Draft and Work in Progress

PDHHS Operational Review

CURRENT STATE FINDINGS - PRELIMINARY

July 26, 2023

Deetken Insight

Context

PDHHS Program serves children and youth (up to the age of 18) across the province who are deaf, hard of hearing, collectively referred to as DHH Individuals.

- ~1500 DHH Individuals in the K-12 system either attending schools across 60+ school districts, attending 'cluster' programs or receiving online education
- 19 ~ 25 DHH Individuals travelling into Victory Hill to attend the School for the Deaf in Burnaby

PDHHS's strategic objectives are:

- Support to effectively participate in primary & secondary education
- deaf culture and confidence
- Prepare for success as an adult

The PDHHS Program achieves these objectives through five primary services:

- Early Years services: supporting DHH children from newborns to school-age
- Family services: supporting DHH Individuals & families to thrive educationally in their community
- Victory Hill Dorm services: providing facility & care for DHH individuals to access education at the BC School for the Deaf
- ASL support services: providing capacity building services to hearing individuals (e.g. family, friends, teachers) that support DHH Individuals in community
- Indigenous services (newly formed)

The purpose of this project is to recommend ways to improve how PDHHS services are delivered – service quality, effectiveness, efficiency, accessibility and sustainability – within a cost neutral environment.

This document provides a summary of the current state findings (to date) that will be used as a key fact base for basing recommendations for improvement.

Analysis & Research Status

Primary Research Completed

- Interviews with all PDHHS team leads
- Staff survey findings (11 responses)
- Interviews with FNDC, MECC representatives
- Detailed schedule analysis (pending final information from Patrick)

Research & Analysis Pending/Not completed:

- Analysis of Early Years contract
- Parent survey findings
- DHH client demographics & trend analysis

Service Quality

	PDHHS Objectives	Strengths	Weaknesses
Service Quality	Positive & Consistent Child/Youth & Family Experience	Awaiting results from parent survey	
	Equitable, Timely & Simple Access to PDHHS services	FS staff adapt to meet the availability / preferences of families i.e. flexible work schedule Processes (e.g. eligibility criteria, channels & process) for accessing VHD, FS, ASL services are transparent	Families across the Province are not uniformly aware of PDHHS – minimal outreach activities, frequent re-organization/name changes, small population that is difficult to identify & reach Unable to meet the demand for services from families due to lack of capacity / resources s. 13 s. 13 , amplifying the inequities for families outside of Lower Mainland where community services are sparse Travel budget appears arbitrary and is felt to be insufficient to increase service outside Lower Mainland. ASL services are provided only on weekdays i.e. fixed work schedule, which may not meet the needs of families
	Staff are Professional, Trusted & Empathetic	Awaiting results from parent survey	
	Communications are Timely & Clear	Awaiting results from parent survey	

*exceptions to accommodate children in Ministry care have been reported

Effectiveness

	PDHHS Objectives	Strengths	Weaknesses
Effectiveness	Services meet the needs of DHH Families	Services are customized (one on one, schedules, type of supports, key stages of DHH individual) to the needs of the family* Blend of DHH and hearing staff provide language flexibility in meeting the needs of families	ASL, FS, VHD services are operated in silos leading to poor coordination, duplication, and un-necessary service gaps Poor coordination of additional supports for ~40% of DHH children that have additional support needs Insufficient capacity / professionals to address mental health needs of DHH children
	DHH Children & Youth Develop Productive Language Skills		Despite Early Years funding growth, DHH children appear to have poorer language skills upon school-age entry (developmental delays at crucial age) creating pressures on school districts , POPDHH & PDHSS. s. 13
	DHH Children & Youth are Confident in their Deaf Culture	Staff's collective understanding of Deaf Culture & ASL is unmatched in BC government	s. 13
	DHH Youth are Prepared for Young Adulthood		Inconsistent supports for youth transitions due to lack of capacity (FS), training/approach (VHD), coordination (FS/VHD) Care plan goals (staff reported) for VHD clients are not evolving i.e. stagnant s. 13
	Families Communicate Effectively with their DHH child		s. 13

*examples include flexible hours, one-on-one consultations, individual in-person ASL classes, VHD accepting kids mid-school year, VHD supporting a range of individualized recreational activities
**s. 13
*** no ability to systematically evaluate effectiveness of ASL/Language fluency across DHH families

CAF-2024-42682 , Page 5 of 495

Sustainability

PDHHS Objectives	Strengths	Weaknesses
Sustainability		
Services are Delivered Efficiently	Pending financial analysis	Accessing interpreters is difficult (time/effort, costly, inflexible) especially for on site needs – impacting service delivery stability Service delivery staff spend significant time on non-client facing/admin tasks e.g. scheduling, coordinating, basic communications, event coordination Staffing model & schedule for VHD appears to have built-in excess capacity (resulting in excess ETO), staff stagnation (fixed shifts) ASL specialist contractors are inefficient (contracting & coordination) and expensive ($20/hr more than a staff position)
PDHHS Resources are Used Effectively	Pending contractor report analysis	Contracted service providers provide inconsistent and ineffective reporting – challenges to manage services and demonstrate value for money Some contract services are beyond PDHHS scope e.g. adults, non-DHH, blind – and may not be receiving effective oversight and/or creating additional workloads on PDHHS leadership PFS staff are routinely attending IEP meetings to help parents advocate for in-school access supports – filling gaps from POPDHH

Sustainability

	PDHHS Objectives	Strengths	Weaknesses
Sustainability	PDHHS Workforce has the Necessary Capabilities	PDHHS's staff model deaf culture, have a depth of ASL and are highly motivated PDHHS Employee Engagement scores significantly exceeded that of MCFD as whole (79 vs. 61) – Jan 2022 WES Report	~ 40% of staff will reach retirement in the next 5-10 years creating potential instability / loss of knowledge Lack of role differentiation resulting in perceived lack of recognition (classification). i.e. routinely individuals move between CCC & FN roles. Difficulty recruiting for FN role based on qualifications (degree/ASL fluency) and compensation; compromises may contribute to role differentiation issues Unclear support (i.e. backfill capacity) for staff to attend training / professional development impacting morale and effectiveness of services. Reported lack of professionalism amongst staff and leadership – collaboration, confidentiality, hiring practices, work ethic and supervision/accountability (also reported in WES Report) of staff issues
	PDHHS is meeting its Quality Expectations & Implements Continuous Improvement		Quality assurance (QA) practices do not appear to be in place (suspended in 2022) e.g. assessment of care plans/goals, communication standards
	PDHHS's Facilities & Technology is Reliable	VHD facilities are convenient, well-designed and welcoming/enjoyable place for children and staff	VHD facilities and equipment are aging without an apparent capital / renewal plan. Maintenance contract may not be providing level of response and cost-effectiveness compared to in-house or contracted service. Unclear resources – vehicle, office-space, mobile phones, etc - for staff based outside of Lower Mainland (e.g. Van Island, Okanagan) and/or increased travel

Trends - Threats

Worsening language proficiency of DHH children entering school-age years

Increasing complexity of children / youth needs (mental health, additional support needs, growth in cochlear implants, substance abuse/addictions)

Shortage of teaching and support resources in school districts

Increasing cost of living leading to families relocating to outside lower mainland/city centres

MECC under increasing cost pressures at BCSD

PDHHS Operational Review

Proposal for Discussion

Apr 14, 2023

Deetken Insight

Our Understanding

PDHHS Program serves children and youth (up to the age of 18) across the province who are deaf, hard of hearing, collectively referred to as DHH Individuals in this document.

- ~1500 DHH Individuals in the K-12 system either attending schools across 60+ school districts, attending 'cluster' programs or receiving online education
- 19 ~ 25 DHH Individuals travelling into Victory Hill to attend the School for the Deaf in Burnaby

The PDHHS Program provides three primary services

- Outreach services: supporting DHH Individuals to thrive educationally in their community (~ 19 position)
- Residential services: providing facility & care for DHH individuals to access education centrally (~18 positions)
- ASL support services: providing capacity building services to hearing individuals (e.g. family, friends, teachers) that support DHH Individuals in community (~ 3 positions)

These services are delivered thru a combination of PDHHS dedicated full-time staff based in the Lower Mainland, Victory Hill residence (~$10M/year budget) and 3rd party contracted service providers (~$6M/year budget)

The landscape for meeting the needs of DHH Individuals is evolving and PDHHS's services/service delivery model could do more to meet these needs

Objectives

The purpose of this document is to present a proposed approach to an review of the Provincial Deaf & Hard of Hearing Services Program

Problem Statement: How do we provide more / better supports to DHH Individuals within a cost neutral environment ?

Key Questions:

- What are the current services provided by PDHHS e.g. Demand, Delivered, Quality, Efficiency, Effectiveness ?
- What services are DHH Individuals and Families needing to support educational outcomes?
- What are strategic options to increase/improve services to DHH Individuals and families ? E.g. services, service delivery model, org structure & staffing, processes, policies?
- How do these options compare when evaluated against their relative benefits, costs, and risks?
- What is a strategic roadmap to execute on PDHHS committed strategy ?

Approach

The outcome from this project should be a ratified PDHSS vision, strategy and implementation roadmap to better serve DHH Individuals

High level description of key phases provided below

Baseline Analysis	Establish a comprehensive view of the current state PDHHS program and significant trends to surface near-term and long-term opportunity areas
Vision & Strategy	Evaluate strategic options to increase / improve PDHHS's services Support MCFD Leadership decision-making
Roadmap	Create a roadmap to execute and implement the changes, which will act as a playbook for further detailed planning

Work Plan

	# of weeks from kickoff																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun	03-Jul	10-Jul	17-Jul	24-Jul	03-Jul	10-Jul	17-Jul	24-Jul	31-Jul
Review background documentation & data - confirm gaps	x																	
Review key service provider contracts (x4)	x																	
Kickoff with EDS, Director & Team Lead/Mgrs	x																	
External Research																		
Interviews with Council of SP's Sub-Committee members (x 4)		x	x															
Interviews with key service providers (x4)		x	x															
Interviews ~ 15 parents		x	x	x														
Develop Survey for Parents in Community (~200)		x	x															
Distribute Survey			x	x	x	x												
Analysis of Survey results						x	x											
Present external stakeholder analysis findings							x											
Internal Research																		
Interviews with EDS, Director		x																
Initial Interviews with TLs (x4)		x	x															
Focus Group with Current Staff (x2)				x	x													
Present internal stakeholder analysis findings						x												
Operations Analysis																		
Demand & Workload Analysis		x	x															
Process Analysis (x 3 services)		x	x	x														
Service Provider / Contract analysis				x	x													
Staffing / scheduling analysis				x	x													
Financial analysis				x	x													
Present current state analysis findings - PDHHS						x												
Present current state analysis findings - EDS								x										
Strategy Development																		
Guiding Principles definition				x	x													
Strategic Options Workshop (x2)							x	x	x									
Scoping of Options								x	x									
Evaluation of Options								x	x									
Strategy Paper development for decision making									x	x	x	x						
Present Strategy Options to EDS												x						
Roadmap Development Workshop (x2)												x	x	x				
Prepare Roadmap														x				
Contingency (@10%)																		

x key milestone planned vacation

Proposal Budget & Assumptions

Based on our work planning and assumptions, it is anticipated this project will take between ~400 hrs across 14-16 weeks (excluding MCFD Leadership decision-making and planned vacations).

Samir Shah, Partner s. 22

Associate-tbd ($155/hr)

Estimated time & materials budget: ~$69,000

Key Assumptions:

- Availability of identified participants for interviews, data collection and review of findings
- MCFD will make introductions to key participants e.g. ~15 parents, ~4 committee members for interviews, ~ 4 service providers, 2 focus groups of staff
- MCFD will distribute online survey to DHH Individual families
- Strategy development workshops are limited to EDS (Deborah) & Director (Susi)
- Deliverables are in MS Powerpoint format i.e. decks

Specialized Homes and Support Services (SHSS)

SHSS Guidebook for Staff

Ministry of Children and Family Development

Created Date: March 31, 2023
Last Updated: May 3, 2024

TABLE OF CONTENTS

TABLE OF CONTENTS I
1.0 DOCUMENT OWNER 1
2.0 PURPOSE 1
3.0 INTENDED AUDIENCE 2
3.1 PROCESS BY ROLE 2
3.2 PROCESS BY GROUP 3
4.0 KEY SYSTEMS AND MATERIALS 4
4.1 SYSTEMS 4
4.2 DOCUMENTS 4
4.3 FORMS/TOOLS 4
5.0 SOLICITATION- CFR PROCESS 5
5.1 CFR RELEASE AND RESPONSE INITIAL INTAKE 5
5.1.1 PROCESS DETAILS 5
5.1.2 PROCESS MAP 6
5.1.3 PROCEDURES 6
5.2 CFR ROLLING INTAKE RESPONSE 8
5.2.1 PROCESS DETAILS 8
5.2.2 PROCESS MAP 9
5.2.3 PROCEDURES 11
5.3 DRAW DOWN OF SERVICE PROVIDERS 12
6.0 CONTRACT READINESS 12
6.1 CONTRACT AUTHORING PLACEHOLDER 12
6.2 SHSS COSTING TOOL PLACEHOLDER 12
6.3 SHSS CONTRACT VARIABLE NEGOTIATIONS PLACEHOLDER 12
7.0 TRANSITION-IN – SHSS CONTRACTS 13
7.1 TRANSITION-IN - LEGACY 13
7.1.1 PROCESS DETAILS 13
7.1.2 PROCESS MAP 14
7.1.3 PROCEDURES 14
7.2 TRANSITION-IN - NET NEW 16
7.2.1 PROCESS DETAILS 16
7.2.2 PROCESS MAP 17
7.2.3 PROCEDURES 17
8.0 SHSS SERVICES AND PLANNING 19
8.1 DETERMINING SHSS SERVICES 19
8.1.1 PROCESS DETAILS 19
8.1.2 PROCESS MAP 20
8.1.3 PROCEDURES 20
8.2 REFERRAL INTO SHSS SERVICES 21
8.2.1

Process Details 21
8.2.2 Process Map 22
8.2.3 Procedures 22
8.3 After-Hours Emergency Placement 23
8.3.1 Process Details 23
8.3.2 Process Map 25
8.3.3 Procedures 25
8.4 SHSS Service Provider Placement 27
8.4.1 Process Details 27
8.4.2 Process Map 28
8.4.3 Procedures 28
8.5 Summary of Approach for Transition into SHSS Services 30
8.5.1 Process Details 30
8.5.2 Process Map 31
8.5.3 Procedures 31
8.6 Intake Meeting 33
8.6.1 Process Details 33
8.6.2 Process Map 33
8.6.3 Procedures 34
8.7 Establishing the SHSS Care Circle 36
8.7.1 Process Details 36
8.7.2 Process Map 37
8.7.3 Procedures 37
8.8 Creating the SHSS Service Plan 38
8.8.1 Process Details 39
8.8.2 Process Map 40
8.8.3 Procedures 40
8.9 Submission & Approval of the SHSS Service Plan 41
8.9.1 Process Details 41
8.9.2 Process Map 41
8.9.3 Procedures 42
8.10 Reviewing & Maintaining the SHSS Service Plan 43
8.10.1 Process Detail 43
8.10.2 Process Map 44
8.10.3 Procedures 44
8.11 Ongoing SHSS Service Planning 45
8.11.1 Process Details 45
8.11.2 Process Map 46
8.11.3 Procedures 46
8.12 Requesting Additional Supports 48
8.12.1 Process Details 49
8.12.2

Process Map 50
8.12.3 Procedures 51
8.13 Transition-Out Planning 53
8.13.1 Process Details 53
8.13.2 Process Map 54
8.13.3 Procedures 54
9.0 Contract Management - Amendments 56
9.1 Negotiated Amendment 57
9.1.1 Process Details 57
9.1.2 Process Map 58
9.1.3 Procedures 58
9.2 Ordinary Course Amendment 60
9.2.1 Process Details 60
9.2.2 Process Map 60
9.2.3 Procedures 61
9.3 Mandatory Amendment – Actual or Imminent Threat 62
9.3.1 Process Details 62
9.3.2 Process Map 62
9.3.3 Procedures 63
9.4 Mandatory Amendment - Other 63
9.4.1 Process Details 63
9.4.2 Process Map 64
9.4.3 Procedures 64
9.5 Time Sensitive Amendment 65
9.5.1 Process Details 65
9.5.2 Process Map 65
9.5.3 Procedures 66
10.0 Contract Management – Other 67
10.1 Reportable Incidents 67
10.1.1 Process Details 67
10.1.2 Process Map 68
10.1.3 Procedures 68
10.2 Temporary Suspension of Services 69
10.2.1 Process Details 69
10.2.2 Process Map 70
10.2.3 Procedures 70
10.3 Default and Termination 71
10.3.1 Process Details 71
10.3.2 Process Map 72
10.3.3 Procedures 72
10.4 Exit Management 73
10.4.1

Process Details 73
10.4.2 Process Map 73
10.4.3 Procedures 74
11.0 Financial Processes 76
11.1 Transition-In - Legacy 76
11.1.1 Process Details 76
11.1.2 Process Map 77
11.1.3 Procedures 77
11.2 Transition-In - Net New 78
11.2.1 Process Details 78
11.2.2 Process Map 79
11.2.3 Procedures 79
11.3 Payment Set Up /Assessing Need for Adjustment 80
11.3.1 Process Details 80
11.3.2 Process Map 81
11.3.3 Procedures 81
11.4 Additional Supports: Funding Request 83
11.4.1 Process Details 83
11.4.2 Process Map 84
11.4.3 Procedures 85
11.5 Financial Review – 6 Months 86
11.5.1 Process Details 86
11.5.2 Process Map 86
11.5.3 Procedures 87
11.6 Unspent Funds Management 88
11.6.1 Process Details 88
11.6.2 Process Map 88
11.6.3 Procedures 89
11.7 Financial Audit - External 89
11.7.1 Process Details 89
11.7.2 Process Map 90
11.7.3 Procedures 90
11.8 Financial Audit - Director Appointed 91
11.8.1 Process Details 91
11.8.2 Process Map 92
11.8.3 Procedures 92
12.0 Reporting Processes 93
12.1 Requesting the Daily Log 93
12.1.1 Process Details 93
12.1.2 Process Map 94
12.1.3 Procedures 94
12.2

Reviewing Monthly Check-In 95
12.2.1 Process Details 96
12.2.2 Process Map 97
12.2.3 Procedures 97
12.3 Determining Child Specific Follow-Up Actions from the Monthly Check-In 99
12.3.1 Process Details 99
12.3.2 Process Map 100
12.3.3 Procedures 100
12.4 Measuring Progress Towards Goal 101
12.4.1 Process Details 101
12.4.2 Process Map 103
12.4.3 Procedures 104
12.5 Preparing for 90-Day and Annual Review 105
12.5.1 Process Details 105
12.5.2 Process Map 106
12.5.3 Procedures 106
12.6 90-Day and Annual Review Meeting 107
12.6.1 Process Details 107
12.6.2 Process Map 108
12.6.3 Procedures 108
12.7 Continuous Improvement Plan 109
12.7.1 Process Details 109
12.7.2 Process Map 110
12.7.3 Procedures 110
12.8 Annual Performance Standards Reviews 112
12.8.1 Process Details 112
12.8.2 Process Map 113
12.8.3 Procedures 113
12.9 Chronic and Severe Failure 115
12.9.1 Process Details 115
12.9.2 Process Map 116
12.9.3 Procedures 116
Appendix A: Glossary 118
Appendix B: Process by Role - Detailed 124
Appendix C: Process by Group - Detailed 127

1.0 Document Owner

The SHSS Guidebook is intended to be a living document and will be updated to reflect current needs, policies, and practices.

Updates to processes need to be consulted and approved by the process owner (identified in the Process Details of each section).

Notification of these updates will be directed to Provincial Practice Branch, the document owner.

2.0 Purpose

This document, the SHSS Guidebook, outlines the specific steps and procedures for SHSS business processes. It serves as a guide for employees to follow in order to ensure consistency and efficiency in conducting the process.

Information on Indigenous Child and Family Services Agencies (ICFS Agencies) setting up SHSS resources, sharing SHSS resources with MCFD, and having children/youth placed in MCFD SHSS resources is under development. Until new policies, processes, or procedures are developed, staff should continue to follow existing protocols, practice directives, or Memorandums of Understanding.

Each section will be broken out into 3 parts: Process Details, Process Map and Procedures

A brief overview of each section is as follows:

Process Details

Purpose	Provide a clear, detailed purpose statement.
Key Details	Provide any key details that support the process.
Process Owner	Role that is the key owner of the process and responsible for any updates and/or edits to the process.
Participating Roles	Roles that are identified within the steps of the process and hold responsibility for the completeness of the step .
Related Processes	Related processes within the Guidebook that are a subset. Process will be identified with a link to the related process which may have other roles required.
Related Documents	Any related documents that help support or guide decision in the step.
Required System(s)	System that is required to input and/or retrieve content.
Prerequisite Processes	Related process that is required to be completed prior the process currently on.

Successor Processes	Related process that is required to occur after to finalize the entire process in its entirety.

Process Map

A visual that provides a high-level overview of each step with the related number identified in the procedures.

Procedures

- Detailed description of each step in the process, including inputs, outputs, and any decision points
- Assign a person responsible for each step
- Identify any dependencies or prerequisites for the process to be completed
- Include any relevant forms, templates, or documents needed for the process

The SHSS Guidebook will help streamline processes, minimize errors, and improve overall performance. Additionally, it also serves as a training tool for employees, providing them with the information and guidance they need to carry out the process effectively.

Legend

Represents consultation requirement.

3.0 INTENDED AUDIENCE

The intended audience for this Guidebook includes individuals who participate directly in SHSS activities within MCFD.

3.1 Process by Role

Below is a high-level overview of the sections in which roles participate in. For a more detailed list of specific sections, go to Appendix B: Process by Role - Detailed

Accounts Payable

11.0 Financial

Analytics

12.0 Reporting

Director, FA & A

11.0 Financial

Director of Operations (DOO)

7.0 Transition-In – SHSS Contracts
8.0 SHSS Services and Planning
9.0 Contract Management - Amendments

Primary Professional (PP)

8.0 SHSS Services and Planning
11.0 Financial
12.0 Reporting

Resource Team Lead (RTL)

7.0 Transition-In – SHSS Contracts
8.0 SHSS Services and Planning
9.0 Contract Management - Amendments
10.0 Contract Management - Other
11.0 Financial
12.0 Reporting

10.0 Contract Management - Other
11.0 Financial
12.0 Reporting

FCSD

11.0 Financial

FCSD – Contract Management Transformation Team (CMTT)

7.0 Transition-In – SHSS Contracts
9.0 Contract Management - Amendments
10.0 Contract Management - Other
11.0 Financial
12.0 Reporting

Resource Worker (RW)

7.0 Transition-In – SHSS Contracts
8.0 SHSS Services and Planning
9.0 Contract Management - Amendments
10.0 Contract Management - Other
11.0 Financial
12.0 Reporting

Service Provider (SP)

7.0 Transition-In – SHSS Contracts
8.0 SHSS Services and Planning
9.0 Contract Management - Amendments
10.0 Contract Management - Other
11.0 Financial
12.0 Reporting

3.2 Process by Group

Below is a high-level overview of the sections in which groups participate in. For a more detailed list of specific sections, go to Appendix C: Process by Group - Detailed

After Hours Staff

8.0 SHSS Services and Planning

Care Circle

8.0 SHSS Services and Planning
12.0 Reporting

Priority Service Committee

8.0 SHSS Services and Planning

Resource Team

7.0 Transition-In Processes – SHSS Contracts
8.0 SHSS Services and Planning
9.0 Contract Management - Amendments
10.0 Contract Management - Other
11.0 Financial
12.0 Reporting

4.0 KEY SYSTEMS AND MATERIALS

This is a high-level overview of the related systems and documents that can be referenced for support and/or guidance throughout steps within the procedures. Each section will indicate the specific system(s) and materials required that is related to the process overall.

4.1 Systems

- Procurement Contract Management System (PCMS)
- Integrated Case Management System (ICM)
- Specialized Services Portal (SSP)
- Corporate Data Warehouse (CDW)

4.2 Documents

- SHSS Master Service Agreements (MSAs) and Schedules (8 contracts in total)
- MCFD Core Policy
- MCFD Staff Policy for SHSS
- Service Types (Eligibility) Policy
- SHSS Guidebook for Service Providers

4.3 Forms/Tools

The following table lists some of the new forms/tools that support Specialized Homes and Support Services. Resource related documentation continues to be filed in the physical RE and PL files that are generated through MIS/RAP. CT files will not exist for contracts generated in the PCMS system.

Two new file backings are to be added to locally stored PL files:

- SHSS Service Provider – Place of Service (SP-PL)
- SHSS Service Provider – Agency (SP-A)

A coloured sheet of paper is to be added to all other sections of CT, PL and RE files stating: "SHSS contract/service started as of (insert date)" and nothing further is to be filed on the old sections.

SHSS form/tools will be filed as follows:

Form	Location
SHSS 90 Day and Annual Review Form	SP-PL
SHSS Request for Amendment Form	SP-A
Call For Responses (CFR) Drawdown Process Documents	SP-A
SHSS (SP) Continuous Improvement Plan	SP-PL

MCFD Referral Document	ICM
SHSS Root Cause Analysis Template	SP-A
SHSS Environment of Care Checklist	SP-PL
SHSS Referral Document (CF4117)	ICM
SHSS (SP) Complaints Reporting Form	SP-PL and the CS Case as needed
SHSS (SP) Reportable Incident Reporting Form	SP-PL and the CS Case as needed
SHSS (SP) Transition-In Completion Certificate – Net New	SP-PL
SHSS Transition-In Status Update and Monitoring Template - Legacy	SP-A
SHSS (SP) Transition-In Plan Template (Legacy and Net New)	SP-A

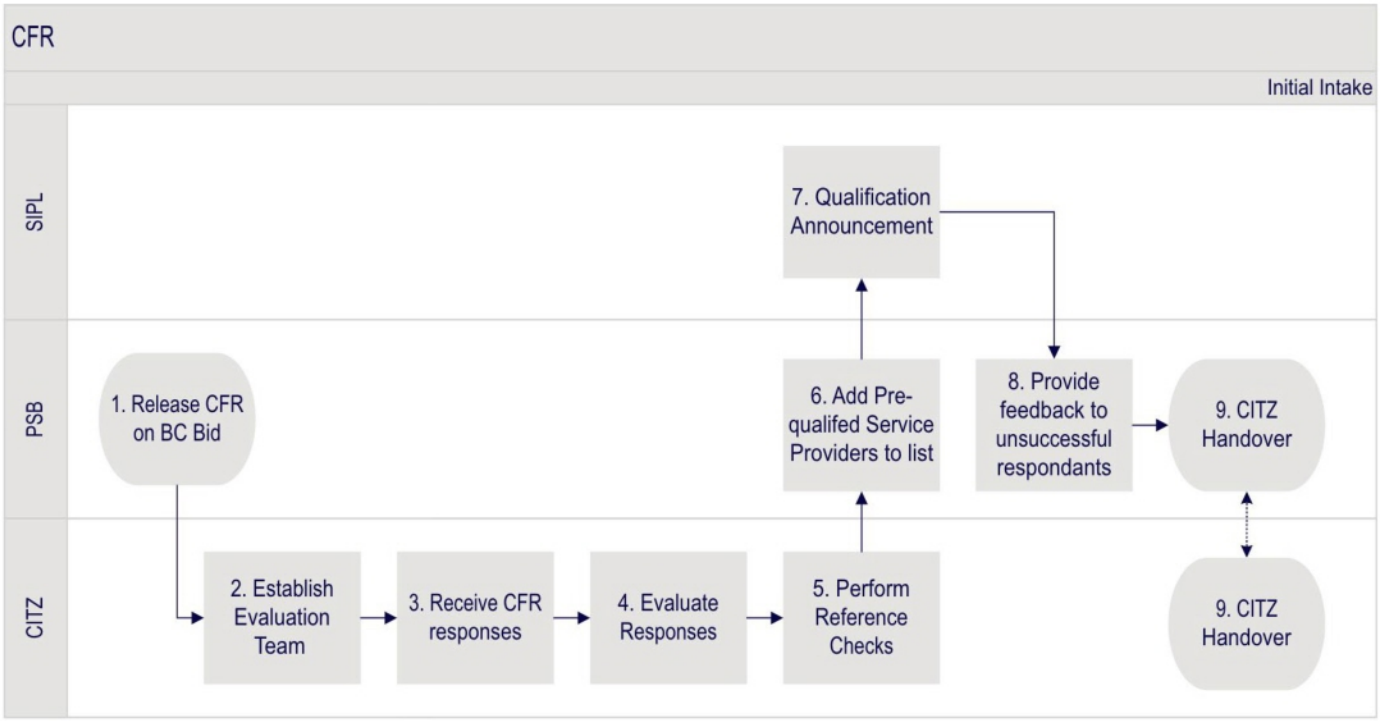
5.0 SOLICITATION- CFR PROCESS

5.1 CFR Release and Response Initial Intake

5.1.1 Process Details

Purpose	The Ministry of Citizen's Services will complete the initial intake and evaluation of the SHSS Call for Response.
Key Messages	An evaluation workbook has been developed to assess the mandatory criteria of each response from Service Providers. Upon completion of this initial intake, the process is handed over to a Ministry team for all subsequent CFR evaluations and management of the Qualified Service Provider list.
Process Owner	Ministry of Citizen's Services (CITZ)
Participating Roles	PROCUREMENT, SIPL, CMTT
Related Processes	CFR Rolling Intake
Related Documents	CFR, CFR Response, Evaluation Workbook
Required System(s)	BC Bid
Prerequisite Processes	None
Successor Processes	Draw Down of Service Providers

5.1.2 Process Map



5.1.3 Procedures

Role	Step	Description
Procurement	1	Release the CFR on BC Bid. *Note: Internal Process already exists.*
CITZ	2	Establish and confirm the Evaluation Team. 2.1 Provide an overview of rules related to reviewing and evaluating responses, and of the Evaluation Workbook.
Procurement	3	Retrieves responses via BC Bid. *Note: Internal processes already exist.* 3.1 Uploads responses to designated SharePoint for CITZ access.
CITZ	4	Lead Evaluation Team in evaluating the responses based on mandatory criteria using the Evaluation Workbook. 4.1 Store completed responses on SharePoint. 4.2 Communicate results of responses to PROCUREMENT.

CITZ	5	Perform Reference and Due Diligence Checks as applicable according to Evaluation Workbook. For each successful respondent, check: • Provided references. • Financial viability • Past incidents
Procurement	6	Add a pre-qualified Service Provider to the draw-down list held within SharePoint. 6.1 Add a file attachment to the relevant Service Provider contract record within PCMS to indicate the Service Provider has been added to the draw-down list. *Note: This is an Interim Process until pre-qualified list management is added to PCMS.*
SIPL	7	Draft qualification announcements for each Service Provider. 7.1 Send to Government Communications and Public Engagement for Publication.
CITZ	8	Provide feedback to unsuccessful CFR respondents. 8.1 Summarize evaluation for each unsuccessful respondent. 8.2 Contact each unsuccessful respondent to provide: • summary of evaluation process • criteria within CFR response that was not met. • support for future CFR responses
CITZ/Procurement	9	Handover process to Ministry team. 9.1 Transfer access to SharePoint to Ministry Team, including the evaluation workbook template and all completed evaluation workbooks. The evaluation workbook has been built with the following concepts: • The people that will be responsible for evaluating will change or evolve in time. • The ability to provide detailed instruction to future generations of evaluators may be limited but should be consistent throughout transition of the committee (not withstanding that this is not a competition process, but more of an application process). • The process for assessment of a response should be simple and allow the evaluators sufficient flexibility and subjectivity to assign scores. • There will be a separate assessment for each service. • This process does not rank responses in any way.

