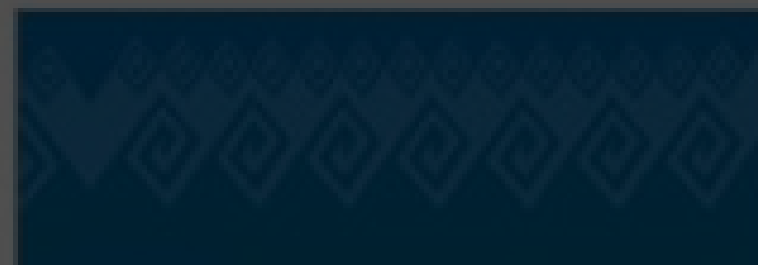


How did we get here?

*The Process of Specialized Homes and Support Services Design
November 2022*



ACKNOWLEDGING OUR CURRENT CONTEXT IN B.C. - 2022

Coming out of global pandemic, we also face these issues

- Opioid overdose public health emergency
- Mental health crisis
- Gender-based violence shadow crisis
- Historic inflation and workforce gaps

We know that...

- The current context for social services in B.C. is complex
- Many B.C. families are struggling, and service providers are stretched trying to meet demand and respond to the needs of the people they serve
- Harms are not equally distributed: vulnerable children and youth are at greater risk

Action is needed...

- To leverage the important role that Specialized Homes and Support Services have in our system of care, and ensure they have an active part in keeping families together, keeping children and youth well, and providing safe and supportive care for children that cannot live safely at home



OVERVIEW OF PROCESS?



REVIEW OF RECOMMENDATIONS / CONSULTATIONS



UNDERSTANDING WHO WE SERVICE: DATA ANALYSIS



CONTRACT DEEP DIVE



SERVICE DESIGN / RESEARCH / COLLABORATION



MODELLING THE SYSTEM



SERVICE EXPECTATIONS AND PROVINCEWIDE ENGAGEMENT



RIGHTS HOLDERS ENGAGEMENT

What are the Calls to Action?

Many high-level themes related to the system of contracted care can be identified across multiple reports (including OAG, RCY, Coroner's Reports):

- Better service coordination and integration within the Ministry and across government required.
- Identification and connection to culture as a priority in all services / interactions.
- Need for therapeutic care – significant gaps in service offerings.
- Need for enhanced focus on family preservation and keeping children out of care.
- Oversight and outcomes-based monitoring required.

