



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

Version 1.3

April 29, 2024

Acknowledgments

The Ministry of Children and Family Development (MCFD) acknowledges with respect the Indigenous peoples throughout B.C. on whose traditional territories these services are delivered, and whose historical relationships with the land continue to this day.

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This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

Table of Changes

Amended Date	Cliff #	Section	Policy statement	Change Type	Notes
2023-MAY-31 (Version 1.2)	279523	SHSS Service Types	43.	am	Updated policy to reference the name of the portal ('Specialized Services Portal')
		Child/Youth's Transition into SHSS Service	2.a.		
		SHSS Service Plan	7.e., 11., 15., 19-21.,25.		
		Additional Supports	11., 16.b., 17. 30.		
		Appendices	Appendix A		
2023-MAY-31 (Version 1.2)	279523	SHSS Service Types	43.	new	Added information regarding access to Additional Supports for SHSS Service Providers delivering Specialized Long-Term Care (SLTC) during the Interim Period
2023-MAY-31 (Version 1.2)	279523	Hiring & Staff Oversight	16.	am, new	Added requirement for Service Provider Personnel to have appropriate training in cultural safety and in gender-affirming care
2023-MAY-31 (Version 1.2)	279523	Child/Youth's Transition into SHSS Service	2.	new	Added new referral information and processes for SHSS Service Providers delivering SLTC during the Interim Period
2023-MAY-31 (Version 1.2)	279523	Child/Youth's Transition into SHSS Service	9.i.	new	Added clarity for the MCFD complaint process
2023-MAY-31 (Version 1.2)	279523	SHSS Care Circle	24.	am	Added clarity for remediating issues with the SHSS Care Circle
2023-MAY-31 (Version 1.2)	279523	SHSS Service Plan	1-4	new	Added new policy requirements for the use of the Interim SHSS Service Plan for SHSS Service

					Providers delivering SLTC during the Interim Period
2023-MAY-31 (Version 1.2)	279523	SHSS Service Plan	40.	new	Added policy statement describing the use of the Daily Log for SHSS Service Providers delivering SLTC during the Interim Period
2023-MAY-31 (Version 1.2)	279523	SHSS Service Plan	51.	am, del	Updated 'Measuring Progress Towards Goals' section to align with Specialized Services Portal functionality, Performance Standards, and practice guidelines.
2023-MAY-31 (Version 1.2)	279523	SHSS Service Plan	52-55	am, del	Updated 'Monthly Check-In' section to align with Specialized Services Portal functionality, Performance Standards, and Monthly Check-In Practice Guidelines.
2023-MAY-31 (Version 1.2)	279523	SHSS Service Plan	62.a.	del	Deleted 'via the portal'
2023-MAY-31 (Version 1.2)	279523	SHSS Service Plan	65.	new	Added reference to the Agreement for more details about Performance Standards for SHSS Service Providers delivering SLTC during the Interim Period
2023-MAY-31 (Version 1.2)	279523	Provision of Service	60.	new	Added clarity for accreditation requirements and standards
2023-MAY-31 (Version 1.2)	279523	Provision of Service	1.d.	new	Added gender-affirming care as a Service Delivery Principle
2023-MAY-31 (Version 1.2)	279523	Additional Supports		new	Added a brief description regarding access to Additional Supports for SHSS Service Providers delivering SLTC during the Interim Period

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2023-MAY-31 (Version 1.2)	279523	Additional Supports	22.c.	am	Added specificity to the requirement for timely access to clinical consultation
2023-MAY-31 (Version 1.2)	279523	Accountability and Performance Management	17.	am	Added procedural clarity for notifying the ministry of Level 1 and Level 2 complaints
2023-MAY-31 (Version 1.2)	279523	Accountability and Performance Management	19., 26.	del	Removed reference to the portal
2023-MAY-31 (Version 1.2)	279523	Accountability and Performance Management	30.	am	Amended policy statement to provide greater role clarity with the ministry
2023-MAY-31 (Version 1.2)	279523	Accountability and Performance Management	32-33	am, new	Updated 'SHSS Service Provider's Transition-In Plan' section to align with costing tools, the updated transition-in plan template, and the Interim Period processes.
2023-MAY-31 (Version 1.2)	279523	Accountability and Performance Management	36	am	Added reference to the updated Transition-In Plan Template for Direct Award Legacy Contractors
2023-MAY-31 (Version 1.2)	279523	Monitoring and Contract Management	37	am, new	Added clarity for the use of costing tools to support Direct Award Legacy Contractors' transition-in
2023-MAY-31 (Version 1.2)	279523	Appendices	Appendix A	new	Added definition of: Gender-Affirming Care; Interim Period; Province IT Infrastructure; and SHSS Service Providers with Net-New SHSS Contracts.
2023-MAY-31 (Version 1.2)	279523	Appendices	Appendix C	am	Updated SHSS Costing Model
2023-MAY-31 (Version 1.2)	279523	Appendices	Appendix J	am	Amended the Reportable Incident Form to support the use of more inclusive language for

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					roles/relationships and to add consideration for privacy when sharing information
2023-MAY-31 (Version 1.2)	279523	Appendices	Appendix K	new	Added section for the Ministry's signature
2023-MAY-31 (Version 1.2)	279523	Appendices	Appendix L (A) and (B)	am, new	Created separate Transition-In Plan templates for SHSS Service Provider with Net-New SHSS Contracts and for Direct Award Legacy Contractors
2024-APR-29 (Version 1.3)	281601	SHSS Service Plan	21	del	The Primary Professional does not have access and visibility into the Specialized Services Portal. Reference to this functionality is removed.
2024-APR-29 (Version 1.3)	281601	Provision of Service	58-60	New, am	Policy re-sequenced to follow a more logical order. Added placeholder for new Accreditation Policy.
2024-APR-29 (Version 1.3)	281601	Child/Youth's Transition-out of SHSS Service	8., 8.b.	new, am	Added information about youth transitioning to Community Living BC (CLBC), including further clarity on shared resources with CLBC.
2024-APR-29 (Version 1.3)	281601	Appendices	Appendix C		SHSS Operational Cost Structure updated to reflect increase to Program Manager Rate and the Administration Fee applied to the total contract amount.
2024-APR-29 (Version 1.3)	281601	Appendices	Appendix L (B)	am	Updated the Direct Award Legacy Contractor Transition-In Plan Template.
2024-APR-29 (Version 1.3)	281601	Hiring and Staff Oversight	15	am	Added requirement for Service Provider to have policies in place that are specific to gender-affirming care and require mandatory

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					training to ensure that Personnel provide appropriate care that protects 2SLGBTQIA+ children/youth from discrimination.
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Change Type:

am = text amended or changed

del = text deleted

new = new section added

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

Overview

The Ministry of Children and Family Development works in partnership with contracted service providers to deliver a network of supports designed to keep families together and well, support healthy development and wellbeing for children and youth, and foster belonging for children and youth who can no longer live safely at home. Specialized Homes and Support Services (SHSS) are an important part of this Network of Care.

SHSS are contracted services that operate as part of the Network of Care, providing families in B.C. access to supports that contribute to family preservation, address the therapeutic needs of children and youth, and provide homes for children and youth who require specialized care.

SHSS services include:

- Low-Barrier Short-Term Stabilization Care
- Respite Care
- Emergency Care
- Specialized Long-Term Care

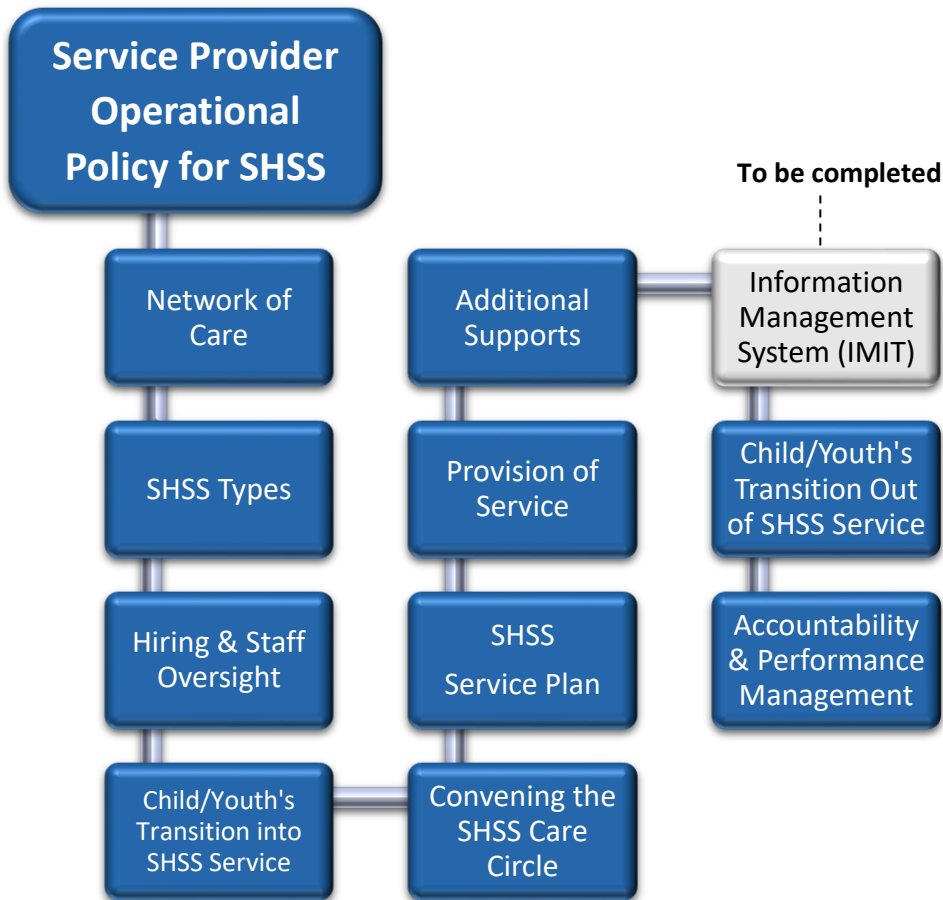
These services will provide high quality care designed to promote wellness and belonging for a child or youth and to support their connection to family, community, and culture.

This policy is intended as an addendum to existing policies, specifically to support the immediate, key operational needs of the SHSS transformation during initial implementation. This policy addendum will supersede existing contracted agencies policy and standards where there is a conflict or inconsistency and will focus on enabling the different parties to carry out their new duties. This policy is for SHSS Service Providers, a separate but interrelated policy to support MCFD Staff involved in the delivery of SHSS (i.e., Primary Professional and Resource Worker) is also available.

Recognizing the iterative nature of the SHSS transformation, this policy addendum provides a high level of procedural detail. The intent is to support implementation of this emerging program area by providing as much clarity as possible. Over time, it is anticipated that some of the details will transition to targeted training material and other resources.

The following visual is designed the guide the reader through the journey of SHSS and the various policy areas described herein.

Please see Appendix A for definitions.

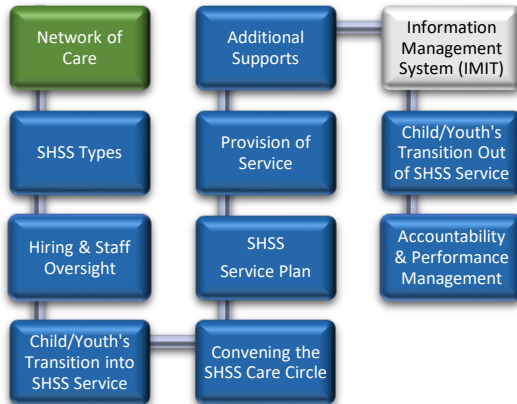


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1. Network of Care



Overview:

The Network of Care provides a seamless continuum of supports and services designed to:

- keep families together and well;
- offer therapeutic and healing opportunities for children/youth and their families; and
- provide high quality and individualized care for children and youth who can no longer live at home or with extended family.

Specialized Homes and Support Services (SHSS) is part of this continuum, providing Respite Care, Low-Barrier Short-Term Stabilization Care, Emergency Care, and Specialized Long-Term Care. SHSS services are accessible to all children/youth based on their needs, regardless of whether they are in care, in an out-of-care arrangement, or living at home with their parents. These services exist within the broader network of care which includes: family preservation and family support services, foster and home-based care, out-of-care supports, and youth transition supports.

SHSS Service Providers deliver services on behalf of MCFD and are responsible for the provision of high-quality, culturally safe, and trauma-informed care that effectively meets the needs of children, youth, and their families. SHSS services adhere to government legislation and policies, including *The Child, Family and Community Services Act* (CFCSA), and uphold the principles in *An Act respecting First Nations, Inuit and Métis Children, Youth and Families* (The Federal Act) when working with Indigenous children and youth. SHSS Service Providers are responsible for ensuring the legislated rights of children and youth in care are respected and actively promoted, and must provide care that is in alignment with s.70 rights for children and youth accessing SHSS who are not in the care of the Director. SHSS Service Providers can expect to engage with other MCFD and government services to ensure that each child, youth, and family receive the unique combination of services that they need.

Purpose:

- SHSS Service Provider understand their duties and expectations for the delivery of SHSS.

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- SHSS Service Providers understand the connection between SHSS services and the broader network of care and are aware of their obligation to engage with other MCFD services in providing care.

Policy:

Indigenous Children and Youth

Note: The following policy for Indigenous Children and Youth is applicable to the entire Service Provider Operational Policy for Specialized Homes and Support Services document.

1. CFCSA section 4.1 requires that the CFCSA be interpreted and administered in accordance with the following principles:
 - Indigenous peoples have an inherent right of self-government, including self-determination, that is recognized and affirmed by section 35 of the Constitution Act, 1982 and by the United Nations Declaration on the Rights of Indigenous Peoples;
 - the inherent right of self-government includes jurisdiction in relation to Indigenous child and family services, law-making authority in relation to those services and authority to administer and enforce laws made under that law-making authority; and
 - Indigenous laws have the force of law in British Columbia.
2. An Indigenous authority may provide one or more types of Indigenous child and family services. If an Indigenous law applies to a child/youth who is involved with the director under the CFCSA, even if services are not provided under the Indigenous law, the director must act in accordance with ministry policy. Depending on the child or youth's legal status under the CFCSA, this might include:
 - sharing information about the child or youth and the services they are accessing with the applicable Indigenous authority to support coordinated service delivery; and
 - taking steps to end services under the CFCSA, at the request of the Indigenous authority.
3. The CFCSA sets out specific guiding principles (section 2) and service delivery principles (section 3) that affect the provision of services to Indigenous children, youth, and families, including the following which the SHSS Service Provider upholds:
 - Indigenous children are entitled to learn about and practice their Indigenous traditions, customs, and languages and belong to their Indigenous communities;
 - in the planning and delivery of services to Indigenous children and families, there should be consultation and cooperation with Indigenous peoples and Indigenous governing bodies;
 - the impact of residential schools on Indigenous children, families and communities should be considered in the planning and delivery of services to Indigenous children and families; and

- services to Indigenous children and families should be provided in a coordinated manner with Indigenous child and family services provided by Indigenous authorities.
4. The SHSS Service Provider upholds:
- the Federal Act principles relating to the best interests of the child, cultural continuity, and substantive equality; and
 - the Federal Act service standard respecting promoting an Indigenous child or youth's attachment and emotional ties to their family members, to the extent that doing so is in the child or youth's best interests.

Network of Care

What is the Network of Care?

5. The network of care provides a seamless continuum of supports that include: family preservation and family support services, foster and home-based care for children and youth who can no longer live at home, out-of care supports, Specialized Homes and Support Services, and youth transition supports. The network of care is designed to provide early intervention supports that can help keep a family together and well and support children and youth to remain at home and in community.
6. The network of care is closely connected to other supports, such as Children and Youth with Support Needs (CYSN), Child and Youth Mental Health (CYMH), and Youth Justice services, and is intended to help ensure our various systems work together to provide wrap around service to children, youth, and families in British Columbia.

Who is it for?

7. The network of care supports the safety and wellbeing of vulnerable children and youth and their families, including those in care, in out-of-care arrangements, or not in care of the Director.

Specialized Homes & Support Services within the Network of Care

8. SHSS are contracted services that operate within the network of care.
- a. These services include:
 - i. Respite Care;
 - ii. Emergency Care;
 - iii. Low-Barrier Short-Term Stabilization Care; and
 - iv. Specialized Long-Term Care.
 - b. These services contribute to family preservation, address the therapeutic needs of children and youth, and provide homes for children and youth who require specialized care (see SHSS Types policy for more information).
9. SHSS Service Providers providing the above services are required to actively engage with other MCFD services when appropriate including, but are not limited to:
- Child and Youth Mental Health (CYMH) services;
 - Youth Transition Program;
 - Youth Justice;
 - Children and Youth with Support Needs (CYSN) services:
 - Family connection centres

- Disability Services
- Provincial Services
- Cultural supports and services;
- other community-based / public supports and intervention services, such as substance-use services (e.g., Maples, Foundry etc.).

Delivery of SHSS

10. SHSS services are delivered by contracted service providers on behalf of the Province, under section 93 of CFCSA (1996). The Director as a representative of the Province enters into agreements with contracted SHSS Service Providers to deliver SHSS services on behalf of the Province.
11. The SHSS Service Provider must consider the Best Interest of the Child (CFCSA for non-Indigenous children and youth) and Best Interests of the Indigenous Child (The Federal Act and CFCSA for Indigenous children and youth). See [Policy 1.1.](#) for more information.
12. Operational Policy for SHSS Service Providers (this document) must be administered and interpreted within the context of both the CFCSA and The Federal Act.
13. The following four sections of the CFCSA are of particular importance to understanding and applying the standards in this document:
 - Guiding Principles (section 2);
 - Service Delivery Principles (section 3);
 - Best Interests of Child (section 4); and
 - Rights of Children in Care (section 70).
14. Consistent with The Federal Act section 16(3), when the Director under the CFCSA has placed an Indigenous child or youth with anyone other than their parent or adult member of their family, the Ministry reassesses the placement on an on-going basis to determine if it is in the child or youth's best interest to be placed with their parent or other adult member of their family.
15. While the SHSS Service Provider works collaboratively with the Primary Professional, the child/youth's SHSS Care Circle and the Resources Team, and looks to the Director with respect to their sole discretion on decisions, the Ministry has a responsibility to work with parties, such as Nations, Indigenous communities, Indigenous authorities providing services under Indigenous child and family service laws, and/or guardians of children/youth, to make decisions that affect the child/youth and their family, in alignment with The Federal Act, the CFCSA, *the Declaration on the Rights of Indigenous Peoples Act*, and existing policy.

Operational Policy for SHSS Service Providers

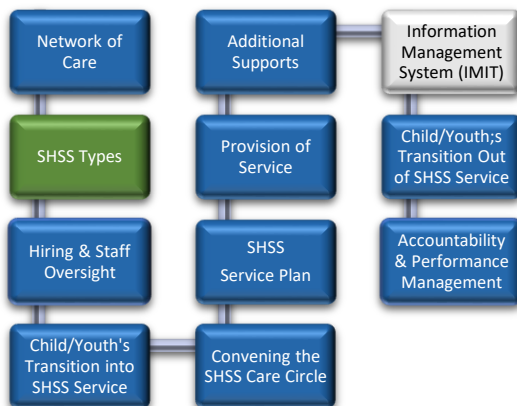
16. Operational Policy for SHSS Service Providers ('the/this policy') applies to organizations contracted to provide SHSS on behalf of the Province.
17. Compliance with the policy is mandatory.
18. This policy is aligned with the standardized contracts for the four SHSS services, and provides further information, process, and standards that SHSS Service Providers are required to follow in order to be compliant with their contracted commitments and applicable Laws.

Iterative Implementation of SHSS

19. To support the Province's iterative implementation of the SHSS transformation, this policy is intended to support the immediate, key operational needs of the SHSS.
20. Where in conflict, the SHSS Service Provider policies will supersede existing policy related to SHSS.
21. This policy will be updated in response to implementation learnings. SHSS Service Providers will be notified of changes.

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2. SHSS Types



Overview:

Specialized Homes & Support Services (SHSS) are contracted services that operate as part of the network of care providing families in B.C. access to supports that contribute to family preservation, address the therapeutic needs of children and youth, and provide homes for children and youth who require specialized care. SHSS services include:

- Low-Barrier Short-Term Stabilization Care
- Respite Care
- Emergency Care
- Specialized Long-Term Care

These services will provide high quality care designed to promote wellness and belonging for a child or youth, and to support their connection to family, community, and culture.

Purpose:

- SHSS Service Providers are aware of the programmatic features of each SHSS service type, including: intended outcomes of the service, eligibility and service length, as well as high-level Service Provider Personnel requirements for each service type.

Policy:

Respite Care Services

Overview of Service:

1. The Respite Care Services provide parents/guardians, caregivers and/or out-of-care providers (as applicable) who have primary responsibility for a child or youth with a temporary break from the emotional and physical demands of caregiving to maintain or improve overall family functioning and wellbeing.

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2. Respite Care Services are an overnight service, provided outside of the parents/Guardians', caregivers' and/or out-of-care providers' home and are part of a support plan to maintain a child/youth within the family, and/or keep children and youth out of full-time care.
3. Respite Care benefits children and youth by providing them a predictable respite environment and schedule, maintaining their important routines and supports (e.g., continuing to attend and receive their community therapies; continuing routines with extended family), and providing children and youth the opportunity to try new activities or interests, when possible.
4. Respite Care can be planned for or offered during emergencies or times of crisis, and provides children and youth a culturally safe, trauma-informed, developmentally appropriate, structured and warm environment, with qualified Service Provider Personnel who can meet the unique day-to-day needs of the child or youth.

Intended Outcomes of Respite Care:

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

Service Recipients

5. Respite Care may be provided to a parent/guardian, caregiver, and/or out-of care provider (as applicable) who requires a break from caring for the child/youth to maintain or improve family functioning and their continued ability to support and safely care for the child or youth.
6. For initial implementation, eligibility for SHSS Respite is limited to:
 - a. children and youth who are in-care; and
 - b. children and youth who are eligible for CYSN Disability Services who are not in care (including those residing with their parent or in an out-of-care arrangement).

Service Duration

7. The Respite Care Services provide short-term care aligned to the parents/guardians', caregivers' and/or out-of-care providers' (as applicable) planned or emergent needs. The duration ranges from several times each month (e.g., every Saturday for six months) to longer stays (up to 14 consecutive days) as part of the overall support plan for the family. A stay can be extended (as determined by the Director) in situations where complex needs of the child or youth require the Respite Care Services to be extended as part of a longer-term plan to support ongoing family preservation.
8. The SHSS Service Provider and the Director will meet periodically to assist the Director in determining whether the use of the Respite Care Services is in continued alignment with the child/youth's and the parents/guardians', caregivers' and/or out-of-care providers' needs, which determination may only be made by the Director in their sole discretion.
9. Periodically, Respite Care Services may be temporarily deferred due to priority of service.

