and limited period of time. Time out involves removing a student from sources of positive reinforcement as a consequence of a specific undesired behavior.

Time out is only one option along a continuum of behavior interventions supporting behavior change. Time-out can be implemented on several different levels, ranging from quiet time in the regular classroom to a time-out room in a location outside of the classroom.

Typically, time-out is used in tandem with positive interventions that can maximize student learning and assist in the acquisition of replacement behaviours.

DISTRICT POLICY FOR THE USE OF PHYSICAL RESTRAINT AND SECLUSION

1. Physical restraint and seclusion procedures are emergency, not treatment, procedures and are used *only* in exceptional circumstances where a student is in imminent danger of causing harm to self or others.
2. All school staff members are provided the opportunity to participate in training in positive behaviour interventions and supports and de-escalation techniques, and all specialized staff who work directly with a student in situations where there is a potential for imminent danger of serious physical harm to the student or others, and where they may be required to respond to an individual whose behavior is presenting a danger to self or others are expected to be trained in crisis intervention and the safe use of physical restraints and seclusion.
3. Parents, and where appropriate, students, are offered opportunities to be consulted in the development of positive behaviour supports and interventions, behaviour plans, emergency or safety plans.
4. Every instance where physical restraint and/or seclusion or the use of “time out” outside of a classroom has occurred is documented.
5. Prevention/intervention strategies are reviewed and revised in situations where: repeated use of physical restraint and seclusion for an individual student occurs; multiple uses of physical restraint and seclusion occur within the same classroom; or, physical restraint and seclusion is repeatedly used by an individual.
6. Incidents of physical restraint and seclusion will be reported to the school principal, and forwarded to the District Superintendent or designate.
7. The District will review this policy on a regular basis to ensure alignment with current research/practice and to ensure alignment with guidelines issued by the Ministry of Education.



SD 42 PROCEDURE: 9430.1

PROCEDURE AND GUIDELINES FOR THE USE OF PHYSICAL RESTRAINT AND SECLUSION IN SCHOOL SETTINGS

District staff will employ the following procedures and guidelines regarding the use of physical restraint and seclusion:

1. Physical restraint and seclusion are used *only* in exceptional circumstances where a student is in imminent danger of causing harm to self or others.
2. Where a student's behaviour could cause harm to self or others, restraint or seclusion may be required until such time as the imminent danger of serious harm to self or others has dissipated.
3. Physical restraint and seclusion procedures are used *only* as emergency, not treatment procedures. Neither physical restraint nor seclusion procedures are used as punishment, discipline or to force compliance.
4. It is expected that school personnel will implement positive behaviour supports and interventions, behaviour plans, emergency or safety plans, and other plans to prevent and de-escalate potentially unsafe situations.
5. Parents and, where appropriate, students will be offered opportunities to be consulted in the development of positive behaviour supports and interventions, behaviour plans, emergency or safety plans.
6. Training sessions in positive behavior support planning, non-violent crisis intervention, conflict de-escalation techniques, and safety planning will continue to be offered to school personnel on a regular basis.
7. School personnel who work directly with a student in situations where there is a potential for imminent danger of serious physical harm to the student or others, and where they may be required to respond to an individual whose behaviour is presenting a danger to self or others, are expected to have been trained in, crisis intervention and the safe use of physical restraint and seclusion.
8. In cases where a student's behaviour could potentially cause harm to self or others, the student's educational planning includes development of:
 - an Individual Education Plan (IEP) outlining the student's learning outcomes, required learning support services, and instructional and assessment methods,

- a formal positive behaviour support plan describing positive behaviour intervention supports and conflict de-escalation procedures,
 - an emergency or safety plan detailing emergency and safety procedures regarding the use of physical restraint and seclusion, and confirming the opportunity for formal training of school personnel, and
 - the student's behaviour plan and emergency or safety plan shall be attached to the student's IEP and reviewed regularly, at least, annually.
9. Recurring practice of restraint or seclusion is not to be common practice in any student's educational program. Prevention/intervention strategies are to be reviewed and revised in situations where: repeated use of physical restraint and seclusion for an individual student occurs; multiple uses of physical restraint and seclusion occur within the same classroom; or, physical restraint and seclusion is repeatedly used by an individual.
10. Physical restraint or seclusion is never conducted in a manner that could, in any way, cause harm to a student, i.e., never restricts the breathing of a student; never places a student in a prone position (i.e., facing down on his/her stomach) or supine position (i.e., on his/her back, face up); never employs the use of mechanical devices.
11. Any space used for the purpose of seclusion will not jeopardize the secluded student's health and safety.
12. Any student placed in seclusion is continuously visually observed by an adult who is physically present throughout the period of seclusion and that all health and safety policies or regulations including WorkSafe BC regulations be followed and school personnel able to communicate with the student in the student's primary language or mode of communication are present at all times.
13. Each incident involving the use of physical restraint or seclusion will include the following actions subsequent to an incident:
- Notification to the school principal as soon as possible after an incident/always prior to the end of the school day on which the incident has occurred. Upon receipt of such notification, the school principal will complete the *Report of Physical Restraint and/or Seclusion* district form.
 - Notification, by the school principal, to the student's parent(s)/ guardian(s) as soon as possible/always prior to the end of the school day on which the incident has occurred.
 - Notification by the school principal to the Director of Instruction, Learning Services as soon as possible after an incident/always prior to the end of the school day on which the incident has occurred. A copy of the *Report of Physical Restraint and/or Seclusion* district form will be provided to the Director of Instruction, Learning Services upon completion by the school principal.

- Notification to the District Superintendent or designate as soon as possible after an incident has occurred.
- A debriefing is to be scheduled involving school personnel, parents or guardians of the student, and wherever possible, with the student – to examine what happened/what caused the incident, and what could be changed, i.e. preventative and response actions that could be taken in the future, to make the use of physical restraint or seclusion unnecessary.

14. The District will review these procedures and guidelines on a regular basis to ensure alignment with current research/practice and to ensure alignment with guidelines issued by the Ministry of Education.

DRAFT



Restraint or Seclusion is an emergency procedure to be employed only when there is an imminent danger to self or others. In the event of restraint/seclusion procedures being implemented, the Principal, the student's parent(s) or guardian(s) must be informed and the following report completed. TO BE COMPLETED BY SCHOOL PRINCIPAL IN CONSULTATION WITH ALL SCHOOL STAFF INVOLVED.

Report of Physical Restraint and/or Seclusion

Student Name	Grade	Special Education Designation if applicable
Teacher/Class	School	Date
Nature of restraint /seclusion (describe exactly what procedure was used):		
Time procedure began and time it ended:		
Staff person initiating seclusion/restraint; others present/involved:		
Describe the behavior that led to the emergency use of seclusion/restraint, including time, location, activity, others present, other contributing factors:		
Was there: <ul style="list-style-type: none"> <input type="checkbox"/> Imminent serious physical harm to themselves <input type="checkbox"/> Imminent serious physical harm to others <input type="checkbox"/> Imminent serious physical harm to themselves and others 		
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:		
Follow-up with student after the seclusion/restraint:		
Was a debriefing held or is a debriefing scheduled which includes school personnel and parents (and student if appropriate) and which will include reviewing incident and existing plans and revising them if necessary? If yes, date of meeting:		
When was the parent/guardian notified? By whom?	Name of Principal/Vice Principal completing form:	

Copy to G4 File; Copy to Director of Instruction, Learning Services



ITEM 7

To: **Board of Education**

From: Trustee
Ken Clarkson

Re: **2016 ANNUAL GENERAL MEETING:**
MOTIONS

Date: April 13, 2016
(Public Board Meeting)

RECOMMENDATION:

THAT the Board receive the 2016 Annual General Meeting Motions for information.

Attachment

2016 ANNUAL GENERAL MEETING MOTIONS

EXTRAORDINARY MOTION

E1. BCSTA Bylaw Update

SUBSTANTIVE MOTIONS

2. Disposal of School Sites Located on Crown Land
3. School Site Acquisition Charge
4. Space Allocations within School Capital Projects
5. Post Secondary Tuition Waiver for Youth Formerly in Care
6. Provincial Funding for the Middle Years Development Instrument
7. Exempt Staff Compensation
8. Increase Amount Provided through BC Education Coaching Tax Credit
9. Non-Violent Crisis Prevention Intervention Funding
10. Adult Graduated Student Upgrading Grants
11. Reversing Public Funding of Private Schools
12. Provincial and Federal Funding for Aboriginal Children in Care
13. School Act Requirements regarding Board of Education Budgets
14. Repeal of Section 43 of the Criminal Code of Canada
15. Requiring Immunizations for Students in Public Schools
16. Child and Youth Mental Health in BC Report
17. Removal of Grades 10 and 11 Provincial Exams for the 2016/2017 School Year
18. English Language Learners Support
19. Improving the Delivery of British Columbia's Child Protection Services
20. Interim and Long Term Child Poverty Plans
21. Student Safety Walking to and from School
22. BC Principals' and Vice Principals' Association's Proposed Contractual Framework
23. Equitable Access to Public Education for Rural and Remote Schools
24. Maternity/Paternity Committee
25. BCSPEA Elected Co-Governance Reinstatement
26. Deloitte Report Recommendations
27. Reinstatement Superintendent of Aboriginal Achievement
28. Recommendations for Improving Education for Aboriginal Students
29. BCSTA Strategic Plan
30. Government Response to Correspondence
31. Education Assistants Regulation Body

E1. BCSTA BYLAW UPDATE

SUBMITTED BY: *Board of Directors*

BE IT RESOLVED:

That BCSTA amend Bylaw 11 c. as follows:

- 11 c. The duties of the Finance Committee shall be:
- i. to monitor the collecting of all dues, fees, levies and other revenues on behalf of the Association;
 - ii. to recommend reasonable controls for the safekeeping of Association funds;
 - iii. to obtain satisfactory evidence that there is a continuing maintenance of proper financial books and records;
 - iv. to monitor the expenditures of Association monies;
 - v. to cooperate with the Board of Directors in the preparation of an annual budget for the following fiscal year;
 - vi. to supervise the calculation and drafting of an annual membership fee scale, in accordance with budget requirements;
 - vii. to ensure that an inventory statement of the Association's capital assets is completed at the conclusion of each fiscal year;
 - viii. to approve BCSTA's draft audited financial statements and to report to the Provincial Council as required on the financial status of the Association, substantiated by a banker's statement and/or an auditor's statement the audited financial statements; and
 - ix. to review all accounts payable payments in excess of \$5,000.

RATIONALE:

The language used in BCSTA Bylaw 11. c. viii. is outdated and does not reflect the Finance Committee's duties with regard to BCSTA's current process for approval and dissemination of BCSTA's annual audited financial statements, which is as follows:

1. BCSTA's auditors present the draft audited financial statements to the Finance Committee in September of each year, for approval. Once approved, the statements are no longer draft.
2. The Finance Committee submits the audited financial statements to the Board of Directors for receipt.
3. After receipt of the audited financial statements, the Board forwards the statements to the October Provincial Council for receipt and circulation to member boards.

E1. BCSTA BYLAW UPDATE

The Finance Committee therefore requests that BCSTA's Bylaws be updated to reflect the current duties of the Finance Committee.

Extraordinary motion.

Relates to Bylaw 11.

2. DISPOSAL OF SCHOOL SITES LOCATED ON CROWN LAND

SUBMITTED BY: *Kootenay Boundary Branch*

BE IT RESOLVED:

That BCSTA request the Minister of Education and the Minister of Forest, Lands and Natural Resource Operations work together with boards of education to review the process of disposal of school sites located on Crown land.

RATIONALE:

This motion is needed because under the laws that exist, the disposal of a school site located on crown land places undue financial hardship on school districts. The ongoing operation and maintenance of these sites also places a financial burden on districts. When disposing of a school site on Crown land, a board is required to return the property back to the state it was in before the school was built on the property and this can lead to significant costs for a board.

REFERENCES:

- *School Act*, R.S.B.C. c. 412 section 99
<http://www2.gov.bc.ca/gov/content/education-training/administration/legislation-policy/manual-of-school-law>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

3. SCHOOL SITE ACQUISITION CHARGE

SUBMITTED BY: *SD 42 (Maple Ridge-Pitt Meadows)*

BE IT RESOLVED:

That BCSTA approach the Ministry of Education and other ministries involved in administering the School Site Acquisition Charge legislation to review and amend the maximum allowable school site acquisition charges established in the legislation to reflect current property values and acquisition costs.

RATIONALE:

Review and amendments of the school site acquisition charges are needed given the significant increase in property acquisition costs since the legislation and original maximum charges were established.

REFERENCES

- *Local Government Act*, R.S.B.C. 2015, c. 1 sections 571-581
http://www.bclaws.ca/civix/document/id/complete/statreg/96323_00
- *School Site Acquisition Charge Regulation (Local Government Act)*
<http://www2.gov.bc.ca/gov/content/education-training/administration/legislation-policy/manual-of-school-law/school-act-related-regulations-and-orders-in-council>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 8.1.5P - Inflation

4. SPACE ALLOCATIONS WITHIN SCHOOL CAPITAL PROJECTS

SUBMITTED BY: *SD 44 (North Vancouver)*

BE IT RESOLVED:

That BCSTA request a review of Area Standards by the Ministry of Education to address the need for an increase in space allocations to provide flexibility at the school level to meet the changing needs of students and the delivery of educational programs associated with the new curriculum.

RATIONALE:

The Area Standards (05/2012) document "prescribes areas and other standards established by the Ministry of Education for space in elementary, middle and secondary schools. These standards apply to all facilities that are to be either newly constructed or enlarged. The standards are also to be used to establish the nominal capacity of existing schools."

The current space allocations should be reviewed to determine their effectiveness in meeting the changing needs of students and the delivery of new and future educational programs. Our schools are serving students with increasingly diverse needs, and need to have greater flexibility to provide spaces for small and large groups, as well as for project and maker-based learning.

A strict application of the area standards would result in all general instruction classrooms being of the same size (80 square meters), thereby restricting their use for student groups of varying sizes. A more flexible approach would enable general instruction classrooms of varying sizes (60, 80, 100, 120) to accommodate different groupings of students.

The current Area Standards need to be revised to increase the space allocations to enable more flexible design of school facilities to align with the needed supports for our students in the delivery of the new curriculum.

REFERENCE:

- Ministry of Education – Area Standards (05/2012)
<http://www2.gov.bc.ca/assets/gov/education/administration/resource-management/capital-planning/areastandards.pdf>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

5. POST SECONDARY TUITION WAIVER FOR YOUTH FORMERLY IN CARE

SUBMITTED BY: *SD 44 (North Vancouver) and SD 45 (West Vancouver)*

BE IT RESOLVED:

That BCSTA request the Ministry of Advanced Education work closely with and encourage post-secondary institutions across British Columbia to create initiatives to waive tuition fees for children formerly in the care of the provincial government.

RATIONALE:

This motion is needed because foster children have neither the family support nor the financial ability to continue on to post-secondary programs. Educational opportunities could help end the cycle of unemployment/underemployment, homelessness, substance abuse and/or welfare dependency that is the current reality for the majority of children in care in British Columbia.

Some may argue that advocating for free post-secondary education is outside of our K-12 mandate, but if students in care know that there is funding in place to attend post-secondary education, they can be motivated to stay in secondary school.

REFERENCES:

- https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/nr_backgrounders.pdf
- British Columbia Post-Secondary Institutions participating in the tuition waiver program:
 - British Columbia Institute of Technology
 - Camosun College
 - Justice Institute of British Columbia
 - Kwantlen Polytechnic University
 - Langara College
 - Nicola Valley Institute of Technology
 - Simon Fraser University
 - University of British Columbia (Vancouver and Okanagan Campuses)
 - University of Northern British Columbia
 - University of Victoria
 - University of Vancouver Island

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

6. PROVINCIAL FUNDING FOR THE MIDDLE YEARS DEVELOPMENT INSTRUMENT

SUBMITTED BY: *Kootenay Boundary Branch*

BE IT RESOLVED:

That BCSTA urge the Minister of Education to provincially fund the Middle Years Development Instrument (MDI) for all BC school districts.

RATIONALE:

This motion is needed because the Middle Years Development Instrument (MDI) is a survey aimed at children in grades 4-7. Questions from five areas of development are included: social and emotional development, connectedness, school experiences, physical health and well-being, and use of after-school time. The instrument is unique because it is the first of its kind in Canada. There is no other research instrument in Canada that focuses on this age group.

Schools and school districts can use the MDI data to inform decisions regarding the alignment of resources, and to create focused strategic initiatives to attend to the unique and specific needs of this age group. Data can be shared with local and provincial service agencies and organizations in order to streamline efforts to support this age group, and to support decisions about the investment in various programs.

The age group on which this survey focuses is unique and often misunderstood. It is during this time period in the developmental trajectory that young people establish influential peer groups and are faced with difficult decisions that may have serious and long-term impact. Research has shown repeatedly that at about grade 5, student engagement in learning declines as social and emotional factors begin to take precedence. We believe that the MDI data can inform the development of supportive strategies for these students and that longitudinal data sets will identify important patterns that could support educators in better attending to the needs of this age group.

The provincially funded Early Development Instrument (EDI) provides an immeasurably valuable resource to all school districts. It is as crucially important that MDI be funded so that all school districts can contribute to this data set as students continue in their trajectories in the K-12 system.

REFERENCE:

- UBC Human Early Learning Partnership information regarding MDI
<http://earlylearning.ubc.ca/mdi/>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

7. EXEMPT STAFF COMPENSATION

SUBMITTED BY: *Northern Interior Branch*

BE IT RESOLVED:

That BCSTA work with the Ministry of Finance and Ministry of Education to address the ongoing issues related to exempt staff compensation, including, but not limited to, recruitment, retention, morale and lack of provincial government funding.

RATIONALE:

A major issue is the requirement that exempt staff compensation increases are to be covered through existing district operating budgets. The question of sustainability of unfunded staff compensation increases over time becomes a challenge for balancing future board of education budgets. The pressures resulting from inversion and compression factors on staff are causing recruitment, retention and morale issues.

