

Specialized Homes and Support Services (SHSS)

SHSS Service Provider Engagement Frequently Asked Questions (FAQ)

Ministry of Children and Family Development



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1. INTRODUCTION TO SHSS

1.1 What are Specialized Homes and Support Services (SHSS)?

SHSS are contracted services that operate within the Ministry's broader network of care. SHSS services will provide high quality care designed to promote wellness and belonging for a child or youth, and to support their connection to family, community, and culture. SHSS services contribute to family preservation, address the individualized needs of children and youth, and provide homes for children and youth who require specialized care.

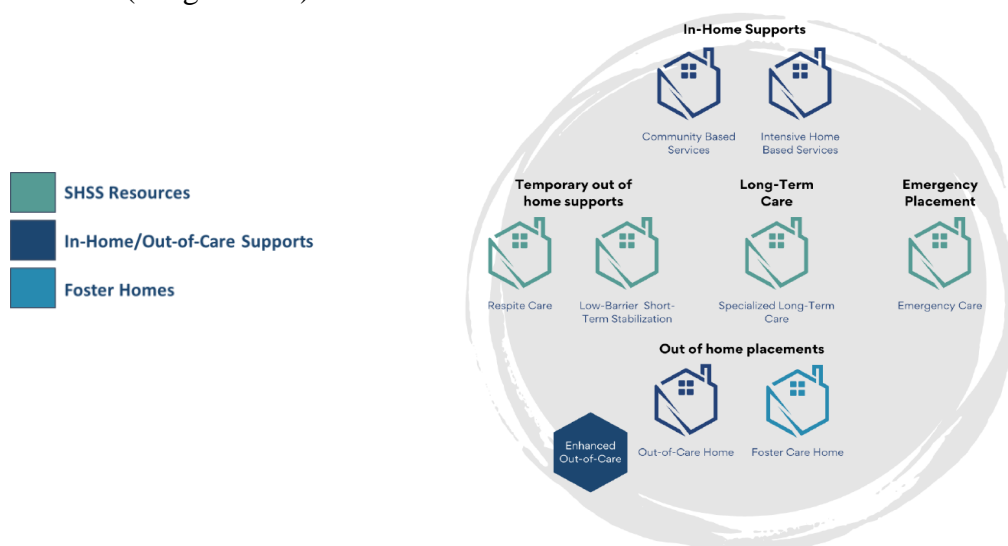
SHSS services are accessible to children/youth based on their specific living situation (whether they are in care, in an out-of-care arrangement, or living at home with their parents) and their needs. These services exist within the broader network of care which includes family preservation and family support services, foster and home-based care, out-of-care supports, and youth transition supports.

To raise your awareness about SHSS, watch these videos:

- [What are Specialized Homes and Support Services?](#)
- [SHSS Key Roles and Responsibilities](#)
- [The 4 types of SHSS Services](#)
- [The SHSS Service Plan and SHSS Care Circle](#)

1.2 What is the Network of Care and how do SHSS resources contribute to the Network of Care?

The Network of Care is designed to provide prevention and early intervention supports to help keep a family together, support healthy development and wellbeing for children and youth, and support children and youth to remain at home and in community. The network of care is closely connected to other supports, such as Children and Youth with Support Needs (CYSN), Child and Youth Mental Health (CYMH), and Youth Justice services, and is intended to help ensure our various systems work together to provide wrap around service to children, youth, and families. Specialized Homes and Support Services (SHSS) is part of the network of care, providing four new SHSS services. The **SHSS resources** are the green services in the middle row within the Network of Care (image below).



1.3 What are the 4 types of Specialized Homes and Support Services?

- **Specialized Long Term Care (SLTC)** - A highly specialized home for a child or youth in care whose extraordinary needs can no longer be met at home or in a family care or out-of-care setting. This home provides specialized 24-hour care to support behavioural, mental health, medical and other exceptional needs.
- **Emergency Care (EC)** - A safe and supportive short-term home for a child or youth who comes into care unexpectedly, and where an out of care or foster care option is not immediately available for placement.
- **Respite Care (RC)** - A short-term overnight care for children and youth whose needs require a staffed setting. It provides families and care providers (*including parents/guardians, out-of-care providers, and foster caregivers*) with a break from day-to-day parenting in order to improve overall family functioning and wellbeing, preserve the stability of the child or youth's home, and prevent their need for full time out of home care or the need for a new placement.
- **Low Barrier Short Term Stabilization Care (LBSTS)** - A specialized service designed to stabilize a child or youth experiencing a functional crisis and/or instability in their living environment (family, out-of-care arrangement, in-care placement). This service is a three to nine month out of home stay and offers crisis mitigation, healing and interventions.

