

# **Service Provider Operational Policy for Specialized Homes and Support Services (SHSS)**

## **Appendices**

## Appendix A: Definitions

**Agreement:** means the Services Agreement made between the SHSS Service Provider and the Director, including all Schedules and Appendices, as they may be amended from time to time in accordance with the terms established in the Agreement.

**Care Plan:** a comprehensive plan of care for a particular child/youth created by the Director in accordance with the CFCSA and the applicable regulations, that:

- identifies specific developmental objectives based on periodic assessments of the child or youth's evolving needs and outcomes of previous decisions and actions.
- continues throughout the child or youth's stay in care and is a living, working document that remains relevant as the child or youth matures and as their circumstances change; and
- identifies the overall Goal for the child or youth and includes assessments and actions across several domains including; placement, health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self-care skills.

**Care Setting:** means the physical space (building and suite) where the SHSS services are being delivered. *In previous or current-state policy/standards for contracted bed-based services, Care Setting is referred to as Place of Service.*

**CFCSA:** means the *Child, Family and Community Service Act*, R.S.B.C. 1996 c. 46.

**Child/Youth's Voice:** Means a child/youth's views, ideas, preferences, wishes, likes/dislikes made known by a child/youth residing in a Care Setting, including in relation to decisions that may affect them or activities, services and supports in which they may be involved, generally with the support of active inclusion by their SHSS Care Circle. The Child/Youth's Voice is reference in the context of the child/youth's meaningful inclusion in planning, which includes a developmentally appropriate level of agency, and the capturing of their opinion as well as reflecting their voice in the generation of topics for discussion/planning.

**Children and Youth Mental Health** or "**CYMH**": means the mental health assessment and treatment options for children/youth provided by the Ministry under the Children and Youth Mental Health program.

**Children and Youth with Support Needs** or "**CYSN**": means the services provided by the Ministry under the Children and Youth with Support Needs program;

**Clinical Consultation:** Clinical advice and informational support accessed by SHSS Service Providers as part of their care for a child or youth residing at an SHSS. This advice is interactive and case-specific in that it is about enabling specific SHSS Care Providers to provide effective care to specific children and youth, specific to both the child or youth's needs as well as the SHSS Care Provider's role and needs. Child-specific clinical consultation enables SHSS Care Providers to use effective approaches to provide care for children and youth in alignment with

the child's needs, their plans and goals, and therapeutic interventions developed for them by clinicians.

**Clinical Plan:** written plans developed by duly credentialed clinical service providers intended to support a child/youth's developmental needs (cognitive, behavioural, physical). Clinical plans describe strategies and activities to be carried out with child/youth.

**Clinical Service:** Clinical services include clinical assessments, planning and/or therapeutic interventions provided directly by a clinician. Examples include, physiotherapy, occupational therapy, speech-language therapy, behaviour consultation, substance use services, and mental health services such as counselling. Where appropriate, clinicians will belong to an approved oversight body and adhere to their professional standards and requirements.

**Clinical Service Provider:** a person providing clinical services as defined above.

**Cultural Continuity:** Cultural Continuity is understood in the context of the concepts outlined in Section 9(2) of *An Act respecting First Nations, Inuit and Métis children, youth and families* (the *Federal Act*).

**Child & Youth In Care (CYIC) Rights:** *CFCSA*, s.70 rights for children and youth in-care.

**Culturally Safe:** is a transformation of relationships where the needs and voice of children, youth and their families take a predominate role. It is a theory and practice that considers power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to social policy and practice. Cultural safety involves actively exploring and challenging complex power relationships including the way that bias, stereotyping, discrimination, and racism impacts how services are delivered and received.

**CYSN Worker:** *CYSN will be providing a definition.*

**Director:** A person designated by the Minister under section 91 of the [Child, Family and Community Service Act](#) to provide and establish services for families under the purposes of the Act. This includes any person delegated to fulfill the powers, duties, or functions of a Director pursuant to s. 92 of the *Child, Family and Community Service Act*. *B.*

**Director of Operations:** In the context of SHSS, the Resource Director of Operations supervises a specialized or multi-disciplinary team of MCFD Resources Staff, manages the daily delivery of SHSS resources, and ensures safe and effective service for children/youth residing in an SHSS.

**Early Implementation Areas (EIAs):** a select grouping of Service Delivery Areas that were transitioned from the legacy model for delivering bed-based resources to children and youth to new SHSSs in a controlled and methodical process focused on least amount of disruption and impact to children and youth in care.

**Effective Date:** the date written at the beginning of the SHSS Service Provider's Agreement.

**Gender-Affirming Care:** can be understood as the processes through which care providers, staff, services, and organizations care for and support gender diverse individuals while recognizing and acknowledging their gender identity and expression.

**Goals:** are meaningful to the child or aligned with the child's/youth's best interests, driven by the child/youth, in collaboration with the SHSS Care Circle and Primary Professional (children and

youth may express Goals in different ways and with varying level of support from their SHSS Care Circle).

**Goal Domains:** means the four categories in which Goals are created within the SHSS Service Plan, being: (a) Community Inclusion / Belonging; (b) Developmental (Cognitive, Behavioural, Physical); (c) Social, Emotional and Day-to-Day Wellness; and (d) Cultural Attachment and Connectedness;

**Guardian:** the legal guardian of the child or children as defined in the [Child, Family and Community Service Act](#).

**Guardianship worker:** means a delegate of the Director, with primary responsibility for ensuring the safety and well-being of children and youth in care. They are responsible for ensuring the legislated rights of children and youth in care and the inherent rights of Indigenous children and youth in care are respected and actively promoted. They support children and youth in care with their transition into and out of care, and facilitate permanency and belonging through connections to their family, extended family, culture and communities throughout their time in care. For children/youth in care, Guardianship Workers are responsible for developing and implementing a Care Plan (separate to the SHSS Service Plan) that supports development across a variety of domains in collaboration with children/youth and their circle/care team and ensures a child/youth's Indigenous community(s) is involved in the planning. They work collaboratively with SHSS Service Providers and Resource Workers as a child/youth in care's Primary Professional to meet their needs throughout their time in care. The scope of guardianship authority, duties and responsibilities is determined by the type of court order or agreement in place.

**Harm-reduction:** a service approach intended to mitigate the health and social harms associated with substance use, without necessarily requiring children/youth to stop or abstain from using substances while residing in an SHSS.

**In Care:** means when a child/youth comes under the definition of "child in care" as defined in the CFCSA.

**Indigenous:** refers to the First Nations, Inuit, and Métis peoples of Canada. The term Indigenous does not identify the uniqueness and diverse cultures of First Nations, Inuit, and Métis peoples and is often viewed as a "pan-Indigenous" approach. In this policy, "Indigenous" is intended to be inclusive of status and non-status First Nations both on- and off-reserve and Métis and Inuit peoples. It is recognized that Indigenous peoples have the right to define and identify themselves as they choose, and these terms are subject to ongoing consultation.

**Indigenous Child & Family Services Agencies:** Through delegation agreements, the Provincial Director of Child Welfare (the Director) gives authority to Indigenous Child and Family Service (ICFS) Agencies, also known as Delegated Aboriginal Agencies, and their employees, to undertake administration of all or parts of the [Child, Family and Community Service Act](#). The amount of responsibility undertaken by each agency is the result of negotiations between the ministry and the Indigenous community served by the agency, and the level of delegation provided by the Director.

**Integrated Case Management System or "ICM":** is the primary mission critical application utilized by the Province's social sector ministries for delivering income assistance and child protection and welfare services throughout the province of British Columbia.

**Intended Outcomes:** The outcomes that the Director strongly desires to achieve through the Services performed by the SHSS Service Provider and as outlined in Schedule C of the Agreement.

**Interim Period:** is a term specific only to a limited number of contracts during the transitional period prior to the IM/IT resources being available. These 'Interim Contracts' are special Agreements that use a specific contract template and are neither Direct Award Legacy Contracts nor SHSS Service Providers with Net-New SHSS Contracts from the Call for Response (CFR). The Interim Period is effective on the date set out in the SHSS Service Provider's Transition-In Completion Services Certification and is ended when the Director provides written notice to the SHSS Service Provider specifying the last day of the Interim Period (which is no less than 10 Business Days from the date of such notice). Upon the completion of the Interim Period, the SHSS Service Provider will perform the Specialized Long-Term Care Services in full compliance with the Agreement and the modifications will cease to have effect. In these 'Interim Contracts', some services and processes (e.g., SHSS Service Plan) are modified to accommodate this Interim Period, as described in Schedule K of the Agreement (*Transition-In Services*) and in the Service Provider Operational Policy for Specialized Homes and Support Services Version 1.2. For added clarity, the Interim Period is not relevant to SHSS Service Providers that are either Direct Award Legacy Contractors or SHSS Service Providers with Net-New SHSS Contracts from the CFR.

**Interventions:** are child and youth-focused services delivered through a team approach that are directed and guided by a Goal-based plan for the child or youth.

**'Legacy Contract Holder' or 'Direct Award Legacy Contractor':** are Service Providers who were providing contracted, bed-based services to the Province under a separate Agreement and entered into the new SHSS Agreement through Direct Award. Legacy Contract Holders will arrange its operations and facilities to transition its business practices and procedures to comply with the new requirements for SHSS.

**Low-Barrier:** The elimination, minimization, or mitigation of barriers and requirements for those seeking entry into, and ongoing access to, services. Low-barrier is not "no-barrier;" the aim is to address barriers – such as structural barriers, individual challenges, social barriers, etc. – that impact how certain populations of children, youth, and their families' access and experience services, including care-resistant populations, children/youth with a range of behavioural and/or support needs, and families experiencing crisis.

**MCFD or the Ministry:** means the Province's Ministry of Children and Family Development (as it maybe renamed from time to time).

**My Support Plan:** The My Support Plan is created for children, youth and families who are engaging in services at Family Connections Centres, or are eligible for CYSN Disability Services. The My Support Plan is distinct from, but aligned with, the SHSS Service Plan and Care Plan. If the child/youth has an existing My Support Plan, the SHSS Service Provider agrees to support implementation of this plan as appropriate.

**Non-clinical service:** include all other services that a child receives. This includes, cultural services, life skills and educational services, social emotional services and supports provided by non-clinical professionals, day-to-day care, recreation services etc. At times, it is likely that a non-clinical service provider will be asked to support the day-to-day needs of a clinical plan, but

they are not clinicians. For example, a day-day SHSS Care Provider may be asked to support a child's physiotherapy Goals with daily supported exercise;

**Not-in-Care:** means when a child/youth is neither In Care nor Out-of-Care.

**Out-of-Care:** means when a child/youth is the subject of any of the following orders or agreements under the CFCSA:

- a) An extended family program agreement ("EFP Agreement");
- b) An interim custody order to a person other than a parent;
- c) A temporary custody order to a person other than a parent;
- d) A permanent transfer of custody to a person other than a parent (following an EFP Agreement or a temporary custody order); or
- e) A permanent transfer of custody to a person other than a parent (following a continuing custody order);

**Performance Management Program:** means a comprehensive results-based program described in Schedule C of the Agreement (*Outcomes Architecture and Performance Management*), focused on the achievement of the Intended Outcomes.

**Performance Standards:** The targeted level of quality and/or performance that the SHSS Service Provider has agreed to in respect to the Services, and in alignment with the Intended Outcomes.

**Policies and Standards:** means the policies, procedures, guidelines, guides, core values, objectives, processes and standards in effect at any time and from time to time, that are applicable to the Services, as they may be amended, renamed, and restated from time to time, and which are referred to the Agreement or in respect of which the Director has given the SHSS Service Provider notice in writing, including but not limited to those identified in Schedule E (*Policies and Standards*) of the Agreement.

**Portal** and the **Specialized Services Portal:** mean the primary mission critical application(s) utilized by the Province's social sector ministries for delivering child protection and welfare services throughout the Province of British Columbia, as they may be replaced from time to time.