		Note: The Ministry Evaluation team includes: • *SHSS Contract Performance Manager - (CMTT)/Financial Officer – CMTT* • *Service Delivery Representative* • *Service Delivery Representative* • *Strategic Integration, Policy & Legislation Representative*

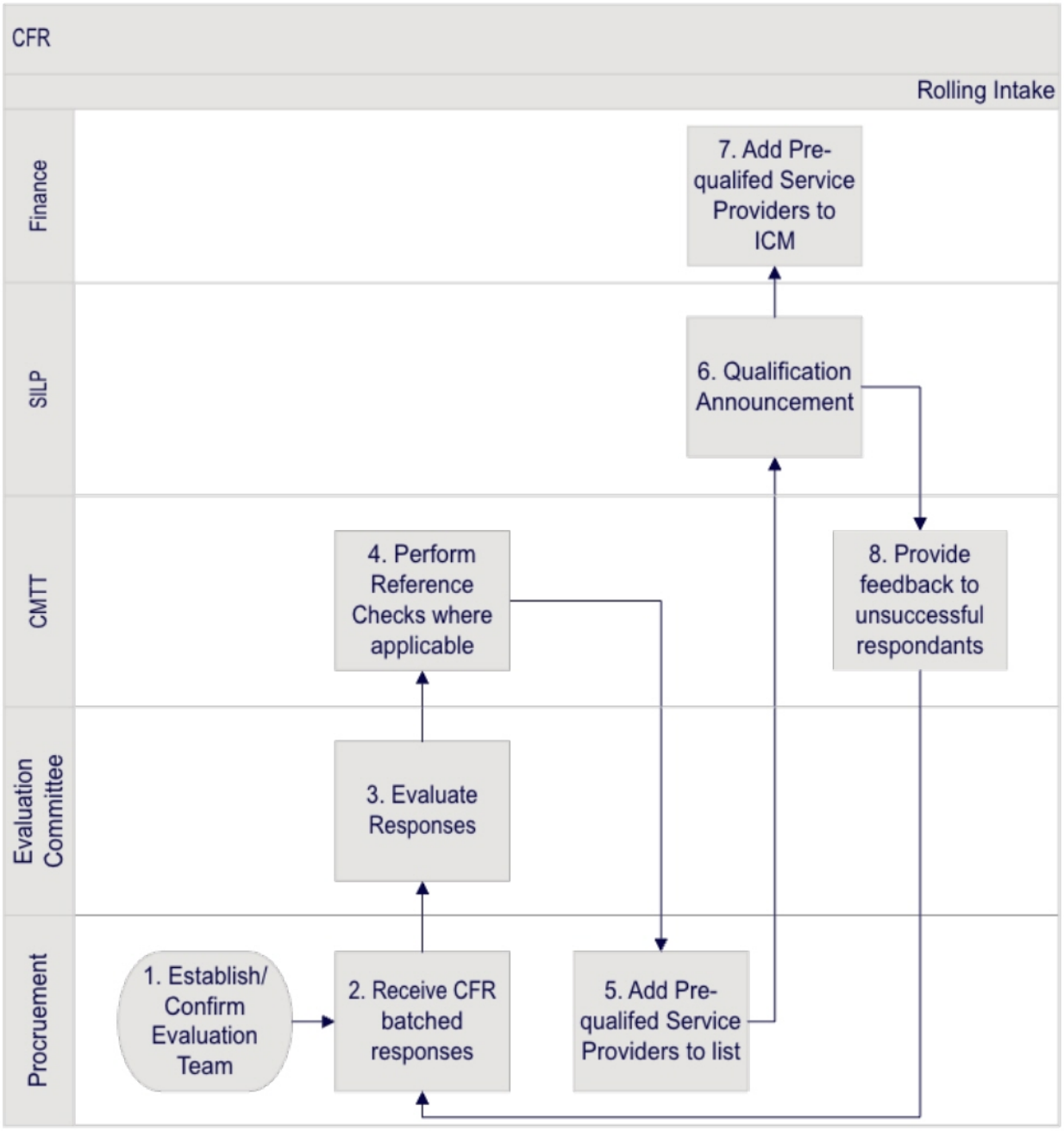
5.2 CFR Rolling Intake Response

5.2.1 Process Details

Purpose	To establish and train a team to undertake the ongoing evaluation of responses to the SHSS Call for Response and develop a draw-down list of Qualified Service Providers for new SHSS contracts.
Key Messages	This process occurs on a 90-day cadence schedule. The Evaluation Committee is made up of four individuals. • SHSS Contract Performance Manager - (CMTT)/ Financial Officer – CMTT • Service Delivery Representative • Service Delivery Representative • Strategic Integration, Policy & Legislation Representative The Draw Down list is a collection of service providers that have been pre-qualified as vendors to provide an SHSS service type. The list is kept on SharePoint and is managed by Procurement.
Process Owner	Procurement
Participating Roles	SIPL Evaluation Committee CMTT
Related Processes	Initial CFR Intake and Response

Related Documents	Evaluation Workbook
Required System(s)	BC BID, PCMS
Prerequisite Processes	Initial CFR Intake and Response
Successor Processes	Draw Down of Service Providers

5.2.2 Process Map



5.2.3 Procedures

Role	Step	Description
Procurement	1	Establish and confirm the Evaluation Team. 1.1 Provide an overview of rules related to reviewing and evaluating responses.
Procurement	2	Retrieves responses via BC Bid. *Note: Internal processes already exist.* 2.1 Uploads responses to designated SharePoint for Evaluation Committee access.
Evaluation Committee	3	Evaluate the responses against mandatory criteria using the evaluation workbook. 3.1 Store completed responses on SharePoint in the SP-A. 3.2 Communicate results of responses to Procurement.
Evaluation Committee	4	Perform Reference and Due Diligence Checks as applicable according to Evaluation Workbook. For each successful respondent, check: • Provided references. • Financial viability • Past incidents
Procurement	5	Add a pre-qualified Service Provider to the draw-down list held within SharePoint. 6.1 Add a file attachment to the relevant contract record within PCMS to indicate the Service Provider has been added to the draw-down list. *Note: This is an Interim Process until pre-qualified list management is added to PCMS.*
SIPL	6	Draft qualification announcements for each Service Provider. 6.1 Send to Government Communications and Public Engagement for Publication. 6.2 Send to Finance team for ICM set up.
Finance	7	Receives list of new pre-qualified service providers.

		7.1 Set up pre-qualified service providers within ICM.
CMTT	8	Provide feedback to unsuccessful CFR respondents. 7.1 Summarize evaluation for each unsuccessful respondent. 7.2 Contact each unsuccessful respondent to provide: • summary of evaluation process • criteria within CFR response that was not met. • support for future CFR responses

5.3 Draw Down of Service Providers

Under development

6.0 CONTRACT READINESS

6.1 Contract Authoring Placeholder

Under development

6.2 SHSS Costing Tool Placeholder

Under development

6.3 SHSS Contract Variable Negotiations Placeholder

Under development

7.0 TRANSITION-IN – SHSS CONTRACTS

The following processes and procedures are reflected in the activities required to complete the Transition-in period.

For the Financial Processes associated with Transition-In, see Financial Processes (Transition In)

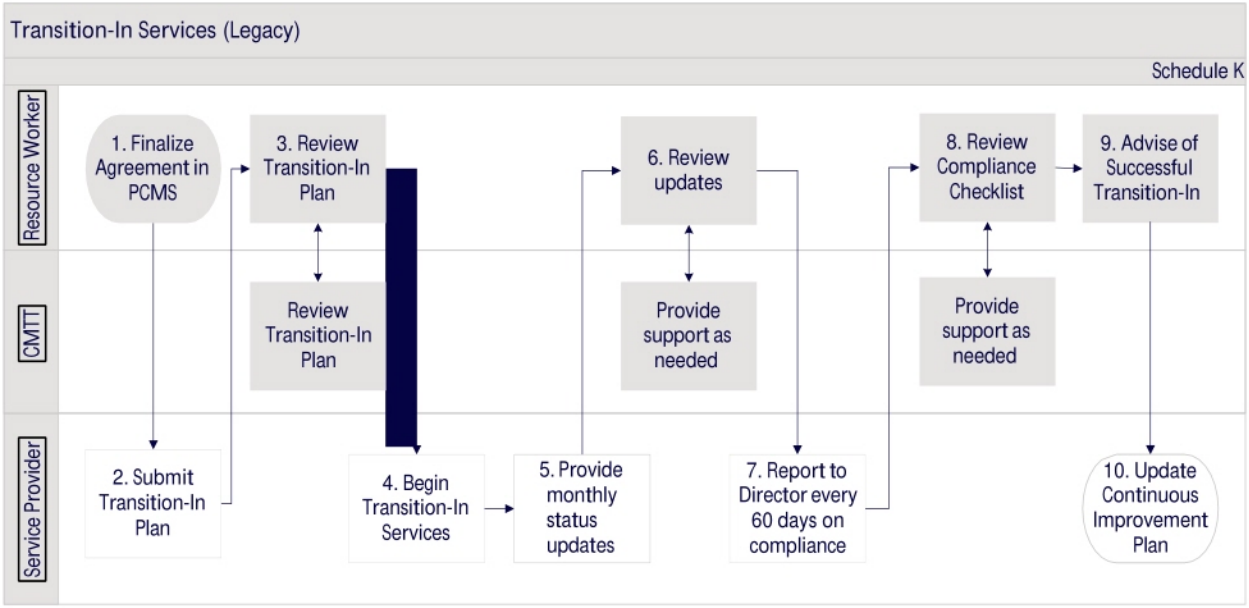
7.1 Transition-In - Legacy

Within 60 days, the SHSS Service Provider designs and implements a project management program, "Transition-in Plan," to bring its practices and procedures into full compliance with the Services Agreement within 18 months from the effective date.

7.1.1 Process Details

Purpose	The Resource Worker will oversee and support the SHSS Service Provider as they action 'Transition-In Services' and will ensure their compliance with Schedule K of the Agreement and with the 'Transition-In Plan' (SHSS Service Provider Policy, Appendix L).
Key Messages	The Service Provider will comply with: • more than 50% of the items listed in Table 1 in Schedule K within 12 months of the Effective Date; and • 100% of the items in Table 1 in Schedule K before the end of the Transition-In Period. Failure to meet the above milestones will be treated as an Event of Default.
Process Owner	Resource Worker
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	Transition-In Financial Legacy Contract Transition (FCSD (CMTT) Guidebook)
Related Documents	MSA Schedule K MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy SHSS (SP) Transition-In Template - Legacy Continuous Improvement Plan SHSS Transition-In Status Updating and Monitoring - Legacy
Required System(s)	PCMS ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	Contractual obligations are now met; proceed with either 1) New Children/Youth – Referral into SHSS Services, or 2) Existing Children/Youth – Establishing the SHSS Care Circle

7.1.2 Process Map



7.1.3 Procedures

Role	Step	Description
Resource Worker	1	Finalize Services Agreement in PCMS.
Service Provider	2	Using the template in the SHSS Service Provider Policy, develop an approach to perform the Transition-In Services, as per Schedule K in the Services agreement. (SHSS (SP) Transition-In Plan Template – Legacy) 2.1 Consult with the Resource Worker as needed. 2.2 Submit the completed plan to the Resource Worker within 60 days of the Effective Date.
Resource Team	3	In consultation with FCSD (CMTT), review the final Transition-In Plan. 3.1 Discuss potential feedback to be given or if approval is appropriate.
Service Provider	4	Commence the Transition-In services listed in the Compliance Checklist (Table 1, of Schedule K) in accordance with the approach and dates set out in the Transition-In plan. This process is ongoing throughout the transition-in period.

Service Provider	5	At monthly intervals, meet with the Resource Team and provide a written status update regarding progress towards completing the Transition-In Plan.
Resource Team	6	Review and participate in monthly status updates. Complete the SHSS Transition-In Status Updated and Monitoring – Legacy Template to track the status. 6.1 Consult with FCSD (CMTT) as needed for providing additional support to the Service Provider. 6.2 Provide additional support as determined. 6.3 Document support provided in SP-PL as appropriate. *Note: **Steps 4 and 5** are completed on a monthly basis for the duration of the Transition-In period.*
Service Provider	7	Send a report to Resource Worker every 60 days on compliance for each component on the Compliance Checklist, marking it as "compliant" or "non-compliant".
Resource Team	8	Review the Compliance Checklist progress, as received every 60 days. Complete the SHSS Transition-In Status Updated and Monitoring – Legacy Template to track the status. 8.1 If there are items that do not meet compliance, consult with FCSD (CMTT) and review the Transition-In plan. Advise on changes to the approach, as necessary. 8.2 Document all issues of non-compliance and follow-up actions in the SP-PL as appropriate. 8.3 Consult with Team Leader and DOO if there are non-compliance issues that are impeding progress in meeting Transition-In plans; consult with Resource Leads across Places of Service to assess Agency-wide issues as necessary and determine if a broader follow-up plan is required. 8.4 Consult with FCSD (CMTT) if needed to determine if an Event of Default has taken place. *Note: The goal is to support Service Providers to meet their transition-in planning requirements.* *Note: **Steps 6 and 7** are completed every 60 days for the duration of the Transition-In period.*

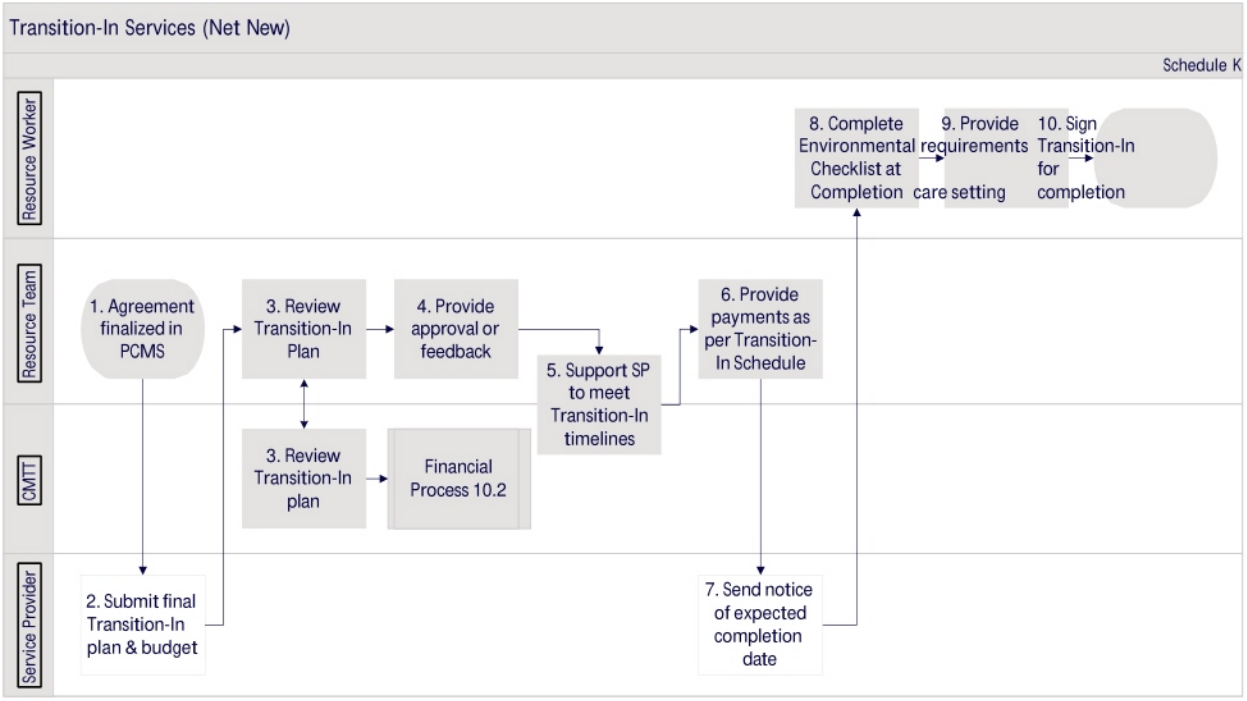
Resource Team	9	Advise the Service Provider of successful Transition-In Services completion. 9.1 Document the completion of the Transition-In period, and any Identified Areas of Improvement in the SP-PL.
Service Provider	10	Update Continuous Improvement Plan to include Identified Areas of Improvement within 3 months and send to Resource Worker.

7.2 Transition-In - Net New

7.2.1 Process Details

Purpose	The Transition-In period is followed to ensure that new SHSS Service Providers arrange their operations and prepare their facilities to perform SHSS Services at a new Care Setting. Once the period is successfully completed, the SHSS Service Provider is responsible for the performance of SHSS Services as per the Service Agreement.
Key Details	None
Process Owner	Resource Team & FCSD (CMTT)
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	Financial Transition-In Net New Service Provider Draw Down
Related Documents	SHSS (SP) Transition-In Plan Template – Net New SHSS (SP) Transition In Completion Certificate – Net New MSA Schedule K SHSS Environment of Care Checklist
Required System(s)	PCMS ICM
Prerequisite Processes	Contract Authoring
Successor Processes	Referral into SHSS Services

7.2.2 Process Map



7.2.3 Procedures

Role	Step	Description
Resource Team	1	Finalize the agreement in PCMS, specifying Transition-In period dates.
Service Provider	2	Within 5 business days from the Effective Date of the contract, submit a final SHSS (SP) Transition-In Plan Template – Net New (consistent with the Transition-In Plan included in the response to CFR) to the Resource Team.
Resource Team FCSD (CMTT)	3	In consultation with FCSD (CMTT), review the final Transition-In Plan. 3.1 Discuss potential feedback to be given or if approval is appropriate. 3.2 FCSD (CMTT) to review budget as per Financial Process.
Resource Team	4	Provide approval or feedback to the Service Provider within 10 business days of receipt of the final transition plan.
Resource Team FCSD (CMTT)	5	Support the Service Provider as needed to meet their Transition In timelines. Resource Team ensures the appropriate processes are in place to monitor the Service Provider's progress through: • Requesting reports as and when needed. • Setting meetings as and when needed.

Resource Team	6	Provide payments as per the Transition In schedule (see Financial section). Payment timeframes are agreed upon during service agreement finalization stage and will be either: • *Option 1*: based on 90-day Transition-In period, instalments of a % of total payment maximum on the effective date at the end of month 1 and 2, and then balance of actual unpaid costs; or • *Option 2*: released upon completion of the Transition-in Services.
Service Provider	7	Notify Resource Team of the expected date that it will complete the Transition-In Services (at least 10 days notice). Provide Resource Team with a signed copy of the SHSS (SP) Transition-In Completion Certificate – Net New.
Resource Worker	8	Upon receipt of the Transition-In Completion Certificate, schedule a site visit to the SHSS Care Setting to confirm that the Transition In activities are complete and that the Service Provider can begin to receive placements. *Note: This visit includes the completion of the SHSS Environment of Care Checklist*
Resource Worker	9	Based on the on-site Care Setting Meeting, if the Resource Team cannot sign off on the completion certificate, any further direction or instruction should be provided to the Service Provider in order to complete the Transition-In Plan. 9.1 Document direction given to Service Provider in SP-PL. Complete **Step 8** above once Service Provider advises that any further action required to complete Transition-In has been finalized.
Resource Worker	10	When confident that all Transition In activities are complete, Sign the SHSS (SP) Transition-In Completion Certificate – Net New upon receipt. 10.1 Advise the Service Provider that the Transition-In Period has been successfully completed. 10.2 Document the end of the Transition-In Period in SP-PL. 10.3 Update ICM to reflect that Transition In is completed.

8.0 SHSS Services and Planning

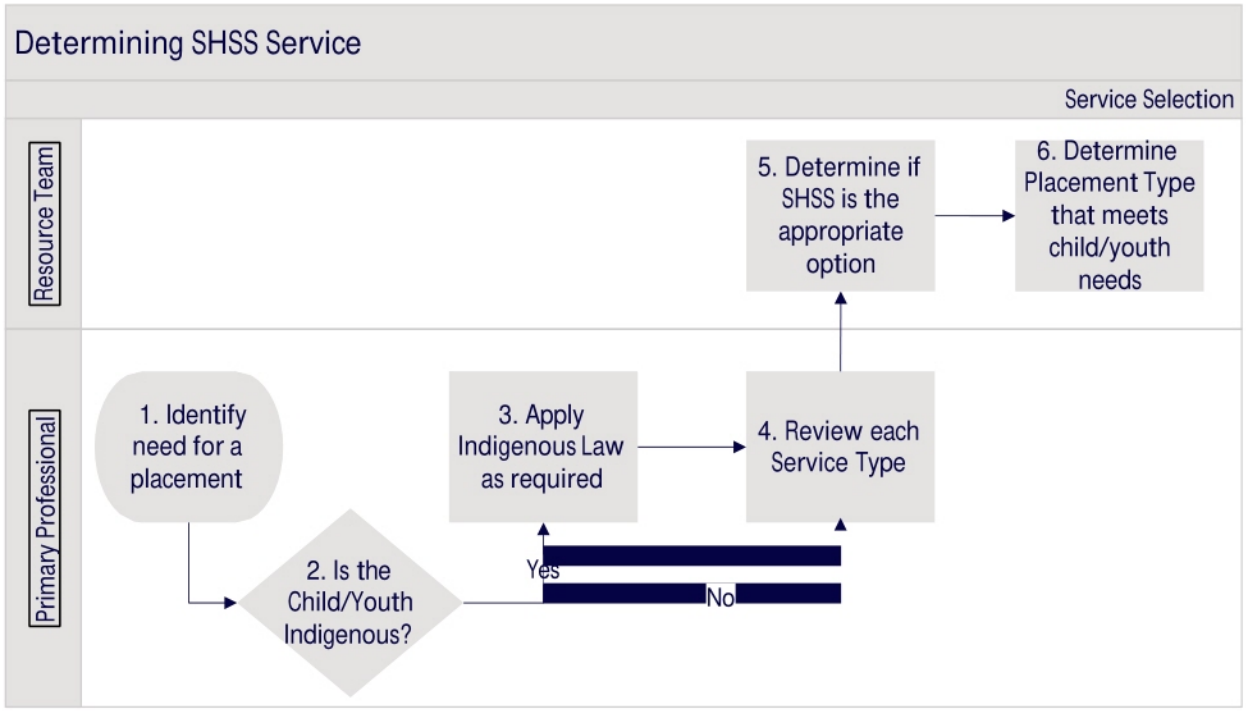
This section will help assist MCFD staff to determine when a child/youth require access to a SHSS Service Type, and how referrals and decisions on prioritization of services are conducted.

8.1 Determining SHSS Services

8.1.1 Process Details

Purpose	Describes the key steps to identify whether an SHSS placement is required in order to meet the needs of a child/youth.
Key Details	This process reflects the current practice and procedure for determining a placement need for a child or youth.
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Team Resource Worker
Related Processes	None
Related Documents	MCFD Staff Policy for SHSS MCFD Core Policy 5.2: Assuming Responsibility for a Child/Youth in Care MCFD Core Policy 1.2 Upholding Indigenous Jurisdiction over Child and Family Service Service Types (Eligibility) Policy
Required System(s)	ICM
Prerequisite Processes	None
Successor Processes	Referral into SHSS Services

8.1.2 Process Map



8.1.3 Procedures

Role	Step	Description
Primary Professional	1	Gain an understanding of the Child/Youth's circumstances in accordance with *Chapter 5 Children and Youth in Care Policies & Procedures: Policy 5.2: Assuming Responsibility for a Child/Youth in Care.*
Primary Professional	2	Does the child/youth identify as Indigenous? (*Policy 1.1*) If yes, continue to **Step 3**. If no, proceed to **Step 4.**
Primary Professional	3	If it is determined that the child/youth is Indigenous, determine if Indigenous Law applies. (*Policy 1.1*)
Primary Professional	4	Gain an understanding of each SHSS Service type (Service Types (Eligibility) Policy).
Primary Professional with Resource Worker/Team	5	Consult with Team Lead to receive approval to make a placement request to the Resource Team.

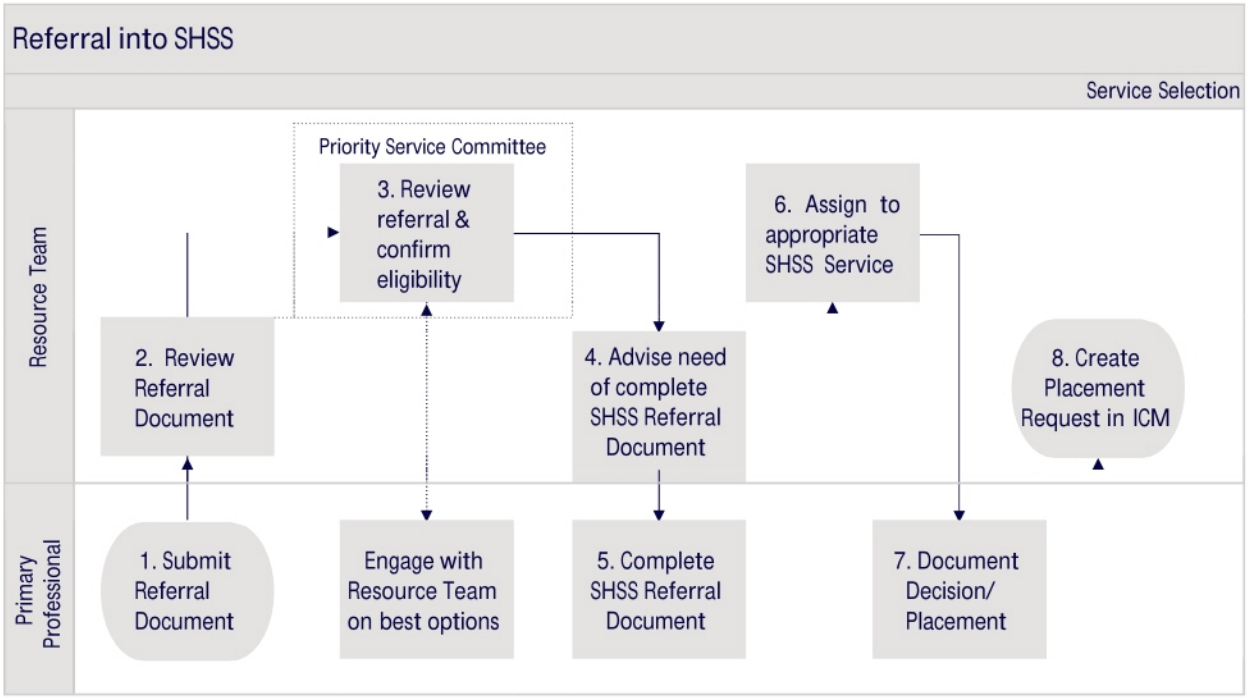
Resource Team/Worker	6	Determine the Placement Type that best suits the needs of the child/youth, as per the SHSS Eligibility Policy.

8.2 Referral into SHSS Services

8.2.1 Process Details

Purpose	The Referral Document is completed and sent to Priority Service Committee (PSC) for assessment. Upon approval for SHSS placement an SHSS Referral Document is completed. *Note: A **Referral Document** is generated in ICM from a CS Case and is submitted to the Resource Team. Consideration for placement in an SHSS resource is reviewed by the Priority Service Committee (PSC). The **SHSS Referral Document (CF4117)** is also generated from the CS Case and is used to refer a child/youth to an SHSS resource (after recommendation from the PSC), and upon placement is used by the SHSS Service Provider to support the development of the SHSS Service Plan. How a referral document is received by the Resource Team will be local decision within the SDA.*
Key Messages	Priority Service Committees will be at an SDA level and will not review Emergency Care requests, unless otherwise determined in the Priority Service Committee Terms of Reference. All placement requests are submitted to a Resource team via the Referral Document. Only when it has been determined by the PSC that an SHSS Service is required will an SHSS Referral Document be completed.
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Team Priority Service Committee
Related Processes	None
Related Documents	PSC Terms of Reference MCFD Staff Policy for SHSS Joint Case Management Policy Referral Document SHSS Referral Document
Required System(s)	ICM
Prerequisite Processes	Determining Services
Successor Processes	SHSS Service Provider Placement

8.2.2 Process Map



8.2.3 Procedures

Role	Step	Description
Primary Professional	1	Create and complete the "Referral Document" in ICM for the child/youth and consult with the Resource Team to advise of a placement request.
Resource Worker	2	Review "Referral Document" to ensure all fields are complete, up to date, and include information regarding the need for an SHSS Service. • RW and PP discuss service type recommendations 2.1 When the Referral Document is complete, RW reviews document for approval with RTL. 2.2 Once approved, RW forwards it to the SDA Priority Service Committee.
Priority Service Committee	3	Review "Referral Document" as outlined in "PSC Terms of Reference" • Confirm availability of Resources. • Engage with Primary Professional to determine best placement option.

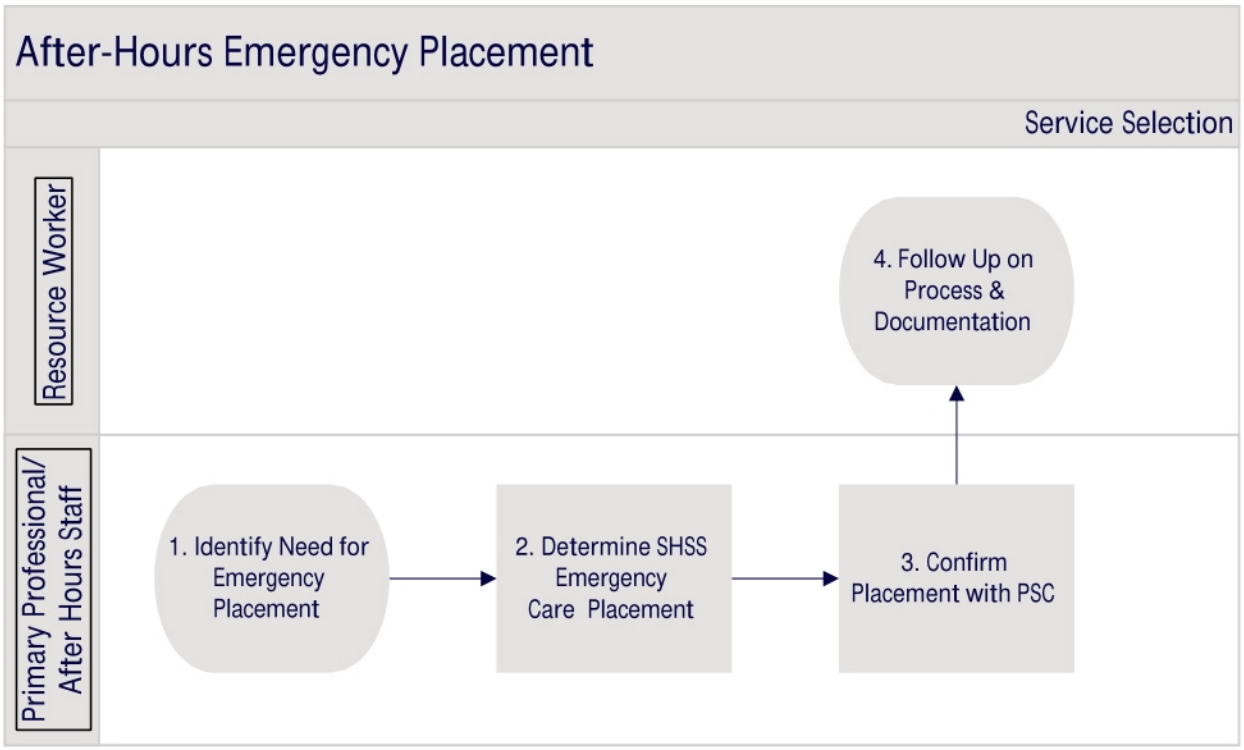
		• If a child/youth is placed in an SHSS outside of the Primary Professional's SDA, follow direction on joint case management. • PSC confirms SHSS placement referral/service type/clinical recommendations.
Resource Worker	4	Upon confirmation from a Priority Service Committee that a child/youth will be referred to an SHSS resource for placement, the Resource Worker advises the Primary Professional of the need to complete the SHSS Referral Document.
Primary Professional	5	SHSS Referral Document is completed. Consult with a Team Lead to confirm SHSS placement referral is proceeding. *Note: A CS case must be opened for all children/youth receiving service in an SHSS resource, regardless of legal status (include for training the new legal code not in care). An SHSS Referral Document cannot be accessed within ICM/SSP without a CS case.*
Resource Worker	6	Assign appropriate SHSS Service as per the SDA's "PSC decision" in **Step 3**. 6.1 If the appropriate service is deemed not to be SHSS, provide the rationale to Primary Professional 6.2 If there is no availability in the SHSS service type, the child/youth is placed on the prioritization list that is held with the PSC. 6.3 If placement is available, see **Step 7**.
Primary Professional	7	Document the placement decision and reason for the placement decision in ICM (in the CS case). 7.1 Advise the relevant parent/guardian, caregiver, and/or out-of-care provider as applicable.
Resource Worker	8	Create an SHSS Placement Request in ICM.

8.3 After-Hours Emergency Placement

8.3.1 Process Details

Purpose	To make an emergency placement outside of regular business hours for a child/youth into SHSS Emergency Care.
Key Details	The procedures below are to be followed when staff are unable to follow the standard referral process after hours and an emergency referral to SHSS Emergency care is required. Workers will follow procedures for making after hours emergency placements, ensuring that the SHSS Emergency Care resource receives the minimum information required to care for the child until the next business day when formal procedures are caught up/initiated/followed.
Process Owner	Resource Worker
Participating Roles	Resource Worker Primary Professional
Related Processes	Requesting Additional Supports
Related Documents	MCFD Staff Policy for SHSS Joint Case Management Policy Referral Document
Required System(s)	ICM
Prerequisite Processes	Determining Services
Successor Processes	SHSS Service Provider Placement

8.3.2 Process Map



8.3.3 Procedures

Role	Step	Description
After Hours Staff (or Primary Professional)	1	Identify the need for an emergency placement in an SHSS Emergency Care resource as per the eligibility. *Reminder: SHSS Emergency Care does not replace out of care or emergency foster placements, where they are available.*
After Hours Staff (or Primary Professional)	2	Determine if a placement in SHSS emergency Care resource is the most appropriate placement. 2.1 After Hours Staff contacts the SHSS emergency care resource to advise of pending placement. 2.2 Child is placed, and After-Hours Staff ensure that the SHSS Emergency Resource has as much referral information as possible given the circumstances.
After Hours Staff (or Primary Professional)	3	Confirm with Provincial Centralized Screening that the Child/Youth has been placed.