As part of the continued implementation of the Network of Care, the Ministry will also continue to examine services and areas of need that require further support - this will include changes to existing services and development of new services.

1.4 What are the benefits to each of the four services?

Specialized Long Term Care (SLTC)	Emergency Care	Respite Care	Low Barrier Short Term Stabilization Care (LBSTS)
<ul style="list-style-type: none"> • Children and youth will experience consistency in their care environment • Improves outcomes and connection to community support services • Better support for transition to adulthood 	<ul style="list-style-type: none"> • Provides opportunity to develop an appropriate living arrangement or placement • Informs child-centered ongoing care and placement decisions • Supports improving outcomes for vulnerable children, youth and families 	<ul style="list-style-type: none"> • Preserves and enhances existing living arrangements • Provides a temporary break for caregivers/providers • Mitigates the risk of a child or youth coming into care 	<ul style="list-style-type: none"> • Mitigates a child or youth's crisis and promote belonging to culture, family and community • Availability of on-site clinicians to provide assessments, interventions and therapies • Available for children and youth with any legal status

1.5 What are the benefits of SHSS for children, youth and families?

Specialized Homes and Support Services (SHSS) will benefit children, youth, and families by:

- Providing services designed to promote wellbeing and belonging for children and youth where they live, supporting their connections to family, community and culture.
- Providing a network of services that focus on family preservation and early intervention, with supports to help mitigate crisis and stabilize families and caregiving arrangements.

- Respecting and upholding the inherent rights of indigenous people to culture, language, and tradition.
- Providing high quality care, where Service Providers deliver trauma-informed and culturally safe care that effectively meets the needs of children, youth and families.
- Providing individualized, high-quality service planning that supports a child or youth to meet their developmental, cultural, social emotional, physical, and cognitive potential.
- Expanding the province-wide network to provide greater stability and certainty to children and youth and their families.
- Providing service and supports to children and youth based on their needs, regardless of whether they are in-care, supported in an out-of-care arrangement, or living at home with their family.
- Improving monitoring of the safety and wellbeing of children and youth residing in an SHSS with enhanced oversight of services delivered by Service Providers.

1.6 What are the benefits of this new approach for Service Providers?

The new SHSS model and contracts will deliver key benefits to Service Providers:

- New standardized contracts and funding with predictable, capacity-based multi-year funding:
 - Easier to administer with reduced need for frequent amendments
 - More consistency around services and funding
- More transparency, clarity and consistency around accountabilities and responsibilities
- New streamlined process for access to supplemental funds to deliver individualized care
 - Additional Supports can be accessed and delivered in a timely and predictable manner
 - Ensures children and youth receive individualized, quality services aligned with their service goals and needs
 - Provides access to funds for training and clinical consultation for SHSS caregivers.
- Integrated Information Management Information Technology (IMIT) systems:
 - Service Providers will use the new, free, Specialized Services Portal (SSP) to support the delivery of care, collaborative support planning that also provides transparency on payment processing, resource planning and tracking.
 - SSP integrates with ICM which enables staff and Service Providers to efficiently share information and ensure children and youth get the care and supports they need when they need it.
- New performance management processes with joint accountability for Service Providers and staff
 - Supports monitoring the safety, wellbeing and sense of belonging of children and youth residing in an SHSS.
 - Improved collaboration and oversight in delivering services to children, youth and families to achieve desired benefits.
 - Greater consistency in service planning, practice, reporting and accountability.
 - Reporting that is focused and created by the act of providing good care. By completing the SHSS Service Plan, Providers have completed most of the reporting requirements.
- New staffing requirements for Service Providers

- Ensures children and youth are supported by highly skilled SHSS Service Provider Personnel with clear roles and expectations
- Funding for highly-skilled SHSS Care Providers with wages aligned to union rates (CSSEA), generous benefits, and backfill
- A focus on recruitment, retention, and development of Care Providers in the sector.

