SHSS Service Model Overview

Contents

Purpose 2
Intended Audience 2
Introduction 2
Service Types 3
  Specialized Long-Term Care 3
  Emergency Care 4
  Low-Barrier Short-Term Stabilization Care 5
  Respite Care 6
What is the SHSS Service Plan? 7
  Daily Log 7
  Convening the Care Circle 7
  Goals and Strategies 8
  Transition-Out Planning 10
Continuous Improvement Plan 11
Personnel 11
  Role Descriptions & Qualifications 12
  Personnel Requirements 14
Additional Supports 16
  Supplemental Supports 16
  Clinical Consultation 17
Appendix – Intended Outcomes and Indicators 19
  Specialized Long-Term Care 19
  Emergency Care 20
  Low Barrier Short-Term Stabilization Care 21
  Respite Care 22

Purpose

The purpose of this document is to provide an overview of the new SHSS service model, as defined in the contracts for each of the four service types: Specialized Long-Term Care, Emergency Care, Low-Barrier Short-Term Stabilization Care and Respite Care.[1] This is the first of a series of documents outlining the key elements of the new SHSS contracts.

Intended Audience

The intended audience for this document is the EIA Advisory Committee.

Introduction

The new SHSS service model is central to the SHSS transformation and the shift from providing bed-based services to children and youth with complex needs to providing a "network" of services that support family preservation and meet the therapeutic needs of children and youth in the short and longer term.

The new SHSS service model is designed to improve the quality of care we provide to children and youth with complex needs and their families by providing:

- Clearly defined service types that are designed to fit within an integrated network of care
- An individualized, child-centered approach to care planning that ensures the child/youth's voice and those who care most about them, including Service Providers, are central to their care
- Clearly defined outcomes and associated indicators and measures that allow for the tracking of performance at the child, agency and service level
- A technology-enabled SHSS Service Plan that will ensure consistency in care planning, practice, reporting and accountability
- Standardized roles, responsibilities and qualifications for staff across all service types
- Funding for additional supports for children and youth who need them[2]

This document provides an overview of the service model, as defined in the contracts for each service type.

[1] The contents in this document may vary slightly from the finalized contracts, as the review by the Legal Service Branch is in progress.
[2] Further details for about the funding for additional will be provided in subsequent documents.

Services - What's New?

High-level overview of the material covered in detail throughout the document.

- ✓ Service model with 4 service types that support a network of care
- ✓ Service plan with elements such as a daily log, care circle, goal setting and strategy development and transition out planning
- ✓ Continuous Improvement Plan
- ✓ Standardized roles, responsibilities, and qualifications for staff
- ✓ Standardized staffing model with additional supports specific to child/youth needs

NOTE: Further details about the performance management program, fees and payment model and Service Provider portal will be provided in subsequent documents.

Service Types

The four SHSS service types have been designed to fit within an integrated network of bed-based and non-bed-based supports and are intended to contribute to the wellness of the individual children and youth in their care, as well as to the overall functioning of this network.

These services are about far more than housing children who cannot live safely at home. They have been intentionally designed to provide the interventions that are needed to keep families together and to keep children and youth well and safe.

These services are not intended to be used sequentially. In other words, a child or youth who cannot live at home does not start in respite/relief care, come into emergency care, move to a stabilization service, and then a long-term home. Instead, each of these services has been designed to address very specific situations and serve children and youth beyond those who are in care.

Specialized Long-Term Care

The intent of Specialized Long-Term Care services is to provide a safe and nurturing environment for children/youth in-care requiring intense supervision and supports.

- These homes are provided to children and youth with exceptional needs requiring a 24-hour staffed and specialized environment, and for whom all other living arrangements have been deemed unable to provide the required level of support.
- These homes are to provide a culturally safe, trauma-informed, and developmentally-appropriate living environment.
- Children/youth must be able to develop healthy attachments with a stable team of highly skilled caregivers who are equipped to meet each child's/youth's unique day-to-day needs as well as support their continued growth, development and wellness.

- Specialized Long-Term Care promotes attachment, emotional ties, and belonging by providing an environment where a child's/youth's family, extended family, and community are welcome and engaged in their ongoing care.