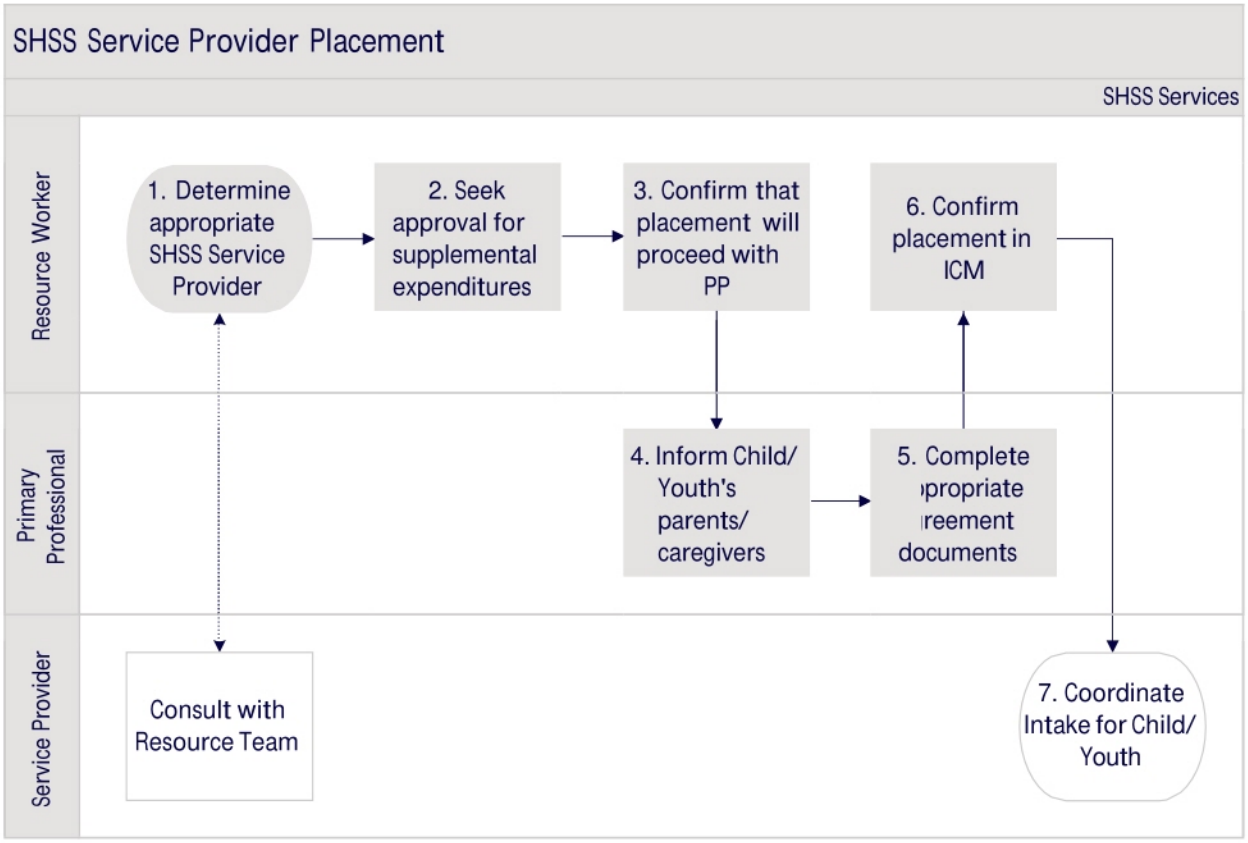
		3.1 After Hours staff will send complete their documentation, including sending an After Hours Memo to the appropriate office advising of placement.
Resource Worker	4	Follow up on the next business day to ensure that the referral and placement process is followed (8.2.3 Step 5) and that the placement is accurately recorded in ICM. 4.1 Document the placement decision and reason for the placement decision in ICM within the CS case. *Note: Review by Priority Services Committee may need to occur retroactively, depending on the Terms of Reference for the PSC.*

8.4 SHSS Service Provider Placement

8.4.1 Process Details

Purpose	Selecting the appropriate SHSS Service Provider, including collaboration with Service Provider, Primary Professional, and Resource Worker to determine if any additional supports are needed to support a successful placement.
Key Details	Resource Worker may consult with multiple SHSS Service Providers at one time regarding the same child/youth to determine which placement will best meet the needs of the child/youth.
Process Owner	Resource Worker
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	Requesting Additional Supports
Related Documents	MCFD Staff Policy for SHSS Schedule K: Transition-in, Appendix B Referral Document Service Agreement Notice of Significant Measures SHSS Service Provider Operational Policy
Required System(s)	Specialized Services Portal ICM
Prerequisite Processes	Referral into SHSS Service
Successor Processes	Summary of Approach for Transition into SHSS Services

8.4.2 Process Map



8.4.3 Procedures

Role	Step	Description
Resource Team	1	Determine appropriate SHSS Service Provider. 1.1 Consult with Resource Team Lead on selection of SHSS Service Provider. 1.2 Contact appropriate SHSS Service Provider to discuss: • Vacancy at the Care Setting to accommodate the referred child or youth. • Circumstances of the Child/Youth. • Appropriate matching. • Potential Additional Supports/Supplemental Expenditures required (if Additional Supports are identified, use process "Additional Supports"). 1.3 If SHSS Care Setting is a new service, ensure Transition-In is completed and that they have a Completion Certificate. 1.4 Make the Placement Request to the SHSS Service Provider via ICM, including sending all required referral information.

		Note: A Resource Worker may need to reach out to more than one SHSS resource to determine the most appropriate placement.
Resource Team	2	Based on conversation with Service Provider regarding supplemental needs to facilitate/accept placement, seek approval, in principle, for required Additional Supports. (If funding exceeds supplemental amount, initiate Negotiated Services Amendment Process). 2.1 Resource Worker consults with RTL for approval. 2.2 Resource Worker and Resource Team Lead consult with DOO. 2.3 Document consultation. 2.4 Relay results of consultation with Service Provider. 2.5 Upon confirmation that additional support request will be approved, Resource Worker to confirm the appropriateness of the placement, and the placement will proceed. *Note: As per the contract, the Service Provider will accept all placements and it is the responsibility of Resource Teams to plan appropriately for the safety and well-being of children/youth being placed in SHSS resources.*
Service Provider	3	Confirm/Accept Placement Request in the Specialized Services Portal.
Resource Team	4	Inform the Primary Professional that the Placement may proceed.
Primary Professional	5	Inform the child/youth's parents/caregivers that a Placement has been confirmed.

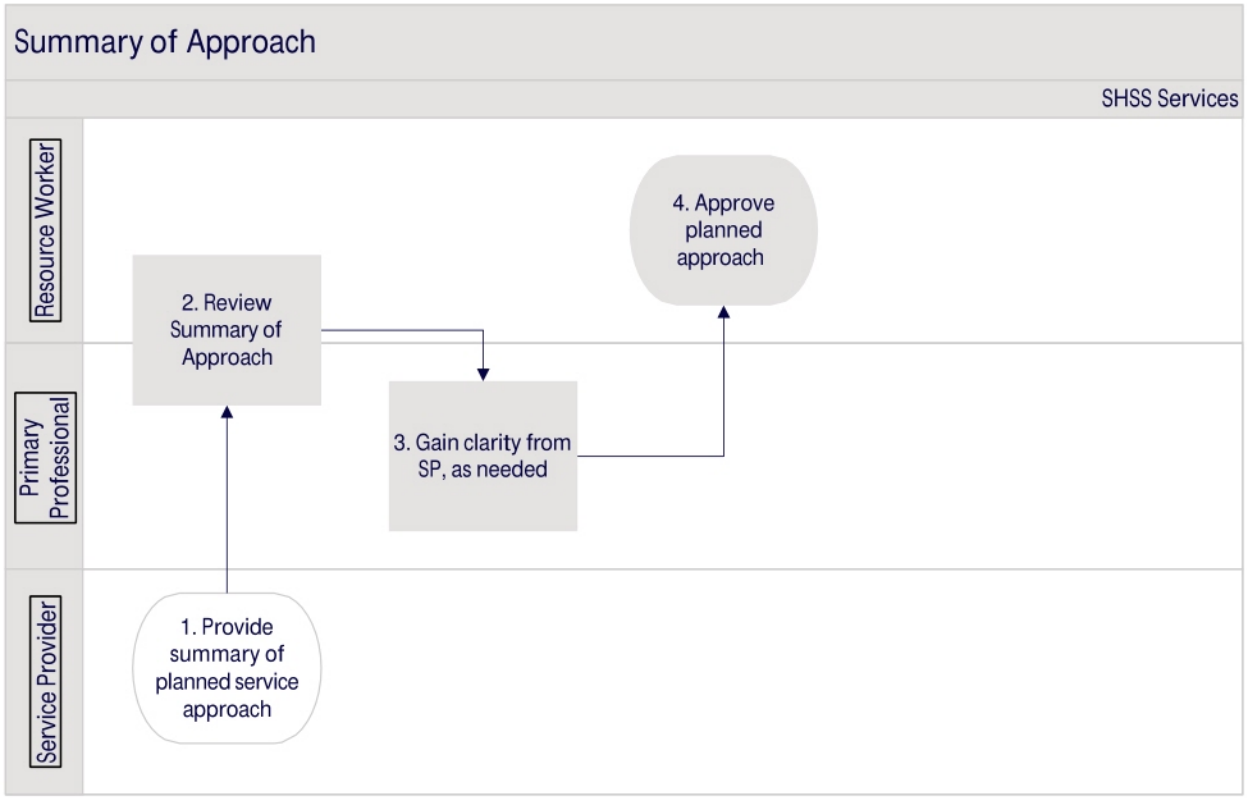
Primary Professional	6	Complete appropriate agreement for service with the family/child/youth as per existing policies (i.e., VCA, Support Services Agreement, Youth Agreement). 5.1 Discuss agreement with appropriate parties. • Document expectations of the child/youth's parent/guardian • In cases where there are unique service requirements of a foster caregiver for their ongoing involvement with a child or youth in their care who transitions to an SHSS Resource, the Resource Worker will amend, if appropriate, the Schedule A of the Family Care Home Agreement to reflect the caregiver's responsibilities while the child/youth is at the SHSS resource.
Resource Worker	7	Activate placement in ICM.
Service Provider	8	When placement is confirmed, work with the Resource Worker and Primary Professional to coordinate a date and time of intake for the child/youth.

8.5 Summary of Approach for Transition into SHSS Services

8.5.1 Process Details

Purpose	Developing an approach to Service Planning before the child/youth arrives at the SHSS Care Setting to promote a positive Transition-In period.
Key Details	This approach will be based on information contained in the Referral Documents.
Process Owner	Resource Worker
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	Creating the SHSS Service Plan
Related Documents	Referral Document Service Agreement
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	SHSS Service Provider Selection
Successor Processes	Intake Meeting

8.5.2 Process Map



8.5.3 Procedures

Role	Step	Description
Service Provider	1	Submit a summary of the planned service approach unique to the child/youth to the Resource Worker.
Resource Worker Primary Professional	2	Receive the summary of planned service approach via email from SHSS Service Provider. Ensure that the Transition-In Approach: • Considers the child/youth's lived experience and does not cause further trauma to the child, youth, or family as they transition into service. • Respects the child/youth/family's unique identity and respects an indigenous child/youth's inherent right to culture, language, and tradition. • Aligns with information captured in the SHSS Referral Document. • Aligns with and is integrated with other existing plans. Consider:

		• Assessment and mitigation of any safety, staffing, or cultural concerns that may inhibit a successful placement.
		• Mitigation of any barriers or challenges where appropriate (e.g., develop a safety plan for children/youth that display high-risk behaviors)
		• Immediate supports that may be required to accommodate the child/youth into SHSS Services.
		  ○ If immediate supports are identified, the Requesting Additional Supports procedure is to be followed.
		  ○ Ensure planning for immediate supports includes a time frame for reassessment of ongoing need.
		• Identification of Additional Supports that may be required to succeed in the SHSS Care Setting as part of SHSS Service planning.
		
		2.1 Resource Worker consults with Resource Team Lead and/or Director of Operations regarding the summary approach.
		2.2 If Additional supports are identified, follow the Requesting Additional Supports procedure.
		
		If the Summary of Service Planning *meets all the requirements*, skip to **Step 4**.
		
		If the Summary of Service Planning *does not meet all the requirements*, continue to **Step 3.**

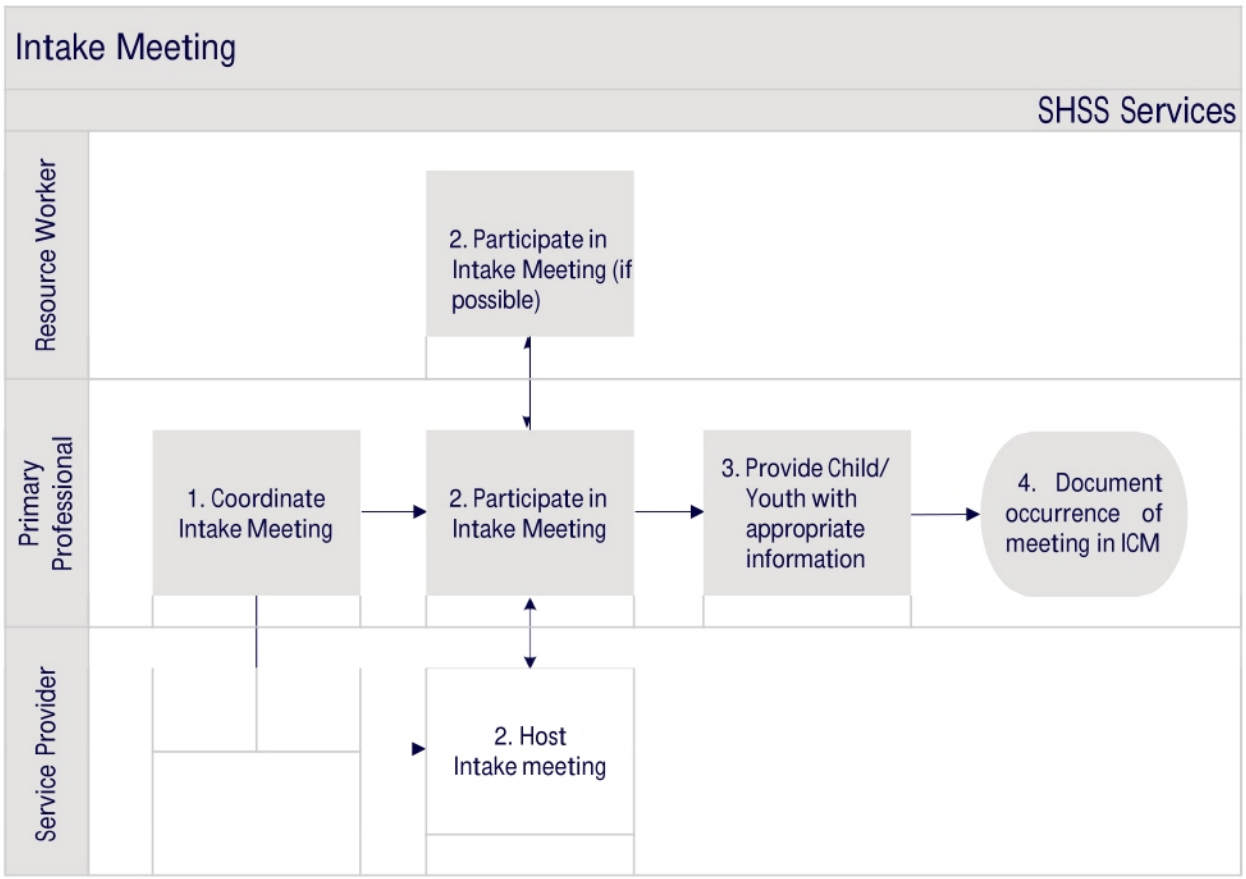
Primary Professional	3	The Primary Professional, in consultation with the Resource Worker may reach out to the SHSS Service Provider if clarity is needed to approve the Summary of Service Approach.
Resource Worker	4	Advise the Service Provider of the approval of the Summary of Service Approach.

8.6 Intake Meeting

8.6.1 Process Details

Purpose	The Primary Professional coordinates the intake meeting at the SHSS Care Setting as soon as possible after the child/youth arrives.
Key Details	The child/youth, and their family/caregivers are to attend the Intake Meeting.
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Worker (if possible)
Related Processes	None
Related Documents	Transition Materials SHSS Referral Document
Required System(s)	ICM
Prerequisite Processes	Summary of Approach for Transition into SHSS Services
Successor Processes	Establishing the SHSS Care Circle

8.6.2 Process Map



8.6.3 Procedures

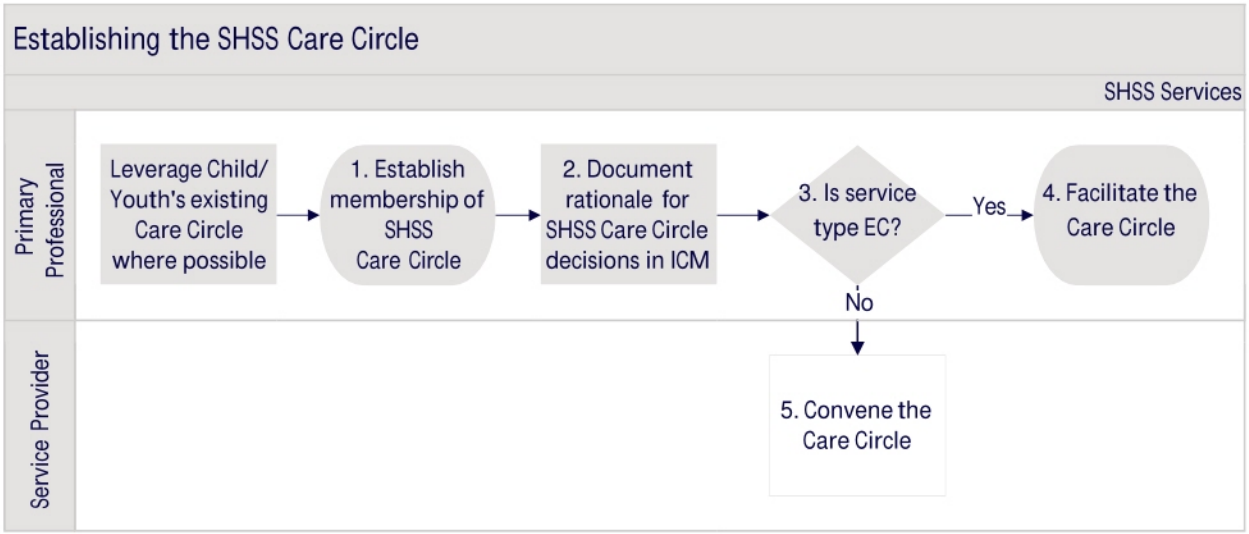
Role	Step	Description
Primary Professional	1	Contact the child/youth's family/caregiver (if applicable), Indigenous representation (if applicable), Resource Worker (if possible) and SHSS Service Provider to set up an Intake Meeting. *Note: This may occur the same day that the child/youth's placement begins.*
Primary Professional Resource Worker Service Provider	2	Intake Meeting occurs at SHSS Care Setting with all parties present, with a culturally safe and trauma informed orientation to the home, staff and SHSS Services. The intake meeting will include the following: • An introduction to SHSS Service Provider Personnel, physical space and equipment • Estimated length of service • Information about the full range of services the child/youth can be expected to receive • Plans following the service • Emergency practices and procedures, including a safety plan if applicable *For Low-Barrier Short Term Stabilization Care, also include:* • Harm Reduction Orientation • Facilitation of a child/youth's and their family's gradual transition into service 2.1 Following the Intake Meeting, the SHSS Service Provider will facilitate a Care Circle meeting within 48 hours of the child/youth's arrival.
Primary Professional	3	Provide the child/youth with • Their rights under the Child, Family and Community Service Act and the procedures for enforcing them (per *Chapter 5 Children and Youth in Care Policies, Policy 5.3: Safety and Well-being of Children/Youth While in Care*) • How to make a complaint and involve relevant authorities • Their rights to privacy and confidentiality • The time, date and location of their next meeting with Primary Professional • Primary Professional's contact information
Primary Professional	4	Upon completion of the Intake Meeting, document the occurrence of the meeting in ICM (CS Case).

8.7 Establishing the SHSS Care Circle

8.7.1 Process Details

Purpose	The Primary Professional and the Service Provider determine appropriate Care Circle members to support service planning.
Key Details	In the context of providing SHSS service to an Indigenous child/youth, if the child/youth is not placed with a member of their family in accordance with paragraph 16(1)(a) or (b) of the Federal Act (link), to the extent that doing so is consistent with the best interests of the child, the child/youth's attachment and emotional ties to each member of their family are to be promoted. Who is part of the Care Circle? • The child/youth • A child/youth's Guardian • The child/youth's parent/caregiver (may be the same as Guardian). • The child/youth's caregiver or out-of-care provider • The child/youth's Primary Professional (may be Guardian) • Resource Worker • One or more of the SHSS Service Provider staff providing day-to-day care to the child/youth; and • Those persons with legislative accountabilities (e.g., Indigenous Community Representatives, Youth Probation Officers)
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Worker
Related Processes	None
Related Documents	Transition Materials SHSS Referral Document
Required System(s)	ICM
Prerequisite Processes	Intake Meeting
Successor Processes	Ongoing SHSS Service Planning

8.7.2 Process Map



8.7.3 Procedures

Role	Step	Description
Primary Professional	1	As part of the child/youth's SHSS Referral document, confirm who has been identified as part of the child/youth's SHSS Care Circle. 1.1 Contact the SHSS Service Provider to confirm if there are additional people they recommend including as part of the SHSS Care Circle.
Primary Professional	2	Document the rationale for SHSS Care Circle decisions in ICM. 2.1 Consult as necessary.
Primary Professional	3	**Is the SHSS Service type Emergency Care?** If yes, continue to **Step 4**, and skip **Step 5.** If no, proceed to **Step 5**.
Primary Professional	4	Bring together the SHSS Care Circle within 48 hours of the child/youth being placed. Consult with Team Lead if this time frame cannot be met. * *SHSS Care Circle meeting may be attended virtually or in person.* 4.1 Facilitate the SHSS Care Circle meeting as per *SHSS MCFD Staff Policy for SHSS: Convening the SHSS Care Circle.*

Role	Step	Description
Service Provider	5	Bring the SHSS Care Circle together within 2 calendar days of the child/youth being placed. *Note: The Service Provider may request the support of the Primary Professional for administrative tasks associated with bringing the SHSS Care Circle together.*

8.8 Creating the SHSS Service Plan

All children and youth residing in MCFD Specialized Homes and Support Services (SHSS) have an SHSS Service Plan. The SHSS Service Plan helps SHSSs align to a vision of holistic child and youth development and empowers SHSS Service Providers to carefully consider each child's or youth's needs. The SHSS Service Plan is designed to drive consistency in planning, practice, reporting and accountability across SHSSs.

The SHSS Service Plan has two functions.

1. Service Planning: The primary function of the SHSS Service Plan is to enable SHSS Service Providers to plan for the child's or youth's care, including identifying key goals and strategies across four domains: Community Inclusion/Belonging; Cultural Attachment and Connectedness; Social Emotional and Day to Day Wellness; and Developmental Needs. Goals and strategies are reviewed at regular intervals and with key input from the child or youth and their SHSS Care Circle.
2. Accountability and Reporting: The SHSS Service Plan also serves as a key accountability tool that is used for several monitoring, reporting, and contract management purposes, including measuring against performance metrics and contract deliverables. This enables both MCFD and Service Providers to ensure children and youth are benefiting from the service as intended.

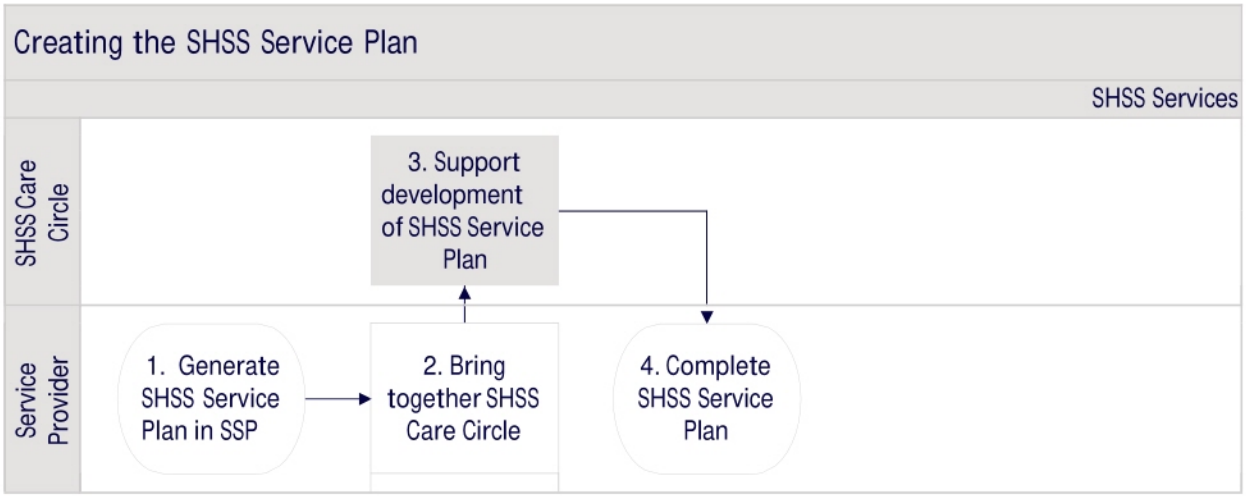
This section of the Guidebook focuses on **service planning**. For information on the **accountability and reporting** function of the SHSS Service Plan, see section 12.0 Reporting Processes.

The lifecycle of the SHSS Service Plan has 5 stages:

8.8.1 Process Details

Purpose	All children and youth residing in MCFD Specialized Homes and Support Services (SHSS) have an SHSS Service Plan. The SHSS Service Plan helps SHSSs align to a vision of holistic child and youth development and empowers SHSS Service Providers to carefully consider each child or youth's needs. The SHSS Service Plan is designed to drive consistency in planning, practice, reporting and accountability across SHSSs
Key Details	If the SHSS Care Circle cannot be convened within the first 7 days of placement, the SHSS Service Provider will submit an Initial SHSS Service Plan based on the SHSS Referral Document. Following the first SHSS Care Circle, the SHSS Service Provider has 2 days to update and resubmit the SHSS Service Plan to the Primary Professional
Process Owner	Primary Professional
Participating Roles	Care Circle Service Provider
Related Processes	All processes in Reporting Section
Related Documents	SHSS Service Plan Referral Documents
Required System(s)	ICM Specialized Service Portal
Prerequisite Processes	Intake Meeting
Successor Processes	Submission & Approval of SHSS Service Plan

8.8.2 Process Map



8.8.3 Procedures

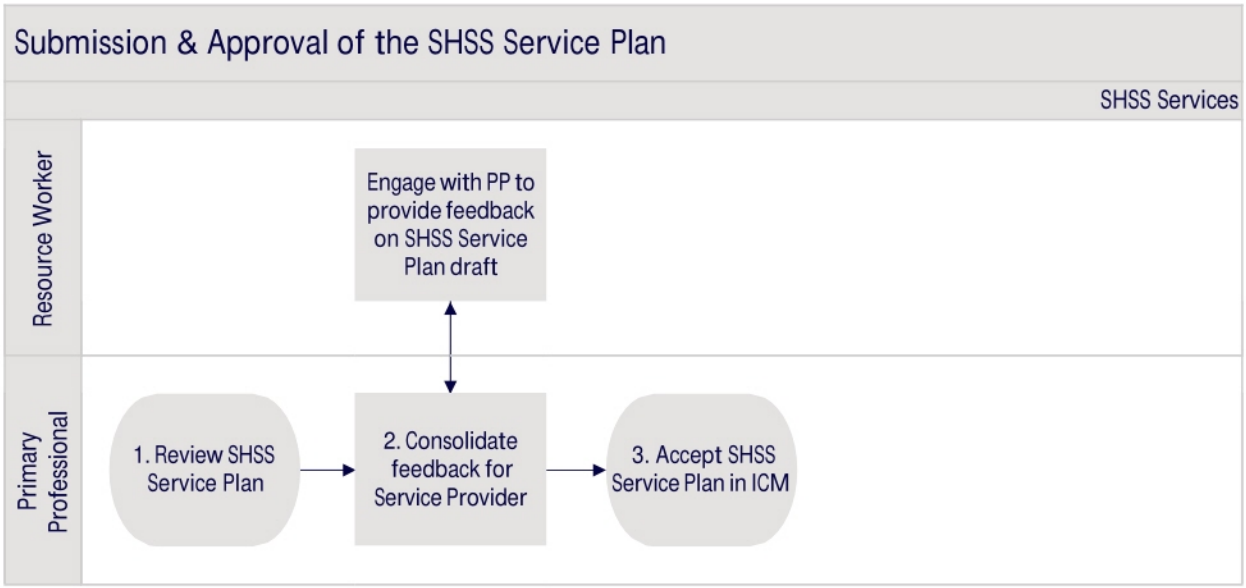
Role	Step	Description
Service Provider	1	Generate the SHSS Service Plan in the Specialized Services Portal • Use the information contained within the SHSS Referral Document. • Use the approved summary of approach that was submitted upon referral. *Note: The SHSS Service Plan is started within 2 calendar days*
Service Provider	2	Set an SHSS Care Circle meeting, ensuring it is within the timeframe as described in the SHSS Service Provider Policy.
SHSS Care Circle	3	During the SHSS Care Circle meeting, support the development of the SHSS Service Plan in accordance with the Policy, while considering the SHSS Referral Document.
Service Provider	4	Complete and submit the SHSS Service Plan within the Specialized Services Portal within 7 days.

8.9 Submission & Approval of the SHSS Service Plan

8.9.1 Process Details

Purpose	The SHSS Service Provider completes the SHSS Service Plan within the required time frame after a Child/Youth arrives at an SHSS Care Setting.
Key Details	None
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Worker
Related Processes	None
Related Documents	SHSS Service Plan Referral Documents
Required System(s)	ICM Specialized Service Portal
Prerequisite Processes	Creating the SHSS Service Plan
Successor Processes	Reviewing & Maintaining the SHSS Service Plan

8.9.2 Process Map



8.9.3 Procedures

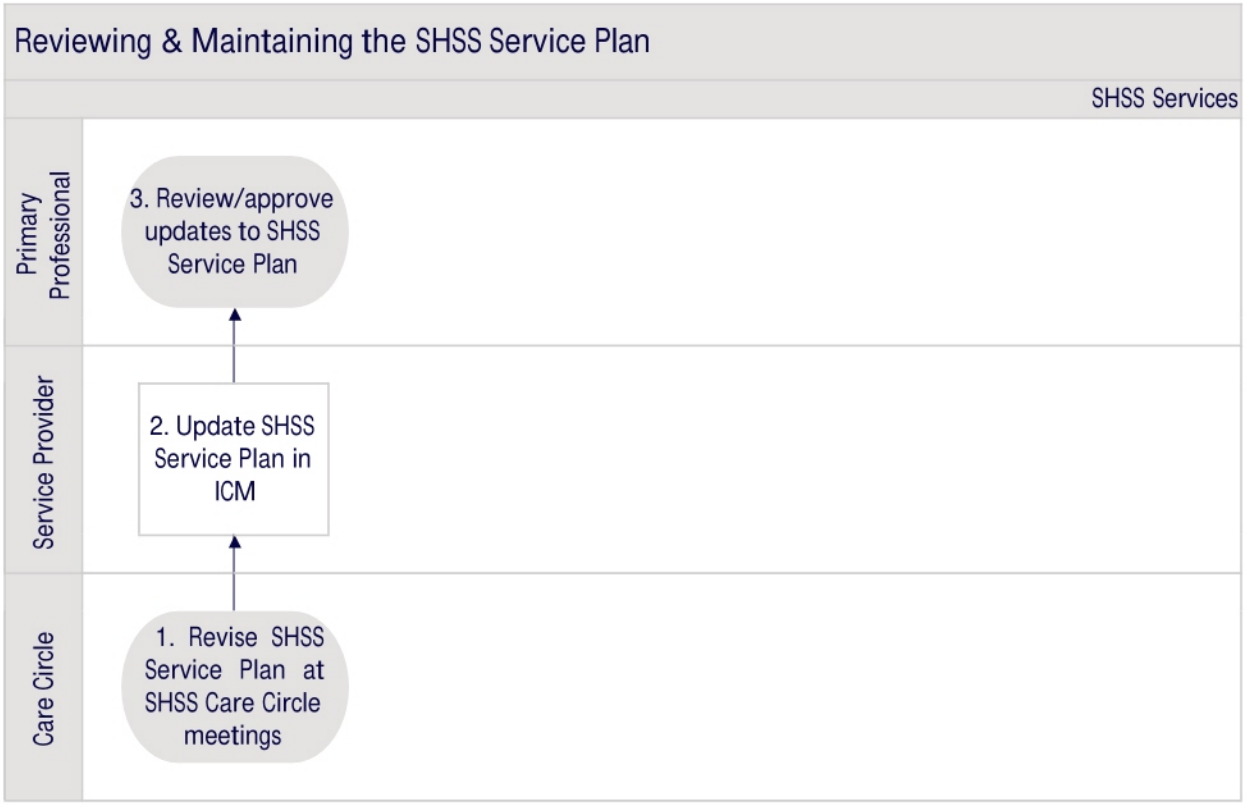
Role	Step	Description
Primary Professional	1	Access draft SHSS Service Plan in ICM and consult with Resource Worker as needed. 1.1 Review draft SHSS Service Plan to confirm alignment with the Care Plan, if applicable, and according to SHSS Service Plan Policy. 1.2 If Plan is accepted, skip to **Step 3.** 1.3 If Plan is accepted with minor revisions, skip to **Step 2.2.** 1.4 If Plan requires revisions, proceed to **Step 2.**
Primary Professional	2	Consult with the Resource Worker regarding the need for revisions to the SHSS Service Plan and consolidate feedback for the Service Provider. 2.1 Do not approve the Service Plan in ICM. 2.2 Contact the Service Provider to provide feedback and support for revision regarding the SHSS Service Plan. 2.3 Service Provider submits a revised version of the SHSS Service Plan via the Specialized Services Portal (SSP).
Primary Professional	3	Accept the SHSS Service Plan in ICM.