A **Primary Professional:** is a delegated social worker who is most responsible for active management and support planning for a child or youth residing in a Care Setting and their family. In some cases, such as children and youth In-Care, the Primary Professional is likely their Guardianship worker. In other cases, such as children and youth Not-in-Care and who are eligible for CYSN Disability Services, the Primary Professional is their CYSN worker. The Primary Professional is never the child or youth's parent.

**Province:** means the His Majesty the King, In Right of the Province of British Columbia.

**Province IT Infrastructure:** means the information technology and information management systems, including the Specialized Services Portal, or parts thereof, which are owned and

operated by the Director, or by third parties on behalf of the Director, and which may include shared resources which are used by the Director to support and deliver other services.

**RCY:** means the Representative for Children and Youth appointed under the RCYA.

**RCYA:** means the Representative for Children and Youth Act [SBC 2006] Chapter 29 (British Columbia).

**Relationship Management Process:** means the communications channels and processes described in Schedule G (*Governance, Stewardship, and Relationship*) of the Agreement.

**Resource Team:** In the context of SHSS, the Resource Team is a dedicated team of Resource Workers and Administration staff that ensures the daily delivery of SHSS resources, and ensures safe and effective service for children/youth residing in SHSS homes.

**Resources Team Leader or 'Team Lead':** In the context of SHSS, the Resources Team Leader supervises a team of MCFD Resource Workers to ensure the daily delivery of SHSS resources, and ensures safe and effective service for children/youth residing in SHSS homes.

**Resource Workers:** are delegates of the Director, with primary responsibility for developing and maintaining the SHSS Program on behalf of the Director, including monitoring services provided by the Service Provider at the Care Setting, and overseeing adherence to Policy and Standards. Resource Worker works collaboratively with the Primary Professional to ensure the child or youth and their family receive care that is effective, high quality, and aligned with their needs.

**Restraint:** The intentional restriction of a child or youth's movement or behaviour by use of physical, chemical and/or mechanical means:

- **Physical restraint** is the use of physical force upon a child necessary to ensure the immediate safety of the child or others, appropriate to the child's level of development and condition.
- **Chemical restraint** means the use of medication to control a child's violent or out of control behaviour to de-escalate crisis situations. (Chemical restraint differs from the use of on-going medication which is prescribed based upon a professional diagnosis to address/treat a child's existing medical condition or behaviour and is included in the child's care plan.)
- **Mechanical restraint** is use of mechanical devices to control a child's violent or out of control behaviour to de-escalate crisis situations rather than developing a planned strategy to address the behaviour.

**Safe rooms:** Rooms that involve the use of a locked door or attendants confining the child/youth for periods of time. As per [Children and Youth in Care Policies-Chapter 5 \(MCFD policy\)](#), the use of safe rooms, confinement and seclusion of children or youth, including behavioural management strategies, is not permitted.

**Safety:** means children, youth and families being connected to community and culture, and experience spiritual, cultural, physical, emotional and mental safety; and the Child/Youth's Voice is central to decision making and is meaningfully reflected In-Care/support planning.

**Seclusion:** The containment of a child/youth within any space from which they are not able to exit without the permission of another or within which their movements may be restricted. This includes safe rooms or confinement.

**Service Delivery Principles:** The service delivery principles set out, as set forth in Schedule C (*Service Delivery Principles*) of the contract.

**Service Provider Personnel:** means the Service Provider's employees, including for greater certainty, SHSS Care Providers.

**Service Types:** refers to the four services under the SHSS Program: Specialized Long-Term Care, Emergency Care, Low-Barrier Short-Term Stabilization and Respite Care;

**SHSS Care Circle:** means a group of trusted people who have knowledge of a child and youth and their strengths and needs. The SHSS Care Circle (as outlined in *Convening the Care Circle policy*) is different (although membership may be similar) than the care circle as defined in [Children and Youth in Care Policies-Chapter 5 \(MCFD policy\)](#) that the SHSS Service Provider would also be involved in when developing MCFD Care Plans for children and youth in-care.

**SHSS Care Provider:** means those of the Service Provider Personnel that are providing direct care to the children/youth receiving the Services

**SHSS Program:** means, collectively, the MCFD program named the Specialized Homes and Support Services program, which includes the services provided under each of the Service Types, as it may be renamed and restructured from time to time

**SHSS Service Plan:** The plan that guides the day-to-day care delivered to a child or youth residing in an SHSS. The SHSS Service Plan follows the same format for each of the SHSS service types but are drafted within the context of the service type provided for the child or youth.

**SHSS Service Provider:** Contracted, bed-based service providers delivering SHSS on behalf of the Province.

**SHSS Service Providers with Net-New SHSS Contracts:** are service providers (both new service providers joining the Ministry's network of care and existing Service Providers expanding their services) who are providing SHSS service under a net-new SHSS Contract (Agreement).

**Strategies:** are measurable and provide actionable steps developed by the Service Provider and the SHSS Care Circle to meet the Goals of the child/youth. They are aligned with the child's/youth's needs and interests and evaluated and updated with the SHSS Care Circle in accordance with SHSS Service Plan policy.

**Subcontractor:** means any contractor retained by the Service Provider, and any person employed or retained by any such contractor, to provide any of the Services or perform any obligations on behalf of the Service Provider pursuant to this Agreement, including, for greater certainty, independent contractors.

**Supplemental Supports:** include services such as clinical therapies and interventions of a wide variety, cultural connections and activities, and peer supports, and are provided by a range of professionals.



**Transition-In Period:**

- **SHSS Service Providers with Net-New SHSS Contracts:** The Transition-In Period is a period of days [must be 90 days or less] or such shorter or longer period agreed by the parties, starting on the Effective Date, where the Service Provider must complete all Transition-In Services (see Schedule K of the Agreement for more information).
- **Legacy contract holders:** The Transition-In Period is a period of time [18 months from the Effective Date] where existing service providers bring their practices and procedures relating to the SHSS service into full compliance with the Agreement. All Transition-In Services must be complete within the Transition-In Period (see Schedule K of the Agreement for more information).

**Transition-In Plan:** sets out the SHSS Service Provider's approach to performing the Transition-In Services, including the tasks and activities it will perform and the dates by which those tasks and activities will be completed. The SHSS Service Provider develops and submits a Transition-In Plan for approval by the Director (see Schedule K of the Agreement for more information).

**Transition-In Services:** During the Transition-In Period, the Service Provider will perform the necessary actions, tasks, activities to ensure readiness to provide the SHSS services. Transition-In Services are described in Schedule K of the Agreement.

**Trauma-informed:** The integration of an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work. Trauma-informed services take into account an understanding of the prevalence and effects of trauma in all aspects of service delivery, and place priority on the individual's sense of safety, choice, empowerment and connection. In interactions with children and families, trauma-informed practice is about the way of being in the relationship, more than a specific treatment strategy or method.

## Appendix B – SHSS Service Provider Personnel Model

### 1. Respite Care

- a. Table 1 sets out the minimum requirements that must be always in place at a Care Setting in accordance with the Authorized Capacity set out in **Schedule B (Services)**. If additional Service Provider Personnel or Subcontractors are required to meet the needs of children/youth, the Service Provider will request access to Supplemental Supports, in accordance with the Policies and Standards, **Schedule B (Services)** and **Schedule F (Fees and Payment Model)**, to increase staffing.

**Table 1**

Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	224 hours per week	224 hours per week	224 hours per week
<b>Night Staff</b>	Awake Residential Night Worker	56 hours per week	56 hours per week	112 hours per week
<b>Supervision and Program Management</b>	Residence Coordinator	20 hours per week	30 hours per week	40 hours per week
	On-call – 24 hours			
	Program Manager	20 hours per week	30 hours per week	40 hours per week
<b>Supplemental Supports</b> – additional support to meet the needs of the child/youth.  These supports will be provided based on the child's/youth's SHSS Service Plan and determined/approved through collaboration with the Director.	Examples of Supplemental Supports include: <ul style="list-style-type: none"><li>• Additional staffing</li><li>• Clinical Consultation services</li><li>• Clinical interventions</li><li>• Cultural supports</li></ul>	Depends on needs of child/youth		

Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	224 hours per week	224 hours per week	224 hours per week
Efforts will be made to leverage existing community services and supports (e.g. MCFD provided and contracted Child and Youth Mental Health and Child and Youth Support Needs Services) for the purposes of: <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Clinical Consultation</li> <li>• Intervention and therapies division</li> <li>• Clinical care planning</li> </ul>				

- b. The Care Setting must include SHSS Care Providers who meet the expectations and qualifications outlined in Table 2, which may vary depending on the specific needs of children and youth and location of the Care Setting.

**Table 2**

Residential Child & Youth Workers	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Ensures safety and well-being of children and youth at the Care Setting.</li> <li>• Actively works to get to know children and youth better and to gather information about their needs; and providing updated information on an ongoing basis to the program manager.</li> <li>• Participates in children's and youth's assessments, Goal/Strategy setting, and program planning (where appropriate), and supports documenting, monitoring, and measuring progress.</li> <li>• Appropriately delivers or enables strategies established in children's and youth's SHSS Service Plan.</li> <li>• Teaches and strengthens children's and youth's</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• A minimum 2-year relevant diploma, or equivalent of education/experience working with children and youth with behavioural and other needs.</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>

<p>skills in a socially and culturally appropriate manner through the use of daily routines and activities.</p> <ul style="list-style-type: none"> <li>• Provides Trauma-informed care (through behavior management, attachment-based, relational or other appropriate evidence informed modalities) to children and youth on a one-to-one and/or group basis by performing duties such as providing feedback on behaviour, teaching coping techniques and adaptive behaviour, and providing guidance and support.</li> <li>• Provides care to children and youth with mild to exceptional support needs in a staffed-resource setting, including children and youth with behavioural challenges.</li> <li>• Provides emotional support and crisis intervention to children and youth, which may include non-violent physical interventions.</li> <li>• Supports children's and youth's community inclusion (e.g. home, school, activities, family, the community).</li> <li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene, preparing meals, and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li> <li>• Maintains reports and other documentation such as logbooks, charts, daily activities on residents.</li> <li>• Carries out household duties such as meal preparation and household cleaning.</li> <li>• Accompanies children and youth to appointments and community outings.</li> </ul>	
<b>Awake Residential Night Worker</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Monitors children and youth through the night and attends to any medical, behavioural, emotional or other needs that arise at night.</li> <li>• Follows through on direction regarding specific children and youth left by the day staff.</li> <li>• Appropriately delivers or enables Strategies established in children's and youth's SHSS Service</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 2-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment, and other needs from a Trauma-informed lens.</li> <li>• Specific training in behavior</li> </ul>

<p>Plan.</p> <ul style="list-style-type: none"> <li>• Supports children and youth with their morning and evening routines at the beginning and end of the shift.</li> <li>• Prepares and assists children and youth in breakfast preparation.</li> <li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li> <li>• Ensures that children and youth follow house rules. Monitors curfew regulations and reports to appropriate authorities as required.</li> <li>• Ensures that logbooks and other documentation are maintained such as logbooks, charts, daily activities on residents, statistics, incident reports etc.</li> <li>• Performs light housekeeping duties such as vacuuming, dusting, emptying garbage, cleaning and laundry. Performs minor building maintenance such as changing lightbulbs. Reports maintenance needs to the supervisor.</li> <li>• Secures the Care Setting by arming alarms and locking doors and windows.</li> <li>• Notifies Service Provider or other Service Provider Personnel and Subcontractors of any major problems or emergencies. Responds to emergencies in accordance with established policies and procedures.</li> </ul>	<p>modification, children under 12 years of age with support needs, relationship-based interventions (Trauma-informed practice).</p>
<p><b>Residence Coordinator</b></p>	