Intended Outcomes

Through delivery of the Specialized Long-Term Care services, the Service Provider will work to achieve the Intended Outcomes (set out below) and their corresponding Indicators (set out in the Appendix). Note, the Service Provider will not be held accountable for all Intended Outcomes and Indicators. Details will be outlined when the Performance Management Program is discussed.

The Intended Outcomes for Specialized Long-Term Care are:

1. Progress towards child's/youth's Goals for community inclusion;
2. Placement stability for child/youth;
3. Children/youth with significant support needs experience improved transitions to adult care system;
4. Children/youth experience safety and improved wellbeing; and
5. Child's/youth's attachment and emotional ties to family and other supportive relationships is improved.

Emergency Care

Emergency Care provides a safe, supportive short-term (approximately 30 days) placement for children and youth who cannot live safely with their family or 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.

- The Emergency Care service is intended to provide an opportunity to learn more about the child/youth, their strengths, their needs and their wishes to facilitate and strengthen their return home, or to find the best fit living arrangement.
- 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.
- Emergency Care provides a concentrated period of time to develop a deeper understanding of the child's/youth's needs, gather the Care Circle to further seek out and assess extended family/community care provider options, or "right-fit" placements, and to support a successful transition to an alternative SHSS Service, or to new caregivers.
- Emergency Care is intended to be used when a "safe landing place" is urgently required and when a child/youth has been removed or a placement has broken down and a less intrusive option is not available.
- Emergency Care is designed to support social workers in facilitating appropriate information and assessments to support planning and transition for the child/youth. If a child/youth is determined to be in crisis, they will be connected to the appropriate supports (e.g., SHSS Low-Barrier Short-Term Stabilization Care or Hospital).
- Emergency Care is not intended to be used as an entry point for all children/youth coming into care, or sequentially before accessing other SHSS services.
- Emergency Care differs from Low-Barrier Short-Term Stabilization Care in that it is intended to be used in situations where a child/youth has an emergent need for a safe place but is not known to require stabilization.

Intended Outcomes

Through delivery of the Emergency Care services, the Service Provider will work to achieve the Intended Outcomes (set out below) and their corresponding Indicators (set out in the Appendix). Note, the Service Provider will not be held accountable for all Intended Outcomes and Indicators. Details will be outlined when the Performance Management Program is discussed.

The Intended Outcomes for Emergency Care are:

1. Child/youth moves to a "right fit" living arrangement or placement;
2. Children/youth experience safety and improved wellbeing; and
3. Child's/youth's attachment and emotional ties to family and other supportive relationships is improved.

Low-Barrier Short-Term Stabilization Care

Low-Barrier Short-Term Stabilization Care provides a safe environment for children/youth who are experiencing a crisis and/or breakdown of their living environment (family, out-of-care arrangement or in-care placement). The service is short-term (3-9 months) and focuses on crisis mitigation and healing through a harm-reduction lens by providing the child/youth with culturally safe, individualized supports.

- Low-Barrier Short-Term Stabilization Care works to prepare a child or youth to transition back home (or to a new living arrangement, if required) by reconnecting the child/youth and family with the appropriate community supports to meet their ongoing needs.
- The service actively re-engages Child and Youth Mental Health (CYMH) and Children and Youth with Support Needs (CYSN) services, as well as other community supports (such as substance-use services) to provide clinical interventions that support the child's/youth's move toward stabilization.
- The service also actively engages the child's/youth's caregiver(s) to ensure readiness to support the child's/youth's successful return home.
- The service supports children, youth and families who often experience barriers to service, such as those without a formal diagnosis, those experiencing a functional crisis, or those experiencing living instability.

Low-Barrier Short-Term Stabilization Care will typically be accessed after efforts to support the child/youth through intensive wrap-around community services have not led to successful outcomes. These services may include community-based mental health services, step-up step-down outreach services, community-based CYSN supports or intensive home-based CYSN supports.

Intended Outcomes

Through delivery of Low-Barrier Short-Term Stabilization Care services, the Service Provider will work to achieve the Intended Outcomes (set out below) and their corresponding Indicators (set out in the Appendix). Note, the Service Provider will not be held accountable for all Intended Outcomes and Indicators. Details will be outlined when the Performance Management Program is discussed.