1.7 How did the Ministry develop this new SHSS model?

The new SHSS model was created following a number of engagements and analysis performed by the Ministry including:

- Reviews of previous recommendations and consultations with 1000+ children, youth, families and Service Providers
- Data analysis to understand who we serve and why
- Contract review and evaluation
- Collaboration, research and service design to develop the new model
- Modelling the system (collaborative analysis of existing, exemplar models in the system and gathering of the voices of children and youth who've experience those services)
- Province-wide engagement via 'Service Expectation' documents on engage.gov.bc.ca
- Engagements with Indigenous Service Providers, Organizations, and Rights holders and Title Holders, including Indigenous Child and Family Service Agencies (ongoing)
- A separate distinction-based Indigenous engagement with Rights and Title Holders to understand how the SHSS model may be used to support their communities (on-going)
- Continued engagement with Early Implementation Areas (EIAs) who adopted the SHSS model
- Provincial collaboration/steering with a Sponsor Group of service providers.
- Targeted consultations with key groups such as youth, service providers, Indigenous Child and Family Services Directors (ICFSD), and the First Nation's Leadership Council (FNLC).
- Collaboration with an external steering committee made up of sector partners, including urban and rural ICFSD/ICFSAs, Métis Nation, and the BC Association of Aboriginal Friendship Centres (BCAAFC).

1.8 How and when is the SHSS transformation being implemented and what is the Call for Response (CFR)?

Service Providers with existing contracts will work with Ministry staff to transition their contracts to new SHSS contract language and expectations. The transition of existing contracts is underway in the Okanagan and North Fraser service delivery areas as the Early Implementation Areas (EIAs). Provincial roll-out will follow.

New Service Providers or Service Providers that would like to provide a new service must apply to the SHSS Call for Response (CFR). This is a non-binding solicitation process that is being used to pre-qualify Service Providers. The intention is to pre-qualify all respondents who can deliver the standard of care required. The Ministry will build and continually add to the Qualified Service Providers List using the CFR which will be open for 10 years and responses will be reviewed by the Ministry on a quarterly basis or as needed. **All new SHSS contracts will be awarded through the CFR.**

The CFR can be found on BC Bid with the following links:

- **Respite Care: BC Bid - [Link](#)**
- **Emergency Care: BC Bid - [Link](#)**
- **Low-Barrier Short-Term Stabilization Care: BC Bid - [Link](#)**
- **Specialized Long-Term Care: BC Bid - [Link](#)**

1.9 How is the Ministry engaging with our Indigenous partners?

The SHSS transformation is focused on MCFD's contracts, and the Ministry is working with Indigenous Rights Holders in a separate, distinctions-based process to understand their vision for serving their communities. The Ministry will continue to work with ICFSAs to meet their needs including targeted consultations with key groups such as youth, service providers, Indigenous Child and Family Services Directors (ICFSD), and the First Nation's Leadership Council (FNLC) and collaboration with an external steering committee made up of sector partners, including urban and rural ICFSD/ICFSAs, Métis Nation, and the BC Association of Aboriginal Friendship Centres (BCAAFC).

1.10 How does this work reflect the needs of Indigenous, Métis and Inuit partners?

The Ministry is committed to working collaboratively, respectfully and in partnership with Indigenous, Métis, and Inuit peoples, communities and agencies, and Indigenous Child and Family Service Agencies (ICFSAs) to improve outcomes for Indigenous, Métis and Inuit children, youth, families and communities in B.C. The ministry is and will continue to work with Indigenous peoples and partners over the coming months and years to support their vision for services. This work includes:

- Contracting with Alderhill Planning, an Indigenous-owned consulting firm, to engage with Indigenous Rights Holders across B.C. A summary, 'What He Heard', report was delivered Fall 2022.
- Ongoing engagement with Indigenous partners, including ICFSAs, to explore how this work supports the creation of services embodying an Indigenous worldview and fostering cultural identity.

The Ministry also continues to work separately with Indigenous partners through a distinctions-based process that does not assume these SHSS Services will fit the needs of their children, youth, families, and communities.