<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Oversees the day-to-day operations of a Care Setting, provides ongoing supervision of Service Provider Personnel and Subcontractors, and evaluates program policies.</li> <li>• Develops, implements and evaluates Care Setting goals, objectives, policies and procedures and ensures the required standards are maintained. Identifies both physical and program needs of the Care Setting to appropriate authority(ies). Plans with Service Personnel and Subcontractors for changes.</li> <li>• Schedules, supervises and evaluates Service Provider Personnel and Subcontractors and monitors daily operations. Assists in recruiting and selecting of Service Provider Personnel and Subcontractors and provides guidance, training and orientation on policies, procedures, techniques, report preparation or other matters arising in the Care Setting. Identifies the needs of Service Provider Personnel and Subcontractors for professional development.</li> <li>• Assists senior management in preparing the annual operating budget and monitors, authorizes and allocates expenditures within the budget. Prepares and maintains related documentation.</li> <li>• Ensures the cleanliness, safety, security and maintenance of the Care Setting in accordance with applicable licensing standards either directly or through delegation to Service Provider Personnel and Subcontractors.</li> <li>• Maintains the Care Setting's inventory of supplies.</li> <li>• Works as a Residential Child &amp; Youth Worker or an Awake Residential Night Worker performing the duties as required; appropriately delivering or enables strategies established in children's and youth's SHSS Service Plan.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field.</li> <li>• 3 years relevant related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
<p><b>Program Manager</b></p>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Leads development of the SHSS Service Plan in collaboration with the child or youth and their SHSS Care Circle.</li> <li>• Provides supervision that supports consistent quality Service, including supporting Service</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field,</li> <li>• 3 years recent related experience, including 1 year supervisory or administrative</li> </ul>

<p>Provider Personnel and Subcontractors with implementation of Strategies established in children and youth's SHSS Service Plan.</p> <ul style="list-style-type: none"> <li>• Leads development of the child's and youth's transition plan (per the SHSS Service Plan), drawing on other experts where necessary and in collaboration with guardianship workers (if applicable).</li> <li>• Coordinates the child's and youth's care team to ensure integrated and holistic assessment and planning.</li> <li>• Provides leadership, guidance and participates with Service Provider Personnel and Subcontractors, families and others in planning and providing client plans, case conferencing, case management and the preparation of related documents and reports.</li> <li>• Facilitates training for Service Provider Personnel and Subcontractors.</li> <li>• Facilitates access to supplemental services to support children, youth, their families, and Service Provider Personnel and Subcontractors.</li> <li>• Liaises with the community, government, families, officials, and professionals and promotes community involvement in the program.</li> </ul>	<p>experience (or an equivalent combination of education, training and experience).</p> <ul style="list-style-type: none"> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
<p><b>Additional on-call staff and relief staff as needed to support desired population</b></p>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• As needed, accessed through the Supplemental Supports approval process outlined in the Policies and Standards.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• As needed</li> </ul>

## 2. Low-Barrier Short Term Stabilization Care

- a. Table 1 sets out the minimum requirements that must be always in place at a Care Setting in accordance with the Authorized Number of Children/Youth. If additional Service Provider Personnel or Subcontractors are required to meet the needs of children / youth, the Service Provider will request access to Supplemental Supports, in accordance with the Policies and Standards, **Schedule B (Services)** and **Schedule F (Fees and Payment Model)**, to increase staffing.

**Table 1**

Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	224 hours per week	224 hours per week	280 hours per week
<b>Night Staff</b>	Awake Residential Night Worker	56 hours per week	56 hours per week	56 hours per week
<b>Supervision and Program Management</b>	Residence Coordinator	30 hours per week	30 hours per week	40 hours per week
	On-call – 24 hours			
	Program Manager	30 hours per week	30 hours per week	40 hours per week
<b>Clinical Staff</b>	Clinical Counselor	15 hours per week	20 hours per week	25 hours per week
	On-call – 24 hours			
	Behavioural Therapist	10 hours per week	15 hours per week	20 hours per week



Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	224 hours per week	224 hours per week	280 hours per week
<p><b>Supplemental Supports</b> – additional support to meet the needs of the child/youth.</p> <p>These supports will be provided based on the child's/youth's SHSS Service Plan and determined/approved through collaboration with the Director.</p> <p>Efforts will be made to leverage existing community services and supports (e.g. MCFD provided and contracted Child and Youth Mental Health and Child and Youth Support Needs Services) for the purposes of:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Clinical Consultation</li> <li>• Intervention and therapies division</li> <li>• Clinical care planning</li> </ul>	<p>Examples of Supplemental Supports include:</p> <ul style="list-style-type: none"> <li>• Additional staffing</li> <li>• Clinical Consultation services</li> <li>• Clinical interventions</li> <li>• Cultural supports</li> </ul>	Depends on needs of child/youth		

- b. The Care Setting must include SHSS Care Providers who meet the expectations and qualifications outlined in Table 2, which may vary depending on the specific needs of children and youth and location of the Care Setting.

**Table 2**

Residential Child & Youth Workers	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Ensures safety and well-being of children and youth at the Care Setting.</li> <li>• Actively works to get to know children and youth better and to gather information about their needs; and providing updated information on an ongoing basis to</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• A minimum 2-year relevant diploma, or equivalent of education/experience working with children and youth with behavioural and other needs.</li> </ul>

<p>the program manager.</p> <ul style="list-style-type: none"> <li>• Participates in children's and youth's assessments, Goal/Strategy setting, and program planning (where appropriate), and supports documenting, monitoring, and measuring progress.</li> <li>• Appropriately delivers or enables strategies established in children's and youth's SHSS Service Plan.</li> <li>• Teaches and strengthens children's and youth's skills in a socially and culturally appropriate manner through the use of daily routines and activities.</li> <li>• Provides Trauma-informed care (through behavior management, attachment-based, relational or other appropriate evidence informed modalities) to children and youth on a one-to-one and/or group basis by performing duties such as providing feedback on behaviour, teaching coping techniques and adaptive behaviour, and providing guidance and support.</li> <li>• Provides care to children and youth with mild to exceptional support needs in a staffed-resource setting, including children and youth with behavioural challenges.</li> <li>• Provides emotional support and crisis intervention to children and youth, which may include non-violent physical interventions.</li> <li>• Supports children's and youth's community inclusion (e.g. home, school, activities, family, the community).</li> <li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene, preparing meals, and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li> <li>• Maintains reports and other documentation such as logbooks, charts, daily activities on residents.</li> <li>• Carries out household duties such as meal preparation and household cleaning.</li> <li>• Accompanies children and youth to appointments and community outings.</li> </ul>	<ul style="list-style-type: none"> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
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<b>Awake Residential Night Worker</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Monitors children and youth through the night and attends to any medical, behavioural, emotional or other needs that arise at night.</li> <li>• Follows through on direction regarding specific children and youth left by the day staff.</li> <li>• Appropriately delivers or enables Strategies established in children's and youth's SHSS Service Plan.</li> <li>• Supports children and youth with their morning and evening routines at the beginning and end of the shift.</li> <li>• Prepares and assists children and youth in breakfast preparation.</li> <li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li> <li>• Ensures that children and youth follow house rules. Monitors curfew regulations and reports to appropriate authorities as required.</li> <li>• Ensures that logbooks and other documentation are maintained such as logbooks, charts, daily activities on residents, statistics, incident reports etc.</li> <li>• Performs light housekeeping duties such as vacuuming, dusting, emptying garbage, cleaning and laundry. Performs minor building maintenance such as changing lightbulbs. Reports maintenance needs to the supervisor.</li> <li>• Secures the Care Setting by arming alarms and locking doors and windows.</li> <li>• Notifies Service Provider or other Service Provider Personnel and Subcontractors of any major problems or emergencies. Responds to emergencies in accordance with established policies and procedures.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 2-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment, and other needs from a Trauma-informed lens.</li> <li>• Specific training in behavior modification, children under 12 years of age with support needs, relationship-based interventions (Trauma-informed practice).</li> </ul>

<b>Residence Coordinator</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Oversees the day-to-day operations of a Care Setting, provides ongoing supervision of Service Provider Personnel and Subcontractors, and evaluates program policies.</li> <li>• Develops, implements and evaluates Care Setting goals, objectives, policies and procedures and ensures the required standards are maintained. Identifies both physical and program needs of the Care Setting to appropriate authority(ies). Plans with Service Provider Personnel and Subcontractors for changes.</li> <li>• Schedules, supervises and evaluates Service Provider Personnel and Subcontractors and monitors daily operations. Assists in recruiting and selecting of Service Provider Personnel and Subcontractors and provides guidance, training and orientation on policies, procedures, techniques, report preparation or other matters arising in the Care Setting. Identifies the needs of Service Provider Personnel and Subcontractors for professional development.</li> <li>• Assists senior management in preparing the annual operating budget and monitors, authorizes and allocates expenditures within the budget. Prepares and maintains related documentation.</li> <li>• Ensures the cleanliness, safety, security and maintenance of the Care Setting in accordance with applicable licensing standards either directly or through delegation to Service Provider Personnel and Subcontractors.</li> <li>• Maintains the Care Setting's inventory of supplies.</li> <li>• Works as a Residential Child &amp; Youth Worker or an Awake Residential Night Worker performing the duties as required; appropriately delivering or enables strategies established in children's and youth's SHSS Service Plan.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field.</li> <li>• 3 years relevant related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>

<b>Program Manager</b>	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Co-leads development of the SHSS Service Plan in collaboration with the child or youth and their SHSS Care Circle.</li> <li>• Provides supervision that supports consistent quality Service, including supporting Service Provider Personnel and Subcontractors with implementation of Strategies established in children and youth's SHSS Service Plan.</li> <li>• Leads development of the child's and youth's transition plan (per the SHSS Service Plan), drawing on other experts where necessary and in collaboration with guardianship workers (if applicable).</li> <li>• Coordinates the child's and youth's care team to ensure integrated and holistic assessment and planning.</li> <li>• Provides leadership, guidance and participates with Service Provider Personnel and Subcontractors, families and others in planning and providing client plans, case conferencing, case management and the preparation of related documents and reports.</li> <li>• Facilitates training for Service Provider Personnel and Subcontractors.</li> <li>• Facilitates access to supplemental services to support children, youth, their families, and Service Provider Personnel and Subcontractors.</li> <li>• Liaises with the community, government, families, officials, and professionals and promotes community involvement in the program.</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field.</li> <li>• 3 years recent related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
<b>Clinical Counselor</b>	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Co-leads development of the SHSS Service Plan in collaboration with the child or youth and their SHSS Care Circle.</li> <li>• Leads development of the plans for each</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• Master's degree in Social Work, Educational Counselling, Clinical Psychology or Child and Youth Care or comparable graduate degree at the Master's</li> </ul>

<p>child's/youth's stabilization and transition out of the LBSTSC Services, drawing on other experts where necessary and in collaboration with the Primary Professional, Resource Worker, community professionals and para professionals, the child/youth's parents/Guardians, caregivers, Out-of-Care providers and/or other service providers in the SHSS Program (as necessary).</p> <ul style="list-style-type: none"> <li>• Collaborates with child/youth/family's primary community supports and service providers to support transition planning.</li> <li>• Provides direct clinical services, such as intake, assessment, treatment, and crisis intervention; consultation/liaison with community agencies, schools, hospitals, and other Ministry programs.</li> <li>• Provides comprehensive assessment and treatment planning and conducts individual, group and family therapy.</li> <li>• Maintains basic knowledge of psychotropic medications as prescribed by a physician, maintaining an awareness of the effects of such medications.</li> <li>• Provides mediation and family support to children/youth and their parents/Guardians, caregivers, Out-of-Care providers and/or other service providers in the SHSS Program. Parent training – i.e. EFFT.</li> <li>• Provides direct clinical consultation and guidance to Service Provider Personnel.</li> <li>• Maintains required clinical/client/administrative records.</li> <li>• Delivers training for Service Provider Personnel.</li> </ul>	<p>level, or equivalent.</p> <ul style="list-style-type: none"> <li>• 5 years direct clinical supervision experience in social services (working with children, youth, adults, and families).</li> <li>• Registered, and in good standing, with appropriate professional college(s) or association(s) (e.g., BC Association of Clinical Counselors).</li> </ul>
<b>Behavioural Therapist</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Supports the Clinical Counselor with development of the SHSS Service Plan, in collaboration with the child or youth and their SHSS Care Circle.</li> <li>• Supports the Clinical Counselor with development of the plans for each child's/youth's stabilization and transition out of the LBSTSC Services.</li> <li>• Provides functional behavioural assessment, needs identification, goal/strategy development, and provides consultation/liaison with community agencies, schools, hospitals, and other Ministry</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Master's degree in Counselling, Psychology or a related field.</li> <li>• 2 years recent related experience (or an equivalent combination of education, training and experience).</li> <li>• Must be in good standing with professional college, if eligible.</li> </ul>