REFERENCES:

- BCSTA 2016 Budget Consultation Submission to the Select Standing Committee on Finance and Government Services
<https://dsweb.bcsta.org/docushare/dsweb/Get/Document-77844>
- BCPSEA's Exempt Staff Issues, June 29, 2015
http://www.bcpsea.bc.ca/documents/20150629_025510699_2015-02-DS-Amendment%20to%20Government%20Management%20Compensation%20Freeze-Compensation%20Review%20Project-June%202015.pdf
- BCPSEA's Exempt Staff Issues, July 17, 2015
http://www.bcpsea.bc.ca/documents/20150720_100854952_2015-03-DS-Next%20Steps-Exempt%20Staff%20Compensation%20Review%20Project%20and%20Government%20Direction%20on%20Management%20Compensation%20Freeze-July%202015.pdf
- BCPSEA's Exempt Staff Issues, January 19, 2016
http://www.bcpsea.bc.ca/documents/20160120_105846165_2016-01-DS-Update-January%202016.pdf

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 8.1.4P -Fully Funded Mandates for Boards of Education

8. INCREASE AMOUNT PROVIDED THROUGH BC EDUCATION COACHING TAX CREDIT

SUBMITTED BY: *SD 44 (North Vancouver)*

BE IT RESOLVED:

That BCSTA:

- a. advocate for the provincial government to increase the BC Education Coaching Tax Credit to support the involvement of teachers and teaching assistants in extracurricular school activities, and;
- b. request that the Canadian School Boards Association advocate for the federal government to include a similar tax credit at the federal level in support of the involvement of teachers and teaching assistants in extracurricular school activities.

RATIONALE:

The involvement of teachers in extracurricular school activities enhances school culture, increases student engagement and provides a platform to build positive relationships outside the classroom. Maintaining the presence of teachers in extracurricular school activities is imperative to continue the growth of sports and arts within school districts.

Currently, the BC Education Coaching Tax Credit provides a tax benefit of \$25.30. This incentive is a non-refundable tax credit for teachers and teaching assistants who volunteer at least 10 hours of unpaid coaching activity in the tax year. This credit is available in the 2015, 2016 and 2017 tax years.

The direction from the provincial government is that this incentive is sufficient to keep extracurricular school activities alive. However, in order to enhance this incentive, the provincial government should increase this non-refundable tax credit amount to encourage the involvement of more teachers and teaching assistants to work as coaches and sponsors. The ever-increasing challenge of finding teachers who are willing to volunteer their time to coach places extraordinary pressure on schools to support extracurricular activities.

Likewise, recognition of the commitment teachers and teaching assistants make towards the support of extracurricular activities needs to be acknowledged at the federal level. This issue is not unique to the Province of British Columbia. Across Canada, students have benefited greatly from the volunteer activities of school staff.

In reality, the vast majority of teachers and teaching assistants volunteer far more time in support of extracurricular activities than the 10 hours of unpaid coaching activity required to receive the credit. A greater recognition of the many hours that

8. INCREASE AMOUNT PROVIDED THROUGH BC EDUCATION COACHING TAX CREDIT

teachers and teaching assistants contribute to schools will help demonstrate a commitment to ensuring that these individuals do not have to incur any out of pocket expenses to support extracurricular activities for students.

Supporting the motion at this time would provide ample time for the provincial government to make changes to the current legislation, as it is only in effect for the 2015, 2016 and 2017 tax years. It will also allow for the necessary changes to occur at the federal level.

REFERENCE:

- Government of BC – BC Education Coaching Tax Credit
<http://www2.gov.bc.ca/gov/content/taxes/income-taxes/personal/credits/bc-education-coaching-tax-credit>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

9. NON-VIOLENT CRISIS PREVENTION INTERVENTION FUNDING

SUBMITTED BY: SD 60 (*Peace River North*)

BE IT RESOLVED:

That BCSTA ask the provincial government to provide funding support for increased non-violent crisis prevention training recommended in the Ministry of Education's *Provincial Guidelines --Physical Restraint and Seclusion in School Settings*.

RATIONALE:

The provincial government has determined that each board of education provide an updated policy on physical restraining and seclusion in all school settings. This policy must be in place immediately and as such we require funding from the Ministry of Education to put this training in place.

Many districts are facing funding shortfalls including administrative savings and require some financial assistance to guarantee all staff who work with children who have multiple challenges are well-trained to assure the safety of the children and staff.

REFERENCES:

- Letter from Deputy Minister of Education dated October 09, 2015
<https://dsweb.bcsta.org/docushare/dsweb/Get/Document-79201/Deputy%20Minister%20Ltr%20-%20Physical%20Restraint%20copy.pdf>
- Provincial Guidelines --Physical Restraint and Seclusion in School Settings:
<http://www2.gov.bc.ca/gov/content/education-training/k-12/support/diverse-student-needs/students-with-special-needs>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

10. ADULT GRADUATED STUDENT UPGRADING GRANTS

SUBMITTED BY: *SD 42 (Maple Ridge-Pitt Meadows)*

BE IT RESOLVED:

That BCSTA approach the Ministry of Education and Ministry of Advanced Education to request that boards of education be included on the list of institutions approved to administer Adult Upgrading Grant funding.

RATIONALE:

This motion is needed because boards of education offer many accredited upgrading courses to graduated students through their continuing education programs. These courses were previously funded by the Ministry of Education and offered at no charge to graduated students. The graduated adult funding for boards of education has been significantly reduced starting in 2015 and boards of education are now charging fees for courses not funded by the Province. Many students have chosen not to pursue upgrading courses because of the associated fees. A select few post-secondary institutions have the ability to offer grants to students who could not otherwise afford to take upgrading courses. Boards of education should have the same ability to offer the grants provided by the Province by adhering to the same approval process.

REFERENCE:

- Ministry of Advanced Education Adult Upgrading Grant Policy and Procedures Manual 2014-2015/2015-2016

https://studentaidbc.ca/sites/all/files/school-officials/AUG_manual.pdf

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 8.1FS - Government Support for Education

11. REVERSING PUBLIC FUNDING OF PRIVATE SCHOOLS

SUBMITTED BY: *Provincial Council*

BE IT RESOLVED:

That BCSTA arrange a meeting with the Minister of Education to strongly urge the provincial government to immediately discontinue the practice of utilizing public tax dollars to fund and subsidize private/independent schools, with the exception of band schools, and redirect this funding to the public school system.

RATIONALE:

Public tax dollars should be used to fund public education and neighbourhood public schools.

As boards of education struggle to provide more services with less dollars, decisions on school closures or student programing are being made for financial reasons rather than for educational purposes or capacity issues.

We think it is also important to say that we are not against private or independent schools. We are saying that public tax dollars should not be providing any funding to private and independent schools.

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 8.1.1P – Private Education

12. PROVINCIAL AND FEDERAL FUNDING FOR ABORIGINAL CHILDREN IN CARE

SUBMITTED BY: *SD 61 (Greater Victoria)*

BE IT RESOLVED:

That BCSTA urge the BC Ministry of Education, Ministry of Children and Family Development and the federal government to provide new funding to enable boards of education to provide additional services for Aboriginal children in care.

RATIONALE:

Increased funding at the federal and the provincial levels for Aboriginal wellness and education would support students' educational and emotional well-being, contribute to building a more effective system for children in care, and contribute to returning children to their families.

The Truth and Reconciliation Commission's December 2015 Report identified the areas of emotional well-being and educational opportunities for Aboriginal children and youth as issues that require transformation.

We have an opportunity and responsibility to redress the discrimination and racism that have resulted in decades of inequality for our Aboriginal students. Inadequate federal services have negatively impacted the emotional well-being and academic potential for many Aboriginal children, including children and youth in care who have attended BC public schools.

REFERENCES:

- CBC News Article: "Canada discriminates against children on reserves, tribunal rules"
<http://www.cbc.ca/news/aboriginal/canada-discriminates-against-children-on-reserves-tribunal-rules-1.3419480>
- Georgia Straight Article: "Mary Ellen Turpel-Lafond says human rights ruling confirms what generations of aboriginal people have experienced"
<http://www.straight.com/news/624096/mary-ellen-turpel-lafond-says-human-rights-ruling-confirms-what-generations-aboriginal>
- Truth and Reconciliation Commission of Canada's Calls to Action (Nos. 6-17)
http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
- A Path Forward: First Nations and Aboriginal People's Mental Wellness and Substance Use: A Provincial Approach to Facilitate Regional and Local Planning and Action.

12. PROVINCIAL AND FEDERAL FUNDING FOR ABORIGINAL CHILDREN IN CARE

http://www.fnha.ca/Documents/FNHA_MWSU.pdf

- Select Standing Committee on Children and Youth Final Report: Child and Youth Mental Health in British Columbia - Concrete Actions for Systemic Change, January 27, 2016
https://www.leg.bc.ca/content/CommitteeDocuments/40th-parliament/4th-session/cay/reports/PDF/Report_SSC-CY-40-4-3_Concrete-Actions-For_Systemic_Change.pdf
- First Peoples Principles of Learning
https://www.bced.gov.bc.ca/abed/principles_of_learning.pdf
- First Nations Education Steering Committee: December 2014 Accountability Framework Discussion Paper
<http://www.fnesc.ca/resources/publications/>
<http://www.fnesc.ca/wp/wp-content/uploads/2015/09/4.2-RECOMMENDATIONS-for-the-Framework-for-Enhancing-Student-Learning-FNESC.pdf>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 5.3FS – Aboriginal Education, Policy Statement 8.1.2P – One-Time Grants, and Policy Statement 8.1.3P – Targeted Funding for Aboriginal Education.

13. SCHOOL ACT REQUIREMENTS REGARDING BOARD OF EDUCATION BUDGETS

SUBMITTED BY: *SD 69 (Qualicum)*

BE IT RESOLVED:

That BCSTA work with the Ministry of Education to draft changes to the School Act that will allow school districts with sound financial plans to carry over deficits beyond the next budget year.

RATIONALE:

At the 2015 BCSTA AGM the following motion was passed:

That BCSTA strongly urge the Ministry of Education to work with BCSTA, as co-governors, and other relevant stakeholders and rights holders to address changes to the *School Act* that would support individual school boards to meet the changing needs of the 21st Century learning.

The BC Ed Plan speaks to the need for more innovation and re-assessing how we think about education and how it is delivered. The *School Act*, as presently enacted, requires boards to present balanced budgets annually. Under section 156(12) of the *School Act* "a board must not incur a deficit of any kind unless the board (a) has the approval of the minister, or (b) meets the criteria prescribed by order of the minister. This condition often prevents school districts from implementing new and innovative projects and programs due to the need to balance the budget each year. Amending the *School Act* to allow boards to carry deficits over a few fiscal years can provide boards with the flexibility and time that we need to experiment with new programs and initiatives. Some of these new programs and initiatives may lead to cost savings and additional revenue for boards over the long-term.

REFERENCE:

- *School Act*, R.S.B.C. 1996, c. 412
<http://www2.gov.bc.ca/gov/content/education-training/administration/legislation-policy/manual-of-school-law>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Book Section 2 - Public Education Governance.

14. REPEAL OF SECTION 43 OF THE CRIMINAL CODE OF CANADA

SUBMITTED BY: *Metropolitan Branch and SD 40 (New Westminster)*

BE IT RESOLVED:

That BCSTA (a) write a letter to the Prime Minister of Canada and the Minister of Justice urging the Federal government to repeal section 43 of the *Criminal Code* of Canada, and (b) request that the Canadian School Boards Association (CSBA) urge the Federal government to repeal section 43 of the *Criminal Code*.

RATIONALE:

Section 43 of the *Criminal Code* of Canada allows teachers, parents, or a person standing in place of a parent, to use force as a means to correct behaviour of a child so long as that force does not exceed what is reasonable under the circumstances. Section 43 of the *Criminal Code* reads as follows:

Correction of child by force

43 Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.

Canada is a signatory to the *United Nations Convention on the Rights of the Child* which states:

Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the children. (Article 19)

The guiding principle of the United Nations Convention on the Rights of the Child is that all children have the right to be protected from being hurt and mistreated physically and mentally, and any form of discipline involving violence is not acceptable.

The Truth and Reconciliation Commission of Canada has included repealing section 43 of the *Criminal Code* of Canada in its Calls to Action.

Section 43 of the *Criminal Code* of Canada was established in 1892 does not represent contemporary views and treatment of children that support positive and non-violent ways to discipline. There are better ways to work with children to help them develop into caring adults and productive members of society.

14. REPEAL SECTION 43 OF THE CRIMINAL CODE OF CANADA

If we are to value children as equal citizens under the law, then our laws need to provide children the same rights of security and equality that adults have.

REFERENCES:

- Corinne's Quest: Corinne's Quest honours Corinne Robertshaw, a lawyer who dedicated her life to seeking repeal of section 43. Corinne's Quest was formed in 2014 to continue her work. It is a campaign under First Call: BC Child and Youth Advocacy Coalition, a non-partisan coalition of organizations which advocates for policies and resources for children and youth. For more information on Corinne's Quest please go to:
<http://www.corinnesquest.ca>
- Truth and Reconciliation Commission of Canada: Calls to Action
http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
- Recent Press:
 - Gary Mason, Globe and Mail: Spanking: Time to get rid of an archaic form of discipline
<http://www.theglobeandmail.com/globe-debate/spanking-time-to-get-rid-of-an-archaic-form-of-discipline/article27939653/>
 - Laura Fraser, CBC News: Spanking law protects parents, teachers but not kids, pros say
<http://www.cbc.ca/news/canada/spanking-law-parents-1.3379046>
- United Nations Convention on the Rights of the Child
<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- *Criminal Code*, R.S.C. 1985, c. C-46
<http://laws-lois.justice.gc.ca/eng/acts/c-46/>
- British Columbia Ministry of Education Provincial Guidelines – Physical Restraint and Seclusion in School Settings
<http://www2.gov.bc.ca/assets/gov/education/kindergarten-to-grade-12/support/diverse-student-needs/physical-restraint-seclusion-guidelines.pdf>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 4.5FS – Child Protection

15. REQUIRING IMMUNIZATIONS FOR STUDENTS IN PUBLIC SCHOOLS

SUBMITTED BY: *SD 6 (Rocky Mountain) and SD 43 (Coquitlam)*

BE IT RESOLVED:

That BCSTA ask the provincial government to establish legislation requiring students to be vaccinated, unless exempted, in order to attend public K-12 schools in British Columbia.

RATIONALE:

There has been an increased incidence in the number of students in our schools who have not been vaccinated. This puts other children and adults (who have been exempted due to valid medical reasons or age) at risk of contracting preventable diseases.

This is an issue that affects all students and staff in public schools across Canada and needs to be addressed at the provincial and federal levels as soon as possible.

This is a health issue of significant public concern. The refusal of some parents to immunize their children is based on the erroneous belief that immunizations pose a health risk, which is totally unsupported by the research. Other jurisdictions in Canada are moving forward with legislation to make immunizations mandatory and BC should be among them.

Australian authorities feel strongly about this issue and have recently stated that the government will pass a law to withhold child care benefits/rebates and other payments from families that fail to immunize their children.

REFERENCES

- Government of Canada website:
<http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/index-eng.php>
- Government of British Columbia website:
<http://www.immunizebc.ca/>
<http://www.cps.ca/issues-questions/immunization>
- Government of Ontario: *Immunization of School Pupils Act*, R.S.O. 1990, c. I.1
<https://www.ontario.ca/laws/statute/90i01>

15. REQUIRING IMMUNIZATIONS FOR STUDENTS IN PUBLIC SCHOOLS

- New Brunswick – Policy 2.9 Required Immunization of School Children
http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/HealthProfessionals/NBIPG-policy_2-9-e.pdf
- CBC article: Measles outbreak: The loopholes in Canada's vaccination laws
<http://www.cbc.ca/news/health/measles-outbreak-the-loopholes-in-canada-s-vaccination-laws-1.2943583>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 4.2.3P – Preventative Health Care Programs.

16. CHILD AND YOUTH MENTAL HEALTH IN BC REPORT

SUBMITTED BY: *Provincial Council*

BE IT RESOLVED:

That BCSTA endorse the recommendations of the Select Standing Committee on Children and Youth contained in the *Final Report: Child and Youth Mental Health in British Columbia: Concrete Actions for Systemic Change* that was released on January 27, 2016.

RATIONALE:

Delta Trustees are pleased that the recommendations in the Report, when implemented, will provide the supports that are not yet readily available to students. Students who are struggling with mental health issues do not have the ability to focus on academic achievement. Physical and mental health are necessary for optimal learning to take place.

Trustees will agree that student mental health is a serious and ever-increasing area of concern in our schools. With the number of student suicides that have been reported and other mental health issues that are becoming increasingly prevalent (such as depression and anxiety to name but a few areas of concern), the release of this report and its recommendations are very timely.

REFERENCE:

- *Final Report Child and Youth Mental Health in British Columbia: Concrete Actions for Systemic Change*, January 27, 2016

https://www.leg.bc.ca/content/CommitteeDocuments/40th-parliament/4th-session/cay/reports/PDF/Report_SSC-CY-40-4-3_Concrete-Actions-For_Systemic_Change.pdf

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 4.2FS – Development of Student Potential and Foundational Statement 4.6FS – Services for Students.

17. REMOVAL OF GRADES 10 AND 11 PROVINCIAL EXAMS FOR THE 2016/2017 SCHOOL YEAR

SUBMITTED BY: *SD 36 (Surrey)*

BE IT RESOLVED:

That BCSTA request the Ministry of Education remove the requirement for students in grades 10 and 11 to write provincial exams in the 2016/17 school year.

RATIONALE:

BC teachers are in the process of trial and implementation of new curriculum in all grades. The 2016/2017 school year is the last year that the new grades 10-12 curriculum will be in draft. Teachers need time and autonomy to explore how the new grades 10-12 curriculum will impact their teaching practice while using the existing curriculum. The current provincial exams in grades 10 and 11 will only be applicable to the existing curriculum and not the new and draft curriculum.