(See below for additional questions and answers about the CFR)

2. EXISTING/LEGACY CONTRACTS

2.1 Do existing Service Providers have to respond to the CFR?

In answer to this question, there are two scenarios:

- Yes, if a Service Provider wishes to **provide a 'net new' SHSS service** (i.e., service not currently delivered under an existing contract). The Service Provider must respond to the CFR to be evaluated for inclusion on the Qualified Service Providers List.

- No, if a Service Provider **has an existing contract and wishes to continue providing only that service**. In this case, the contract will be transitioned to an SHSS Legacy contract and the Service Provider is not required to respond to the CFR. Existing Service Providers will be contacted individually by their local MCFD office about transitioning their current contract(s) to a SHSS Legacy contract and are not required to go through the CFR process to transition their existing contracts. **Existing Service Providers/contract holders will not lose their contracts if they do not apply to the CFR.**

2.2 *If we don't decide to pre-qualify for all SHSS services right now, can we do so at a later time?*

Yes. Service Providers can apply to deliver new services through the CFR process. The CFR will remain open indefinitely, and the Ministry will assess responses quarterly (or as needed).

2.3 *What will happen to contracts that are coming up for renewal prior to the bilateral / one-on-one discussions?*

It is business as usual until your local MCFD Resources office contacts you to begin the transition of your current contract to the new SHSS model. This is done together with the Ministry and Service Provider. Each contract is individualized with the intention of avoiding disruption to children and youth receiving service and to your Agency.

2.4 *Will existing contracts transition to multi-year contracts?*

Yes, existing contracts will transition to SHSS Legacy contracts for an initial 3-year term with an option of extending the contract term up to 10 years.

2.5 *When does the 12 to 18 month transition-in period start for Legacy contract holders?*

The transition-in period starts as soon as the contract is signed.

2.6 *Is the intention that existing contract holders will be under a new cost structure within 18 months? In other words, are we working toward getting to that change in 18 months?*

Yes. Our goal is to get to model fidelity within 18 months. In doing so, we are guided by two key principles:

- 1) ensure quality care for children and youth and avoid any negative impact to them
- 2) learn through this process so that we can refine the model, as needed.

2.7 *What if I have questions about my existing contract?*

If you have questions about your existing contract, talk to your local Resource Team.

3. NET NEW CONTRACTS

3.1 *Where can I find the CFR documents?*

The CFR documents are available on BC Bid. Please always make sure you are looking at the most updated version as amendments are published often.

- **Respite Care: BC Bid [Link](#)**
- **Emergency Care: BC Bid [Link](#)**
- **Low-Barrier Short-Term Stabilization Care: BC Bid [Link](#)**

- **Specialized Long-Term Care: BC Bid [Link](#)**

For information on how to register for BC Bid and how to ask questions about the CFRs, please follow these instructions:

- a. Click on the link [here](#)
- b. On the left menu bar, click on Addenda
- c. Click on the Presentation titled “Respondents Meeting”

3.2 I tried to log into BC Bid to review the CFR documents, but it says I need a BCeID. What does that mean?

Service Providers don't need a BCeID to review the CFR documents. The links to the BC Bid sites for each Service Type CFR are in the response to question 3.1. To submit an application, Service Providers will need a Business BCeID and you can register for one [here](#).

3.3 What happens if I have questions about the CFR?

There are two methods for submitting questions about the CFR. The preferred method is to email the questions to the email contact on the first page of the CFR document (downloaded from the BC Bid site). The second method is to submit questions through the BC Bid site.

3.4 What happens if we are not successful in pre-qualifying through the CFR?

If your response to the CFR is unsuccessful, you can re-submit as the CFR will be open for the next 10 years. Unsuccessful respondents will be provided with feedback in order to strengthen their application and re-submit.

3.5 How long does it take for a response once we have submitted our CFR applications on BC Bid?

Responses are evaluated every quarter or as needed.

3.6 What is the timeline for contract negotiations for Service Providers that have been pre-qualified through the CFR process? Is this ongoing, or is there an expected timeline for the first beds to be onboarded?

Service Providers who have been pre-qualified through the CFR process will be contacted by the Ministry when there is a need for their services. Service Providers can decide at that point (i.e., when they are contacted) if they are interested in providing the service. The selected Service Providers will then begin a transition-in period of up to 90 days. During this period, Service Providers will arrange their operations and prepare their facilities to perform the services.