Service Provider Personnel Requirements

10. The SHSS Service Provider must recruit and make every reasonable effort to retain the appropriate Service Provider Personnel (as outlined in Appendix B – Section 1, Table 1) to provide required services to children, youth, and their families; manage the operations to ensure the Services are delivered efficiently and effectively; and meet contractual reporting requirements with the Province.
11. The SHSS Service Provider must ensure Service Provider Personnel are fulfilling the roles and responsibilities of their positions as described in the Service Provider Personnel Model, including hours worked.
 - a. During the ‘Transition-In Period’ for legacy contract holders, a Care Setting’s Service Provider Personnel composition may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel aligns with agreed upon structure in Schedule K of the Agreement with the Ministry, unless otherwise expressly approved by the Director in writing.

Service Provider Personnel Training & Qualifications

12. The SHSS Service Provider will ensure all Service Provider Personnel have the training, qualifications, and credentials needed to perform their required job duties and provide high-quality, trauma-informed, culturally safe care aligned to the needs of the children and youth in the resource (as outlined in Appendix B – Section 1, Table 2).
 - a. During the ‘Transition-In Period’ for legacy contract holders, a Care Setting’s Service Provider Personnel training and qualifications may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel training and qualifications aligns with agreed upon requirements in Schedule K of the Agreement with the Province, unless otherwise expressly approved by the Director in writing.

Low-Barrier Short-Term Stabilization Care Services

Overview of Service

13. Low-Barrier Short-Term Stabilization Care Services provides culturally safe, trauma-informed, individualized supports for children and youth who are experiencing a crisis and/or instability in their living environment (family, out-of-care arrangement or In Care placement). Low-Barrier Short-Term Stabilization Care Services supports children, youth and families who often experience barriers to service, such as those without a formal diagnosis, those experiencing a functional crisis, or those experiencing living instability.
14. Low-Barrier Short-Term Stabilization Care Services focuses on crisis mitigation and healing through a harm-reduction lens by providing the child/youth with culturally safe, individualized supports. SHSS Service Providers work with the child/youth and their SHSS Care Circle to prepare a child or youth to transition back home (or to a new living arrangement if required) by supporting the child/youth’s and their family’s continued connection or reconnection with the appropriate community supports to meet their ongoing needs.
15. Supported by the child/youth’s SHSS Care Circle, Low-Barrier Short-Term Stabilization Care Service actively connects Child and Youth Mental Health (CYMH) and Children and Youth with Support Needs (CYSN) services, as well as other community supports (such

as substance-use services) to provide interventions that support the child/youth's move toward stabilization. The service also actively engages the child/youth's parents/Guardians, caregivers and/or out-of-care providers (as applicable) to ensure readiness to support the child/youth's successful return home.

Intended Outcomes of Low-Barrier Short-Term Stabilization Care:

- Crisis is mitigated and/or improved stability and wellbeing for the child/youth.
- Children/youth experience safety and improved wellbeing
- Child/youth is able to move or return to a stable living environment at transition-out of Low-Barrier Short-Term Stabilization Care.
- Child/youth's attachment and emotional ties to family and other supportive relationships is improved.
- Child/youth and family have supports in place for continued stabilization upon discharge.

Service Recipients

16. Low-Barrier Short-Term Stabilization Care service supports children, youth (up to their 19th birthday) and families who often experience barriers to service, such as those without a formal diagnosis, those experiencing a functional crisis, or those experiencing living instability. (Placeholder: Impacts of Youth and Young Adult Transition Policy)
17. Low-Barrier Short-Term Stabilization Care will typically be accessed after efforts to support the child/youth through intensive wrap-around community services have not led to successful outcomes. These services include:
 - a. community-based mental health services;
 - b. step-up step-down outreach programming;
 - c. community-based CYSN supports;
 - d. intensive home-based CYSN supports;
 - e. cultural supports; and
 - f. other community services.
18. In the future state, children and youth with any legal status (not in care, in out-of-care arrangements, and in care) can access Low-Barrier Short-Term Stabilization Care, however in early implementation, eligibility is limited to:
 - a. children and youth who are in-care; and
 - b. children and youth who are eligible for CYSN Disability Services who are not in care (including those living with their parent or in an out-of care placement).

Service Duration

19. Low-Barrier Short-Term Stabilization Care Services provide a short-term placement for children/youth for a period of three to nine months, unless the extraordinary health, education or behavioural needs of the child/youth warrant an extended placement, as determined by the Director in their sole discretion.

Service Provider Personnel Requirements

20. The SHSS Service Provider must recruit and make every reasonable effort to retain the appropriate Service Provider Personnel (as outlined in Appendix B – Section 2, Table 1) to provide required services to children, youth, and their families; manage the operations

to ensure the Services are delivered efficiently and effectively; and meet contractual reporting requirements of the Province.

21. The SHSS Service Provider must ensure SHSS Service Provider Personnel are fulfilling the roles and responsibilities of their positions as described in the SHSS Service Provider Personnel Model in Appendix B, including hours worked.
 - a. During the 'Transition-In Period' for legacy contract holders, a Care Setting's Service Provider Personnel composition may differ from the Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel aligns with the agreed upon structure in Schedule K of the Agreement with the Ministry, unless otherwise expressly approved by the Director in writing.

Service Provider Personnel Training & Qualifications

22. The SHSS Service Provider will ensure all Service Provider Personnel have the training, qualifications, and credentials needed to perform their required job duties and provide high-quality, trauma-informed, culturally-safe care aligned to the needs of the children and youth in the resource (as outlined in Appendix B – Section 2, Table 2).
 - a. During the 'Transition-In Period' for legacy contract holders, a Care Setting's Service Provider Personnel training and qualifications may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel training and qualifications aligns with the agreed upon requirements in Schedule K of the Agreement with the Province, unless otherwise expressly approved by the Director in writing.

Emergency Care Services

Overview of Service

23. Emergency Care Services provides a short-term placement of up to 30 days for children and youth.
24. The Emergency Care Services are intended to be used in situations where a child/youth has an emergent need and a safe placement is urgently required, but a less intrusive placement option is not available and the child/youth is not known to require stabilization.
25. Emergency Care Services contributes to successful transition planning for children and youth by:
 - a. providing immediate safe and trauma informed care;
 - b. providing a concentrated period of time to develop a deeper understanding of the child/youth and their family's unique needs and circumstances; gather the SHSS Care Circle to further explore extended family/community care provider options or other appropriate placement; and, to support the child/youth's successful transition to an alternative Service Type or to new care providers (with priority being placed on returning the child/youth to their family or to another family member); and
 - c. supporting Resource Workers and Primary Professionals in gathering information to support the child/youth's planning and transition back home or to their next living arrangement.

Intended Outcomes for Emergency Care:

- Child/youth moves to an appropriate living arrangement or placement.

- Children/youth experience improved safety and wellbeing.
- Child/youth's attachment and emotional ties to family and other supportive relationships is improved.

Service Recipients

26. Emergency Care Services provides a safe, supportive, short-term placement for children and youth who are:
- a. in care up to their 19th birthday who cannot live safely with their parent/Guardian or OOC provider for a period of time;
 - b. have been removed from their home by the Director; or
 - c. have experienced a disruption in their existing placement, and for whom no other appropriate care arrangement is readily available.

Service Duration

27. Emergency Care Services provides a short-term placement to children and youth in care for a period of up to 30 days, unless the extraordinary health, education or behavioural needs of the child/youth warrant an extended placement or an extension is otherwise warranted to support the successful transition of a child/youth back home or to a long-term placement or arrangement, in each case as determined by the Director in their sole discretion.

Service Provider Personnel Requirements

28. The SHSS Service Provider must recruit and make every reasonable effort to retain the appropriate Service Provider Personnel (as outlined in Appendix B – Section 3, Table 1) to provide required services to children, youth, and their families; manage the operations to ensure the Services are delivered efficiently and effectively; and meet contractual reporting requirements of the Province.
29. The SHSS Service Provider must ensure SHSS Service Provider Personnel are fulfilling the roles and responsibilities of their positions as described in the SHSS Service Provider Personnel Model described in Appendix B, including hours worked.
- a. During the 'Transition-In Period' for legacy contract holders, a Care Setting's Service Provider Personnel composition may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel aligns with agreed upon structure in Schedule K of the Agreement with the Ministry, unless otherwise expressly approved by the Director in writing.

Service Provider Personnel Training & Qualifications

30. The SHSS Service Provider will ensure all Service Provider Personnel have the training, qualifications, and credentials needed to perform their required job duties and provide high-quality, trauma-informed, culturally safe care aligned to the needs of the children and youth in the resource (as outlined in Appendix B – Service Provider Personnel Model Section 3, Table 2).
- a. During the 'Transition-In Period' for legacy contract holders, a Care Setting's Service Provider Personnel training and qualifications may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service

Provider will ensure their Service Provider Personnel training and qualifications aligns with agreed upon requirements in Schedule U of the Agreement with the Province, unless otherwise expressly approved by the Director in writing.

Specialized Long-Term Care Services

Overview of Service

31. Specialized Long-Term Care Services provides a 24-hour staffed and specialized environment for children and youth who require intense supervision and support, including those with exceptional needs, where all other living arrangements have been unable to provide the required level of support. Specialized Long-Term Care Services:
- a. provides a stable team of highly skilled SHSS Care Providers who are equipped to meet each child/youth's unique day to day needs and support their continued growth, development and wellness; and
 - b. promotes attachment, emotional ties, and belonging by providing an environment where a child's/youth's family, extended family, and community are welcome and engaged in their ongoing care.

Intended Outcomes of Specialized Long-Term Care

- Progress towards child/youth's goals for community inclusion.
- Placement stability for children/youth.
- Children/youth with significant support needs (inclusive of behavioural, mental health, substance use challenges) experience improved transitions to adult care system.
- Children/youth experience safety and improved wellbeing.
- Child/youth's attachment and emotional ties to family and other supportive relationships is improved.

Service Recipients

32. Specialized Long-Term Care Services is intended for children and youth in care up to their 19th birthday for whom all other living arrangements have been unable to provide the required level of support. These children and youth require intense supervision and supports in a 24-hour staffed and specialized environment.

Service Duration

33. The Specialized Long-Term Care Services Services provide a home to children and youth in care for a period of up to 12 months, unless the extraordinary health, education or behavioural needs of the child/youth warrant an extended placement, as determined by the Director in their sole discretion.
34. The Service Provider and the Director will meet frequently, but in no event less than every three months, to review each child and youth's placement and determine if a different placement would be better suited to the child/youth's needs.
35. If the child or youth is Indigenous and has been placed by the Director (i.e., the parent has not initiated the SHSS services for the child/youth), the Director considers whether the child or youth can be placed with their parent or adult family member in alignment with the Federal Act and ministry policy, as part of the ongoing reassessment of placement done for Indigenous children and youth.

Service Provider Personnel Requirements

36. The SHSS Service Provider must recruit and make every reasonable effort to retain the appropriate Service Provider Personnel (as outlined in Appendix B – Section 4, Table 1) to provide required services to children, youth, and their families; manage the operations to ensure the Services are delivered efficiently and effectively; and meet contractual reporting requirements of the Province.
37. The SHSS Service Provider must ensure SHSS Service Provider Personnel are fulfilling the roles and responsibilities of their positions as described in the SHSS Service Provider Personnel Model described in Appendix B, including hours worked.
 - a. During the 'Transition-In Period' for legacy contract holders, a Care Setting's Service Provider Personnel composition may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel aligns with agreed upon structure in Schedule K the Agreement with the Ministry, unless otherwise expressly approved by the Director in writing.

Service Provider Personnel Training & Qualifications

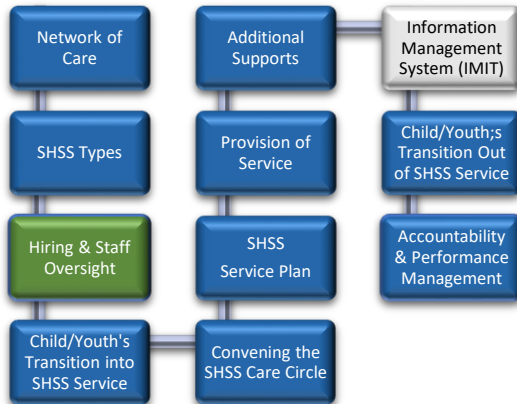
38. The SHSS Service Provider will ensure all Service Provider Personnel have the training, qualifications, and credentials needed to perform their required job duties and provide high-quality, trauma-informed, culturally safe care aligned to the needs of the children and youth in the resource (as outlined in Appendix B – Section 4, Table 2).
 - a. During the 'Transition-In Period' for legacy contract holders, a Care Setting's Service Provider Personnel training and qualifications may differ from the SHSS Service Provider Personnel Model described in Appendix B. The SHSS Service Provider will ensure their Service Provider Personnel aligns with agreed upon requirements in Schedule K of the Agreement with the Province, unless otherwise expressly approved by the Director in writing.

SHSS Cost Structure (all services)

39. SHSS services follow a standardized cost structure for each service– outlined in Appendix C - SHSS Costing Model (All Service Types) [\[Link\]](#)
40. The Operational Cost Structure in SHSS has been designed to remove the need for negotiation of costs in each contract. While costs are standardized within each SHSS service type as they relate to items such as wages and program costs, care can be individualized (that is, where additional supports are provided to meet the unique needs of each child/youth) through supplemental funds earmarked to each contract. These funds are accessed via a standardized process as described in Additional Supports policy [\[Link\]](#). In recognition of the range of housing costs across the province, the SHSS Service Provider is compensated for the actual cost of rent/mortgage.
41. The SHSS cost structure applies to all SHSS contracts, is set provincially, and is referenced in SHSS contracts – See the Agreement Schedule F for more information.
42. The Operational Cost Structure includes:
 - a. set amounts (provincially standardized):
 - i. Wages and Benefits
 - ii. Program Costs
 - iii. Facility costs (except for rent/mortgage)

- iv. Administration Fee
 - b. actual costs experienced by the SHSS Service Provider:
 - i. rent/mortgage
 - c. funds accessed as and when needed to meet the needs of children and youth residing in the SHSS:
 - i. Supplemental supports
 - ii. Clinical consultation
 - iii. One-time-only
43. The Operational Cost Structure is intended to enable consistent, high-quality and transparent services across the province, where both the SHSS Service Provider and the ministry can rely on a predictable set-capacity of services (i.e., beds), while at the same time, enabling individualized care for children and youth. Following the processes described in the Additional Supports section of the policy [Link], SHSS Service Providers will have access to funds to bring supports to children and youth based on their needs, facilitated by the Specialized Services Portal (Note: For SHSS Service Providers delivering Specialized Long-Term Care services during the Interim Period, requests for additional supports are made outside of the Specialized Services Portal, as directed by the Director).
44. In recognition of the current care economy and the difficulty SHSS Service Providers may experience recruiting Service Provider Personnel with the level of experience and credentials described in the SHSS Service Provider Personnel Model [link], SHSS Service Providers will be supported to redirect unspent funds for wages and benefits to be spent on recruitment, training, and development of Service Provider Personnel.
45. In recognition of the implications for SHSS Service Provider management and supervision staff's time associated with convening SHSS Care Circles and developing SHSS Service Plans, the Operational Cost Structure includes increased funds for those Service Providers Personnel.
46. The Operational Cost Structure includes an Occupancy Based Variable Amount (OBVA) under the program costs. Unlike existing contracted staffed resources, the ministry will pay the OBVA to SHSS Service Providers whether or not all beds are occupied.
- a. The ministry will not pay the OBVA if:
 - i. a bed has been empty for greater than 90 days; and/or,
 - ii. as part of an investigation.
47. 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.
48. 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). Adjustments of this type will be implemented automatically per the Schedule H of the Agreement (*Agreement and Service Amendment Processes*).

3. Hiring & Staff Oversight



Overview:

The hiring and retention of high-quality Service Provider Personnel is a core component of the success of SHSS services. SHSS Service Providers must manage the selection, screening, and training of Service Provider Personnel in a manner that ensures the suitability of qualified staff to provide care to children and youth. High quality Service Provider Personnel have an appropriate level of training and experience for their position as outlined in the SHSS Service Provider Personnel Model (see Appendix B).

Purpose:

- SHSS Service Provider Personnel delivering services to children, youth, and their families are skilled, safe, and are supported and managed effectively.

Policy:

SHSS Care Providers Selection and Screening

1. The SHSS Service Provider will ensure their SHSS Care Providers selection and screening procedures are in compliance with MCFD's [Screening and Assessment of Caregivers in Contracted Agencies \(SACCA\) Policy](#), regardless of the child or youth's legal status (not in care, in out-of-care arrangements, and in care).
2. The SHSS Service Provider will verify, by reasonable means, the applicant's:
 - a. relevant education and professional qualifications as described in the SHSS Service Provider Personnel Model described in Appendix B;
 - b. relevant employment history (e.g., through references checks); and
 - c. if the individual has no relevant employment history, the SHSS Service Provider must seek to verify the character or other relevant personal characteristics of the individual by requesting the individual to provide one or more personal references and contacting those references.
3. The SHSS Service Provider must:
 - a. maintain written policy and procedure regarding information kept in personnel records. The information includes:
 - i. criminal record check documentation;
 - ii. personal and employment references;

- iii. relevant medical history;
 - iv. application for employment and/or résumé;
 - v. verification of educational and professional qualifications;
 - vi. results of employment interview and reasons for hiring;
 - vii. copy of letter of employment and acceptance;
 - viii. written acknowledgment of personnel orientation;
 - ix. written performance evaluations;
 - x. documentation of any discipline measures;
 - xi. dates of commencement and termination of employment;
 - xii. recommendations concerning rehiring of a staff person within the program;
 - xiii. employee interviews upon termination of employment;
 - xiv. if required, copies of documents such as first aid certification, driver's license or other required certifications of special knowledge, skills, and abilities; and
 - xv. other requirements specific to the service.
4. The SHSS Service Provider must ensure that all Service Provider Personnel records are kept in a secure and retrievable form, accessible upon request by MCFD.
- a. The SHSS Service Provider must cooperate fully with any and all investigations (e.g., Quality of Care Review) into the SHSS and provide MCFD with Service Provider Personnel records as requested [link to Accountability and Performance Management policy].

Human Resource Management

5. The SHSS Service Provider, in accordance with the SHSS Service Provider Personnel Model (Appendix B) agreed to with the Province, will ensure the service has an appropriate number of qualified Service Provider Personnel to meet the requirements of the service and needs of each child or youth residing in the SHSS.
- a. Unless otherwise expressly approved by the Director in writing, Appendix B sets out the minimum Service Provider Personnel requirements that must be always in place at a Care Setting in accordance with the authorized number of children/youth.
6. The SHSS Service Provider will hire and pay SHSS Care Providers a direct hourly wage in compliance with Provincial Employment Standards, all applicable collective agreements, commensurate with their level of qualification, and in accordance with the Schedule F agreed to with the Province.
7. For eligible Service Provider Personnel, the SHSS Service Provider will provide:
- a. paid leave and backfill entitlement; and
 - b. benefits, including but not limited to, Employment Insurance (EI), Canada Pension Plan (CPP), Workers' Compensation Benefits (WCB); extended health benefits and Long-Term Disability (LTD).
 - i. These benefits are intended, in part, to ensure SHSS Care Providers are supported in managing the emotional impact of their work (i.e., mitigating the effects of direct and vicarious trauma) and have confidence in their capacity to carry out the purpose and function of the service.

8. The SHSS Service Provider, in accordance with its service agreement with the Province, will ensure Service Provider Personnel have access to business tools, such as computers, cell phones, as well as transportation as required to perform their job-related duties.

Supervision and Oversight of Service Provider Personnel

9. The SHSS Service Provider will provide each Service Provider Personnel member with a written job description and ensure personnel understand their role and related duties in alignment with the expectations and requirements described in the SHSS Service Provider Personnel Model (Appendix B).
10. The SHSS Service Provider will ensure personnel receive information needed to meet job requirements, through such means as:
 - a. SHSS Care Provider training as identified in the Continuous Improvement Plan;
 - b. SHSS Care Provider meetings;
 - c. briefing sessions;
 - d. shift change meetings;
 - e. daily logs and other communications; and
 - f. SHSS Care Provider team days.
11. The SHSS Service Provider provides SHSS Care Providers with regular supervision, evaluation, and support to monitor and enhance job performance addressing matters such as:
 - a. responses to children and youth, including those children and youth for whom the SHSS Care Provider has direct responsibility;
 - b. methods of working with children and youth, including those children and youth for whom the staff member has direct responsibility;
 - c. promoting the safety and wellbeing of children and youth;
 - d. degree of personal involvement with children and youth;
 - e. individual feelings and concerns relating to job requirements;
 - f. SHSS Care Provider development and training;
 - g. seeking clinical consultation as and when needed; and
 - h. carrying out instructions, exercise, and programs, and administering medications as described by the child/youth's clinical providers.
12. The SHSS Service Provider will have written policy and procedure requiring Service Provider Personnel to report to the SHSS Service Provider any criminal charges that they, or any other adult with significant unsupervised access to the child, incur while employed.
13. The SHSS Service Provider will establish policy concerning personnel disciplinary procedures.
14. The SHSS Service Provider will establish a probationary period for new Service Provider Personnel.
15. The SHSS Service Provider will establish policy requiring mandatory training for Service Provider Personnel in providing gender-affirming care to children/youth residing in an SHSS and protect 2SLGBTQIA+ children/youth from discrimination.

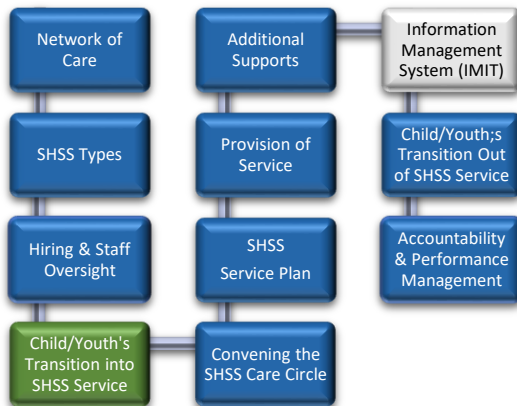
Required training

16. SHSS Service Provider Personnel must complete the Province's online privacy and information sharing training [course](#) or another course approved by the Province (see Schedule J (*Privacy Protection*) of the Agreement).
17. Service Provider Personnel are required to have appropriate training in:

This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

- a. Trauma Informed Practice;
- b. Cultural Safety;
- c. Gender-Affirming Care.