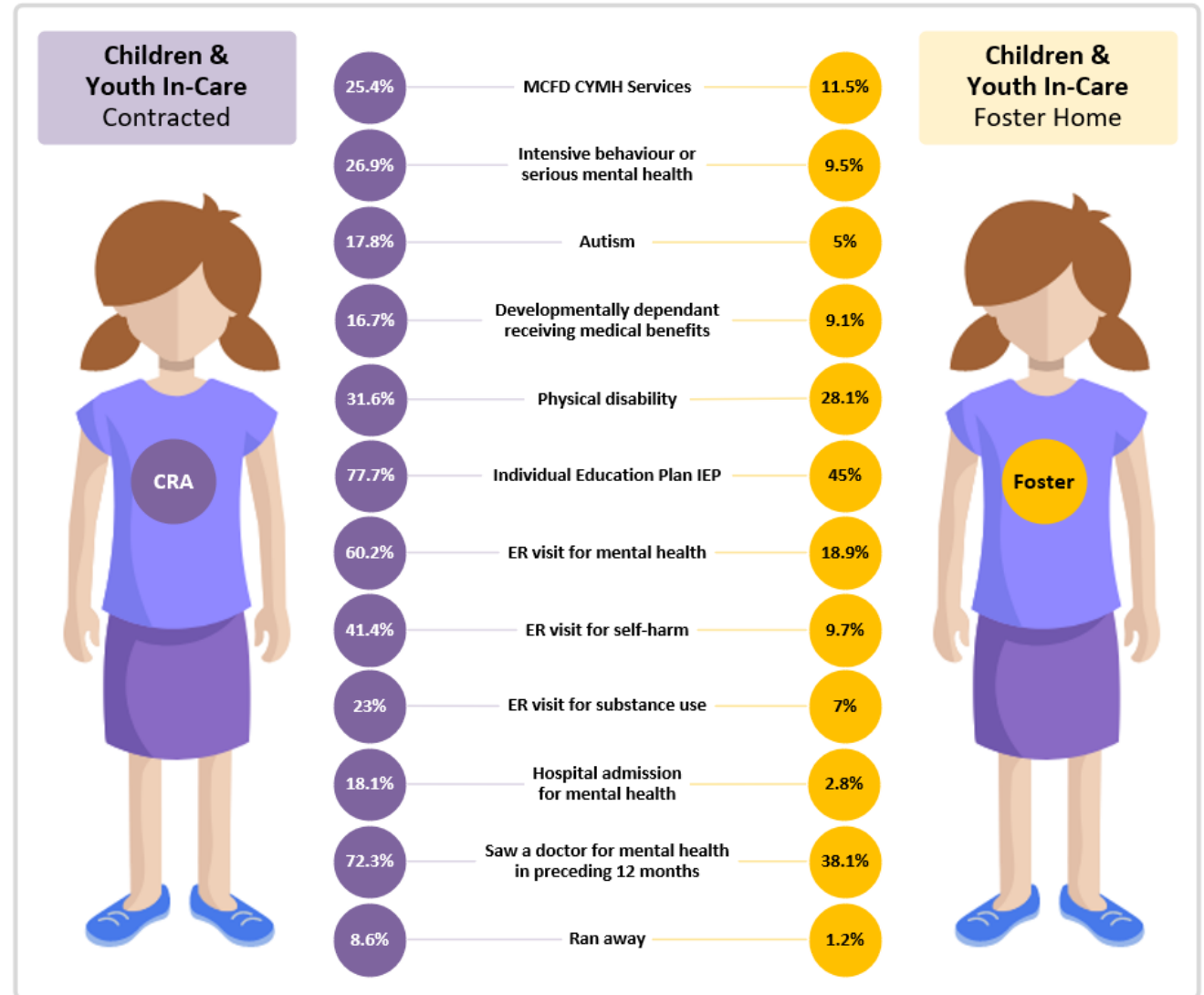
Who are we serving?

MCFD initiated an integrated data project linking medical data, school data, and social service data to examine the cohort of children and youth in contracted care.

Findings included:

- Children in staffed care homes are have more complex issues or challenges than most children and youth in foster homes;
- The complexity of children in staffed care has increased significantly over 10 years;
- Mental health, support needs, and self-harm (including substance miss-use) impact 75% of youth in SHSS
- Youth in staffed care homes are more likely than any other cohort of children in care, to be interacting with multiple government services (health system, education system, etc)

Integrated Data Findings (excerpt)



This information is for internal government use only and not to be released publicly. Approval for public release of these statistics is required from the BC Data Innovation Program.

What can we learn from a review of contracts?

The Ministry reviewed contracts for themes/information.

Findings included:

- Huge variability in model, cost, need
- Trends in staffing and staffing challenges
- Range of cost/child and range of staffing ratios
- Activities listed varied in detail – some entirely empty, others extremely specific
- Most contracts void of performance metrics or consistent reporting about the wellbeing of children
- Very few therapeutically focused services

With this information, we asked ourselves:

What do children and families want and need...

to be well, to be safe, and to thrive ...

and

What services should we provide to meet these needs....



Designing our Specialized Homes and Support Services

Initiated an 18-month process of service design. Bringing together diverse voices we, asked ourselves (examples):

- What outcomes do we want for children and youth (and their families)?
- How do other jurisdictions support achieving these outcomes and support cohorts of children and youth sharing some of the vulnerabilities of B.C.'s children in care?
- What are we doing well in B.C. currently to support our intended outcomes?
- What gaps exist in the continuum of care in B.C. and how can we fill those gaps?
- How can these services be delivered in a way that reflects Indigenous traditions, culture and language?
- What does the service look like if it meets our intended outcomes and provides high quality care? (e.g. duration, key service expectations, professionals employed, competencies)?
- What can a service recipient expect to receive from participating in a service and how does that contribute to the overarching outcomes?

Where we landed? Our services should benefit children, youth and families by.....