Implementation of a new curriculum requires time to explore and trial many new learning opportunities. It is reasonable to assume that teachers in grade 12 will largely stand by the existing curriculum and the provincial exams in grade 12 are important events. In grades 10 and 11, the removal of the exams for one year will present minimal impact on the system and will open the door to free teachers to explore the new curriculum without the pressure of provincial exams. If grade 10 and 11 exams remain in place, there is little likelihood that teachers will explore the new curriculum in the coming year.

REFERENCE:

- BC ED Plan

<http://www.bcedplan.ca>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 5.1.1P – Curriculum Development, Funding and Implementation and Policy Statement 4.4.1P Principles of Student Assessment and Evaluation.

18. ENGLISH LANGUAGE LEARNERS SUPPORT

SUBMITTED BY: *SD 37 (Delta)*

BE IT RESOLVED:

That BCSTA request the Ministry of Education recognize and support English Language Learners (ELL) students by creating a dedicated ELL staff member position (specifically trained in the teaching of ELL) within the Ministry whose focus is to improve the capacity of school districts to support curriculum implementation and instruction leading to improved outcomes for all ELL students in BC.

RATIONALE:

This motion is needed because:

- There are more than 60,000 ELL designated students in BC classrooms today. The primary language spoken at home for more than 145,000 (24.1%) of BC's 550,000 public school students is not English. Despite the size of this student population, there is no dedicated Provincial leadership responsibility for ELL within the Ministry of Education.
- Given the nature of ELL students being educated in the province of BC -- students who are born in the province but do not speak one of the official languages, immigrants, refugees and international students-- one of the goals of the ELL Consortium is for a dedicated staff member at the Ministry who will be in a position to share what is happening with ELL education in other provinces and countries with our school districts.
- School district staff would benefit by having a single person at the Ministry level to consult with regarding ELL matters.
- The Ministry undertook a revision of the ELL Standards four years ago. These Standards have not yet been released which means that inconsistency exists among school districts. A dedicated staff person would be in a position to ensure that such work is released in a timely manner.

REFERENCE:

- Ministry of Education Student Statistics 2014/2015
http://www.bced.gov.bc.ca/reports/pdfs/student_stats/prov.pdf

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

19. IMPROVING THE DELIVERY OF BRITISH COLUMBIA'S CHILD PROTECTION SERVICES

SUBMITTED BY: SD 62 (Sooke)

BE IT RESOLVED:

That BCSTA urge the British Columbia Government to take action to improve the delivery of child protection services by fully funding the Office of the Representative for Children and Youth, and following the provisions in the United Nations *Convention on the Rights of the Child*.

RATIONALE:

According to the general principles of the United Nations *Convention on the Rights of the Child*, "The best interests of the child will be a primary consideration" (Article 3).

The following quote is from the preamble to the United Nations *Declaration of the Rights of the Child*: "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."

We assert that

- Currently, the British Columbia "Child Protection System" is failing to meet the standards as outlined in the United Nations *Convention on the Rights of the Child*.
- Medical, demographic, and epidemiological research reveal that far too often, the children of British Columbia are not being protected from physical and emotional harm by the very system that was created to protect them.

The British Columbia Representative for Children and Youth recently presented a report entitled *Paige's Story: Abuse, Indifference and a Young Life Discarded* to the public. It is clear from this Report that there is a systemic failure when it comes to many children in care. We are requesting that the government do more to address the needs of children and youth, including:

- conducting a re-examination of children aging out of care;
- increasing the rapid response programs for children which are provided by health care and child protection agencies; and,
- adopting the May 2015 recommendations from the British Columbia Representative for Children and Youth which are set out in the *Paige's Story* report.

19. IMPROVING THE DELIVERY OF BRITISH COLUMBIA'S CHILD PROTECTION SERVICES

REFERENCES:

- Paige's Story: Abuse, Indifference and a Young Life Discarded
https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy-pg-report-final.pdf
- United Nations Convention on the Rights of the Child
<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 4.5.1P – Child Protection.

20. INTERIM AND LONG TERM CHILD POVERTY PLANS

SUBMITTED BY: *Northern Interior Branch*

BE IT RESOLVED:

That BCSTA request that the Premier and the Ministers of Education, Health, and Children and Family Development provide an interim and long-term cross-ministry plan with accountability targets to address child poverty and eliminate impacts of child poverty on student learning and achievement.

RATIONALE:

Child and family poverty rates continue to grow in British Columbia. In 2015 1 in 5 children lived in poverty with even higher rates of poverty in some areas including in some northern and remote parts of the province. Poverty rates are 1 in 2 for children living with a single parent.

Our schools are doing everything in their power to meet the physical and emotional needs of our vulnerable families because we know that when the conditions for learning are not met, learning does not occur. The funding provided by Community LINK does not meet the demand that our districts are facing. The number of vulnerable children in school is increasing and Community LINK funding is not increasing accordingly.

The province does not have a plan to manage and reduce child and family poverty. It is time that an interim plan is developed and implemented immediately followed by the development and implementation of a long term Child Poverty Reduction Plan

REFERENCES:

- 2015 Child Poverty BC Report Card produced by First Call
<http://still1in5.ca/wp-content/uploads/2015/11/2015-BC-Child-Poverty-Report-Card-WebSmall-FirstCall-2015-11.pdf>
- Community Link
<http://www2.gov.bc.ca/gov/content/education-training/administration/community-partnerships/communitylink>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 4.3FS – Child Poverty and Learning.

21. STUDENT SAFETY WALKING TO AND FROM SCHOOL

SUBMITTED BY: *Kootenay Boundary Branch*

BE IT RESOLVED:

That BCSTA urge the Premier to develop an intergovernmental approach with the Minister of Transportation and Infrastructure, the Minister of Public Safety and Solicitor General, the Minister of Education and the Union of BC Municipalities to work on developing multiple strategies to address safety issues for students walking to and from school.

RATIONALE:

This motion is needed because the safety of students is of paramount importance and many who walk to and from school do not have safe routes to follow. Student safety can be improved by addressing the various issues students face when walking to and from school. Examples of initiatives which government could undertake to address student safety include:

- better signage regarding school zones;
- better street lighting near schools; and,
- public service programs to increase awareness regarding the need to take precautions when driving in areas where students are walking to and from school.

This resolution would apply to safety concerns for students in both rural and urban communities.

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

22. BC PRINCIPALS' AND VICE PRINCIPALS' ASSOCIATION'S PROPOSED CONTRACTUAL FRAMEWORK

SUBMITTED BY: *BCSTA Board of Directors*

BE IT RESOLVED:

That BCSTA endorse the BC Principals' and Vice Principals' Association's call for a "Provincial Contractual Framework for Principals and Vice-Principals", while recognizing the autonomy of individual Boards of Education to choose whether or not they implement any such framework.

RATIONALE:

In September, 2015, the BC Principals' and Vice Principals' Association (BCPVPA) approached BCSTA requesting our association's support for the implementation of a common contractual framework agreement for principals and vice-principals in all B.C. school districts. The BCPVPA request was discussed by the Board of Directors, which decided that the decision was of sufficient significance that any decision regarding BCSTA endorsement would need to be made by the membership as a whole.

The Board of Directors, while sponsoring the above motion for consideration at our AGM, takes a neutral position in regard to the final decision.

In determining whether or not to support the BCPVPA request, trustees may wish to consider:

- A BCSTA motion to endorse the BCPVPA would not bind any board to the association's recommendation.
- The current collective agreements of the BCTF and the support staff unions contain significant portions of common provincial language and compensation entitlements.
- PSEC, through BCPSEA, is already transitioning all school districts toward a standardized wage grid for principals and vice-principals based on regional comparators, although individual boards retain authority to approve compensation improvements within the grid.
- The BCPVPA proposed contractual framework is intended to apply to a limited number of specified contract items.
- Current contractual agreements between boards of education and their principals and vice-principals vary across the province. Within some school districts, there is also variation between individual principals and vice-principals.

22. BC PRINCIPALS' AND VICE PRINCIPALS' ASSOCIATION'S PROPOSED CONTRACTUAL FRAMEWORK

- Inconsistent and/or out of date contract language has been somewhat problematic in individual districts or with individual employee situations. A common contractual framework may help to ensure regular reviews and updating of contract language.
- Boards of education are under no obligation to review their current contract language; nor to adopt any common contractual framework.
- In some school districts, current contract language has been written to address local circumstances and conditions. A common contractual framework may not directly address local needs, but could remain open to variation at the local level.

The Board of Directors puts this motion forward to the AGM to allow the membership to make the decision on this request. Should the motion pass, the Board of Directors would:

1. write to the BCPVPA indicating that the BCSTA membership has endorsed their proposal, but that individual boards of education retain the right to make a local decision regarding implementation, and
2. write to all member boards of education informing them of the BCSTA endorsement of the BCPVPA proposal, but also indicating that individual boards of education retain the right to make a local decision regarding implementation.

REFERENCE:

- September 15, 2015 BCPVPA Memorandum re: Provincial Contractual Framework for Principals and Vice Principals
https://dsweb.bcsta.org/docushare/dsweb/Get/Document-79188/J_Motion%20Attachment_Reference%20Doc_BCPVPA%20Memo%20re%20negotiation%20framework.pdf

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

23. EQUITABLE ACCESS TO PUBLIC EDUCATION FOR RURAL AND REMOTE SCHOOLS

SUBMITTED BY: *Northern Interior Branch*

BE IT RESOLVED:

That BCSTA strongly urge the Ministry of Education to establish a provincial Rural and Remote Education Advisory Council with school trustee representation to address equitable access issues to public education.

RATIONALE:

Many of our rural and remote students are First Nations. There is a focus provincially to increase Aboriginal student success and completion rates. One way to help achieve this goal is by addressing rural and remote issues across the province. This will benefit all students and is consistent with the commitments made in Aboriginal Enhancement Agreements.

The current funding formula does not adequately address economies of scale and declining enrollment. This results in:

- Challenges recruiting and retaining qualified staff
- Vast travel distances for students of all ages (more than 4.5 hours per day travel for some students)
- Increasing costs of transportation
- Challenges with adequate internet access
- Challenges supporting extra-curricular activities
- Challenges concerning access and support for designated students

Rural and remote schools cannot meet the 95% capacity rate as these schools and students attending them are geographically dispersed.

Education is a right, not a privilege regardless of where you reside.

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Policy Statement 5.1.2P – Rural Education.

24. MATERNITY/PATERNITY COMMITTEE

SUBMITTED BY: SD 42 (*Maple Ridge-Pitt Meadows*)

BE IT RESOLVED:

That BCSTA establish a committee to make recommendations for legislative changes regarding the *School Act* and *Employment Insurance Act* to allow for trustees to receive maternity and parental leave benefits without the risk of trustees being disqualified from office or having employment insurance benefits clawed back due to trustee stipends. The committee will report back with recommendations at the next BCSTA AGM.

RATIONALE:

This motion is needed for the following reasons:

- Section 52(2) of the *School Act* stipulates that if a trustee is continuously absent from board meetings for a period of 3 consecutive months, unless the absence is because of illness or with the leave of the board, the office of the member is deemed to be vacant and the person who held the office is disqualified from holding office as a trustee until the next general school election.
- A trustee may be denied leave from their board.
- Trustee salaries and stipends do not contribute to employment insurance,
- Trustees do not qualify for Employment Insurance for maternity and parental leave.
- Trustees are forced to decide between staying at home with their child and losing their democratically elected position.
- The current exclusion of maternity leave in Section 52(2) of the *School Act* is a barrier for women to hold office.

REFERENCES:

- *School Act*, R.S.B.C. 1996, c. 412 section 52(2)
<http://www2.gov.bc.ca/gov/content/education-training/administration/legislation-policy/manual-of-school-law>
- *Employment Insurance Act*, S.C. 1996, c. 23
<http://laws-lois.justice.gc.ca/eng/acts/E-5.6/>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

25. BCSPEA ELECTED CO-GOVERNANCE REINSTATEMENT

SUBMITTED BY: SD 36 (*Surrey*)

BE IT RESOLVED:

That BCSTA communicate to government the need to reinstate elected school trustees to the Board of Directors of BCPSEA prior to July 31st, 2016.

RATIONALE:

BCPSEA was created in 1994 to represent school districts.

The provincial government on July 31, 2013 removed the duly elected BCPSEA Board of Directors and replaced it with a temporary Public Administrator.

To date, the temporary Public Administrator is still in place (how long is temporary?). BCPSEA needs to operate under a co-governance model between boards of education and the provincial government. With an intermediary administrator between the parties, co-governance cannot exist.

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 7.1FS – Collective Bargaining

26. DELIOTTE REPORT RECOMMENDATIONS

SUBMITTED BY: *Thompson Okanagan Branch*

BE IT RESOLVED:

That the BCSTA Board of Directors request the Ministry of Education provide boards of education with a document which:

- (a) lists all of the recommendations from the 2012 and 2014 Deloitte Reports;
- (b) outlines the Ministry's response to each of Deloitte's recommendations;
- (c) indicates which recommendations the Ministry of Education will adopt and/or pursue; and,
- (d) provides the timelines for implementing the recommendations which the Ministry plans to pursue.

RATIONALE:

The Ministry of Education has received two reports from Deloitte that suggest broad-based changes to the delivery of public education. Boards are already acquiring significant resources and infrastructure to meet the needs of the mandatory new curriculum and the B.C. Skills for Jobs Blueprint.

There has not been a comprehensive implementation strategy document prepared by the Ministry of Education regarding the two Deloitte reports. A detailed listing of the recommendations and the Ministry's intended response to the recommendations should address various topics related to shared services including labour relations, transportation, and alternative funding.

The Ministry of Education has not given sufficient notice to boards of education regarding other significant matters including the Ministry's determination that boards have to fund unanticipated principal and vice Principal pay increases. Boards need sufficient notice and information to plan effectively for the future needs of public education.

REFERENCES:

- July 2014 Deloitte Report: Ministry of Education – Service Delivery Transformation Shared Services Implementation
http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/reports-and-publications/deloitte_report_july_2014.pdf

DELIOTTE REPORT RECOMMENDATIONS

- August 24, 2012 Deloitte Report: BC Ministry of Education and School Districts Service Delivery Transformation Final Report
http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/reports-and-publications/deloitte_report_august_2012.pdf
- Service Delivery Project Quarterly Updates
http://www.eneletters.gov.bc.ca/Education_Service_Delivery_Project/May_2015/edition

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

27. REINSTATE SUPERINTENDENT OF ABORIGINAL ACHIEVEMENT

SUBMITTED BY: *BCSTA Aboriginal Education Committee*

BE IT RESOLVED:

That BCSTA urge the Ministry of Education to reinstate/appoint a senior leadership position, such as a Superintendent of Aboriginal Achievement, to strategically lead the province and support boards of education to eliminate the gap between Aboriginal and non- Aboriginal student success.

RATIONALE:

This position would provide and support provincial leadership and co-ordination. The position would work towards a long-term implementation strategy that is purposeful, strategic and sustainable; increasing the focus on improving Aboriginal student achievement.

As reported by the Office of the Auditor General (OAG), Aboriginal students are still not achieving at the same level as non-Aboriginal students provincially.

There has been increased focus on Aboriginal Education after the final recommendations of the Truth and Reconciliation Commission's report and the recent OAG Audit of the Education of Aboriginal students in the BC Public School System. We need to continue to work together to support and increase aboriginal student success.

The OAG's report includes the following recommendation:

...[That] the Ministry of Education 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. (Recommendation Number 1).

REFERENCE:

- An Audit of the Education of Aboriginal Students in the B.C. Public School System

<http://www.bcauditor.com/pubs/2015/audit-education-aboriginal-students-bc-public-school-system>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 5.3FS – Aboriginal Education.

28. RECOMMENDATIONS FOR IMPROVING EDUCATION FOR ABORIGINAL STUDENTS

SUBMITTED BY: SD 85 (*Vancouver Island North*)

BE IT RESOLVED:

That BCSTA call on the Ministry of Education to fully resource and enable boards of education to deliver on all eleven recommendations included in the report "An Audit of the Education of Aboriginal Students in the B.C. Public School System" released by the Office of the Auditor General on November 5, 2015.

RATIONALE:

During the ten year span from 2005 to 2015, graduation rates of non-Aboriginal students increased from 82% to 87%, whereas the Aboriginal students went from 49% to 62% graduating.

Despite the B.C. government's commitment in 2005 to close the gaps in education outcomes between Aboriginal and non-Aboriginal students within ten years, "there continue to be persistent and significant gaps in many school districts..." (p. 5)

In its November 2015 "An Audit of the Education of Aboriginal Education in the B.C. Public Education School System" report, the Office of the Auditor General of B.C. put forward eleven recommendations to improve education for Aboriginal students in B.C. which will benefit all learners system wide. The Office of the Auditor General of BC recommended that the Ministry of Education:

1. collaborate with boards of education, superintendents, and Aboriginal leaders and communities to develop a system-wide strategy with accountabilities to close the gaps between Aboriginal and non-Aboriginal student outcomes.
2. provide support to boards of education and superintendents to ensure they have the capacity to achieve results.
3. take action when school districts have not achieved expected results for Aboriginal students.
4. evaluate the effectiveness of targeted funding and enhancement agreements as strategies to close the gaps in education outcomes between Aboriginal and non-Aboriginal students, and use the results to improve its policies to better support Aboriginal student outcomes.
5. work with boards of education to ensure School Completion Certificates are only granted to students who require a modified program due to a special need that prevents them from working toward graduation.

RECOMMENDATIONS FOR IMPROVING EDUCATION FOR ABORIGINAL STUDENTS

6. collaborate with boards of education, superintendents, and Aboriginal leaders and communities to:
 - provide all students with a curriculum that addresses the past and present effects of the colonization of Aboriginal peoples in British Columbia.
 - address obstacles to ensuring safe, non-racist, culturally relevant learning environments through teacher professional development, cultural awareness training, and strategies to hire the best people to work with Aboriginal students.
7. collaborate with boards of education, superintendents, and Aboriginal leaders and communities to define and implement standardized monitoring and assessment of key indicators of Aboriginal and non-Aboriginal students' progress at key stages throughout their school career.
8. establish responsibility within the ministry for developing a systematic approach to data analysis on Aboriginal student achievement.
9. use the evidence from ministry data analysis to inform decision making and clarify expectations of boards of education.
10. support superintendents in their work with boards of education, staff, Aboriginal leaders and communities and other districts, to develop capacity to use data and evidence to plan for Aboriginal student achievement.
11. collaborate with boards of education, superintendents, and Aboriginal leaders and communities, to define and implement expectations for regular provincial and district reporting on:
 - Aboriginal student (on- and off-reserve, First Nations, Métis and Inuit) achievement.
 - progress in meeting targets to close the gaps.
 - effectiveness of strategies for Aboriginal students.