4. Child/Youth's Transition into SHSS Service



Overview:

Entering an SHSS service can be a challenging and stressful time for children, youth, and their families. SHSS Service Providers are responsible for preparing a safe and welcoming environment for children and youth and ensuring that the necessary processes are in place to support a trauma informed, culturally safe, and successful transition into service.

Purpose:

- SHSS Service Providers understand the required processes for facilitating a safe and supportive transition for children and youth entering an SHSS service.

Policy:

Referral and Admission to Service

1. The SHSS Service Provider has written policy and procedure regarding children or youth's eligibility to participate in the program, including:
 - a. referral procedures;
 - b. obtaining service recipient information necessary to provide service that may include: living arrangements, demographic, family, cultural, psychological, social, developmental, behavioural, educational, legal and medical information and ensuring this information is shared with relevant authorized persons;
 - c. a mutually agreed upon process with MCFD to determine the child/youth's needs to ensure that the service is appropriate for the needs and best interests of both the referred child/youth and of other child/youth already residing in the SHSS service; and
 - d. documenting intake decisions and conveying them to referring sources within an agreed upon time period.
2. The SHSS Service Provider will receive referrals for service from MCFD and Indigenous Child & Family Services Agencies (ICFSA) only and will review the referral information immediately.

- a. The SHSS Service Provider receives the child/youth's SHSS Referral Document and any other relevant pre-intake information from MCFD via the Specialized Services Portal.
 - i. Note: For SHSS Service Providers delivering Specialized Long-Term Care services during the Interim Period, SHSS Referral Documents are shared outside of the service provider portal. SHSS Service Providers will:
 1. use the Province IT Infrastructure as directed by the Director, excluding the Portal; and
 2. maintain fully current, accurate and complete files for each child and youth in a secure location. Following the Interim Period, the SHSS Service Provider will provide the Director with a copy of each child and youth's file in accordance with the Director's instructions.
 - b. Placeholder: determining how referrals can be received by Indigenous Governing Bodies exercising jurisdiction.
3. Following the receipt of a referral, the SHSS Service Provider will have a conversation with the Resource Worker and Primary Professional to determine whether the SHSS service is appropriate for the child or youth. Through this conversation, the SHSS Service Provider works with the Resource Worker and Primary Professional to:
 - a. clarify referral information and ask questions about the child/youth's needs;
 - b. determine whether there SHSS service is appropriate for the child/youth (e.g., whether the SHSS Service Provider's approach for delivering care aligns with the child/youth's needs);
 - c. determine whether there are any reason why the SHSS service may not be a good fit for the referred child/youth;
 - d. determine whether the needs of the child/youth can be met within the existing service capacity;
 - e. discuss whether the child/youth's needs any initial additional supports or services [link to Additional Support Policy];
4. The SHSS Service Provider accepts the referral if their SHSS service is appropriate for the referred child/youth (following policy #3 above). The Resource Worker reviews all referrals that have been accepted by SHSS Service Providers and confirm which SHSS service is selected for the child/youth.

Planning for a Child/Youth's Transition Into SHSS Service

5. The SHSS Service Provider will work collaboratively with the Resource Worker and Primary Professional to prepare for and support the child/youth's transition into SHSS service, including but not limited to:
 - a. gathering or receiving transition materials, if applicable (i.e., transition materials from another SHSS or placement), from the child or youth's parent/guardian, caregiver, and/or out-of-care provider, as well as from any other ministry services the child/youth is accessing;

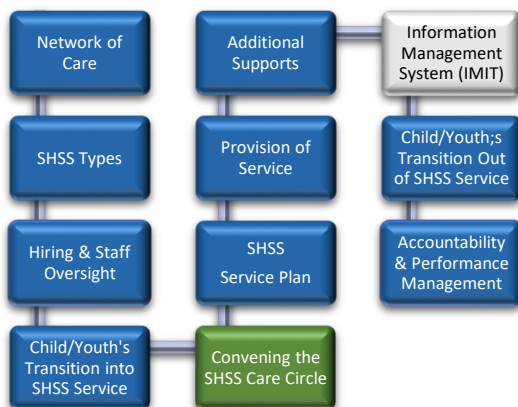
- b. supporting the child/youth, when possible, to have an active voice in their planning and process for transitioning into the SHSS service [link to SHSS Service Plan policy];
 - c. ensuring the child/youth's lived experience is considered when planning for their transition into SHSS service and does not cause further trauma to the child, youth, or family as they transition into SHSS service;
 - d. identifying activities and supports needed to promote a positive transition experience for a child/youth;
 - e. identifying initial supports required to facilitate the child/youth's transition into the SHSS service, including coordinating supports (when possible) prior to the child/youth arrival at the Care Setting (e.g., supplemental supports, clinical consultation, extra staffing, or one-time only supports (equipment, repairs, etc.)), in accordance with Additional Supports Policy [link to Additional Supports Policy];
 - f. mitigating any barriers or challenges where appropriate (e.g., develop a safety plan for children or youth that display high-risk behaviours); and
 - g. beginning initial service planning for the child/youth, including starting to develop the SHSS Service Plan in accordance with the key accountabilities and in alignment with the child or youth's other plans, described in the SHSS Service Plan Policy [link to SHSS Service Plan policy].
6. The SHSS Service Provider will work with the Primary Professional, the Resource Worker, and the child or youth's parent/guardian, caregiver, and/or out-of-care provider (as applicable) to coordinate an intake date and time.
 7. The SHSS Service Provider may be sent additional information from MCFD relevant to the child/youth's on an ad hoc basis (e.g., additional assessments). This information should also be used to guide the child/youth service planning.

Intake

8. The SHSS Service Provider's written policy and procedure regarding intake will include measures to ensure that:
 - a. intake and assessment information are sufficient to provide service; and
 - b. transfer of the child/youth's personal belongings occurs where relevant to the service.
9. The SHSS Service Provider must have written policy and procedure regarding the trauma-informed, developmentally appropriate, and culturally safe orientation/intake to the service for children, youth, and their parent/guardian, caregiver, or out-of-care provider (as applicable), including:
 - a. explanation of child/youth's CFCSA s.70 rights for children/youth in care and the expectation that care is delivered in alignment with s.70 rights for children/youth who are not in the care of a Director;
 - b. a walkthrough of the Care Setting and equipment;
 - c. normal service routines;
 - d. introduction to SHSS Service Provider Personnel (name and role of the Service Provider Personnel and which program area(s) they are responsible).
 - e. introduction to other children/youth residing in the Care Setting;

- f. estimated length of the service;
 - g. information about the full range of services the child/youth is receiving; and
 - h. the SHSS Service Provider's responsibility under the SHSS Service Plan;
 - i. expectations of children and youth;
 - j. behaviour management practices, including prohibited behaviour management practices;
 - k. emergency practices and procedures;
 - l. the SHSS Service Provider's complaint resolution procedure as well as the Ministry's complaint process (if eligible);
 - 1. Note: MCFD's ('the ministry') complaint process only applies to actions or inactions by MCFD Staff. See Accountability and Performance Management Policy for more information [link].
 - m. expectations of reasonable privacy and possession of their personal belongings;
 - n. plans following the service (if available).
10. The SHSS Service Provider, in collaboration with the Primary Professional, will facilitate a meeting with the child/youth and their parent/guardian, caregiver, and/or out-of-care provider where possible, on the day of intake in the SHSS service.
 11. When advised by the Primary Professional, the SHSS Service Provider will include members of the child or youth's SHSS Care Circle in the intake process (e.g., extended family, Nation(s)).
 12. In addition to a verbal orientation to service, the SHSS Service Provider will ensure children/youth, their guardian, family, and others in the child or /youth's SHSS Care Circle (e.g., the child's nation(s)) have access to written service information that is conveyed in a form understandable to them.
 13. For Low-Barrier Short-Term Stabilization Care, the intake process must:
 - a. Reflect a harm-reduction approach to orientation, including providing clarity on expectations for substance use and possession of substances, in accordance with Provision of Service Policy [link to Provision of Service policy]; and
 - b. Facilitate a child or youth's and their family's gradual transition into SHSS service.
 - i. A child or youth may choose to not sleep full-time at the resource. The SHSS Service Provider is responsible for working with the child/youth, their family, and others in the child/youth's care circle, to fully transition the child or youth into the SHSS service.
 14. The SHSS Service Provider, with support from the Primary Professional, will facilitate meeting with the child or youth's SHSS Care Circle within 48 hours after the child/youth's transition into the SHSS service.
 15. The SHSS Service Provide will begin developing the SHSS Service Plan, as per the SHSS Service Plan Policy [link].

5. Convening the SHSS Care Circle



Overview:

Convening the SHSS Care Circle refers to the act of bringing together the members of the SHSS Care Circle to inform and coordinate planning for children or youth residing in an SHSS, including developing the SHSS Service Plan. The SHSS Care Circle includes the child or youth and a group of trusted people who have knowledge of the child or youth and their strengths and needs. The SHSS Care Circle is responsible for supporting key decisions around the child or youth's care, establishing goals and strategies, and reviewing progress and making changes to planning as appropriate.

The SHSS Care Circle must be convened in a way that provides maximum safety for the child/youth and other participants to speak their truth, voice concerns and support planning.

Children and youth residing in SHSS may have more than one circle. For example, in addition to the SHSS Care Circle, children/youth in-care have a 'Care Circle' and children/youth accessing CYSN service have a 'Circle of Support'. These circles do not work in silos. Often, membership of these various circles overlap and the information shared in one circle directly impacts another. The SHSS Service Plan guides the activities and supports provided to the child or youth within and supported by the SHSS Service Provider; in other words, it describes what the SHSS Service Provider will do to support the goals and needs of the child/youth. The Primary Professional is responsible for leveraging the child or youth's other existing circles to support a coordinated approach to developing plans.

Purpose:

- SHSS Service Providers understand what an SHSS Care Circle is, who establishes and participates in the SHSS Care Circle, how and when the circle is convened, and what purposes it serves.
- SHSS Service Providers work in partnership with the child or youth's Primary Professional and SHSS Care Circle to support both the planning and delivery of services

and supports that are culturally safe, trauma informed, and aligned with the needs of the child or youth.

- SHSS Service Provider understand how to convene SHSS Care Circles in a consistent, safe, and respectful manner.
- SHSS Service Providers understand and establish necessary pathways for escalating issues and ensuring accountability.

Policy:

What is the SHSS Care Circle?

1. The SHSS Care Circle is a group comprising a child or youth and trusted people who have knowledge of the child/youth and their strengths and needs.
2. The SHSS Care Circle informs and coordinates planning for a child or youth residing in an SHSS, including supporting development and review of the SHSS Service Plan.

Composition and Establishment of the SHSS Care Circle

3. The child/youth's Primary Professional is responsible for establishing SHSS Care Circle membership (see MCFD Staff policy for more information [\[link\]](#)).
 - a. The child/youth's Referral Document holds information about the child/youth's SHSS Care Circle and other important relationships [\[link to IM/IT policy\]](#).
 - b. This Referral Document information informs initial membership of the child/youth's SHSS Care Circle. The Primary Professional, with support from the SHSS Service Provider, may add members to the SHSS Care Circle (see policy #8).
4. The 'Minimum' membership of the SHSS Care Circle must include, unless there are circumstances where inclusion may not be in the child/youth's best interest or is not applicable due to their legal status:
 - a. the child/youth;
 - b. the child/youth's Primary Professional;
 - c. a child/youth's Guardian, if different from the Primary Professional;
 - d. the SHSS Service Provider;
 - e. others as directed by the Primary Professional (e.g., Nation and/or cultural supports); and
 - f. the Resource Worker (at their discretion).
5. The 'Extended' membership of the SHSS Care Circle must include (unless there are circumstances where inclusion may not be in the child/youth's best interest or is not applicable due to their legal status):
 - a. the child/youth;
 - b. a child/youth's Guardian;
 - c. the child/youth's parent (may be the same as Guardian);
 - d. the child/youth's Caregiver or out-of-care provider;
 - e. the child/youth's Primary Professional (may be the same as Guardian);
 - f. the Resource Worker for the SHSS;
 - g. one or more of the SHSS Care Providers;

- h. those persons with legislative accountabilities (e.g., Youth Probation Officers); and
 - i. a representative from the child or youth's Indigenous community or Indigenous authority:
 - i. with consent of the child or youth (based on developmental level) and guardian;
 - ii. consistent with an agreement between the Director or Minister and the Indigenous community or Indigenous governing body; or
 - iii. in accordance with [Policy 1.2](#) if the Indigenous community has a child and family service law that applies to the child or youth.
6. The Primary Professional will also consider, as appropriate, inclusion of:
 - a. adults (or youth/young adults) as requested by the child/youth (this provides for possible inclusion of siblings or others who may be supportive of the young person);
 - b. individuals to support cultural connections;
 - c. adults as requested by the Guardian; and
 - d. key professionals who have in-depth knowledge of the child/youth (e.g., behavioral support worker).
 7. The SHSS Service Provider will ensure that each time an SHSS Care Circle is convened (see 'Convening the SHSS Care Circle' section below), the meeting includes at least 4 adults (where 2 of these adults are not SHSS Service Provider Personnel).
 - a. Where attempts from the SHSS Service Provider to secure membership or ensure members attend an SHSS Care Circle meeting has not been effective, the Ministry has a responsibility to support the SHSS Service Provider, including compelling SHSS Care Circle members to attend.
 8. To ensure children/youth are considered and cared for within the wider context of their extended family, community, culture, and their physical, social, emotional, mental, and spiritual selves, the SHSS Service Provider:
 - a. is proactive in identifying, forming connections with, and meaningfully involving the child/youth's family, extended family, and/or trusted community members in the SHSS Care Circle, in collaboration with the child/youth and their Primary Professional and in alignment with the SHSS Service Plan. The SHSS Service Provider:
 - i. develops a deeper understanding of the child/youth and identifies additional people that are meaningful to them;
 - ii. confirms whether an identified person is safe and appropriate for the SHSS Care Circle by discussing with, and getting approval by, the child/youth's Primary Professional;
 - iii. upon approval, the Primary Professional may advise the SHSS Service Provider to build a rapport and facilitate participation of this person in the SHSS Care Circle, as appropriate; and
 - iv. the Primary Professional may also determine that they, or someone else they've identified, should initiate contact with the identified person and facilitate their participation in the SHSS Care Circle.

- b. promotes the maintenance or strengthening of meaningful relationships, attachment, emotional ties, and connection to culture while the child or youth resides at the SHSS, in the child or youth's best interests.
- c. grows the SHSS Care Circle and forms new relationships with the child or youth's extended family and/or community to support:
 - i. attachment and emotional ties to family and other supportive relationships; and
 - ii. engagement and connection to their community and culture.

Convening the SHSS Care Circle

9. Convening the SHSS Care Circle refers to bringing together people identified as part of a child/youth's SHSS Care Circle to develop a shared understanding of a child/youth's needs, and to collectively plan, make decisions, and review progress.
 - a. SHSS Service Providers work in alignment with the Aboriginal Policy and Practice Framework when convening the SHSS Care Circle [[abframework.pdf \(gov.bc.ca\)](#)].
10. The SHSS Care Circle must be convened in a respectful, trauma informed, and culturally safe manner and:
 - a. maximizes safety for the child/youth and other SHSS Care Circle members, supporting all members to speak their truth, voice concerns and support planning;
 - b. recognizes and mitigates complex power dynamics, particularly with children/youth participating in a SHSS Care Circle with adults;
 - c. fosters meaningful inclusion and respect for multiple world views and perspectives; and
 - d. builds and strengthens relationships with SHSS Care Circle members through partnership, collaboration, transparency, truth telling, and information sharing.
11. The SHSS Service Provider is responsible for convening the SHSS Care Circle when delivering:
 - a. Specialized Long-Term Care,
 - b. Respite Care, and
 - c. Low-Barrier Short-Term Stabilization Care.
12. The Primary Professional will convene the SHSS Care Circle for Emergency Care due to the short duration of this service and that there is likely limited information available about the child/youth [[link](#)] to MCFD Staff Convening the SHSS Care Circle policy].
 - a. The SHSS Service Provider is expected to support the Primary Professional in facilitating meeting with the child/youth's SHSS Care Circle within 48 hours after the child/youth's transition into the Care Setting.
13. The SHSS Service Provider is responsible for the administrative duties associated with Convening the SHSS Care Circle, with the noted exception of policy #12 and subject to policy #14. These generally include, but are not limited to:
 - a. contacting SHSS Care Circle members (as reflected in the child or youth's SHSS Service Plan and informed by the child/youth's Primary Professional);
 - b. coordinating dates and meetings with the SHSS Care Circle;

- c. providing a physical space at the Care Setting for the SHSS Care Circle to convene;
 - d. keeping records;
 - e. recording decisions and discussions; and
 - f. enabling SHSS Care Circle members to participate in-person, by telephone, and virtually.
14. In some cases, the SHSS Service Provider may receive specific directions from the Primary Professional on the administrative duties associated with convening the SHSS Care Circle (see policy #13 above), including taking on those administrative duties themselves or assigning them to another party, based on the best interest of the child/youth and the needs of the child/youth and their family.
15. The SHSS Service Provider may require assistance from the Primary Professional with the following administrative duties as needed, including, but not limited to:
- a. scheduling virtual meetings (i.e., for reasons of information security);
 - b. contacting members of the SHSS Care Circle, particularly for children and youth in care; and
 - c. supporting, and in some cases compelling, other members to attend.
16. The SHSS Service Provider convenes the SHSS Care Circle in accordance with Schedule C and J of the SHSS Service Provider' Agreement:
- a. Specialized Long-Term Care:
 - i. monthly with the child/youth's 'Minimum' membership of the SHSS Care Circle (see policy #4); and
 - ii. bi-annually (twice per year) with the 'Extended' membership of the SHSS Care Circle (see policy #5)
 - b. Respite Care: once per respite stay, maximum once per month
 - c. Low-Barrier Short-Term Stabilization Care: within 72 hours of the child/youth's transition into SHSS service and monthly
 - d. Emergency Care: within 48 hours of the child/youth's transition into SHSS service, bi-monthly and at the child/youth's transition-out of SHSS service (discharge).
17. In addition to policy #16, a request to convene the SHSS Care Circle or key members of the SHSS Care Circle can be provided by:
- a. the child or youth;
 - b. the child or youth's Guardian;
 - c. the child or youth's Primary Professional;
 - d. the child or youth's Indigenous community;
 - e. the Indigenous authority providing services under an Indigenous child and family service law that applies to the child or youth;
 - f. the Resource Worker;
 - g. the child/youth's parents, caregiver, or out-of-care provider; and
 - h. other key professionals who have in-depth knowledge of the child or youth (e.g., school and health partners).
18. The SHSS Service Provider must inform the Primary Professional of any requests for additional SHSS Care Circle meetings and seek approval prior to convening additional SHSS Care Circles. Following approval, the SHSS Service Provider supports the

administrative duties for convening the SHSS Care Circle, as described in policy #13-15. An additional SHSS Care Circle meeting can be convened to:

- a. update or review the SHSS Service Plan based on the emerging needs of a child/youth;
- b. share important information or updates about the child/youth;
- c. respond to an immediate need, situation, or crisis for the child/youth;
- d. support immediate re-alignment to the child/youth's other existing plans (e.g., Care Plan, Safety Plan);
- e. reassess a child/youth's placement; and
- f. initiate the child/youth's transition-out planning.

Responsibilities of the SHSS Care Circle

19. For all SHSS service types, the SHSS Care Circle is responsible for:

- a. ensuring that a child/youth residing in an SHSS is receiving appropriate care and services, within the Care Setting, to meet their unique individual needs;
- b. ensuring that a child/youth residing in an SHSS has opportunity to connect with their family, community, and culture, as appropriate and in their best interest;
- c. discussing and escalating any activities, incidents or issues that have occurred with the child/youth (e.g., incident at school, use of restraint, etc.);
- d. establishing, reviewing, and providing ongoing input into the development of the SHSS Service Plan (e.g., developing goals and strategies);
- e. ensuring the child/youth's voice is meaningfully reflected in their SHSS Service Plan and that information received through the Monthly Check-In is incorporated in service planning, as appropriate;
- f. validating and measuring the child/youth's progress towards their SHSS Service Plan and determining whether SHSS Service Plan goals and strategies are being met and/or need to be re-assessed; and
- g. informing transition readiness and a child/youth's transition-out of SHSS service.

20. Some SHSS service types have key responsibilities to fulfil when convening the SHSS Care Circle (although they may be applicable to other service types):

- a. In Respite Care, the SHSS Care Circle:
 - i. helps identify the child/youth's existing supports and routines and ensures they are maintained during the respite stay by capturing them in the SHSS Service Plan.
- b. In Low-Barrier Short-Term Stabilization Care, the SHSS Care Circle:
 - i. identifies community services and supports to connect/reconnect with the child/youth;
 - ii. enables the parents/Guardians', caregivers' and/or out-of-care providers' to have an active role and participation in the service and to assist them, where possible and appropriate, in accessing other external supports or services to develop the skills they need to support the child/youth's stabilization and reintegration back home;
 - iii. supports stabilization of the child/youth's living arrangement and preparation for return to their previous or alternate living arrangement; and

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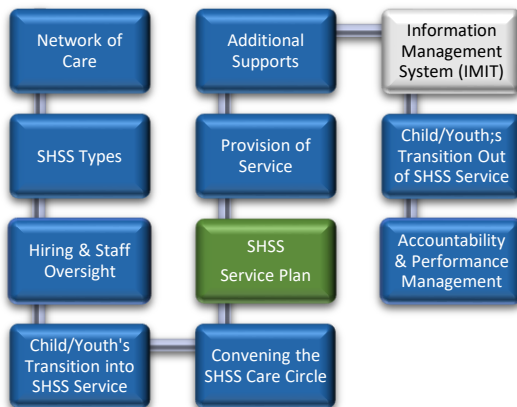
This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

- iv. supports the transition and provision of clinical plans from SHSS Clinical Care Providers to the child/youth's community-based clinical service provider(s) who will continue to work with the child/youth on strategies and goals.
- c. In Emergency Care, the SHSS Care Circle:
 - i. shares information to help identify and inform an appropriate living arrangement based on the child/youth's needs; and
 - ii. helps determine the child/youth's transition readiness and corresponding transition goal/strategy setting.

