



Government of Newfoundland and Labrador  
Department of Health and Community Services  
Office of the Deputy Minister

COR-2018-070753/01

April 27, 2018

Ms. Jacqueline Lake Kavanagh  
Child and Youth Advocate  
193 Lemarchant Road  
St. John's, NL  
A1C 2H5

Dear Ms. Kavanagh:

In response to your correspondence dated March 15, 2018, please accept the following information as the most current status update regarding the recommendations for the Department of Health and Community Services (HCS) and on behalf of Labrador-Grenfell Health contained within the *Report on Status of Recommendations 2016*. I understand that officials within my Department have been in communication with your office and have advised that since the writing of this letter, an interim President and Chief Executive Officer is in place in Central Health and they therefore will respond directly to you.

Updates are as follows:

*A Tragedy Waiting to Happen (2015)*

HCS Response:

HCS, in collaboration with Children Seniors and Social Development (CSSD) and Justice and Public Safety (JPS) are providing the following joint responses:

**Recommendation 9:**

**CSSD, the Department of Health and Community Services, and the Department of Justice and Public Safety jointly develop and implement initiatives such as a multi-disciplinary committee in communities throughout all regions of the province to ensure collaboration, communication and information sharing among service providers.**

The Advocate's Report on the Status of Recommendations, 2016, indicates that CSSD had requested a discussion regarding expectations to conclude recommendations 9 and 10 of *A Tragedy Waiting to Happen* report.

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CSSD has established an interdepartmental working committee to address this recommendation with representation from the departments of CSSD, Health and Community Services (HCS), Education and Early Childhood Development (EECD), and Justice and Public Safety (JPS), which includes representatives from the Royal Newfoundland Constabulary (RNC) and the Royal Canadian Mounted Police (RCMP). The committee has sought feedback from all regions across the province and developed an inventory of multi-disciplinary committees whose mandate is partly to facilitate collaboration and information sharing across disciplines within their respective regions.

The working committee met with the OCYA to receive feedback on this recommendation and, based on this discussion, the committee is currently developing a common terms of reference that can be utilized by new multi-disciplinary committees established in response to this recommendation as well as existing committees that expand their mandate in response to this recommendation. Through this process, the working committee has identified gaps in some catchment areas and will explore membership for new committees to be established using the common terms of reference. The working committee is also developing and implementing strategies to promote existing multi-disciplinary committees within the departments of CSSD, HCS, EECD and JPS to ensure these resources can be accessed as needed.

**Recommendation 10:**

**The Department of Health and Community Services and CSSD, in collaboration with local governments and other service providers:**

- a) **Complete comprehensive needs assessments of the services being provided in every remote and isolated community in the province to identify deficiencies; and**
- b) **Develop and implement strategies to address the identified deficiencies in a timely manner.**

Since the last update, the interdepartmental working committee, with representation from the Departments of CSSD, HCS, EECD, and JPS, have continued to meet regularly to identify and review existing deficiencies in isolated communities. The committee has reviewed the relevant data outlined in the last update and identified five remote communities in Labrador (Nain, Hopedale, Sheshashiu, Natuashish, Happy Valley Goose Bay) as those that would benefit from a multidisciplinary, coordinated approach. The committee has developed an inventory of existing initiatives aimed to improve service delivery in the above noted communities, including:

- HCS: The Aboriginal Patient Navigator Program aims to enhance the provision of culturally appropriate care for Indigenous people. It is a partnership between the Department of Health and Community Services, the Eastern Regional Health Authority and the St. John's Native Friendship Centre. The program employs two Patient Navigators of Indigenous descent who work with Indigenous patients and clients to ensure their cultural and language translation needs are met.
- HCS: A provincial working group with representatives from Indigenous Governments and Organizations, HCS, Intergovernmental and Indigenous Affairs, Service NL: Vital Statistics Division, Newfoundland and Labrador Centre for Health Information, Eastern Health and Labrador-Grenfell Health was established to develop the Indigenous Data Identifier Standard. Working group members have endorsed the Standard and are working with the Newfoundland and Labrador Centre for Health Information to discuss next steps and a potential implementation plan. This will assist health care planners in making effective, evidence-based decisions regarding policies, programs and initiatives regarding Indigenous groups. It is anticipated that the Identifier will be collected once through the MCP Client Registry and then shared electronically with or entered into other information systems used by the Regional Health Authorities or the Newfoundland and Labrador Centre for Health

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Information.