8.10 Reviewing & Maintaining the SHSS Service Plan

8.10.1 Process Detail

Purpose	The Primary Professional reviews and approves all changes, modifications and updates completed by the SHSS Service Provider to the SHSS Service Plan.
Key Messages	The Primary Professional must provide final approval before the SHSS Service Plan is active and can be actioned by the SHSS Service Provider. While the SHSS Service Plan is under review by the Primary Professional, the SHSS Service Provider must continue to deliver day-to-day care to the child/youth.
Process Owner	Primary Professional
Participating Roles	Primary Professional Service Provider
Related Processes	None
Related Documents	SHSS Service Plan Referral Documents
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Submission & Approval of SHSS Service Plan
Successor Processes	Ongoing SHSS Service Planning

8.10.2 Process Map



8.10.3 Procedures

Role	Step	Description
Care Circle	1	Collaboratively revise SHSS Service Plan during SHSS Care Circle meetings.
Service Provider	2	Access the SHSS Service Plan via Specialized Services Porta 2.1 Update as per discussion of SHSS Care Circle. 2.2 Submit revised plan via the Specialized Services Porta.
Primary Professional	3	Review and accept Service Plan as per Submission and Approval of the SHSS Service Plan procedures.

8.11 Ongoing SHSS Service Planning

The SHSS Service Provider is responsible for documenting the information needed to enable MCFD to uphold its oversight accountabilities, including preparing the necessary reporting for MCFD staff.

MCFD staff delivers on its monitoring and oversight accountabilities, including monitoring per ance standards and measuring desired outcomes.

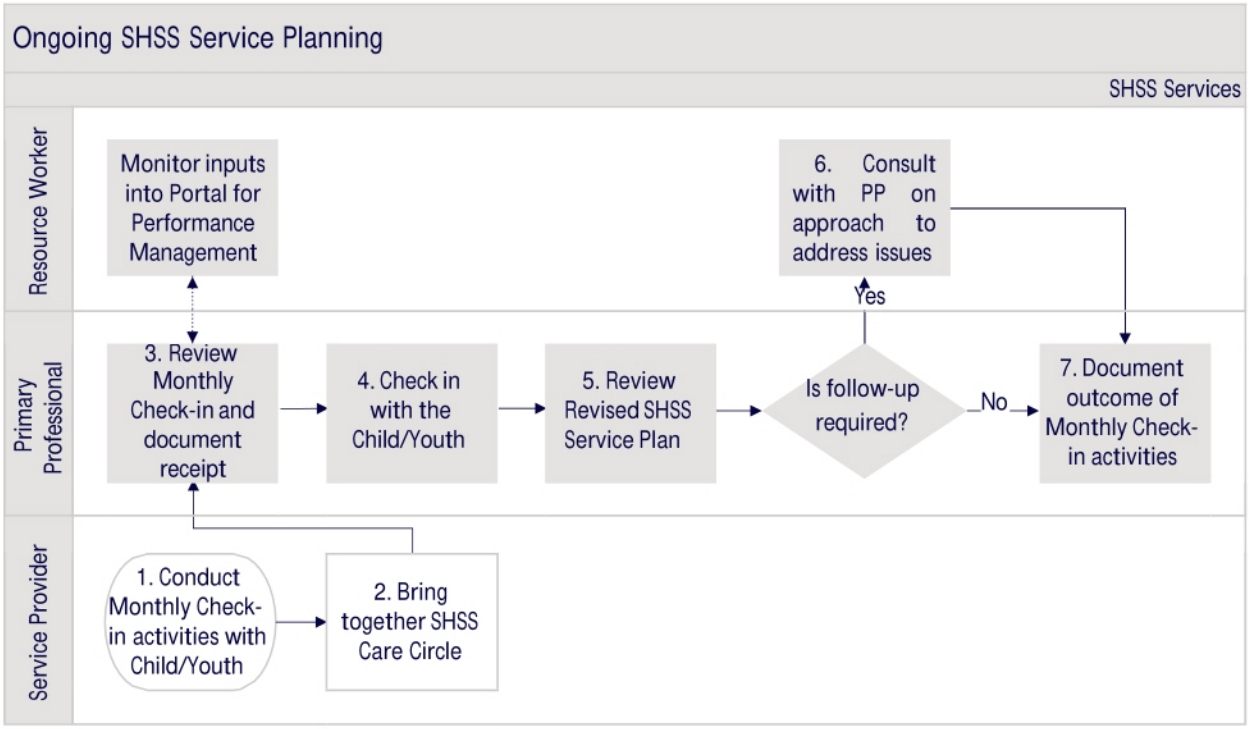
Child/Youth Specific Level

Primary Professionals are responsible for ensuring that the individual children and youth they serve are getting the quality service they need during their time at an SHSS resource. This level of SHSS Service Plan oversight from the Primary Professional helps ensure that the child/youth's plans are effectively enabling them to achieve their goals. Primary Professionals play an important role in ensuring that the information documented in the SHSS Service Plan is timely, high quality, and accurate so that MCFD can carry out its oversight, performance, and contract management functions.

8.11.1 Process Details

Purpose	The SHSS Service Plan is updated based on the information discussed at Care Circle meetings, to ensure alignment with the child/youth's goals.
Key Details	The child/youth's voice is to be reflected in the SHSS Service Plan.
Process Owner	Primary Professional
Participating Roles	Primary Professional Service Provider
Related Processes	Reviewing Monthly Check-In Submission and Approval of the SHSS Service Plan
Related Documents	MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy Referral Documents Monthly Check-in Guidelines for Service Providers
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Reviewing & Maintaining the SHSS Service Plan
Successor Processes	Transition-Out Planning

8.11.2 Process Map



8.11.3 Procedures

Role	Step	Description
Service Provider	1	In a culturally safe, developmentally appropriate, and trauma informed way, check in with the child/youth monthly to: • Review the SHSS Service Plan (including goals and strategies) • Gather information to support the Monthly Check-in procedure as per *SHSS Service Provider Policy* and the Monthly Check In Guidelines for Service Providers. 1.1 Submit the information via the portal.
Service Provider	2	Convene the SHSS Care Circle in accordance with *SHSS Service Provider Operational Policy*. 2.1 Revises the SHSS Service Plan with information from the SHSS Care Circles • Review performance measures in Monthly Check-In • Review progress towards goals • Submit updated SHSS Service Plan

		2.2 In accordance with Schedule C of the SHSS Contract, support and develop service planning for the child/youth in the Specialized Services Portal.
Primary Professional	3	Review information submitted by Service Provider in ICM.
Primary Professional	4	Discuss the Monthly Check-In with the child/youth at their next routine visit to ensure that the information provided is accurate and appropriately reflects how the child/youth feels. Consult with others (ie: family, community, Nation, SHSS Care Circle members) as necessary to validate the results of the Monthly Check-In.
Primary Professional	5	Review the revised SHSS Service Plan and accompanying documents in ICM. 5.1 Approve revisions and updates accordingly or send back for amendments (as per Submissions and Approvals).
Primary Professional	6	**Does the Monthly Check-In review warrant follow-up?** 6.1 If yes, consult with the Resource Worker, Resource Team Lead and DOO on appropriate follow up action Follow-up with the child or youth as quickly as possible to ensure their safety and wellbeing.
Primary Professional	7	Document the outcome of Monthly Check-in activities in the Notes section of ICM.

8.12 Requesting Additional Supports

In addition to the day-to-day care and supervision children and youth receive at an SHSS, they often require additional support 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 support, which are provided by a range of professionals. A one-time-only request can be made for services, equipment, repairs/renovations, resources, etc. for an individual child/youth or for the Care Setting.

Requesting Additional Supports is a two-step process. SHSS Service Providers will submit an estimate to get approval for the expense, and then will submit a payment request to receive the funding. The Resource Worker (in consultation with the Primary Professional) is responsible for approving an SHSS Service Provider's estimate request for additional support, and the Resource Team Leader approves the payment request.

MCFD intends to implement a pre-qualified list of Service Providers for supplemental services as part of a future state of SHSS Transformation implementation. During the interim stage of implementation, SHSSs will need to identify and bring supplemental services to children residing in their SHSSs.

Child-specific Clinical Consultation *enables SHSS staff to use effective approaches to provide care for children and youth in alignment with the child's needs, their plans and goals, and therapeutic interventions developed for them by clinicians.*

Supplemental Supports *include services such as:*

- *Extra staffing*
- *Clinical and non-clinical supports*
- *One-time-only payments that may be for a child's needs or for a facility (e.g. a significant repair)*

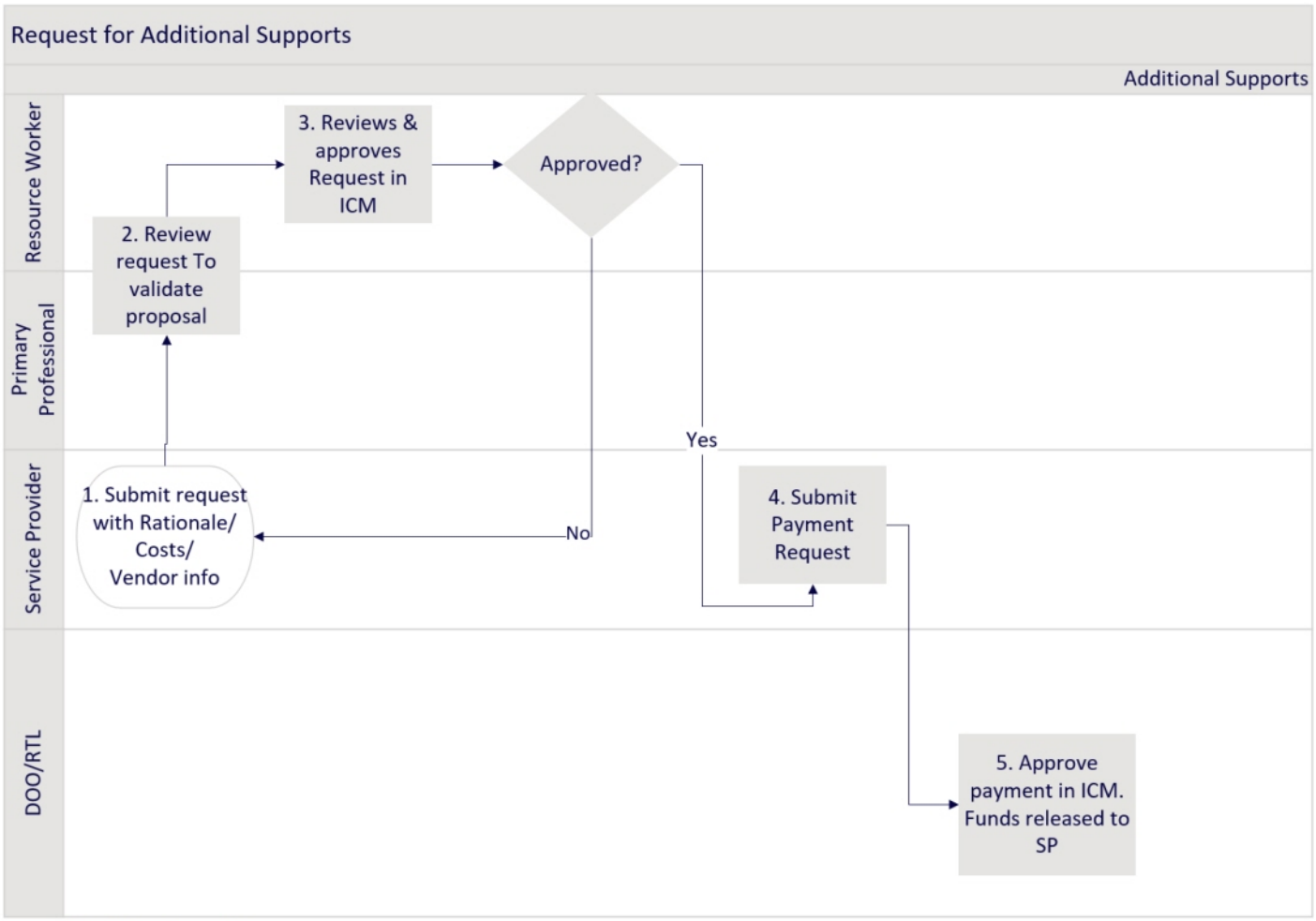
One-Time-Only Expenses *are one-time operational or facility costs and expenses which are pre-approved by the Director. One-Time-Only Expenses form part of Supplemental Supports funding.*

If the request is a One-Time-Only (OTO) request for equipment and resources for the child/youth or for equipment, repairs, renovations, resources and service for the SHSS Care Setting, the Resource Worker follows the applicable financial and contracting policies and processes for approving OTOs.

8.12.1 Process Details

Purpose	Approving required supplemental support as identified by the Primary Professional, Service Provider and Care Circle.
Key Details	For Clinical Supports, and/or other supplemental supports, the Primary Professional will work with the Service Provider on sourcing public services before starting this process.
Process Owner	Resource Worker
Participating Roles	Primary Professional Resource Worker Service Provider DOO/RTL FCSD (CMTT)
Related Processes	Referral into SHSS Services Additional Supports: Funding Request Negotiated Amendment
Related Documents	SHSS Referral Document SHSS Service Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Summary of Approach for Transition in SHSS Services Ongoing SHSS Service Planning
Successor Processes	None

8.12.2 Process Map



8.12.3 Procedures

Role	Step	Description
Service Provider	1	Consult with Primary Professional regarding the need for additional supports, and consider the following: • Determination of required additional supports. • Availability of additional support through public sources. 1.1 Submit an Additional Support Request Payment Estimate on the Specialized Services Portal. 1.2 Submit the rationale for Additional Support, as well as the projected cost and proposed vendor that adheres to MCFD Quality & Oversight Requirement.

Resource Worker/Primary Professional	2	In collaboration with the Primary Professional, review the Additional Support Request Payment Estimate r to determine if the request is appropriate. Validate the proposal of the Service Provider by ensuring it aligns with the needs of the child/youth. • Review services provided by additional support Service Provider. • Review needs of child/youth as identified in ICM. • Consult with the Team Leader (or PSC if the terms of reference include access to additional support funds).
Resource Team	3	Consult with Resource Team Lead regarding the request. 3.1 Determine if there are sufficient funds remaining in the contract. If not, follow process for Negotiated Contract Amendments. 3.2 If the request is appropriate the Resource Worker or Resource Team Leader can approve the Additional Support Request Payment Estimate in ICM so that the Service Provider can proceed with obtaining the additional support. 3.3 If the request is not approved, indicate the reasons why in order for the Service Provider to make any necessary changes to the request and resubmit, or cancel the request.

Service Provider	4	In order to receive payment for an approved Additional Support Request Estimate, re-submit the Additional Support Request with the actual cost and supporting documentation through the Specialized Services Portal. The service (or item) for which the Additional Support Request has been approved may be acquired at any time once the estimate request has been approved.
RTL/DOO	5	Review and approve/deny the Additional Support payment request. 4.1 If the request is approved, complete the approval in ICM to initiate payment to the Service Provider. 4.2 If the request is not approved, indicate in ICM the reason for non-approval so that the Service Provider can make any required changes and re-submit. 4.3 If there are insufficient funds remaining in the contract, an error message will display in ICM and the payment request cannot be approved. Follow process for Negotiated Contract Amendments in order to ensure funds are available in the contract.

8.13 Transition-Out Planning

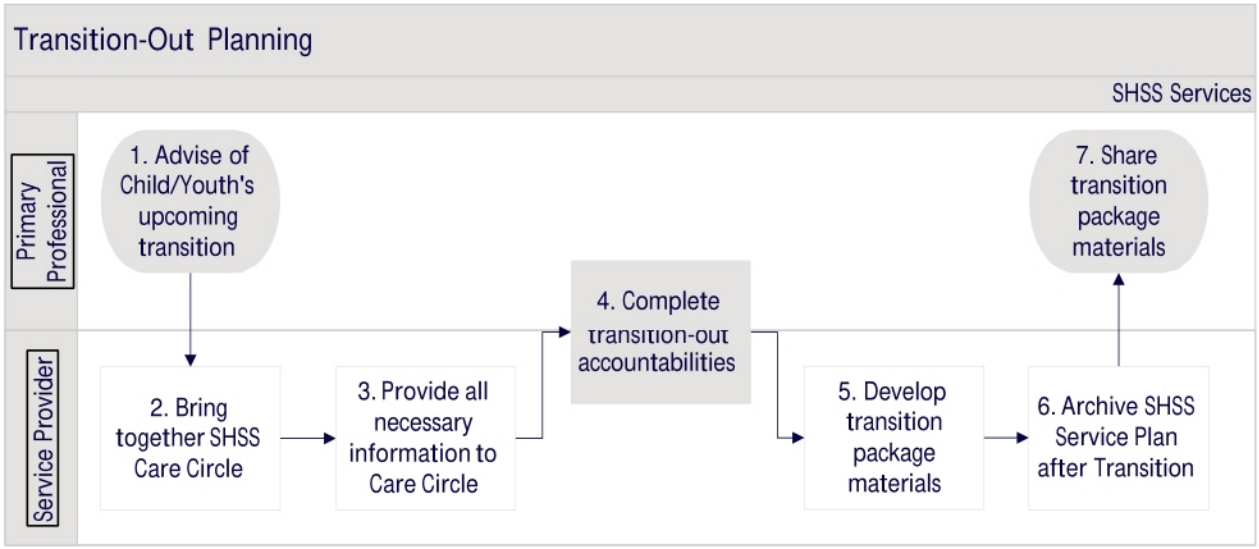
Most planning for a child or youth residing in an SHSS is forward-thinking. From the point of placement, Service Providers and MCFD staff track various levels of transition planning for a child or youth.

When the decision is made for a child/youth to leave care, all members of the SHSS Care Circle contribute to the support of a positive transition that aligns with other existing plans the child/youth may have.

8.13.1 Process Details

Purpose	Transition planning is child or youth-specific and is developed within the context of the SHSS service provided.
Key Details	• The child/youth should participate in planning and preparing for their transition out of SHSS Services. • The SHSS Service Provider continues to provide services during the child/youth's transition out. • If the child/youth is transitioning out of the SHSS Care Setting because of a placement breakdown, follow the process for Dispute Resolution. • Each SHSS Service type has specific transition accountability, as per the SHSS policy. • If the child/youth is transitioning into another SHSS Service, the Resource Worker supports the planning.
Process Owner	Primary Professional
Participating Roles	Primary Professional Service Provider
Related Processes	None
Related Documents	MCFD Staff Policy for SHSS SHSS Service Plan Referral Documents SHSS Service Provider Operational Policy
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Creating the SHSS Service Plan
Successor Processes	Reviewing & Maintaining the SHSS Service Plan

8.13.2 Process Map



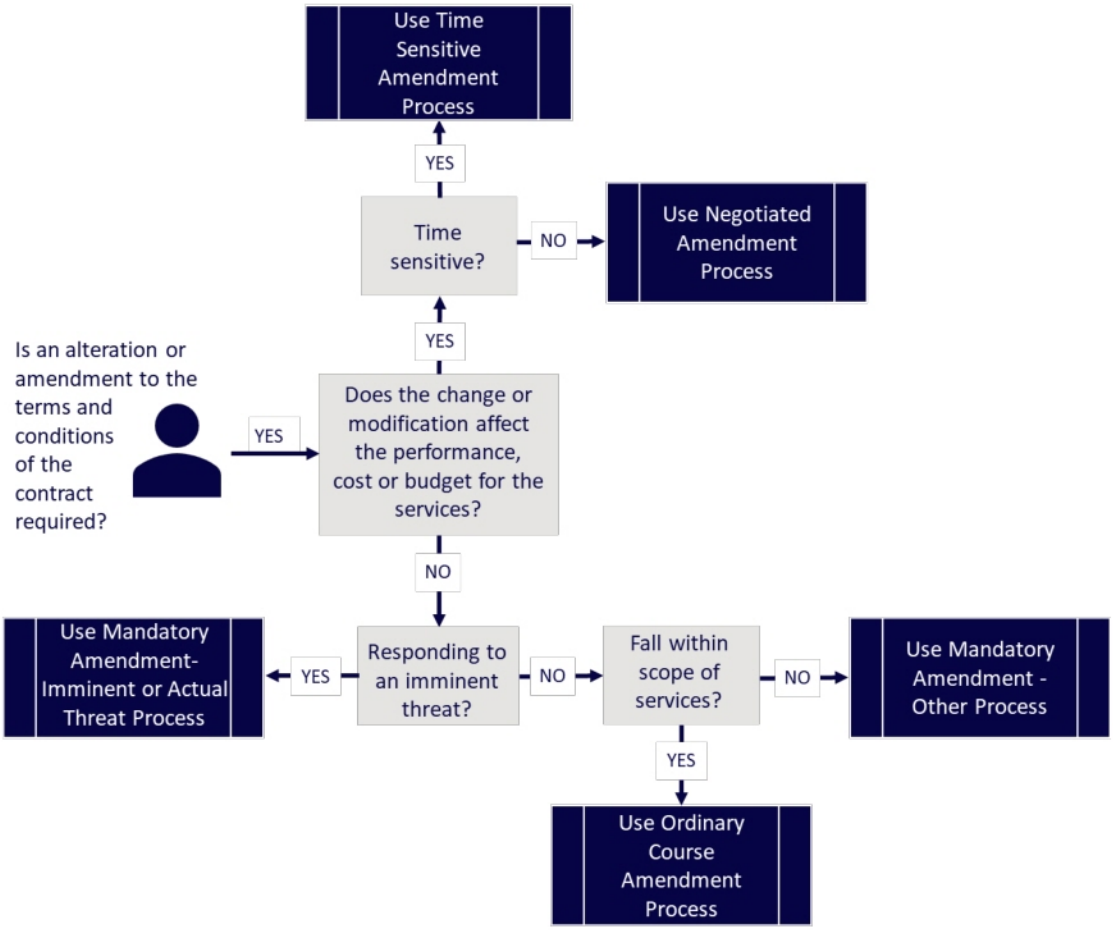
8.13.3 Procedures

Role	Step	Description
Primary Professional	1	After consulting with the Resource Team Lead, confirm with the Resource Worker regarding the plan for the child/youth's upcoming transition out of the SHSS Care Setting. 1.1 Contact the SHSS Service Provider to advise that the child/youth has an upcoming transition out of the SHSS Care Setting. 1.2 If there is disagreement regarding the timing of a transition out plan, call a meeting with the Resource Worker and Service Provider to discuss the issue, as per *Schedule G – Governance, Stewardship, and Relationship*. *Note: Ensure that reassessment of placement occurs for an Indigenous child or youth as part of transition planning.*
Service Provider	2	Bring together the SHSS Care Circle to plan for transition out.
Service Provider	3	Provide the SHSS Care Circle with all relevant information to • Support the child/youth to create transition goals. • Identify activities and supports required for positive transition. • Identify and facilitate access to external supports. • Support the ongoing delivery of child/youth's services and routines, according to their existing plans, during transition-out period.

		3.1 Using this information, transition-out goals are updated in the SHSS Service Plan, adhering to the Reviewing & Maintaining SHSS Service Plan procedure.
Primary Professional/ Service Provider	4	Transition planning is guided by *Chapter 5 Child and Youth in Care Policies* 4.1 Work collaboratively with the SHSS Care Circle, family, services, etc. to ensure a smooth transition to the child/youth's next living arrangement.
Service Provider	5	Develops transition package materials to support the child/youth's next caregiver/care provider, considering privacy considerations. 5.1 The Primary Professional supports the preparation of Transition package materials, if required. 5.2 Transition materials are provided to the Primary Professional.
Service Provider	6	After the child/youth has transitioned-out of the SHSS Care Setting, the SHSS Service Plan is archived in the Specialized Services Portal.
Primary Professional	7	Shares the transition package materials as necessary while considering privacy requirements. Consult as required (based on need as determined by clinical judgement).

9.0 CONTRACT MANAGEMENT - AMENDMENTS

To determine which amendment process is appropriate, use the flowchart below:

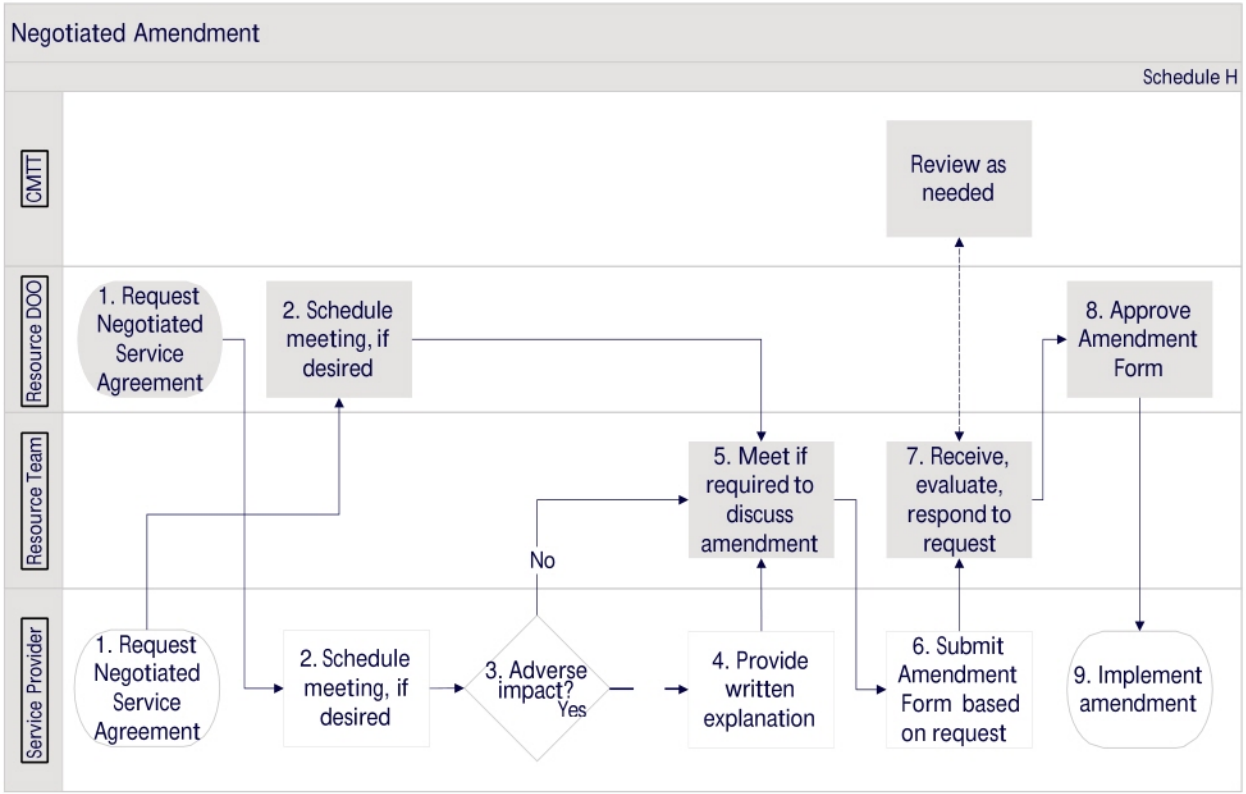


9.1 Negotiated Amendment

9.1.1 Process Details

Purpose	Requesting a change in fees, authorized number of children/youths permitted at the Care Setting, location of the Care Setting, or other changes to the Services Agreement.
Key Details	"Negotiated Services Amendments" mean any amendment, change or modification in the Services, the schedule for performing the Services, or the cost or budget for performing the Services as set out in the Services Agreement.
Process Owner	Resource Director of Operations
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	None
Related Documents	MSA Schedule F MSA Schedule H Relationship Management Process SHSS Request for Amendment
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

9.1.2 Process Map



9.1.3 Procedures

Role	Step	Description
Resource DOO or Service Provider	1	Request a negotiated services amendment, including all relevant information that would be reasonably required for the proper consideration of the requested amendment.
Resource DOO or Service Provider	2	The respondent of the amendment request may ask for a meeting to review the request. Schedule a meeting within 10 business days, using the Relationship Management Process. 2.1 Both parties agree upon a suitable meeting time. 2.2 If the requesting party is the Service Provider, skip to **Step 5.** 2.3 If the requesting party is the Resource DOO, continue to **Step 3**.
Service Provider	3	Determine if the request will cause an adverse impact on the Service Provider, or the child/youth's well-being. 3.1 If yes, continue to **Step 4.**

		3.2 If no, skip to **Step 5**.
Service Provider	4	Provide the Resource Worker with a written explanation of the adverse impacts the proposed amendments have on the Service Provider or the child/youth's well-being prior to the meeting referenced in **Step 2**.
Service Provider Resource Team	5	Meet to review the request if required. *Note: If the Service Provider determines that this amendment will have an adverse impact and the adverse impacts is not resolved within this meeting, seek a resolution using the Relationship Management Process.*
Service Provider	6	Based on the amendment requested, submit SHSS Request for Amendment with a description of the proposed amendments with funding, price, and any identified risks as per Schedule F of the Services Agreement.
Resource Team	7	Receive, evaluate, and respond to the request within 10 business days, or another agreed-upon period. 7.1 Consult and review the amendment form with FCSD (CMTT) if there are any financial impacts or as needed. 7.2 Determine if the proposed changes are accepted.
Resource DOO	8	Approve or deny amendment form. 8.1 Document and maintain a record of the amendment on SP-A. 8.2 Upload copy of the approved/denied amendment form to PCMS to file with the contract.

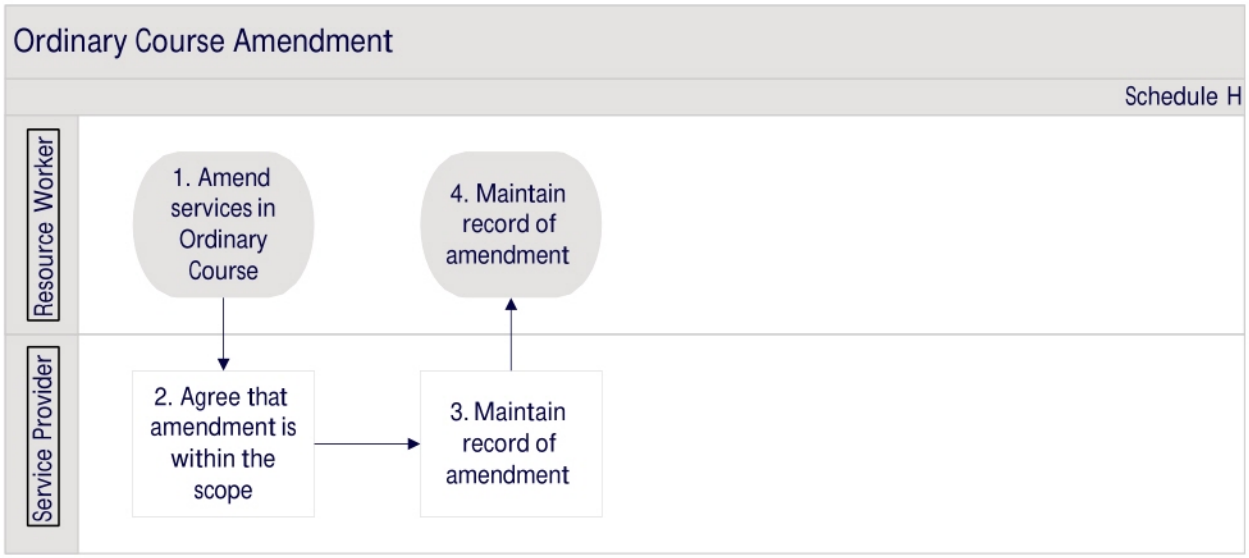
Service Provider	9	Implement the amendment to the Services Agreement within the SHSS Service. 9.1 Maintain a record of the amendment. *Note: The Service Provider will not reject any MCFD requested amendment unless:* a) *the Service Provider is unable to make the proposed amendment(s) contemplated by the Request as a result of any impediments that are commercially unreasonable to overcome;* or b) *the amendment(s) set out in the Request will result in a material adverse effect on the Service Provider's ability to comply with its obligations regarding the safety and wellbeing of a child/youth, or any other material terms or conditions of the Agreement.*

9.2 Ordinary Course Amendment

9.2.1 Process Details

Purpose	Amending any of the Services that fall within the existing scope of the Services and do not have a material impact on the delivery and performance of the Services, nor the cost of providing Services.
Key Details	None
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MSA Schedule H Relationship Management Process Amendments Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

9.2.2 Process Map



9.2.3 Procedures

Role	Step	Description
Resource Worker	1	Amend the services in Ordinary Course of its operations within the existing scope and having no material impact on delivery and performance or cost of services provided. 1.1 Advise the Service Provider of the amendment.
Service Provider	2	Agree that amendment is within the scope of services and results in no additional fees payable.
Service Provider	3	Maintain a record of the amendment.
Resource Worker	4	Maintain a record of the amendment on SP-A.