<p>programs.</p> <ul style="list-style-type: none"> <li>• Develops behavioural planning for crisis mitigation and stabilization.</li> <li>• Develops and maintains behavioural intervention strategies and programs for children/youth and families and provides training to parents/Guardians, caregivers, Out-of-Care providers and/or other service providers in the SHSS Program to facilitate successfully living in the community (in collaboration and alignment with the primary community supports to the parents/Guardians, caregivers, Out-of-Care providers and/or other service providers in the SHSS Program).</li> <li>• Supports individuals and groups to achieve more effective personal, social and vocational development.</li> <li>• Provides training to Service Provider Personnel, parents/Guardians, caregivers, Out-of-Care providers and/or other service providers in the SHSS Program, and others to implement individualized plans for children and youth.</li> <li>• Keeps current on literature and research in the field; and provides up-to-date best practice information.</li> <li>• Maintains related records and prepares reports.</li> </ul>	
<b>Additional on-call staff and relief staff as needed to support desired population</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• As needed, accessed through the Supplemental Supports approval process outlined in the Policies and Standards.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• As needed</li> </ul>

### 3. Emergency Care

- a. Table 1 sets out the minimum requirements that must be always in place at a Care Setting in accordance with the Authorized Number of Children/Youth. If additional Service Provider Personnel or Subcontractors are required to meet the needs of children/youth, the Service Provider will request access to Supplemental Supports, in accordance with the Policies and Standards, **Schedule B (Services)** and **Schedule F (Fees and Payment Model)**, to increase staffing.

Table 1

Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	224 hours per week	224 hours per week	224 hours per week
<b>Night Staff</b>	Awake Residential Night Worker	56 hours per week	56 hours per week	112 hours per week
<b>Supervision and Program Management</b>	Residence Coordinator	20 hours per week	30 hours per week	40 hours per week
	On-call – 24 hours			
	Program Manager	20 hours per week	30 hours per week	40 hours per week
<p><b>Supplemental Supports</b> – additional support to meet the needs of the child/youth.</p> <p>These supports will be provided based on the child's/youth's SHSS Service Plan and determined/approved through collaboration with the Director.</p> <p>Efforts will be made to leverage existing community services and supports (e.g. MCFD provided and contracted Child and Youth Mental Health and Child and Youth Support Needs Services) for the purposes of:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Clinical Consultation</li> <li>• Intervention and therapies division</li> </ul>	<p>Examples of Supplemental Supports include:</p> <ul style="list-style-type: none"> <li>• Additional staffing</li> <li>• Clinical Consultation services</li> <li>• Clinical interventions</li> <li>• Cultural supports</li> </ul>	Depends on needs of child/youth		



Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	224 hours per week	224 hours per week	224 hours per week
• Clinical care planning				

- b. The Care Setting must include SHSS Care Providers who meet the expectations and qualifications outlined in Table 2, which may vary depending on the specific needs of children and youth and location of the Care Setting.

**Table 2**

Residential Child & Youth Workers	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>Ensures safety and well-being of children and youth at the Care Setting.</li> <li>Actively works to get to know children and youth better and to gather information about their needs; and providing updated information on an ongoing basis to the program manager.</li> <li>Participates in children's and youth's assessments, Goal/Strategy setting, and program planning (where appropriate), and supports documenting, monitoring, and measuring progress.</li> <li>Appropriately delivers or enables strategies established in children's and youth's SHSS Service Plan.</li> <li>Teaches and strengthens children's and youth's skills in a socially and culturally appropriate manner through the use of daily routines and activities.</li> <li>Provides Trauma-informed care (through behavior management, attachment-based, relational or other appropriate evidence informed modalities) to children and youth on a one-to-one and/or group basis by performing duties such as providing feedback on behaviour, teaching coping techniques and adaptive behaviour, and providing guidance and support.</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>A minimum 2-year relevant diploma, or equivalent of education/experience working with children and youth with behavioural and other needs.</li> <li>Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>

<ul style="list-style-type: none"> <li>• Provides care to children and youth with mild to exceptional support needs in a staffed-resource setting, including children and youth with behavioural challenges.</li> <li>• Provides emotional support and crisis intervention to children and youth, which may include non-violent physical interventions.</li> <li>• Supports children's and youth's community inclusion (e.g. home, school, activities, family, the community).</li> <li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene, preparing meals, and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li> <li>• Maintains reports and other documentation such as logbooks, charts, daily activities on residents.</li> <li>• Carries out household duties such as meal preparation and household cleaning.</li> <li>• Accompanies children and youth to appointments and community outings.</li> </ul>	
<b>Awake Residential Night Worker</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Monitors children and youth through the night and attends to any medical, behavioural, emotional or other needs that arise at night.</li> <li>• Follows through on direction regarding specific children and youth left by the day staff</li> <li>• Appropriately delivers or enables Strategies established in children's and youth's SHSS Service Plan.</li> <li>• Supports children and youth with their morning and evening routines at the beginning and end of the shift.</li> <li>• Prepares and assists children and youth in breakfast preparation.</li> <li>• Ensures that children's and youth's physical needs</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 2-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment, and other needs from a Trauma-informed lens.</li> <li>• Specific training in behavior modification, children under 12 years of age with support needs, relationship-based interventions (Trauma-informed practice).</li> </ul>

<p>are met by performing duties such as assisting with basic physical hygiene and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</p> <ul style="list-style-type: none"><li>• Ensures that children and youth follow house rules. Monitors curfew regulations and reports to appropriate authorities as required.</li><li>• Ensures that logbooks and other documentation are maintained such as logbooks, charts, daily activities on residents, statistics, incident reports etc.</li><li>• Performs light housekeeping duties such as vacuuming, dusting, emptying garbage, cleaning and laundry. Performs minor building maintenance such as changing lightbulbs. Reports maintenance needs to the supervisor.</li><li>• Secures the Care Setting by arming alarms and locking doors and windows.</li><li>• Notifies Service Provider or other Service Provider Personnel and Subcontractors of any major problems or emergencies. Responds to emergencies in accordance with established policies and procedures.</li></ul>	
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<b>Residence Coordinator</b>	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Oversees the day-to-day operations of a Care Setting, provides ongoing supervision of Service Provider Personnel and Subcontractors, and evaluates program policies.</li> <li>• Develops, implements and evaluates Care Setting goals, objectives, policies and procedures and ensures the required standards are maintained. Identifies both physical and program needs of the Care Setting to appropriate authority(ies). Plans with Service Personnel and Subcontractors for changes.</li> <li>• Schedules, supervises and evaluates Service Provider Personnel and Subcontractors and monitors daily operations. Assists in recruiting and selecting of Service Provider Personnel and Subcontractors and provides guidance, training and orientation on policies, procedures, techniques, report preparation or other matters arising in the Care Setting. Identifies the needs of Service Provider Personnel and Subcontractors for professional development.</li> <li>• Assists senior management in preparing the annual operating budget and monitors, authorizes and allocates expenditures within the budget. Prepares and maintains related documentation.</li> <li>• Ensures the cleanliness, safety, security and maintenance of the Care Setting in accordance with applicable licensing standards either directly or through delegation to Service Provider Personnel and Subcontractors.</li> <li>• Maintains the Care Setting's inventory of supplies</li> <li>• Works as a Residential Child &amp; Youth Worker or an Awake Residential Night Worker performing the duties as required; appropriately delivering or enables strategies established in children's and youth's SHSS Service Plan.</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field.</li> <li>• 3 years relevant related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
<b>Program Manager</b>	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Leads development of the SHSS Service Plan in collaboration with the child or youth and their SHSS</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field,</li> </ul>

<p>Care Circle.</p> <ul style="list-style-type: none"> <li>• Provides supervision that supports consistent quality Service, including supporting Service Provider Personnel and Subcontractors with implementation of Strategies established in children and youth's SHSS Service Plan.</li> <li>• Leads development of the child's and youth's transition plan (per the SHSS Service Plan), drawing on other experts where necessary and in collaboration with guardianship workers (if applicable).</li> <li>• Coordinates the child's and youth's care team to ensure integrated and holistic assessment and planning.</li> <li>• Provides leadership, guidance and participates with Service Provider Personnel and Subcontractors, families and others in planning and providing client plans, case conferencing, case management and the preparation of related documents and reports.</li> <li>• Facilitates training for Service Provider Personnel and Subcontractors.</li> <li>• Facilitates access to supplemental services to support children, youth, their families, and Service Provider Personnel and Subcontractors.</li> <li>• Liaises with the community, government, families, officials, and professionals and promotes community involvement in the program.</li> </ul>	<ul style="list-style-type: none"> <li>• 3 years recent related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
<p><b>Additional on-call staff and relief staff as needed to support desired population</b></p>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• As needed, accessed through the Supplemental Supports approval process outlined in the Policies and Standards.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• As needed</li> </ul>

#### 4. Long Term Specialized Care

- a. Table 1 sets out the minimum requirements that must be always in place at a Care Setting in accordance with the Authorized Number of Children/Youth. If additional Service Provider Personnel or Subcontractors are required to meet the needs of children/youth,

the Service Provider will request access to Supplemental Supports, in accordance with the Policies and Standards, **Schedule B (Services)** and **Schedule F (Fees and Payment Model)**, to increase staffing.

**Table 1**

<b>Resource</b>	<b>Staffing</b>	<b>1 Bed</b>	<b>2 Bed</b>	<b>3 Bed</b>
<b>Day Staff</b>	Residential Child & Youth Worker	112 hours per week	112 hours per week	224 hours per week
<b>Night Staff</b>	Awake Residential Night Worker	56 hours per week	56 hours per week	56 hours per week
<b>Supervision and Program Management</b>	Residence Coordinator	20 hours per week	30 hours per week	40 hours per week
		On-call – 24 hours		
	Program Manager	20 hours per week	30 hours per week	40 hours per week
<p><b>Supplemental Supports</b> – additional support to meet the needs of the child/youth.</p> <p>These supports will be provided based on the child's/youth's SHSS Service Plan and determined/approved through collaboration with the Director.</p> <p>Efforts will be made to leverage existing community services and supports (e.g. MCFD provided and contracted Child and Youth Mental Health and Child and Youth Support Needs Services) for the purposes of:</p> <ul style="list-style-type: none"> <li>• Assessment</li> </ul>	<p>Examples of Supplemental Supports include:</p> <ul style="list-style-type: none"> <li>• Additional staffing</li> <li>• Clinical Consultation services</li> <li>• Clinical interventions</li> <li>• Cultural supports</li> </ul>	Depends on needs of child/youth		

Resource	Staffing	1 Bed	2 Bed	3 Bed
<b>Day Staff</b>	Residential Child & Youth Worker	112 hours per week	112 hours per week	224 hours per week
<ul style="list-style-type: none"> <li>• Clinical Consultation</li> <li>• Intervention and therapies division</li> <li>• Clinical care planning</li> </ul>				

- b. The Care Setting must include SHSS Care Providers who meet the expectations and qualifications outlined in Table 2, which may vary depending on the specific needs of children and youth and location of the Care Setting.