- CSSD: In 2015, CSSD signed a service agreement with the Nunatsiavut Government (NG) and Key Assets as a joint entity for the development of Level IV homes (specialized placement options for children in care) in NG communities. Level IV homes are established and operated by Key Assets with the support of the NG. CSSD refers children/youth in care to these placements, which prevents children/youth from having to leave their communities. Homes have been established in Hopedale, with six children/youth in these placements, and Key Assets and the NG are working to establish homes in other Inuit communities.
- CSSD: CSSD is working collaboratively with the Sheshatshiu Innu First Nation, the Mushuau Innu First Nation, the Innu Round Table Secretariat and Indigenous and Northern Affairs Canada (INAC), to support the development of Level IV homes in Sheshatshiu and Natuashish. CSSD is currently developing a Service Agreement with Sheshatshiu Innu First Nation for the operation of the six-bed Level IV home in Sheshatshiu that will operate at provincially established Level IV standards.
- CSSD: CSSD is also working with Sheshatshiu and Mushuau Innu First Nations on strategies to prevent child protection involvement, children and youth from coming into care, and children and youth having to be placed outside their communities through the development of in care placements and proactive community work.
- Collaboration between RCMP and CSSD: RCMP detachments in Labrador continue to have regular meetings/contact with the local CSSD office regarding information sharing in Child Protection related matters. RCMP policies and procedural guidelines related to the completion and submission of Child Protection Reports to CSSD have been established and strict adherence by detachment personnel is expected. Regular file reviews/audits are completed by Detachment Commanders to ensure compliance. When deficiencies are noted, corrective actions are promptly implemented.
- HCS, CSSD, EECD, and JPS: The Community Interdisciplinary Committee for Children at Risk was established in Hopedale in response to *A Tragedy Waiting to Happen* Report. The purpose of this committee is to strengthen communication and collaboration between agencies that care for or are involved with children at risk. Committee meetings occur quarterly and membership includes CSSD, Nunatsiavut Government (NG), Mushuau Innu Health Commission, Sheshatshiu Innu Health Commission, Labrador Grenfell Health, the RCMP and EECD as required. To date the committee has collectively worked to identify service gaps and strategize around solutions to address these gaps. The committee's primary focus has been reviewing communication protocols and service needs of high risk children and pregnant women in the community.

*Case # SP 136-2014*

**Recommendation 2:**

**The Department of Children, Seniors and Social Development and Public Health will review their processes for identifying Sudden Infant Death Syndrome (SIDS) risk factors and screen families who are considered to be at higher risk, and provide educational and supportive services aimed towards prevention.**

HCS Response:

A committee was formed with representatives from CSSD, the Public Health and Regional Services Divisions of HCS, and the regional health authorities to review resources on safe sleep provided to parents through acute and community programs to ensure consistency in messaging and staff education.

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All regional health authorities are using the Sleep Well, Sleep Safe resources which have been reviewed and revised by the Parent and Child Health Consultants from all regions and shared across the province. The updating of these resources ensure consistent messaging is provided to both staff and parents. The regional health authorities have developed policies on the subject and the topic is included in orientation and intranet training resources.

The B.A.B.I.E.S. program (Before Birth and Beyond: Information, Education and Support) is offered by public health nurses at all regional health authorities. This program promotes healthy pregnancy, birth and early parenting, and includes a screening component. Prenatal screening will help to identify risk factors and allow for preventive actions to be discussed with parents and provide a forum for the continued promotion of safe sleep. Regional health authorities will continue work in this area to ensure consistency of services and comprehensive screening across all authorities.

CSSD, HCS (Public Health and Regional Services Division) and the regional health authorities will continue to work together to continue the implementation of this recommendation.

Additionally, as requested, in the absence of a permanent Chief Executive Officer for the Labrador-Grenfell Health Authority, the following contains the updates on all outstanding recommendations pertaining to that region.

*Case # 15ME4016*

**Recommendation 1:**

**Labrador-Grenfell Health establish an Assertive Community Treatment team for youth with serious mental health problems and those at high risk for suicide.**

Labrador-Grenfell Health response:

The mandate of the ACT teams in the province is to provide comprehensive, community-based treatment, rehabilitation and support to people living with severe and persistent mental illness. The target population served by these ACT teams is adults over the age of 18, with priority given to individuals with a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder. As this recommendation is aimed to improve mental health services for youth, Labrador-Grenfell Health proposes the alternative measures as outlined below to achieve the intended outcome of this recommendation.

Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador includes several commitments that will assist in meeting the mental health and addictions needs of youth throughout the province. Most recently, a Mobile Crisis Response Team (MCR) was established in Labrador West, with an additional team expected to be in place in Happy Valley-Goose Bay/Sheshatshiu by the end of fiscal year 2019.

Additionally, there are a number of Towards Recovery initiatives now underway to specifically address mental health and addictions issues in youth throughout the province. Some of these include:

1. The utilization of a stepped-care approach, which will be fully implemented by March 2022. Services, such as the Strongest Families Program for children, youth and their families and DoorWays (single-session walk-in clinics) have already been implemented in Labrador.
2. A new approach to service delivery for children, youth and emerging adults that brings government departments and community agencies together to provide wraparound services for children, youth and their families. This will be implemented by March 2021.

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3. All young families will have access to programs that focus on parental coping skills to increase resiliency, parenting skills and child development, as well as social and emotional competence of children by March 2022.
4. A comprehensive school health and wellness framework that includes evidence-based mental health promotion, prevention and integrated, early intervention programs will be implemented in schools by March 2022. This framework will focus on social and emotional learning; be embedded in curriculum at every grade; help students identify, understand and deal effectively with stress and anxiety; and include content on diversity, social inclusion, social determinants of health, and stigma reduction.

**Recommendation 2:**

**Labrador-Grenfell Health meet with Innu health and social service officials to review services to youth at risk for suicide and strengthen community responses.**

**Recommendation 3:**

**Labrador-Grenfell Health in consultation with appropriate Innu officials, create a mental health service that can be accessed in communities in Labrador.**

Labrador-Grenfell Health response:

In regards to Recommendations #2 and #3, consultation with Innu Social Health Department officials has involved a review of what is currently available to youth at risk for suicide. Residents of Sheshatshiu can access services through Mental Health and Addictions at the Labrador Health Centre, and residents of Natuashish can access services at the Community Clinic. Additionally, DoorWays (single-session walk-in clinics) are currently being offered at hospitals and health centres throughout the region, and are now being expanded to community clinics. Also, anyone experiencing suicidal ideation or otherwise in crisis can be seen urgently as a walk-in at the Mental Health and Addictions office or at the Emergency Department after hours.

Labrador-Grenfell Health utilizes a comprehensive suicide risk management protocol, including a standardized process for assessment, treatment, monitoring and transfer of care of individuals presenting with suicide ideation and/or post attempt. As well, the Department of Health and Community Services provides funding to the Innu Social Health Department in Sheshatshiu for an Early Intervention and Youth Outreach Worker (YOW), the funding for this position is managed by Labrador-Grenfell Health. This position works with high-risk youth in the community, from the newly built Sheshatshiu Ussiniun Youth Centre.

**At this time, Labrador-Grenfell Health report that Recommendations 2 and 3 are completed.**

*Child Youth Advocate Report: "The Case for Specialized Health Care Responses to Recognize and Prevent Child Sexual Abuse", August 2017*

**Recommendation 3:**

**All Regional Health Authorities address the continuing education topics of child protection legislation and reporting requirements, legal age of consent for sexual activity, medical consent for minors, and how to recognize the warning signs of sexual coercion, abuse and exploitation of minors.**

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Labrador-Grenfell Health response:

The *Duty to Report/Warn* administrative policy has been a part of the corporate nursing orientation since January 2018. Work is being done with the Human Resources and Employee Development and Health Department (EH&D) to have the *Duty to Report/Warn* education included with onboarding of all new hires.

A *Child Maltreatment* E-learning module has been uploaded to the intranet for all nurses, and includes a quiz component. The EH&D Department has developed a process to track completion of e-learning modules which will be implemented in the very near future.

**Recommendation 6:**

**Each Regional Health Authority review and update its policies and practices related to informed consent for medical procedures for minors.**

Labrador-Grenfell Health response:

A policy is in place for appropriate documentation to be obtained when a when a healthcare provider determines that a minor meets the criteria for a "Mature Minor Declaration". This policy includes sections with protocols, definitions and examples of how to proceed to obtain consent for procedures for minors and how to assess and document when a minor is being considered as a "mature minor" or "emancipated minor". However, it has not been reviewed since 2008 and does not currently contain any specific reference to obtaining parental consent when an abortion is being sought by a minor.

In light of recommendations of the Office of the Child and Youth Advocate, LGH will undertake a review of the current policy to incorporate these recommendations.

I trust the above noted information is satisfactory. Should you have any questions, please feel free to contact me at any time.

Sincerely,



**JOHN G. ABBOTT**  
Deputy Minister