3.7 Once a Service Provider is qualified for the various service areas, is there flexibility among the contracts to meet the community needs (i.e., an emergency placement bed being used for respite or vice versa) or are the contracts specific to a resource and can only be used for that purpose?

To create stability and consistency, the contracts are specific to each Service and can only be used for that purpose. In other words, you will need a contract for each Service that you provide.

3.8 Will there be a process within MCFD to classify the needs for the youth prior to placing them in the appropriate placement?

As is currently the case, there will be a referral process that will determine the needs of the child/youth requiring placement. This will involve active discussion with Service Providers with the goal of appropriately matching the child or youth's needs to an available and appropriate SHSS service. Ensuring an appropriate, supportive and safe placement remains the statutory responsibility of the Director and MCFD Staff.

4. FEES AND PAYMENT MODEL

4.1 What are the new fees and payment model?

The new SHSS contracts ensure consistent, predictable funding across the province while allowing for individualized support for children and youth. There are a number of key features of the SHSS fees and payment model:

- Service Providers receive **reliable baseline funding that is capacity-based**
- Funding amounts include an allocated set of funds for **individualizing care based on the unique needs of the child or youth**
- Funding for training, education, clinical consultation and employee benefits **contribute to retention and recruitment of high-quality staff**
- Staff wages are aligned to union rates (CSSEA)
- The **Additional Supports** funding process includes an ability to analyse the use of Additional Supports to inform long-term strategic planning.

4.2 Is there capital funding available for new buildings to host these programs?

There is funding for facility costs (e.g. actual amounts for rent/mortgage, utilities, etc.) built into the contract under "facility costs". SHSS homes are focused on providing a nurturing, home-like environment that is integrated into the community and does not include amounts for new construction.

4.3 What will financial reconciliation look like for a bed that has not been filled for more than 90 days?

This will be decided with the Director on a case-by-case basis *and will include an assessment of the reason* that a bed may be vacant for more than 90 days (e.g., looking at matching and the needs of each child in the home). However, **if appropriate**, contracts that are consistently vacant for 90 days can have their variable amounts reduced and may also be examined for potential contract changes to reflect these reductions.

4.4 When are financial statements/reports due?

Financial reports should be submitted for the periods of 6 months and 12 months from the start of the Service Agreement. *The reports referred to in this section will be submitted within 30 days of the end of the period specified.*

Where multi-year agreements commence part way through the Ministry fiscal year, an *initial* 6-month report would be submitted, followed by a *Ministry fiscal year-end* report (i.e., to March 30, xxxx). Once SHSS contracts are gradually aligned to the government fiscal year-end, financial statements will be expected Oct. 30 and Apr. 30, each year.

The SHSS Service Agreement requires an Annual audited Financial Statement be submitted by January 31st on each service agreement. Considering most Service Providers will have multiple agreements, concerns have been raised about the timing and the cost to produce multiple audited statements outside their fiscal year end. Currently, the Financial Reporting and Management Requirements guidelines outlines the criteria which requires an annual audited financial statement for the entire organization, not per agreement.

In response to the Service Providers' concerns, the Ministry is going to continue to align with the current practice of requesting agencies submit one annual audited financial statement. These reports are typically due 6 months after the contractor's fiscal years end.

4.5 What are the monthly financial records?

As per the contract, Schedule F, Article 6.3, the Service Provider will keep, and may be asked by the Director to submit, accurate and complete monthly financial records relating to the Services. Such records will include detailed tracking of the hours worked by Service Provider Personnel and Subcontractors, wages paid to Service Provider Personnel, fees paid to Subcontractors, benefit amounts and all other costs and expenses incurred to provide the Services as described in this Agreement.

5. STAFFING MODEL AND ADDITIONAL SUPPORTS

5.1 What is the core staffing model?

The **core staffing model**:

- Is the minimum expectation for staff at a SHSS resource. If Service Providers have a need/ reason to use a different staffing model, there is flexibility built into the contract to allow for this and the staffing model can be modified with formal approval.
- Sets out the education and experience requirements for each role. The Ministry has set these standards to ensure that children and youth receive care from highly skilled staff. In recognition of new qualifications, Service Providers will be funded to pay their personnel at CSSEA unionized wages.