**Table 2**

Residential Child & Youth Workers	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Ensures safety and well-being of children and youth at the Care Setting.</li> <li>• Actively works to get to know children and youth better and to gather information about their needs; and providing updated information on an ongoing basis to the program manager.</li> <li>• Participates in children's and youth's assessments, Goal/Strategy setting, and program planning (where appropriate), and supports documenting, monitoring, and measuring progress.</li> <li>• Appropriately delivers or enables strategies established in children's and youth's SHSS Service Plan.</li> <li>• Teaches and strengthens children's and youth's skills in a socially and culturally appropriate manner through the use of daily routines and activities.</li> <li>• Provides Trauma-informed care (through behavior management, attachment-based, relational or other</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• A minimum 2-year relevant diploma, or equivalent of education/experience working with children and youth with behavioural and other needs.</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>

<p>appropriate evidence informed modalities) to children and youth on a one-to-one and/or group basis by performing duties such as providing feedback on behaviour, teaching coping techniques and adaptive behaviour, and providing guidance and support.</p> <ul style="list-style-type: none"> <li>• Provides care to children and youth with mild to exceptional support needs in a staffed-resource setting, including children and youth with behavioural challenges.</li> <li>• Provides emotional support and crisis intervention to children and youth, which may include non-violent physical interventions.</li> <li>• Supports children's and youth's community inclusion (e.g., home, school, activities, family, the community).</li> <li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene, preparing meals, and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li> <li>• Maintains reports and other documentation such as logbooks, charts, daily activities on residents.</li> <li>• Carries out household duties such as meal preparation and household cleaning.</li> <li>• Accompanies children and youth to appointments and community outings.</li> </ul>	
<b>Awake Residential Night Worker</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Monitors children and youth through the night and attends to any medical, behavioural, emotional or other needs that arise at night.</li> <li>• Follows through on direction regarding specific children and youth left by the day staff.</li> <li>• Appropriately delivers or enables Strategies established in children's and youth's SHSS Service Plan.</li> <li>• Supports children and youth with their morning and evening routines at the beginning and end of the shift.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 2-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment, and other needs from a Trauma-informed lens.</li> <li>• Specific training in behavior modification, children under 12 years of age with support needs, relationship-based interventions (Trauma-informed practice).</li> </ul>



<ul style="list-style-type: none"><li>• Prepares and assists children and youth in breakfast preparation.</li><li>• Ensures that children's and youth's physical needs are met by performing duties such as assisting with basic physical hygiene and administering medications as required in accordance with established policy, guidelines, procedures and instructions.</li><li>• Ensures that children and youth follow house rules. Monitors curfew regulations and reports to appropriate authorities as required.</li><li>• Ensures that logbooks and other documentation are maintained such as logbooks, charts, daily activities on residents, statistics, incident reports etc.</li><li>• Performs light housekeeping duties such as vacuuming, dusting, emptying garbage, cleaning and laundry. Performs minor building maintenance such as changing lightbulbs. Reports maintenance needs to the supervisor.</li><li>• Secures the Care Setting by arming alarms and locking doors and windows.</li><li>• Notifies Service Provider or other Service Provider Personnel and Subcontractors of any major problems or emergencies. Responds to emergencies in accordance with established policies and procedures.</li></ul>	
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<b>Residence Coordinator</b>	
<p><b>Expectations/Potential Duties:</b></p> <ul style="list-style-type: none"> <li>• Oversees the day-to-day operations of a Care Setting, provides ongoing supervision of Service Provider Personnel and Subcontractors, and evaluates program policies.</li> <li>• Develops, implements and evaluates Care Setting goals, objectives, policies and procedures and ensures the required standards are maintained. Identifies both physical and program needs of the Care Setting to appropriate authority(ies). Plans with Service Provider Personnel and Subcontractors for changes.</li> <li>• Schedules, supervises and evaluates Service Provider Personnel and Subcontractors and monitors daily operations. Assists in recruiting and selecting of Service Provider Personnel and Subcontractors and provides guidance, training and orientation on policies, procedures, techniques, report preparation or other matters arising in the Care Setting. Identifies the needs of Service Provider Personnel and Subcontractors for professional development.</li> <li>• Assists senior management in preparing the annual operating budget and monitors, authorizes and allocates expenditures within the budget. Prepares and maintains related documentation.</li> <li>• Ensures the cleanliness, safety, security and maintenance of the Care Setting in accordance with applicable licensing standards either directly or through delegation to Service Provider Personnel and Subcontractors.</li> <li>• Maintains the Care Setting's inventory of supplies.</li> <li>• Works as a Residential Child &amp; Youth Worker, or an Awake Residential Night Worker, performing the duties as required; appropriately delivering or enables strategies established in children's and youth's SHSS Service Plan.</li> </ul>	<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field.</li> <li>• 3 years relevant related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>

<b>Program Manager</b>	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• Leads development of the SHSS Service Plan in collaboration with the child or youth and their SHSS Care Circle.</li> <li>• Provides supervision that supports consistent quality Service, including supporting Service Provider Personnel and Subcontractors with implementation of Strategies established in children and youth's SHSS Service Plan.</li> <li>• Leads development of the child's and youth's transition plan (per the SHSS Service Plan), drawing on other experts where necessary and in collaboration with guardianship workers (if applicable).</li> <li>• Coordinates the child's and youth's care team to ensure integrated and holistic assessment and planning.</li> <li>• Provides leadership, guidance and participates with Service Provider Personnel and Subcontractors, families and others in planning and providing client plans, case conferencing, case management and the preparation of related documents and reports.</li> <li>• Facilitates training for Service Provider Personnel and Subcontractors.</li> <li>• Facilitates access to supplemental services to support children, youth, their families, and Service Provider Personnel and Subcontractors.</li> <li>• Liaises with the community, government, families, officials, and professionals and promotes community involvement in the program.</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• Diploma in a related human/social service field,</li> <li>• 3 years recent related experience, including 1 year supervisory or administrative experience (or an equivalent combination of education, training and experience).</li> <li>• Specific training in behavioural modification, children under 12 years of age with support needs, attachment-based parenting, and relationship-based interventions (Trauma-informed practice).</li> </ul>
<b>Additional on-call staff and relief staff as needed to support desired population</b>	
<b>Expectations/Potential Duties:</b> <ul style="list-style-type: none"> <li>• As needed, accessed through the Supplemental Supports approval process outlined in the Policies and Standards.</li> </ul>	<b>Qualifications:</b> <ul style="list-style-type: none"> <li>• As needed</li> </ul>

Appendix C - SHSS Costing Model (All Service Types)

Note:

- The Operational Cost Structure will be monitored and continually assessed by the Ministry (e.g., annually). The Ministry will continue to monitor actual costs experienced by SHSS Service Providers in their delivery of these services, with the intention of updating the policy to support sustainable and effective care.
- The Ministry will update the Operational Cost Structure to align to any required increases as appropriate/applicable (e.g., increases to negotiated wage rates CSSEA Collective Agreement).

Operational Cost Structure

		Specialized Long-Term Care			Emergency Care			Low-Barrier Short-Term Stabilization Care			Respite Care		
		Monthly Amount (CAD) <sup>1</sup>			Monthly Amount (CAD) <sup>1</sup>			Monthly Amount (CAD) <sup>1</sup>			Monthly Amount (CAD) <sup>1</sup>		
		1 BED	2 BED	3 BED	1 BED	2 BED	3 BED	1 BED	2 BED	3 BED	1 BED	2 BED	3 BED
Wages and Benefits		40,564	44,680	70,948	62,481	66,582	80,085	75,530	78,813	97,232	62,481	66,582	80,085
Program Costs		2,616	3,867	5,533	2,781	3,932	5,183	3,281	4,582	6,103	2,781	3,932	5,133
Subtotal		43,180	48,547	76,481	65,262	70,514	85,268	78,811	83,395	103,335	65,262	70,514	85,218
Administration Fees	10.00%	5,764	6,409	9,311	7,494	8,063	9,604	7,968	8,470.00	10,507	7,516	8,128	9,750
Facility Costs <sup>2</sup>		-	-	-	-	-	-	-	-	-	-	-	-
Total per month		48,944	54,956	85,792	72,756	78,577	94,872	86,779	91,865	113,842	72,778	78,642	94,968
per month & per bed		48,944	27,478	28,597	72,756	39,289	31,624	86,779	45,933	37,947	72,778	39,321	31,656
per annum		587,328	659,472	1,029,504	873,072	942,924	1,138,464	1,041,348	1,102,380	1,366,104	873,336	943,704	1,139,616
per annum & per bed		587,328	329,736	343,168	873,072	471,462	379,488	1,041,348	551,190	455,368	873,336	471,852	379,872

Footnote

1. One month is 4.34 weeks or 30 days
2. Facility Costs (Rent/Mortgage amount paid as actual; fixed amounts for other facility-related items (e.g., utilities, insurance, office costs, etc.)

## Appendix D: Standards for Clinical Records

The table below provides examples to SHSS Service Providers to support the provision of quality clinical records. All staff working for SHSS and subcontracted clinicians working at any SHSS safeguard the integrity (accuracy and completion), confidentiality and accessibility of all clinical records consistent with ministry and any applicable third-party records management policies and procedures.

Standards for Clinical Records	
Standard	Definition
<b><i>Clinical records are prepared in an accurate and clear way based on facts and relevant information.</i></b>	<ul style="list-style-type: none"> <li>• Accurate records communicate key facts to others and assist with reflection, analysis and consideration of evidence.</li> <li>• Language is neutral, clear and concise and only includes information that is relevant to understand the child, youth or family.</li> <li>• Clinical records are clear on whose opinion is being expressed and the criteria for that opinion through recorded concrete observations.</li> <li>• Children, youth and families can understand their involvement if reviewing clinical records</li> </ul>
<b><i>Clinical records contain all relevant documents and are complete.</i></b>	<ul style="list-style-type: none"> <li>• Complete records include all relevant information pertaining to the child, youth or family that may be useful to any other involved professional.</li> <li>• They include all relevant documents listed above and are consistently closed when the child, youth or family leaves the care of the SHSS.</li> <li>• All clinical records should be completed to ensure any ministry or professional/college oversight can be conducted in a timely manner.</li> </ul>
<b><i>Clinical records are accessible when requested.</i></b>	<ul style="list-style-type: none"> <li>• Clinical records must be accessible when requested by a service recipient, authorized representative or MCFD.</li> <li>• Clinical records are kept up-to-date, legible, and written in plain language.</li> <li>• Are managed and maintained in an electronic system</li> </ul>

<p><b><i>Clinical records are confidential and used for the purpose they were intended for.</i></b></p>	<ul style="list-style-type: none"> <li>• Clinical records are confidential and subject to Article 14 in the SHSS Service Provider contract.</li> <li>• Personal information given in confidence will be used for the purpose it was originally collected and not released to others without informed consent or as required by law.</li> </ul>
<p><b><i>Clinical records accountable to the service recipient and the ministry.</i></b></p>	<ul style="list-style-type: none"> <li>• Clinical records must be accountable to the child, youth or family or other professionals who may want to draw on the information.</li> <li>• Clinical records must support practice and demonstrate the work done with service recipients.</li> <li>• Clinical records hold SHSS Clinical staff and other professional accountable to their contributions to plans.</li> <li>• Capturing service recipients views and wishes helps service recipients be and feel heard.</li> </ul>

## **Appendix E: Information Security Policy**

### **1. Personnel Security**

This section identifies security responsibilities and management processes throughout the employment lifecycle.