The Ministry has accepted all eleven of these recommendations.

REFERENCES

- An Audit of the Education of Aboriginal Students in the B.C. Public School System

28.

**RECOMMENDATIONS FOR IMPROVING EDUCATION FOR
ABORIGINAL STUDENTS**

<http://www.bcauditor.com/pubs/2015/audit-education-aboriginal-students-bc-public-school-system>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 5.3FS – Aboriginal Education.

29. BCSTA STRATEGIC PLAN

SUBMITTED BY: *Thompson Oakanagan Branch*

BE IT RESOLVED:

That the BCSTA Board of Directors include an area of focus in the Strategic Plan that focuses on Indigenous education.

RATIONALE:

Indigenous student graduation rates, school success, and school readiness fall well under those of non-Indigenous students. The focus on improving the school experience and success needs to be one of the fore-front areas of focus for our organization.

REFERENCES:

- BCSTA Strategic Plan 2015-2016
<http://www.bcsta.org/content/strategic-plan-2015-2016>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 5.3FS – Aboriginal Education.

30. GOVERNMENT RESPONSE TO CORRESPONDENCE

SUBMITTED BY: *SD 05 (Southeast Kootenay)*

BE IT RESOLVED:

That BCSTA request that the Premier direct government ministries to provide a written response in a timely manner when an *elected* board of education makes a written request for response.

RATIONALE:

This motion is needed because each year, boards of education across the province take the time to craft letters regarding issues of sufficient importance to students, communities and public education as to require advocacy and/or clarification of fact. If a concern has been outlined or a request for information has been made by an *elected* board of education, that request should be honoured with an informative response, in a timely fashion.

Over the years, our Board has sent letters to various government ministries. All of these letters, along with responses by government are listed on our website. While a number of letters have been sent, our website illustrates how few have actually received responses.

Some of the ministries that boards of education frequently interact with include the Premier's Office, Ministry of Education and Ministry of Finance. Of recent concern, three times our Board sent letters to the Ministry of Finance and copied the Premier and Minister of Education, (dated October 27, 2014, February 11th, 2015 and March 10th, 2015) requesting an update on the 2014 Select Standing Committee on Finance and Government Services' recommendations. Receiving no answer, our Board sent a fourth letter on January 12th, 2016.

Our Board would like to ensure that in future, boards will not have to spend time re-crafting and resending letters requesting the same important information time over time with the hope that they may receive a response.

REFERENCES:

- Board of Education of School District No. 5 (Southeast Kootenay) Advocacy Letters

<http://www.sd5.bc.ca/Board/advocacy/Pages/default.aspx>

30.

GOVERNMENT RESPONSE TO CORRESPONDENCE

- Co-governance memorandum of agreement
https://dsweb.bcsta.org/docushare/dsweb/Get/Document-79190/2014-BCSTA_MoE-CoGovernance_Relationship_Memorandum_of_Agreement.pdf

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.

Relates to Foundational Statement 2.1FS – Co-Governance.

31. EDUCATION ASSISTANTS REGULATION BODY

SUBMITTED BY: *SD 44 (North Vancouver)*

BE IT RESOLVED:

That BCSTA advocate for the establishment of a provincial regulatory body for Education Assistants that would oversee the appropriate standard of qualification, designation, and requirements for ongoing professional development

RATIONALE:

Education Assistants (EAs) play an essential role in supporting students and classroom teachers. Presently, there is no regulatory body overseeing these paraprofessionals.

In the 2012-2014 round of collective bargaining, a Provincial Framework Agreement was established between BCPSEA and the CUPE BC K-12 Presidents' Council and subsequently at the local level between the North Vancouver School District and CUPE Local 389.

Section 4.b of this Agreement states the following:

The Parties agree the Committee will engage with the Ministry of Education around the implementation of a system of recognized credentials and qualifications to regulate the employment of Education Assistants.

Employees are role models and need to exhibit the highest qualities of character, including honesty, integrity, trustworthiness and compassion. Employees must act in accordance with the privileged position of authority, trust and influence they hold with students. This motion supports and enhances professional codes of ethics applicable to employees.

The School District supports the establishment of a provincial regulatory body that would oversee the appropriate standard of qualification, designation, and requirements for ongoing professional development. This would promote a higher standard of professional accountability, qualification and support to students in meeting their educational goals.

Additionally, a record of misconduct and the disciplinary outcomes would be maintained with the regulatory body. Presently, if an EA has been disciplined, terminated, or resigns, as a result of an investigation of serious misconduct, there is no public record unless criminal charges are laid. This opens up the possibility that the person may seek employment in another school district, a day care, a preschool or working privately for a family putting vulnerable children and future employers at risk.

By establishing a provincial regulatory body, in addition to maintaining the professional standards, it will provide additional oversight and review of misconduct. This may include an additional investigation of the member by the regulatory body that may result in further discipline, loss of their designation, and/or public disclosure.

REFERENCE:

- Provincial Framework Agreement ("Framework") between BC Public School Employers' Association ("BCPSEA") and The K-12 Presidents' Council and Support Staff Unions ("the Unions")

<http://www.bcpsea.bc.ca/documents/SupportStaff-CollectiveAgreementsDocs/00-2014-2019%20Support%20SIGNED%20Package.pdf>

This is an action motion and does not change or contradict any existing Foundational or Policy Statement.



ITEM 8

To: **Board of Education**

From: Chairperson
Mike Murray

Re: **FINAL REPORT ON CHILD AND YOUTH
MENTAL HEALTH IN BRITISH
COLUMBIA**

Date: April 13, 2016
(Public Board Meeting)

Information

RECOMMENDATION:

THAT the Board receive the final report on "Child and Youth Mental Health in British Columbia" issued by the Select Standing Committee on Children and Youth, for information.

Attachment

Select Standing Committee on
Children and Youth

Final Report
Child and Youth Mental Health in British Columbia
Concrete Actions for Systemic Change



JANUARY 2016



January 26, 2015

To the Honourable
Legislative Assembly of the
Province of British Columbia

Honourable Members:

I have the honour to present herewith the Third Report of the Select Standing Committee on Children and Youth for the Fourth Session of the 40th Parliament.

The Report covers the second phase of the Committee's work in regards to child and youth mental health in B.C. and was approved unanimously by the Committee.

Respectfully submitted on behalf of the Committee,

Jane Thornthwaite, MLA
Chair

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Composition of the Committee

Members

Jane Thornthwaite, MLA	Chair	North Vancouver-Seymour
Doug Donaldson, MLA	Deputy Chair	Stikine
Donna Barnett, MLA		Cariboo-Chilcotin
Hon. Mike Bernier, MLA (to September 28, 2015)		Peace River South
Marc Dalton, MLA (from September 28, 2015)		Maple Ridge-Mission
Carole James, MLA		Victoria-Beacon Hill
Maurine Karagianis, MLA		Esquimalt-Royal Roads
John Martin, MLA		Chilliwack
Dr. Darryl Plecas, MLA		Abbotsford South
Jennifer Rice, MLA		North Coast
Dr. Moira Stilwell, MLA		Vancouver-Langara

Committee Staff

Kate Ryan-Lloyd, Deputy Clerk and Clerk of Committees

Helen Morrison, Committee Research Analyst

Alayna van Leeuwen, Committee Research Analyst

Terms of Reference

On February 11, 2015, the Legislative Assembly agreed that the Select Standing Committee on Children and Youth be appointed to foster greater awareness and understanding among legislators and the public of the BC child welfare system, and in particular to:

1. Receive and review the annual service plan from the Representative for Children and Youth (the “Representative”) that includes a statement of goals and identifies specific objectives and performance measures that will be required to exercise the powers and perform the functions and duties of the Representative during the fiscal year;
2. Be the committee to which the Representative reports, at least annually;
3. Refer to the Representative for investigation the critical injury or death of a child;
4. Receive and consider all reports and plans transmitted by the Representative to the Speaker of the Legislative Assembly of British Columbia; and,
5. Pursuant to section 30 (2) of the Representative for Children and Youth Act, S.B.C. 2006, c. 29, complete an assessment by April 1, 2015, of the effectiveness of section 6 (1) (b) in ensuring that the needs of children are met.

In addition to the powers previously conferred upon Select Standing Committees of the House, the Select Standing Committee on Children and Youth be empowered:

- a. to appoint of their number one or more subcommittees and to refer to such subcommittees any of the matters referred to the Committee;
- b. to 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. to conduct consultations by any means the committee considers appropriate;

- d. to adjourn from place to place as may be convenient; and
- e. to retain personnel as required to assist the Committee;

and shall report to the House as soon as possible, or following any adjournment, or at the next following Session, as the case may be; to deposit the original of its reports with the Clerk of the Legislative Assembly during a period of adjournment and upon resumption of the sittings of the House, the Chair shall present all reports to the Legislative Assembly.

Executive Summary

In Fall 2013, the all-party Select Standing Committee on Children and Youth agreed to undertake a special project examining child and youth mental health in British Columbia. The Committee's November 2014 Interim Report on its first phase of the special project summarized the results of extensive consultations undertaken by the Committee, and identified six high priority areas needing improvement.

The Committee's second phase of work launched in February 2015 focused on identifying concrete and practical initiatives to enhance child and youth mental health services and outcomes in BC. The Committee undertook additional consultations in the form of public hearings with invited witnesses and an opportunity to make written, video or audio submissions via the Committee's website.

The Committee's recommendations in this report are the result of the past two years of work on issues affecting child and youth mental health and ways to improve child and youth mental health services in British Columbia. The Committee heard that we have many services available, but they are often not necessarily easily accessible, or well integrated as a system of care. Children, youth, young adults, and their families are suffering as a result of significant weaknesses and gaps in services.

Improvements to the delivery of mental health services are urgently needed. Acting now to improve mental health services could reduce the consequences of mental illness in our youth population and its impact on the economy and society.

Members agreed that changes to governance and accountability for child and youth mental health services are needed to ensure the coordination and effectiveness of services. The Committee's first core recommendation is that a new Minister for Mental Health be appointed to assume responsibility for the funding and coordination of mental health services in the province. It is time for mental health

I really believe that we can build the best system in the world ... we have so much already on the ground, but it's just not integrated and working with each other. I don't think it would take a lot of investment to make a real difference and to get youth in this province knowing where to go when they need help.

Dr. Steve Mathias, Presentation to the Committee, June 24, 2015

to be given a higher profile and more attention, and a new Cabinet level portfolio for mental health services would help to achieve that objective.

The Committee's second core recommendation is for an integrated service delivery model. The Committee considers that many of the most promising solutions for improving child and youth mental health integrate and coordinate services. This "one child, one file" approach should be a foundational design principle for the child and youth mental health system.

To this end, the Committee received evidence about innovative new models which are successfully delivering integrated child and youth mental health services. North Vancouver's Mountainside Secondary School, the Cariboo Collaborative (Cariboo Action Team), and the Inner City Youth Mental Health Program are school- and community-based service hubs with accessible, youth friendly "one-stop shops." The Committee recommends that existing integrated service delivery programs be given multi-year funding. Moreover, the Committee recommends that a multi-year pilot project approach be used to quickly launch more integrated, collaborative, and multi-disciplinary school- and community-based "hubs" to deliver mental wellness programs and clinical and social services to children, youth, and young adults. Lessons learned from pilot projects would provide a basis for expanding these models across the province.

The Committee heard about specific gaps and barriers to effective service delivery, and identified the following initiatives to strengthen service performance:

- Linking funding for child and youth mental health services to integrated service delivery.
- Services must be delivered in a timely manner and the Committee recommends that targets be established to ensure that children, youth, and young adults identified as exhibiting signs of behavioural, emotional, or mental health issues are assessed within 30 days and begin receiving treatment within the next 30 days.
- Services must be child- and youth-friendly and the Committee recommends that youth have input into the design of programs, and that

ongoing feedback be sought through client satisfaction surveys. Given technology usage among children and youth, investments in online mental health programs designed for youth and young adults should be increased, and connectedness initiatives in schools supported.

- Problems related to the availability and funding for the full spectrum of care were identified. The Committee recommends more support for mental wellness programs in order to avoid the problems and costs of more serious illnesses later on. Early intervention and prevention are critical and the Committee recommends funding be provided to early intervention programs so that problems are identified sooner and children and youth get the help they need sooner.
- There must be adequate, appropriate clinical services. Stronger linkages between health authorities, other health care providers, and school districts, need to be developed. Emergency departments are often the initial point of contact for children and youth seeking mental health services. The quality of first contact in emergency departments should be improved by employing registered psychiatric nurses more broadly and ensuring proper discharge planning to outpatient follow-up care. Alternatives to emergency departments for urgent/acute psychiatric care such as Assertive Youth Treatment teams should also be established. The Committee makes recommendations to improve access to services provided by child and adolescent psychiatrists and psychologists. The delivery of clinical services to rural and remote areas should be expanded through technology such as telehealth.
- The Committee considered issues around transition-age youth and young adults and recommends that eligibility for child and youth mental health services be extended to young adults. The Committee also heard about vulnerable populations that need special attention. These include Aboriginal children and youth, sexual and gender minority youth, children in care, and special needs children and youth. School districts should be required to support sexual and gender minority youth in schools through general and targeted programs to address child and youth

mental health issues. The Committee recommends that all children in care have access to mental wellness programs and early intervention programs and services and that culturally appropriate programs and services for Aboriginal children and youth be publicly funded.

The Committee urges that its unanimous recommendations for concrete actions to improve child and youth mental health services be undertaken by government as a matter of high priority.

The Work of the Committee

Special Project: Child and Youth Mental Health in British Columbia

The all-party Select Standing Committee on Children and Youth (the Committee) was established in 2006 to implement the second recommendation of the Honourable Ted Hughes in his 2006 “BC Children and Youth Review” – the first recommendation being to establish a Representative for Children and Youth. Former Justice Hughes stated that an all-party Committee would “encourage Government and the Opposition to work together to address the challenges facing the (children and youth) system.”

The Committee’s Terms of Reference continue to set out its overarching purpose of fostering “greater awareness and understanding among legislators and the public of the BC child welfare system,” and responsibilities regarding its relationship with the Representative for Children and Youth.

Within this mandate, the Committee met in Fall 2013 with the Representative for Children and Youth to discuss her review of mental health services for youth, titled *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.* (April 2013). The review acknowledged progress in providing child and youth mental health services, but identified significant gaps, barriers, and areas for improvement to meet the serious challenges across the province.

Given the importance of the issue and the concerns identified by the Representative, Committee Members agreed in Fall 2013 to launch a special project examining child and youth mental health in British Columbia. Public meetings were held with expert witnesses representing all sectors and regions of the province, a private meeting was organized with youth and families, and written submissions from the public were invited. In November 2014, the Committee issued an Interim Report highlighting six priority areas for attention: improving youth mental health services; integrating service delivery; ministry leadership; education and school supports; community-based services; and ending the stigma against mental illness.

In February 2015, the Committee began the second phase of its work on the special project, focusing on concrete and practical solutions to the challenges identified in its Interim Report.

Consultation Methods

For the second phase of the special project, the Committee invited witnesses to several in-person meetings. To focus on generating solutions related to the six priority areas identified in the Interim Report, the Committee asked specific questions to identify promising strategies and solutions, reflecting each witness' role in child and youth mental health, including educators, police, and clinicians. A total of 23 presentations were made to the Committee at five public meetings between April 13, 2015 and June 24, 2015. The names of the presenters are listed in Appendix A.

Through its website, the Committee invited written, video, and audio submissions from anyone who was interested in contributing to the Committee's work. An online submission form and the following consultation questions were provided:

- How could services for early intervention, assessment, treatment, and prevention of youth mental health issues be improved and/or integrated?
- What new or enhanced community-based services is your community working on to better meet local needs? What are needed?
- What services and supports are needed in schools to improve education, assessment, and treatment of youth mental health issues? What is your school district doing to help?
- What actions are you taking to reduce stigma around youth mental health?

The names of the 71 individuals and organizations that provided written or video submissions are listed in Appendix B.

In developing its conclusions and recommendations, the Committee considered input from the first and second phases of its work. The 153 oral and written submissions from the first phase provided a foundation for the development of concrete and practical recommendations included in this report.

The Committee is very grateful to all those individuals and organizations who shared their experiences and expertise with the Committee. Members greatly appreciate their assistance in furthering their own awareness and understanding of child and youth mental health services in the province. The presentations and submissions depicted strengths and weaknesses of the current framework and proposed ways to improve child and youth mental health services.

Schedule of Meetings

February 12, 2015	Organization and Planning	Victoria
February 17, 2015	Organization and Planning	Victoria
March 4, 2015	Organization and Planning	Victoria
March 25, 2015	Organization and Planning	Victoria
April 13, 2015	Child and Youth Mental Health Briefings	Victoria
May 6, 2015	Child and Youth Mental Health Briefings	Victoria
May 27, 2015	Briefing by Ministries and Child and Youth Mental Health Briefings	Victoria
June 23, 2015	Child and Youth Mental Health Briefings	Vancouver
June 24, 2015	Child and Youth Mental Health Briefings	Vancouver
July 16, 2015	Deliberations	Victoria
September 30, 2015	Deliberations	Victoria
November 23, 2015	Deliberations	Vancouver
January 25, 2016	Deliberations	
	Adoption of Report	

The Committee's documents, proceedings, and this report are available at: <https://www.leg.bc.ca/parliamentary-business/committees/40thparliament-4thsession-cay>

Briefing by Ministries

The Ministry of Health has seen an average 2.9% increase per year in the number of children and youth with mental health diagnoses accessing a broad range of Ministry of Health funded services. Between 2009 and 2013, BC has seen a 43% increase in the number of children, youth, and young adults aged 0-24 presenting to hospitals to seek mental health and substance use services ... those aged 15-19 have the greatest rate of increase (73 % increase between 2009 and 2013).