Additional Supports will be provided to the Service Provider to accommodate additional child- or resource-specific staffing needs. Other sections of the program focus on opportunities for improving staff training, recruitment and retention such as availability of **Clinical Consultation**. (See next question on “Additional Supports”.)

The staffing model, including titles, duties, qualifications and expectations is detailed in Schedule D of the contracts and in Appendix B of the Service Provider Operational Policy for Specialized Homes and Support Services (SHSS). All the terms and wages associated with each position in the staffing model align with associated CSSEA wage grids, with the exception of the program manager role which is not included in CSSEA.

Note: the SHSS Service Provider Operational Policy for Specialized Homes and Support Services (SHSS) and contracts for all four services can be found on the BC Bid website.

- **Respite Care: BC Bid [Link](#)**
- **Emergency Care: BC Bid [Link](#)**
- **Low-Barrier Short-Term Stabilization Care: BC Bid [Link](#)**
- **Specialized Long-Term Care: BC Bid [Link](#)**

The Ministry has developed a [SHSS Service Provider Learning Site](#) and a [SHSS Information for Service Providers](#) site which hosts the SHSS Service Provider Operational Policy, together with other useful resources.

5.2 What are “Additional Supports” as described in the new SHSS Service Plan?

In addition to day-to-day care and supervision, children and youth may require Additional Supports to meet their needs and achieve their goals. Accessing Additional Supports will enable Service Providers to individualize care for each child or youth. Funding for Additional Supports is drawn from the portion of the Service Provider’s existing contracted amount allocated for such expenses (As Needed Amounts). Additional funding outside the contract amount is not required. There is a new streamlined, technology enabled process to access these funds, ensuring effective and timely access to Additional Supports.

Additional Supports include:

- Supplemental supports
 - Services that meet a child or youth’s inherent right to culture, language, and tradition
 - Services such as clinical therapies and interventions, additional staffing, and peer supports
- Clinical Consultation - additional support for Service Providers in meeting the needs of children and youth which may include professional advice and guidance
- One-time-only payments (e.g., repairs/renovations, equipment for the SHSS Care Setting, resources for a child or youth, etc.).

5.3 What if Additional Supports are not processed as quickly as the Ministry hopes?

Providing the individualized supports that children and youth need is vitally important and a core part of the contract and transformation design. The new Specialized Services Portal is designed to provide access to the funds needed to support children and youth in a timely manner. Initial feedback on the system has been positive. Learnings from early implementation will be used to inform potential changes. Service Providers can continue to rely on relationships and support from Ministry staff.

5.4 If a child leaves, what happens to the Additional Supports?

Additional Supports are approved for specific reasons, which may be for an individual child’s needs or for supporting the Place of Service. Service Providers will be supported to ensure they have access to the supports they need to meet the unique needs of each individual child and to deliver on their contractual obligations more generally.

The Ministry has built an important function into the contracts where baseline funding is already approved. Service Providers can request access to Additional Supports according to the unique needs of the child/youth in their care. These Additional Supports flow under the contract and do

not require amendments or negotiation. However, the Additional Supports will be subject to validation for clinical appropriateness.

5.5 How is the annual maximum for Additional Supports increased?

If a Service Provider requires access to Additional Supports in excess of what is currently authorized in the contract, Ministry staff can amend the contract to increase that amount, as and when appropriate. The contract management system is designed to manage these amendments and is integrated with the payment systems and the Portal processes for requesting funds. See the questions in the Specialized Services Portal section of this FAQ document for more information on the contract management system.

5.6 How is the Ministry paying for on-call positions?

The payment of on-call positions is in alignment with existing costing guidance for contracted staffed resources.

5.7 What if we are currently paying our staff higher rates than the rates in the new SHSS staffing model (e.g., because we cannot hire at union rates)?

Service Providers with existing contracts who wish to continue providing the same service will have their contracts transitioned to an SHSS Legacy contract so there should be no immediate impact on operations. The Ministry will use the flexibility associated with the staffing model (on a case-by-case basis and in agreement with the Director) and supplemental supports to help Service Providers hire the high-quality staff they require to meet the needs of the children/youth they are supporting.

5.8 Does the new staffing model represent the standardization of minimum requirements for contracted agencies? Anything additional would be considered supplemental support?