The organization must ensure:

- a) Prior to employment, reasonable employee security screening is conducted;
- b) During employment, employees are informed about information security policies and procedures, information security roles and responsibilities;
- c) At termination of employment, employees are reminded of their ongoing confidentiality responsibilities in accordance to the organization's Standards of Conduct;
- d) Potential or actual information security breaches are investigated and reported, and invoke incident management processes where necessary; and,
- e) Contractor responsibilities for information security are identified in contractual agreements.

### **2. Management of Information Systems and Devices**

This section defines requirements for secure management of information systems and devices.

The organization must:

- a) Maintain an inventory of information systems and devices, including portable storage devices and mobile devices;
- b) Validate measures taken to protect information systems and devices. This includes maintaining, documenting, verifying and valuing asset inventories on a regular basis;
- c) Document the return of devices in the possession of employees upon termination of their employment;
- d) Remove information from devices that are no longer needed by the organization; and,
- e) Securely dispose of devices in a manner appropriate for the sensitivity of the information the device contained.

### **3. Mobile Device Security**

This section defines requirements for the secure use of mobile devices.

The organization must:

- a) Ensure controls are implemented to mitigate security risks associated with the use of mobile devices; and,
- b) Lock and/or secure unattended mobile devices to prevent unauthorized use or theft.

**Additional Resources:** [Mobile Device Security Standard](#), [Mobile Device Guidelines](#).

#### **4. Access to Information Systems and Devices**

This section identifies security roles, responsibilities and management processes relating to access and authorization controls for information systems and devices.

The organization must define, document, implement, communicate and maintain procedures to ensure access to information systems and devices are granted to individuals based on business requirements and the principles of “least privilege” and “need-to-know.”

The organization must:

- a) Ensure the assignment and revocation of access rights follow a formal and documented process;
- b) Regularly, and upon change of employment, review, and update where appropriate, employee access rights to ensure they are accurate and up-to-date; and,
- c) Establish a password policy based on industry standard.

#### **5. Physical and Environmental Security**

This section identifies operational requirements for protecting facilities where government information and information systems are located.

The organization must:

- a) Design, document and implement security controls for a facility based on an assessment of security risks to the facility;
- b) Review, and where appropriate test, physical security and environmental control requirements;
- c) Establish appropriate entry controls to restrict access to secure areas, and to prevent unauthorized physical access to information systems and devices;
- d) Incorporate physical security controls to protect against natural disasters, malicious attacks or accidents; and
- e) Ensure security controls are maintained when computer equipment, information or software is used outside of facilities.

**Additional resources:** [Physical and Environmental Security Standard.](#)

#### **6. Computer Network and Communication Security**

This section identifies requirements for the protection of sensitive or confidential information on computer networks.

The organization must:

- a) Document network security controls;
- b) Ensure security features are implemented in their networks;
- c) Document, implement, and manage changes to network security controls and security management practices to protect information systems from security threats;



- d) Ensure segregation of services, information systems, and users to support business requirements based on the principles of least privilege, management of risk and segregation of duties;
- e) Ensure implementation of network controls to prevent unauthorized access or bypassing of security control;
- f) Ensure electronic messaging services are protected commensurate to the value and sensitivity of message content, and approved for use by the Government Chief Information Officer; and,
- g) Ensure information transfers between government and external parties are protected using industry standard tools.

## **7. Information Incident Management**

This section addresses the response and management of information incidents, including privacy breaches, in order to take the appropriate steps to mitigate the risk of harm.

- a) The organization must establish information incident management policies and procedures, as appropriate, to ensure quick, effective and orderly response to information incidents.
- b) Employees must immediately report suspected or actual information incidents in accordance with the organization's Information Incident Management Policy.

**Additional Resources:** [Privacy Breaches](#), [BC Government Information Incident Management Policy](#)

## **8. Business Continuity Management**

This section defines requirements to prepare, and re-establish, business or services as swiftly and smoothly as possible in adverse situations.

The organization must:

- a) Establish, document, implement, and maintain processes, procedures and controls to ensure the required level of information security for business continuity and disaster recovery during an adverse situation;
- b) Ensure that vital records and critical systems are identified in business continuity plans;
- c) Review business continuity and recovery plans annually to ensure they are current, valid, functional and readily accessible during a business interruption; and,
- d) Regularly conduct business continuity and recovery exercises and, where necessary, update business continuity and recovery plans.

## Appendix F: Standards for Procuring High Quality and Effective Supplemental Supports

The Table below provides guidance to SHSS Service Providers to support them in procuring supplemental service providers that are high quality and effective, and who have the necessary training and expertise to support the specific need identified for the child or youth residing in the SHSS. This guidance also includes necessary oversight and accountability mechanisms provided by an SHSS.

SHSS Service Providers must ensure the standards and expectations outlined in **Table 1** are adhered to when procuring supplemental service providers.

<b>Table 1. Standards For Procuring High Quality and Effective Supplemental Supports</b>	
<b>People delivering services to children/youth are skilled and safe</b>	<p>The SHSS Service Provider will ensure that the contractor/subcontractor (s):</p> <ul style="list-style-type: none"> <li>• demonstrate evidence of minimum qualification standards, education, and experience (as appropriate), including experience working with children and youth.</li> <li>• have an appropriate level of knowledge and training in trauma-informed care, cultural competencies, and Indigenous wise practice.</li> <li>• have up-to-date accreditation/credentials, as appropriate</li> <li>• if appropriate, belong to and are in good standing with their professional college/association</li> </ul> <p>The SHSS Service Provider will:</p> <ul style="list-style-type: none"> <li>• assure the safety of children and youth receiving supplemental supports by conducting and demonstrating evidence of completing a background (i.e. reference check) and criminal record checks of each supplemental service provider.</li> </ul>
<b>Ensure professionals providing supplemental supports are high quality and effective</b>	<p>The SHSS Service Provider will ensure that the contractor/subcontractor (s):</p> <ul style="list-style-type: none"> <li>• use evidence-informed clinical and therapeutic treatment modalities.</li> <li>• inform the SHSS of the therapies used or planned for use.</li> <li>• have their own appropriate clinical supervision in place to support the care of the child/youth.</li> <li>• participate in the SHSS Care Circle/planning as required and in accordance with the SHSS Service Plan.</li> <li>• deliver plans and interventions that are in alignment with the child/youth's needs, as identified in their plans.</li> </ul> <p>Contractors/sub-contractors are accountable to the SHSS Service Provider, which in turn, is accountable to MCFD to provide effective services for children and youth as outlined in the SHSS Service Provider's contract with MCFD. MCFD may direct the SHSS Service Provider to make changes to its contracted and sub-contracted services to address potential or identified issues.</p>

<b>Clear and consistent reporting and documentation processes</b>	<p>The SHSS Service Provider will ensure that the contractor/subcontractor (s):</p> <ul style="list-style-type: none"> <li>• follow Provision of Service policies #62-74: Standards for Clinical Records</li> <li>• provide the SHSS Service Provider with documentation to support the reporting requirements and are following reporting requirements as appropriate.</li> <li>• use and maintain a secure and appropriate clinical record system</li> <li>• are aware of the SHSS audit accountabilities and will facilitate potential audit of the service they, as a contractor/sub-contractor, provide.</li> </ul>
<b>Services are child/youth and family centred and reflective of their unique needs</b>	<p>The SHSS Service Provider will ensure that the contractor/subcontractor (s):</p> <ul style="list-style-type: none"> <li>• support effective coordination of service</li> <li>• deliver supports and services that align with the child/youth's needs, and goals identified by the child/youth and family, and described in the SHSS Service Plan</li> <li>• engage children/youth and their families (where appropriate) in service planning and reflect their goals and wishes in the delivery of service</li> <li>• deliver evidence-based interventions that are appropriate and effective for the specific needs of the child.</li> <li>• clearly identify which needs and goals they are working on with the child to the SHSS Care Providers and provide timely information on changes.</li> </ul>
<b>Contracted/sub-contractors are an appropriate and effective use of public funds</b>	<p>The SHSS Service Provider will:</p> <ul style="list-style-type: none"> <li>• provide supporting evidence of needs to receive additional resources for supports</li> <li>• adhere to payment structures for supplemental supports and are within the allocated amount of funds</li> <li>• allocate money for the contract/sub-contract as intended and approved</li> <li>• have the appropriate financial policies in place (e.g., the organisations are administratively healthy, fraud prevention)</li> </ul>
<b>Children, youth and their families have an opportunity to assure quality of their care</b>	<p>The SHSS Service Provider will:</p> <ul style="list-style-type: none"> <li>• have in place appropriate complaint mechanisms for children, youth and their families</li> <li>• incorporate and action the complaints received about contractors/sub-contractors</li> <li>• ensure children/youth and their families are empowered to provide their own oversight and to assure quality of their care</li> </ul>

## Appendix G: Clinical Consultation vs. Day-to-Day supervision vs. Clinical Supervision

- **Day-to-day supervision of SHSS staff:** Internal supervision of the SHSS staff and their contractors is provided by management or senior staff – such as program managers and residence coordinators – to ensure that employees and the services provided to children, youth and families adhere to service expectations and standards and that the SHSS is administered appropriately. For example, SHSS Program Managers are responsible in providing the day-to-day supervision and management of their own staff and to establish the appropriate remediation plans to address any discrepancies. These responsibilities are reflected in the SHSS’s contractual responsibilities.
- **Clinical supervision:** A professional practice whereby a designated supervisory practitioner supports and enhances the work of a clinical service provider to ensure quality service and the promotion of positive development and well-being of service recipients.
  - Clinical service providers, both internal and external to SHSS, are expected to adhere to the clinical supervision practices established by their professional association/college and by the clinical supervision expectations of their employer(s).
- **Clinical consultation:** Includes provision of advice for individuals supporting children and youth residing in SHSSs. The consultation enables the SHSS Care Providers and clinicians to meet the specific needs of a child and ensure effective approaches to their care (for example, carrying out a therapeutic plan created by a clinician or responding to a change in the child’s situation). Children and youth’s needs will include those experiencing mental health and/or substance use issues, physical health issues, developmental disabilities and dual diagnoses, neurological disorders, complex trauma, and severe behavioural issues. Consultation is available on-call and should also support SHSS Care Providers with their job duties.

## Appendix H: Standards For Procuring High Quality and Effective Clinical Consultation Providers

The Table below provides guidance to SHSS Service Providers to support them in procuring clinical consultation providers that are high quality and effective, and who have the necessary training and experience of the specific identified need. This guidance also includes necessary oversight and accountability mechanisms provided by an SHSS.

SHSS Service Providers must ensure the standards and expectations outlined in **Table 2** are adhered to when procuring clinical consultation providers.