Joint Ministry Written Submission,
July 2015

Child and youth mental health programs and services have evolved in British Columbia as a network of diverse services provided in community, hospital, and residential care settings. In the 1970s, services were expanded and decentralized, and enhanced in the 1990s to improve accessibility and preventive programs. In 1999, government launched consultations with stakeholders, experts, and clients on a strategy to develop a renewed child and youth mental health plan. The plan was announced in 2003 making child and youth mental health a cross-government issue requiring more resources, planning, community engagement, partnerships with schools and health providers, and leadership from the Ministry of Children and Family Development.

The Committee received a joint presentation on May 27, 2015 on child and youth mental health from senior officials of the Ministries of Children and Family Development, Health, and Education. The Committee also received a joint written submission in July 2015 from the Ministries of Children and Family Development, Advanced Education, Community, Sport and Cultural Development, Education, Health, Justice, and Social Development and Social Innovation. Ministry officials outlined the current state of child and youth mental health needs across the province, progress in responding to these needs, key gaps in support, and actions underway and future directions to strengthen child and youth services in British Columbia.

The Committee heard that across the province approximately one in eight children and youth may be affected by mental illness, causing distress and impairing functioning at home, school, and in communities. Moreover, child and youth mental health needs are increasing in number and complexity.

Given the complexity and range of child and youth mental health needs, collective action by a variety of ministries aims to provide a holistic system of care. The system uses a “stepped” model of care which aligns service intensity with need, and uses more specialized services to address higher level needs. Integrated and flexible service delivery aims to provide the best fit for children and youth mental health requirements.

Ministry officials acknowledged to the Committee that key gaps exist in the areas of prevention and early intervention, wait times, emergency department capacity, substance abuse programs, and vulnerable populations. Addressing these gaps is a government priority.

Collaboration among ministries involved in child and youth mental health is an important principle for service governance and delivery. Ministry officials advised that “no matter how systems are organized and governed, there is always a need for ministries to work collectively and in partnership with other governmental and non-governmental services.”

Ministry officials briefed the Committee on examples of initiatives to strengthen child and youth mental health services, including immediate support and preventive interventions.

- To meet the challenge of increased demands on emergency departments in some communities, community capacity to reduce demands on emergency departments is being enhanced through integration of primary and community care, hospital-

(Given) the complexity in terms of meeting the needs of children and youth and their development that changes over time, there really is no one path. The experiences of children and youth and their families are so unique that there are many different pathways Ideally, our goal is to avoid children and youth even needing to receive the services, making sure that we are implementing prevention interventions and supporting positive mental health as much as we can in settings like schools, in community centres and in homes.

Sandy Wiens, Ministry of Children and Family Development,
Presentation to the Committee,
May 27, 2015

community protocols, and the development of services for children and youth with complex care needs.

- To address youth substance service gaps, system and service capacity is being upgraded, with new Community Substance Use program spaces, provincial standards for services, and guidelines for withdrawal management.
- To assist vulnerable children and youth, priority needs of vulnerable groups are being enhanced with LGBTQ (lesbian, gay, bisexual, transgender, and queer) workshops, practices to support inclusion, access for Aboriginal children and youth, and strengthened data collection.
- To provide more consistent cross system coordination/collaboration/integration, broader implementation of integration models is being explored, information sharing is being improved, transition protocols are being developed, and increased involvement is being provided through more Parents in Residence positions and increased family-centred practices.

Ministry officials recognized that there is more to do. The Ministry of Children and Family Development is leading a working group with other ministries to review Child and Youth Mental Health Services, and to make recommendations to Cabinet by June 30, 2016 on potential improvements. The recommendations will “be inclusive of youth up to age 24 years and will be based on a system-wide review of service needs and service gaps,” and will involve input from families, academic experts, and community and physician partners.

Public Consultation

Results

The Committee's public consultation process engaged experts, stakeholders, and individual British Columbians in the Committee's work to review child and youth mental health services, and identify concrete and specific ways to strengthen and support them.

Throughout its consultations, the Committee was struck by the wide-reaching effects of mental illness: the suffering of children, youth, and their families; and the unmet potential of children and youth experiencing mental health problems. The Committee heard how BC's established network of child and youth mental health services provides essential help, and where improvements are required to address significant weaknesses and gaps.

*How many more kids can we spare
before something is done to combat
these issues?*

Katherine Harris, Video Submission

The evidence presented to the Committee led Members to conclude that urgent action is required. The children, youth, and young adults of British Columbia are currently not being adequately served by the existing level and structure of service delivery. Given the critical importance of early and formative years to success in adulthood, it is imperative that the existing deficiencies in mental health services be addressed as quickly as possible.

Leadership and Accountability

The issue of leadership and accountability in child and youth mental health was raised in several submissions, including a recommendation to transfer responsibility for Child and Youth Mental Health Services from the Ministry of Children and Family Development to the Ministry of Health. For example, the BC Psychiatrists Association expressed the view that the Ministry of Health was doing good work in expanding telehealth for rural areas, and that moving Child and Youth Mental Health Services to the Ministry of Health could improve service delivery by using telehealth approaches.

Proponents of a consolidation of child and youth mental health leadership and programs within the Ministry of Health indicate that such a reorganization could result in the following advantages:

- Consolidation of funding for and the delivery of all mental health services, since children and youth frequently first access mental health services in physicians' offices, walk-in clinics, and hospitals;
- Consolidation would build on the Ministry of Health's work to provide out-patient youth addiction services to support mentally ill youth, many of whom struggle with alcohol and drug dependencies;
- Funding for child and youth mental health services might be enhanced if core services were the responsibility of the Ministry of Health;
- Barriers to access could be reduced because some families will not approach the Ministry of Children and Family Development for assistance with child and youth mental health issues given the Ministry's ability to remove children from their home, or due to existing strained relationships over other child custody and protection issues;
- Consolidation could allow for more consistency of services between primary and community services if it was under one ministry;

- Consolidation could improve the broader deployment of telehealth programs in rural and remote areas; and
- Consolidation could facilitate more integrated service delivery, most critically, for transition-aged youth and young adults up to the age of 25.

On the other hand, a reorganization of programs into the Ministry of Health could have adverse implications:

- It may be costly and disruptive to undertake a ministry restructuring;
- The transfer may not be any more likely to result in the kind of multi-setting, multi-disciplinary collaboration that is needed and is already partially underway;
- Child and youth mental health services might be overwhelmed by other Ministry priorities;
- Funding and delivering services through the Ministry of Health could promote a “medical model” of care, under which mental health may tend to be defined as an absence of mental illness, with heavy focus on medication and intensive treatment for serious mental illnesses rather than prevention and early intervention; and
- Having the services in a child and youth-serving ministry is more likely to facilitate a holistic view of child and youth wellness, with consideration for the interdependent individual, familial and social determinants of health.

The Committee heard evidence suggesting that, on balance, a major reorganization of child and youth mental health roles and responsibilities within an existing ministry may not result in better service. Dr. Charlotte Waddell of Simon Fraser University’s Children’s Health Policy Centre said that the Ministry of Children and Family Development is “the one central ministry with the mandate to provide programs through the community, especially these psychosocial programs which, in general, are more effective for children.” She also noted that the ministry was “well able” to lead BC’s ground breaking 2003 five-year child and youth mental health plan, including bringing together the Ministries of Health and Education. While she felt something is currently missing in terms of leadership and momentum, the plan “was done, and it was done well. That’s the one place where, perhaps, there has always been that capacity to look at the full picture for the province.”

The Importance of Integrated and Coordinated Service Delivery

Presentations made to the Committee revealed the wide variety of services which have emerged to improve the mental health of children and youth. The Committee also heard of the urgent need for better integration, coordination, and collaboration to make the availability of current services better known and more effective in meeting the needs of children, youth, and their caregivers. Frustrations with finding, navigating, and accessing services – and in some cases, finding no appropriate local services – were a top concern raised by caregivers and youth.

For many mental illnesses, evidence points to the benefits of early intervention for child and youth well-being. Early intervention can also result in significant long-term savings. However, since financial savings can be difficult to quantify, it can be difficult to orient funding toward early intervention. For example, the Committee heard that a nurse-family partnership can save \$18,000 per family over 10-15 years. Dr. Charlotte Waddell noted that “these are costs that you don’t have to spend on emergency room visits, hospitalizations of children with injuries, doctors visits, social assistance, taking kids into foster care, taking moms and kids into the justice system.”

Missed appointments are a simple, but tangible, example of wasted resources. Uncoordinated services and unrealistic service delivery models can result in wasting clinicians’ time. It can be extremely unrealistic to expect a troubled youth, or a youth with specific barriers like a lack of transportation, to attend appointments at clinicians’ offices.

The hospital is under the Ministry of Health. When they’re back out in the community, they’re under MCFD (the Ministry of Children and Family Development). So different mandates, different standards, different philosophies of care, different systems, different computer platforms.

Dr. David Smith, Presentation to the Committee, June 24, 2015

Throughout the mental health system, whether we’re talking about the adult system or the child and youth system, we are making choices of where we spend money. Right now we would say that we’re spending it ... in policing, we’re spending it in jails, and we’re spending it in unnecessary hospitalizations for children and youth.

Bev Gutray, Canadian Mental Health Association, Presentation to the Committee, June 24, 2015

We’ve been accessing some of our PharmaCare data, some of our hospital data and MSP data. We’re starting to build a picture of the youth. We are particularly concerned about the increase in emergency rooms ... because ER rooms are not the right place for youth to come who are maybe having some sort of an episode with their mental health at that time.

Doug Hughes, Ministry of Health, Presentation to the Committee, May 27, 2015

The question I always have is: how much money is lost in inefficiencies? You know, I book an appointment for a kid who's totally at risk, and I sit in my office and I wait for them, and they never come, and that hour-long slot is now gone because I can't book it for everybody else, but I'm still getting paid my salary during that time.

Jeremy Church, Mountainside School, Presentation to the Committee, May 6, 2015

By some estimates, between 40 to 70 percent of visits to primary care physicians are behavioural, emotional or otherwise psychological.

BC Psychological Association and BC Pediatric Society, Joint Written Submission

Instead of talking about referrals and wait times, we talk about access ... Sometimes we wait too long, and there are times when we overintensify when we shouldn't. But actually meeting when the child and youth and family are ready is responding in a timely manner so we can prevent the escalation of concerns.

Dr. Bill Morrison, Presentation to the Committee, April 13, 2015

Hospital emergency departments are increasingly becoming a key point of access for acute psychiatric care, frequently because it is the easiest and fastest way to get care for a child or youth in crisis.

However, poor discharge planning may mean that the emergency visit fails to result in necessary follow-up services being made available to youth.

Family physicians play a critical role in early identification of mental illnesses and in prescribing medication. They are often very well-placed to refer their patients to more specialized services if they exist in the community. However, billings by physicians under BC's Medical Services Plan for other kinds of mental health treatments may not be the most cost-effective delivery of services. Additionally, some communities do not have enough physicians to meet the demand for medical treatment.

Public submissions to the Committee attested that a multi-disciplinary approach is required. Services should be provided by the right practitioner and accessed at the right intensity at the right time. It is hard to imagine the possibility of receiving the "wrong" level of service when parents may be desperate for any service at all. However, inappropriate and/or delayed referrals can and do happen, and are often not efficient and not in the best interest of the child or youth. Even more troubling is that referrals may not be made at all when there is a lack of cooperation and coordination between health authorities and other health care providers.

Policing and justice costs related to mental illness are significant and appear to be growing. Whether it is the number of "mental health calls" attended by police, or the costs of having mentally ill youth in custody, police are increasingly sounding the alarm over this issue. Chief Officer Neil Dubord of the Delta Police observed that "24-7 care is currently handled by police, obviously — we become the de facto agency to be able to manage that — and a

hospital's ER," and reported that one in every five calls attended by police involves some form of mental health issue. The human health and safety costs are also significant: harm to victims and families, and potentially harm to the mentally distressed people who are police-involved or who commit crimes.

Use of pharmacological interventions appears to be growing. Psychotropic medications are a necessary and possibly life-saving part of treatment for a number of mental illnesses. Few, if any, parents would take lightly the decision to medicate their children, though in the absence of good information and a spectrum of alternative or complementary treatments (such as cognitive behavioural therapy or other types of counselling), parents may be inclined to accept medication, if it is offered. It is concerning to imagine medication used as the first or only resort in supporting children and youth with any number of behavioral difficulties, mental distress, and mental illnesses. The Committee also heard concerns about the potential influence of companies marketing psychotropic medications on physicians' choices for strategies to assist their patients, and generally influencing social perceptions of what effective treatment of mental illness should involve.

Use of medication for some illnesses is also concerning in the long term given the lack of evidence of the possible impacts on children's developing brains. Longer term financial and human costs of over-reliance on, or inappropriate use of, medication are unknown.

Insufficient data, the Committee believes, present a significant barrier to re-orienting system resources in a more productive way. Investing in broad awareness and prevention strategies might be more cost-effective in the long term, but without strong evidence it is difficult to prioritize preventive and early intervention programs over meeting immediate needs such as adequate police resources to deal with "mental health calls" to police. As Dr. Charlotte

It's impossible to capture the resources from all the different service providers from the time the youth was 12 years old and had his first interaction with the system ... mental health problems were suspected and recorded by police school-resource officers at the age of 13. Yet a lack of coordination and capacity of the system prevented us from stopping a homicide seven years later.

Chief Officer Neil Dubord, BC Transit Police and Delta Police, Presentation to the Committee, June 23, 2015

We're not listening to the powerful communication that children and youth are offering ... we say they've got to be fixed with drugs, because that's the tool, the blunt instrument, we have at hand. These intense emotions usually arise from compelling reasons ... abuse ... bullying ... a struggle to cope in a developmentally difficult environment. Maybe it's just the normal, the difficult human task of trying to forge a viable path into the future in the project we call life.

Reverend Dr. Steve Epperson, Presentation to the Committee, June 24, 2015

Because we do not know what the long-term effects of psychiatric medications are on the growing brains of children, we believe they should be rarely used and for the shortest possible time.

Alan Cassels, Rob Wipond and Janet Currie, Joint Written Submission

One notable area of challenge in this area is the tracking of outcomes for children and youth who are receiving services ... what we don't have is a common or core set of outcome indicators that is routinely collected and that can be used to help with systems-level planning.

Mark Sieben, Ministry of Children and Family Development, Presentation to the Committee, May 27, 2015

... at the community-based level there are private practitioners, like psychologists and clinical counsellors, working in the community, and there isn't a mechanism currently for us to collect information about how many children or youth they see and exactly what services they're providing.

Sandy Wiens, Ministry of Children and Family Development, Presentation to the Committee, May 27, 2015

Waddell noted, “clearly tracking the benefits for children, or clearly demonstrating insufficient programming, could help increase public support for new investments in promotion and prevention.”

In their presentation to the Committee, Ministry officials acknowledged that ministries only have incomplete, poor quality data. This hinders the development of performance measures and system planning.

An official from the Ministry of Health also indicated that it is very challenging to obtain data and that the Ministry looks to other sources, including the police.

Models of Integrated Service Delivery

The Committee heard evidence of integrated, coordinated services which highlight the value of more holistic services designed around the needs of the child, youth, and family and what works best in terms of making the services accessible. These examples illustrate possible ways of promoting more efficient and cost-effective use of resources.

The Committee received presentations on three particularly strong, made-in-BC examples of integrated service delivery as well as two noteworthy examples in other jurisdictions – a provincial model in New Brunswick, and a national approach in Australia.

Mountainside Secondary School

Mountainside Secondary School is an alternative school in North Vancouver that launched a new vision for supporting students with multiple complex needs, including mental health support, in 2012. Approximately 180 students (85% of which have a Special Needs Designation) have been referred by the District Resource Team to this innovative model school to de-stigmatize perceptions of “alternative schools.” Teachers act as case managers for 10-15 students, helping connect students to on-site services such as the Therapeutic Day Program (a partnership with Vancouver Coastal Health), the Concurrent Disorders Program, onsite physician and nurse appointments, restorative justice programs, music therapy, and childcare for young parents.

A key underpinning of Mountainside’s approach is the recognition that challenges facing students and their families are systemic – mental wellness, physical health, housing, food, employment training, and social connections are all needed to effectively support students. Mountainside Principal Jeremy Church noted that “an integrated approach to service begins to remove some of the perceived or existing barriers to service for youth and their families” (e.g., transportation, unknown environments, systemic mistrust, and duplication of services). One of Mountainside’s future goals is continued expansion of the “one-stop shop,” and replication of the model (or elements thereof) elsewhere in the district. For example, active case management practiced at Mountainside could benefit all youth with mental health needs, not just Mountainside students.

You could paint the picture of the perfect alternate school — supportive, caring, on-site supports, all this stuff — and recognize that should just be school in general. It shouldn’t just be alternate schools.

Jeremy Church, Mountainside Secondary School, Presentation to the Committee, May 6, 2015

...co-location has encouraged a “wrap around approach” ... when community services can be accessed by simply walking down the hallway.

Dr. Glenn Fedor, Cariboo Action Team and Nancy Gale, Cariboo Chilcotin Child Development Centre Association, Joint Written Submission

Integrated service delivery takes time, energy and strategies to manage risk and should not be viewed as a short term solution...

Dr. Glenn Fedor, Cariboo Action Team and Nancy Gale, Cariboo Chilcotin Child Development Centre Association, Joint Written Submission

Rather than create a “new” Triple P partnership ... of doctors, property developers and large international health care not for profits ... we are ... suggesting that a fourth partner, Community Service Organizations be included in the ... system that only recognizes health authorities, school districts and the Ministry of Child and Family Development as key partners.