- Providing supports that can help mitigate crises and stabilize families/care giving arrangements - Supporting family preservation and reducing the overall number of children living away from family, community, and culture,
- Ensuring placement and supports meet the unique needs of children and youth;
- Providing individualized, high quality care that supports a child to meet their developmental, cultural, social emotional, physical and cognitive potential;
- Improving child and youth wellness through intentional access to residential therapeutic supports, and strengthening connections to wrap-around community supports including non-western models of healing;
- Enhancing a child or youth's opportunities to build lasting relationships with caregivers, community and culture, peers and support networks and achieve community inclusion;
- Fostering a sense of self and belonging, including supporting youth to develop agency a their unique identity.

SPECIALIZED HOMES AND SUPPORT SERVICES – PART OF THE NETWORK OF CARE:



RESPITE/RELIEF



LOW-BARRIER
STABILIZATION



EMERGENCY CARE



SPECIALIZED LONG-
TERM CARE

CORRESPONDING FOCUS ON KEEPING CHILDREN/YOUTH **OUT OF CARE** AND OUT OF STAFFED CARE MODELS:

■ ENHANCED OUT OF CARE PROGRAM


■ RECRUITMENT AND RETENTION OF FOSTER PARENTS



Key Change Features (SHSS):

Each of the four key services provided by SHSS were intentionally designed to:

- **operate within a broader and integrated network of care** that spans from community-based mental health and children and youth with support needs services, to specialized tertiary care
- be available to children and families in need (in-care, in out-of-care arrangements, and not in-care)
- have defined **service expectations, mandates/roles and intended outcomes and metrics for evaluation**
- be supported by **new oversight and monitoring approaches**
- be **procured for differently** (e.g. capacity vs. child-specific contracts, multi-year contracts, etc)



Modelling the System: What can B.C. examples tell us about these services?

- Took the four services, looked across B.C. to find similar example and study them (voices of children/youth, staffing structures, programming elements).
- Examples of findings included (youth reflections):
 - Many youth, reported that “they didn’t really have a say”. For example, one youth said that they “weren’t told anything”.
 - Youth who were involved in their planning reported better relationships with caregivers and overall satisfaction with their care (example: “I learned how to use my voice, learned to speak up for myself”).
 - Youth spoke about how the rules or boundaries of a resource “made them feel safe”.
 - Youth reported that the availability of staff 24/7 had been important in moments of significant depression or need.
 - Resource staff played a central role in youth feeling comfortable, safe, and healthy. Youth described the importance of staff members’ personal characteristics.
 - Size of resource (number of youth residing together) sometimes made youth feel other people’s crises placed their own recovery at risk – smaller resources were preferred.



Service Expectations Documents/ Initiating Provincewide Dialogue (EngageBC)

- Took all the learning from service design, modelling the system, etc. and developed DRAFT service expectation documents for the 4 services.
- These drafts were posted online for 10 months to invite feedback to further refine service outcomes, potential metrics, service components etc.
- Social media leveraged to encourage responses to materials with intention of gathering diverse voices.

Service Expectations – Specialized Long-Term Care

Specialized Homes and Support Services is a suite of services within the ministry's broader system comprised of four distinct service types: Emergency Care; Low-Barrier Short-Term Stabilization; and Specialized Long-Term Care. Each of the Specialized Homes and Support Services has consistent service expectations, deliverables, and intended outcomes across the province. In accordance with legislative requirements, placement priorities and best practices, Specialized Homes and Support Services are considered only after exploring less intrusive options to meet a child/youth and family's needs, including supports provided within the child's home, supports through extended family, community, or the family network.

Specialized Long-Term Care provides a safe, loving, and nurturing environment for children/youth in intense supervision and supports. This home is provided to children and youth with exceptional or 24-hour staffed and specialized environment, and for whom all other living arrangements have not been able to provide required level of support.

These homes provide a culturally safe, trauma-informed, and developmentally appropriate environment. Children/youth are able to develop healthy attachments with a stable team of high-quality staff who are equipped to meet each child's the unique day to day needs as well as support their physical, emotional, and wellness. Specialized Long-Term Care also promotes attachment, and provides a safe environment where a child/youth's family, extended family, and community are supported in providing ongoing care.