<b>Table 2: Standards for Procuring High Quality and Effective Clinical Consultation Providers</b>	
<b>SHSS Requirement</b>	<b>Expectations</b>
Ensure professionals providing clinical consultation are high quality and effective	<p>The SHSS Service Provider will ensure that the Clinical Consultation Provider(s):</p> <ul style="list-style-type: none"> <li>• supports and enhances the work of SHSS staff by providing expert clinical advice and support that is reflective of, and meet the needs and preferred approaches of the child/youth (as described in the child/youth's plans and by their SHSS Care Circle)</li> <li>• is provided by professionals who have an appropriate level of experience, skill, and training/education to provide expert advice in a given clinical area, and who's practice is in alignment with MCFD principles and requirements.</li> <li>• Is provided by professionals with subject matter expertise and experience working with the specific clinical need(s) of the child/youth (e.g., mental health and/or substance use challenges, developmental disabilities, complex trauma, severe behavioural challenges).</li> <li>• supports SHSS staff with the tools and skills needed to mitigate direct and vicarious trauma experienced from, and associated with, job duties</li> <li>• adheres to policy and service expectations, as described in the service agreement between SHSS and professional(s) providing clinical consultation</li> </ul>
Ensure expert advice and support is meaningfully reflected in delivery of clinical service	<p>The SHSS Service Provider:</p> <ul style="list-style-type: none"> <li>• works collaboratively with professionals providing clinical consultation to modify care, develop skills and learn new approaches.</li> <li>• utilizes the interventions and strategies suggested following the clinical consultation, as appropriate.</li> <li>• ensures dissemination of the knowledge and advice to all staff members (as appropriate) to ensure the most current and appropriate practices and approaches are being utilized by everyone at the SHSS.</li> </ul>
Ensures appropriate documentation and reporting of clinical consultation	<p>The SHSS Service Provider:</p> <ul style="list-style-type: none"> <li>• records clinical consultation needs in the child/youth's Service Plan</li> </ul>

	<ul style="list-style-type: none"> <li>• ensure that the child/youth's Primary Professional / Resource Workers and SHSS Care Circle are informed about the clinical consultation needs as it relates to the care of the child/youth.</li> <li>• uses and maintain an appropriate clinical notation system, that is secure.</li> <li>• follow reporting requirements, as appropriate.</li> </ul>
Ensures privacy standards are adhered to	<p>The SHSS Service Provider:</p> <ul style="list-style-type: none"> <li>• ensures that, as a service provider, Clinical Consultation providers are aware of, and comply with, the SHSS Service Provider's information management and protection (records, privacy and security) obligations under FOIPPA.</li> <li>• ensures that, the professionals providing clinical consultation, are aware of, and comply with, information management and protection (records, privacy and security) obligations under FOIPPA.</li> </ul>
Are an effective use of public funds	<p>The SHSS Service Provider:</p> <ul style="list-style-type: none"> <li>• provides supporting evidence that public services are unavailable to provide clinical consultation in order to receive additional resources to contract/sub-contract or hire for this service.</li> <li>• adheres to payment structures for clinical consultation service and are within the allocated amount of funds</li> <li>• allocates money for clinical consultation as intended and approved</li> <li>• has the appropriate financial policies in place (e.g., the organisations are administratively healthy, fraud prevention)</li> <li>• will seek to enable clinical consultation from existing contractors/sub-contractors where appropriate.</li> </ul>

## Appendix I: Complaints

### Specialized Homes and Support Services Service Provider Complaints Reporting Form

Complaints received by the SHSS Service Provider must be documented. This template enables SHSS Service Providers to record and submit complaints to the Ministry as required by the Accountability & Performance Management Policy.

**File Number<sup>1</sup>:** [Inputted as “Service Provider Agreement Number-001”]

#### SHSS DETAILS

**Date of Report Submission:** Click or tap to enter a date.

<b>Prepared by:</b> [Name/Position Title]	<b>Submitted to:</b> [MCFD Regional Office]
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**SHSS Agency:** Click or tap here to enter text.

**SHSS Care Setting Contact Information:**

<b>Name:</b> Click or tap here to enter text.	<b>Address:</b> Click or tap here to enter text.
<b>Phone:</b> Click or tap here to enter text.	<b>Email:</b> Click or tap here to enter text.

#### COMPLAINANT DETAILS

<b>Complainant Category:</b> Choose an item.	<b>If other, please specify:</b> Click or tap here to enter text.
<b>First Name:</b> Click or tap here to enter text.	<b>Last Name:</b> Click or tap here to enter text.
<b>Age:</b> Click or tap here to enter text.	<b>Gender:</b> Click or tap here to enter text.
<b>Phone:</b> Click or tap here to enter text.	<b>Email:</b> Click or tap here to enter text.
<b>Address:</b> Click or tap here to enter text.	

#### COMPLAINT DETAILS

<sup>1</sup> Each report should have a unique file number that begins with Service Provider’s Agreement Number with the Ministry and includes a unique identifying number. The number should follow a consecutive order, beginning at 001.

**Is this complaint associated with an existing incident or complaint (if yes, please provide the relevant file number/date of incident)?** ☐ Yes / ☐ No

Click or tap here to enter text.

**Complaint Type (see final page for full description):** Choose an item.

**With reference to the description of Level 1 and 2 Complaints provided on the final page of this form, please briefly describe the nature of complaint received:**

Click or tap here to enter text.

**Is the Service Provider's original complaint form attached to this submission?** ☐ Yes / ☐ No

#### **COMPLAINT DETAILS CONT'D**

**When/what dates did event(s) occur?**

Click or tap here to enter text.

**Where did they take place?**

Click or tap here to enter text.

**Who was present at the time of the event?**

Click or tap here to enter text.

**What actions were taken during and after the events and by whom?**

Click or tap here to enter text.

**What are the specific concerns of the complainant? If the complainant has requested a specific remedy, please include that information here.**

Click or tap here to enter text.

**How has the SHSS Service Provider addressed the complaint to date? Include any information planned to meet the physical, medical, and/or emotional needs of the child.**

Click or tap here to enter text.

**Have there been previous complaints of this nature by the complainant? If yes, please provide details.**

☐ Yes / ☐ No

Click or tap here to enter text.



**Has the information provided herein (or in the original documentation of the complaint) been discussed with the complainant?**

☐ Yes / ☐ No

Click or tap here to enter text.

**Any other information that SHSS would like to add?**

Click or tap here to enter text.

## **COMPLAINT TYPES – FULL DESCRIPTION**

**Level 1 Complaints: complaints that are considered sensitive or urgent in nature, including but not limited to cases where:**

- There is a concern about possible abuse (physical harm, sexual abuse, and emotional abuse); ill-treatment, or neglect of a child/youth as outlined in the Child, Family and Community Service Act;
- There is a concern about discrimination based on personal characteristics (sex, race, religion, family status, disability, place of origin, sexual orientation etc.);
- There is a service provider failing to uphold, or is disrespectful of, a child/youth's right to culture, language and tradition, and their ongoing attachment and emotional ties to family, extended family, and community;
- There is a concern regarding a child/youth's legal rights as outlined in the United Nations Convention on the Rights of the Child;
- Failure to uphold CFCSA s. 70 rights of a child/youth in care of the Director;
- Failure to provide care that is in alignment with s. 70, for children/youth not in the care of a Director;
- Failure in delivery of service provisions

**Level 2 Complaints: complaints that fall outside of the scope of Level 1 Complaints (i.e., are less sensitive or urgent in nature) are considered Level 2 Complaints, for example:**

- a child/youth not able to access their desired technology to support their education, recreation, and social development
- a child/youth is unhappy about their food options
- a community member making a complaint about an unkempt property or poor behaviour of SHSS Personnel
- poor behaviour of SHSS staff members

## Appendix J: Reportable Incidents

### Specialized Homes and Support Services Service Provider Reportable Incident Reporting Form

Any information of significance to the safety and well-being of children and youth must be reported. This template enables SHSS Service Providers to record and submit incidents to the Ministry as required by the Accountability & Performance Management Policy.

**File Number<sup>2</sup>:** [Inputted as “Service Provider Agreement Number-001”]

#### SHSS DETAILS

**Date of Report Submission:** Click or tap to enter a date.

<b>Prepared by:</b> [Name/Position Title]	<b>Submitted to:</b> [MCFD Regional Office]
---	---

**SHSS Agency:** Click or tap here to enter text.

**SHSS Care Setting Contact Information:**

<b>Name:</b> Click or tap here to enter text.	<b>Address:</b> Click or tap here to enter text.
<b>Phone:</b> Click or tap here to enter text.	<b>Email:</b> Click or tap here to enter text.

#### CHILD OR YOUTH DETAILS

<b>First Name:</b> Click or tap here to enter text.	<b>Last Name:</b> Click or tap here to enter text.
<b>Date of Birth:</b> Click or tap to enter a date.	<b>Gender:</b> Click or tap here to enter text.
<b>Home Address (if different from SHSS):</b> Click or tap here to enter text.	
<b>Is the child or youth Indigenous?</b> Choose an item.	
<b>Name of Parent (s):</b> Click or tap here to enter text.	
<b>Name of Child’s Legal Guardian:</b> Click or tap here to enter text.	

<sup>2</sup> Each report should have a unique file number that begins with Service Provider’s Agreement Number with the Ministry and includes a unique identifying number. The number should follow a consecutive order, beginning at 001.

<b>Name of Child's Out-of-care Care Provider:</b> Click or tap here to enter text.
<b>Name of Child's Foster Caregiver:</b> Click or tap here to enter text.

### INCIDENT DETAILS

**Is this incident associated with an existing incident or complaint (if yes, please provide the relevant file number/date of incident)?** ☐Yes / ☐No

Click or tap here to enter text.

**Incident Type:** Choose Incident Type

### INCIDENT DETAILS CONT'D

**In the space below write a concise description of the incident that includes the following information:**

- Date, time and location of incident
- All individuals involved in the incident, including any staff members present
- What took place
- Police or coroner information (if applicable, include file number)

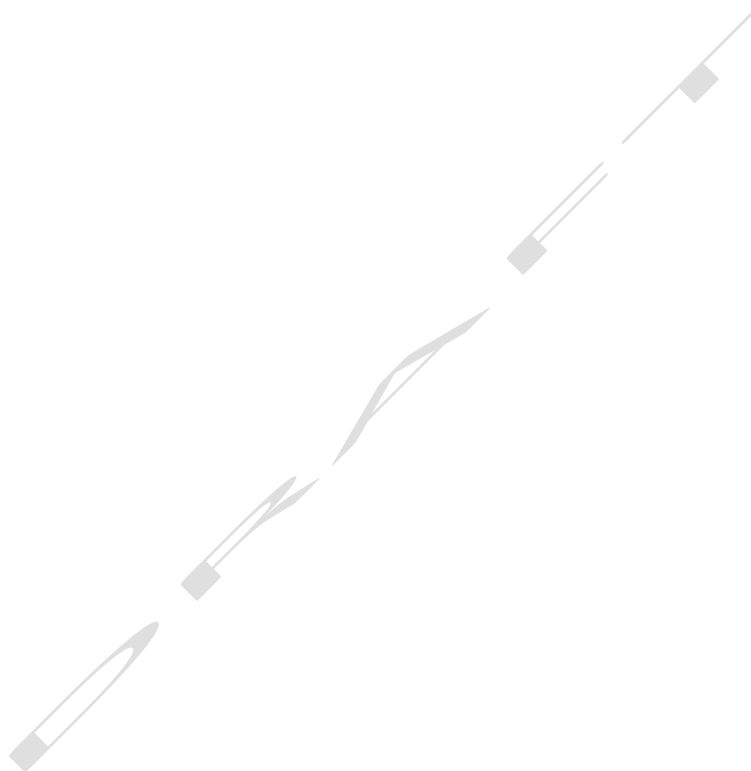
Click or tap here to enter text.

**How has the SHSS Service Provider addressed the incident to date? Include any information planned to meet the physical, medical, and/or emotional needs of the child.**

Click or tap here to enter text.

