



Specialized Homes and Support Services (SHSS) Specialized Long Term Care (SLTC) - Contract Term Sheet

Parties	The Province as represented by an Administrator of the Child, Family and Community Services Act (the “Director”), and the Service Provider
Contract Structure	<ul style="list-style-type: none"> • 134 Pages • 23 Articles • 12 Schedules <ul style="list-style-type: none"> Schedule “A” Definitions Schedule “B” Services Schedule “C” Outcomes Architecture and Performance Management Schedule “D” Personnel Requirements Schedule “E” Policies and Standards Schedule “F” Fees and Pricing Model Schedule “G” Governance, Stewardship and Relationship Schedule “H” Agreement and Services Amendment Processes Schedule “I” Insurance Schedule “J” Privacy Protection Schedule “K” Transition-In Services Schedule “L” Exit Management
Purpose of Term Sheet	To provide an overview of the SHSS SLTC Contract and associated costs.
Background Information	<p>In 2019, the ministry integrated data across government to pull together a comprehensive picture of the children and youth in contracted bed-based services. This data confirmed that the needs of children and youth in care, and specifically of those living in contracted resources are increasing. In addition, it confirmed that children and youth in contracted resources experience higher rates of mental-health challenges, hospitalization, diagnosed support needs and placement breakdowns than other children and youth in care.</p> <p>In response, the Ministry engaged in service design workshops and worked with stakeholders to design a revised approach to Specialized Homes and Support Services (formerly known as Contracted Residential Services). This includes a future state where contracted resources play a very distinct role in the network of care by providing one or more of the following four key services: Respite Care, Emergency Care, Low-Barrier Short Term Stabilization Care, and Specialized Long-Term Care.</p>
Deal Description	This term sheet is for one of four services / contract types for SHSS. Specialized Long Term Care Services provides a 24-hour staffed and specialized environment for children in care who require intense supervision and support, including those with exceptional needs, where

	<p>all other living arrangements have been unable to provide the required level of support.</p> <p>Schedule B (Services) sets out obligations, terms and conditions related to the following:</p> <ul style="list-style-type: none"> • Service Capacity / #children/youth in the Care Setting receiving the Services • Service Duration • Service Delivery Principles • Placement • Core Service Planning Principles • SHSS Service Plan • Care Plan • My Support Plan • Collaboration with the Director, SHSS Care Circle and Community • Convening the SHSS Care Circle • Support for everyday living • Supplemental Supports • Clinical Consultation • Transition and Discharge • Key Service Requirements • Intended Outcomes and System-Wide Outcomes • Care Setting Key Requirements • Continuous Improvement Plan (CIP)
<p>Outcomes Architecture and Performance Management</p>	<p>The SHSS SLTC Contract includes an Outcomes Architecture for measuring performance from the Service Provider.</p> <p>The Architecture consists of five Intended Outcomes for EC Services. Achievement of these Outcomes is via 10 Indicators. 22 Performance Standards are related to the Indicators. Success in the 22 Performance Standards indicates achievement of the Intended Outcomes.</p> <p>Schedule C includes detail on the targets, methodology, and frequency of measurement for each of the 22 Performance Standards</p> <p>The Outcomes and Indicators are shown in the table below:</p>

	<table border="1"> <thead> <tr> <th colspan="5">Intended Outcomes</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Progress towards child/youth's Goals for community inclusion</td> <td>Placement stability for child/youth</td> <td>Children/youth with significant support needs (inclusive of behavioural, mental health, substance use challenges) experience improved transitions to adult care system</td> <td>Children/youth experience safety and improved wellbeing</td> <td>Child/youth's attachment and emotional ties to family and other supportive relationships is improved</td> </tr> <tr> <th colspan="5">Indicators</th> </tr> <tr> <td>A. Child/youth participates in activities that are meaningful to them and/or improved participation in community/culture in alignment with their <u>Goals</u> B. Progress towards child's/youth's developmental Goals (Cognitive, Behavioural, Physical)</td> <td>A. No unplanned living disruptions for children in a 12-month period B. Consistent SHSS Care Providers, turnover of less than 10% that year) C. Children and youth have strong, caring relationships with their SHSS Care Providers</td> <td>A. Children/youth report feeling confident and prepared for their transition (e.g., having meaningful connections)</td> <td>A. Progress towards identified Goals for social emotional and day-to-day <u>wellbeing</u> B. Child/youth wellbeing and emotional mental health is maintained or increased</td> <td>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)</td> </tr> </tbody> </table>	Intended Outcomes					1	2	3	4	5	Progress towards child/youth's Goals for community inclusion	Placement stability for child/youth	Children/youth with significant support needs (inclusive of behavioural, mental health, substance use challenges) experience improved transitions to adult care system	Children/youth experience safety and improved wellbeing	Child/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 <u>Goals</u> B. Progress towards child's/youth's developmental Goals (Cognitive, Behavioural, Physical)	A. No unplanned living disruptions for children in a 12-month period B. Consistent SHSS Care Providers, turnover of less than 10% that year) C. Children and youth have strong, caring relationships with their SHSS Care Providers	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 <u>wellbeing</u> 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)
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<p>Budget for SLTC Services</p>	<p>Costs are based on a "Contract Maximum" for the Term including all extensions.</p> <p>The "Annual Maximum As Needed Amount" is the maximum amount that may be paid for "Additional Supports" which includes "Supplemental Supports" and Clinical Consultation</p> <p>Administration Fees are 10% of the Annual Maximum and applicable to costs in the Monthly Amount (except for Facility Costs) and As Needed Amounts.</p>																									
<p>Operational Cost Structure</p>	<p>This Agreement is structured around specific categories of costs and expenses in respect of which the Director will reimburse the Service Provider for its delivery of the SLTC Services. These categories include:</p> <ol style="list-style-type: none"> 1. The Monthly Amount: <ul style="list-style-type: none"> • Wages and Benefits • Program Costs • Administration Fee (For Wages & Benefits / Program Costs) • Facility Costs 2. As Needed Amounts <ul style="list-style-type: none"> • Supplemental Supports • Clinical Coordination • Administration Fee 																									

	<p>If the Service Provider is providing services under other SHSS Contracts (e.g. EC and SLTC), Facility Costs will only be paid according to the earliest contract, and not more than once for a single care setting.</p>
<p>Payment Model</p>	<p>The Monthly Amount will be paid to the Service Provider on the 15th of each month.</p> <p>If a bed has been vacant for a period greater than 90 days, some Program Costs (the “Occupancy Based Variable Amounts”) will not be paid</p> <p>As Needed Amounts will be paid within 30 days of the Service Provider invoicing the Director.</p>
<p>Transition-In Services</p>	<p>Within 5 days of the Effective Date, the Service Provider is required to provide its Transition-In plan to the Director.</p> <p>The Transition-In plan should be of a duration of no greater than 90 days from the Effective Date, by which the Transition-In Services should be completed.</p>
<p>Dispute Resolution</p>	<p>The Contract stipulates that disputes will be referred to and resolved in accordance with the MCFD Conflict Resolution Protocol, which is external to the Contract</p> <p>This Protocol includes a three-stage resolution process.</p> <p>Each stage requires both parties to provide a decision-making authority, with stage three being the most senior authority from each party (Deputy Minister for the Province).</p> <p>Disputes that cannot be resolved via this process would then go to mediation / arbitration, with costs to be shared equally between the parties.</p>
<p>Insurance</p>	<p>Service Provider is required to carry insurance of no less than \$2M for each of the following:</p> <ul style="list-style-type: none"> • General Commercial Liability • Professional Liability • Automobile Liability