9.3 Mandatory Amendment – Actual or Imminent Threat

9.3.1 Process Details

Purpose	Make a change to a contract in response to an actual or imminent threat.
Key Details	Unless otherwise agreed by the Director, Mandatory Amendments do not result in additional fees payable to the Service Provider.
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MSA Schedule H Relationship Management Process Amendments Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

9.3.2 Process Map

9.3.3 Procedures

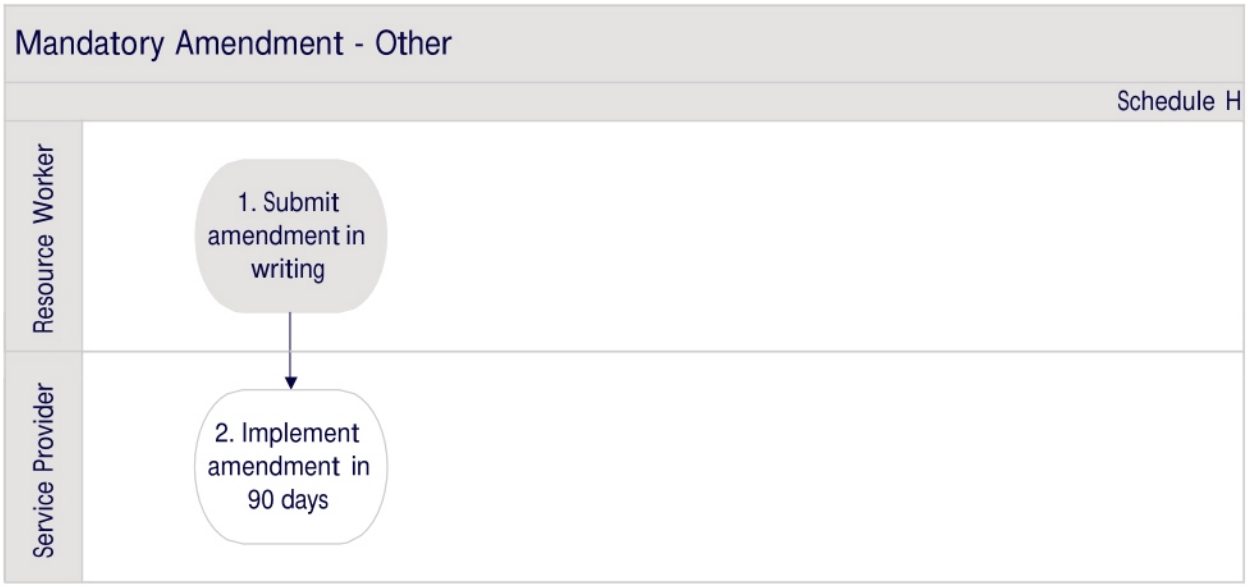
Role	Step	Description
Resource Worker	1	Submit the Mandatory Amendment in writing immediately to the Service Provider to address an actual/imminent threat to the: • Health and safety of the child or public • Health & safety of officers, employees & agents of the Province • Tangible property/IT Infrastructure of the Province 1.1 Maintain a record of the amendment on SP-A.
Service Provider	2	Implement the Mandatory Amendment immediately. 2.1 Maintain a record of the amendment.

9.4 Mandatory Amendment - Other

9.4.1 Process Details

Purpose	Making a contract amendment that is mandatory but is not in response to an imminent threat.
Key Details	Unless otherwise agreed by Director, Mandatory Amendments do not result in additional fees payable to the Service Provider.
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MSA Schedule H Relationship Management Process Amendments Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

9.4.2 Process Map



9.4.3 Procedures

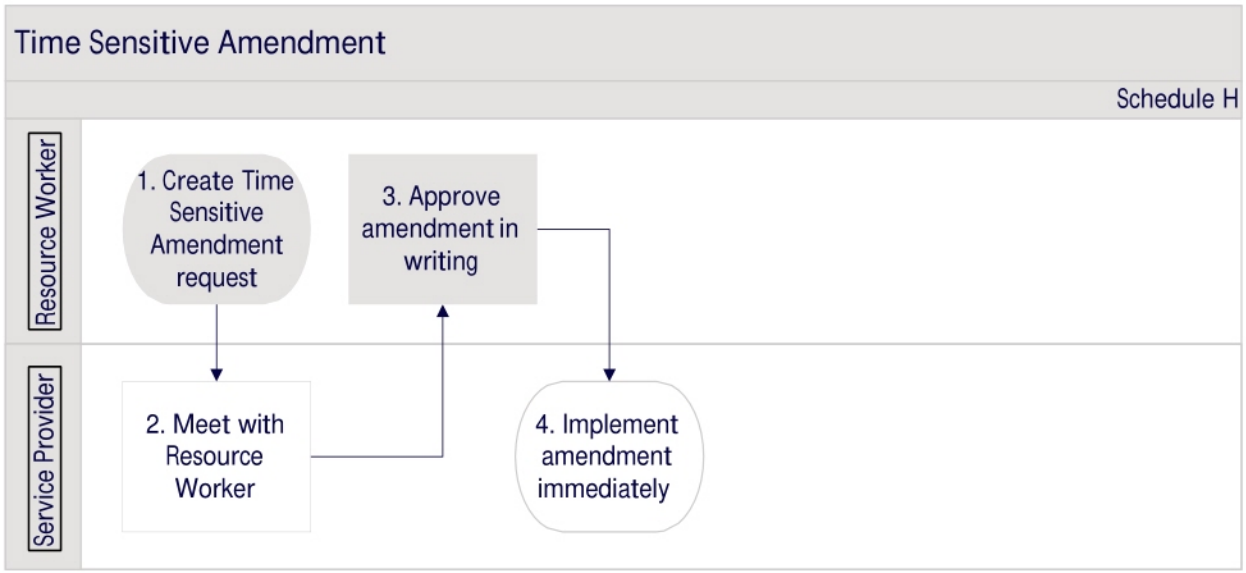
Role	Step	Description
Resource Worker	1	Submit the Mandatory Amendment in writing to the Service Provider to bring the Services or any other Service Provider or Director rights and obligations under this Agreement into conformance with: • Applicable Laws, as they may be amended from time to time. • The Policies and Standards, as they may be amended from time to time. • Changes to the policies, practices, or procedures of the SHSS Program, MCFD or any other ministry of the Province, applied on an SHSS Program-wide, Ministry-wide or Province-wide basis. 1.1 Maintain a record of the amendment on SP-A.
Service Provider	2	Implement the Mandatory Amendment within 90 days of receipt of the amendment. 2.1 Maintain a record of the amendment.

9.5 Time Sensitive Amendment

9.5.1 Process Details

Purpose	Making an amendment request that is time sensitive and must be processed on a timeline faster than set out in Section 4.2 of Schedule H, and, on occasion, within hours of an issue or pressing need arising.
Key Details	None
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	Schedule H Relationship Management Process Amendment Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

9.5.2 Process Map



9.5.3 Procedures

Role	Step	Description
Resource Worker	1	Create a Time Sensitive Amendment form to address an amendment that must be processed within hours of an issue or a pressing need arising. 1.1 Inform the Service Provider of the time-sensitive request.
Service Provider	2	If required, meet with the Resource Worker, informally, for discussion and negotiation regarding the amendment.
Resource Worker	3	Approve the amendment in writing. 3.1 Maintain a record of the amendment on SP-A.
Service Provider	4	Implement the amendment immediately.

10.0 CONTRACT MANAGEMENT – OTHER

For **Conflict Resolution** process, please adhere to MCFD Core Policy – Conflict Resolution Protocol.

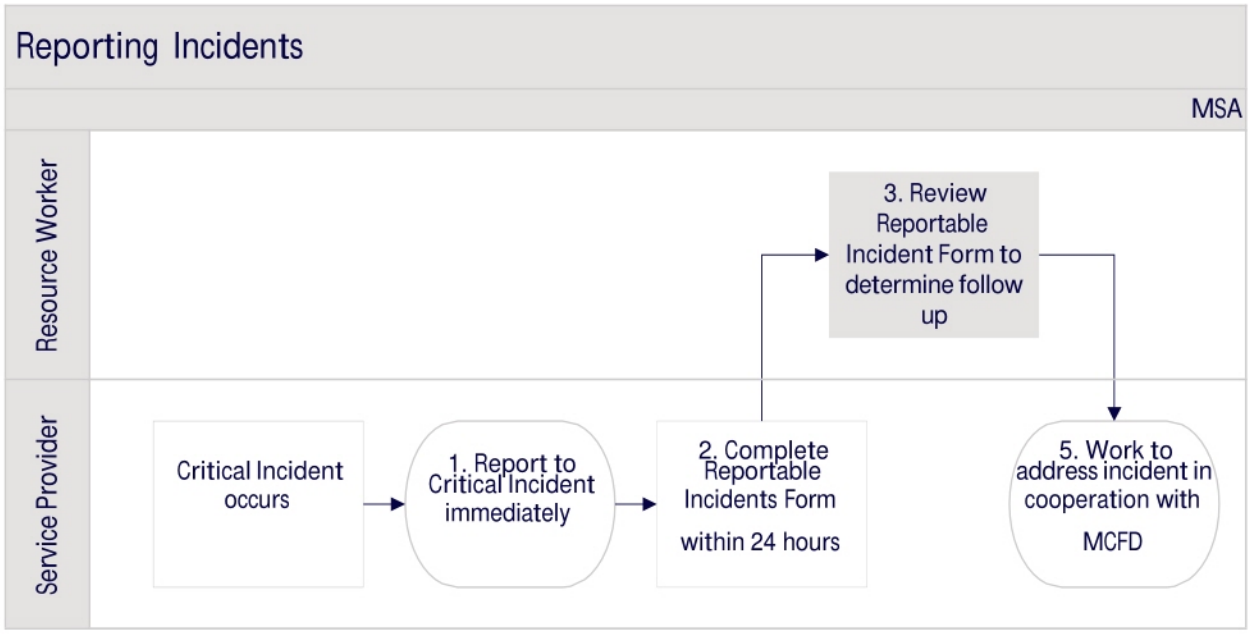
For **Relationship Management** process, please adhere to Relationship Principles as outlined in the MSA - Schedule G.

10.1 Reportable Incidents

10.1.1 Process Details

Purpose	SHSS Service Providers report critical/reportable incidents.
Key Details	Note that MCFD staff may be required to follow the Reportable Circumstances Policy depending upon the nature of the reportable incident form submitted by the SHSS Service Provider.
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MCFD Staff Policy for SHSS Reportable Circumstances Policy SHSS (SP) Reportable Incident Reporting Form
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

10.1.2 Process Map



10.1.3 Procedures

Role	Step	Description
Service Provider	1	Upon the occurrence of a reportable incident, as defined in the policy, report it immediately. 1.1 If the reportable incident occurs outside of regular office hours, contact Provincial Centralized Screening, which is available 24 hours per day, seven days per week. 1.2 If the reportable incident occurs within regular office hours, contact the Primary Professional and Resource Worker *Note: A critical incident must be reported person to person. Voicemail, email, text message or other types of contact are not accepted when reporting the occurrence of a critical incident.*
Service Provider	2	Within 24 hours of the reportable incident, completed the *SHSS (SP) Reportable Incidents Reporting Form* outlining the details of the incident and submit the form to the Primary Professional and Resource Worker.
Resource Worker	3	Review the Reportable Incident Form and ensure that the Primary Professional is advised of the reportable incident. 3.1 Consult with Resource Team Lead to determine if/what action is necessary in accordance with Ministry policy.

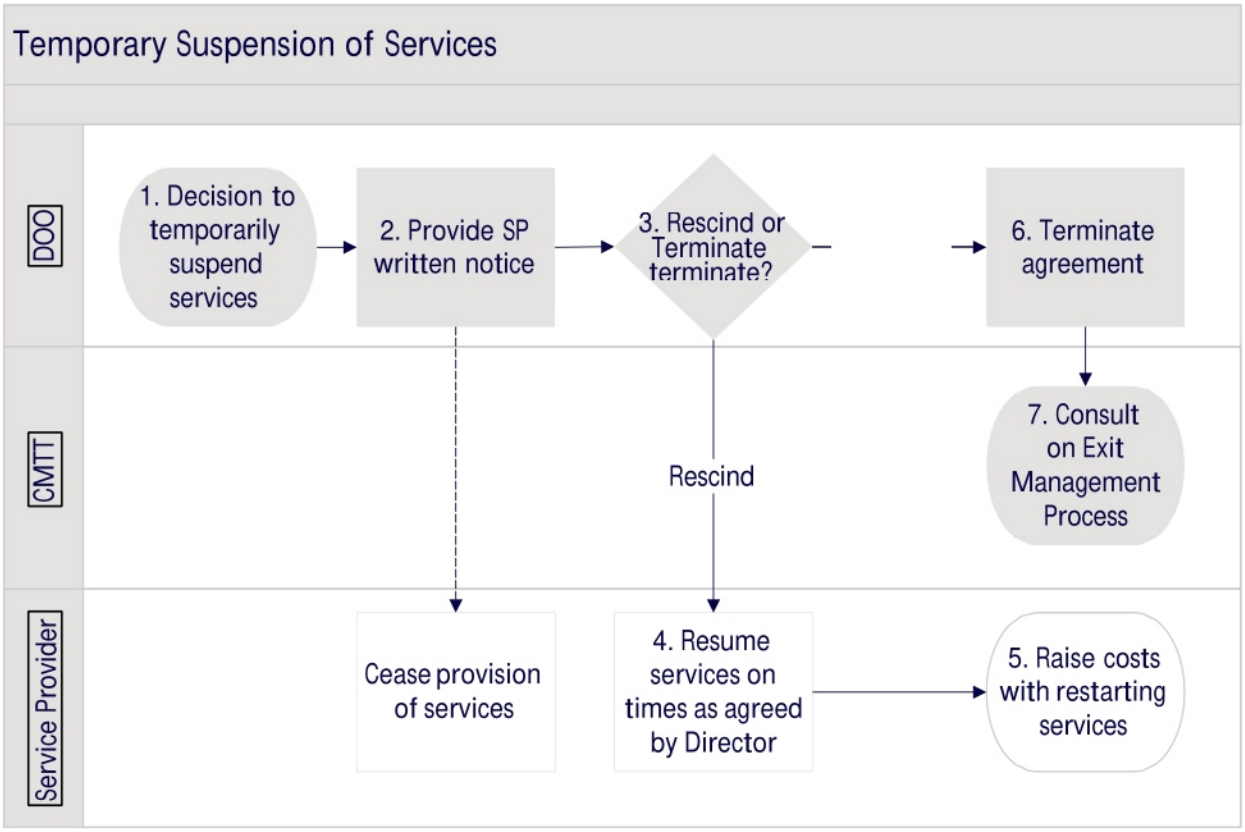
		Possible actions may include: • No action or monitoring of the SHSS Service Provider's handling of the complaint; • Supporting an informal resolution; or • Initiating a Quality-of-Care Review, Investigation, or Reportable Circumstance report. 3.2 Maintain a record of the Reportable Incident on the SP-PL and CS Case as appropriate.
Service Provider	4	Work to address the reportable incident based on its developed process and cooperate with MCFD as appropriate; cooperate and collaborate with MCFD on any identified resolution process. 4.1 Facilities that are licensed under the Community Care and Assisted Living Act (CCALA) must also consider the requirements to report to the medical health officer.

10.2 Temporary Suspension of Services

10.2.1 Process Details

Purpose	Without limiting the Director's discretion under the Child, Family and Community Services Act (CFCSA) or the procedures and measures that may be taken under the Policies and Standards or any Schedule to this Agreement, the Director may temporarily suspend the Services.
Key Details	An example of when this might be used is during a natural disaster.
Process Owner	Director
Participating Roles	Director FCSD (CMTT) Service Provider
Related Processes	Exit Management Process
Related Documents	MSA
Required System(s)	None
Prerequisite Processes	None
Successor Processes	Negotiated Amendment Process Default and Termination

10.2.2 Process Map



10.2.3 Procedures

Role	Step	Description
DOO	1	Determine if a temporary suspension of services is required.
DOO	2	Provide the Service Provider with written notice to suspend Services. 2.1 Ensure the Service Provider ceases the provision of Services. 2.2 Document and maintain a record of suspension on SP-A.
DOO	3	If the temporary suspension is still in place at 90 days, the DOO must choose to: Rescind the suspension, continue to **Steps 4 & 5.** OR Terminate the Agreement, skip to **Steps 6 & 7**. Terminate all or any of the suspended services, skip to **Steps 6 & 7.**
DOO	4	Provide the Service Provider written notice to resume Service provision, including a timeline.

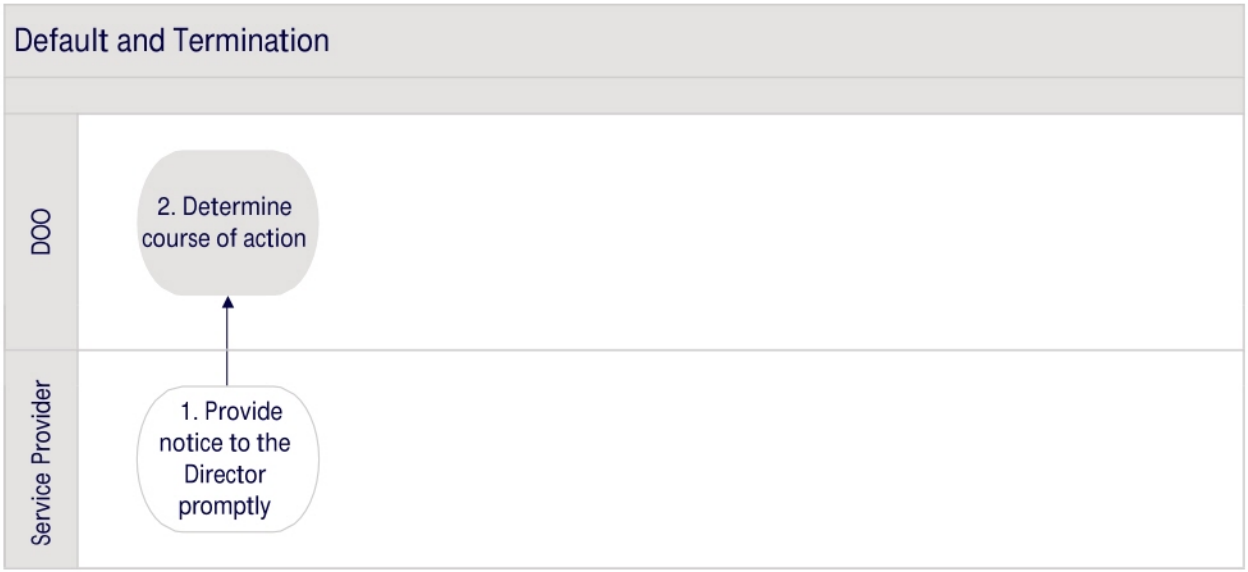
		4.1 Ensure the Service Provider resumes the provision of Services.
Service Provider	5	Raise unforeseen costs with restarting services through Negotiated Services Amendment Process. *The process ends here.*
DOO	6	Terminate any or all of the suspended Services, or terminate the Agreement, as per the Default and Termination process. 6.1 Consult with FCSD (CMTT) on the Exit Management Process.
FCSD (CMTT)	7	Consult with the Director to engage the Exit Management Process.

10.3 Default and Termination

10.3.1 Process Details

Purpose	Identification that an event of default (defined below) has occurred or is likely to occur.
Key Details	Each of the following occurrences will be deemed to be an "Event of Default": • A failure by the Service Provider to perform any of its obligations under this Agreement, or a failure to perform such obligations in a manner satisfactory to the Director' • The Director determines that the Service Provider's failure to perform any of its obligations in the Agreement place the health or safety of any person receiving Services at risk; • An Insolvency Event; • If the Service Provider is a corporation, a Change of Corporate Control of the Service Provider without the Director's prior written consent; or • Any representation, warranty or covenant made by the Service Provider is or becomes untrue or incorrect.
Process Owner	Service Provider
Participating Roles	Resource Team FCSD (CMTT)
Related Processes	None
Related Documents	Schedule L Schedule F
Required System(s)	None
Prerequisite Processes	Chronic or Severe Failure
Successor Processes	Exit Management

10.3.2 Process Map



10.3.3 Procedures

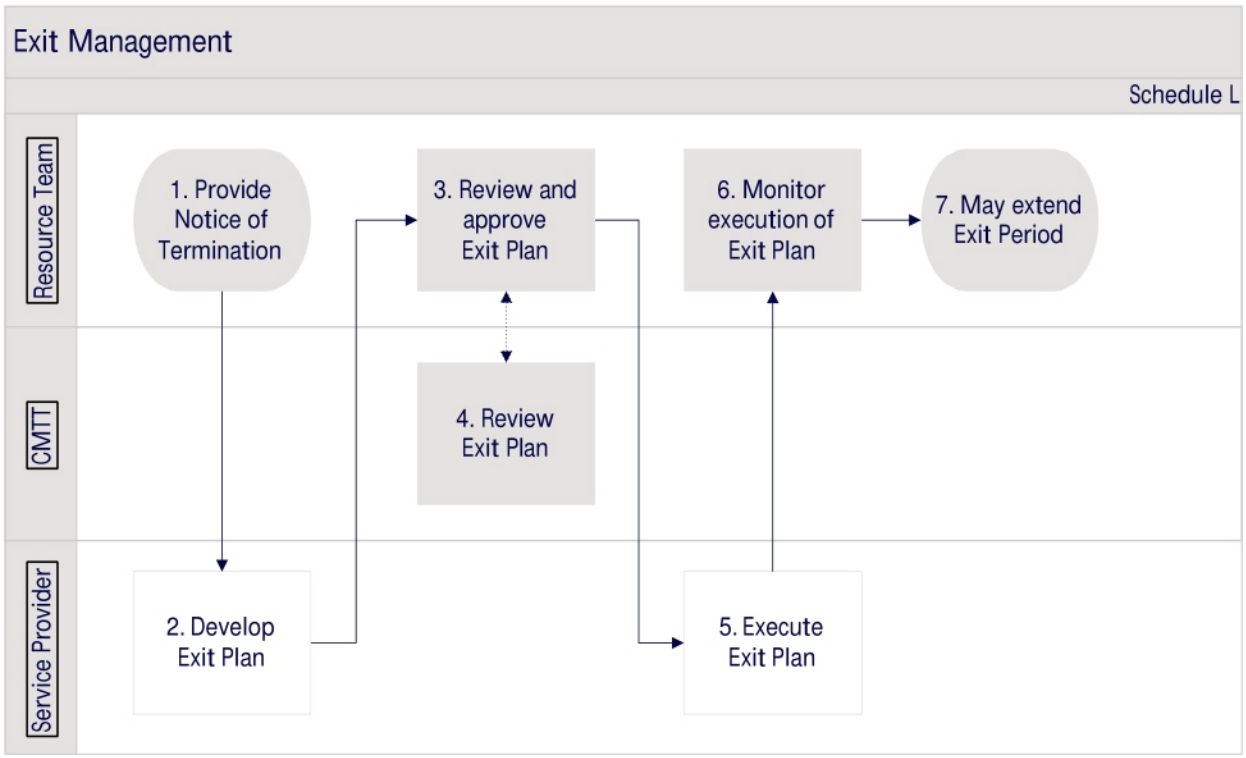
Role	Step	Description
Service Provider	1	If possible, alert the Director that an Event of Default has occurred or is likely to occur. *Note: An Event of Default may be a result of Chronic or Severe Failure.* *Note: The Service Provider may terminate the Agreement if the Director is in material breach of the obligation to pay any undisputed amount and has failed to rectify in 60 days.*
DOO	2	Respond to the Event of Default with **one** of the following three options: 1. Provide written notice to the Service Provider to remedy the Event of Default within a specified time period. (Process ends here); or 2. Pursue any remedy or action available at law or in equity. (Process ends here), or 3. Terminate the Agreement or individual Service within the Agreement with 90 days notice and starts the Exit Management process.

10.4 Exit Management

10.4.1 Process Details

Purpose	The Service Provider will provide all such reasonable assistance as the Director may require for the purpose of ensuring an orderly, effective, and efficient transition of the Services to the Director and/or to an Other Service Provider.
Key Details	Plans for the provision of service to a child/youth, including transition out planning, must continue to be delivered as per the child/youth's SHSS Service Plan.
Process Owner	DOO
Participating Roles	DOO Resource Team FCSD (CMTT) Service Provider
Related Processes	Default and Termination
Related Documents	MSA - Schedule L
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

10.4.2 Process Map



10.4.3 Procedures

Role	Step	Description
Resource Team	1	Provide a Notice of Termination of the agreement to the Service Provider. 1.1 Document and maintain a record of the notice and date sent on SP-A.
Service Provider	2	Within 60 days, develop a detailed Exit Plan for transition of Terminated Services to the Director or other Service Providers as identified. The Exit Plan should include, but not be limited to, the following considerations: • Whether the Service Provider will continue to provide contracted services for the Director; • Whether any dedicated assets can be used by another Other Service Provider for the benefit of a child and youth; • The value of the dedicated assets; • Whether or not the Service Provider is intending to continue to remain in business providing services for children and youth; • Any rental or lease obligations of the Service Provider; • The Service Provider's obligations to union and non-union employees; • The impact of the Terminated Services on children and youth; and • Retention and/or disposal of the Director's Records. 2.2 Submit the Exit Plan to the Director.
Resource Team	3	Review the Exit Plan, in consultation with FCSD (CMTT). 3.1 Determine the Exit Period. 3.2 Advise the Service Provider if the Exit Plan is approved or needs revisions.
FCSD (CMTT)	4	Consult with the Resource Team regarding the proposed Exit Plan.
Service Provider	5	Assist and cooperate with the Resource Team and other Service Providers in the execution of the Exit Plan. 5.1 Continue to provide services as planned.
Resource Team	6	Monitor the execution of the Exit Plan by ensuring both parties provide to each other with such reasonable information and

		assistance as may be required to create, revise, update and successfully execute the Exit Plan.
Director	7	Determine if there is a requirement to extend the Exit Period up to 6 months. 7.1 If the Exit Period must be extended, advise the Service Provider in writing with no less than 30 days' notice.

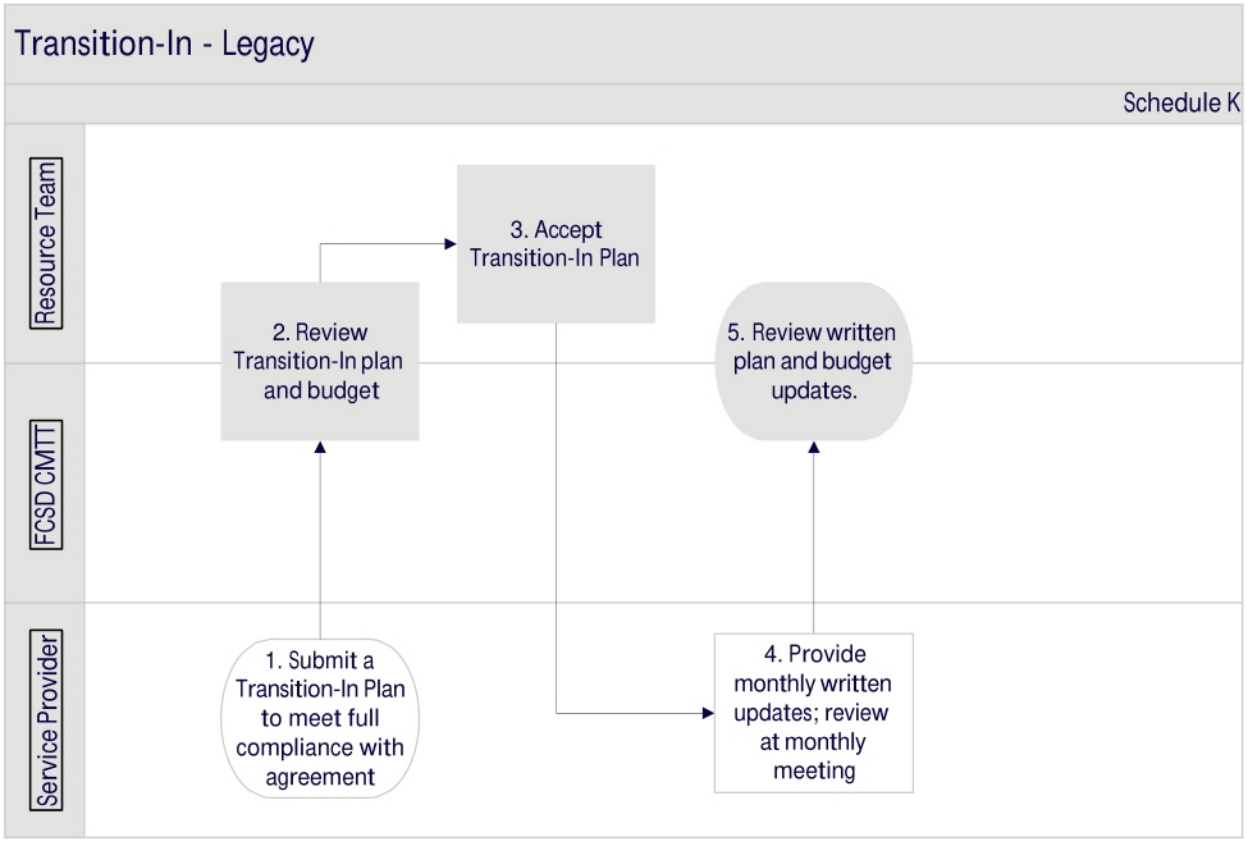
11.0 FINANCIAL PROCESSES

11.1 Transition-In - Legacy

11.1.1 Process Details

Purpose	Identify the required steps to ensure financial readiness during the transition-in period
Key Details	Any supplemental or OTO payments that are required during the Transition In phase are paid according to the process (below)
Process Owner	Resource Team & FCSD (CMTT)
Participating Roles	Resource Team FCSD (CMTT) Accounts Payable Service Provider
Related Processes:	Transition In – Legacy
Related Documents:	MSA (Legacy) - Schedule K MCFD Staff Policy for SHSS
Required System(s)	Specialized Services Portal ICM
Prerequisite Processes	None
Successor Processes	Payment Set Up/Assessing Need for Adjustment

11.1.2 Process Map



11.1.3 Procedures

Role	Step	Description
Service Provider	1	Within 60 days of the contract effective date, design and implement a project management program "Transition-In Plan" (Schedule K) to bring practices and procedures into full compliance with this agreement within 18 months.
Resource Team FCSD (CMTT)	2	Review Transition-In Plan as per Schedule K.
Resource Team	3	Accept Transition-In Plan and confirm in writing with the Service Provider that it has been accepted. Resource Team to retain a copy in the Service Provider file.

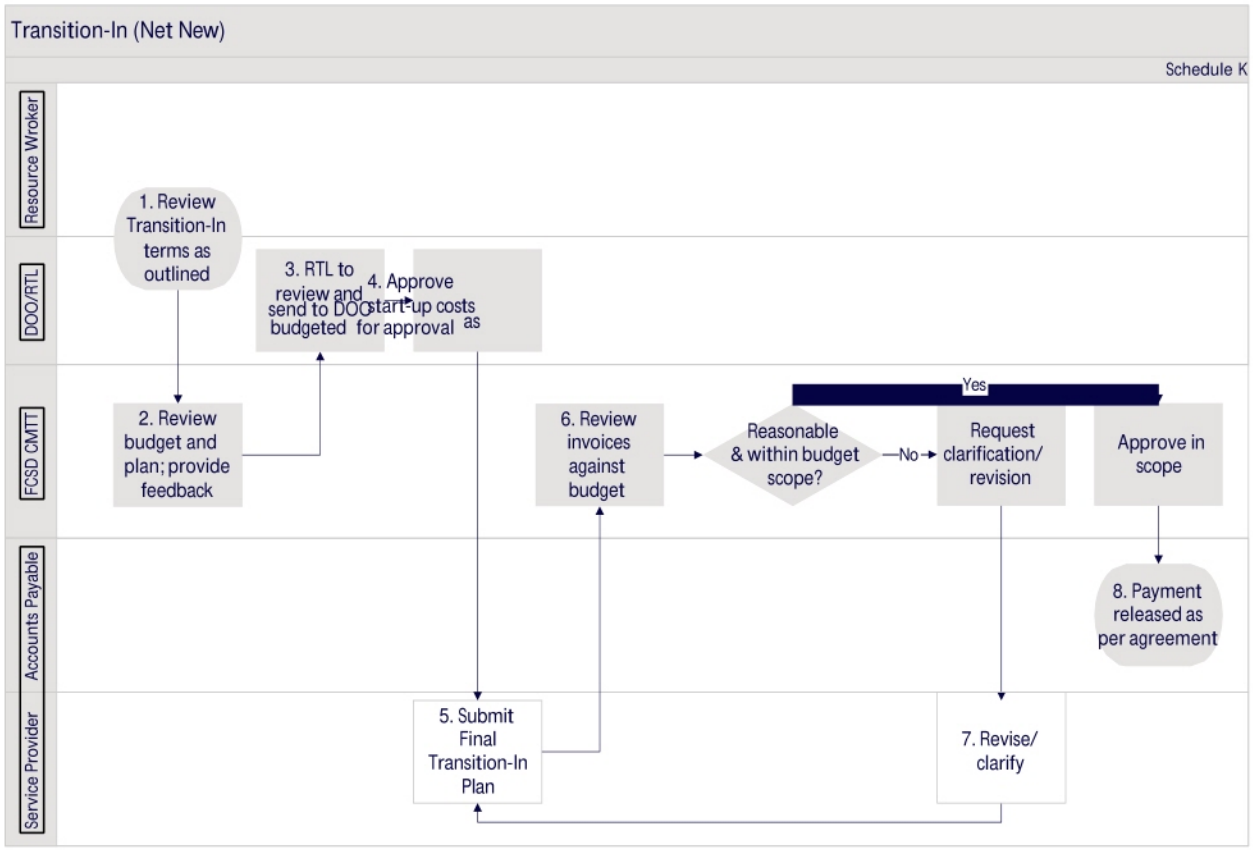
		Confirm with FCSD (CMTT) that the plan has been accepted and provide a copy of the approved plan.
Service Provider	4	Provide monthly written updates against the Transition-In Plan to the Resource Team. Meet with the Resource Team monthly to review these updates.
Resource Team FCSD (CMTT)	5	Resource Team and FCSD (CMTT) review written plan and work with the Service Provider on any concerns in meeting the targets outlined in the Transition-In Plan.
Resource Team	6	Approve any changes to operational cost structure.