Dr. Glenn Fedor, Cariboo Action Team and Nancy Gale, Cariboo Chilcotin Child Development Centre Association, Joint Written Submission

We need to shift some of our focus to children between the ages of 16 and 25 (so they do not) end up ... becoming the million-dollar babies ... in other systems.

Nancy Gale, Cariboo Chilcotin Child Development Centre Association, Presentation to the Committee, June 24, 2015

Cariboo Collaborative

(Cariboo Action Team)

Representatives of the Cariboo Action Team highlighted a horizontal multi-disciplinary community integration approach to child and youth mental health services, including involvement of community service organizations.

The Cariboo Chilcotin Child Development Centre is a signature achievement under this model. The Centre, an integrated community service hub for children and youth, has co-located clinicians -- such as a pediatrician, an emergency physician with a child and youth mental health and addictions specialist, and a child psychiatrist. Occupational therapists, physical and speech language therapists, early childhood educators, and autism interventionists also work out of the hub.

Co-location has led to economic efficiencies (space-sharing, shared services), and a “wrap around” approach, making services much easier to access. The Cariboo Action Team has plans for building on the success of this model, but a lesson from the Team’s experience in building this innovative service hub is that it is not easy to initiate or sustain a new way of doing business.

The “Collaborative” has expanded to other health authorities and is funded by the Doctors of BC and the Ministry of Health, but they indicate that more system collaboration is required at all levels to enhance the current models.

Inner City Youth

Mental Health Program

Dr. Steve Mathias' presentations to the Committee during phase one and phase two included a profile of the Inner City Youth Mental Health Program, an outreach service from St. Paul's Hospital in Vancouver. The program, the largest of its kind in North America, uses an intensive case management-based approach to provide access to services of nurses and social workers, psychiatrists and a psychosocial rehab team, as well as 80 low-barrier housing units provided in partnership with BC Housing. Dr. Mathias suggested there could be a network of three or four hubs in each health authority where primary care, public health, mental health, substance use, income assistance, and housing could be provided to youth on site.

While each of these three made-in-BC examples presents a slightly different way of integrating and coordinating services for the needs of the particular community or population, the Committee considers them to be exemplary models of how services should be designed. In each case, they appear to be locally-driven, ground-up or grassroots initiatives that are successful in part because of the tremendous efforts and commitment of specific individuals spearheading the initiatives.

The Committee discussed whether these examples could become the norm rather than the exception under a framework that expects and rewards integrated service delivery.

... the inner-city youth program was designed basically to pick up the homeless and marginally housed youth ... What we discovered was that the youth were being discharged from the emergency room ... without any follow-up. Last year we had close to 1,800 young people present with mental health and addiction issues ... they had nowhere to go. So we designed a program specifically dealing with that population ... and we started to understand what the challenges were.

Dr. Steve Mathias, Presentation to the Committee, June 11, 2014

Without a comprehensive strategy and structure in place, good work can still happen, but it happens on the back of personal relationships. ... We need to give permission to those organizations to work together, and we need to give them time to work together.

Dave Mackenzie, BC School Centred Mental Health Coalition, Presentation to the Committee, June 23, 2015

One of the things that had to happen and that was very effective was there was an ISD (Integrated Service Delivery) mandate agreement ... signed by every deputy minister and ADM in the four ministries as well as the vice-presidents of the regional health authorities that said "We will be part of this. We will put this not at the side of our desk but as part of our mandate as a department." ... ISD also became part of the strategic planning for every involved ministry ...

Dr. Patricia Peterson, Presentation to the Committee, April 13 2015

We have privacy agreements, we have confidentiality agreements. It took a privacy impact report ... before we were able to overcome those issues, in the interest of the child. What it boiled down to is that if you have family consent, you're good to go ... The information-sharing and the privacy issues and going to the one-child, one file point was absolutely essential to this process but it was very complex to arrive there.

Dr. Patricia Peterson, Presentation to the Committee, April 13, 2015

Integrated Service Delivery in New Brunswick

The Committee learned of an inspiring example of service integration in New Brunswick. Drs. Patricia Peterson and Bill Morrison described the work they did for the New Brunswick Government to implement a new Integrated Service Delivery (ISD) framework for child and youth mental health. Four ministries and regional health authorities engaged in strategic planning for ISD which resulted in the delivery of their programs in a more coordinated manner.

One of many issues addressed in order to enable the significant shift to an integrated and child-centred model involved addressing privacy and consent issues to enable the necessary information-sharing between professionals working on the children's files.

Following completion of a privacy impact assessment, the model permitted information sharing among the ministries and regional health authorities. This enhanced the ability of clinicians, educators and other professionals to work together and deliver services in an efficacious and cost-effective way that served the best interests of the child. This "one child, one file" approach also made a significant difference in the experience of children, youth, and their families in accessing services.

While waitlists for services were a significant motivator for government in seeking a fundamentally new approach to child and youth mental health, Dr. Peterson reported that waitlists for services were "one of the quickest things to come off the list as a problem area," and "one of the easiest things to take care of when ISD was implemented." Waitlists, previously anywhere from six months to a year, were reduced to the range of no waitlist at all to about two weeks.

Reduced “attrition,” or missed appointments by youth, helped increase efficiency and reduce waitlists. Dr. Morrison noted that in working in community based mental health services, he often saw an attrition rate of 30% to 50%; that is, as many as half of all appointments were missed by youth. Offering services to youth where they are – in school – brought the attrition rate down to nearly 0%.

Drs. Peterson and Morrison also emphasized that the new model generally involved a rearrangement of resources and services rather than the addition of more funding or staff.

Building on existing system strengths and also actively addressing barriers to integration, such as “turf” protection by professionals in the system, a culture shift toward collaboration – rather than just “case conferencing” – has been achieved. Ultimately, in addition to better results for children and youth, the system also works better for clinicians.

In addition to capitalizing on schools as a primary location for service delivery, the model is remarkable in demonstrating the benefits of shared commitment and leadership. The government of New Brunswick openly sought a new model for serving children; commissioned expert advice on how to restructure the system; and through leadership at all levels -- elected officials, the public service (senior administrators), and clinicians and educators -- implemented an extremely promising model that is intended for expansion across New Brunswick.

What we found to the delight of our ministries was that it wasn't about a lot of extra money. It wasn't about creating new positions. These are the same service providers working with the same kids at risk and the same numbers, so let's come together and do it smarter. Although there was some financial restructuring involved in bringing these teams together and making sure that they had spaces in schools, and those sorts of things, to do the work that needed to be done, it was not a huge outlay in new positions to add on to a system that wasn't working. It was a different way of using the system resources that we already had.

Dr. Patricia Peterson, Presentation to the Committee, April 13, 2015

When the teams came together, there was a revisiting of all the wait-lists and wait times. That initial responding ... eliminated wait times completely throughout the opportunity ... within a ten-day period, you had youth responded to and involved in services ... What we saw is that the utilization of services ... the number of people, the number of children and youth and families that were seen by team members – doubled and tripled during that time. That's because we'd lost our attrition rates of getting to services. Now we're seeing two or three times more ... we're seeing more children at earlier points, hence making a difference.

Dr. Bill Morrison, Presentation to the Committee, April 13, 2015

If you ask the biggest challenge -- it's the paradigm shift. It's the paradigm shift on how we do business: whether we're going to remain as system-focused, turf-protection mandates, or we make the decision to return to a value that puts children at the centre, that values development and strength-focused approaches, where we build those through our relationships in our social settings and we refuse to see prevention and intervention as separate, where we have a fully integrated system where we are on the same team.

Dr. Bill Morrison, Presentation to the Committee, April 13, 2015

When you have a child having to retell a story and be, in fact, revictimized by having to retell their story over and over again, it is the system, then, that is victimizing that child because of its inability to work as a whole, inability to cross through our sectors, through our professions, through our departments and ministries in the best interest of the child.

Dr. Patricia Peterson, Presentation to the Committee, April 13, 2015

Headspace youth mental health program in Australia

In his presentation to the Committee, Dr. Steve Mathias discussed the Headspace program in Australia upon which he based his Inner City Youth Mental Health Program. He described the Headspace program as a nationally-funded network of youth-friendly “one-stop shops” for mental wellness and treatment of mental illness. Mental health, physical health, alcohol and other drug services, and vocational and educational support are co-located in one youth-friendly centre. The centres are youth-friendly because of youth participation in the design of the centres and strong community and school connections. They also have a strong cultural connection to the Aboriginal population in Australia as well as special programs for LGBTQ youth. There are approximately 77 centres across Australia, including rural sites. Each centre has access to a centralized data collection and reporting service. There is also eHeadspace, which provides on-line access to real time chat lines and a live counsellor. Headspace has strong brand name recognition and social media presence and there is a high level of satisfaction with the program.

The Committee was impressed with these examples of integrated hubs that exist in BC and in other jurisdictions for the delivery of mental health and social services to children and youth. They helped to inform the Committee’s vision for the delivery of child and youth mental health services in this province and underpin the Committee’s recommendations.

Conclusions

The Committee has spent the past two years listening to parents, youth, mental health professionals, and community service providers sharing their experiences about the support provided by existing programs as well as their frustrations with gaps in child and youth mental health, cognitive disability, and addiction services.

We all have an idea of what needs to be done, but we have not had the proper structure or mechanism to effectively implement the solutions or the strategies that have been mentioned. The focus needs to change from the capacity of the system to the child ... Not only is this suggestion an opportunity to create efficiencies over time; it's also the right thing to do for our children.

Chief Officer Neil Dubord, BC Transit Police and Delta Police, Presentation to the Committee, June 23, 2015

One consistent message the Committee heard is that it is critical that urgent action be taken to improve the delivery of mental health services to children, youth, and young adults. We know the current level of mental health services in British Columbia is not meeting the demand for child and youth mental health services. While we have many services available, they are not necessarily easily accessible or well integrated as a system of care. We have heard the urgent need to address the challenges faced by children, youth, their caregivers, and mental health professionals.

We know there is a clear impact when assessment and treatment of mental illness in children and youth are delayed. Acting now to improve mental health services could reduce the consequences of mental illness in our youth population and its impact on the economy and society. Action is especially critical in regard to vulnerable populations, including children in care and Aboriginal children and youth. Without reform of mental health services to children and youth in British Columbia, we will face increased costs to our health care system, increased interactions between youth and law enforcement, more difficulties in the classroom, and

lost potential economic contributions to society because of under employable or unemployable young adults.

The Committee urges that its recommendations for concrete actions to improve child and youth mental health services be undertaken by government as a matter of high priority.

Leadership and Accountability

The Committee shared the view of presenters that strengthening service delivery across the network of children and youth programs depends on leadership and accountability. In that regard, the Committee considered the input it received on the question of whether Child and Youth Mental Health Services should be transferred from the Ministry of Children and Family Development to the Ministry of Health. After reviewing the evidence on this matter, the Committee unanimously agreed on a different solution.

The Committee recommends that a new Cabinet Minister be appointed to assume responsibility for the funding and coordination of mental health services in the province. In the Committee's view, it is time for mental health to be given the profile and attention that it deserves and a new and separate Cabinet level portfolio for mental health services would help to achieve that objective. The Committee believes that a new Minister for Mental Health devoted to improving the cross-ministry delivery of mental health services would result in strong leadership and accountability in this area. It would provide a focal point for ensuring the coordination and effectiveness of services. In addition, it would send a strong signal that preventing and treating mental illness are priorities for government. It may also contribute to

We get so mired in our systems that too often our ministries, our systems, our comfort zones and our turf are protected over and above the needs of the child or the youth. What we were asked to do is to put all assumptions aside and design something that was child- and youth-focused ... Sometimes we need to go back, take a step back and think universally. It's not just about kids at risk. It's about avoiding the intensity of risk that can exist, by starting earlier with our kids ... The goal, as well, was to reduce the prevalence of those kids with complex needs, to keep them from working their way up through the pyramid of interventions so that they don't get noticed until they're in that top 5 percent. What do we do with the whole pyramid? How do we integrate that wellness platform for our kids in the school setting?

Dr. Patricia Peterson, Presentation to the Committee, April 13, 2015

Too often YES youth and volunteers have heard about funding for youth initiatives that does not require collaboration, and that goes to support single focused services that benefit only a select group of pre-identified young people ... YES would like to see funding opportunities ... that reward integrated service ... and that target the well-being of all youth.

Amberlee Erdmann, Youth Engagement Strategy, Written Submission

lessening the stigma of mental illness because the Minister will be able to stimulate more public discourse about the fundamental importance of promoting mental wellness and providing treatment for mental illness.

This recommendation aligns with a recommendation made in the past by the Representative for Children and Youth. Her recommendation was that a new Minister of State for Youth Mental Health be created to establish a single point of accountability for addressing the needs of transition-age youth (ages 16 to 24) with mental health problems and the related services that span across ministries and service delivery areas. The Committee's recommendation would broaden the portfolio to include responsibility for services to children and youth and would ensure that a Minister (rather than a Minister of State) would have the authority to administer a budget for the funding of services. The Committee's recommendation also aligns with dedicated Ministers for Mental Health that exist in other jurisdictions, including in the Australian state governments of Western Australia and Victoria.

With a budget and formal responsibility for child and youth mental health services, the Minister for Mental Health would engage in strategic planning with partner ministries and health authorities and fund the delivery of services. Services to children, youth, and young adults range from mental wellness initiatives that build awareness and reduce stigma, to community and school-based early intervention, clinical services, and social services, and to acute care for the most severely ill by health authorities in hospital settings. The Minister for Mental Health would ensure that this wide range of services is integrated and funded under the integrated model and also coordinate the delivery of these services across government, involving the Ministries of Health, Children and Family Development, Education, Advanced Education, Social

Development and Social Innovation, Jobs, Tourism and Skills Training and Minister Responsible for Labour, and BC Housing, amongst others.

Each of the models in BC discussed –Mountainside Secondary, the Cariboo Action Team, and Inner City Youth Mental Health – utilized two or more ministries in some capacity. The Minister for Mental Health would ensure that services are integrated and coordinated on a cross-ministry basis and are funded appropriately.

Coordinating a wide range of services and programs would result in greater transparency and accessibility and align accountability and responsibility for child and youth mental health services with one Minister. That new Minister should also have the mandate to work with the federal government on the delivery of services to First Nations children and youth on and off reserve.

With respect to services for children and youth, the objective should be a collaborative, multi-disciplinary, integrated approach to providing and enhancing a full spectrum of child and youth mental health services. There is also an opportunity for the Minister to focus specifically on the unique needs of transition-age youth and young adults and develop a plan for this age cohort.

The Minister for Mental Health should be accountable for improving the delivery of mental health services to children, youth, and young adults, including setting meaningful performance measures and reporting on results in an open and transparent manner.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

1. Assign responsibility for leadership and the coordination of child and youth mental health services to a new Minister for Mental Health.
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Integration and Delivery of Services

The Committee sees a significant opportunity for the new Minister for Mental Health to turn a fragmented network of services into something that can rightfully be called a child and youth mental health system. The objective should be a collaborative, multi-disciplinary, integrated approach to providing and enhancing a full spectrum of child and youth mental health services.

The Committee's second core recommendation is for an integrated service delivery model. The Committee considers that many of the most promising solutions for improving child and youth mental health are those that integrate and coordinate services. This should be a foundational design principle for the child and youth mental health system.

The Committee believes that an integrated service delivery model is a key systemic change that will result in meaningful, lasting progress toward a system that supports children and youth living with mental illness. A Minister for Mental Health should have an explicit mandate to direct funding towards those initiatives that have a collaborative, multi-disciplinary, and branded integrated approach.

This may not entail additional funding beyond what is already being spent. Many of the Committee's specific, targeted recommendations could be implemented immediately and without additional funding. Taking these steps would provide evidence that integrated, coordinated approaches are more effective in terms of results and costs.

School-based hubs

Our schools are important sites for the development of children. The Committee believes that there should be school-based hubs in all school districts. This would greatly enhance the delivery of mental health services to children and youth.

Laurie Birnie from the BC School Centred Mental Health Coalition identified the following four strategic priorities to build school connectedness: student and family

engagement around mental health and wellness; building school system capacity for mental health and wellness; building those partnerships with those that serve our families and our systems around that need; and to take a look at the policies and practices that guide our practice and what we do with children in schools.

Educators are well positioned to observe emerging behavioural disorders and symptoms of mental illness. Children may display behaviors indicating stress with the demands of education, bullying, or a difficult family life. They may also be experiencing physical, sexual, or emotional abuse. Schools are an environment where stigmatization of youth happens on a daily basis.

Given the many expectations already placed on educators, we must be careful not to add to their role beyond their potential to be early identifiers of mental health issues and be positive role models on mental wellness.

When parents and teachers realize that a child is encountering learning difficulties and there are noticeable behavioural changes in a child or youth, it should not take months or a year to have an assessment and strategies put in place to address needs without harmful labeling. Fully funded child psychologists made widely available in school districts would significantly improve the availability of early intervention.

As the Committee heard from Dr. Wilma Arruda regarding the project to provide health care services in a wellness centre at John Barsby Community School in Nanaimo, “school-based health centres exist at the intersection of education and health and are the caulk that prevents children and adolescents from falling through the cracks.” Moreover, school-based hubs are child- and youth-friendly as they deliver services where children and youth spend much of their time. School-based hubs such as Mountainside offer a “one-stop shop” that facilitates access to services.

Community-based hubs

The other model that merits expansion is community mental health centres for youth that provide a range of services for youth with multiple needs, including social services such as housing and employment. The Committee endorses the recommendation of Dr. Steve Mathias to create community integrated youth health

and social service centres in all areas of the province. Similar to the Headspace program implemented across Australia, these centres would provide an integrated approach in responding to the primary care needs of youth along with primary mental health and substance abuse care, employment supports, and linkages to other social and justice system services for youth. This holistic approach would support recovery and community reintegration.

These youth-friendly centres would more effectively utilize and integrate existing programs and services through a “one-stop” location that includes primary care physicians, nurse practitioners, psychologists, addictions counsellors, mental health social workers, and employment advisors. These centres could provide mental health and addiction assessments along with physical health care and social work services for adolescent youth in transition. They could be structured to allow access for youth and young adults up to age 25.