The Intended Outcomes for Low-Barrier Short-Term Stabilization Care are:

1. Crisis is mitigated and/or improved stability and wellbeing for child/youth;
2. Children/youth experience safety and improved wellbeing;
3. Child/youth's attachment and emotional ties to family and other supportive relationships is improved;

4. Child/youth is able to move or return to a stable living environment at discharge from Low-Barrier Short-Term Stabilization Care; and
5. Child/youth and family have supports in place for continued stabilization upon discharge.

Respite Care

Respite Care is a family preservation service and is designed to meet the needs of families caring for children and youth with complex needs. It provides caregivers who have primary care and responsibility for children/youth with a temporary break from the emotional and physical demands of caregiving to maintain or improve overall family functioning and well-being.

- Respite Care is provided outside of the primary caregiver's home and is part of a suite of services or supports a family may receive to improve overall family functioning and well-being and to maintain a child's and youth's living arrangement within the family, and/or keep children and youth out of full-time care.
- Respite Care may be provided to families of children and youth with varying complex needs and with any legal status (not in care, in out-of-care arrangements, and in care).
- Respite Care is intended to support the improvement of family functioning and enhance overall well-being by providing that break, while at the same time seamlessly maintaining a child's and youth's important routines and supports, such as continuing to attend and receive their community therapies or connections/routines with extended family.
- Respite Care can be planned for or offered during emergencies or times of crisis and provides children and youth a culturally-safe, developmentally-appropriate, structured and warm environment with qualified staff who can meet the unique day-to-day needs of the child or youth.
- Respite Care does not replace other forms of respite/relief available to families. For example, Family Care Homes (foster parents) can still utilize their relief caregivers and, although Respite Care is available, relief caregivers are the first option for Family Care Home caregivers. Families with support needs may still utilize enhanced respite and use Specialized Homes and Support Services Respite Care only when an out-of-home break is required.

Intended Outcomes

Through delivery of Respite Care services, the Service Provider will work to achieve the Intended Outcomes (set out below) and their corresponding Indicators (set out in the Appendix). Note, the Service Provider will not be held accountable for all Intended Outcomes and Indicators. Details will be outlined when the Performance Management Program is discussed.

The Intended Outcomes for Respite Care are:

1. Improved overall family functioning supports ongoing care for the child/youth;
2. Children/youth experience safety and improved wellbeing; and
3. Child's/youth's attachment and emotional ties to family and other supportive relationships is improved.

What is the SHSS Service Plan?

The SHSS Service Plan is a technology-enabled plan designed to guide the service delivery and ensure the child/youth has one SHSS plan by integrating the child's/youth's existing plans (e.g., My Support Plan, CYMH Plan, Care Plan, etc.). The SHSS Service Plan may be accessed by the Service Provider and the child/youth's family. The SHSS Service Plan is introduced once the child/youth has been placed into care.

The SHSS Service Plan is a tool to facilitate the provision of services and allows the Province to monitor the performance of Service Providers. Completing the SHSS Service Plan fulfills a large portion of a Service Provider's contractual reporting requirements.

This document describes the five key elements of the SHSS Service Plan: the daily log, Convening the Care Circle, goals and strategies and transition-out planning. More information about the SHSS Service Plan's relationship to performance management will be shared prior to the discussion on the Performance Management Program.

Daily Log

The daily log provides information about the general day-to-day activities of the child/youth.

The Service Provider must provide daily updates indicating the:

- Activities that are completed with the child/youth each day, including notes capturing the day-to-day care of the child/youth, and
- Details of the child/youth's progress, generally, as well as notes/progress towards their goals across the domains (as described further below).

Key Benefits
✓ Assists in local planning for Service Providers
✓ Supports hand-off between Service Providers and transition between shifts (e.g., how was the child/youth this shift?)

Convening the Care Circle

The Care Circle is a group of trusted adults who have knowledge of a child and youth and their strengths and needs.

Convening the Care Circle refers to the act of bringing together the Care Circle with individuals to inform and coordinate planning for the child/youth. The Care Circle must be convened in-person or virtually (if necessary), and in a way that provides maximum safety for the child/youth and other participants to speak their truth, voice concerns and support planning.