11.2 Transition-In - Net New

11.2.1 Process Details

Purpose	Outline the required steps to establish a new SHSS resource and ensure operational, facility, and financial readiness for the net new contract.
Key Details	As part of the CFR process, Service Providers will submit a Transition-In plan.
Process Owner	Resource Worker & FCSD (CMTT)
Participating Roles	Resource Worker DOO FCSD (CMTT) Accounts Payable Service Provider
Related Processes	Transition-In Net New
Related Documents	MSA (Net New) - Schedule K MSA (Net New) - Appendix K1 Relevant sections of the SHSS policy CFR posted to BC Bid
Required System(s)	PCMS ICM Specialized Services Portal
Prerequisite Processes	Draw Down of Service Providers
Successor Processes	Payment Set Up/Assessing Need for Adjustment

11.2.2 Process Map



11.2.3 Procedures

Role	Step	Description
Resource Team	1	Review Transition-In terms as outlined in the prequalified package; these are determined as per MSA Appendix K1.
FCSD (CMTT) Analyst	2	Review budget and plan. Provide feedback to the Resource Team.
Resource Worker	3	Review with the Resource Team Lead and send to DOO for approval.
DOO	4	Approve Transition-In Plan. *Note: Transition-In Plan informs completion of Schedule K.*

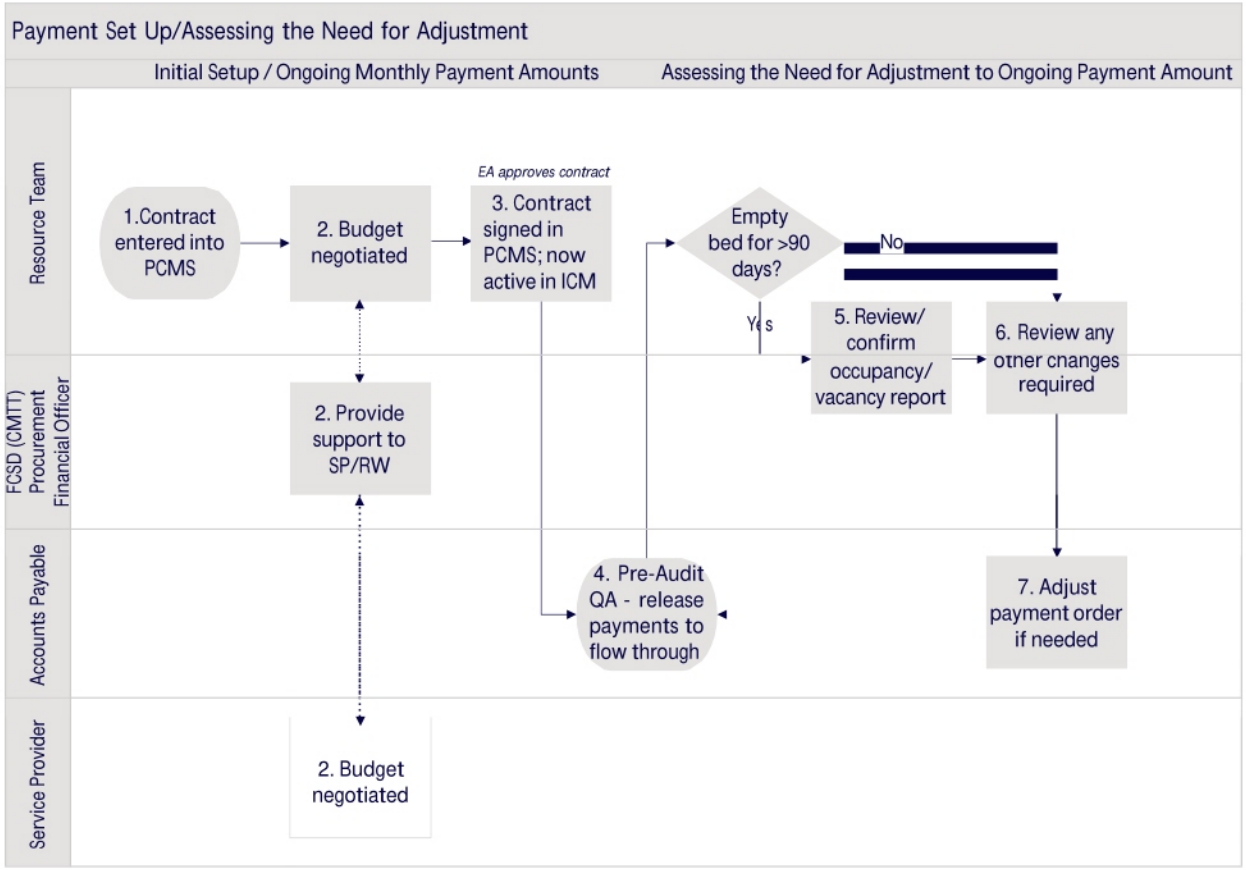
Service Provider	5	Within 5 business days from effective date of contract, submit a final Transition-In Plan to the Resource Worker.
FCSD (CMTT) Analyst	6	Review invoices against the budget and confirm the Transition-In Plan falls within budget scope. If no, request clarification/revisions from the Service Provider. Continue to **Step 7**. If yes, approve and send to Accounts Payable. Skip to **Step 8.**
Service Provider	7	Revise and/or clarify. Go back to **Step 6**.
Accounts Payable	8	Release payment as per agreed timeframe (Option A or B).

11.3 Payment Set Up /Assessing Need for Adjustment

11.3.1 Process Details

Purpose	Determine and set up monthly payment amounts, including Occupancy Based Variable Amounts.
Key Details	Note that placements are not to be made in new SHSS resources until the Transition-In phase is complete and the placement request process can begin.
Process Owner	Accounts Payable
Participating Roles	Resource Team FCSD (CMTT) – Financial Officer Accounts Payable Service Provider
Related Processes	None
Related Documents	MSA - Schedule H Service Provider Submitted Costing Tool Workbook (excel)
Required System(s)	PCMS ICM
Prerequisite Processes	Transition-In Net New or Transition-In Legacy
Successor Processes	None

11.3.2 Process Map



11.3.3 Procedures

Role	Step	Description
Initial Set Up / Ongoing Monthly Payment Amounts		
Resource Team	1	Contract authored in PCMS.
Resource Team Service Provider FCSD (CMTT) Financial Officer	2	Based on Costing Tool for Monthly, Occupancy-Based Variable Amount, Supplemental Funding, as well as As-Needed and One-Time-Only (Transition-In), confirm payment amounts and schedule. Provide support to the Service Provider and the Resource Worker on budget, workbook, and payment model.
Resource Team (EA) Service Provider	3	Service Provider and Ministry sign contract via PCMS. Contract is now active which triggers the contract to flow into ICM. (ICM creates the

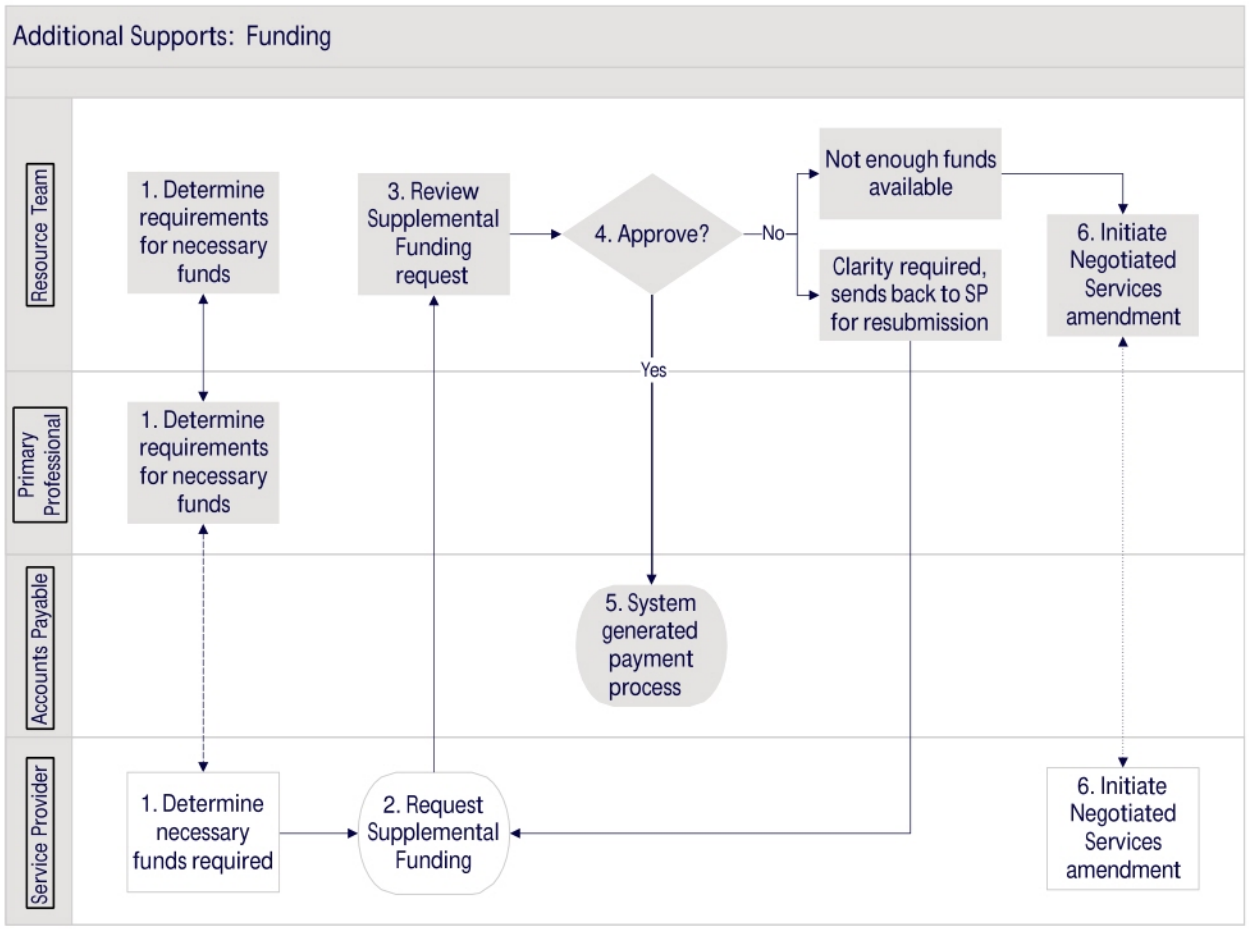
		contract aka agreement, with the payment schedule from the contract in PCMS.)
Accounts Payable	4	Pre-audit QR to release payments to flow through in ICM. (Payments move from the "agreement" to an "order."). Create first set of orders to be created in ICM; after that the system rolls it over and ongoing monthly payments begin automatically. Payment set up ends here. For ongoing months, continue to **Step 5** if there's a need for an adjustment. *Note: If there are concerns, Accounts Payable will consult with the Resource Team.* *Note: Detailed ICM processes are available in the ICM User Guide.*
Assessing the Need for Adjustment to Ongoing Payment Amount		
Resource Team	5	If, as a result of regular monthly monitoring of the Vacancy report, it is determined that a bed has been empty for more than 90 days, set up meeting with the Service Provider and FCSD (CMTT) to review. If an adjustment of the variable amount is necessary, go straight to **Step 6**. If no adjustment needed, regular monthly payment proceeds.
FCSD (CMTT) Resource Team	6	Review any other changes required.
Accounts Payable	7	Adjust the payment order if needed. Go back to **Step 4**.

11.4 Additional Supports: Funding Request

11.4.1 Process Details

Purpose	Identify steps and roles involved in Service Provider request for OTO and/or supplemental funding for additional supports.
Key Details	Supplemental Supports includes services such as: • Extra staffing • Clinical and non-clinical supports • One-time-only payments that may be for a child/youth's needs or for a facility (e.g., a significant repair)
Process Owner	Resource Team
Participating Roles	Resource Team Primary Professional Accounts Payable Service Provider
Related Processes:	Requesting Additional Supports
Related Documents:	MSA Schedule H
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

11.4.2 Process Map



11.4.3 Procedures

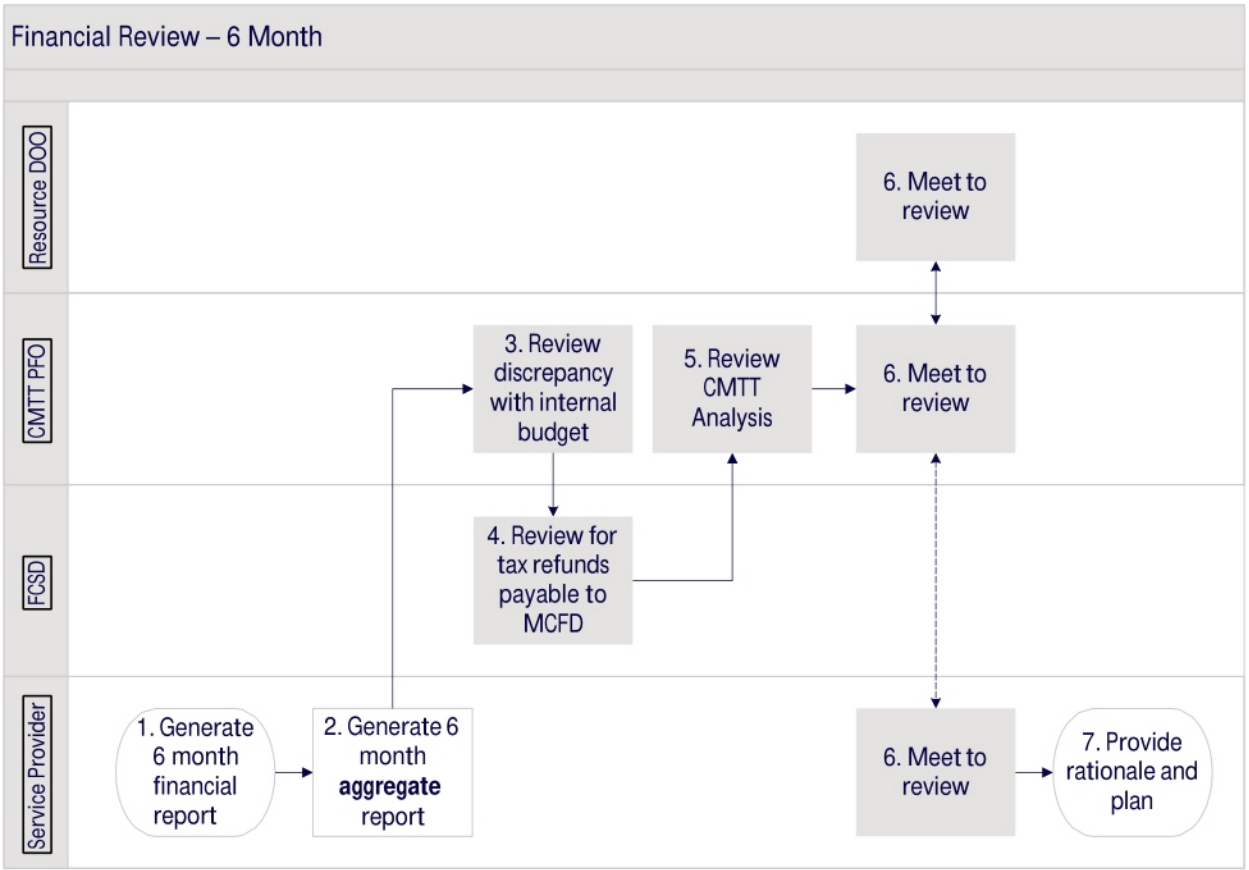
Role	Step	Description
Resource Team Primary Professional Service Provider	1	Determine if necessary Additional Supports are needed.
Service Provider	2	Submit estimate request for Supplemental Funding for Additional Supports as per MSA Schedule F via Specialized Services Portal.
Resource Team Primary Professional	3	Review request for Supplemental Funds. Consult with FCSD (CMTT) if needed (example: cross-contract verification for a supplemental service, such as Nursing). 3.1 The Primary Professional to provide the Service Provider confirmation of the approval of the support/service to be delivered.
Service Provider	4	Submit Additional Support Request via Specialized Services Portal with supporting documentation attached.
Resource Team Leader	5	Approve or deny payment request in ICM. 4.1 If not approved, send back to Service Provider for resubmission and start process over at **Step 1.** 4.2 If not approved due to insufficient contract funds remaining, go to **Step 7.** If approved, go to **Step 6.**
Accounts Payable	6	Pre-audit QR to release payments; system generated payment process in ICM.
Resource Team Service Provider	7	Initiate Negotiated Services Amendment Process if necessary.

11.5 Financial Review – 6 Months

11.5.1 Process Details

Purpose	To review per contract expenditures and performance.
Key Details	6-month reviews allow for individual contracts and Service Provider agencies to be reviewed and identify problems that may require course corrections in a timely and collaborative manner.
Process Owner	FCSD (CMTT)
Participating Roles	Resource Team FCSD (CMTT) FCSD Service Provider
Related Processes:	None
Related Documents:	MSA
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

11.5.2 Process Map



11.5.3 Procedures

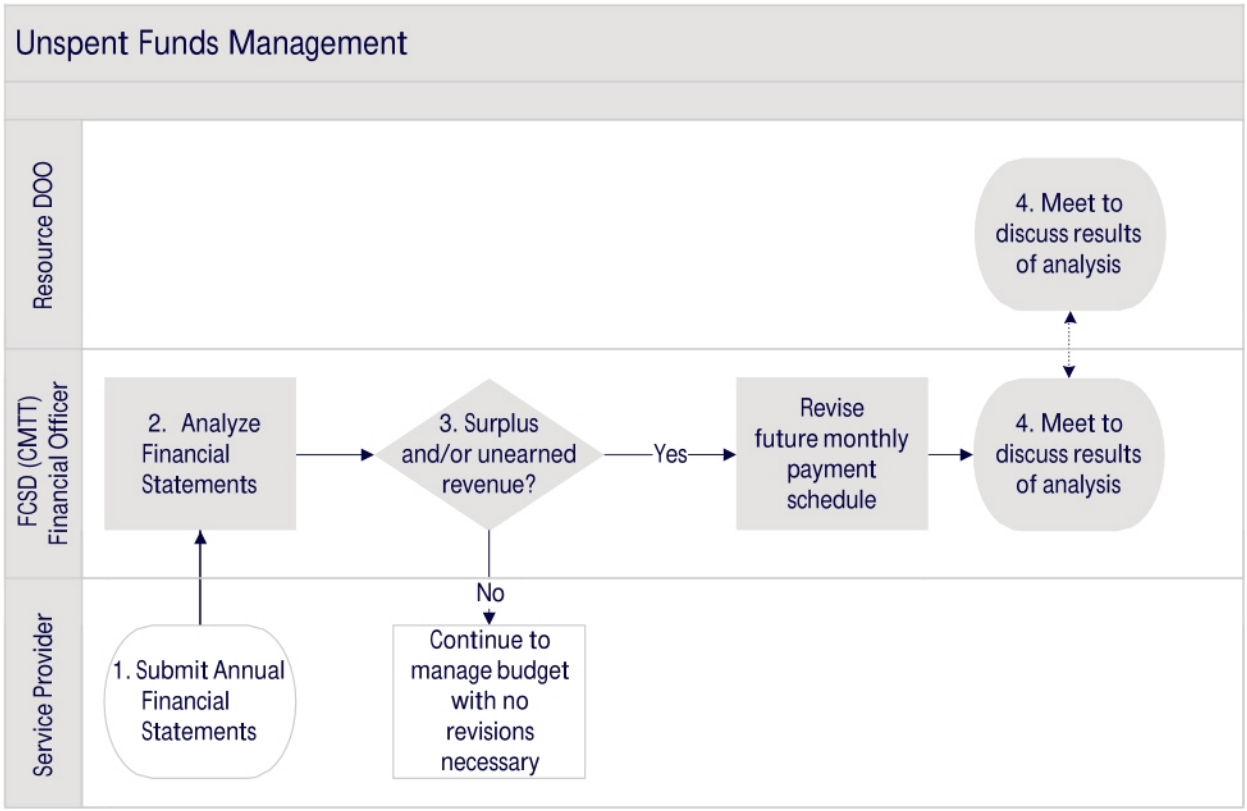
Role	Step	Description
Service Provider	1	Generate 6-month financial reports or statements (dependent upon reporting period) for each contract that shows budgeted vs. actuals for each line. Send to mailbox: (MCF.agencyfinancialreporting@gov.bc.ca). *Note: Semi-annual reviews require reports, annual reviews require statements.*
Service Provider	2	Generate aggregate 6-month report that rolls up all contracts across the agency showing budgeted vs. actuals with explanations for variances. Send to mailbox: (MCF.agencyfinancialreporting@gov.bc.ca)
FCSD (CMTT) Procurement Financial Officer	3	Review reports for discrepancies with internal budget per contract and per agency.
FCSD	4	As necessary, there may be a review of financial reports or statements for tax refunds payable to MCFD as per MSA Article 9 Section 9.9.
FCSD (CMTT) Resource DOO	5	FCSD (CMTT) and Resource DOO (for contract) and/or Resource Team Lead (for Service Provider) meet to review FCSD (CMTT) analysis. Review performance report in conjunction with budget trends.
FCSD (CMTT) Resource DOO	6	Meet with Service Provider to review and discuss reports and analysis.
Service Provider	7	Provide rationale and plan to manage any concerns/issues/discrepancies raised as a result in the review.

11.6 Unspent Funds Management

11.6.1 Process Details

Purpose	This process addresses how to assess and plan for the management of unspent funds.
Key Details	Chapter 30 of the Financial Policy and Procedures Manual is a core financial policy specific to unearned revenue and is applicable to SHSS. This process may occur within the funding period.
Process Owner	FCSD (CMTT)
Participating Roles	FCSD (CMTT) FCSD Service Provider
Related Processes:	Exit Management
Related Documents:	MSA 9.1
Required System(s)	ICM
Prerequisite Processes	None
Successor Processes	None

11.6.2 Process Map



11.6.3 Procedures

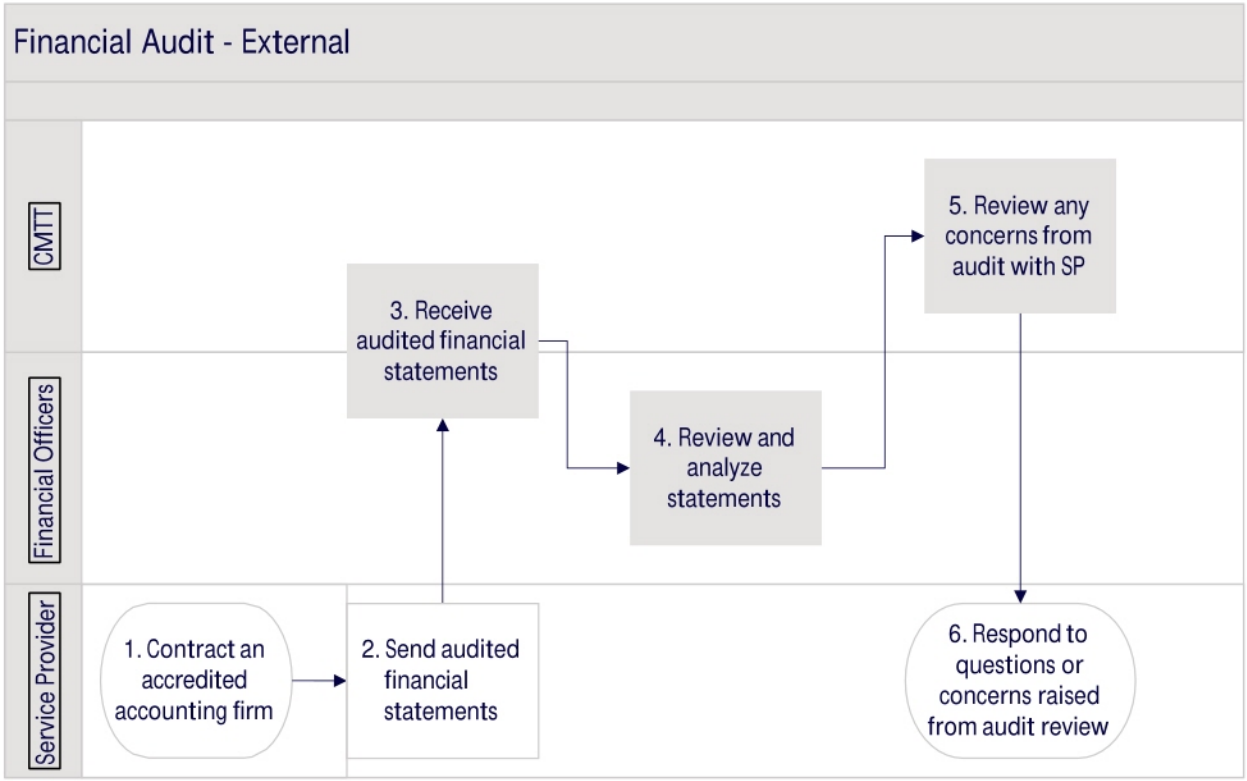
Role	Step	Description
Service Provider	1	Submit Annual Financial statements for previous reporting period to the FCSD (CMTT) (as per Financial Reporting and Management Requirements).
FCSD (CMTT) – Financial Officer	2	Review and analyze financial statements, alongside the review of previously submitted financial reports, for discrepancies with internal budget per contract and per agency and send to FCSD.
FCSD (CMTT) – Financial Officer	3	Is there a 5% (or more) budget surplus and/or unearned revenue? 3.1 If no, the Service Provider is to manage the budget with no revisions. 3.2 If yes, revise the future monthly payment schedule (if possible, according to financial policies) to balance contract expenditures or arrange repayment as per MSA 9.1.
FCSD (CMTT) Resource DOO	4	Meet to discuss results of the analysis and plan for meeting with the Service Provider.

11.7 Financial Audit - External

11.7.1 Process Details

Purpose	Financial statements must be completed in accordance with generally accepted accounting principles on a fund accounting basis.
Key Details	Audits must be completed by a 3rd party in accordance with the Canadian Standard on Review Engagements as described in the Chartered Professional Accountants Handbook.
Process Owner	FCSD (CMTT)
Participating Roles	FCSD (CMTT) Financial Audit & Analysis Service Provider
Related Processes:	None
Related Documents:	MSA Article 11 MSA Schedule F
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

11.7.2 Process Map



11.7.3 Procedures

Role	Step	Description
Service Provider	1	Contract an accredited accounting firm to audit their financial statements with a schedule specifically for SHSS contracts.
Service Provider	2	Within 90 days of the end of the fiscal year, send audited financial statements by email to (MCF.agencyfinancialreporting@gov.bc.ca) to FCSD (CMTT) and to Financial Audit & Analysis.
FCSD (CMTT) - Procurement Financial Officers	3	Receive audited financial statements.
FCSD (CMTT) - Procurement Financial Officers	4	Review risk assessment, analyze audited financial statements and associated schedules against contract.

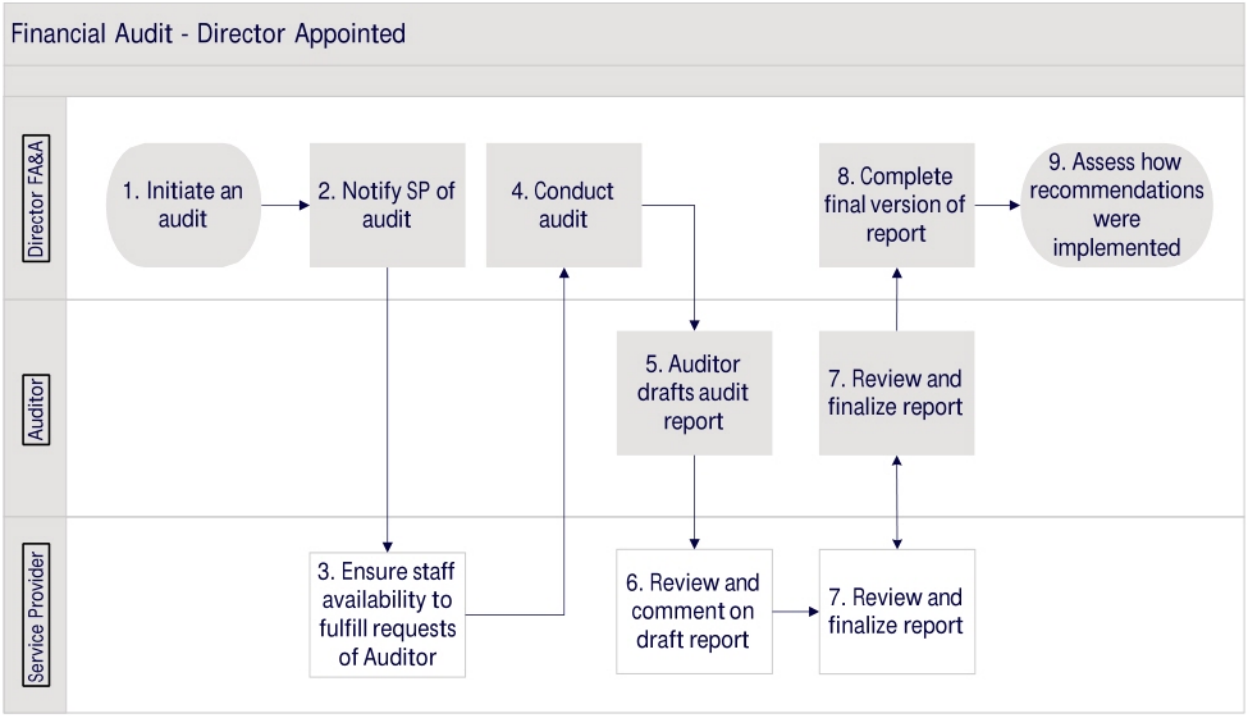
FCSD (CMTT)	5	With Resource DOO, review any concerns from the audit with the Service Provider.
Service Provider	6	Provide responses to questions or concerns raised from audit review to FCSD (CMTT) and Financial Audit & Analysis.

11.8 Financial Audit - Director Appointed

11.8.1 Process Details

Purpose	To explain the process when a Director identifies that an audit is needed.
Key Details	These audits are identified by the director annually, based on risk. They are detailed in the MCFD Annual Audit Plan.
Process Owner	Director of Financial Audit and Assurance (Director of FA&A)
Participating Roles	Director of Financial Audit and Assurance FCSD (CMTT) Auditor Service Provider
Related Processes:	None
Related Documents:	MSA 11.2 The MCFD Audit Guide
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

11.8.2 Process Map



11.8.3 Procedures

Role	Step	Description
Director of FA&A	1	As per MCFD Annual Audit Plan, initiate audit and notify FCSD (CMTT) and others, as per MSA 11.2. *Note: FCSD (CMTT) is made aware but does not participate.*
Director of FA&A	2	Notify Service Provider of the schedule of the audit.
Service Provider	3	Ensure staff are available to fulfill all requests of the auditor in order to conduct the audit.
FA&A Auditor	4	Conduct audit.
FA&A Auditor	5	Draft audit report and provide a draft copy to the Service Provider.
Service Provider	6	Review and comment on the draft report and submit to the Director of FA&A.

Auditor & SP	7	Auditor and Service Provider meet to review and finalize report.
Director of FA&A	8	Complete final version of the report and provides copies to the Director of Operations, Provincial Resources who will then share the report with other relevant Resource DOOs/TLs.
Director of FA&A	9	Collaborate with the FCSD (CMTT) and Resource DOO to assess how recommendations were implemented (6 months post audit). 9.1 Meet with the Service Provider as needed.

12.0 Reporting Processes

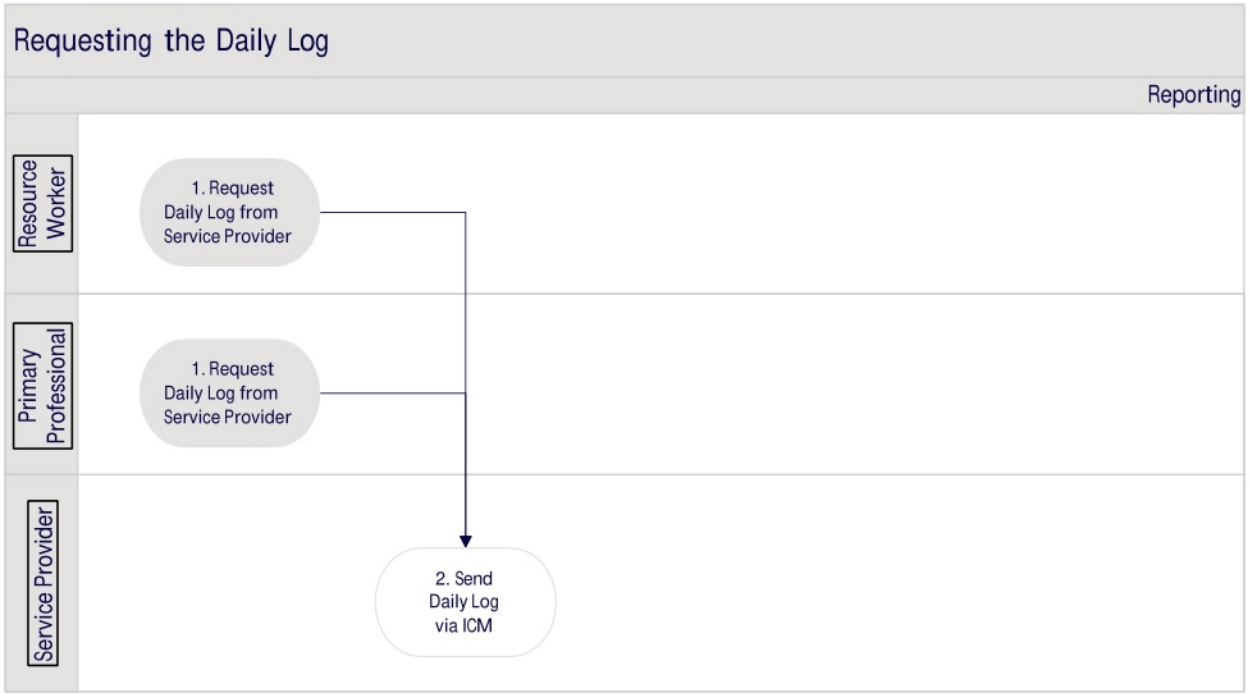
12.1 Requesting the Daily Log

12.1.1 Process Details

Purpose	Service Providers keep a daily log related to each child or youth placed in an SHSS resource. The Daily Log may be requested by the Primary Professional for oversight of the care for the child/youth or by the Resource Worker as oversight of the contract/resource.
Key Details	The SHSS Service Provider must update the Daily Log section of the SHSS Service Plan daily, with information about, and activities completed by, the child or youth. The Service Provider is to document day-to-day activities and information via the Specialized Services Portal, capturing progress towards goals across the four domains. The Daily Log serves several functions, including: • Local planning for Service Providers; • Note capturing about the day-to-day care of the child or youth, including any important events, incidents, accidents, and use of restraint; • Documenting the child's/youth's progress generally, as well as notes/progress towards their goals across the four domains; • Supporting information sharing among caregivers at the SHSS resource. **Please note the reporting processes may still be under development. Consult with your practice lead if there are further questions.*
Process Owner	Service Provider
Participating Roles	Resource Worker Primary Professional Service Provider

Related Processes	None
Related Documents	None
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Ongoing SHSS Service Planning
Successor Processes	Reviewing Monthly Check-in Measuring Progress Towards Goals

12.1.2 Process Map



12.1.3 Procedures

Role	Step	Description
Resource Worker	1	Determine, in consultation with Team Leader, the need to request the Daily Log from the Service Provider. The Resource Worker may collaborate with the Primary Professional on the need for the Daily Log. 1.1 The staff member sends a request for access to the Daily Log via ICM.