Pathways for remediating issues within a SHSS Care Circle

21. SHSS Service Providers must establish an environment for strong partnership where all SHSS Care Circle members are heard and engaged in the service planning process as much as possible.
22. SHSS Service Providers will take steps to resolve any issues or conflict regarding convening the SHSS Care Circle internally and as quickly as possible through respectful and productive dialogue with the SHSS Care Circle and Primary Professional.
23. If an issue or conflict regarding convening the SHSS Care Circle cannot be resolved internally by the SHSS Service Provider, an issue can be escalated using the following pathways:
 - a. working with the SHSS (e.g., program manager);
 - b. working with the child/youth's Primary Professional;
 - c. working with the Resource Worker;
 - d. the Primary Professional and/or Resource Worker can seek to escalate the issue within MCFD internally (Team Leads, DOOs, EDS).
 - e. enabling the SHSS Service Provider complaint process;
 - f. enabling the MCFD complaint process, as appropriate and eligible;
24. If a member of the SHSS Care Circle does not feel the issue has been resolved through the processes described in policy #23 above:
 - a. the SHSS Service Provider complaints process can be utilized, as appropriate and eligible;
 - b. the MCFD complaints process can be utilized, as appropriate and eligible; and
 - c. the Primary Professional and/or Resource Worker can further escalate the issue within MCFD internally (Team Leads, DOOs, EDS).
25. The SHSS Service Provider, Primary Professional, and Resource Worker will work in alignment with the *Governance, Stewardship and Relationship Management* schedule (Schedule G) in the Agreement ([link](#)) to identify, discuss, and remediate or resolve matters that may arise through convening the SHSS Care Circle, in a timely and efficient manner.

6. SHSS Service Plan



Overview:

All children and youth residing in an SHSS have an SHSS Service Plan. The SHSS Service Plan provides the platform for the SHSS Services Providers to work with the SHSS Care Circle to develop individualized plans, including developing goals and supports for each unique child or youth across key domains of wellness. The SHSS Service Plan is designed to support consistency in planning, practice, reporting and accountability across SHSS.

The SHSS Service Plan serves more than one function, the primary function is to enable SHSS Service Providers to plan for the quality care that meets the child or youth's needs, including identifying key goals and strategies across four domains (Community Inclusion/Belonging; Cultural Attachment and Connectedness; Social Emotional and Day to Day Wellness; Developmental Needs). The SHSS Service Plan also reflects the SHSS Service Provider's responsibilities as outlined in a child or youth's other existing plans (if applicable) such as a Care Plan or a My Support Plan. To enable effective and ongoing planning for a child or youth, goals and strategies are reviewed and assessed at regular intervals and with key input from the child or youth and their SHSS Care Circle.

A child or youth may have other existing plans, such as a Care Plan, a CYSN My Support Plan, or a Youth Transition Plan. For children and youth in-care, the MCFD Care Plan is their primary planning document which always takes primacy over the SHSS Service Plan and is the primary tool used to inform various elements of the child or youth's care. An SHSS Service Plan should align to the MCFD Care Plan, and provide further details regarding how the SHSS Service Provider will support the child or youth and their goals within the Care Setting.

It is important that SHSS Service Providers are aware of a child or youth's other existing plans and that the SHSS Service Plan is in alignment. The child or youth's Primary Professional plays an important role in supporting alignment of a child or youth's various plans and providing SHSS Service Providers with the necessary information to inform the service plan – such as SHSS referral documents, relevant plans, assessment, etc. Information gathered through SHSS

service planning may also be used to update and inform a child or youth's other care circles, for example to inform Care Plan meetings for children and youth in-care.

Convening the SHSS Care Circle [\[link to Convening the SHSS Care Circle policy\]](#) is an important aspect of the development of the SHSS Service Plan, as it helps ensure that individuals most important to the child or youth and who have a strong understanding of their strengths and needs are involved in the planning process. The SHSS Care Circle's responsibility is to reflect the child or youth's views and ensure that the child or youth sees their strengths, needs, interests and talents reflected in their plans.

Purpose:

- SHSS Service Providers understand the requirements for creating and developing an SHSS Service Plans for each child/youth residing at an SHSS, in collaboration with the child/youth's SHSS Care Circle;
- SHSS Service Providers ensure the needs of children/youth residing in SHSS are met by effectively using and developing the SHSS Service Plan;
- SHSS Service Providers appropriately measure children/youth's progress towards goals;
- SHSS Service Providers document the necessary information in the SHSS Service Plan to support monitoring of outcomes and performance standards; and
- SHSS Service Providers understand and establish necessary pathways for escalating issues and ensuring accountability.

Policy:

Interim SHSS Service Plan (Note: The Interim SHSS Service Plan section is for SHSS Service Providers delivering Specialized Long-Term Care services during the Interim Period only. Direct Award Legacy Contractors and SHSS Service Providers with Net-New SHSS Contracts selected from the CFR should proceed to SHSS Service Plan policy #5)

1. During the Interim Period, the SHSS Service Provider will not use the Specialized Services Portal as required under section 10.2 of the Agreement and will create and store all Personal Information, Work Product and Director's Records in accordance with the Director's instructions.
2. Following the Interim Period, the SHSS Service Provider will provide the Director with copies of all Personal Information, Work Product and Director's Records created during the Interim Period in accordance with the Director's instructions.
3. The SHSS Service Provider will use the electronic or paper-based form of 'Interim SHSS Service Plan' provided to the SHSS Service Provider by the Director in lieu of the technology-enabled SHSS Service Plan described in section 4.2(b)(i) of Schedule B of the Agreement.
4. With respect to the SHSS Service Plan policy, all reference to the:

- a. SHSS Service Plan refers to the Interim SHSS Service Plan (as described in Policy #3 above).
- b. 'Specialized Services Portal' or 'portal' refers to the Director's instructions for using the Interim SHSS Service Plan and sharing the child/youth's plans and other information with the ministry outside of the portal (as described in Policy #1 above).
 - i. For clarity, the Service Provider will not submit or otherwise transmit the Interim SHSS Service Plan via unsecure email.
 - ii. The ministry will receive and review the Interim SHSS Service Plan outside of ICM.

Overview and SHSS Service Plan process

Relationship between the SHSS Service Plan and the Care Plan

- 5. Children/youth in-care will have a Care Plan, which is their primary planning document and supersedes any other plans a child/youth residing in an SHSS may have.
- 6. The SHSS Service Plan will compliment the Care Plan by aligning with the key goals and objectives described in the Care Plan and will provide further clarity on the SHSS Service Provider's roles and accountabilities for delivering quality care that aligns to the children/youth's needs.

What is the SHSS Service Plan

- 7. The SHSS Service Plan is:
 - a. The primary tool used by the SHSS Service Provider to develop individualized plans for a child/youth
 - b. used to guide collaborative service planning with the SHSS Care Circle;
 - c. used to guide access to additional supports (e.g., need for additional staffing) required to support a child/youth;
 - d. a technology-enabled plan that is introduced once the child/youth has been welcomed into an SHSS;
 - e. built into the online information management system (IM/IT) and accessed by the SHSS Service Provider through the Specialized Services Portal;
 - f. a key accountability tool that is used for monitoring and reporting purposes; and
 - g. aligned to related goals and services that have been identified in other existing MCFD plans the child/youth may have (e.g., My Support Plan, CYMH Plan, Care Plan, etc.).
- 8. The SHSS Service Plan guides the day-to-day care delivered to a child/youth residing in a SHSS. The SHSS Service Plan follows the same format and planning process for each of the SHSS service types, however goals and strategies are developed within the context of the service type provided to the child/youth [\[link to SHSS Type policy\]](#):
 - a. Specialized Long-Term Care
 - b. Respite Care
 - c. Low-Barriers Short-Term Stabilization Care

- i. See Stabilization Plan section [\[link\]](#) for more information on how to complete the SHSS Service Plan in the context of a Low-Barrier-Short Term Stabilization Care service.
- d. Emergency Care
- 9. The SHSS Service Plan is child or youth specific and contains the following information:
 - a. About Me: information about a child or youth's gifts, strengths, likes, dislikes, medications, preferred way to interact with people, existing supports, and services, etc.,
 - b. My Care Circle: Information, membership and role of the child or youth's SHSS Care Circle. My Care Circle should also include information about a child or youth's cultural community(ies) and Indigenous community(ies).
 - c. Goals, strategies, and activities as well as supports and services the child or youth receives in alignment with their goals and day-to-day care.
 - d. Goals and strategies specific to children or youth's transition-out of SHSS service.
 - e. Daily logs: Information that supports planning for SHSS Service Providers, notes capturing about the day-to-day care, sharing of relevant information between SHSS Care Provider shifts etc.
- 10. The SHSS Service Plan is in alignment with, and supported by, the Commission on Accreditation of Rehabilitation Facilities (CARF).

SHSS Service Plan Process

Creating the SHSS Service Plan:

- 11. The SHSS Service Provider generates the SHSS Service Plan for a child or youth entering or residing in an SHSS via the Specialized Services Portal [\[Link to IM/IT policy\]](#).
 - a. The SHSS Service Provider is encouraged to generate and start developing the SHSS Service Plan prior to the child/youth's transition into the SHSS service and prior to the first SHSS Care Circle meeting.
 - b. The SHSS Plan must be started within 2 calendar days of the child/youth's transition into the SHSS.
- 12. The SHSS Service Provider is responsible for drafting, updating, and maintaining the SHSS Service Plan, in accordance with Convening the SHSS Care Circle policy [\[link\]](#).
- 13. The SHSS Service Provider collaborates with the child/youth's SHSS Care Circle in the development of the SHSS Service Plan and to establish the child/youth's SHSS Service Plan goals and strategies.
- 14. When creating the SHSS Service Plan, the SHSS Service Provider:
 - a. ensures that the child/youth continues to access their existing external supports and services and that the appropriate information about these existing services is documented in the SHSS Service Plan.
 - i. When goals and strategies are being established with a child/youth, consider which existing clinical or non-clinical service providers are available and can be leveraged to support progress towards goals or strategies.

- b. identifies the need for additional external supports and services, in collaboration with the SHSS Care Circle, Primary Professional and the Resource Worker, and in accordance with Additional Supports policy [\[link\]](#).
 - i. When goals and strategies are being established with a child/youth, consider whether additional external supports and services are needed to enable the child/youth to make progress towards goals or strategies. See Additional Support policy for more information on how to access these services and supports and request funds.
- c. is responsible for ensuring that all SHSS Care Provider related duties and responsibilities from the child/youth's other existing plans (e.g., Care Plan) are documented in the SHSS Service Plan.
 - i. The SHSS Care Circle establishes and/or confirms existing goals and supports development of the SHSS Service Provider's strategies.
 - ii. SHSS Care Providers are responsible for carrying out the strategies and for actioning elements of the child/youth's existing plans relevant to their care (e.g., implementing a clinical plan developed by external service provider).

Submission and Approval of the SHSS Service Plan

- 15. Within 7 calendar days of a child or youth's transition into the SHSS service, the SHSS Service Provider must send the draft SHSS Service Plan via the Specialized Services Portal to the Primary Professional for review and approval.
- 16. The SHSS Service Provider will convene the SHSS Care Circle (as per Convening the SHSS Care Circle policy) before submitting the draft SHSS Service Plan for review and approval to the Primary Professional.
- 17. If the SHSS Care Circle cannot be convened prior to the first 7 calendar days of a child or youth's transition into the SHSS service, the SHSS Service Provider will:
 - a. notify the Primary Professional of the delay in convening the SHSS Care Circle;
 - b. submit an initial SHSS Service Plan developed using information from the SHSS Referral Document. The initial SHSS Service Plan must be submitted within the first 7 days of the child/youth's transition into the SHSS service; and
 - c. review and resubmit an updated SHSS Service Plan to the Primary Professional within 2 calendar days after the first SHSS Care Circle meeting.
- 18. As needed, the SHSS Service Provider will work with the Primary Professional to answer questions and provide any clarification regarding the SHSS Service Plan.
- 19. The SHSS Service Plan is reviewed by the Primary Professional to ensure alignment with the Care Plan. The SHSS Service Provider will:
 - a. be notified by the Primary Professional via the Specialized Services Portal as to whether the SHSS Service Plan is approved, approved but requires revision, or not approved and requires revision.
 - i. If revisions are required, the SHSS Service Provider must re-submit the revised plan to the Primary Professional within 2 calendar days or within the specified time frame directed by the Primary Professional (i.e., immediately).

- b. work with the Primary Professional to discuss any questions or seek clarification regarding aligning the SHSS Service Plan with the Care Plan; and
 - c. receive confirmation that the SHSS Service Plan is approved via the Specialized Services Portal when alignment with the Care Plan is complete.
- 20. The SHSS Service Provider is notified via the Specialized Services Portal once the Primary Professional approves that the SHSS Service Plan is developed.
 - a. While the Primary Professional approves that the SHSS Service Plan is developed, the SHSS Service Provider must continue to deliver day-to-day care to the child or youth and carry out any caregiving responsibilities outlined in the child or youth's other existing plans.
 - b. Approval of the SHSS Service Plan via the Specialized Services Portal indicates that the plan is now active.
- 21. The Primary Professional receives a PDF of the submitted SHSS Service Plan. Please see IM/IT policy for more information [link].

Reviewing and Maintaining the SHSS Service Plan

- 22. The Service provider will convene the SHSS Care Circle, as per the Convening the SHSS Care Circle policy [link], to review, update, and evaluate the SHSS Service Plan and discuss the child or youth's needs and service planning. SHSS Service Plan goals and strategies are evaluated and updated with the SHSS Care Circle:
 - a. Specialized Long-Term Care:
 - i. monthly with the child/youth's 'Minimum' membership of the SHSS Care Circle
 - ii. bi-annually (twice per year) with the 'Extended' membership of the SHSS Care Circle
 - b. Respite Care: once per respite stay, maximum once per month
 - c. Low-Barrier Short-Term Stabilization Care: within 72 hours of the child/youth's transition into SHSS service and monthly
 - d. Emergency Care: within 48 hours of the child/youth's transition into the SHSS, bi-monthly and at the child/youth's transition-out of SHSS service (discharge).

Accountability and performance management via the SHSS Service Plan

- 23. The SHSS Service Provider supports the Ministry's various monitoring and oversight accountabilities by:
 - a. providing high quality, timely, and accurate information in the SHSS Service Plan;
 - b. appropriately measuring progress towards goals and strategies based on the child/youth and their SHSS Care Circle's input; and
 - c. completing the Monthly Check In on time and with information that accurately reflects the child/youth's voice (see Part 3 of the SHSS Service Plan policy and Accountability and Performance Management policy for more information).

Child/Youth's Transition-out of SHSS Service

This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

Most planning for a child or youth residing in an SHSS is forward thinking. From point of placement, SHSS Service Providers, MCFD staff, and the child or youth's SHSS Care Circle are tracking and planning for the child or youth transition. The SHSS Service Plan includes specific goals (known as Transition Goals) intended to support the child or youth to transition out of the specific SHSS service. Transition goals are child/youth specific and are developed within the context of the SHSS service provided. See Child/Youth's Transition-Out of SHSS Service policy [\[link\]](#) for more information.

24. After being notified by the Primary Professional of the child/youth's upcoming transition out of SHSS service, the SHSS Service Providers must:
 - a. collaborate with the SHSS Care Circle, the Primary Professional and the Resource Worker to establish transition goals and strategies and to prepare the child/youth's for their upcoming transition-out of service;
 - i. The SHSS Service Provider must identify 'transition goals' in the SHSS Service Plan by checking-off the box indicating "Is this a 'Transition' Goal" [\[Link IMIT Manual\]](#).
 - b. review and measure a child/youth's progress towards their transition goals in collaboration with the child/youth and their SHSS Care Circle;
 - c. update and/or establish new transition goals as previous goals are achieved or if the goal is no longer effective or aligned with the child/youth's needs; and
 - d. develop transition materials to support the child/youth's next parents/Guardians, caregivers, out-of-care providers and/or other service providers in the SHSS Program upon transition, taking into account privacy considerations (see Child/Youth's Transition-Out of SHSS Service policy for more information).
25. After a child or youth transitions-out of the SHSS service, the SHSS Service Plan is stored in the Specialized Services Portal indefinitely and can be accessed under the 'Service Plan' view [see IMIT user manual for more information].

Sections of the SHSS Service Plan

26. Once a child/youth is referred to an SHSS, the SHSS Service Provider uses the child/youth's Referral Document information to develop a trauma-informed, developmentally appropriate and culturally safe Care Setting and to guide initial service planning for the child/youth.
 - a. The Referral Document captures important information about a child/youth and their needs relative to the service provided by the SHSS Service Provider. Information included in the SHSS Referral Document includes:
 - i. personal information (e.g., age, name, date of birth etc.);
 - ii. strengths, needs, likes, dislikes, triggers, behavioural considerations, etc.;
 - iii. medical needs, medications, prescriptions, etc.;
 - iv. goals, planning, and support needs;

- v. individuals in the child/youth's life who are safe or not safe to contact as well as SHSS Care Circle members, Cultural Community(ies), and Indigenous Cultural Community(ies);
 - vi. Safety Plan and/or other existing plans;
 - vii. school and other activities the child/youth is involved in; and
 - viii. a summary of prior supports/services that have already been accessed.
27. The child/youth's Referral Document may hold key information about multiple external supports and services provided to the child/youth including:
- a. which service and support a child/youth is already accessing; and
 - b. information about relevant assessments and clinical plans in which the SHSS Service Provider should align the SHSS Service Plan with.
28. The SHSS Service Provider must complete all sections of the SHSS Service Plan, in accordance with Convening the SHSS Care Circle policy, and using the key information included in the SHSS Referral Document.

Section A: About Me

29. The 'About Me' section is intended to support the child/youth's care planning, ongoing support, and enabling transition back home or to their next appropriate living arrangement.
30. The SHSS Service Provider is responsible for updating and maintaining the 'About Me' section of the SHSS Service Plan with information from:
- a. the child/youth, as the SHSS Service Providers gets to know the child/youth better and deliver care (e.g., the child/youth's physician updated a prescription);
 - b. the child/youth's SHSS Referral Document;
 - c. the child/youth's SHSS Care Circle;
 - d. the child/youth's external supports and services, including adding information about which external services and supports the child/youth's currently accessing; and
31. When updates to the 'About Me' section are made, the SHSS Service Provider must submit this section of the SHSS Service Plan to the Primary Professional for review and alignment with the child/youth's Care Plan.
- a. Upon approval from the Primary Professional, the SHSS Service Provider must action and take into consideration 'About Me' information in the provision of service and support planning.
 - b. Information in the 'About Me' section of the SHSS Service Plan can be used as evidence to demonstrate a child/youth's need for additional services [Link to Additional Supports Policy].

Section B: My Care Circle

32. The 'My Care Circle' section of the SHSS Service Plan holds important information about the child/youth's SHSS Care Circle, Cultural Community(ies), Indigenous Community(ies), and people that are important to the child/youth, as appropriate. The SHSS Service Provider must:

- a. include the child/youth's SHSS Care Circle in the development of the SHSS Service Plan, see Convening the SHSS Care Circle Policy [\[link\]](#) for more information;
 - b. meaningfully include the child/youth's Cultural Community(ies) and Indigenous Community(ies), as appropriate and directed by the Primary Professional, in the development of the SHSS Service Plan; and
 - c. maintain and update the SHSS Care Circle, and the Cultural community and Indigenous Community section of the SHSS Service Plan [\[link to IM/IT manual\]](#).
33. When updates to the 'My Care Circle' section are made, the SHSS Service Provider must submit this section of the SHSS Service Plan to the Primary Professional for review and alignment with the child/youth's Care Plan.
- a. The service provider is encourage to work collaboratively with all parties to support the child/youth's connection with family and community, but must ensure that decision to include individuals in the care circle are made in consultation with the Primary Professional.

Section C. Goals and Strategies

34. The SHSS Service Plan consists of four Domains:

- a. **Community Inclusion/Belonging:** Goals are centered around empowering children/youth to participate in activities that are meaningful to them and to support their improved participation in cultural and/or community-based activities, as appropriate. Through this goal domain, children/youth are supported in developing a deeper sense of belonging by strengthening and forming new relationships with peers, family, extended family, and their community.
- b. **Cultural Attachment and Connectedness:** Goals are centered around supporting children/youth's attachment and emotional ties to family and other supportive relationships in their community. Through this goal domain, children/youth are supported to meaningfully engage in cultural activities, develop a deeper relationship between self, family, and community, and to connect with land, culture, language, spirituality, and ancestors.
- c. **Social Emotional and Day to Day Wellness:** Goals are centered around supporting children/youth in developing skills and abilities to meet the demands of everyday life and to contribute to their overall sense of wellbeing. Through this goal domain, children/youth develop a deeper sense of identity, healthy risk-taking, and resilience, and work towards their continued healing and recovery. Children/youth are supported to build healthy routines and relationships, strengthen communication skills, and learn to understand, express, and regulate their emotions and actions.
- d. **Developmental Needs:** Goals are centered around supporting children/youth to reach developmental milestones that are appropriate and aligned with their needs and best interests. Goals support a vision of holistic child/youth development, including consideration for how the various areas of development are connected. Through this goal domain, children/youth develop knowledge, skills and abilities

that foster their independence and individuality, and support their healthy development and safety.

35. SHSS Service Plan goals and corresponding strategies are established per Domain:

- a. Goals are:
 - i. driven by the child/youth, in collaboration with the SHSS Care Circle and Primary Professional (note: children/youth may express their goals in different ways and with varying levels of support from their SHSS Care Circle);
 - ii. are written using the expressed words of the child/youth (i.e., goals are in the first person). If a child/youth is non-verbal, too young, or is unable to express their own goals, the parent/Guardian or their Primary Professional provides language for the goals;
 - iii. meaningful to the child/youth or aligned with the child/youth's best interests; and
 - iv. in alignment with the child/youth's other existing plans.
- b. Goals are created within the context of the SHSS service type:
 - i. Specialized Long-Term Care: Identify goals relevant across multiple environments. Goals can be long-term and/or short-term in nature and are intended to meet the child/youth's specialized needs.
 - ii. Respite Care: Identify and consider goals that are relevant to the child/youth's 'respite' stay duration and that uphold the child/youth's existing routines.
 - iii. Low-Barrier Short-Term Stabilization Care: Identify goals to support mitigation of the child/youth's crisis, to help connect/reconnect to community-based supports and services, and to support their stabilization and transition back home or to their next placement or living arrangement.
 - iv. Emergency Care: Identify goals that are oriented towards gathering information about the child/youth and to identify their strengths and needs.
- c. Strategies correspond to goals and are:
 - i. measurable/actionable steps delivered or enabled by the SHSS Service Provider Personnel;
 - ii. developed by the SHSS Service Provider and SHSS Care Circle to meet the child/youth's goals; and
 - iii. aligned with the child/youth's needs and best interest.