The Service Provider:

- Is responsible for convening the Care Circle when delivering:
    - Specialized Long-Term Care (quarterly, or as needed),
    - Respite Care (monthly, or as needed), and
    - Low-Barrier Short Term Stabilization Care (monthly, or as needed)

The Primary Professional will convene the SHSS Care Circle for Emergency Care, due to the short duration of this service and that there is likely limited information available about the child or youth.

- Is responsible for fulfilling the administrative duties associated with Convening the Care Circle
- Must meaningfully include the child's or youth's Care Circle, Cultural Community(ies) and Cultural Indigenous Community(ies), as appropriate, in the development of the SHSS Service Plan
- Is responsible for keeping the Care Circle and Cultural community and Indigenous Community section of the SHSS Service Plan up to date.

Key Benefits
✓ Provides a safe environment for the child/youth and all trusted persons involved to debrief and assess the current plan, strategies, and goal setting to ensure it is meeting the needs of the child/youth for continual growth
✓ Builds and strengthens relationships with Care Circle members through partnership, collaboration, transparency, honesty, and information sharing

Goals and Strategies

Goals and strategies are intended to link the children and youth to the intended outcomes of the services. Goals are driven by the child or youth, in collaboration with the Care Circle and Primary Professional, and are meaningful to the child or youth and aligned with the child's or youth's best interests. (Note: Children and youth may express goals in different ways and with varying levels of support from their Care Circle.)

The Service Provider's performance is measured by whether goals and strategies are assessed and re-evaluated based on how the child/youth is responding to the goals/strategies. The Service Provider's performance is not measured by whether or not a child/youth makes progress toward or achieves their goals.

The SHSS Service Plan consists of four domains:

1) Community Inclusion/Belonging
2) Cultural Attachment and Connectedness
3) Social Emotional and Day-to-Day Wellness
4) Developmental Needs

The Service Provider records **goals** in the SHSS Service Plan for a child or youth for each domain that are created within the context of the SHSS service type:

- *Specialized Long-Term Care*: Identify goals relevant across multiple environments. Goals can be long-term and/or short-term in nature and are intended to meet the child/youth's specialized needs.
- *Respite Care*: Identify and consider goals relevant to the child's/youth's "respite" stay duration and in alignment with their primary care goals.
- *Low-Barrier Short-Term Stabilization Care*: Identify goals to support mitigation of the child/youth's crisis and to support their stabilization and transition back home or to their next placement.

- *Emergency Care*: Identify goals that are oriented towards gathering information about the child/youth and to get to know them better.

The Service Provider records **strategies** in the SHSS Service Plan for a child or youth for each domain that are:

- Measurable and provide actionable steps;
- Developed by the Service Provider and Care Circle to meet the goals of the child or youth; and
- Aligned with the child's or youth's needs and best interest.

Progress towards goals is tracked and used to support service planning and the SHSS Service:

Specialized Long-Term Care:
- To identify whether changes in goals and/or strategies are needed
- When the child/youth is not making progress towards goals, the Service Provider must adapt goals/strategies and continue to monitor the child/youth's progress.

Respite Care:
- To identify whether changes in goals and/or strategies are needed
- When the child/youth is not making progress toward goals, the Service Provider must adapt goal/strategies and continue to monitor the child/youth's progress.

Low-Barrier Short-Term Stabilization Care:
- To help determine whether the child/youth's crisis has been mitigated enough to start planning transition goals
- To identify whether changes in goals and/or strategies are needed. When the child/youth is not making progress toward goals, the Service Provider must adapt goal/strategies and continue to monitor the child/youth's progress.

Emergency Care:
- To help the Care Circle inform the child/youth's right fit placement
- To identify whether changes in goals and/or strategies are needed
- When the child/youth is not making progress toward goals, the Service Provider must adapt goal/strategies and continue to monitor the child/youth's progress.

SHSS Service Providers are responsible for enabling the child's or youth's access to their existing external supports and services, supporting delivering of their plans or interventions, and aligning the SHSS Service Plan with the goals described in existing plans.

When establishing goals and strategies for a child or youth, Service Providers should consider which clinical or non-clinical Service Provider is available and can be used to support achievement of the goals and strategies.

Service Providers, with support of the Care Circle and Primary Professional, are responsible for identifying the need for additional external supports and services needed to enable the child or youth to achieve their goal or strategy.