Primary Professional	1	Determine, in consultation with Team Leader, the need to request Daily Log from Service Provider. Request access to the Daily Log via the Resource Worker.
Service Provider	2	After receipt of the request from the Resource Worker, the Service Provider provides access to the Daily Log via ICM.

12.2 Reviewing Monthly Check-In

The Monthly Check-In is a monitoring and reporting function of the SHSS Service Plan. The SHSS Service Provider is responsible for completing the Monthly Check-In with the child or youth each month.

This occurs on a monthly basis for **Long-Term Specialized Care, Respite Care, and Low-Barrier Short-Term Stabilization Care.**

This occurs on a bi-monthly basis for **Emergency Care**.

For SHSS **Respite Care** only, the SHSS Service Provider is responsible for completing the Monthly Check-In with the child/youth's parent/guardian, caregiver, and/or out-of-care provider each month.

The Monthly Check-In is a process of gathering the voice of the child/youth, family, and SHSS Care Circle to report on different measures of the child/youth's experience in the SHSS resource. It is completed through conversations and observations, and is done in a culturally safe, trauma informed, and developmentally appropriate way. The Service Provider follows the guidance provided in the SHSS Monthly Check In Guidelines for Service Providers and assigns a rating of 1-5 for each area assessed.

Additional information or comments include:

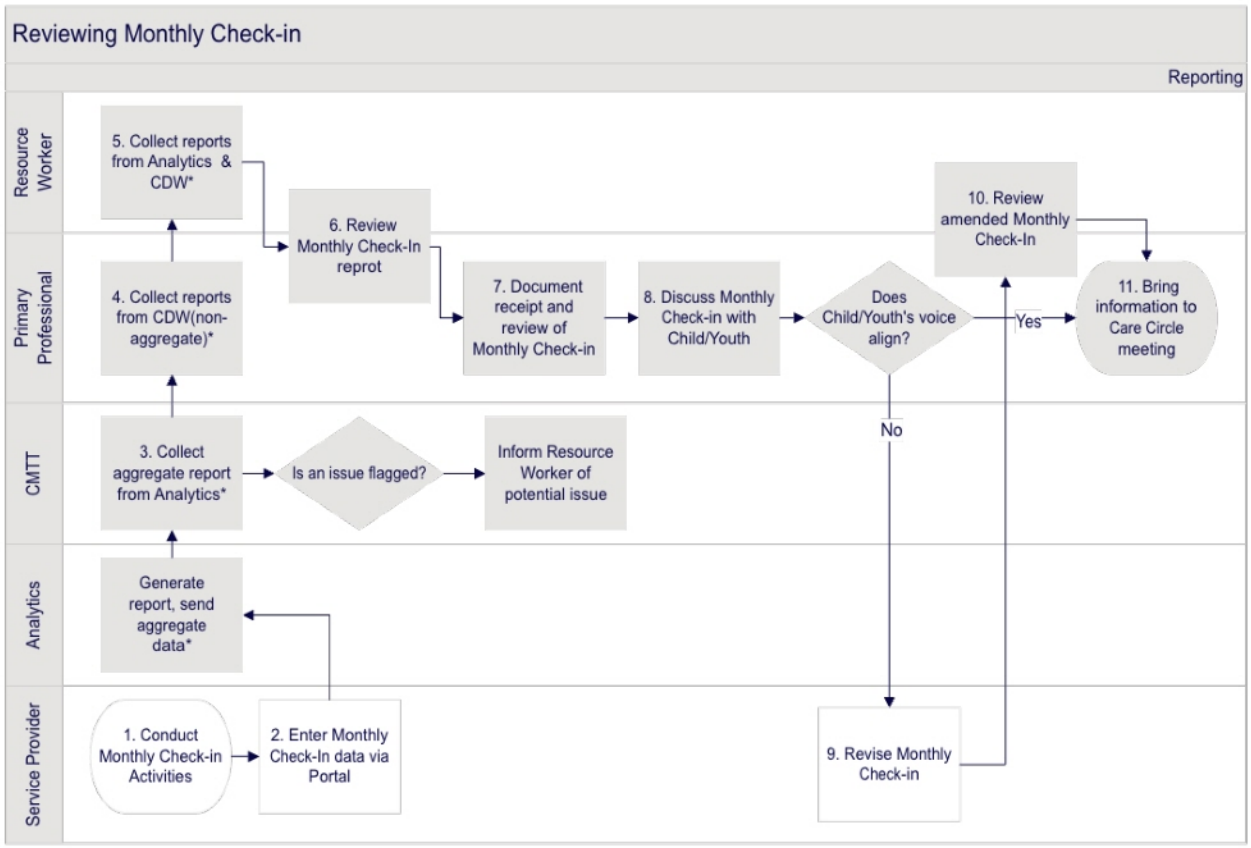
- Why the rating from 1 to 5 was selected
- Supporting information such as the child/youth's words or behaviours
- Any non-verbal communication and/or use of alternative communication tools etc.

The Monthly Check-In ensures that the child/youth's voice is meaningfully considered and reflected in their care, and that both MCFD and the Service Provider understand the child's or youth's perspective and experience.

12.2.1 Process Details

Purpose	The information collected during the Monthly Check-In is used to understand the child/youth's experience living in the SHSS home, inform service planning for the child/youth, and measure against Performance Standards for the SHSS resource. It is reported to and reviewed by MCFD.
Key Details	Sharing information from the Monthly Check-In with the SHSS Care Circle should be done in a trauma-informed way. In addition to providing details about the child or youth, the information gathered through this process may also be used by the Resource Worker to inform conversations at the 90-day review, and Performance Standards reviews as per Schedule C. In Respite Care, this process and procedures are also repeated with the child or youth's family/caregivers. **Please note the reporting processes may still be under development. Consult with your practice lead if there are further questions.*
Process Owner	Service Provider
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	None
Related Documents	SHSS Service Plan SHSS Monthly Check In Guidelines for Service Providers
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Reviewing and Maintaining the SHSS Service Plan
Successor Processes	Ongoing SHSS Service Planning

12.2.2 Process Map



**Process still under development.*

12.2.3 Procedures

Role	Step	Description
Service Provider	1	Complete the Monthly Check-In activities in compliance with Schedule C. The Monthly Check-In Guidelines for Service Providers supports this function.
Service Provider	2	Document the information from the Monthly Check-In in the Specialized Services Portal.

FCSD (CMTT)	3	Receive and review an aggregate report from Analytics. 3.1 Review report for any potential issues involving intended outcomes as per Schedule C. 3.2 If an issue is flagged, inform the Resource Worker of the potential issue with the SHSS Service Provider.

		*(*This process is still under development.)*
Primary Professional	4	Review the Monthly Check-In report for the child/youth. The Monthly Check In information is visible in the Placement Management tab of the CS Case in ICM.
Resource Worker	5	Review both the Monthly Check-In child-specific information and the aggregate data for the Service Provider. *(*The process for gathering aggregate data is still under development.)* 5.1 Document receipt of the Monthly Check-In in the Place of Service file.
Primary Professional	6	Engage with the Resource Worker regarding the information contained in the Monthly Check-In report. 6.1 Collaboratively review and assess the information in the Monthly Check-In report against Performance Standards outlined in Appendix D of the MCFD Staff Policy for SHSS specific to each SHSS Service type. 6.2 If necessary, establish an appropriate response in collaboration with Team Leaders. If the response includes a follow-up with the child/youth, follow the procedure Determining Child Specific Follow Up Actions of Monthly Check-in.
Primary Professional	7	Document receipt and review of Monthly Check-In in ICM (CS Case Notes tab).
Primary Professional	8	Perform routine visit with child/youth. 8.1 Discuss the Monthly Check-In information with the child/youth at their next routine visit to ensure that the SHSS Service Provider accurate and appropriately reflected the child/youth's voice. 8.2 If the information contained in the Monthly Check-In aligns with the child/youth's response, skip to **Step 11**. 8.3 If the information contained in the Monthly Check-In does not align with the child/youth's response, consult with Team Leader, and contact the Resource Worker and Service Provider and continue to **Step 9**.
Service Provider	9	Convene with the Primary Professional and Resource Worker, if necessary, to revise or amend the Monthly Check-In information to ensure all important information is reflected within the Monthly Check-In.

		9.1 Send the updated Monthly Check-In report to the Primary Professional and Resource Worker.
Primary Professional/Resource Worker	10	Review the amended or revised Monthly Check-In to ensure it accurately reflects the information shared by the child/youth and the Service Provider. 10.1 Document receipt and review of revised Monthly Check-In.
Primary Professional	11	As appropriate, bring information from the Monthly Check-In to the next SHSS Care Circle meeting to inform service planning.

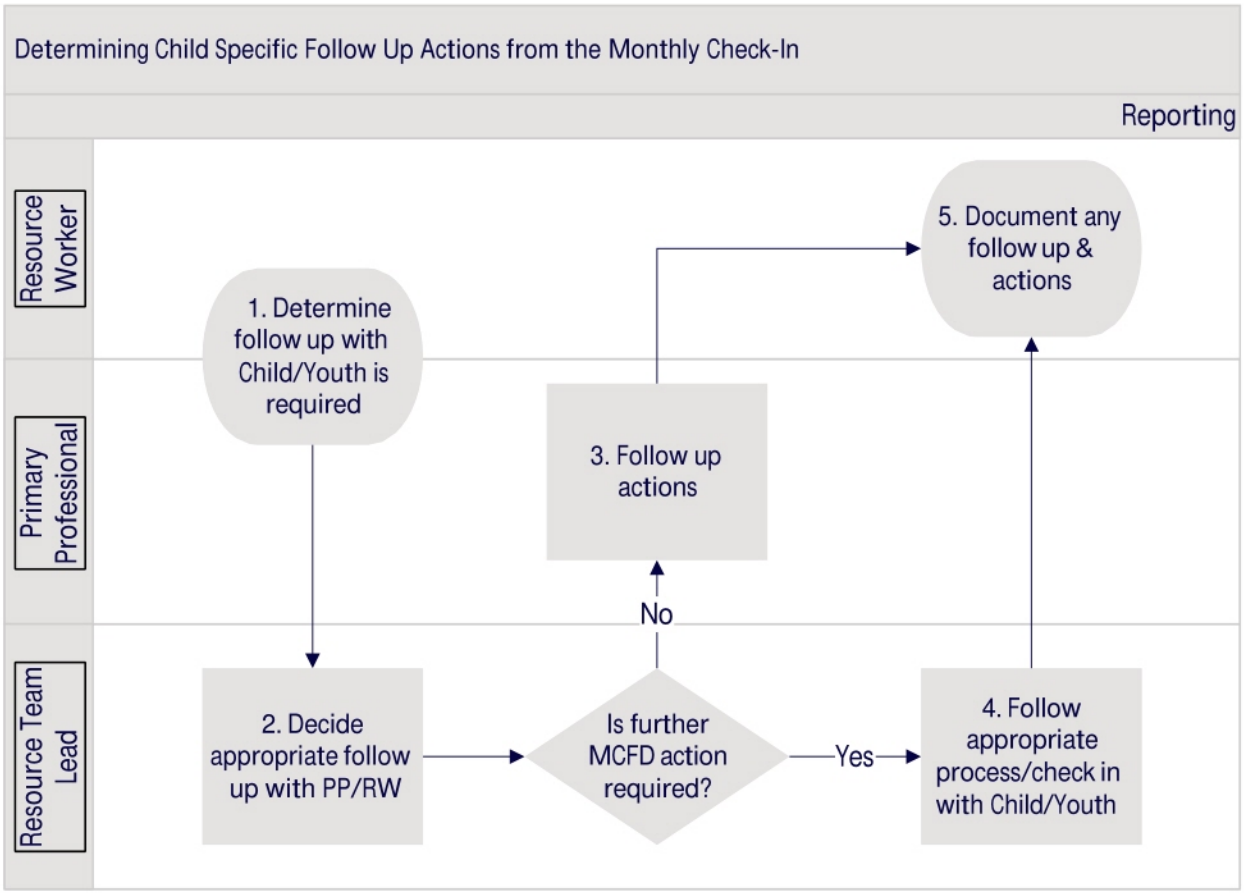
12.3 Determining Child Specific Follow-Up Actions from the Monthly Check-In

Appendix D lists the performance standards that require immediate review and assessment.
As appropriate, the Primary Professional will follow-up with the child/youth as quickly as possible to ensure their safety and wellbeing.

12.3.1 Process Details

Purpose	Determining follow up actions in response to information gathered during Monthly Check-In
Key Details	Investigations of Contracted Agencies policy is extended to a child or youth residing in an SHSS who is not in the care of a director. When concerns related to the care of children/youth in SHSS resources are received (and they do not meet the threshold for the Director's Concerns as per the Investigations in Contracted Agencies Policy), they are documented, assessed, and may result in the need for a Quality-of-Care Review.
Process Owner	Resource Worker/Primary Professional
Participating Roles	Resource Team Primary Professional Investigation Team
Related Processes	None
Related Documents	SHSS Service Plan
Required System(s)	ICM
Prerequisite Processes	Reviewing Monthly Check In
Successor Processes	None

12.3.2 Process Map



12.3.3 Procedures

Role	Step	Description
Primary Professional Resource Worker	1	It is determined by the Primary Professional and the Resource Worker that a follow-up with the child/youth is required. *Note: Issues that may trigger a follow up include:* • *Tolerances not being met during a review of the Monthly Check-In and Performance Standards* • *Information reported in the Monthly Check-In Report requires an action*
Resource Team Lead	2	Consult with the Primary Professional, their Team Leader, and Resource Worker (and potentially others, i.e., DOO, as per policies) to assess the information and determine appropriate actions. Actions may include: • Formal process (i.e., Investigation, QOCR), continue to **Step 3**.

		• Informal process, skip to **Step 4**. *Note: Assessment of information contained in Monthly Check-In reports may require consultation with professionals and/or SHSS Care Circle members.*
Resource Team Lead	3	Follow the appropriate MCFD policy/procedure as determined in the previous step.
Primary Professional	4	In consultation with the Team Leader, determine the appropriate response to the information from the Monthly Check-In, and follow up with the child/youth and/or others as needed. 4.1 Advise the Resource Worker of the outcome. 4.2 Document the outcome in ICM.
Resource Worker	5	Document any follow-up actions in ICM. 5.1 Develop a follow-up plan with the Service Provider, if necessary.

12.4 Measuring Progress Towards Goal

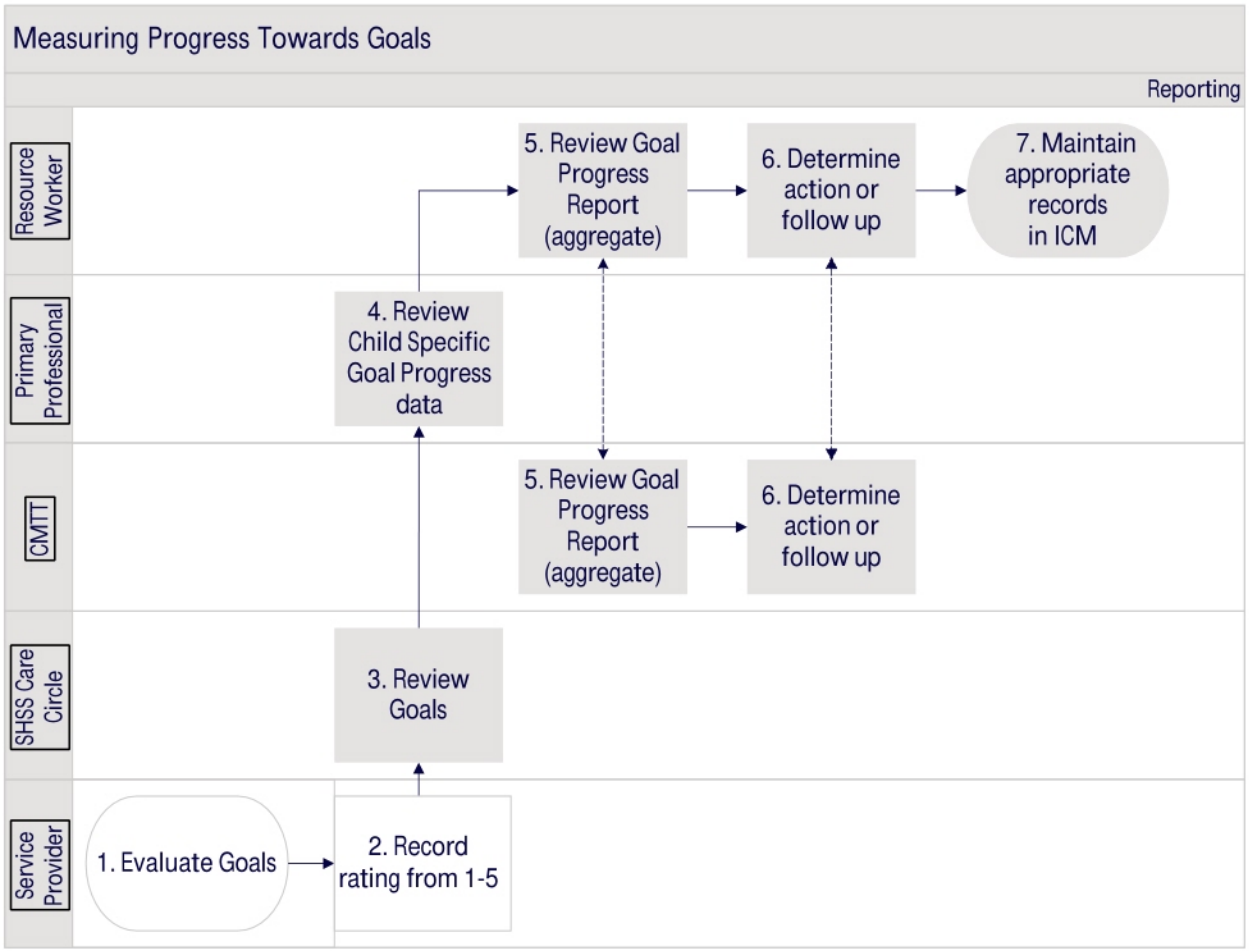
12.4.1 Process Details

Purpose	Measure progress on the identified Goals for each Domain that are aligned with the overall outcomes outlined in the child/youth's existing plans.
Key Details	**Goals** are meaningful to the child or aligned with the child's/youth's best interests and driven by the child/youth in collaboration with the SHSS Care Circle and Primary Professional. (Children and youth may express Goals in different ways and with varying level of support from their SHSS Care Circle.) **Domains** means the four categories in which Goals are created within the SHSS Service Plan, being: • Community Inclusion / Belonging • Developmental (Cognitive, Behavioural, Physical) • Social, Emotional and Day-to-Day Wellness • Cultural Attachment and Connectedness Measurement of a child/youth's progress towards goals is completed through the SHSS Service Plan and assessed by the child/youth's Care Circle. The Service Provider uses the Specialized Services Portal to record the child/youth's response to the questions using a rating from 1 to 5 and adds additional comments about the selected rating for each question.

	Additional information or comments include: • Why the rating from 1 to 5 was selected • Supporting information such as the child's or youth's exact words or response • Any non-verbal communication and/or use of alternative communication tools etc. Measurement of a child/youth's progress towards Goals in the SHSS Service Plan is used for reporting: • To ensure children/youth are benefiting from the service as intended. • To ensure children/youth are making progress towards their goals related to their respite stay duration. • To ensure new Goals are established on an ongoing basis as existing goals are achieved. The "**Target**" sets out the target level of performance or quality that the Service Provider must meet or exceed in relation to the Performance Standard. The "**Tolerance**" is the lowest acceptable level of performance or quality in respect of the Performance Standard. The Tolerance is also used as the threshold for Performance Standard Failures in relation to Performance Standards, as outlined in Schedule C. In alignment with service provision, steps include: 1. Gathering info throughout conversations etc. 2. Having an SHSS Care Circle meeting. 3. Reviewing progress with the group. 4. Service Provider documenting the progress. 5. Reports provided to Primary Professional, FCSD (CMTT), Resource Worker 6. Reports analyzed and acted upon by those above in consultation with Team Lead as needed. 7. Reports inform conversations/reviews as per other parts of the policy.
Process Owner	Service Provider
Participating Roles	Resource Worker Primary Professional Service Provider

Related Processes	Reviewing Monthly Check-In
Related Documents	SHSS Service Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

12.4.2 Process Map



12.4.3 Procedures

Role	Step	Description
Service Provider	1	Continuously evaluate Goals outlined in the child/youth's SHSS Service Plan with input and insight from the SHSS Care Circle and the child/youth.
Service Provider	2	Appropriately measure the progress toward Goals and Strategies based on the input of the child/youth and the Care Circle. Progress is discussed at SHSS Care Circle meetings as per the time frames indicated in the policy. *Note: Input from the child/youth is based on developmental ability* 2.1 Consult with the Primary Professional and SHSS Care Circle. 2.2 Record a rating of 1-5 in the Specialized Services Portal on the progress towards Goals, including comments.
SHSS Care Circle	3	As part of the review: • Ensure that Goals exist, make sense, and are appropriate for the child/youth. • Adapt or establish new goals if an existing goal is no longer appropriate or suitable for a child/youth. • Provide the right supports and strategies and enable the appropriate services to help the children/youth make progress towards their goals. 3.1 Record any changes/amendments/new Goals into the SHSS Service Plan.
Primary Professional	4	Collect and review Goal progress child-specific information data.
Resource Worker FCSD (CMTT)	5	Collect and review Goal progress child-specific information data and aggregate data for the Service Provider. *Note: Pending reports available from Data Warehouse, Resource Worker and FCSD (CMTT) will need a manual process.* *Note: FCSD (CMTT) will use this data for contract monitoring functions. Resource Worker will use this as part of Performance Standards and as part of 90-day reviews.* *Note: There will be gaps in reporting, for example due to the age of child (Age 0, this may impact performance metrics re: not providing reports).*

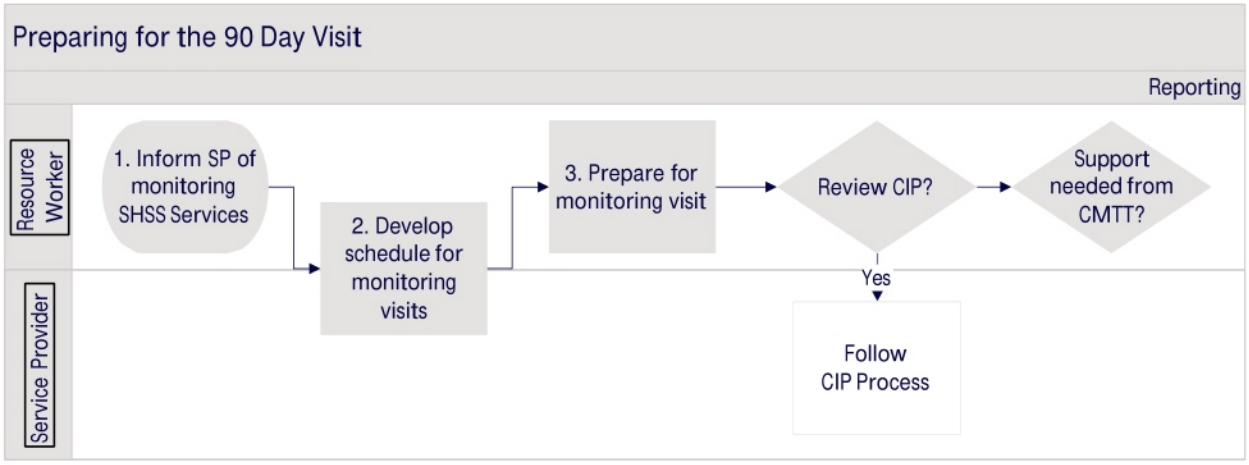
		5.1 Log into Data Warehouse to ensure measurement of goals has been completed to the minimum standard as per the Service Type contract. 5.2 Receive and review report generated from Analytics.
Resource Worker FCSD (CMTT)	6	Determine if an action or follow-up is required. Consider the targets and tolerances set out in Schedule C. 6.1 If action is required, determine the appropriate response to the performance standards in consultation with the Resource Team Leader, following the processes and approaches detailed in the Agreement (Schedule C and Schedule G).
Resource Worker	7	Document the receipt and review of Goal progress. 7.1 If action or follow-up are required, document all details of follow-up within ICM.

12.5 Preparing for 90-Day and Annual Review

12.5.1 Process Details

Purpose	Resource Workers seek feedback from Primary Professionals, review Monthly Check-In and Goal progress activities, and review the SHSS Service Plans for children/youth placed in a specific SHSS Care Setting as tools to aid in assessing the quality of the services being provided. The information collected will guide discussions about the delivery of services during the 90-Day and Annual Reviews.
Key Details	An Annual Review may take the place of a 90-day Review where policy requirements for timeframes are met.
Process Owner	Resource Worker
Participating Roles	FCSD (CMTT) Service Provider
Related Processes	Continuous Improvement Plan
Related Documents	SHSS Service Plan Aggregated Reports
Required System(s)	ICM
Prerequisite Processes	Transition-In - Net New Transition-In - Legacy
Successor Processes	None

12.5.2 Process Map



12.5.3 Procedures

Role	Step	Description
Resource Worker	1	During the Transition-In Period, inform the Service Provider of the responsibility and purpose of monitoring SHSS Services. *Note: Activities related to Transition-In Services do not replace 90-Day and Annual Review activities.*
Resource Worker	2	Develop a schedule for 90-Day and Annual Review meetings that meet the timeframes as described in MCFD Staff Policy for SHSS. 2.1 If the Monitoring visit is delayed: • Develop a plan for rescheduling the visit. • Seek approval from the Resource Team Lead. • Document the delay of the meeting, and plan to reschedule.
Resource Worker	3	Prepare for the 90-Day/Annual Review meeting by considering the following items: • Feedback from Primary Professionals who have had children/youth placed at the SHSS resource • Review the SHSS Care Plans of children/youth who have resided in the SHSS Care Setting • Aggregate reports generated from the SHSS Care Setting • The SHSS Service Provider's performance in meeting children/youth's cultural needs. • SHSS Care Setting's Continuous Improvement Plan (CIP). 3.1 If it is determined that the Resource Worker requires support with

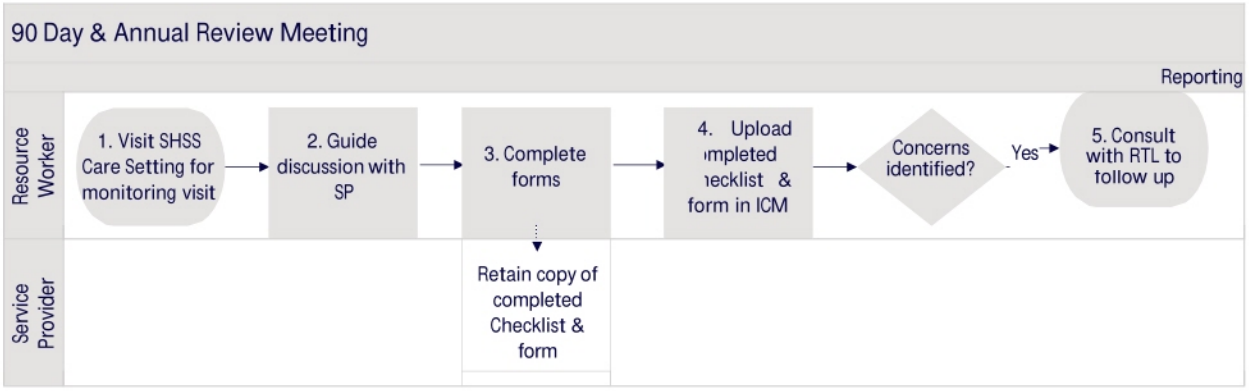
		the contractual obligations that need to be met by the SHSS Service Provider, they may consult with FCSD (CMTT). 3.2 If it is determined that it is time to review the CIP, follow the Continuous Improvement Plan process and include as part of the 90-Day/Annual Review.

12.6 90-Day and Annual Review Meeting

12.6.1 Process Details

Purpose	Meeting with the Service Provider at the SHSS Care Setting to review and monitor quality service delivery of the SHSS Service.
Key Details	As part of policy iteration, a comprehensive review and update to the 90-Day Visit, Annual Review, and Quality of Care Review policy will be completed through a collaborative process with key groups. The monitoring information below is essential for this first iteration of the SHSS policy. The updated policy will be added once complete.
Process Owner	Resource Worker
Participating Roles	Service Provider FCSD (CMTT)
Related Processes	Continuous Improvement Plan Reviewing Monthly Check-In Measuring Progress Towards Goal
Related Documents	90-Day & Annual Review Form SHSS Environment of Care Checklist Aggregate Report Continuous Improvement Plan MCFD Core Policy MCFD Staff Policy for SHSS
Required System(s)	ICM
Prerequisite Processes	Preparing for 90-Day & Annual Review
Successor Processes	Annual Performance Standards Review

12.6.2 Process Map



12.6.3 Procedures

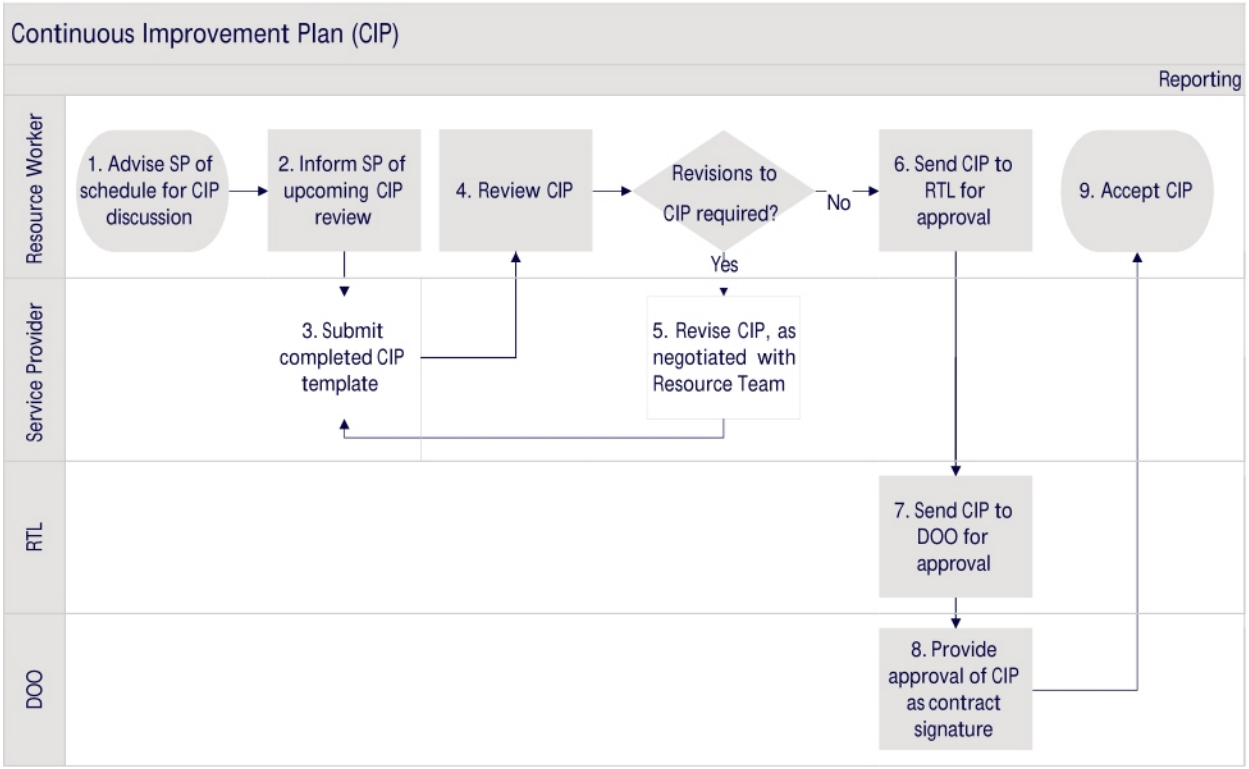
Role	Step	Description
Resource Worker	1	As per the meeting schedule, physically visit the SHSS Care setting to conduct the 90-Day or Annual Review.
Resource Worker	2	Using the information gathered in Preparing for the 90-Day and Annual Review Process, guide the discussion as per the SHSS MCFD Policy - Monitoring.
Resource Worker	3	Complete the appropriate forms: • Environmental Checklist • 90-Day or Annual Review Form 3.1 Where there are items requiring follow-up, document a plan and time frame for review.
Resource Worker	4	Provide the Service Provider with copies of completed documentation. Ensure the completed Environmental Checklist and 90-Day or Annual Review is appropriately filed in the SP-PL. 4.1 Document that the 90-Day or Annual Review meeting has occurred and any plan for required follow up.
Resource Worker	5	If concerns are identified, consult with the Resource Team Lead to determine the next steps.