What did we learn from provincewide responses?

EXAMPLES:

- We would like greater flexibility incorporated into the process so that service providers can better accommodate the unique needs of children, youth, and families they serve. This could be delivered through mechanisms within the contract that would enable service providers to brainstorm and come up with creative solutions to complex cases and allow for changes to be made on a case-by-case basis.
- The process for how MCFD will oversee and ensure standards are maintained by its contractors should be clearly explained in the service model including the qualitative or quantitative performance measures that will be relied on by MCFD in its oversight.
- The service model must include a process for ongoing feedback from parents and families and responses to parents and families. **The voice of parents should be heard throughout the child/youth's stay in long-term care.**
- There should be a non-competitive process for allocating services
- Pre-existing resources should be used to allow for a more streamlined approach that will ensure that beds and services along with the staffing needed are already in place vs. starting from scratch
- Practical supports should be provided for agencies/resources, such as skill development t/ admin compensation
- The service model should include a specific requirement that social workers make active efforts to place children/youth with extended family members.
- Placement and supports should meet the unique needs of children and youth

Rights Holders Engagements: Alderhill Consulting



- Contracted with Alderhill (Indigenous owned Planning Firm) to engage with Rights Holders across B.C. on the Specialized Homes and Support Services.
- Key findings:
 - Ministry should be more focused on supporting kinship care
 - Indigenous people have a pre-existing and inherent right to enact their own laws.
 - Communities should be able to design and deliver their own specialized services
 - Culture is the root of healing

Redraft Service Expectation Documents

- Based on all of the above inputs, service expectation documents were redrafted. These included: service description, staffing structures, programmatic features and intended outcomes/metrics.
- These were reposted to EngageBC and shared December 15, 2021 with all interested service providers.
- These documents were then translated into contractual language.
- Preliminary work was done to create a service provider portal that can support the process of a service provider individualizing supports, planning services, and reporting.



Service Expectations – Emergency Care

Specialized Homes and Support Services is a suite of services within the ministry's broader system of care. It is comprised of four distinct service types: Emergency Care; Low-Barrier Short-Term Stabilization Care; Respite Care; and Specialized Long-Term Care. Each of the Specialized Homes and Support Services contracts has, within its care type: consistent service expectations, deliverables, and intended outcomes across the province. In accordance with legislative requirements, placement priorities and best practices, Specialized Homes and Support Services are considered only after exploring less intrusive options to meet a child/youth and family's needs, such as supports through extended family, community, or the Family Care Home network.

Emergency Care provides a safe, supportive short-term (approximately 30 days) placement for children and youth who cannot live safely with their family, for whom no other care arrangement is readily available, and who are in the care of the Director. Children and youth placed in Emergency Care benefit from an environment that supports their health, wellness, culture, and recovery, and that of their family. Emergency Care staff facilitate the assessment of the child/youth/family's unique needs and circumstances and are involved in the coordination of community supports.

Emergency Care contributes to successful transition planning for children and youth by providing safe, trauma informed care, during what can be a particularly challenging time for families; providing a concentrated period of time to gather the circle to further seek out and assess extended family/community care provider options, or "right-fit" placements, and, develop an understanding of the child/youth's needs to support a transition home or to new carers.

The Emergency Care service differs from Low-Barrier Short-Term Stabilization Care in that it is intended to be used in situations where a child has an emergent need for a safe place but is not known to require stabilization.

Emergency Care is intended to be used when a "safe landing place" is urgently required and when a child has been removed or a placement has broken down and a less intrusive option is not available. The service does not conduct its own functional assessments or have clinical staff, but supports social workers in facilitating appropriate information and assessments to support planning and transition for the child/youth. If a child or youth is determined to be in crisis they would be connected to the appropriate supports (e.g., Low-Barrier Short-Term Stabilization Care

Programmatic features:

Child/youth's transition into the service:

- Welcome a child/youth ensuring they are informed and involved in all processes that affect them: include them in identifying their own goals for permanency, outlining their needs, etc.
- Support children/youth being brought into the home at any hour of the day and any day of the week
- Facilitate meeting with the child/youth's care team within 48 hours after admission

Collaboration with ministry, care team and community supports:

- Actively work to understand the child and their day to day needs – providing on going and updated information to the child's care team to support planning
- Work with community professionals, paraprofessionals and community members (e.g. Elders, cultural leaders) to address the child/youth's medical, physical, emotional, mental, behavioural, spiritual and other day to day needs
- Facilitate appropriate contact with family members identified by the child/youth and their social worker

Supporting the child/youth transition out of the service:

- Actively involve the child/youth in their transition planning, identifying their needs in the process
- Develop supportive transition strategies and materials for the child/youth and their caregivers
- Ensure the clear sharing of all information pertaining to a child/youth's day-to-day needs
- Facilitate transition planning by working with caregivers, the child/youth's care team and Indigenous community, where appropriate

Supporting child/youth in everyday living

- Ensure the safety of all children and youth at the resource and mitigate the issue of not having information immediately available on their medical, physical, emotional, mental, behavioural, spiritual and other needs
- Support children/youth to develop new skills to care for themselves
- Provide recreational, community and culturally appropriate activities
- Provide recreational, community and culturally appropriate activities
- Maintain existing relationships with friends, sporting events, schools - Facilitate regular attendance at school, in day programs, at family visits or in recreational activities, as appropriate to the child's needs
- Provide healthy, nutritious meals and snacks in accordance with traditional diet and/or Health Canada's "Canada Dietary Guidelines" or the professional advice of dietary experts, where appropriate
- Ensure that all medical and dental needs are addressed
- Administer medications, monitor and report side effects, and proactively seek medical oversight/consultation for suspected medication issues

Staffing model

1-3 Bed Resource	Staffing
Residential Child/Youth Workers (see appendix B for staffing expectations)	Residential Child/Youth Workers (at least one worker at the resource at all times)
Night Staff (see appendix B for staffing expectations)	Awake Residential Night Worker
Supervision and Program management (see appendix B for staffing expectations)	Residence Coordinator
	Program Manager
Supplemental Supports – additional support to meet the needs of the child/youth. These supports will be provided based on the child/youth's service plan and determined/approved through collaboration with the ministry. Efforts will be made to leverage existing community services and supports (e.g. Ministry provided and contracted Child and Youth Mental Health and Child and Youth Support Needs services), for the purposes of: - Assessment - Clinical consultation - Intervention and therapies provision - Clinical care planning	Examples of supplemental supports include: - Additional staffing - Clinical consultative services - Clinical interventions - Cultural supports

If required, additional on-call staff as needed to ensure sufficient staffing at all times. Subject to MCFD approval, staff may be redeployed to other programs during periods of extended vacancy.

Desired Outcomes

How this service is supposed to benefit a child/youth/family

Intended Outcomes	How we measure this (examples)
Progress towards child/youth's goals for community inclusion	- Child/youth participates in activities that are meaningful to them and/or improved participation in community/culture in alignment with their goals - Progress towards their development, educational and/or treatment goals
Placement stability for child/youth	- No unplanned living disruptions in a 12-month period - Consistent SHSS caregivers (staff turnover of less than 10% that year) - Children and youth have strong, caring relationships with their SHSS caregiver(s)
Child/youth experience safety and improved well-being	- Progress towards identified goals for child/youth - Child and youth wellness and emotional mental health is maintained or increased - Self-reported feelings of belonging, positive relationship, and attachment
Child/youth's attachment and emotional ties to family ² and other supportive relationships are improved	- Active encouragement and work towards "growing the circle" (e.g., family, home visits, other supportive relationships, and community/cultural engagement)
Children/youth with significant support needs (inclusive of behaviours, mental health, substance use challenges) experience improved transitions to adult care system	- Children/youth report feeling confident and prepared for their transition (e.g., having meaningful connections)

Where you might see yourself in the work....

- In the implementation approach...it provides gradual, direct award, non-competitive, multi-year contracts.
- In the costing...it provides more \$\$ per bed than current state.
- In the outcomes... they were co-developed with service providers, we researched them, we spoke to children and youth, rights holders.
- In the opportunity to individualize care...a consistent, yet streamlined process to access individualized supports/resourcing.
- In the core components of the services...such as the circle of planning that provides a space for families to have voice.