Goals and strategies are reviewed at regular intervals with key input from the child or youth and their SHSS Care Circle.

Key Benefits
✓ Child/youth and Care Circle is involved in setting goals and creating strategies
✓ Ensures a record of goals and strategies is maintained

Transition-Out Planning

Most planning for a child or youth residing in an SHSS is forward-thinking. From point of placement, SHSS Service Providers and MCFD staff are tracking various levels of transition planning for a child or youth.

Transition planning is a component of the SHSS Service Plan that is used to plan for the child or youth to transition out of the specific SHSS service to return home or to their next living arrangement.

Transition planning is child- or youth-specific and is developed within the context of the SHSS service provided.

Service Providers are responsible for:

- Collaborating with the Primary Professional and SHSS Care Circle in the development of transition planning
- Establishing goals and strategies to support a child's or youth's transition, when appropriate and advised by the Primary Professional and SHSS Care Circle
- Measuring a child's or youth's progress towards transition goals
- Updating and/or establishing new transition goals as previous goals are achieved or are no longer effective
- Developing transition materials to support the receiving caregiver upon transition, considering privacy.

The Service Provider must obtain pre-approval of the Resource Worker prior to any change in a child/youth's living circumstance, including planned discharge, emergency short-term change of placement, permanent or extended relief.

Key Benefits
✓ Ensures youth/child is prepared by helping build the necessary skills, tools, and network of supports and services that facilitate success in this next step
✓ Provides additional supports in the transition
✓ Drives consistency across SHSSs in the support provided to children and youth as they transition out of service

Continuous Improvement Plan

The Continuous Improvement Plan is intended to outline the Service Provider's goals, plan and approach to continuously improve service delivery. The CIP includes the Service Provider's overall vision and mission for the SHSS Program with corresponding performance goals and strategies.

The Service Provider is responsible for completing the CIP template within three months of signing the contract and updating it annually by fiscal year end thereafter.

Service Providers will not be required to update the Identified Areas of Improvement until they are fully onboarded to the funding and staffing structures.

Elements of the CIP

Key Benefits
✓ Service recipients may experience indirect benefit from Service Providers who action, and achieve elements of, their CIP
✓ Ensures there is a formal plan to continuously improve service delivery that is measurable, actionable, and achievable
✓ Intended to empower SHSS staff with information about the types of supports and training their employer has committed to enable

Personnel

High quality staff is a core component of the new SHSS service model. It is important that Service Providers manage the recruitment, selection and assessment of staff in a manner that ensures the selection of the most competent candidates with an appropriate level of training and experience for their position. This will ensure staff that are delivering services to children, youth, and their families are skilled, safe, and are supported and managed effectively.

The staffing models outlined in this section are the minimum required staffing complements for each SHSS service type. Service Providers will have a period of 12-18 months to transition to the new staffing model. Additional Supports are available should more staff be required to provide services.

Details about staff wages and benefits will be covered with the fees and payment model in a separate document.

Role Descriptions & Qualifications

The Service Provider will ensure staff have an appropriate level of training and experience for their position as outlined in the table below. Education and training requirements will vary depending on role but will be consistent across all service types.

Role	Role Description	Qualifications
Residential Child & Youth Worker	A staff member who actively is involved in the child/youth's life, gathering information on their needs while setting goals and developing strategies, completing program planning, monitoring, and measuring progress. This role appropriately establishes/delivers/enables a young person's SHSS service plan.	● A minimum 2-year relevant diploma, or equivalent of education/experience working with children and youth with behavioural, attachment and other needs from a trauma informed lens ● Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (trauma informed practice)
Awake Residential Worker	A staff member who monitors a young person throughout the night and attends to and medical, behavioural, emotional, or other need that may arise. Job requirements are similar to a Residential Child & Youth Worker.	● Same as above
Residence Coordinator	Oversees the day-to-day operations of a residence, ongoing supervision, training and recruitment of staff, and evaluation of program policies and resident goals. This role appropriately establishes/delivers/enables a young person's SHSS service plan.	● Diploma in a related human/social service field. ● 3 years relevant related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience) ● Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (trauma informed practice)
Program Manager	Leads the development of SHSS service and transition plans in collaboration with the young person and their Care Circle. This role provides	● Same as above