36. Progress towards goals is evaluated with the child/youth and their SHSS Care Circle and used to support service planning. Note:

- a. Enabling the strategies needed to support a child/youth to be successful in their goals, and adapting goals as needed, is an indication of effective planning;
- b. The SHSS Service Provider is accountable for actioning strategies that support the child/youth to make progress towards goals and for updating or changing strategies/goals as appropriate (as per the Performance Standards in Schedule C of the Agreement).

37. Progress towards goals is measured and evaluated to:

- a. adapt goals and/or strategies as needed;
 - b. identify new goals/strategies as previous ones are achieved; and
 - c. ensure alignment between goals/strategies and the child/youth's needs and best interest.
- 38. In Low-Barrier Short-Term Stabilization Care, progress towards goals is also monitored and evaluated to determine whether the child/youth has reached a level of stability which allows for transition planning.
- 39. In Emergency Care, progress towards goals is also monitored and evaluated to inform the child/youth's most appropriate living arrangement based on their strengths and needs.

Section D: Daily Log

- 40. The Service Provider must update the **Daily Log** section of the SHSS Service Plan daily, with information about, and activities completed by, the child/youth (Note: For SHSS Service Providers delivering Specialized Long-Term Care services during the Interim Period, all required updates to the Daily Log are made in the "Daily Log" section of the Interim SHSS Service Plan).
 - a. The Daily Log is a common space for notation that can be accessed and viewed by all SHSS Care Providers serving the child/youth.
 - b. The Daily Log serves several functions, including:
 - i. day-to-day planning for SHSS Service Providers;
 - ii. note capturing about the day-to-day care of the child/youth, including any important events, incidents, accidents, etc. [\[link to Provision of Service policy\]](#);
 - iii. documenting the child/youth's progress generally, as well as notes/progress towards their Goals across the four domains; and
 - iv. supporting information sharing between SHSS Service Providers and facilitating transition between shifts.
- 41. Placeholder: Daily Log functions are currently being revisited. This section of the policy will be revisited and aligned to the IMIT/Design/Engagement decisions.

Developing an SHSS Service Plan in a Low-Barrier Short-Term Stabilization Care Context

- 42. SHSS Clinical Care Providers are responsible for developing the SHSS Service Plan in a Low-Barrier Short-Term Stabilization service. All sections of the SHSS Service Plan are completed as described in this policy and in the Convening the SHSS Care Circle policy [\[link\]](#).
- 43. SHSS Clinical Care Providers use their clinical expertise to determine the most appropriate planning phase, in consultation with the child/youth's SHSS Care Circle and Primary Professional (see policy #45).
- 44. In Low-Barrier Short-Term Stabilization Care there are two distinct planning phases for the service:

- a. Phase 1: Planning for the child/youth's transition into SHSS service, stabilization and crisis mitigation, in collaboration with internal and community-based supports.
 - i. During this planning phase, goals and strategies are specific to supporting the child/youth's transition into the SHSS service and are established to help stabilize a child/youth and to mitigate the crisis/crises.
 - b. Phase 2: Preparation for the child/youth's transition-out of SHSS service and continued connection or reconnection to community services.
 - i. During this planning phase, goals and strategies are designed to support a child/youth's gradual transition back to their community, including supporting the child/youth's and their family's continued connection or reconnection to community-based supports and services which will continue to support the child/youth and their family when they transition-out of the SHSS service.
 - ii. SHSS Clinical Care Providers work to maintain and strengthen relationships with the child/youth existing community-based service providers (when in the best interest of the child/youth), help build new relationships with external service provider, and reconnect the child/youth and their family with community service providers previously accessed.
45. SHSS Clinical Care Providers must indicate which phase of service planning is being documented in the SHSS Service Plan [\[link to IM/IT user manual\]](#). Note:
- a. Identifying Phase 1 or Phase 2 provides key contextual information about the goals and strategies established for a child/youth.
 - b. Typically, when a child/youth enters a stabilization resource, planning is in Phase 1, where goals and strategies are focused on stabilizing a child/youth and mitigating crises.
 - c. Transitioning between Phase 1 and 2 is a dynamic process and is child/youth specific. A child/youth's plan may rotate between Phase 1 and 2 several times during their stay at the resource and may be in certain phases for various lengths of time.
 - d. SHSS Clinical Care Providers must identify and update which phase of the service is being provided to the child/youth by toggling 'Phase 1' or 'Phase 2' in the SHSS Service Plan [\[link to IMIT Manual\]](#); and
 - e. A child or youth can only have **one active SHSS Service Plan**. A SHSS Service Plan designed for planning in Phase 1 cannot be used at the same time as a SHSS Service Plan designed for planning in Phase 2.
 - i. please refer to the IMIT Manual [\[link\]](#) for more information on how to activate/deactivate Phase 1 and Phase 2 SHSS Service Plans.

SHSS Service Plan Accountability

The SHSS Service Plan is first and foremost used to support quality care and promotes individualized and child-centered planning that meets the unique needs of children and youth residing in an SHSS. The same information gathered through the SHSS Service Plan helps

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monitor the safety, wellbeing, and sense of belonging of children and youth, and enables robust monitoring and oversight of SHSS services.

The SHSS Service Plan also serves as a key accountability tool for MCFD. This information provides deeper insight into the day-to-day activities and care SHSS Service Providers are delivering to children and youth and enables MCFD to perform their monitoring and contract management accountabilities.

46. The SHSS Service Provider is required to use MCFD's applications for reporting and program administration, as directed by MCFD and in Schedule J (Privacy Protection) of the contract.
47. The information documented by the SHSS Service Provider in the SHSS Service Plan is used for:
 - a. child-centered service planning, developed collaboratively with the child or youth's SHSS Care Circle;
 - b. monitoring and supporting the safety and wellbeing of children and youth;
 - c. accountability and performance management purposes, as described in the Accountability and Performance Management policy [\[link\]](#); and
 - d. reporting and measurement of Performance Standards, including measurement of outcomes for service recipients.
48. Various sections of the SHSS Service Plan serve different reporting purposes:
 - a. Goals serve the following reporting purposes:
 - i. to ensure the SHSS Service Provider has engaged in developing goals with the child/youth and their SHSS Care Circle;
 - ii. to report on the child/youth progress towards their goals; and
 - iii. in Emergency Care:
 1. to ensure the SHSS Service Provider has engaged in gathering information about the child/youth and to identify their strengths and needs; and
 2. to monitor whether the SHSS Service Provider has developed initial goals with the child or youth and their SHSS Care Circle.
 - b. Strategies serve the following reporting purposes:
 - i. to ensure the SHSS Service Provider has engaged in developing strategies with the child/youth and their SHSS Care Circle;
 - ii. to ensure the SHSS Service Provider has appropriately delivered/enabled established strategies; and
 - iii. in Emergency Care, to ensure the SHSS Service Provider has gathered information about the child/youth and has shared this information with the SHSS Care Circle.

Measuring progress towards goals

49. SHSS Service Providers are accountable for:
 - a. ensuring that goals exist, are understood by the child/youth and the SHSS Care Circle, and are appropriate for the child or youth;

- b. adapting or establishing new goals if an existing goal is no longer appropriate or relevant for a child/youth; and
 - c. providing the supports, strategies, and activities, that help children and youth to make progress towards their goals.
- 50. When measuring progress towards goals, an SHSS Service Provider's performance will not be negatively impacted based on whether a child or youth achieves their goals or how quickly a child or youth makes progress towards their goals. Instead, SHSS Service Providers will be held accountable for ensuring goals are appropriate for the child or youth and adapted as needed to align with the child or youth's needs, in collaboration with the SHSS Care Circle (see policy #49 above).
- 51. Progress towards SHSS Service Plan goals is measured during SHSS Care Circle meetings and is assessed by the child/youth and their SHSS Care Circle.
 - a. Progress towards SHSS Service Plan goals are evaluated and measured for reporting purposes to ensure:
 - i. children/youth are benefiting from the service as intended;
 - ii. children/youth are making progress towards their goals; and
 - iii. new goals are established on an ongoing basis as existing goals are achieved.
 - b. The SHSS Service Provides records the SHSS Care Circle's perception of the child/youth's goal progress and selects one or more of the following 'Goal Progress' ratings (See Guidelines - Note: Guidelines for SHSS Service Providers to be developed)
 - i. goal is met;
 - ii. partial goal progress made;
 - iii. no goal progress made;
 - iv. new goals and strategy established; or
 - v. strategies re-assessed.
 - c. The SHSS Service Provider records additional information or comments about why the Goal Progress rating was selected. Additional information or comments include:
 - i. A rationale for why the rating was selected;
 - ii. supporting information such as the child/youth's or the SHSS Care Circle's exact words or response; and
 - iii. any non-verbal communication and/or use of alternative communication tools etc.

Monthly Check In

- 52. The Monthly Check In is a monitoring and accountability function of the SHSS Service Plan. Information gathered is used to ensure the safety and wellbeing of children and youth residing in an SHSS and is used to measure against Performance Standards (see Schedule C of the Agreement for SHSS Outcomes and Indicators). Information gathered from the Monthly Check In is also used to inform the child/youth's service planning, as appropriate.
- 53. The Monthly Check In is comprised of three sections:
 - a. the child/youth (all SHSS Service types);

- i. information about the child/youth's experience at the Care Setting is gathered and documented in the Monthly Check In section of the SHSS Service Plan.
 - b. the SHSS Care Circle (all SHSS Service types);
 - i. information about the child/youth's transition readiness and transition support is gathered with the SHSS Care Circle and documented in the Monthly Check In section of the SHSS Service Plan.
 - c. the child/youth's family (i.e., parents/Guardians, caregivers, and/or out-of-care providers) – Respite Care only.
 - i. Information about the family's experience of the SHSS Respite service is gathered and documented in the Monthly Check In section of the SHSS Service Plan.
- 54. The Monthly Check In is completed:
 - a. Monthly for children and youth residing in:
 - i. Specialized Long-term Care
 - ii. Respite Care
 - iii. Low-Barrier Short-Term Stabilization
 - b. Bi-monthly for children and youth residing in Emergency Care.
- 55. **Given the priority to ensure a child/youth and their family is not placed in a situation that reinforces trauma, the ministry will continue to explore how this information can be appropriately collected.**
 - a. The best interests of the child/youth (including respecting their healing and trauma history) must be carefully contemplated during this engagement.
 - b. Please refer to the Monthly Check In Guidelines for more information about how to gather information for the Monthly Check In (note: guidelines are currently being developed).
- 56. The information collected during the Monthly Check In is reported to, and reviewed by, the Resource Worker and the Primary Professional.

Performance Standards

- 57. The SHSS Service Plan information is used to monitor the safety, wellbeing, and sense of belonging of children and youth residing in an SHSS and is used to ensure children and youth receive individualized, quality care.
- 58. The SHSS Service Plan informs some of the Performance Standards (see Schedule C for full Performance Standards details, including which Performance Standards are pulled from the SHSS Service Plan).
- 59. Information gathered through the Performance Standards informs whether SHSS Outcomes and Indicators are achieved, as described in Schedule C of the Agreement. SHSS Outcomes developed by MCFD are used to assess whether the children, youth, and their families are benefiting from a service as intended.
- 60. Performance Standards are the targeted level of quality and/or performance that the SHSS Service Provider has agreed to with respect to the Services they are providing, and in alignment with the Intended Outcomes *[link to accountability and performance management policy]*.

61. Measuring Performance Standards is used to monitor the care children/youth receive and to ensure SHSS Service Providers are being responsive to the child/youth's needs (e.g., adapting goals/strategies).
62. Information that measures whether a SHSS Service Provider is meeting the Performance Standards is reflected from multiple places, including:
 - a. the SHSS Service Plan;
 - b. ICM;
 - c. reports (e.g., SHSS Care Provider turnover report for Specialized Long-Term Care); and
 - d. administrative data.
63. To enable measurement of performance standards, the SHSS Service Provider must complete the SHSS Service Plan as intended and ensure that the information documented is:
 - a. timely;
 - b. high quality; and
 - c. accurately reflects the child/youth's needs and goals, such that it can be used to enable the ministry to measure against established performance standards.
64. Performance Standards are used to inform performance and contract management functions, see Accountability and Performance Management policy [link] for more information.
65. For SHSS Service Providers delivering Specialized Long-Term Care services during the Interim Period, refer to Schedule K (*Transition-In Services*) section 5.1(d) of the Agreement for more information about the Performance Standards.

SHSS Contract Performance Annual Review

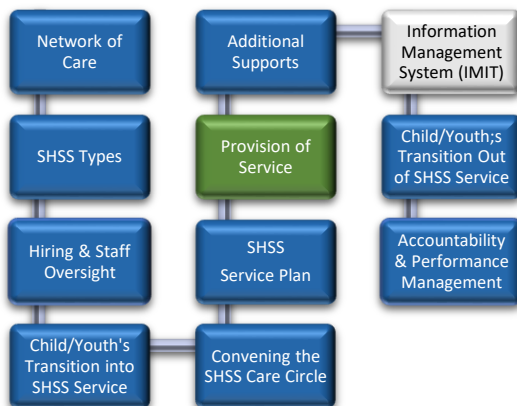
66. Information from the SHSS Service Plan is one source of information used by the Resource Worker to inform the SHSS Contract Performance Annual Review, see Accountability and Performance Management policy for more information.

Pathways for Remediating Issues with the SHSS Service Plan

67. Issues or conflict regarding the SHSS Service Plan will be addressed and have resolution attempted internally as quickly as possible through respectful and productive dialogue with the SHSS Service Provider, Primary Professional, and the SHSS Care Circle.
68. If an issue or conflict about the SHSS Service Plan and its planning or review processes cannot be resolved internally, an issue can be escalated by:
 - a. working with the SHSS program manager;
 - b. working with the child/youth's Primary Professional;
 - c. working with the Resource Worker;
 - d. the Primary Professional and Resource Worker can seek to escalate the issue internally within MCFD (Team Leads, DOO, EDS);
 - e. enabling a complaint through the SHSS Service Providers complaint process, as appropriate; and
 - f. enabling a complaint through MCFD's [complaints process](#) as appropriate and eligible;

69. The SHSS Service Provider, Primary Professional, and Resource Worker will work in alignment with the *Governance, Stewardship and Relationship Management* schedule (Schedule G) in the Agreement [\[link\]](#) to identify, discuss, and remediate or resolve matters that may arise through the SHSS Service Plan, in a timely and efficient manner.

7. Provision of Service



Overview:

This policy describes the service delivery principles and standards of care necessary for delivering culturally safe, inclusive, trauma-informed, developmentally appropriate, effective, and high-quality care for children and youth residing in an SHSS Care Setting. Children and youth must receive care that respects their rights and best interests and promotes their independence, self-determination, sense of belonging, health, and safety.

SHSS Service Providers are responsible for creating healthy and supportive environments where children and youth can feel a sense of belonging by being connected to family, community, their culture, and to those providing their care. SHSS Care Settings should be warm, welcoming, and culturally safe, including spaces that are conducive to gathering with family and friends.

Children and youth also need the SHSS environment to be designed to protect their security, privacy, and confidentiality, and respect for their personal belongings. It is imperative that SHSS Service Providers work in partnership with MCFD Staff and the child or youth's SHSS Care Circle to deliver care that meets the unique needs of each child/youth.

Provision of Service policy is a collection of policies and standards that span a range of different topics, from standards of care, to Care Setting requirements, as well as various security, technological, and safety standards. This policy intentionally addresses a wide variety of caregiving accountabilities that impact the provision of safe and high-quality care to children/youth residing in an SHSS.

Purpose:

- SHSS Service Providers understand and adhere to the service delivery principles and standard of care;
- SHSS Service Provide upholds the rights and best interests of children/youth residing in SHSS;

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- SHSS Service Providers establish safe, warm, and welcoming SHSS Care Settings that are culturally safe, trauma-informed, and support children/youth's connection to friends, family, community, and their culture; and,
- SHSS Service Providers establish Care Settings that are safe and appropriate for the developmental and support needs of children/youth residing in the SHSS.

Policy:

Service Delivery Principles

1. The SHSS Service Provider must:
 - a. adhere to the Service Delivery Principles described in Schedule C of the contract and to the *Child, Family and Community Services Act (CFCSA) and An Act respecting First Nations, Inuit and Métis children, youth and families* (the Federal Act);
 - b. ensure that children/youth receive timely, appropriate, and effective care that respects and promotes their independence and self-determination, sense of belonging, health and safety, within the limits of available resources; and
 - c. uphold the obligations outlined in Rights of Children in Care of the CFCSA; the principles of cultural continuity, substantive equality, and best interests of the child under the Federal Act; and the UN Convention on the Rights of the Child which provides a foundation for the protection of children's rights globally.
 - d. ensure Service Provider Personnel provide gender-affirming care to children/youth residing in an SHSS.

Rights of the Child:

2. SHSS Service Providers must support children/youth in understanding their rights in age and developmentally appropriate ways.
3. SHSS Service Providers ensure all children/youth in-care residing in an SHSS have their rights upheld, consistent with s.70 of the *CFCSA* regardless of whether the child/youth is in care of MCFD or an Indigenous Child & Family Services Agency (ICFSA).
4. SHSS Service Providers are expected to understand s.70 rights and carry out services in a way that does not infringe upon these rights.
5. SHSS Service Providers will provide a copy of and review s.70 rights with any child/youth residing in the SHSS and ensure that this information is readily available to a child/youth and their SHSS Care Circle without their need to request it.
6. SHSS Service Providers will immediately contact the Primary Professional and Resource Worker if a child/youth's right have been infringed upon, or if the child/youth believe their rights have been infringed upon.
7. For children/youth not in the care of a Director, the SHSS Service Provider must provide care that is in alignment with *CFCSA* s.70.
8. The SHSS Service Provider must consider the Best Interests of the Child (*CFCSA* for non-Indigenous children and youth) and Best Interest of the Indigenous Child (The Federal Act and the *CFCSA* for Indigenous children and youth). See [Policy 1.1](#), for more information.

Cultural Safety

9. SHSS Service Providers must deliver care that is Culturally Safe by:
 - a. ensuring cultural competencies principles and practices are incorporated in the delivery of services to the children, youth, and families, and are applied when providing services to children, youth and families;
 - b. meaningfully engaging children/youth and their family, community, and cultural community in a respectful, trauma informed, and culturally safe way;
 - c. work within the framework provided by the *Human Rights Code* (British Columbia) and the *Multiculturalism Act* (British Columbia); and
 - d. ensuring that children/youth have independence from the SHSS Service Provider and its individual SHSS Service Provider Personnel's religious and cultural beliefs and affiliations.
10. Ensure Indigenous cultural safety is guided by:
 - a. the principles and best interest factors outlined in The Federal Act;
 - b. the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP);
 - c. the [Aboriginal Policy and Practice Framework](#);
 - d. ministerial mandates and reports; and
 - e. the [Indigenous Child & Youth Mental Wellness Framework: Culture is Healing](#)
11. Ensure Indigenous cultural safety is applied by:
 - a. incorporating cultural competency principles and practices into in the delivery of Services for Indigenous children, youth and families;
 - b. considering the impact of residential schools on Indigenous children, families and communities in the planning and delivery of services, as identified as a call to action from the Truth and Reconciliation Commission of Canada; and
 - c. supporting the preservation of Indigenous cultural identity and heritage by making all reasonable efforts to involve Indigenous people and communities in the design and delivery of Services to ensure services are culturally appropriate and responsive.
12. Ensure Cultural Continuity is understood in the context of the concepts outlined in Section 9(2) of the Federal Act. These include:
 - a. cultural continuity is essential to the wellbeing of a child, a family and an Indigenous group, community or people;
 - b. services do not contribute to the cultural assimilation of an Indigenous child, youth, or family;
 - c. the transmission of the languages, cultures, practices, customs, traditions, ceremonies and knowledge of Indigenous peoples is integral to cultural continuity; and
 - d. the characteristics and challenges of the region in which a child, youth, family or Indigenous group, community or people is located are to be considered.

Involvement with Family, the Community, and with Community Partners

13. SHSS Service Providers are required to support children/youth to maintain relationships with family, extended family, friends, and community members, as appropriate and in

- their best interests, and support their participation in activities and connections within the community.
14. If family connection is not possible, the SHSS Service Provider supports the child/youth in coping with the impact of this loss and to find belonging within extended community.
 15. The SHSS Service Provider supports an Indigenous child/youth to learn about and practice their Indigenous traditions, customs, and language and to belong to their Indigenous communities.

Involvement with External Supports and Services:

16. The SHSS Service Provider works in partnership with the broader community to enable the child/youth's access to education, recreation, and extracurricular activities. The SHSS Service Provider:
 - a. supports the child/youth to choose and participate in activities in the community (e.g., sports, music, arts);
 - b. works with children/youth with moderate to significant support need to have reasonable access and opportunity for participation within the community and with family/extended family; and
 - c. supports the child/youth to have reasonable access to community services external to the program and within the local community.

Participation of Family, Caregivers, and Out-of-Care Providers in the Service

17. In Low-Barrier Short-Term Stabilization Care, when possible, the SHSS Service Provider will actively work with the child/youth's parents/guardians, caregivers, out-of-care providers (as applicable), and/or family to:
 - a. enable them to have an active role and participation in the Low-Barrier Short-Term Stabilization resource;
 - b. support them to prepare for a successful transition home; and
 - c. assist them where possible and appropriate, in accessing external supports or services to facilitate their healing and to support the child/youth's stabilization.