Yes. These are the minimum requirements and the Ministry will work with Service Providers if something else is required. The Ministry will make any necessary additions through Additional Supports. However, as we learn through the process of early implementation, the Ministry will consider changes to the standard model, if required.

5.9 Can the staffing model (8-hour shift model) accommodate a 24-hour shift model? We have a different staffing model. Is there any flexibility in the staffing model?

The staffing model and costing is based on an 8-hour shift model. However, in response to previous Service Provider feedback, the Ministry has increased Service Provider flexibility with respect to minimum staffing. With agreement of the Ministry, Service Providers will be supported to provide their minimum level of staffing in flexible ways, including - for example - using funds that are not spent (e.g., lower paid staff) to support recruitment, development and retention, or making changes to the way shifts are managed while continuing to ensure the minimum staffing described in the contracts.

5.10 What do we do if our current staff don't have the educational requirements and we get audited?

The Ministry understands that there are currently (and will continue to be) significant challenges recruiting qualified staff. To support Service Providers, the Ministry has included significant

supports for recruitment, development and retention, including the ability to be flexible with the use of the staffing funds provided. (See above)

5.11 What if staff need training to provide services under the new model?

The new contracts include significant support for training and development. This includes:

- Specific funding to train staff
- Access to clinical consultation or additional training/development funds through the additional supports funding
- Increased supervision staffing
- Flexibility in the use of staffing funds to be used on recruitment and development if not able to be spend on staffing (with agreement from the Ministry).

6. PERFORMANCE MANAGEMENT PROGRAM

6.1 What is the SHSS Performance Management Program?

The SHSS Performance Management Program is outcomes-based. The Service Provider and the Ministry will work jointly to achieve the Intended Outcomes for the Services, which are evaluated through the Service Provider's achievement of a set of Performance Standards. When completing the SHSS Service Plan for children/youth, Service Providers largely meet the reporting requirements that support this function.

6.2 What is the SHSS Service Plan?

The SHSS Service Plan is the primary tool used by the Service Provider to develop individualized plans for children and youth residing in an SHSS resource. The SHSS Service Plan is a technology-enabled plan that is introduced once a child or youth has been welcomed into an SHSS. The SHSS Service Plan enables Service Providers to plan for and deliver quality care aligned to a holistic vision of the child or youth, while carefully considering a child or youth's specific needs and views:

- The SHSS Service Plan is used to support quality care and promotes individualized and child-centered planning that meets the unique needs of children and youth residing in an SHSS. The same information gathered through the SHSS Service Plan helps monitor the safety, wellbeing, and sense of belonging of children and youth, and enables robust monitoring and oversight of SHSS services.
- The SHSS Service Plan guides collaborative service planning with the SHSS Care Circle. The SHSS Care Circle is important in informing the SHSS Service Plan as it ensures that individuals who are important in the child or youth's life are involved in the planning process.
- For children and youth in-care, the MCFD Care Plan is their overarching and primary plan used to inform various elements of the child or youth's care, including the SHSS Service Plan.
- The SHSS Service Plan is aligned to related goals and services that have been identified in other existing MCFD plans the child or youth may have (e.g., My Support Plan, CYMH Plan, Care Plan, etc.).

- The SHSS Service Plan serves as a key accountability tool to support high quality care for children and youth in SHSS services. This information provides deeper insight into the day-to-day activities and care Service Providers are delivering to children and youth and enables MCFD to perform monitoring and contract management accountabilities.
- The SHSS Service Plan is in alignment with and supported by the Commission on Accreditation of Rehabilitation Facilities (CARF).

6.3 What is the SHSS Care Circle?

The SHSS Care Circle:

- Includes the child or youth and a group of trusted people who have knowledge of the child or youth and their strengths and needs
- Is responsible for supporting key decisions around the child or youth's care while at the SHSS
- Establishes goals and develops a shared understanding of a child or youth's needs to collectively plan, make decisions, and review progress
- Must be convened in a respectful, trauma informed and culturally safe manner that provides maximum safety for the child or youth and participants to speak their truth, voice concerns and support planning.

In most cases, Service Providers are responsible for coordinating, maintaining, and fostering the SHSS Care Circle relationships. The only exception is Emergency Care for which the Primary Professional holds this responsibility. The Primary Professional (e.g., staff with guardianship responsibilities) is responsible for establishing SHSS Care Circle membership and working with the family, nation or community who are in the circle.