Role	Role Description	Qualifications
	supervision to ensure quality services, facilitate trainings and access to supplemental services, while liaising with community, government, families and other professionals to promote community involvement in the program.	
Additional On-Call/Relief Staff	Completes duties as needed and accessed through the Additional Supports.	• As needed
Clinical Counselor (*Low-Barrier Short-Term Stabilization Care only*)	Leads development of young person's SHSS Service and transition plan while providing direction clinical services, comprehensive assessments, and treatment planning, including therapy and mediation for the young person and their family. This role provided direct clinical consultation to management and staff, with an understanding of medications and effects pertaining to psychotropic treatments.	• Master's degree in Social Work, Educational Counselling, Clinical Psychology or Child & Youth Care or comparable graduate degree at the Master's level, or equivalent • 5 years direct clinical supervision experience in social services (working with children, youth, adults and families) • Registered, and in good standing, with appropriate professional colleges or associations (e.g., BC Association of Clinical Counsellors)
Behavioural Therapist (*Low-Barrier Short-Term Stabilization Care only*)	Supports the Clinical Counselor with development of SHSS Service Plan while developing behavioural planning for crisis mitigation and stabilization. Develops and maintains strategies and programs/training for young people and their families to facilitate successful community integration. This role supports the achievement of more effective personal, social, and vocational development, while providing training for SHSS staff to implement individualized plans for young people.	• Master's degree in Counselling, Psychology or a related field • 2 years recent related experience (or an equivalent combination of education, training and experience) • Must be in good standing with professional college, if applicable

Personnel Requirements

The Service Provider will adhere to the following minimum staffing requirements for a 1-3 bed resource.

Specialized Long-Term Care

Resource	Staffing	1 Bed	2 Bed	3 Bed
Residential Child & Youth Worker	Residential Child & Youth Worker	112 hours per week	112 hours per week	224 hours per week
Night Staff	Awake Residential Night Worker	56 hours per week	56 hours per week	56 hours per week
Supervision and Program Management	Residence Coordinator	5 hours per week	10 hours per week	15 hours per week
		On-call 24 hours		
	Program Manager	5 hours per week	10 hours per week	15 hours per week
Additional Supports	e.g., Additional staffing, Clinical consultation services, Clinical Interventions, Cultural Supports	Depends on needs of child/youth residents on site and will be provided based on the young person's SHSS Service Plan, determine and approved through collaboration with the Ministry		

Emergency Care

Resource	Staffing	1 Bed	2 Bed	3 Bed
Residential Child & Youth Worker	Residential Child & Youth Worker (at least 2 per day)	224 hours per week	224 hours per week	224 hours per week
Night Staff	Awake Residential Night Worker	56 hours per week	56 hours per week	112 hours per week
Supervision and Program Management	Residence Coordinator	10 hours per week	15 hours per week	20 hours per week
		On-call 24 hours		
	Program Manager	5 hours per week	10 hours per week	15 hours per week
Additional Supports	e.g., Additional staffing, Clinical consultation services, Clinical Interventions, Cultural Supports	Depends on needs of child/youth residents on site and will be provided based on the young person's SHSS Service Plan, determine and approved through collaboration with the Ministry		

Low-Barrier Short-Term Stabilization Care

Resource	Staffing	1 Bed	2 Bed	3 Bed
Residential Child & Youth Worker	Residential Child & Youth Worker (at least 2 per day)	224 hours per week	224 hours per week	280 hours per week
Night Staff	Awake Residential Night Worker	56 hours per week	56 hours per week	56 hours per week
Supervision and Program Management	Residence Coordinator	30 hours per week	30 hours per week	30 hours per week
		On-call 24 hours		
	Program Manager	15 hours per week	20 hours per week	25 hours per week
Clinical Counselor	Clinical Counselor	15 hours per week	15 hours per week	15 hours per week
Behavioural Therapist	Behavioural Therapist	10 hours per week	10 hours per week	10 hours per week
Additional Supports	e.g., Additional staffing, Clinical consultation services, Clinical Interventions, Cultural Supports	Depends on needs of child/youth residents on site and will be provided based on the young person's SHSS Service Plan, determine and approved through collaboration with the Ministry		