A multi-year pilot project approach could be used to quickly launch new school- and community-based hubs. Lessons learned from the pilot projects would provide a basis for expanding these models across the province.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

2. Make multi-year funding available for existing integrated service delivery programs in British Columbia; initiate multi-year pilot projects that would establish more integrated, collaborative, and multi-disciplinary school- and community-based “hub” site approaches to the delivery of mental wellness programs and clinical and social services to children, youth, and young adults; and provide targeted funding that rewards integrated services.
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Removing barriers to effective service integration

To enable meaningful integration and coordination of service delivery, some specific barriers need to be addressed.

Legal barriers to information sharing by professionals caring for children and youth (e.g., teachers and school counsellors, doctors, counsellors, psychiatrists, and others) were frequently cited in submissions to the Committee as a barrier to providing effective, coordinated services. Some family members also felt that legal barriers, or at least the perception of legal barriers, prevent families from being adequately involved in treatment, particularly of adolescents who may state that they do not want their families to know they are seeking services.

Some of these barriers around information sharing are likely exacerbated by the divided responsibilities for different components of child and youth mental health services. An integrated system would foster a “one file, one child” philosophy.

Information and data

The Committee also heard that due to issues such as the fragmentation of services across ministries, use of private providers (such as counsellors paid for by families), information not being made available because of legal and professional obligations (and possibly misunderstandings about the relevant privacy legislation), and technological limitations, there is not enough data and information on basic issues such as the number of children receiving services relative to the number needing services and waitlist lengths. Better information would result in better system planning and investment.

I think if there was a policy developed or there was an MOU at the highest levels of government, amongst the ministries, and that policy is cemented on information-sharing, it would add so much more credibility and confidence to the actual practitioners in the field.

Inspector Barb Vincent, Crime Prevention Services, RCMP “E” Division, Presentation to the Committee, June 24, 2015

I saw a youth in the hospital just a couple of weeks ago. I’m trying to follow them up now in the clinic at the MCFD office. When I do that ... I request the records, and they say: “Sorry. They were supposed to sign those at the hospital before they came, so they can’t come.” We say ... “We need them here anyway. They’re my records. I dictated them.” “Sorry. We can’t do that.”... Then I go back for ... a follow-up, and ... it still hasn’t happened.

Dr. David Smith, Presentation to the Committee, June 24, 2015

The July 2015 Joint Ministry Submission noted that while 28,000 individuals received child and youth mental health services in 2014/15, a recent research study from Simon Fraser University suggests that “approximately 69% of children and youth with a mental disorder do not receive the specialized, multi-disciplinary mental health services they need.” However, the Ministry submission also noted “some of the 69% may access service through their family physician, emergency room, school counsellor or community agency or private practice psychologist or counsellor. Currently we are not able to determine the number of children and youth accessing these other services, details about the type of services provided or the outcomes achieved.”

Recommendations

The Committee recommends to the Legislative Assembly that the provincial government:

3. Foster a “one child, one file” philosophy and address real or perceived barriers to information sharing among care providers.
 4. Make investments in information technology to facilitate information sharing and data collection that would enable better system planning and service delivery.
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Timeliness of service delivery

The Committee heard that delays in treatment and waitlists are a significant concern. The Joint Ministry Submission to the Committee acknowledged that challenges include gaps in service availability and lengthy waits for some services.

The Committee considered that long waitlists could be remedied, at least in part, by government setting clear expectations and delivery targets in a policy directive to ministries. This policy directive would require that all children and youth identified as exhibiting signs of behavioural, emotional, or mental health issues be assessed within 30 days and begin receiving treatment within the next 30 days.

These targets would help drive improvements in the delivery of mental health services. The Committee expects that ministries will either reallocate existing resources to achieve these targets or demonstrate the need for additional funding to achieve them.

Every child wants to contribute. Every child wants to learn. Every child wants to be great. Every child wants to be connected. A child that's disconnected might deny that. Teachers might not believe it. But it's an undeniable truth of their biology that every kid wants to be connected, and they need to be connected.

Bill Adair, Presentation to the Committee, June 24, 2015

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

5. Establish targets to ensure that children, youth, and young adults identified as exhibiting signs of behavioural, emotional, or mental health issues are assessed within 30 days and begin receiving treatment within the next 30 days.
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It would be really great to have someone you can talk to and go to without feeling the stigma of talking to a professional or walking into the counsellor's office.

Mia McBryde, Video Submission

Just a place to go where we can talk about these issues. If everyone's talking about it, it breaks the stigma about mental health and people that deal with these issues being more comfortable talking about them in the long run ... If we had an advocate for mental health in our school... who could talk to kids who are dealing with these problems and making sure this is all done more informally.

Victoria Ritchie, Video Submission

I think that what we need to focus on is peer-to-peer support, informal support ... we need people to talk about it more to reduce the stigma. So one of the things that would be great to reduce the stigma would be an engagement worker that goes around to the schools and familiarizes people with mental health... and creates a relaxed and informal setting to talk to people about mental health, whether they need help or just want to learn more about it.

Jaida Smith, Video Submission

Child- and youth-friendly services

As a general principle of service delivery, the voices of those who need to use the services should be a primary consideration. It is likely that services designed with leadership and participation by youth are more likely to be used by youth. The Committee heard some excellent examples of youth-led initiatives, such as Brent Seal's Edge program. As a young adult with lived experience of mental illness, he designed a program for delivery in schools that is intended to provide mental wellness education in a fun and non-stigmatizing way, benefitting anyone who participates, but particularly those who may be experiencing mental health issues. Another interesting innovation has been developed by Aidan Scott, the founder of SpeakBOX, which is a proposed web-based mental health treatment and support model that would supplement existing psychotherapies with self-led, web-based equivalents to increase patient capacity, cost effectiveness, and provide faster access to treatment.

Submissions from youth involved in Penticton's Youth Engagement Strategy illustrated youth's preferences in terms of accessing mental health. Informal, non-stigmatizing ways of accessing information and assistance are clearly important to youth, as is peer-to-peer support. Submissions from youth emphasized that youth do not see a clear dividing line between services that provide important protective factors, and services for mental health treatment/intervention; generally, they said that a spectrum of information and help should be available in one place where youth feel comfortable.

The Committee agrees that some of the best opportunities to build awareness of mental wellness and reduce stigma involve children and youth, both as an audience of the messages and originators of the messages. Opportunities to incorporate children, youth and families into service design and delivery should also be sought. A

good model for this is the Matsqui-Abbotsford Impact Society/Valley Youth Partnership for Engagement and Respect. It is an example of an innovative organizational model that is designed to support strong youth participation and leadership in designing programs and services to meet youth needs.

Some submissions to the Committee noted that young males tend to be more reluctant to seek help for mental health issues. However, some promising results have been evident in using alternative approaches, such as technology-based strategies.

In addition to being youth-friendly, it should be recognized that different cultures may view mental illness differently. Certain cultures may also have historical contexts that need to be considered as they may relate to the prevalence of mental health problems, and to the most appropriate and effective approaches to promoting mental wellness for those communities. The legacy of trauma from colonization experienced by Aboriginal people is a particularly salient example in BC.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

6. Seek input from children, youth, and their families on the design and delivery of mental health services.
 7. Make investments in online mental health programs designed for youth and young adults.
 8. Use client satisfaction surveys to gather feedback from children, youth, and their families on their experiences with programs and service delivery.
-

The lived experience of many young people is that adults neither listen nor learn ... When youth design the skateboard park, the park gets used and it brings the real "skater kids" into the relationship. When youth create the workshops about health and self-care, looking after your own well-being becomes a sensible idea to peers. Adults are typically in the privileged position of having a choice about how and even whether they engage with specific young people. Young people ... may never or rarely have this privilege with the adults in their lives. Instead, for a wide range of complex reasons, their opportunities may have boiled down to either taking what is offered how it is offered, or going without.

Matsqui-Abbotsford Impact Society/
VYPER, Written Submission

Types of Services

In addition to its key systemic recommendations on how services should be delivered, the Committee makes the following recommendations with respect to what services should be available in the child and youth mental health system. These are broadly described as:

- ✦ Mental wellness
- ✦ Early intervention
- ✦ Clinical services

The examples provided under each recommendation suggest specific actions that could be taken to improve these kinds of services.

Support for mental wellness

Universal or broad approaches that build protective factors against certain mental illnesses were a dominant theme in submissions to the Committee in the second phase of consultation. Early intervention when mental health issues begin to emerge was another theme. Common sense suggests that mental wellness and early intervention should be emphasized in child and youth mental health services; however, the large number of submissions emphasizing this point suggests that the need for “front end” investment in prevention and early intervention is not being implemented broadly enough or effectively enough.

Schools

The Committee considers that schools provide a natural context for offering broad/universal programs to build children’s resilience and coping skills, improve mental health literacy, and reduce

I know that the acute side of things is always going to get more attention, but I think government has an opportunity to say: “That’s important, but this bottom piece is just as important.” When someone shows up talking about suicide, things happen for that young person. There’s no question about that. Is it always enough? Maybe not. But when a kid shows up at school disconnected or feeling unregulated, is there attention for them? Lots of times there isn’t — until it rises to the level of: “You’re interrupting everybody else, so now we’re going to deal with you.” Well, what about the kid before it got to that place? We need to look at that.

Dave Mackenzie, BC School Centred Mental Health Coalition, Presentation to the Committee, June 23, 2015

stigma. Laurie Birnie of the BC School Centred Mental Health Coalition told the Committee that, “next to the family, school connectedness is the most defined protective factor in a young person’s life.” Many submissions emphasized the importance of a healthy school environment in promoting positive mental health, and that connectedness is key to a healthy school environment.

Many submissions also noted that mental health problems are sometimes first evident in school; as such, early intervention could happen in school. Yet schools are an under-used – or at least inconsistently-used -- setting for mental health promotion and intervention. Innovative programs exist in this area and could be expanded to promote mental wellness and early intervention (e.g., FRIENDS).

It may also be time to take steps to provide mandatory mental health education in schools for children and youth similar to what is provided in relation to sexuality. Youth should leave school knowing what contributes to good mental health and how to develop their own mental well-being, ways to handle stress, and how to support friends and family members who are experiencing emotional or mental difficulties in their lives, as well as how to seek help for themselves and others when it is needed.

Recommendations

The Committee recommends to the Legislative Assembly that the provincial government:

9. Support connectedness initiatives in schools and expand existing school-based programs that are proven effective for promoting children’s resiliency (e.g., FRIENDS).
 10. Make mental health education in schools mandatory.
-

While it is generally accepted that “an ounce of prevention is worth a pound of cure,” it may not be surprising that resources, particularly in periods of financial austerity, have tended to flow easier toward acute conditions that can be very concretely addressed with measurable results (even if not always statistically significant) than toward preventing acute conditions – where so many questions still exist.

Matsqui-Abbotsford Impact Society/
VYPER, Written Submission

We do spend money now that isn’t effective, for example, on inappropriate physician prescribing, using the wrong medications that actually cause harm to kids while not providing these effective psychosocial interventions, or providing psychosocial interventions that aren’t in this category — well tested and known to be effective.

Dr. Charlotte Waddell, Presentation to the Committee, June 23, 2015

Support for early intervention

The Committee received evidence to support the concept of early intervention in mental health issues. That said, it is difficult to prioritize system resources towards early intervention due, perhaps, to limitations around available data. However difficult it might be to quantify the value of prevention and early intervention overall and across systems, specific programs are increasingly working to demonstrate their costs and benefits (including in terms of saved resources) as part of their evaluations. The FRIENDS program is an evidence-based school-based anxiety prevention and resilience program funded by the Ministry of Children and Family Development. The “Stop Now and Plan” (SNAP) program provides cognitive behavioral therapy to children aged six to eleven with serious disruptive behavior problems. In its submission, the Child Development Institute indicated that the SNAP program is free to participating families and costs approximately \$4,000 for a child and his/her family. The Child Development Institute stated that without the intervention of the SNAP program, “the very plausible alternative of progressing to incarceration would cost society \$1.5 to \$2.5 million per child in custody, policing, probation, health and victim costs for male offenders between the ages of 12 and 21.”

By creating the conditions that support the process of resilience, the incidence and prevalence of mental health problems is reduced, while at the same time severity of problems like depression and anxiety are reduced and recovery rates are enhanced.

Matsqui-Abbotsford Impact Society/
VYPER, Written Submission

As noted earlier, Dr. Charlotte Waddell, in her presentation to the Committee, noted that the “Nurse-Family Partnership,” an early intervention program (prenatal to age two) aimed at preventing child maltreatment, saves an estimated \$18,000 per family through reduced public spending over 10-15 years (e.g., reduced healthcare, social assistance, child protection and justice costs). The Committee was very pleased to learn of programs such as these that demonstrate improved outcomes for children and youth in the near term, as well as downstream savings of this magnitude.

The Select Standing Committee on Finance and Government Services recently recommended in its report on the Budget 2016 consultations that the provincial government ensure that a coordinated, effective and responsive system is in place for children and youth who face mental health challenges, including early intervention strategies. Its recommendation was based on submissions it received from several organizations on the importance of early intervention in a healthy living strategy to ensure timely and coordinated mental health services and supports for children and youth.

Early intervention includes programs to identify children and youth at a risk of (or currently experiencing) mental illness that could escalate into violence. Submissions from the family of Kimberly Proctor, a young woman murdered by two students at her school in 2010, emphasized the general principle of early intervention, and cited a number of specific programs in place in schools that should be broadened, such as Expect Respect, and a Safe Education (ERASE) and the Threat Assessment Protocols (Provincial Guidelines for Violence Risk Assessment). They also emphasized mandatory, court-ordered treatment for offenders in the interests of public safety.

With many families affected by system failure, current funding constraints, ignorance, and stigma, our programs, designed for and offered by families, at no charge and in a welcoming space, provides a viable, affordable solution.

North Shore Schizophrenia Society,
Written Submission

Community service providers

The Committee received a number of submissions from community service providers regarding their early intervention programs.

In some cases, the service provider did not have an explicit mandate to provide mental health services, but the agency's clients or program users would be more likely to have mental health issues due to the vulnerable nature of the population served by the agency (substance users, children in care of government, LGBTQ youth, etc.).

In other cases, the service provider had a broad mandate to provide connections to the community, life skills, recreational opportunities, and other protective factors against mental illness.

We need to stop talking about Youth Mental Health issues and put measures in place for early detection and treatment. It is a fact the prevention is more cost effective than non treatment.

Linda Proctor and Jo-Anne Landolt,
Written Submission

As examples, the Matsqui-Abbotsford Impact Society's "Valley Youth Partnership for Engagement and Respect" (VYPER) initiative is funded by the Health Canada Drug Strategy Community Initiatives Fund, but frequently works with youth with mental illness. A belief in the broad protective value of resilience, youth leadership and collaborative approaches underpins VYPER's approach to its funded mandate. In describing its mentoring services, Big Brothers Big Sisters (Prince George branch) noted that, "caring adults provide young people with a sense of belonging, acceptance, empowerment and connection, factors that are known to foster mental health and emotional well-being," and that the children, youth and families the organization typically serves may have a number of vulnerabilities connected to poor mental wellness, such as poverty.

These types of community service providers play a crucial role in mental wellness, even if they are not explicitly recognized for this role.

Additionally, there are a significant number of non-profit organizations that build awareness of mental illness (sometimes focusing on specific disorders), advocate for people with mental illness, and are often involved in providing support services to families. Their role in mental health should be acknowledged, and specifically, their work to support families to better cope with loved ones' illnesses, navigate services, and assist family members to engage in self-care should be supported.

Recommendations

The Committee recommends to the Legislative Assembly that the provincial government:

11. Provide funding for adequate early intervention programs for common and preventable disorders in children, including partnerships with non-profit organizations and the philanthropic community.
 12. Make parent training and cognitive behavioural therapy support services available.
-

We need to treat anxiety/depression as we would treat any other form of aggressive disease. With aggressive, immediate treatment. To follow through with this we need accessible treatment options available. Now. Not in another two, three, four, five years. We need options for every community.

Tricia Highley, Chloe Grace Foundation, Written Submission

There needs to be more consistency between health regions for treatment access. We live five minutes east of Boundary Road, so therefore cannot access Coastal or Providence programs such as the Inner City Youth program. We have been advised to either lie about our address, or encourage our son to live for a while in the Downtown Eastside so that he can access programs that don't exist in Fraser Health.

Mae Burrows, Written Submission

Ensuring adequate, appropriate clinical services are available

Overall, services were frequently reported as difficult to access or not youth and family friendly. Barriers to accessing services, such as health authority service boundaries, were often difficult to understand and frustrating to families. Collaboration between health authorities and other health care providers may be weak. There is a need to develop stronger linkages between health authorities and between health authorities and other health care providers.

Service effectiveness could be strengthened by better psychiatric care, especially in emergency departments. Registered psychiatric nurses need to be more broadly employed to improve the quality of first contact care.

There is also a need for clear and appropriate discharge plans for children, youth, and young adults leaving inpatient mental health services as they enter outpatient follow-up care.

Alternatives to emergency departments should be considered. Assertive Community Treatment teams are offered in most BC urban communities and are a proven resource for responding to adult mental illness acute episodes. This concept could be the basis for a similar approach for youth in a mental health crisis. Assertive Youth Treatment teams could respond to youth in crisis with severe acute mental illness episodes.

The Committee heard about health human resource challenges such as a shortage of child and adolescent psychiatrists. This results in long wait lists for services and is an issue that needs to be addressed as part of a long-term strategy to improve mental health services. More training opportunities to increase the number of

these specialized professionals would improve child and youth mental health services.

The use of technology such as telehealth can increase the number of patients who are able to receive treatment from specialists such as child and adolescent psychiatrists. This would improve the availability of assessments and treatments for children, youth, and young adults in rural and remote areas.

Funding for psychologists also needs to be a priority. The College of Psychologists has approximately 1200 members. These are primarily PhD university trained mental health professionals. Given the demand for competent mental health practitioners, it is time to develop a funding mechanism to integrate psychologists into the child and youth mental health system. Other provinces have found a way to use psychologists to address the mental health needs of their population. A BC strategy to use psychologists could improve access to assessment and treatment planning for children, youth, and their caregivers.