Children and youth residing in SHSS may have more than one circle. For example, in addition to the SHSS Care Circle, children and youth in-care have a 'Care Circle', and children or youth accessing CYSN service have a 'Circle of Support'. These circles do not work in silos. Often, membership of these various circles overlaps and the information shared in one circle directly impacts another. The Primary Professional is responsible for leveraging the child or youth's other existing circles to support a coordinated approach to developing plans.

6.4 What are the benefits of the SHSS Performance Management Program?

There are a number of key benefits of the SHSS Performance Management Program:

- Ensure services delivered to children, youth and their families are effective and high-quality
- Support the continued improvement of SHSS Service Providers
- Identify and remediate issues at an SHSS
- A results-based program that focuses on the management and achievement of the Intended Outcomes as outlined in the contracts
- Measures the achievement of the Intended Outcomes through calculations, analysis and management.

7. SPECIALIZED SERVICES PORTAL

7.1 What is the Specialized Services Portal?

The Specialized Services Portal is a new system that is **built on best practices** from existing Service Provider systems. It has the following features:

- Making referrals and placements
- Requesting payments, including access to supplemental funds for individualized care
- Creating and updating a child/youth's SHSS Service Plan; monitoring their progress toward goals; and reporting on the Monthly Check-In which in turn, fulfills many of the Service Provider's contractual reporting obligations
- A dashboard to inform resource planning, tracking, and reporting.
- A system that **facilitates individualized service planning and sharing between professionals**
- A **unique degree of integration and real time, consistent information**
- A system which facilitates progress **towards consistent and reliable processes**
- The ability for Service Providers to provide feedback that can help inform the development of the Specialized Services Portal as we continue to iterate

7.2 Can Service Providers have more say in how the Specialized Service Portal is developed?

Yes. The Portal has been built using an Agile approach, which creates space and opportunity for continuous feedback and improvement. The Ministry has already incorporated feedback from meetings held with Service Providers to learn about their systems and from demonstrations and user testing with Service Providers. For example, based on this feedback, the Ministry has worked to ensure that the system will align with accreditation needs and will not create any additional requirements.

8. CONTRACT MANAGEMENT

8.1 What if Ministry staff do not have the capacity to manage the new SHSS contracts?

This transformation is a change for the Ministry and its staff as well as for Service Providers. Learnings from early implementation will be used to inform potential changes. In addition to internal learning supports, the Ministry has established a Contract Management Transition Team (CMTT) to support monitoring and oversight for SHSS contracts.

8.2 How will you ensure that Service Provider feedback is taken into account?

The Ministry is working on developing a feedback process to ensure that Service Provider feedback, concerns and suggestions are captured. Service Providers can send specific questions to SHSSTransformation@gov.bc.ca and will receive a response within 10 business days. All questions about the Call for Response should be submitted via BC Bid.

9. SERVICE PROVIDER LEARNING NEEDS

9.1 Are there any learning supports available for Service Providers?

MCFD has developed a SHSS Service Provider Learning Site. Service Providers will be provided with access to the site as part of their onboarding. The site includes learning materials such as:

- SHSS Policies; SHSS Service Provider Guidebook
- Job Aids for specific areas of the policy, i.e., SHSS Service Planning
- Monthly Check In – Guidelines for Service Providers
- User Guides for the Specialized Services Portal
- Learning videos around Transition-In tool as well as Budget and Costing tools

10. OTHER QUESTIONS

10.1 If there is not an appropriate service to meet the needs of the child, can the service be accessed from another community across boundaries (MCFD)?

Yes. However, it is the Ministry's intention to keep children/youth, families and communities together, including by placing children and youth within their communities. The services are structured to support the best placement and to meet the unique and individual needs of children and youth.

10.2 As an agency that is not a current provider, where can we view the policies that were referenced?

For SHSS Service requirements and policies, please visit the BC Bid website.

- **Respite Care:** BC Bid [Link](#)
- **Emergency Care:** BC Bid [Link](#)
- **Low-Barrier Short-Term Stabilization Care:** BC Bid [Link](#)
- **Specialized Long-Term Care:** BC Bid [Link](#)

The Ministry has created a public facing website, which includes general information and resources on Specialized Homes and Support Services.