Respite Care

Resource	Staffing	1 Bed	2 Bed	3 Bed
Residential Child & Youth Worker	Residential Child & Youth Worker	224 hours per week	224 hours per week	224 hours per week
Night Staff	Awake Residential Night Worker	56 hours per week	56 hours per week	112 hours per week
Supervision and Program Management	Residence Coordinator	10 hours per week	15 hours per week	20 hours per week
		On-call 24 hours		
	Program Manager	15 hours per week	20 hours per week	25 hours per week
Additional Supports	e.g., Additional staffing, Clinical consultation services, Clinical Interventions, Cultural Supports	Depends on needs of child/youth residents on site and will be provided based on the young person's SHSS Service Plan, determine, and approved through collaboration with the Ministry		

Key Benefits
✓ Children and youth will benefit from staffing requirements and expectations that are designed to consistently achieve the desired outcomes.
✓ Funding is available for additional supports are available for children and youth with a demonstrated need.[3] Service Providers have a role in identifying these additional needs, which may include additional personnel for children and youth.

Additional Supports

Funding for additional supports are provided based on the demonstrated needs of a child or youth in the Service Provider's care. Funds are drawn down according to the Service Provider's budget and available to Service Providers as needed. The contract allocates specific funding for additional supports, which is made available upon approval by the Ministry. More details about funding for additional supports will be provided with the fees and payment model in a separate document.

Additional support can come from "supplemental supports," which include services such as clinical therapies and interventions of a wide variety; cultural connections and activities; and peer supports, which are provided by a range of professionals. Additional support, for both children/youth and their Service Providers, can also include professional advice and guidance accessed through clinical consultation.

Supplemental Supports

Where required to meet the existing, emerging and/or ongoing needs of a child/youth, the Service Provider will facilitate, arrange or provide supplemental supports. For some children/youth, supplemental supports may already be in place through prior care/support planning, in which case the Service Provider will facilitate the ongoing provision of those supplemental supports for the child/youth.

If supplemental supports need to be put in place based on the emerging and ongoing needs of the child/youth and their family, the Service Provider is responsible for, in collaboration with the Primary Professional and the Resource Worker:

- Identifying the needs of children/youth in the care setting on an ongoing basis; and
- Assisting with or arranging the provision of those supplemental supports that are available through a publicly-funded service; or
- If any supplemental supports cannot be accessed through a publicly-funded service, seeking the Director's approval to directly sub-contract for the supplemental support. This approval process is service specific, time-bound, and intended to support an identified specific need of a child/youth.

[3] Further details for about the funding for additional will be provided in subsequent documents.

Key Benefits
✓ Provides Service Providers with the ability to be responsive to the unique needs of individual children and youth
✓ Ensures services are aligned with children's/youth's goals and strategies
✓ Maximizes the use of other publicly-funded supports before accessing privatized care

Clinical Consultation

Clinical consultation is the provision of advice by clinical professionals to Service Provider personnel in an interactive and case-specific manner to enable Service Provider personnel and clinicians to meet the specific needs or plans of a child/youth residing at the care setting and ensure effective approaches to their care (for example, carrying out a therapeutic plan created by a clinician or responding to a change in a child/youth's situation). Examples of the types of needs for which the Service Provider personnel may require clinical consultation include children/youth's experiencing mental health and/or substance use issues, physical health issues, developmental disabilities and dual diagnoses, neurological disorders, complex trauma, and severe behavioural issues.

The Service Provider is responsible for:

- Engaging clinical experts to provide clinical consultations to identify the children/youth's needs and establish effective strategies for care
- Securing access to clinical consultations with appropriate clinical service provider(s) and establishing clear approaches for seeking and receiving consultation
- Ensuring clinical consultation is readily available and accessible for Service Provider personnel, responsive and timely, offered virtually and/or in-person and specific to the clinical need(s) of the child/youth
- Ensuring that clinical professionals providing clinical consultation:
    - Perform their duties in a professional manner consistent with the best practices, standard of care and standards in the clinical area in which they are engaged to advise and in alignment with the Ministry principles and requirements;
    - Support and enhance the work of Service Provider personnel by providing expert clinical advice and support that is reflective of, and meets the needs and preferred approaches of the child/youth (as described in the child/youth's SHSS Service Plan, Care Plan, or other relevant plans and by their Care Circle);
    - Have the experience, skill, training and education necessary to provide expert advice in respect of the specific clinical need(s) of the applicable child/youth;
    - Support the Service Provider personnel with the tools and skills needed to mitigate direct and vicarious trauma experienced from, and associated with, their care for a child/youth; and
    - Adhere to policy.