Care Setting

Shelter, Facility, and Equipment

18. The SHSS Service Provider is required to ensure that the physical environment of the care setting is safe and well maintained, including taking all reasonable measures to ensure that the buildings, grounds and equipment that are used in the provision of services to children and youth are safe and well-maintained.
 - a. Appropriate renovations, upkeep, and repairs are completed as needed.
 - b. The inside and outside of the Care Setting meets community standards.
19. The child/youth's Care Setting must include:
 - a. a private room to sleep, with the noted exception of siblings who may be placed in the same room with their own beds, at the discretion of the Resource Worker/Primary Professional and in consultation with the child/youth's SHSS Care Circle;
 - b. a place to do homework and to do work/activities quietly; and

- c. access to a personal computer/tablet for a child/youth which will be controlled by the Primary Professional, as advised by the child/youth's SHSS Care Circle and indicated in their SHSS Service Plan, to:
 - i. engage in recreation;
 - ii. access medical and other external supports;
 - iii. access education and online learning; and
 - iv. support connection and belonging by interacting with family, friends, people of significance to the child/youth, cultural supports.
20. As part of the physical environment the SHSS Service Provider ensures the physical environment meets the following requirements (see MCFD Staff Appendix B Environment of Care Checklist for more detail):
- a. adequate heating and ventilation in all facilities;
 - b. furniture that is safe and adequate to meet the needs of children and youth;
 - c. living space that includes informal space that is accessible to friends and family and is conducive to socializing, group activities, visiting, privacy, recreation and play;
 - d. a dining area sufficient to permit children/youth and staff members to eat meals together;
 - e. a kitchen and cooking areas equipped for safe, sanitary preparation of meals that allows for the participation of children/youth;
 - f. toilet facilities, located within reasonable access to the children and youth's bedrooms, designed and appropriately equipped to meet the needs of the children and youth living in the residence;
 - g. bedrooms with at least one opening window;
 - h. a private work space that is conducive to staff members' effective performance including space for administrative duties, privacy for counseling and interviewing;
 - i. adequate space for secure storage of children, youth's and staff members' personal effects;
 - j. safe, secure storage for medication and all poisonous and hazardous materials and objects;
 - k. no firearms in or about the service setting, unless authorized in writing by MCFD; and
 - l. smoke and vapour free environment.
21. The Care Setting is reflective of a home environment, including:
- a. pictures on the walls (e.g., pictures of the child/youth's artwork);
 - b. objects and resources that support the child/youth's comfort (e.g., personal items from the child/youth's home; cultural pictures, books, and food; cozy blankets and plush toys, etc.);
 - c. resources and spaces that encourage gathering and connection (e.g., lounge space with comfortable seating, communal dining area, etc.).

Accessibility Standards at the SHSS Care Setting

22. The SHSS Service Provider must:

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- a. ensure children/youth residing in the Care Setting have universal accessibility at the Care Setting.
 - a. Reasonable access to child-specific equipment will ensure their safety, recreation, and socialization in and out of the Care Setting (e.g., equipment augmenting inclusion, transportation supports).
- b. Maintain and follows policy that:
 - i. guides the monitoring and maintenance of a safe and accessible physical environment;
 - ii. provides for training in the safe use of facilities and equipment; and
 - iii. guides the maintenance of facilities in a manner that is consistent with generally accepted neighborhood standards.
- c. Placeholder: reference to Ministry wide 'accessibility standards'.

Transportation and Vehicle Safety

- 23. The SHSS Service provider must have a vehicle suitable for the delivery of their services that is in compliance with policies and standards.
- 24. The SHSS Service Provider must have adequate motor vehicle third-party legal liability insurance pursuant to Schedule I (*Insurance*) of the Agreement.
- 25. The SHSS Service Provider must ensure children/youth are properly secured in a certified restraint system in accordance with the *Motor Vehicle Act* and regulations and the Canadian Motor Vehicle Safety Standards, and any safety plan if appropriate.
- 26. The SHSS Service Provider ensures all vehicles:
 - a. meet *Motor Vehicle Act* requirements;
 - b. are in mechanically sound and in safe condition;
 - c. have appropriate child/youth restraints;
 - d. have winter tires where required;
 - e. are driven only by SHSS Service Provider Personnel with valid full BC driver's licences; and
 - f. are appropriate for the needs of the service and the children/youth residing at the Care Setting.

Standards of Care

Establishing a home-like setting for children and youth

- 27. SHSS Care Providers build connections with children/youth residing in the Care Setting by engaging with them in their recreational, cultural, and day-to-day activities (e.g., sharing meals, teaching life skills, taking part in cultural teachings, participating in recreation and family visits etc.)
- 28. Children/youth are permitted to have sleepovers with friends and family if approved by:
 - a. the Primary Professional and Resource Worker; and
 - b. the child/youth's caregiver, out-of-care provider and/or parent/Guardian, for children and youth not in care.

Restraint of children and youth (physical, chemical and/or mechanical (see definitions))

- 29. The SHSS Service Provider must:

- a. ensure that the use of restraint is prohibited except in extraordinary circumstances:
 - i. in an emergency, to protect a child/youth from risk or imminent harm to self or others when less restrictive means have been considered or attempted and determined to be insufficient in the circumstances; or
 - ii. as an extraordinary measure outlined in:
 - 1. the child/youth's Care Plan, for children and youth in-care; and
 - 2. the child/youth's SHSS Service Plan, for children and youth in-care, not in care or in an out-of-care arrangement.
- 30. The plan detailing use of restraint specific for the child/youth must be approved, in writing, by:
 - a. the Designated Director, and if applicable,
 - b. the child/youth's parent /Guardian, caregiver and/or out-of-care provider.
- 31. A restraint plan that is contrary to MCFD policy and standards should not be approved regardless of support from parents/Guardian, caregivers, and/or out-of-care providers (i.e., locking in a room).
- 32. The SHSS Service Provider may begin the coordination and planning process to determine whether the use of restraint is appropriate for a child/youth.
 - a. The SHSS Service Provider must receive appropriate documentation and approval from the child/youth's Primary Professional, Resource Worker, and parents/Guardian, caregiver and/or out-of-care provider (if applicable) before proceeding with a plan to incorporate use of restraint.
 - b. An extraordinary measure for use of restraint must be outlined in the child/youth's:
 - i. Care Plan, for children and youth in-care; and
 - ii. SHSS Service Plan, for children and youth in-care, in an out-of-care arrangement or not in care.
- 33. The SHSS Service Provider must work with a health professional who knows the child/youth and is knowledgeable in the safe use of restraint to develop a plan.
 - a. Chemical restraint:
 - i. The health professional is a prescribing clinician qualified to develop a restraint plan;
 - ii. The SHSS Service Provider can only action a chemical restraint if the plan is established by a duly credentialed medical professional (i.e., prescribing clinician);
 - iii. The plan must include information about the medical professional's qualifications and contact information;
 - iv. The plan must include the confirmed consent from the guardian, the parent, and the child/youth if appropriate;
 - v. The medication and prescription for a child/youth must be specific for use in the restraint outlined in the child/youth's plan;
 - vi. The SHSS Service Provider must administer the dose and frequency of the chemical restraint as explicitly described in the prescription and plan.
 - b. Physical and mechanical restraint:

- i. The SHSS Service provider must seek guidance of a credentialed professional knowledgeable in the use of physical or mechanical restraint (i.e., behaviour consultant, occupational therapist) to develop a restraint plan;
 - ii. The professional must develop a protocol for use of physical or mechanical restraints specific to that child/youth;
 - iii. SHSS Service Provider Personnel and subcontractors must be trained and follow protocols for the use of restraint with the child/youth;
 - iv. The SHSS Service Provider can only action a physical or mechanical restraint if the plan is established by a duly credentialed professional;
 - v. The plan must include information about the professional's qualifications and contract information;
 - vi. The plan must include the confirmed consent from the guardian, the parent, and the child/youth if appropriate.
- 34. Ensure any SHSS Service Provider Personnel and subcontractors who perform a restraint receive the necessary training, including:
 - a. crisis intervention including the safe use of restraint; and
 - b. child-specific training for the use of restraint.
- 35. Inform a child/youth who has use of restraint included in their plan about the potential situations in which restraint may need to be used to protect the child/youth or others from immediate physical harm.
 - a. Restraint is not to be used to enforce compliance or as a means of discipline or convenience.
 - b. Medication and/or medical equipment are used in accordance with the child/youth's Care Plan, SHSS Service Plan, or other support plans.
- 36. The child/youth's SHSS Care Circle reviews the plan for the use of restraint each time the SHSS Care Circle meets. As part of this review, the SHSS Care Circle:
 - a. considers other kinds of support that may be effective in reducing the behaviours of concern including teaching new skills ; and
 - b. evaluates the effectiveness of the plan and recommends adjustments as required.
- 37. The SHSS Service Provider should reduce the use of restraint by ensuring personnel and subcontractors are very familiar with
 - a. the use of trauma informed approaches and positive behavioural supports and interventions to determine appropriate behaviour management methods, based upon a child/youth's needs and consideration of their best interests;
 - b. how to take all reasonable steps in all circumstances to avoid the need for the use of restraint, including emergency restraint, when the use of restraint is included in the child/youth's Care Plan, SHSS Service Plan or other supporting plans; and
 - c. if restraint must be used repeatedly to de-escalate the same challenging behaviour, how to try different strategies and review their effectiveness in order to address the behaviour and reduce the need for restraint. This must be

incorporated into the child or youth's Care Plan, SHSS Service Plan, or other supporting plans.

38. SHSS Service Provider Personnel and subcontractors follow written policy and procedures about:
- the required and appropriate training and ongoing supervision of SHSS Service Provider Personnel in the use of physical restraint [[link to MCFD Staff Policy](#)];
 - planning a team strategy for safe response;
 - safe and least intrusive interventions;
 - assessment of child/youth's physical and emotional wellbeing;
 - documentation and reporting (see [reportable incidents](#)); and
 - debriefing with the child/youth, child or youth witnesses, the child/youth's Primary Professional and when appropriate, the child/ youth's parents/Guardian, caregiver and/or out-of-care provider.
39. If use of a restraint is needed, the SHSS Service Provider must:
- only use restraint in extraordinary circumstances;
 - ensure the child/youth is never left unattended while under restraint;
 - use a restraint that involves the least control and the least amount of time necessary to ensure immediate safety;
 - follow the child/youth's restraint plan; and
 - make all efforts possible to re-establish communication and end restraint as soon as possible.
40. Following each use of restraint, the SHSS Service Provider must:
- evaluate the child/youth's physical and emotional wellbeing;
 - provide debriefing and support to the child/youth and any other individuals who are involved or witness the episode;
 - require the SHSS Service Provider Personnel and subcontractors who have used restraint to explain to the child/youth the reasons for the use restraint;
 - notify the child/youth's Primary Professional and Resource Worker immediately after a restraint has been used by submitting a SHSS Service Provider Reportable Incident Reporting Form;
 - notify the parent/Guardian, caregiver, and/or out-of-care provider verbally and/or in writing if the child/youth is not in care or in an out-of-care arrangement and document this correspondence in the child/youth's SHSS Service Plan (e.g., in the Daily Log);
 - document details about the use of restraint in the Daily Log of the SHSS Service Plan. The SHSS Service Provider is required to document:
 - details of the incident;
 - Incorporate the perspective of children and youth as well as SHSS Care Providers in documenting situations in which restraint has been used.
 - triggers or potential factors that preceded the need to use restraint;
 - the type of restraint used;

1. If a chemical restraint is used, the SHSS Service Provider must indicate the type of medication used, dosage, and the date and times administered.
 - iv. people who were involved in the restraint;
 - v. the child/youth's reaction or response to the restraint during and after;
 - vi. information on who was informed of the use of restraint and how they informed; and
 - vii. any other important information.
41. The SHSS Service Provider ensures personnel have ready access to:
 - a. personal debriefing;
 - b. supervision;
 - c. risk assessment and review; and
 - d. training and direction regarding the safe use of restraint.

Seclusion of children and youth

42. The use of seclusion is strictly prohibited.
43. The use of safe rooms, confinement, and seclusion of children/youth for any reason, including behavioural management strategies, is not permitted.
 - a. This does not include the behavioural management approach of periods of "time out", where a child/youth exercises a degree of cooperation and self-control.

Missing Children and Youth

44. The SHSS Service Provider must actively search for youth who have not returned to the resource and/or are involved in high-risk activities per Missing Children and Youth Policy and Procedure Policy ([Police Protocol Agreement: Missing Children and Youth in Care \(gov.bc.ca\)](http://gov.bc.ca))
 - a. Note this protocol applies to a child/youth residing in SHSS who is not in the care of the director.

Medications and Substances

45. The SHSS Service Provider must:
 - a. obtain approval for the use of all "over-the-counter" and prescribed medications by the child/youth's Primary Professional.
 - i. Use of these medications must be described and authorized in their SHSS Service Plan and in the Care Plan if the child/youth is in-care).
 - ii. If changes to the 'About Me' section of the SHSS Service Plan are needed following a change in medication, the SHSS Service Provider must immediately update and submit this section of the SHSS Service Plan for approval by the Primary Professional.
 - iii. Ensure the safe storage of medications.
 - b. ensure SHSS Care Providers who administer both "over-the-counter" and prescribed medication have the appropriate knowledge and training specific to the child or youth's needs.

46. All SHSS Service Provider Personnel and sub-contractors are prohibited from possessing and bringing any amount or type of legal substance (i.e., cannabis, alcohol) or illicit substance within the SHSS Care Setting.
47. The SHSS Service Provider uses a harm reduction approach to mitigate the health and social harms associated with substance use without necessarily requiring youth to stop or abstain from using substances while residing in an SHSS.

Personal property and belongings

48. The SHSS Service Provider ensures a child/youth understands any policy or procedure related to personal privacy, possession of their personal belongings, and grounds for conducting personal and/or property searches.
49. The SHSS Service Provider informs a child/youth in a child-friendly and age and developmentally appropriate way.
50. Search procedures must be respectful and be conducted in a least intrusive manner possible.
51. Body or strip searches are not permitted.

Privacy, Confidentiality and Security

52. The SHSS Service Provider ensures written policy and procedures around privacy are consistent with relevant legislation, such as the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, *Community Care and Assisted Living Act* and MCFD policy, and include:
 - a. defining access to individual service records by authorized personnel; regarding the sharing of information;
 - b. defining the use of confidential information for therapeutic, assessment (e.g., behavioural or feeding assessment), training or research purposes;
 - c. requiring that written permission of the child/youth's Primary Professional and their parent/Guardian depending on the child/youth's care status, is secured before the child is interviewed, photographed, filmed, videotaped, tape recorded or otherwise identified by anyone for a public or teaching purpose;
 - d. providing for the transfer of individual service records;
 - e. regarding the contents, storage and disposal of inactive individual service records;
 - f. regarding any types of personal possessions that are prohibited; and
 - g. designating both secure and accessible storage that is adequate for child/youth's possessions.

Audio Visual Surveillance

53. Audio/visual monitoring/surveillance is not permitted within the Care Setting.
54. Exceptions may be considered for a child/youth's safety. Exceptions must be time limited, child/youth specific, and approved by the Designated Director.
55. The SHSS Service Provider must inform the Resource Worker of any outdoor security camera/surveillance devices and ensure appropriate signage is available.
56. Any information collected through outdoor surveillance systems or approved indoor audio/video surveillance must be stored in Canada and accessed only in Canada.

Accreditation, Licensing, and Professional Colleges or Associations

57. The SHSS Service Provider must adhere to the MCFD's [accreditation policy](#)
58. Accreditation is required for contracted community social service providers that receive \$500,000 or more in annual funding from MCFD and/or Community Living British Columbia (CLBC).
 - a. Placeholder: Confirming which Accreditation body and corresponding Program Standard is required for each of the SHSS service types.
 - b. ICFSAs and First Nation, Métis, and Inuit contracted community social service providers are exempt from this policy.
59. When an annual review indicates an accredited agency is not meeting accreditation standards, the SHSS Service Provider is required to work with the accrediting body and resource team to remediate issues.
60. SHSS Service Providers who are required to be licensed must do so and must demonstrate evidence of an active licensing status to MCFD.
61. SHSS Service Providers should refer to their local Health Authority Licensing Office to determine whether they meet the requirement to be licensed.
62. If eligible, SHSS Service Provider Personnel and subcontractors belong to and are in good standing with professional colleges or associations (when applicable).

Clinical Records

63. The following are policies that all SHSS Clinical Care Providers working in Low-Barrier Short-Term Stabilization Care and subcontracted clinicians working in any SHSS must follow in addition to any standards from applicable professional colleges or associations. Clinical Records are important for both clinical and operational aspects of service, which includes the development and application of plans and interventions for each service recipient (i.e., the child/youth or their family).
64. The clinical record enables SHSS Clinical Care Providers to keep track of what services were considered and completed for each service recipient. Records also allow SHSS Clinical Care Providers to provide a rationale for what was delivered to a service recipient when required. Clinical Records are important for both SHSS Clinical Care Providers who develop the plans/interventions and for SHSS Care Providers who are responsible for carrying out the plans with the child or youth.

Overview of Clinical Record

65. A clinical record means any record of treatment and outcomes of care provided to the individual receiving the services, kept by SHSS Clinical Care Providers and subcontracted clinicians, as a case file and identified by the individual's name or other prescribed identifier.
66. Clinical records may also include letters, notes, photographs, papers, documents, drawings, electronic storage or any other means of storage or recording, including video recording.
67. Clinical records must adhere to high standards to maintain accountability to children, youth and families, and the ministry (see Appendix D for Standards for Clinical Records [\[link\]](#)).

68. Clinical records help SHSS Clinical Care Providers recall their objective observations, and explain choices regarding the plan for, and progress of, therapy or other interventions.
69. Clinical records may also facilitate consultations among SHSS Clinical Care Providers or other members of a child or youth's SHSS Care Circle, as well as discussions with the service recipient's authorized representatives as appropriate.
70. Clinical records guide and inform decisions regarding a service recipient's need and eligibility.
71. Clinical records serve as an important reference document and should be accurate, complete, accessible, and confidential.
72. Clinical records maintain accountability to children, youth and families, the ministry, and any professional oversight.
73. Clinical records are prepared and used consistently across all SHSS.
74. Records become a vital source of information regarding history, preferences and strengths of each service recipient and informs all plans.

Contents of a Clinical Record

75. The SHSS Service Provider and SHSS Clinical Care Providers are responsible for including (when relevant) the following information about each service recipient:
 - a. a complete service recipient profile in the clinical record;
 - b. dated referrals, consultations, notes, forms and other material (i.e., email, fax, telephone, etc.) in which relevant information has been received from, or provided to, the child or youth, their SHSS Care Circle, or other professionals involved in the child, youth or their family's care;
 - c. a list of all reports sent or received respecting the child, youth, or family;
 - d. a record of any therapeutic assessment, including assessment and treatment modality or modalities used, outcomes/results, conclusions, problem formulation or other professional opinion regarding service recipient status;
 - e. a record of conclusion or termination of the therapeutic relationship, including reasons and an explanatory note such as a summary of outcomes attained, a record of referrals, or follow-up recommendations; and
 - f. if progress notes are maintained separately from the clinical record, the clinical record includes a notation to that effect.

Electronic Records

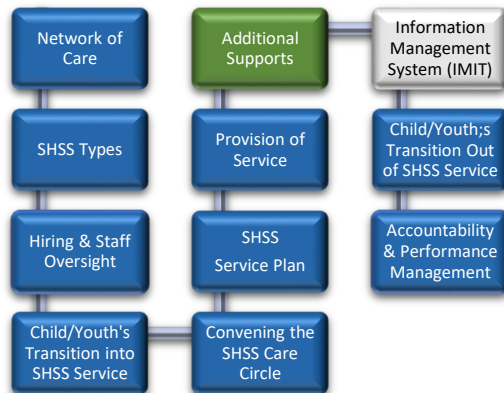
76. The SHSS Service Provider is responsible to:
 - a. store clinical records in an electronic system or software program and ensure the safety, accessibility and privacy of the information. Secure and appropriate record keeping is essential;
 - b. electronic records must be kept current and be readily accessible to MCFD when requested;
 - c. management and maintenance of the electronic system or software program; and
 - d. ensure records are kept up-to-date, legible, and written in plain language.

Information Security

This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

77. SHSS Service Providers are expected to follow the spirit and intent of the Government of British Columbia's [Information Security Policy](#) which includes standards, procedures, training and awareness material, all of which are used to protect government information systems.
78. SHSS Service Providers must adhere to the specific Information Security Policy requirements in Appendix E.
79. All employees within an SHSS need to be aware of their responsibilities to safeguard private and government information.
80. The Information Security Policy support security requirements in the *Freedom of Information and Protection of Privacy Act* and the *Information Act*.

8. Additional Supports



Overview:

In addition to the day-to-day care and supervision children and youth receive at an SHSS, they may require additional supports to meet their needs and achieve their goals. This additional support can come from 'supplemental supports' or 'one-time-only supports', which include services such as clinical therapies and interventions of a wide variety, extra staffing, cultural connections and activities, and peer supports, which are provided by a range of professionals. A one-time-only request can be made for services, equipment, repairs/renovations, resources etc. for the child/youth and for the Care Setting.

'Clinical Consultation' is another type of additional support available to SHSS Service Providers. Clinical Consultation equips SHSS Service Providers with professional advice and guidance to support the day-to-day care they provide to children and youth residing in SHSS.

The policy outlines the processes for accessing supplemental supports, one-time-only supports, and clinical consultation, and the standards to which the SHSS Service Provider must adhere when contracting/sub-contracting for a service. The approach for accessing additional supports is not intended to overburden SHSS Service Providers or MCFD. The standards and approval process described herein are essential oversight measures for supplemental services and will have minimal impacts on the time spent away caring from the child/youth.

Purpose:

- SHSS Service Providers understand their accountabilities related to ensuring children and youth residing at an SHSS are receiving effective supports that are aligned to their needs; and
- SHSS Service Providers understand the processes for accessing supplemental supports, one-time-only supports, and clinical consultation, and the standards to which the SHSS Service Provider must adhere when contracting/sub-contracting for a service.

Policy:

Interim Period for Additional Supports

For SHSS Service Providers delivering Specialized Long-Term Care services during the Interim Period, all requests for additional supports are made outside of the 'Specialized Services Portal' through a process directed by the Director. With respect to the SHSS Operational Policy, those in the Interim Period will use a different process to submit and review requests for additional supports than what is indicated in the policy below. SHSS Service Providers should seek more information from their local Resource Team as required.

Supplemental Supports

1. Supplemental Supports refers to any services a child or youth residing in an SHSS may require, that are unavailable via existing public services (due to waitlist, eligibility criteria, remoteness, etc) and are in addition to the services already in place through prior care/support planning (e.g., My Support Plan, SHSS Service Plan, Care Plan etc.).
2. 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 and para-professionals to meet a child or youth's needs and achieve their goals as identified in the child or youth's SHSS Service Plan.
3. Funding for supplemental supports is included in the SHSS Service Provider's contract, in alignment with the amounts outlined in the Operational Cost Structure agreed to with the Province. As required to meet the vital needs of children/youth residing in an SHSS, the supplemental supports amount in the contract may be increased by amendment.