**Please select the role/relationship of the people who have been or will be notified by the SHSS Service Provider of the incident, taking into account privacy considerations.**

- |  |  |
|--|--|
| <input type="checkbox"/> Police                            | <input type="checkbox"/> Grandparent                   |
| <input type="checkbox"/> Indigenous Family Services Agency | <input type="checkbox"/> Child Care Worker             |
| <input type="checkbox"/> Aboriginal Band                   | <input type="checkbox"/> Parent's sibling (e.g., Aunt) |
| <input type="checkbox"/> CFS Social Worker                 | <input type="checkbox"/> Other Extended Family Member  |
| <input type="checkbox"/> CYMH Clinician                    | <input type="checkbox"/> Legal Guardian                |
| <input type="checkbox"/> Therapist                         | <input type="checkbox"/> Community Service Provider    |
| <input type="checkbox"/> Psychiatrist                      | <input type="checkbox"/> Adoptive Parents              |
| <input type="checkbox"/> Psychologist                      | <input type="checkbox"/> Foster Parent                 |
| <input type="checkbox"/> School Administration             | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Parent                            |  |



## Appendix K: SHSS Service Provider Transition-In Completion Certificate

### TRANSITION-IN COMPLETION CERTIFICATE

[SHSS Service Provider Letterhead]

#### TRANSITION-IN COMPLETION CERTIFICATE

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AGREEMENT NUMBER:	[Insert]
AGREEMENT DATE:	[Insert]
SHSS SERVICE TYPE:	[Insert]
SERVICE PROVIDER	[SHSS Service Provider Legal Name] [SHSS Service Provider Registered Address]
CARE SETTING	[Care Setting Name (if applicable)] [Care Setting Address]

#### [OTHER RELEVANT DETAILS]

I, [insert legal name of director, officer or authorized signatory], of [insert legal name of SHSS Service Provider], hereby certify that the SHSS Service Provider:

- has completed the Transition-In Services, including all of the tasks and activities described in the Agreement referenced above and the attached Transition-In Checklist; and
- is ready to commence the provision of the [SHSS] Services, including accepting placement of children/youth at the Care Setting, in full compliance with the Agreement.

Issued by the SHSS Service Provider:

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<i>Name – Title</i>	<i>Signature</i>	<i>Date</i>
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Delivered to [Insert name and title of Ministry contact]: \_\_\_\_\_

Approved by the Ministry:

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<i>Name – Title</i>	<i>Signature</i>	<i>Date</i>
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## Appendix L (A): SHSS Service Providers with Net-New SHSS Contracts Transition-In Plan Template

### SHSS Transition-In Plan Template for SHSS Service Providers with Net-New SHSS Contracts

*The Transition-In Plan for SHSS Service Providers with Net-New SHSS Contracts is intended to outline the Respondent's plan to arrange its operations and prepare its Facilities to perform the Services, including a timeline for completing the Transition-In Services. The plan is specific to the Care Setting and Service Type.*

#### Information

<b>Submission Date</b>	
<b>CFR #</b>	
<b>Agency Name</b>	
<b>Submitter Name</b>	
<b>Address of the Care Setting</b>	
<b>Name of the Care Setting</b> (if applicable)	
<b>Service Type</b>	
<b>Contract Number</b>	<i>(Leave blank until contract has been signed)</i>
<b>Effective Date of Contract</b>	<i>(Leave blank until contract has been signed)</i>

## Overview

*Provide a brief overview of (i) your Transition-In goals, (ii) any assumptions this plan relies upon, (iii) risks that could limit your ability to complete the Transition-In Services in accordance with the proposed timeline, (iv) actions to be taken to treat any of the identified risks and (v) any other considerations.*

### (i) Goals

- 1. E.g., Prepare the Care Setting to accept the placement of children/youth for the provision of the Services by ensuring that the Care Setting meets all requirements set out in the Policies and Standards.*

### (ii) Assumptions

- 1. E.g., The successful procurement of a house within the first four weeks of the Transition-In Period.*

### (iii) Risks

- 1. E.g., Supply chain issues, which have become more common, could make it difficult to purchase certain furniture at a reasonable price.*

### (iv) Actions (to treat risks)

- 1. E.g., Seek furniture at the beginning of the Transition-In Period to account for the possibility of needing to order furniture and accommodate shipping times.*

### (v) Other

## Estimated Transition-In Period, Costs, and Expenses

*Provide an estimate of your Transition-In Period, and Transition-In costs and expenses for each category below. Estimates are expected to align to the Operational Cost Structure, as described in Schedule F (Fees and Payment Model) and the SHSS Service Provider Operational Policy.*

*In consideration of the performance of the Transition-In Services, the Director will pay the Service Provider amounts equal to the Service Provider's reasonable start-up costs and expenses incurred in performing the Transition-In Services.*

*The Director is only obligated to pay the Service Provider for costs and expenses actually incurred by the Service Provider in performing the Transition-In Services, plus the applicable Administration Fee. The Director has no obligation to pay any such amounts incurred by the Service Provider that have not been pre-approved in writing by the Director.*

*Upon completion of the Transition-In Services, within the Transition-In Period, the Service Provider will become responsible for the performance of the Services and will be paid in accordance with Schedule F (Fees and Payment Model).*

*For more detail on Transition Payments, please refer to Schedule K (Transition-In Services).*

<b>Transition-In Period (Days)</b>	<i>Insert number, must be 90 or less</i>
------------------------------------	--

Proposed Transition Payment Maximum for Staffing Costs	\$
Proposed Transition Payment Maximum for Facility Costs	\$
Proposed Transition Payment Maximum for Supplemental Supports	\$
<b>TOTAL PROPOSED TRANSITION PAYMENT MAXIMUM</b>	<b>\$</b>

## Transition Payment Structure

*Indicate your preferred Transition Payment Structure.*

<b>Transition-In Payment Structure</b> (indicate which one)	Option 1	
	Option 2	



**Option 1:** The Director will pay the Transition Payments to the Service Provider in the following installments:

- a) % of the Total Transition Payment Maximum on [the Effective Date / receipt of the Service Provider's completed Transition-In Plan by the Director];
- b) % of the Total Transition Payment Maximum at the end of the first month following the Effective Date;
- c) % of the Total Transition Payment Maximum at the end of the second month following the Effective Date; and
- d) an amount equal to the Service Provider's remaining actual unpaid costs and expenses incurred in the performance of the Transition-In Services, such amount not to exceed the Total Transition Payment Maximum.

**Option 2:** The Director will pay the Transition Payments to the Service Provider upon completion of the Transition-In Services.

### **Milestones / Activities / Tasks**

*List the milestones, activities and tasks required to arrange its operations, prepare its Facilities to perform the Services and complete the Transition-In Services.*

<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until milestone is complete)</i>
<i>E.g., The Care Setting meets all requirements set out in the Policies and Standards</i>	80	
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until activity / task is complete)</i>
<i>E.g., Purchase three beds, one for each bedroom</i>	30	


<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion (leave blank until milestone is complete)</b>
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion (leave blank until activity / task is complete)</b>


<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until milestone is complete)</i>
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until activity / task is complete)</i>


<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion (leave blank until milestone is complete)</b>
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion (leave blank until activity / task is complete)</b>


## Appendix L (B): Direct Award Legacy Contractor Transition-In Plan Template

### Transition-In Plan Template for Direct Award Legacy Contractors

*The Transition-In Plan for Direct Award Legacy Contractors is intended to outline the plan to arrange its operations and prepare its Facilities to perform the Services to comply with model fidelity within 12 to 18 months of the start of the legacy contract, including a timeline for completing the Transition-In Services. The plan is specific to the Care Setting and Service Type.*

#### Information

<b>Submission Date</b>	
<b>Service Provider Name</b>	
<b>Submitter Name</b>	
<b>Address of the Care Setting</b>	
<b>Name of the Care Setting</b> (if applicable)	
<b>Service (Home) Type</b>	
<b>Contract Number</b>	
<b>Start Date of Legacy Contract</b>	

## Overview

*Provide a brief overview of (i) your Transition-In goals to reach model fidelity within 12 to 18 months of signing the legacy contract, (ii) any assumptions this plan relies upon, (iii) risks that could limit your ability to complete the Transition-In Services in accordance with the timeline of 12 to 18 months, (iv) actions to be taken to treat any of the identified risks and (v) any other considerations.*

### (i) Goals

1. *E.g., The SHSS Service Provider has access to the necessary technology to perform the SLTC Services and uses the SHSS Service Provider Portal as required.*

### (ii) Assumptions

1. *E.g., The successful procurement of necessary technology and training of staff to perform SLTC Services and utilize the SHSS Service Provider Portal as required within 12 to 18 months.*

### (iii) Risks

2. *E.g., Supply chain issues, which have become more common, could make it difficult to purchase technology at a reasonable price and delay the training of staff.*

### (iv) Actions (to treat risks)

2. *E.g., Seek technology at the beginning of the Transition-In Period to account for the possibility of needing to order technology and accommodate shipping times and the training of staff.*

### (v) Other

--

Milestone	Proposed # of days to complete	Actual date of completion (leave blank until milestone is complete)
<i>E.g., The SHSS Service Provider has access to the necessary technology to perform the SLTC Services and uses the SHSS Service Provider Portal as required.</i>		
Activities and Tasks to reach Milestone	Proposed # of days to complete	Actual date of completion (leave blank until activity / task is complete)




<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until milestone is complete)</i>
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until activity / task is complete)</i>


<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until milestone is complete)</i>
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion</b> <i>(leave blank until activity / task is complete)</i>


<b>Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion (leave blank until milestone is complete)</b>
<b>Activities and Tasks to reach Milestone</b>	<b>Proposed # of days to complete</b>	<b>Actual date of completion (leave blank until activity / task is complete)</b>


## Appendix M: Continuous Improvement Plan Template

### Continuous Improvement Plan Template

The Continuous Improvement Plan (CIP) is a comprehensive description of the SHSS Service Provider's plan and approach to support delivery of high quality and effective service. The plan is program specific in that the SHSS Service Provider is asked to describe their overall vision and mission for the program and outline the corresponding goals and strategies they intend on doing to reach them.

The CIP does not include the key strategies and plans the SHSS Service Provider is undertaking to support specific service recipients' goals.

<b>Submission Date</b>	
<b>Service Type</b>	
<b>Contract #</b>	
<b>Submitter Name</b>	

<b>Vision and Mission Statement</b>
<i>Vision Statement:</i> What is the SHSS resource's core values, ambitions, and long-term goal(s) (i.e., the meaning behind the service)?

*Mission Statement:* What is the SHSS resource doing to uphold its core values and achieve its goals?

#### **Training Plan for SHSS Care Providers**

Describe what type(s) of training is delivered to SHSS Care Providers on an ongoing basis (e.g., trauma-informed care)

Describe what type(s) of new training is accessible and/or provided to SHSS Care Providers (e.g., staff wellness)

Describe how SHSS Care Providers are supported to identify and access training that supports development of their skills and abilities.
<b>Professional Development of SHSS Care Providers</b>
Describe what opportunities are available to SHSS Care Providers to support their professional development.

Describe how SHSS Care Provider are supported to identify and access professional development opportunities.

<b>Community Connection and Relationships</b>
Describe how the SHSS Service Provider builds trusting relationships with the community.



Describe how community connections are meaningfully incorporated into the SHSS resource.
Describe what plans will be established to strengthen core community connections this upcoming year.

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SHSS Care Provider Retention and Recruitment
Describe what measures are currently in place to support SHSS Care Provider retention
Describe what SHSS Care Provider retention measures are planned for this upcoming year.

Describe what measures are in place to recruit the necessary SHSS Care Providers.
Describe what SHSS Care Provider recruitment measures are planned for this upcoming year.

--

Cultural Safety
Describe the SHSS Service Provider’s overarching approach for cultural awareness and safety within the organization.

Describe what actions have been taken to develop or strengthen cultural competencies at the SHSS resource, and what additional measures will be implemented throughout the year.

Describe what ongoing cultural sensitivity, agility, and humility training is available and provided to all SHSS Care Providers (note: training must be as reflective of the communities served by the organization as possible)

Describe how sufficient time is allowed for SHSS Care Providers to debrief their cultural safety training and practice self-reflection, and how these activities are promoted at the SHSS resource.

Describe how cultural safety training is fully integrated into decision making and relationship building processes at the SHSS resource.

Identified area of development/improvement
<p>Describe the topics the ministry and SHSS Service Provider are jointly working on developing.</p> <p>Topics may come from:</p> <ul style="list-style-type: none"> <li>• Noted area(s) of contract compliance or performance</li> <li>• Areas stemming from complaints</li> <li>• 90 day or annual reviews</li> </ul>
<p>Areas for development brought forward by the SHSS Service Provider or children/youth/families served by the SHSS.</p>