Over two-thirds of the kids with disorders aren't receiving needed services. That's about 58,000 a year in British Columbia. Prevention programs ... could do a great deal to reduce those numbers, but we don't fund a whole lot of those either. These shortfalls we do not tolerate for childhood cancer or diabetes. We treat 100 percent, and these shortfalls shouldn't be tolerated any longer for kids' mental health problems.

Dr. Charlotte Waddell, Presentation to the Committee, June 23, 2015

Recommendations

The Committee recommends to the Legislative Assembly that the provincial government:

13. Develop stronger linkages between health authorities and between health authorities and other health care providers.
14. Improve the quality of first contact in emergency departments by employing registered psychiatric nurses more broadly and ensuring proper discharge planning to outpatient follow-up care.

At MCFD we have a child and adolescent psychiatrist for every 11,000 children. The standard is for every 4,000. We have a significant deficit in child and adolescent psychiatrists. We're not graduating enough, and the funding for the fellowships for child and adolescent psychiatry is annual, year to year. They're not guaranteed year to year. So they vacillate between three and four on an annual basis, and they do not have long-term funding.

Dr. Steve Mathias, Presentation to the Committee, June 11, 2014

15. Establish alternatives to emergency departments for urgent/acute psychiatric care such as Assertive Youth Treatment teams.
 16. Ensure adequate support and training of child and adolescent psychiatrists.
 17. Strengthen services delivered by psychologists to children, youth, and young adults through public funding.
 18. Expand the delivery of clinical services to rural and remote areas through the use of technology such as telehealth.
-

Services to Vulnerable Populations

Transition-aged youth and young adults

The Committee is concerned with the needs of all children and youth, and believes there is a strong rationale for an increased focus on youth and young adults. The needs of this latter group and the manner in which they receive services demonstrate how child and youth mental health requires governance changes and better service integration. It is a strong example of services being designed with the various service arrangements -- not the needs of youth and best evidence around treatment -- as the primary organizing principle.

The Committee heard that the peak of mental health issues occurs between the ages 14 and 25. From a population health perspective alone, there are strong arguments for special treatment of this age cohort. It is also a time of increasing social and legal recognition of youth's rights to – and expectations of – greater decision making and autonomy, regardless of whether youth are well-equipped to navigate the adult world. Midway through this age span, at age 19, youth are no longer eligible for child and youth mental health services.

Submissions to the Committee suggested options for achieving better treatment for transition-aged youth and young adults, such as:

- Increased funding for transition-planning services and generally better communication across youth and adult-serving systems; and
- Extending eligibility for child and youth mental health services to an older age, such as 24 or 25.

We shouldn't be focusing on transitioning kids to adult services. We should be focused on transitioning kids to community and reintegration and psychosocial rehabilitation and focusing on cognitive learning disabilities and severe illness and making sure that these kids don't fall through the cracks and end up on our streets.

Dr. Steve Mathias, Presentation to the Committee, June 11, 2014

Adult mental health services are... designed for chronically ill individuals — average age of 40 to 45 — and we're asking young people to access adult mental health services when they graduate from child services. We keep talking about not having transition protocols or being able to transition young people from child services to adult services properly. That's not the issue. The issue is that we're... asking them to access and use services that are not designed for them.

Dr. Steve Mathias, Presentation to the Committee, June 11, 2014

The Committee considers that better serving transition-aged youth and young adults is a core, systemic re-alignment needed to make meaningful and lasting improvement. Young adults with mental illness, cognitive disabilities and addiction issues need responsive services to help them navigate the transition to responsible, mature adult living. Maintaining access and continuity of benefits and services after age 18 could improve outcomes for these young people and make them more employable, mature contributors to society.

The Committee also agrees that the goal of any changes to how services are designed for transition-aged youth and young adults should be recovery and reintegration into the community, rather than simply smoothing a transition into an adult system.

A new Minister for Mental Health would provide an opportunity to focus on the unique needs of transition-aged youth and young adults and develop a plan for this age cohort.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

19. Develop and implement a specific plan for transition-aged youth and young adults in order to ensure that services to this age cohort are included in the integrated service delivery model.
-

Aboriginal children and youth

The Ministry of Children and Family Development reported that while Aboriginal children and youth are over-represented in some systems of care (e.g., youth in care), they may be “under-represented in mainstream mental health services,” and that “suicide rates among Aboriginal youth aged 10 to 29 in Canada are estimated to be five to seven times higher than youth in the general population.” Submissions to the Committee from the Office of the Provincial Health Officer and the BC Association of Aboriginal Friendship Centres noted the unique mental health needs of on and off reserve First Nations people, such as the intergenerational impacts of trauma caused by residential schools.

The Committee also heard that the particular governance arrangements affecting service provision (e.g., federal responsibility for Aboriginal people on-reserve; provincial responsibility for health and child welfare) add complexity to effectively delivering services in respect of the significant unmet need for better – and culturally safe – mental wellness programs and treatment of mental illness. The Committee was interested to learn of significant strides being made by Aboriginal health organizations such as the First Nations Health Council and First Nations Health Authority in improving services for Aboriginal youth, but remains concerned that a focus on Aboriginal children and youth be part of any child and youth mental health system and service plans.

There are a few programs in BC that are designed to meet the needs of Aboriginal youth. The Committee heard that “Aboriginal knowledge is personal, oral, experiential, holistic, and conveyed in narrative or metaphorical language.” Deb Abma from the Focus Foundation stated that “Among the most vulnerable subset of youth in British Columbia addressing mental health requires a development of integrated and evidence-based models that are culturally relevant to and restorative for diverse aboriginal youth.” Kathreen Riel spoke to the Committee about the WITS program which she described as having three goals – to prevent or reduce bullying and peer victimization, to promote pro-social behaviours, and to create responsive communities. She noted that “There is a good fit between the WITS program and aboriginal communities because we use the structure of sharing stories.

This is a good fit for many of those traditions in which the sharing of stories helps to model appropriate behaviours and values.”

The Committee was of the view that more of these culturally appropriate programs should be delivered to Aboriginal children and youth. It would be beneficial for the provincial government to expand its efforts to work with the Federal Government on mental health and addictions of First Nations youth to specifically target that population on and off reserve and ensure a full range of culturally appropriate mental health services is available to them.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

20. Make culturally appropriate programs for Aboriginal children, youth, and young adults a priority for child and youth mental health services.
-

Sexual and gender minority youth

In a brief submitted to the Committee, Dr. Kristopher Wells of the Institute for Sexual Minority Studies and Services at the University of Alberta indicated that estimates are that out of 633,428 BC students registered in schools in 2014/15, around 50,674 would identify as LGTBQ or questioning. That is a substantial number of students, and considering that an estimated 27% of LGTBQ students were threatened with violence at school (compared with only 13% of heterosexual students), it is perhaps not surprising that LGTBQ youth are more likely to experience mental illness than heterosexual youth.

Vancouver Coastal Health's Transgender Health Information Program (THiP) estimated there are about 12,000 trans (transgender, gender non-conforming, gender diverse, gender creative, etc.) children and youth in BC (including young adults up to age 24). THiP's submission noted a severe lack of services tailored to trans students in any area of the province and cited a study based on a survey that found that 74% of trans youth are verbally harassed about their gender expression, and 78% of trans students felt unsafe at school.

Schools need to support their sexual and gender minority students through initiatives such as stand alone sexual identity and gender identity policies in school and support for gay-straight alliances.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

21. Require school districts to support sexual and gender minority youth in schools through general and targeted programs to address child and youth mental health issues.
-

Children in care

The BC Federation of Youth in Care noted in its first phase submission to the Committee that there are about 8,000 children and youth in care, with about 4,400 of them being Aboriginal, in any given year in BC. The Federation reported that 65% are diagnosed with a mental health issue before turning 19. The July 2015 Joint Ministry submission reported study results indicating that psychiatric disorders in children and youth aged 0-18 in foster care range from 32% to 44%.

Given the adversity faced by children in care, and the alarmingly poor results on other outcomes (e.g., the Federation reports that 67% of youth in care “age out” without a high school diploma), it is clear that the mental health needs of this population must be prioritized.

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

22. Provide all children in care with access to mental wellness programs, early intervention, and clinical services.
-

Special needs children and youth

There are a number of other special populations that submissions to the Committee highlighted, such as children, youth, and young adults with concurrent disorders (mental health problems and substance use); those with dual diagnoses (mental health problems and developmental disabilities); those involved in the justice and forensics systems; those with parents with mental illness; and those experiencing complex mental health and/or substance use issues (e.g., multiple, serious, and co-existing problems).

Recommendation

The Committee recommends to the Legislative Assembly that the provincial government:

23. Make children, youth, and young adults with special needs a priority in child and youth mental health services, and integrate these needs in work on the redesign and strengthening of services.
-

Summary of Recommendations

The Select Standing Committee on Children and Youth recommends to the Legislative Assembly that the provincial government:

Leadership and Accountability

1. Assign responsibility for leadership and the coordination of child and youth mental health services to a new Minister for Mental Health;

Integration and Delivery of Services

2. Make multi-year funding available for existing integrated service delivery programs in British Columbia; initiate multi-year pilot projects that would establish more integrated, collaborative, and multi-disciplinary school- and community-based “hub” site approaches to the delivery of mental wellness programs and clinical and social services to children, youth, and young adults; and provide targeted funding that rewards integrated services.
3. Foster a “one child, one file” philosophy and address real or perceived barriers to information sharing among care providers;
4. Make investments in information technology to facilitate information sharing and data collection that would enable better system planning and service delivery;
5. Establish targets to ensure that children, youth, and young adults identified as exhibiting signs of behavioural, emotional, or mental health issues are assessed within 30 days and begin receiving treatment within the next 30 days;

6. Seek input from children, youth, and their families on the design and delivery of mental health services;
7. Make investments in online mental health programs designed for youth and young adults;
8. Use client satisfaction surveys to gather feedback from children, youth, and their families on their experiences with programs and service delivery;

Types of Services

9. Support connectedness initiatives in schools and expand existing school-based programs that are proven effective for promoting children's resiliency (e.g., FRIENDS);
10. Make mental health education in schools mandatory;
11. Provide funding for adequate early intervention programs for common and preventable disorders in children, including partnerships with non-profit organizations and the philanthropic community;
12. Make parent training and cognitive behavioural therapy support services available;
13. Develop stronger linkages between health authorities and between health authorities and other health care providers;
14. Improve the quality of first contact in emergency departments by employing registered psychiatric nurses more broadly and ensuring proper discharge planning to outpatient follow-up care;
15. Establish alternatives to emergency departments for urgent/acute psychiatric care such as Assertive Youth Treatment teams;
16. Ensure adequate support and training of child and adolescent psychiatrists;

17. Strengthen services delivered by psychologists to children, youth, and young adults through public funding;
18. Expand the delivery of clinical services to rural and remote areas through technology such as telehealth;
19. Develop and implement a specific plan for transition-age youth and young adults in order to ensure that services to this age cohort are included in the integrated service delivery model;
20. Make culturally appropriate programs for Aboriginal children, youth, and young adults a priority for child and youth mental health services;
21. Require school districts to support sexual and gender minority youth in schools through general and targeted programs to address child and youth mental health issues;
22. Provide all children in care with access to mental wellness programs, early intervention, and clinical services; and
23. Make children, youth, and young adults with special needs a priority in child and youth mental health services, and integrate these needs in work on the redesign and strengthening of services.

Appendix A: Public Hearing Witnesses

The Answer Model, Todd Ritchey, Bill Adair (2015-Jun-24, Vancouver)

B.C. Pediatric Society, Dr. Wilma Arruda (2015-Jun-24, Vancouver)

B.C. Psychiatric Association, Dr. Carol-Ann Saari, Dr. Matthew Chow, Dr. David Smith (2015-Jun-24, Vancouver)

B.C. RCMP “E” Division, Staff Sergeant Tom Norton, Inspector Barb Vincent (2015-Jun-24, Vancouver)

BC School Centred Mental Health Coalition, Laurie Birnie, Dave McKenzie, Deborah Garrity (2015-Jun-23, Vancouver)

BC Transit Police, Delta Police, Neil Dubord, Melissa Grannum, Delta Police (2015-Jun-23, Vancouver)

Canadian Mental Health Association, Bev Gutray, Jonny Morris (2015-Jun-24, Vancouver)

Cariboo Action Team, Dr. Glenn Fedor (2015-Jun-24, Vancouver)

Cariboo Child Development Centre Association, Nancy Gale (2015-Jun-24, Vancouver)

Child and Youth Crisis Program, Ocean van Samang (2015-Jun-23, Vancouver)

Rev. Dr. Steve Epperson (2015-Jun-24, Vancouver)

First Nations Health Authority, Joe Gallagher (2015-May-27, Victoria)

First Nations Health Council, Grand Chief Doug Kelly (2015-Jun-24, Vancouver)

Focus Foundation of B.C., Dr. Jeffrey J. Schiffer, Deborah (Deb) Abma (2015-Jun-24, Vancouver)

Inner City Youth Mental Health Program; St. Paul’s Hospital, Dr. Steve Mathias (2015-Jun-24, Vancouver)

Mountainside Secondary School, Jeremy Church (2015-May-6, Victoria)

Dr. Patricia Peterson, Dr. Bill Morrison (April 13, 2015, Victoria)

Provincial Health Services Authority, Connie Coniglio, Jana Davidson (2015-Jun-24, Vancouver)

The Sandbox Project, Dr. Stanley Kutcher, Dr. Zak Bhamani, Dr. Christine Hampson (2015-Jun-24, Vancouver)

Brent Seal (2015-Jun-23, Vancouver)

Shuswap Nation Tribal Council, Chief Wayne M. Christian (2015-Jun-24, Vancouver)

Simon Fraser University, Faculty of Health Sciences, Dr. Charlotte Waddell (2015-Jun-23, Vancouver)

Dr. Ingrid Söchting, Dr. Colleen Wilke (2015-Jun-23, Vancouver)

University of Victoria (WITS Program), Kathreen Riel (2015-May-6, Victoria)

Appendix B: Written and Video Submissions

Abbotsford Community Services, Simone Maassen	Mae Burrows
Brenda Anderson	Christa Campsall
Big Brothers Big Sisters, Tim Bennett	Campus View Elementary Parent Advisory Council, Yra Binstead
Board of Education, School District 62 (Sooke), Christine McGregor	Alan Cassels, Rob Wipond, Janet Currie
Bothwell Elementary School, Surrey, Tess Souder	Child & Youth Health Network of the Capital Region, Petra Chambers- Sinclair
Jan Bradley	Child Development Institute, Leena Augimeri
British Columbia Healthy Living Alliance, Rita Koutsodimos	Chloe Grace Foundation, Dana Beecroft
British Columbia Pediatric Society and B.C. Psychological Association, Kelly Price	Chloe Grace Foundation, Linda Farrow Bullock
British Columbia Schizophrenia Society, Sharon Evans	Chloe Grace Foundation, Rheanne Kroschinsky
British Columbia Schizophrenia Society, David Halikowski	Chloe Grace Foundation, Kerry Raitt
British Columbia Teachers' Federation, Jim Iker	Chloe Grace Foundation, Shannon Roylance
British Columbia School Trustees Association, Teresa Rezansoff	Chloe Grace Foundation, Leanne Ryan
Jessica Broder	Clements Centre Society, Lisa Chileen
Amy Bullock	Community Foundation of the South Okanagan Similkameen, Aaron McRann
Burnaby Healthier Community Partnership, Margaret Manifold	Community Options Society, Andee Dale
	Guy Cooper

Directorate of Agencies for School Health, Kathy Cassels	Tess Vally
First Nations Education Steering Committee, Deborah Jeffrey	Tracy Van Raes
Tricia Highley	Vancouver Foundation, Trilby Smith
Impact British Columbia, Diane Goossens	Victoria Child Abuse Prevention and Counselling Centre, Judith Wright
Susan Inman	Amy Woodruffe
Institute for Sexual Minority Studies and Services, Dr. Kristopher Wells	Youth Esteem Strategy Project (YES project), Amberlee Erdmann
Shelly Johnson	Youth Esteem Strategy Project (YES project), Katherine Harris
Parveen Khtaria	Youth Esteem Strategy Project (YES project), Honor Hollman
Kids Help Phone, Jamie Slater	Youth Esteem Strategy Project (YES project), Mia McBryde
Reinhard Krausz	Youth Esteem Strategy Project (YES project), Melissa Redfern
Michelle and Bob Laird	Youth Esteem Strategy Project (YES project), Victoria Ritchie
Linda Proctor and Jo-Anne Landolt	Youth Esteem Strategy Project (YES project), Haley Russell
Emma Lee	Youth Esteem Strategy Project (YES project), Jada Smith
Kim Lyster	Zonta Club of Victoria, Carole Didier
Matsqui Abbotsford Impact Society, Brian Gross	Zonta Club of Victoria, Barbie Zipp
Terri McKinlay	
Dr. Faye Mishna	
David Newman	
North Shore Schizophrenia Society, Nancy Ford	
Kristy Porter	
Rock Solid Foundation, Dorian Brown	
Royal Canadian Mounted Police, Rafael Alvarez	
Royal Canadian Mounted Police, Scott Hilderley	
Carly Scholze	
SpeakBOX, Aidan Scott	



RECORD
2015-2016

Pursuant to provisions of 72 (1) of the *School Act*, the following report is a general statement of: (a) matters discussed; and (b) the general nature of decisions resolved at the following meetings from which persons other than Trustees or officers of the Board, or both were excluded:

February 24, 2016

Call to Order
Motion of Exclusion
Approval of Agenda
Approval of Minutes
Approval of Minutes
Superintendent Information Items
Secretary Treasurer Information Item
Committees
Trustee Reports
Trustee Motions
Adjournment

Meeting called to order at 3:16 p.m.
Approved
Approved as amended
Approved as amended
Approved as circulated
Received for information
Received for information
Received for information
Received
Approved
Adjourned at 4:42 p.m.