How and When are Supplemental Supports Used

4. The SHSS Service Provider is responsible for the care of the child or youth residing at the SHSS and must bring forward requests for supplemental supports, as justified by evidence of the child/youth's needs, as per their SHSS Service Plan.
5. Upon a child or youth's referral to the Service, the SHSS Service Provider must review the child or youth's SHSS Referral Document (including any existing plans, e.g. Safety Plan, Care Plan, Support Plan etc.,) and consult with the child or youth's Resource Worker and Primary Professional to determine the child or youth's needs for supplemental supports.
6. The SHSS Service Provider must also consider the emerging and ongoing needs for supplemental supports while regularly updating and maintaining the child or youth's SHSS Service Plan.
7. The SHSS Service Provider must ensure that any supplemental supports identified for the child or youth are aligned to the needs and goals outlined in the child or youth's SHSS Service Plan.
8. If it is determined that supplemental supports are required to provide the services described in the child or youth's SHSS Referral Document/SHSS Service Plan, the SHSS Service Provider must work with MCFD to enable access to the identified supplemental supports through public services, such as government services and community-based government contracted partners.

9. If the supplemental service cannot be accessed through public services, the Ministry may provide additional funds to the SHSS Service Provider (when appropriate and with supporting evidence) who can then acquire the additional supports (as per the procedure described below).

Procedure:

Identifying Supplemental Supports

10. The SHSS Service Provider will consult with the Resource Worker / Primary Professional to ask questions and clarify information about the child or youth's needs listed within the SHSS Referral Document and/or SHSS Service Plan to determine what type of supports are required to meet the needs of the child or youth.

Requesting Approval

11. The SHSS Service Provider will submit a request for supplemental support via the Specialized Services Portal and provide written rationale for supplemental support, evidence of the child/youth's needs, and projected costs of the service (if appropriate) to the Resource Worker for review and approval. Note: the rationale, including any supporting evidence and projected costs is sent to the Resource Worker outside of the Specialized Services Portal.
12. Support requests are service specific, time-bound, and intended to support an identified specific need of a child/youth. An individual request for each supplemental support will need to be completed.

Procurement of Supplemental Support

13. Upon approval of the supplemental support by the Resource Worker, the SHSS Service Provider will identify supplemental service provider(s) that are high quality and effective, and that have the necessary training and experience to support the specified need of the child or youth. In addition, the SHSS Service Provider will adhere to MCFD's quality and oversight requirements for procuring supplemental supports as described Appendix F/ Table 1 (standards).
 - a. In this context, 'procurement' of supplemental supports via contract/sub-contract refers to the process of identifying, vetting, and contracting/sub-contracting with a service provider in accordance with the standards and qualifications described in Appendix F / Table 1.
 - i. Once the SHSS Service Provider has identified an appropriate contractor/sub-contractor to deliver the supplemental support, final confirmation and approval from MCFD is required. The Service provider will submit to MCFD the name, a description, and the credentials of the contractor/subcontractor, and ensure the relevant quality and oversight requirements described in Table 1 are met.
 - ii. Upon review of the supplemental service provider, the Director of Operations / Resources Team Lead (in collaboration with the Resource Worker and Primary Professional) will approve the request in ICM, and funds will be made available to the SHSS Service Provider to procure and support delivery of the service.

- iii. If the SHSS Service Provider's request for the identified contractor/sub-contractor is not approved, the SHSS will need to return to the beginning of policy #13 to identify another supplemental service provider.
- b. If the supplemental request is related to additional staffing, the SHSS Service Provider will seek confirmation and approval from the Director of Operations / Resources Team Lead (in collaboration with the Resource Worker and Primary Professional) to hire additional staffing.
 - i. Upon approval, the SHSS Service Provider will follow regular hiring processes as outlined in the Staff Hiring and Oversight policy.

One Time Only (OTO) support

- 14. OTO support is a one-time-only payment used to provide:
 - a. a supplemental support for a child/youth (see Additional Support policy #1 and #2 above);
 - b. equipment and resources for a child/youth; and
 - c. equipment, resources, repairs, renovations, and service for the SHSS Care Setting.
- 15. Funding for OTOs is included in the SHSS Service Provider contract (i.e., contingencies), in alignment with the amounts outlined in the Operational Cost Structure agreed to with the Province.

Requested and approved of OTOs

- 16. If an OTO is used to provide supplemental support for a child/youth:
 - a. follow Additional Supports policy #4 to #9 above (How and When are Supplemental Supports Used); and
 - b. follow the Supplemental Supports procedure described under Additional Supports policy #10 to #13.
 - i. See IMIT User Guide [to be developed] for more information regarding how to submit a request for OTO supplemental supports via the Specialized Services Portal.
- 17. If an OTO is for equipment and resources for the child/youth or for equipment, repairs, renovations, resources, and service for the SHSS Care Setting, submit the OTO request via the Specialized Services Portal and follow direction and approval from the Resource Worker.

Clinical Consultation

- 18. Clinical Consultation refers to expert advice and support that can be accessed by SHSS Service Providers as part of their care for a child or youth residing at an SHSS. This advice is about meeting a child/youth-specific needs in the context of the care setting; enabling specific SHSS Care Providers to provide effective care to specific children and youth recognizing both the child/youth *and* the care provider's role and needs (see Appendix G).
 - a. Child-specific clinical consultation supports SHSS Care Providers to receive advices and support regarding effective approaches to care for children and youth in alignment with the child's needs, their plans and goals, and therapeutic interventions developed for them by clinicians.

- b. Clinical Consultation can support SHSS Service Providers to:
 - i. understand a child or youth's assessments;
 - ii. develop, deliver and adjust plans for a child or youth;
 - iii. support consistency between SHSS Care Providers;
 - iv. support the child's/youth's planned stabilization and transition preparation; and
 - v. inform key decisions and safety planning.
 - c. Funding for Clinical Consultation is accessed through the SHSS Service Provider's contract, as outlined in Operational Cost Structure agreed to with the Province. As required to meet the vital needs of children/youth residing in an SHSS, the clinical consultation amount in the contract may be increased by amendment.
19. A non-exhaustive list of examples of when an SHSS may seek clinical consultation includes:
- a. mitigate challenges and to better understand how to implement a clinical plan;
 - b. seek advice and support if an element of a clinical plan is no longer effective;
 - c. collaboratively adapt/modify approaches or clinical plans;
 - d. support consistency in the delivery of clinical plans and interventions between SHSS Care Providers;
 - e. receive feedback or coaching on their implementation of a clinical plan;
 - f. broaden/reframe perspectives or approaches to delivering care or addressing the issue at hand;
 - g. seek clinical advice if something new is happening with the child/youth;
 - h. support their implementation of evidence-informed practice;
 - i. help process and build tools to manage the emotional impact of their work (i.e., mitigating the effects of direct and vicarious trauma); and
 - j. receive information, resources and strategies to address gaps in knowledge and skills.

SHSS Service Provider's Key Responsibilities Related to Clinical Consultation:

- 20. The SHSS Service Provider will secure access to timely Clinical Consultation with appropriate clinical service provider(s) and establish clear approach(es) for seeking and receiving consultation, such as how the consultation service will be provided (e.g. phone or in-person, time of day, how often).
- 21. A child/youth may have several different support needs, each requiring specialized clinical advice, in these cases, the SHSS is expected to have in place multiple different professionals available to provide clinical consultation.
- 22. The SHSS Service Provider will ensure consultation is:
 - a. readily available and accessible for SHSS Care Providers;
 - b. responsive to the child/youth and SHSS Care Provider's needs;
 - c. timely (i.e., once established, consultation should be available within 24 hours of the request for consultation);
 - d. offered virtually and/or in-person;
 - e. specific to the clinical need(s) of the child/youth; and
 - f. documented in the child or youth's SHSS Service Plan.

Standards for Persons Providing Clinical Consultation:

23. Clinical Consultation is intended to help enhance the SHSS Service Provider's understanding, skill, and expertise in relation to providing supports and services for children, youth and their families.
24. The person also needs to have an appropriate level of experience and training to provide advice in a given clinical area (as described in Appendix H – Table 1) and whose practice is in alignment with MCFD's principles and requirements.
25. The SHSS Service Provider must ensure professionals providing clinical consultation have experience and expertise in supporting children/youth with, for example, mental health and/or substance use challenges, physical health issues, developmental disabilities and dual diagnoses, neurological disorders, complex trauma, or severe behavioural challenges etc.
26. Professionals providing clinical consultation should be familiar (where possible) to the SHSS Service Providers and understand the local context of the resource.

Identifying Supports

27. The SHSS Service Provider, with support from the child or youth's Primary Professional and the Resource Worker, will identify what type of Clinical Consultation is required to enable the SHSS Service Provider to effectively care for the child and meet their needs.
28. The SHSS Service Provider will first work with Resource Worker and Primary Professional to enable access to clinical consultation through public services, such as government services and community-based government contracted partners.
 - a. For example, CYSN Family Connections Centres in pilot sites will provide clinical consultation to SHSS Care Providers to support their care for children and youth with support needs residing in SHSS.
29. If clinical consultation is not available through public services, a SHSS can request access to supplemental funds to contract/sub-contract this service following the procedure outlined in policy #30 to #36.

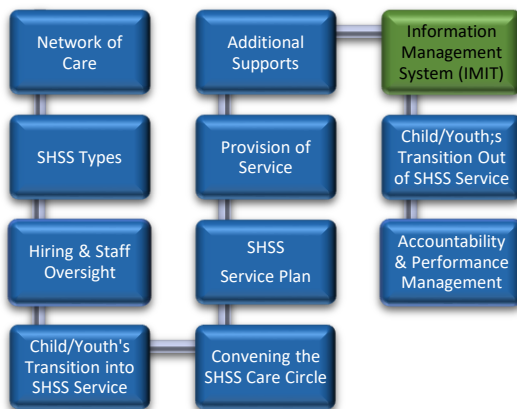
Procedure

30. The SHSS Service Provider will submit a request for clinical consultation via the Specialized Services Portal and provide a written rationale, evidence of the SHSS Service Provider's needs, and explanation regarding how they enable effective care for the child/youth, and projected costs of the service (if appropriate) to the Resource Worker for review and approval. Note: the rationale, including any supporting evidence and projected costs is sent to the Primary Professional / Resource Worker outside of the Specialized Services Portal.
31. The request is reviewed and the Primary Professional and Resource Worker confirms that clinical consultation aligns with, and is appropriate for, the child/youth's needs and the SHSS Care Provider's needs.
32. The request to release funds to the SHSS for the described need will be sent to the Resources Team Lead and Director of Operations for review and approval.
33. If the request is approved, the SHSS Service Provider will identify Clinical Consultation service provider(s) (through contract/sub-contract) that follow the principles outlined in Appendix H – Table 1 and that:
 - a. are high quality and effective;
 - b. support and enhance the work of SHSS Care Providers 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 SHSS Service Plan, Care Plan, or other relevant plans and by their SHSS Care Circle);
- c. are professionals who have an appropriate level of experience, skill, and training/education to provide expert advice in a given clinical area, and whose practice is in alignment with MCFD principles and requirements;
 - d. have 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 and dual diagnoses, complex trauma, severe behavioural challenges); and
 - e. support the SHSS Care Providers with the tools and skills needed to mitigate direct and vicarious trauma experienced from, and associated with, their care for a child/youth.
34. Once an appropriate service provider is identified, the SHSS provides MCFD information about the contractor/sub-contractor and ensures the relevant quality and oversight requirements are met.
35. Upon review, MCFD approves the request in ICM, the funds are made available, and the SHSS secures access to clinical consultation service. If the contractor/sub-contractor is not approved, the SHSS Service Provider will need to return to policy #33.
36. Support requests are specific to a need and service and are time-bound.
- a. In some cases, a child/youth may already be working closely with one or more clinical service providers. If appropriate, the SHSS may receive clinical consultation services directly from the existing clinical service provider(s) (e.g., the child's MCFD worker has already authorized and holds a sub-contract with a Clinical Counselor who is providing service for the child. If appropriate, this Clinical Counselor can provide consultation services to the SHSS) hold a Clinical Counsellor sub-contract). If appropriate, the SHSS may receive consultation services directly from the clinical service provider(s).
 - b. In some limited cases, a SHSS Service Provider may hire a staff member qualified to provide a specific clinical consultation service. Requests must be approved by the Resource Team Lead / Director of Operations.
 - c. Low-Barrier Short-Term Stabilization Care is the only SHSS with internal Clinical Care Providers delivering clinical plans, assessments, and interventions to children/youth residing at the resource (i.e., a clinical counsellor and behaviour therapist). SHSS Clinical Care Providers, where appropriate, can provide clinical consultation to non-clinical SHSS Care Providers at the same resource.
 - d. Respite Care, Emergency Care, and Specialized Long-Term Care do not have internal Clinical Care Providers. If there is a SHSS Care Provider with a clinical background who is currently not performing a clinical role (e.g., Program Manager with a Masters in Clinical Psychology), the SHSS may request to utilize this person for clinical consultation.
 - i. The SHSS Service Provider needs to demonstrate that this SHSS Care Provider holds the necessary credentials and, if eligible, the SHSS Care Provider belongs to and are in good standing with their professional college/association.
 - ii. The SHSS Service Provider must submit and document the request to utilize this SHSS Care Provider for clinical consultation and receive approval from the Resources Team Lead / Director of Operations.

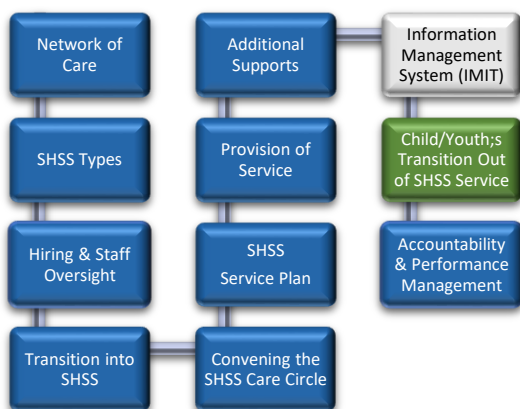
- iii. The SHSS Service Provider must document the amount of time this SHSS Care Provider delivers clinical consultation. These hours are distinct from the hours they are providing other types of service. For greater clarity, the SHSS Service Providers cannot double bill for the SHSS Care Provider delivering Services and clinical consultation.

9. Placeholder: Information Management System (IM/IT)



NOTE: User guides and support material for IMIT systems will be included.

10. Child/Youth's Transition-Out of SHSS Service



Overview:

Children and youth transition-out of an SHSS service for several reasons such as a child or youth returning home to a parent or guardian, moving to an out-of-care arrangement, or transitioning to adult services at the age of 19. It is important that they feel prepared and well supported for this next step.

The ministry is responsible for placement decisions for a child or youth and manages resources for SHSS. The ministry also works closely with SHSS Service Providers, as they play an essential role in supporting children and youth for their transition-out of SHSS service. From point of placement, SHSS Service Providers work with MCFD planning for a child or youth [\[link to SHSS Service Plan Policy\]](#). Although all SHSS Service Providers are responsible for supporting a successful transition-out of SHSS service for a child/youth, the level of planning, strategies, and supports to enable this will vary depending on the SHSS type – this is further described in this policy.

Purpose:

- SHSS Service Providers provide consistent support to children and youth as they transition-out of SHSS service.
- SHSS Service Providers facilitate a successful transition-out of SHSS service by supporting children, youth, and those providing their care to build the necessary skills, tools, and access to networks of supports and services.

Policy:

NOTE: This policy focuses on the child or youth's transition-out of SHSS service and does not discuss closing of a contract and standing-down a service. For more information, please see Schedule L (*Exit Management*) of the Agreement.

NOTE: The Resource Team is responsible for placement decisions. Identifying and determining where the child or youth transitions-out to is not a SHSS Service Provider accountability.

This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

NOTE: The transition-out of SHSS service is distinct from the child or youth's broader transition out of care. The SHSS Service Provider will support the ministry's efforts to transition a child or youth out of care, including working with their Primary Professional to connect all youth starting at the age of 14 with applicable planning and MCFD transition resources to prepare for transitioning into adulthood, as outlines in Young and Young Adults Transition.

Supporting a child or youth's transition-out of service at an SHSS placement.

1. Must work collaboratively with the child or youth, the SHSS Care Circle, and the Primary Professional in preparing and supporting the child or youth for transition-out of the SHSS service. More information about transition planning is found in SHSS Service Plan policy.
2. Support the child/youth to have an active voice in the transition planning and process, including developing transition goals [link to SHSS Service Plan policy].
3. Adequate time should be given to supporting the transition out of SHSS service according to the unique needs of the child or youth when possible.
 - a. A SHSS Service Provider may support a child or youth with pre-placement visits based on the child or youth's developmental stage and the amount of contact that might already exist between the child or youth and proposed individuals who will have primary caregiving responsibilities for the child/youth (for example: parent/Guardian, caregiver and/or out-of-care providers).
4. The SHSS Service Provider, through the Convening the SHSS Care Circle process, must create a plan that addresses the activities and supports needed to promote a positive transition experience for a child or youth.
5. The SHSS Service Provider is responsible for aligning transition planning and strategies with the child or youth's SHSS Service Plan and other existing plans. The child/youth's Care Plan takes priority.
 - a. The SHSS Service Provider must utilize the collective knowledge of the SHSS Care Circle to inform the child or youth's transition-out of the SHSS service.
6. Support the Primary Professional and SHSS Care Circle with identifying and facilitating access to external supports and services that will continue to support the child or youth after transitioning out of service.
7. Support the child or youth's transition by providing the Primary Professional and the SHSS Care Circle with all necessary information learned about the child or youth and their needs through their stay at the SHSS (see policy #7.b.).
 - a. This may include facilitation of communication between current and potential individuals with primary caregiving responsibilities for the child/youth, which would be supported by the Primary Professional if they are not currently in the SHSS Care Circle
 - b. The SHSS Service Provider must prepare transition materials and resources (both electronic and printed information if requested) regarding:
 - i. the child or youth's strengths, needs, interests, talents, likes, dislikes etc.;
 - ii. key medical and safety concerns;
 - iii. medications/prescriptions;
 - iv. strategies and supports that benefit or work well with the child or youth;

- v. strategies that are not effective or that are potentially triggering for the child or youth;
 - vi. existing plans and/or interventions (e.g., safety plans, behavioural plans etc.);
 - vii. existing external service and supports accessed by the child or youth
 - viii. SHSS Care Circle; and
 - ix. any other important information;
- c. The Primary Professional may ask the SHSS Service Provider to update, change, or create additional transition materials and resources.

Roles and Responsibilities for Supporting Transition-Out of a Specific SHSS

8. **Specialized Long-Term Care** is intended to provide a highly specialized long-term placement, in accordance with the best interest and needs of the child or youth.

For youth residing in an SHSS, particularly Specialized Long-Term Care, a primary focus of transition planning is to identify and appropriately plan for their next living arrangement and a supported transition into it. As the ministry enhances its transition planning processes, young adults will be better supported to transition-out of an SHSS and into more supportive and appropriate housing for young adults.

The ministry's youth-centered approach is to focus on a gradual and planned transition of youth to an appropriate adult care setting. Several considerations guide this approach, including the age for which SHSS services are available to youth (up to their 19th birthday) and regard for other children or youth also residing in the SHSS Care Setting. Where it has been determined through thorough transition planning that it is in a youth's best interest to continue to reside in their current care setting after a youth's 19th birthday, these circumstances will be considered individually, as they arise.

Depending on the circumstance for which a child or youth transitions out of the SHSS service, the roles and responsibilities for the SHSS Service Provider varies:

- a. Youth turns 19 years of age and transitions to independence
 - i. When a youth reaches age 14 and it is deemed appropriate by the Primary Professional, the SHSS Service Providers will begin to work with the SHSS Care Circle to facilitate a successful transition to adult services at age 19.
 - 1. As appropriate and in collaboration with the youth's SHSS Care Circle, align the SHSS Service Plan with the Youth Transition Plan.
 - 2. Placeholder: Link to new Youth and Young Adult Transition Policy (i.e., housing agreement, transition workers, support agreements).
 - ii. Ensure that youth who are preparing to transition to independence are engaged in activities to promote their autonomy, as appropriate and

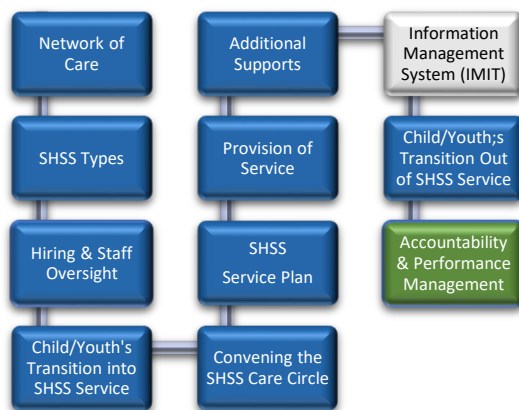
- according to their SHSS Service Plan (e.g., use of public transportation, work experience appropriate to their age and developmental level, etc.).
- b. Youth turns 19 years of age and transition to Community Living BC (CLBC)
 - i. When a youth reaches age 14 and it is deemed appropriate by the Primary Professional, the SHSS Service Providers will begin to work with the SHSS Care Circle to facilitate a successful transition to adult services at age 19 (i.e., CLBC).
 1. As appropriate and in collaboration with the youth's SHSS Care Circle, align the SHSS Service Plan with the Youth Transition Plan.
 2. Where it has been determined through thorough transition planning that it is in a youth's best interest to continue to reside in their current care setting after the age of 19 years, the ministry will:
 - a. consider these circumstances individually, as they arise; and
 - b. only consider shared resources requests for youth currently residing in Specialized Long-Term Care services. All other SHSS service types are out of scope for resource sharing, as they are short-term services.
 - ii. Ensure that youth who are preparing to transition to CLBC are engaged in activities to promote their autonomy and independence, as appropriate and according to their SHSS Service Plan (e.g., feeding, cleaning, self-care etc.).
 1. Placeholder: Services to Adults with Developmental Disabilities (STADD) – STADD transition workers.
 - c. Placeholder: Young adult remaining in an SHSS Specialized Long-Term Care bed under a Temporary housing agreement (THA).
 - d. Placeholder: Choice in Supports for Independent Living (CSIL)
9. **Respite Care** is a short-term service that is aligned to the parents/Guardians', caregivers' and/or out-of-care providers' planned or emergent needs and is part of a family's overall support plan. There may be circumstances where the service is delivered as part of a longer-term plan to support ongoing family preservation. When the need for SHSS Respite Care ends, the SHSS Service Provider must:
- a. continue to support delivery of the child/youth's other existing plans, services, and routines throughout the transition-out process.
10. **Low-Barrier Short-Term Stabilization Care** is a short-term service, typically 3 to 9 months, in accordance with the best interests and needs of the child or youth. When Phase 2 of the service planning is being developed 'Preparation for the child/youth's transition-out of SHSS service and continued connection or reconnection to community services', the SHSS Service Provider must:
- a. work with the SHSS Care Circle and Primary Professional to establish goals and strategies designed to support a child or youth to:
 - i. return home or to their originating placement;
 - ii. transition to a new placement or living arrangement;

- iii. facilitate gradual transitions over a period of time (e.g., 1-2 weeks) where the child or youth may continue to reside part-time at the SHSS service as they transition to living full-time at home or at their next placement.