Key Benefits
✓ Enables Service Providers to meet the specific clinical needs of the children/youth in their care ✓ Enables SHSS staff to adjust those approaches to ensure they are successful, in the face of real-world challenges and changes in care situations ✓ Beneficial for staff who have questions or require support with certain clinical elements of the care they provide ✓ If clinical consultation is not available through public services, a SHSS can request access to supplemental funds to contract/sub-contract this service

Appendix – Intended Outcomes and Indicators

Specialized Long-Term Care

Intended Outcomes and Indicators

Intended Outcomes				
1 Progress towards child's/youth's Goals for community inclusion	2 Placement stability for child/youth	3 Children/youth with significant support needs experience improved transitions to adult care system	4 Children/youth experience safety and improved wellbeing	5 Child's/youth's attachment and emotional ties to family and other supportive relationships is improved
Indicators				
A. Child/youth participates in activities that are meaningful to them and/or improved participation in community / culture in alignment with their Goals B. Progress towards child's/youth's developmental Goals (Cognitive, Behavioural, Physical)	A. No unplanned living disruptions for children/youth in a 12-month period B. Consistent SHSS caregivers (staff turnover of less than 10% that year) C. Children and youth have strong, caring relationships with their SHSS caregiver(s)	A. Children / youth report feeling confident and prepared for their transition (e.g., having meaningful connections)	A. Progress towards identified Goals for social emotional and day-to-day wellbeing B. Child/youth wellbeing and emotional mental health is maintained or increased	A. Self-reported feelings of belonging, positive relationship, and progress toward cultural attachment and connectedness Goals B. Active encouragement and work towards "growing the circle" (e.g., family, home visits, other supportive relationships, and community/cultural engagement)

Emergency Care

Intended Outcomes and Indicators

Intended Outcomes		
1 Child/youth moves to a "right fit" living arrangement or placement	2 Children/youth experience safety and improved wellbeing	3 Child's/youth's attachment and emotional ties to family and other supportive relationships is improved.
Indicators		
A. Decrease placement breakdown or unplanned moves post-emergency placement	A. Improved experience of day-to-day wellbeing for child/youth	A. Family, sibling, community and other meaningful contacts are facilitated and supported during the child's/youth's stay as per their plan (increase to positive relationships) B. Movement from Emergency Care placement to Out of Care (OOC) or return to family

Low Barrier Short-Term Stabilization Care

Intended Outcomes and Indicators

Intended Outcomes				
1 Crisis is mitigated and/or improved stability and wellbeing for child/youth	2 Children/youth experience safety and improved wellbeing	3 Child/youth's attachment and emotional ties to family and other supportive relationships is improved	4 Child/youth is able to move or return to a stable living environment at discharge from Low-Barrier Short-Term Stabilization Care	5 Child/youth and family have supports in place for continued stabilization upon discharge
Indicators				
A. Day-to-day functioning of the child/youth is improved B. Child/youth believes/assesses the crisis is improved	A. Improved experience of day-to-day wellbeing for child/youth	A. Self-assessed quality of relationships with caregiver extended family and community is maintained or increased B. Self-reported feelings of belonging, positive relationships and attachment	A. Child/youth returns home B. Child/youth transition to a stable alternative living arrangement	A. (Re)connection to community supports and services

Respite Care

Intended Outcomes and Indicators

Intended Outcomes		
1 Improved overall family functioning supports ongoing care for the child/youth	2 Children/youth experience safety and improved wellbeing	3 Child's/youth's attachment and emotional ties to family and other supportive relationships is improved.
Indicators		
A. Caregivers report that they have the ability to provide ongoing care for the child/youth (maintaining or improvement) B. Decrease in children/youth coming into care	A. Improved experience of day-to-day wellbeing for child/youth	A. Self-assessed quality of relationships with caregiver extended family, community is maintained or increased B. Self-reported feelings of belonging, positive relationship and attachment