11. **Emergency Care** is a short-term service (approximately 30 days), in accordance with the best interests and needs of the child or youth. SHSS Service Providers are accountable for preparing for the child or youth's transition-out of the SHSS service from point of placement. SHSS Service Provider must:

- a. gather information about the child or youth and develop a meaningful understanding of their strengths and needs to inform the transition-out of SHSS service;
- b. share information gathered about the child or youth with the SHSS Care Circle and Primary Professional on an ongoing basis; and
- c. support the Primary Professional in gathering the SHSS Care Circle to further seek out and assess extended family, community care provider options, or other appropriate placement options.

11. Accountability & Performance Management



Overview:

SHSS Service Providers are accountable for the safety and wellbeing of the children/youth in their care. Complaints and reportable incidents processes are key accountabilities designed to support clear and consistent communication between SHSS Service Providers and MCFD Staff by ensuring the necessary information regarding the child/youth's care is available to those who need it, when they need it.

The Ministry is also introducing new outcomes and indicators designed to measure whether children, youth, and their families are benefiting from SHSS services as intended. Performance Standards, described in Schedule C of the Agreement, are used to help measure the achievement of the intended outcomes and support performance management functions. By leveraging information gathered through the day-to-day care delivered to children and youth – things like the SHSS Service Plan, Monthly Check In information, reviewing administrative data, etc.– the Ministry can determine both on an individual contract basis and in aggregate whether the needs of children/youth and their families are being met and whether the network of care is benefiting from these SHSS services as intended.

Purpose:

- SHSS Service Providers are accountable and appropriately action the complaints and reportable incident processes;
- SHSS Service Providers adhere to service expectations and contract deliverables, and understand what contract management functions are in place; and
- SHSS Service Providers understand how to meet the performance standards and understand the Ministry's approach to performance management.

Policy:

Accountability

SHSS Service Provider Complaints Process

1. The SHSS Service Provider is required to have a written policy and procedures (i.e., complaints resolution process) by which children and youth residing at the SHSS, their families, and other relevant parties may raise concerns about the service being provided to them. The SHSS Service provider's complaints policy and procedures are distinct from [MCFD's complaint process](#).
2. A complaint in the SHSS context refers to an expression of dissatisfaction made by anyone to or about an SHSS about some aspect of its programs, services or staff, and that is made known through the service provider's complaint process.
3. The SHSS Service Provider will categorize all complaints received according to two levels to align with Ministry reporting requirements.
 - a. **Level 1:** Complaints that warrant immediate notification to the Ministry.
 - b. **Level 2:** Complaints that do not warrant immediate notification to the Ministry.
4. Level 1 Complaints are considered sensitive or urgent in nature, including but not limited to cases where:
 - a. 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*;
 - b. there is a concern about discrimination based on personal characteristics (sex, race, religion, family status, disability, place of origin, sexual orientation etc.);
 - c. 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;
 - d. there is a concern regarding a child/youth's legal rights as outlined in the United Nations Convention on the Rights of the Child;
 - e. failure to uphold *CFCSA* s. 70 rights of a child/youth in care of the Director;
 - f. failure to provide care that is in alignment with s. 70, for children/youth not in the care of a Director; or
 - g. failure in delivery of service provisions as identified in child/youth's Service Plan and My Support Plan as appropriate.
5. The SHSS Service Provider must immediately inform (see procedure) MCFD via the Resource Worker and the child/youth's Primary Professional of a Level 1 Complaint.
6. 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. a child/youth not able to access their desired technology to support their education, recreation, and social development; or
 - b. a community member making a complaint about an unkempt property or poor behaviour of SHSS Personnel.
7. Level 2 Complaints do not warrant the immediate notification to MCFD but must be documented within 30 calendar days. These complaints will be reviewed by MCFD, and

may result in follow-up with the Service Providers, (e.g. as part of the 90-day and annual review of the SHSS).

8. Regardless of the nature of the complaint, the SHSS Service Provider must document all complaints received, in and beyond matters described in this Policy and must have a method in place to prioritize and triage complaints based on MCFD's reporting requirements.
9. The SHSS Service Provider's complaints resolution process must enable children, youth, families, and all relevant parties to freely express dissatisfaction with the service being provided to them, and to have their concerns and complaints addressed seriously and fairly without delay or reprisal.
10. The SHSS Service Provider is committed to the principles of administrative fairness, transparency and non-retribution in its complaints processes.
11. The SHSS Service Provider's complaint resolution process will not inhibit or slow the complainant's ability to communicate concerns or make complaints through [MCFD's Complaint Process](#) or external channels.
12. The SHSS Service Provider's complaints resolution process must specify:
 - a. the SHSS Service Provider's definition of a complaint, including what decisions are or are not encompassed within the policy;
 - b. an explanation of the reason for the policy;
 - c. how complaints can be received (e.g., in writing, verbally, by email, anonymously), including who can make a complaint;
 - d. how complaints will be resolved;
 - e. timeframes for resolution, including service standards for responding to urgent and priority complaints; and
 - f. rights and responsibilities of each of the parties.
13. In addition to children and youth residing in the SHSS and their families, the SHSS Service Provider must receive complaints from:
 - a. the child or youth's community, inclusive of all parties who interact and are meaningfully involved in the child or youth's life (e.g., the child's parent/guardian, caregiver, and/or out-of-care provider, the child's Indigenous community, members of the child's SHSS Care Circle, and other trusted community members who are involved with the child or youth);
 - b. the geographic community surrounding the SHSS (i.e., members of the local neighbourhood, police);
 - c. SHSS Personnel;
 - d. advocates;
 - e. anyone choosing to make a complaint; and
 - f. anonymously.
14. The SHSS Service Provider must require SHSS Care Providers to assist children, youth and their families to understand when and how to involve relevant authorities in relation to a complaint, including but not limited to:
 - a. the SHSS Service Provider Personnel;
 - b. the child or youth's Primary Professional;
 - c. the representative under the Representative for Children and Youth Act;
 - d. the Ombudsperson;

- e. the Information and Privacy Commissioner; and
 - f. the local licensing officer.
15. In some cases, what may be reported as a complaint may also rise to the level of a 'Reportable Incident' as described in Section 2 of this Policy. In both cases, the SHSS is expected to ensure that the complaint is recorded and addressed through the appropriate channels.
16. All complaints received by the SHSS Service Provider are subject to review by MCFD.

Procedure:

17. Upon receiving a complaint, the SHSS Service Provider will classify the complaint as either Level 1 or Level 2 and will notify MCFD of the complaint as per the expectations described in this policy (see policy #18-19 below).
18. If the complaint received is classified as a Level 1 Complaint the SHSS Service Provider will immediately inform the child/youth's Primary Professional via phone of the complaint.
- a. If the complaint is received outside of regular office hours, the SHSS Service Provider will contact Provincial Centralized Screening, which is available 24 hours per day, seven days per week.
 - b. Facilities that are licensed under the Community Care Facilities Act must also consider the requirements to report to the Medical Health Officer.
19. Within 24 hours of receiving the complaint, the SHSS Service Provider will fill out a form provided by MCFD (**SHSS Service Provider Complaints Reporting Form – Appendix I**) outlining the details of the complaint and submit the form to MCFD .
- a. The SHSS Service Provider will attach their original record of the complaint to their submission to MCFD.
 - b. A separate form must be submitted for each individual complaint.
 - c. The SHSS Service Provider will work to address the complaint based on its developed complaint resolution process and cooperate with MCFD as appropriate.
 - d. If the complaint received is classified as a Level 2 Complaint and is less sensitive and/or urgent in nature, the SHSS Service Provider is required to fill out the same form and submit it to MCFD within a reasonable timeframe, no later than 30 calendar days, of the complaint.

Reportable Incidents

20. A reportable incident is defined as any information of significance to the safety and wellbeing of children and youth and may include:
- a. the death of a child or youth;
 - b. accident or illness of a child or youth requiring medical treatment or hospitalization;
 - c. allegations of abuse, neglect or mistreatment of a child or youth;
 - d. any displays of self-injurious or high-risk behaviour by a child or youth;
 - e. gestures, threats or attempts of suicide by a child or youth;
 - f. situations when a child or youth is missing, lost or runaway, including any subsequent information obtained about the child or youth during the absence;

- g. situations when a child or youth has observed, been involved in, or exposed to a high risk situation or disaster, such as a fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress;
 - h. any intervention by the police or law enforcement authorities with a child or youth;
 - i. situations involving the use of restraint;
 - j. prohibited behaviour management practices including the use of seclusion/safe rooms;
 - k. the unauthorized removal or attempted removal of a child or youth from home, facility, school or day program;
 - l. marked behaviour changes exhibited by a child or youth;
 - m. suspension of a child or youth from school or day program;
 - n. plans, not previously authorized, for the child or youth to be cared for by another person overnight;
 - o. relocation of a child from one care setting to another; or
 - p. any other circumstance affecting the safety or wellbeing of a child or youth.
21. The SHSS Service Provider must have written policy and procedure requiring the notification of the child/youth's Primary Professional immediately after the occurrence of any of the above noted reportable incidents. The SHSS Service Provider's policy and procedures
- a. Must be consistent with legislative, regulatory and contractual requirements;
 - b. Make available for SHSS Care Providers, children, youth and families information on:
 - i. recognizing reportable incidents;
 - ii. responding effectively to reportable incidents;
 - iii. reporting procedures for reportable incidents; and
 - iv. preventing reportable incidents;
 - c. Ensure that there is regular review and implementation of measures to prevent the occurrence of reportable incidents.
22. The SHSS Service Provider must inform children, youth, and families about reportable incidents and what will happen if such an incident occurs.
23. The SHSS Service Provider must ensure SHSS personnel can identify reportable incidents and are able to carry out the reporting actions required in response to reportable incidents.
24. The SHSS Service Provider has written policy and procedure requiring the notification of the resource worker of the following reportable incidents in order that the Resource Worker can support the SHSS Service Provider in planning for the short- and long-term viability of the placement for the child or youth:
- a. Limitation in the ability of the SHSS Service Provider to meet the safety and wellbeing needs of a child or youth placed, or about to be placed, with the SHSS Service Provider
 - b. Limitation in the ability of the SHSS Service Provider to meet other written service expectations.

Procedure

25. The SHSS Service Provider will immediately inform the Resource Worker and the child/youth's Primary Professional via phone of a Reportable Incident.

- a. If the reportable incident occurs outside of regular office hours, the SHSS Service Provider will contact Provincial Centralized Screening, which is available 24 hours per day, seven days per week.
 - b. Facilities that are licensed under the *Community Care & Assisted Living Act* must also consider the requirements to report to the Medical Health Officer.
- 26. Within 24 hours of the reportable incident, the SHSS Service Provider will fill out a form provided by MCFD (**SHSS Service Provider Reportable Incident Reporting Form – Appendix J**) outlining the details of the incident and submit the form to MCFD .
- 27. The SHSS Service Provider will attach any original record of the reportable incident to their submission to MCFD.
- 28. A separate form must be submitted for each individual reportable incident.
- 29. The SHSS Service Provider will work to address the reportable incident based on its developed process and cooperate with MCFD as appropriate.

Monitoring

- 30. The SHSS Service Provider, in their day-to-day provision of SHSS services, works collaboratively with the Resource Worker via meetings, care circles, phone calls, email conversations etc., to ensure the needs of children/youth are being met and that they are delivering quality service.
- 31. In addition to policy #30, the SHSS Service Provider enables the Resource Worker/Resource Team, and other MCFD Staff as needed, to action the Ministry's monitoring functions by being a responsive, accountable, and collaborative partner throughout the course of these interactions and by participating in good faith. These monitoring functions include but are not limited to:
 - a. 90 day visit and annual review
 - b. Quality of Care concerns and reviews
 - c. Investigations
 - d. Audit

Performance Management

SHSS Service Provider's Transition-In Plan

SHSS Service Providers with Net-New SHSS Contracts - Transition-In Plan:

- 32. SHSS Service Providers with Net-New SHSS Contracts must complete the 'Transition-In Services' in accordance with Schedule K of the Agreement (see Schedule K for more information) and must complete the 'Transition-In Plan' and other key milestones by the corresponding date set out in the 'Transition-In Plan' (see Appendix L (A)).
- 33. As part of the 'Transition-In Plan', the SHSS Service Provider will work with the Resource Worker to establish the SHSS Operational Cost Structure:
 - a. SHSS Service Providers with Net-New SHSS Contracts who are in the **Interim Period** will use the 'SHSS Costing Tool for Interim Contracts' to establish the cost structure.

- b. SHSS Service Providers with Net-New SHSS Contracts selected from the Call for Response (CFR) will use the 'SHSS Costing Tool for Net-New Contracts' to establish the cost structure.
 - i. Note that:
 - 1. program and staff costing are standardized;
 - 2. housing/rent is actual costs; and
 - 3. additional funds are available as and when needed (i.e., supplemental supports, One-Time-Only costs, clinical consultation).
 - c. The agreed upon cost structure is added to Schedule F of the Agreement and is reflected in the 'Transition-In Plan'. The SHSS Service Provider must be in compliance with the agreed upon cost structure.
34. Following completion of the 'Transition-In Services', the SHSS Service Provider must complete and sign the Transition-In Completion Certificate (see Appendix K) and certify that 'Transition-In Services' are complete and that the SHSS Service Provider is ready to accept placement of children/youth at the Care Setting.
35. Submit the completed Transition-In Completion Certificate to the Resource Worker for review and approval.
- a. The Resource Worker will review the certificate and:
 - i. determine if the SHSS has completed the 'Transition-In Services', including all of the tasks and activities described in the Agreement;
 - ii. visit the Care Setting and complete the Environment of Care Checklist; and
 - iii. confirm that the SHSS Service Provider is ready to commence the provision of the SHSS Services, including accepting placement of children/youth at the Care Setting.
 - b. Upon approval, the Resource Worker will sign and return the Transition-In Completion Certificate to the SHSS Service Provider, indicating that the SHSS Service Provider is ready to accept placement of a child/youth at the SHSS.
 - c. Upon the issuance of the Transition-In Completion Certificate, the SHSS Service Provider will become responsible for the performance of the SHSS Services on and from the date set out in the Transition-In Completion Services (the "Assumption of Service Date").
 - d. The SHSS Service Provider must retain their copy of the Transition-In Completion Certificate.

Direct Award Legacy Contractor's Transition-In Plan

The Ministry acknowledges that the SHSS Service Provider may require a period of time to transition its current practices and procedures into compliance with the Agreement. Accordingly, the SHSS Service Provider, with support from the Ministry, will design and implement a project and change management program to bring its practices and procedures relating to the SHSS Services into full compliance with the Agreement. Such activities are called "Transition-In Services" and must be complete within 18 months from the Effective Date (the "Transition-In Period").

36. Direct Award Legacy Contractors must complete the 'Transition-In Services' in accordance with Schedule K of the Agreement (see Schedule K for more information) and must complete the 'Transition-In Plan' and other key milestones by the corresponding date set out in the 'Transition-In Plan' (Appendix L (B)).
37. As part of the 'Transition-In Plan', the SHSS Service Provider will work with the Resource Worker to sort their current budget into the Ministry's SHSS Operational Cost Structure format:
- a. Direct Award Legacy Contractors first enter their current costs into the 'SHSS Legacy Stage 1 Budget Tool'. This information is reviewed and discussed with the Legacy Contract Transition Team to ensure accuracy, clarity, and transparency.
 - b. Direct Award Legacy Contractors then work with the Legacy Contract Transition Team to enter costs into the 'SHSS Legacy Stage 2 Costing Tool', which is used to establish the cost structure.
 - c. The agreed upon cost structure is added to Schedule F of the Agreement and is reflected in the 'Transition-In Plan'. The SHSS Service Provider must be in compliance with the agreed upon cost structure.
 - d. The SHSS Service Provider is not permitted to reallocate spending or reporting of spending to another funding category within or outside of the Operational Cost Structure without written approval of the Director in each instance:
 - i. After fully compensating SHSS Service Provider Personnel identified in Appendix B, the SHSS Service Provider must spend any excess funds paid by the Director in respect of Wages and Benefits to provide training and development opportunity for SHSS Service Care Providers (see Schedule F, *Fees and Payment Model*, for more information).
 - ii. Any funding earmarked for staff salary/wages or their training and development that is not used must be returned to the ministry.
 - e. Over the SHSS Service Provider's 'Transition-In Period' (i.e., 18 months), the SHSS Service Provider and Resource Worker engage in further discussions to develop a new budget and cost structure for the SHSS Service Provider in alignment with the standard Operational Costs Model in the policy [see Appendix C].
 - f. At the end of the 'Transition-in Period', the revised cost structure will be added to Schedule F by amendment. On the Assumption of Service Date, the SHSS Service Provider is expected to action the updated cost structure.
38. Failure to meet the milestones described in Schedule K of the Agreement will constitute a material breach of the Agreement. The SHSS Service Provider will work to remediate issues by:
- a. Working collaboratively with the Resource Worker to identify where there are challenges with adhering to the 'Transition-In Plan' and to support compliance.
 - b. Updating the 'Transition-In Plan' to include more detail on how to improve on certain areas, as directed by the Resource Worker.

Outcomes, Indicators, and Performance Standards

This policy is developed to support clarity for service provider through the change of service delivery and practice in SHSS. The policies are 'living documents' and will be regularly updated to align with other ongoing work of the government (e.g., ensuring maximum alignment to Bill 38) and are expected to change throughout SHSS implementation to reflect learnings.

Intended outcomes are designed to determine whether SHSS services are effective, high-quality, and benefiting children, youth and their families as designed. Performance standards are the targeted level of quality and/or performance that the SHSS Service Provider has agreed to in respect of the Services, and in alignment with the Intended Outcomes (see Schedule C of the Agreement for more information).

39. The SHSS Service Provider must adhere to Schedule C (Outcomes Architecture and Performance Management) of the Agreement and are accountable for ensuring accurate, timely, and high-quality outcomes reporting.
40. Should the SHSS Service Provider's performance standards not meet the agreed upon level of performance or quality (i.e., Target or Tolerance), the Resource Worker will action the Performance Management Program (Schedule C) and request that the SHSS Service Provider address deficiencies (e.g., Chronic or Severe Failure procedure).
41. The SHSS Service Provider will work with the Resource Worker to develop remediation plans and are responsible for actioning them.
42. Should the SHSS Service Provider meet the criteria for 'final Performance Standard failure', the Resource Worker may:
 - a. require immediate remediation; or
 - b. exercise contract management functions (e.g., terminate the Agreement, as a whole, or in part, as result of such Performance Standard Failures).

Annual and Financial Reports

Annual Reporting

43. The SHSS Service Provider must submit an annual report to the Resource Worker which includes:
 - a. turnover rates for SHSS Care Providers; and
 - b. report of active SHSS Personnel with evidence that SHSS Care Providers at a specific SHSS Site have not changed significantly.

Financial Reporting and Audits

44. The SHSS Service Provider must keep accurate and complete monthly financial records relating to the Services and may be asked at any time by the Resource Worker to submit them.
 - a. Such records will include detailed tracking of the hours worked by SHSS Service Provider Personnel, wages paid to SHSS Service Provider Personnel, benefit amounts and all other costs and expenses incurred to provide the Services as described in the Agreement (see Schedule F of the Agreement).
45. The SHSS Service Provider must submit semi-annual financial statements to the Resource Worker.
 - a. The year-end statement must be audited by a third party (i.e., auditor)
 - b. Should the financial statements, the auditor's report or an audit conducted by the Director indicate the SHSS Service Provider did not spend funds in accordance with the Operational Cost Structure or its actual spend is more than 5% below the payments made by the Director under the Agreement, excluding Administration Fees, the SHSS Service Provider will provide written reasons for why such

amounts were not spent in accordance with the Operational Cost Structure or not spent by the SHSS Service Provider (as applicable). The amount of the misspent or unspent funds will become a debt due to the Director that the SHSS Service Provider must repay to the Director on demand and which the Director may set off against costs that the Director subsequently becomes obligated to pay the SHSS Service Provider.

Continuous Improvement Plan

The Continuous Improvement Plan (CIP) is a vehicle for which the Ministry works with the SHSS Service Provider to continuously make their services better. The CIP uses a strengths-based approach, meaning the emphasis of the plan is to improve provision of service rather than identifying and addressing deficiencies. The CIP is distinct from, and should not be confused with, the performance management program (see Schedule C of the Agreement).

- 46. The SHSS Service Provider must complete the CIP as described in Schedule B of the Agreement (see Schedule B for more information).
- 47. The SHSS Service Provider must use the CIP template in Appendix M.
- 48. The SHSS Service Provider must revisit their CIP and add/amend the plan according to the corrective action requested by the Resource Worker (as described in the Governance, Stewardship, and Relationship Management Schedule (Schedule G of the Agreement)).

Compliance, Governance, and Conflict Resolution

- 49. SHSS Service Providers are required under the Agreement to be in compliance with policy, both MCFD policy and B.C. Government policy, as part of their deliverables. In addition to being in compliance with policy, the SHSS Service Provider must deliver the services with the appropriate level of quality and in alignment with the child/youth's needs.
- 50. Per the Governance, Stewardship, and Relationship Management Schedule (Schedule G of the Agreement), SHSS Service Provider will work collaboratively with Resource Workers to manage and oversee the contract and address issues. Various processes outlined within the Agreement guide how the SHSS Service Provider will work with the Ministry to addresses issues of compliance (e.g., outcomes & performance management program, 'Transition-In Plan' etc.). The Ministry is committed to remediating issues with the SHSS Service Provider and to help identify areas for improvement and where additional support is needed.
- 51. While the Resource Worker has sole discretion of whether the SHSS Service Provider is performing in compliance with the contracted deliverables, dispute between the various parties in respect to the contract terms will be resolve through MCFD's [Conflict Resolution Protocol](#). The Resource Team Leader/ Director of Operations can terminate the contract at their discretion.