12.7 Continuous Improvement Plan

12.7.1 Process Details

Purpose	The Continuous Improvement Plan (CIP) is the SHSS Service Provider's plan to continuously make their services better.
Key Details	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. The CIP includes: • Vision & Mission Statement • Training Plan for Service Provider Personnel • Professional Development of Service Provider Personnel • Community Connection & Relationship • Staff Retention & Recruitment • Cultural Safety • Identified Areas for Improvement
Process Owner	Service Provider
Participating Roles	Resource Worker DOO Service Provider
Related Processes	Transition-In Services 90 Day/Annual Review Meeting
Related Documents	MSA SHSS (SP) Continuous Improvement Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

12.7.2 Process Map



12.7.3 Procedures

Role	Step	Description
Resource Worker	1	Inform the Service Provider of their CIP schedule.
Resource Worker	2	Inform the Service Provider that a CIP review is upcoming.
Service Provider	3	Complete the CIP template (first to occur within 3 months of the effective date of the contract, and semi-annually by March 31 of each year). 3.1 At the request of the Resource Worker, submit 60 days prior to the Annual Review Visit in the Specialized Services Portal.

Resource Worker	4	Review the CIP to ensure compliance with Schedule B - Services, specific to Service Type. 4.1 Determine if it is necessary to incorporate any proposed change into the CIP, following the principles set out in Schedule G - Governance.

		Note: The Resource Worker may consult with FCSD (CMTT), as needed. If revisions are recommended, continue to **Step 5**. If no revisions are recommended, skip to **Step 6.**
Resource Worker	5	Set up a meeting to discuss and review the CIP to collaboratively amend the Service Provider's CIP submission to align with Schedule B. 5.1 Document the discussion and the proposed change. Return to **Step 2.**
Resource Worker	6	Send CIP to Resource Team Lead for approval.
Resource Team Leader	7	Send CIP to DOO for approval.
DOO	8	Receive CIP for review and approval. 8.1 Review CIP. If not approved, return to Resource Team Lead/Resource Worker to return to **Step 2.** 8.2 Approve CIP as contract signature. 8.3 Advise Resource Worker of approval.
Resource Worker	9	Advise Service Provider that the CIP for the SHSS Care Setting has been approved. 9.1 Document acceptance of the CIP and note any items to be actioned by the SHSS Care Setting. 9.2 Appropriately file the completed and accepted CIP in the SP-PL.

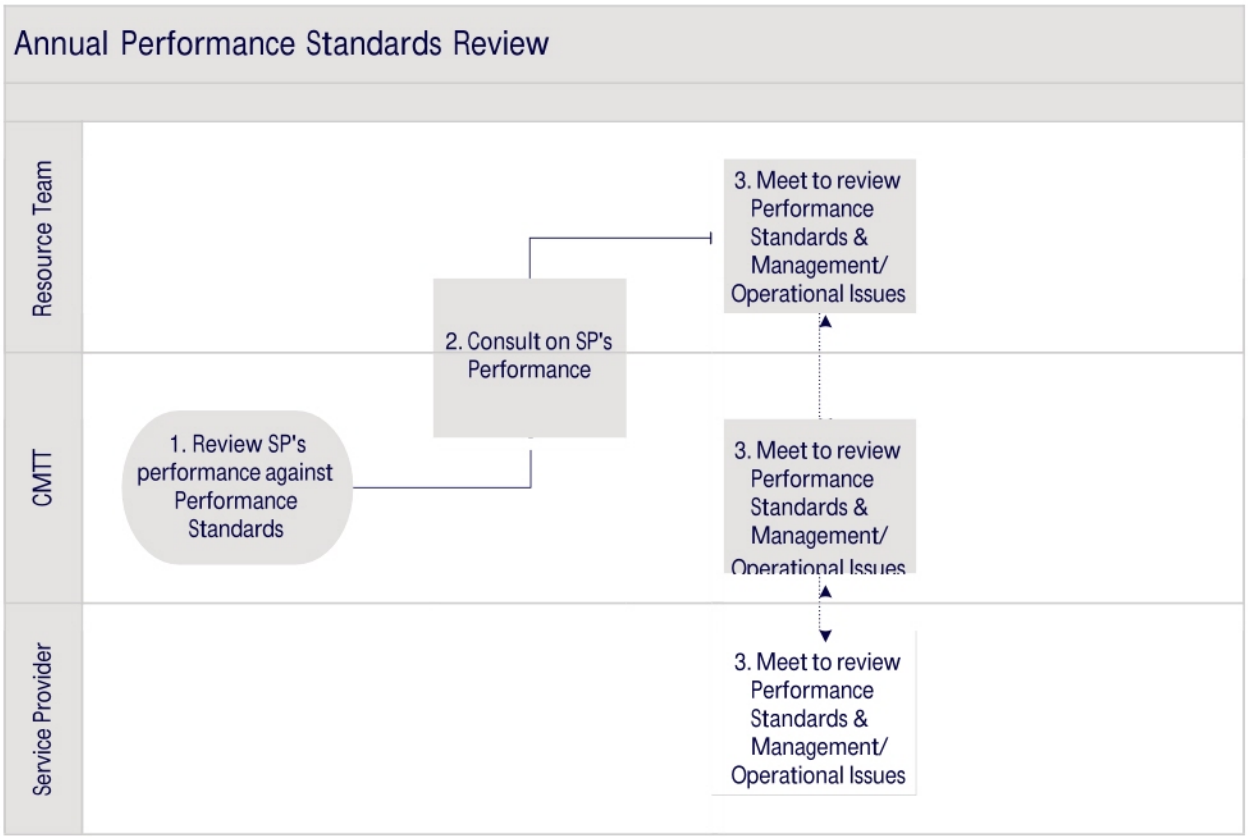
12.8 Annual Performance Standards Reviews

12.8.1 Process Details

Purpose	At least once annually as part of contract management, there will be a meeting to review: • The Performance Standards and SHSS Service Provider's performance against the Performance Standards. • Any management and operational issues relating to the Performance Standards and any related standards.
Key Details	Appendix C, specific to SHSS Service type. For each Performance Standard, the Resource Worker and FCSD (CMTT) will review the Service Provider's performance against the Performance Standards based on either the Reporting Frequency or the Calculation Frequency as determined by Schedule C2 **Detailed Performance Standards** of the contract. FCSD (CMTT) will conduct the Calculation to review the progress and attainment (i.e., whether the Service Provider has met or exceeded the Target or Tolerance) of each with the Service Provider. **Calculation Frequency** – A description of how often the Performance Standard calculation will be performed. **Reporting Frequency** – A description of how often the party with Data Input Responsibility is required to enter or submit data to the Data Source. The "**Target**" sets out the target level of performance or quality that the Service Provider must meet or exceed in relation to the Performance Standard. The "**Tolerance**" is the lowest acceptable level of performance or quality in respect of the Performance Standard. The Tolerance is also used as the threshold for Performance Standard Failures in relation to Performance Standards, as outlined in section 5 of this Schedule.
Process Owner	FCSD (CMTT)
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	90-Day and Annual Review Meeting Continuous Improvement Plan
Related Documents	MSA Schedule C MSA Schedule H
Required System(s)	ICM

	Specialized Services Portal
Prerequisite Processes	Reviewing Monthly Check-In Measuring Progress Towards Goals
Successor Processes	None

12.8.2 Process Map



12.8.3 Procedures

Role	Step	Description
FCSD (CMTT)	1	Review the Service Provider's performance of SHSS Services delivery as per Schedule C. 1.1 Gather performance data for the Performance Standards from the Data Source indicated for the Performance Standard within Schedule C2. 1.2 Review can be based on Reporting Frequency or Calculation Frequency indicated for the Performance Standard within

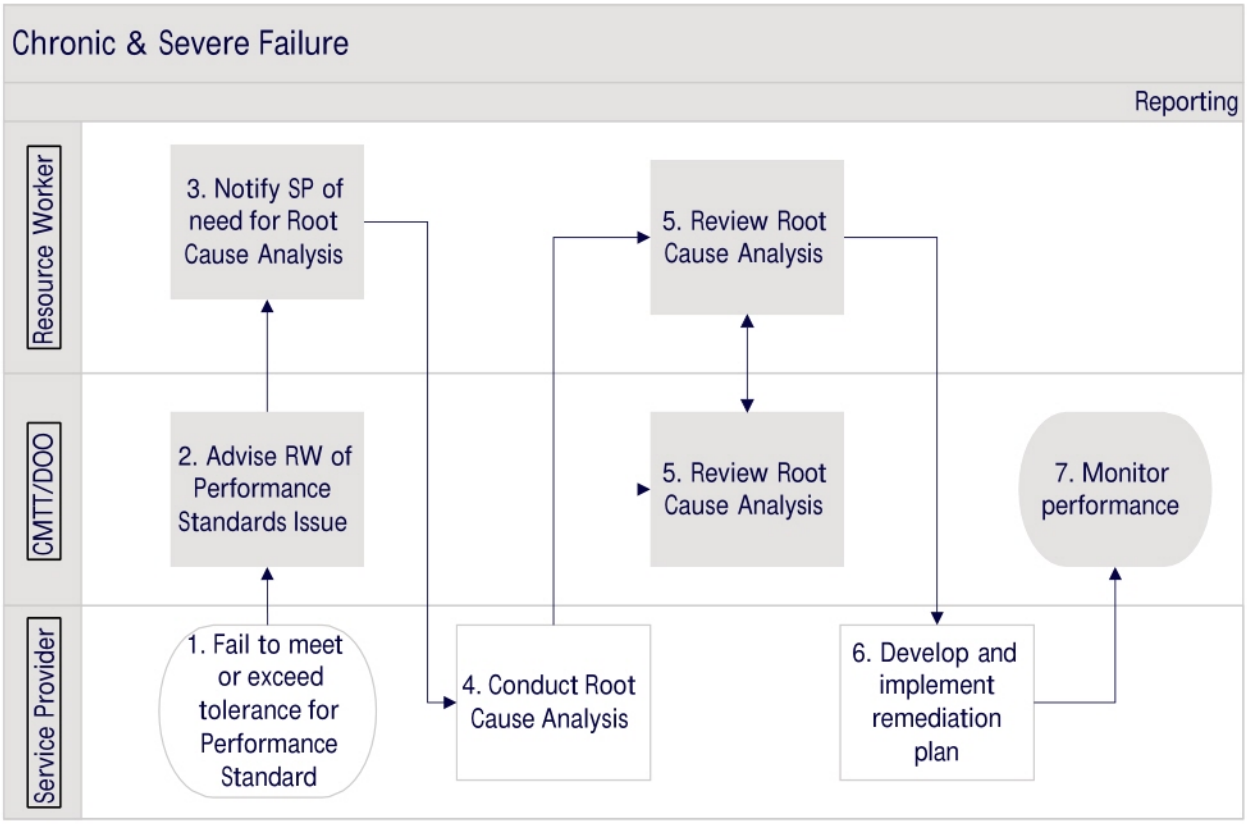
		Schedule C2. 1.3 Determine if the Service Provider is meeting or failing the Performance Standards. *Note: If the Service Provider fails to meet or exceed the Tolerance for any Performance Standard in the applicable "Calculation Frequency" period set out in Appendix C2 (each a "**Performance Standard Failure**"), there is Chronic or Severe Failure. Follow the Chronic or Severe Failure Process.*
FCSD (CMTT) Resource Team	2	Communicate as necessary to share information about the Service Provider's ongoing meeting/failure to meet Performance Standards. 2.1 Ensure concerns are flagged with the Resource Team Leader and/or DOO. 2.2 Resource Workers may reach out to FCSD (CMTT) for Performance Standards information in order to support 90 day and Annual Review conversations. *Note: Early identification of areas needing improvement will help the SHSS Service Providers to deliver quality service and collaborative working relationships.* *Note: When there are concerns developing across SHSS Care Settings for a Service Provider, ensure that the Resource Lead for the Agency is involved.*
FCSD (CMTT)	3	Set a meeting with the Service Provider and Resource Team to discuss: • The review of the Performance Standards of the SHSS Service Provider • The Performance Standards as set out by the SHSS Service Contract • Management Issues • Operational Issues • If there is a Chronic or Severe Failure 3.1 If it is decided that Performance Standards need to be amended, follow the process for Negotiated Amendments as per Schedule H. 3.2 Document occurrence of meeting and any follow-up actions. *Note: This meeting could occur as part of a 90-Day Review or Annual Review, if appropriate and if it meets review timelines.*

12.9 Chronic and Severe Failure

12.9.1 Process Details

Purpose	To identify Performance Standards that are not being met to the required tolerance in order to problem-solve and maintain quality provision of services
Key Details	This is a continuous quality improvement process where Service Providers are self- identifying and developing solutions for issues that arise in the provision of their contracted SHSS services. The intended outcome of Performance Standards reviews is to promote quality care. Collaboration between Service Providers and MCFD is designed to support success in meeting contractual obligations and providing high quality care.
Process Owner	FCSD (CMTT)
Participating Roles	Resource Worker FCSD (CMTT) DOO Service Provider
Related Processes	None
Related Documents	None
Required System(s)	ICM Specialized Supports Portal
Prerequisite Processes	Annual Performance Standards Review
Successor Processes	None

12.9.2 Process Map



12.9.3 Procedures

Role	Step	Description
FCSD (CMTT) Service Provider	1	As per Step 1 in Annual Performance Standards Review, the Service Provider fails to meet or exceed any tolerance for Performance Standards.
FCSD (CMTT)	2	Advise the Resource Worker of Performance Standards issue.
Resource Worker	3	Notify the Service Provider of a need to perform a Root Cause Analysis (RCA).
Service Provider	4	Conduct a Root Cause Analysis to determine why a Performance Standard Failure occurred. 4.1 Share the results with the Resource Team/FCSD (CMTT) for review

Resource Team FCSD (CMTT)	5	Review the Root Cause Analysis. 5.1 File the Root Cause Analysis documentation appropriately on SP-A.
Service Provider	6	Develop and implement a remediation plan that aims to prevent the re-occurrence of the Performance Standard Failure. 6.1 Resource Worker/FCSD (CMTT) support the plan to remediate failure.
FCSD (CMTT)	7	Perform a review again in a timeframe based on Schedule C "Performance Management Program" 7.1 If there is a recurrent failure, FCSD (CMTT) may follow the Default and Termination process.

APPENDIX A: GLOSSARY

"**Agreement**" means this Services Agreement made between the Service Provider and the Director, including all Schedules and Appendices attached hereto, as they may be amended from time to time in accordance with the terms hereof;

"**Applicable Laws**" means all applicable laws, including any statute, regulation or bylaw, treaty, directive, policy having the force of law, order, judgment, injunction, award or decree of any government body, that are binding on the parties (or on either party, as applicable), and in effect from time to time, or that are otherwise applicable to the performance of the Services, including for greater certainty, CFCSA, YCJA and FOIPPA and any regulations made under them;

"**Audit**" means a formal examination of the operation, practices and financial management of the Service Provider as it pertains to the CFCSA, the *Societies Act*, S.B.C. 2015, c. 18, Policies and Standards and any other Applicable Laws, standards, formal agreements and reporting requirements pertaining to this Agreement;

"**Auditor**" means an internal Provincial or external auditor, inspector, professional advisor or other representative;

"**Business Day**" means a day, other than a Saturday or Sunday or a statutory holiday, on which provincial government offices are open for normal business in British Columbia;

"**Call for Responses**" has the meaning set forth in recital C;

"**Care Plan**" means a comprehensive plan of care for a particular child created by the Director in accordance with the CFCSA and the applicable regulations (for clarity, the Care Plan is separate and distinct from the SHSS Service Plan, which is developed and maintained by the Service Provider in accordance with this Agreement);

"**Care Setting**" means the physical space (building and suite) where the Services are being delivered, as identified in this Agreement;

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

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

"**Clinical Consultation**" means the provision of advice by clinical professionals (as that term is further defined in the Policies and Standards) to Service Provider Personnel in an interactive and case-specific manner to enable Service Provider Personnel and clinical professionals to meet the specific needs or plans of a child/youth residing at the Care Setting and ensure effective approaches to their care

"**Conflict Resolution Protocol**" means the conflict resolution protocol contained in the Policies and Standards, or as otherwise established or adopted by the Ministry for contractual relationships entered into with Service Providers, as adapted by the Director (acting reasonably and in good faith), for the performance of the Services under this Agreement;

"**Continuous Improvement Plan**" or "**CIP**" is intended to outline the Service Provider's goals, plans and approaches to continuously improve SLTC Services delivery. The CIP includes the Service Provider's overall vision and mission for the SLTC Services performed at the Care Setting with corresponding performance goals and strategies);

"**Contract Document**" means all documents that are incorporated into or form part of this Agreement, whether by attachment or reference;

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

"**Dedicated Assets**" is upon expiry or termination of this Agreement for any reason, and in connection with the transfer of the responsibility for the performance of any Terminated Services to the Director or to an Other Service Provider, as designated by the Director, the Director will have the right to purchase from the Service Provider any personal property (including, for greater certainty, equipment such as mechanical beds and lifts, and modified motor vehicles), used by the Service Provider for the performance of the Terminated Services.

"**Effective Date**" is the date written at the beginning of this Agreement;

"**Event of Default**" has the meaning given in section 19.1;

"**Exit Period**" is where the Service Provider will provide the Exit Management Services during the period commencing upon the date of the Director's written request for Exit Management Services, and terminating upon the earlier of a) the completion of the Exit Management Services; or b) any termination date specified by the Director in their request for Exit Management Services

"**Facilities**" means the physical locations (excluding Province Facilities) the Service Provider uses to provide the Services;

"**Fees**" are fees payable by the Director in respect of the Services will be in the amounts and payable at the times or upon the achievement of the milestones set out;

"**FOIPPA**" and "**Freedom of Information and Protection of Privacy Act**" means the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165;

"**GAAP**" means the generally accepted accounting principles as provided in the Handbook of the Canadian Institute of Chartered Accountants;

"**Goals**" are meaningful to the child or aligned with the child's/youth's best interests, driven by the child/youth, in collaboration with the SHSS Care Circle and Primary Professional (children and youth may express Goals in different ways and with varying level of support from their SHSS Care Circle);

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

"**Guardian**" means the legal guardian of the child or children;

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

"**In Care**" means when a child/youth comes under the definition of "child in care" as defined in the CFCSA, and "**Into Care**" has the corresponding meaning;

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

"**Insolvency Event**" means any of the following: (a) an order is made, a resolution is passed or a petition is filed, for the liquidation or winding up of the Service Provider; (b) the Service Provider commits an act of bankruptcy, makes an assignment for the benefit of its creditors or otherwise acknowledges its insolvency; (c) a bankruptcy petition is filed or presented against the Service Provider or a proposal under the *Bankruptcy and Insolvency Act* R.S.C. 1985 c. B-3, or similar legislation in other jurisdictions, is made by the Service Provider; (d) a compromise or arrangement is proposed in respect of the Service Provider under the *Companies' Creditors Arrangement Act* R.S.C. 1985 c. 36, or similar legislation in other jurisdictions; (e) a receiver or receiver-manager is appointed for any of the Service Provider's property; or (f) the Service Provider ceases, in the reasonable opinion of the Director, to carry on business as a going concern;

"**Intended Outcomes**" means the outcomes that the Director strongly desires to achieve through the Services performed by the Service Provider and as outlined in **Schedule C** (*Outcomes Architecture and Performance Management*);

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

"**Monthly Amount**" has the meaning given in **Schedule F** (*Fees and Payment Model*);

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

"**Network of Care**" is as described in the Policies and Standards;

"**Non-clinical service**" include all other services that a child receives. This includes, cultural services, life skills and educational services, social emotional services and supports provided by non-clinical professionals, day-to-day care, recreation services etc. At times, it is likely that a non-clinical service provider will be asked to support the day-to-day needs of a clinical plan, but they are not clinicians. For example, a day-day SHSS Care Provider may be asked to support a child's physiotherapy Goals with daily supported exercise;

"**One-Time-Only Expenses**" means one-time operational or facility costs and expenses which are pre-approved by the Director. One-Time-Only Expenses form part of Supplemental Supports funding;

"**Operational Cost Structure**" are the funds and categories outlined in **Schedule F** (*Fees and Payment Model*) that the Service Provider utilizes to provide the Services in **Schedule B** (*Services*);

"**Other Service Provider**" means a third-party service provider (and their personnel and subcontractors) engaged or to be engaged by the Director to perform all or any part of the Services or any other products or services;

"**Outcomes**" see Intended Outcomes;

"**Payment Model**" is the methodology that will determine when and how the Service Provider is paid. See **Schedule F** (*Fees and Payment Model*);

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

"**Performance Standards**" constitute a results-based performance management program that will be managed in accordance with this Schedule and through the governance structure set out in **Schedule G**

"**Personal Information**" has the meaning given to it under FOIPPA;

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

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

"**Primary Professional**" is a delegated social worker who is most responsible for active management and support planning for a child or youth residing in a Care Setting and their family. In some cases, such as children and youth In-Care, the Primary Professional is likely their Guardianship Worker. In other cases, such as children and youth Not-in-Care and who are eligible for CYSN Disability Services, the Primary Professional is their CYSN worker;

"**Program Costs**" means the cost elements of the Operational Cost Structure;

"**Province**" means the His Majesty the King, In Right of the Province of British Columbia;

"**Province Facilities**" means physical office space and other facilities owned, occupied, leased or otherwise under the control of the Province, or otherwise used or accessed to provide services to children/youth;

"**Province IT Infrastructure**" means the information technology and information management systems, including the Portal, or parts thereof, which are owned and operated by the Director, or by third parties on behalf of the Director, and which may include shared resources which are used by the Director to support and deliver other services;

"**Record**" means a record as defined in the Freedom of Information and Protection of Privacy Act that is made under the Child Family and Community Service Act and is in the custody or control of the Director;

"**Resource Workers**" are delegates of the Director, with primary responsibility for developing and maintaining the SHSS Program on behalf of the Director, including monitoring services provided by the Service Provider at the Care Setting, and overseeing adherence to Policy and Standards;

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

"**Service Provider**" has the meaning given to it at the beginning of this Agreement;

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

"**Service Provider Records**" means all accounting and administrative (including human resources) records, books of account, invoices, receipts or vouchers produced or received by the Service Provider or any Subcontractor pertaining to the Services as a result of this Agreement;

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

"**SHSS Care Circle**" means a group of trusted people who have knowledge of a child/youth and their strengths and needs;

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

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

"**SHSS Service Plan**" is a technology-enabled plan designed to guide the Services delivery and ensure the child/youth has one SHSS plan by integrating the child/youth's existing plans (e.g. My Support Plan, CYMH Plan, Care Plan, etc.).

"**Specialized Services Portal**" has the same meaning as the defined term "**Portal**" (see above);

"**Strategies**" are measurable and provide actionable steps developed by the Service Provider and the SHSS Care Circle to meet the Goals of the child/youth. They are aligned with the child's/youth's needs and interests and evaluated and updated with the SHSS Care Circle quarterly or as needed;

"**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;

"**Taxes**" means any and all taxes, fees, levies, or other assessments, including federal, provincial, local, or foreign income, capital, profits, excise, real or personal property, sales (including PST), Withholding Taxes, social security, occupation, use, services, value added (and for greater clarification, including GST and PST), license, net worth, payroll, franchise, severance, stamp, transfer, registration, premium, windfall, environmental, customs, duties, unemployment, disability, or any similar taxes imposed by any taxing authority together with any interest, penalties or additions to tax and additional amounts imposed with respect thereto (including any fee or assessment or other charge in the nature of or in lieu of any tax) in each case, whether imposed by law or otherwise, and any liability in respect of any tax as a result of being a member of any affiliated, consolidated, combined, unitary or similar group;

"**Terminated Services**" means (i) if this Agreement has expired or has been terminated, all Services provided under this Agreement on the effective date of termination or expiry; or (ii) at any other time during the Term, any Services that the Director has notified the Service Provider in writing that they no longer wish the Service Provider to provide;

"**Trauma-informed**" means integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work;

"**Variable Amount**" are pre-authorized, One-Time-Only Costs required to operate the facility and provide the Services within this contract. Authorization for these costs is obtained through the processes described in **Schedule E** (*Policies and Standards*).

APPENDIX B: PROCESS BY ROLE - DETAILED

Resource Worker

Transition-In Processes – SHSS Contracts

7.1	Transition-In Legacy
7.2	Transition-In Net New

SHSS Services and Planning

8.1	Determining SHSS Services
8.2	Referral into SHSS Services
8.3	After-Hours Emergency Placement
8.4	SHSS Service Provider Placement
8.5	Summary of Approach
8.6	Intake Meeting
8.9	Submission & Approval of SHSS Service Plan
8.11	Ongoing SHSS Service Planning
8.12	Requesting Additional Supports

Contract Management - Amendments

9.1	Negotiated Amendment
9.2	Ordinary-Course Amendment
9.3	Mandatory Amendment - Actual/Imminent
9.4	Mandatory Amendment - Other
9.5	Time Sensitive Amendment

Contract Management - Other

10.1	Reportable Incidents
10.5	Exit Management

Financial Processes

11.1	Transition-In Legacy
11.2	Transition-In Net New
11.3	Payment Set Up/Adjustment
11.4	Additional Supports: Funding Request

Reporting

12.1	Daily Log
12.2	Reviewing Monthly Check-In
12.3	Determining Child Specific Follow Up
12.4	Measuring Progress Towards Goals
12.5	Preparing for 90-Day and Annual Review
12.6	90-Day and Annual Review Meeting
12.7	Continuous Improvement Plan (CIP)
12.8	Annual Performance Standards Review
12.9	Chronic and Severe Failure

Primary Professional

SHSS Services and Planning

8.1	Determining SHSS Services
8.2	Referral into SHSS Services
8.3	After-Hours Emergency Placement
8.4	SHSS Service Provider Placement
8.5	Summary of Approach
8.6	Intake Meeting
8.7	Establishing the Care Circle
8.9	Submission & Approval of SHSS Service Plan
8.10	Review & Maintain SHSS Service Plan
8.11	Ongoing SHSS Service Planning
8.12	Requesting Additional Supports
8.13	Transition-Out Planning

Financial Processes

11.4	Additional Supports: Funding Request

Reporting

12.1	Daily Log
12.2	Reviewing Monthly Check-In
12.3	Determining Child Specific Follow Up
12.4	Measuring Progress Towards Goals

Resource Team Lead

Transition-In Processes – SHSS Contracts

7.1	Transition-In Legacy
7.2	Transition-In Net New

SHSS Services and Planning

8.1	Determining SHSS Services
8.2	Referral into SHSS Services
8.12	Requesting Additional Supports

Contract Management - Amendments

9.1	Negotiated Amendment

Contract Management - Other

10.5	Exit Management

Financial Processes

11.1	Transition-In Legacy
11.2	Transition-In Net New
11.4	Additional Supports: Funding Request

DOO

Transition-In Processes – SHSS Contracts

7.1	Transition-In Legacy
7.2	Transition-In Net New

SHSS Services and Planning

8.12	Requesting Additional Supports

Contract Management - Amendments

9.1	Negotiated Amendment

Contract Management - Other

10.3	Temporary Suspension of Services
10.4	Default and Termination
10.5	Exit Management

Financial Processes

11.1	Transition-In Legacy
11.2	Transition-In Net New
11.5	Financial Review - 6 Months
11.6	Unspent Funds Management

Reporting

12.7	Continuous Improvement Plan (CIP)
12.8	Annual Performance Standards Review
12.9	Chronic and Severe Failure

FCSD (CMTT)

Transition-In Processes – SHSS Contracts

7.1	Transition-In Legacy
7.2	Transition-In Net New

Contract Management - Amendments

9.1	Negotiated Amendment

Contract Management - Other

10.3	Temporary Suspension of Services
10.5	Exit Management

Financial Processes

11.1	Transition-In Legacy
11.2	Transition-In Net New
11.3	Payment Set Up/Adjustment
11.5	Financial Review - 6 Months
11.6	Unspent Funds Management
11.7	Financial Audit - External

Reporting

12.3	Determining Child Specific Follow Up
12.7	Continuous Improvement Plan (CIP)
12.8	Annual Performance Standards Review
12.9	Chronic and Severe Failure

Service Provider

Transition-In Processes – SHSS Contracts

7.1	Transition-In Legacy
7.2	Transition-In Net New

SHSS Services and Planning

8.4	SHSS Service Provider Placement
8.5	Summary of Approach
8.6	Intake Meeting
8.7	Establishing the Care Circle
8.8	Creating the SHSS Service Plan
8.10	Review & Maintain SHSS Service Plan
8.11	Ongoing SHSS Service Planning
8.12	Requesting Additional Supports
8.13	Transition-Out Planning

Contract Management - Amendments

9.1	Negotiated Amendment
9.2	Ordinary-Course Amendment
9.3	Mandatory Amendment - Actual/Imminent
9.4	Mandatory Amendment - Other
9.5	Time Sensitive Amendment

Contract Management - Other

10.1	Reportable Incidents
10.3	Temporary Suspension of Services
10.4	Default and Termination
10.5	Exit Management

Financial Processes

11.1	Transition-In Legacy
11.2	Transition-In Net New
11.3	Payment Set Up/Adjustment
11.4	Additional Supports: Funding Request
11.5	Financial Review - 6 Months
11.6	Unspent Funds Management
11.7	Financial Audit - External
11.8	Financial Audit - Director Appointed

11.8	Financial Audit - Director Appointed

Repo ting	
12.2	Reviewing Monthly Check-In
12.4	Measuring Progress Towards Goals
12.8	Annual Performance Standards Review
12.9	Chronic and Severe Failure

FCSD	
Financial Processes	
11.5	Financial Review - 6 Months

Accounts Payable	
Financial Processes	
11.2	Transition-In Net New
11.3	Payment Set Up/Adjustment
11.4	Additional Supports: Funding Request

Repo ting	
12.1	Daily Log
12.2	Reviewing Monthly Check-In
12.4	Measuring Progress Towards Goals
12.5	Preparing for 90-Day and Annual Review
12.6	90-Day and Annual Review Meeting
12.7	Continuous Improvement Plan (CIP)
12.8	Annual Performance Standards Review
12.9	Chronic and Severe Failure

Director, FA & A	
Financial Processes	
11.8	Financial Audit - Director Appointed

Analytics	
Reporting	
12.2	Reviewing Monthly Check-In

APPENDIX C: PROCESS BY GROUP - DETAILED

Resource Team

Transition-In Processes – SHSS Contracts

7.1	Transition-In Legacy
7.2	Transition-In Net New

SHSS Services and Planning

8.2	Referral into SHSS Services
8.12	Requesting Additional Supports

Contract Management - Amendments

9.1	Negotiated Amendment

Contract Management - Other

10.5	Exit Management

Financial Processes

11.1	Transition-In Legacy
11.2	Transition-In Net New
11.3	Payment Set Up/Adjustment
11.4	Additional Supports: Funding Request

Reporting

12.7	Continuous Improvement Plan (CIP)
12.8	Annual Performance Standards Review
12.9	Chronic and Severe Failure

Care Circle

SHSS Services and Planning

8.8	Creating the SHSS Service Plan
8.10	Review & Maintain SHSS Service Plan

Reporting

12.4	Measuring Progress Towards Goals

Priority Service Committee

SHSS Services and Planning

8.2	Referral into SHSS Services

After Hours Staff

SHSS Services and Planning

8.3	After-Hours Emergency Placement

Specialized Homes and Support Services (SHSS)

SHSS Guidebook for Service Providers

Ministry of Children and Family Development

Created Date: March 31, 2023
Last Updated: May 21, 2024

TABLE OF CONTENTS

TABLE OF CONTENTS II
1.0 DOCUMENT OWNER 1
2.0 PURPOSE 1
3.0 INTENDED AUDIENCE 2
4.0 KEY SYSTEMS AND MATERIALS 2
4.1 SYSTEMS 2
4.2 DOCUMENTS 3
4.3 FORMS 3
5.0 TRANSITION-IN – SHSS CONTRACTS 4
5.1 TRANSITION-IN - LEGACY 4
5.1.1 PROCESS DETAILS 4
5.1.2 PROCESS MAP 5
5.1.3 PROCEDURES 5
5.2 TRANSITION-IN - NET NEW 7
5.2.1 PROCESS DETAILS 7
5.2.2 PROCESS MAP 8
5.2.3 PROCEDURES 8
6.0 SHSS SERVICES AND PLANNING 10
6.1 SHSS SERVICE PROVIDER PLACEMENT 10
6.1.1 PROCESS DETAILS 10
6.1.2 PROCESS MAP 11
6.1.3 PROCEDURES 11
6.2 SUMMARY OF APPROACH FOR TRANSITION INTO SHSS SERVICES 13
6.2.1 PROCESS DETAILS 13
6.2.2 PROCESS MAP 14
6.2.3 PROCEDURES 14
6.3 INTAKE MEETING 16
6.3.1 PROCESS DETAILS 16
6.3.2 PROCESS MAP 16
6.3.3 PROCEDURES 17
6.4 ESTABLISHING THE SHSS CARE CIRCLE 18
6.4.1 PROCESS DETAILS 18
6.4.2 PROCESS MAP 19
6.4.3 PROCEDURES 19
6.5 CREATING THE SHSS SERVICE PLAN 20
6.5.1 PROCESS DETAILS 21
6.5.2 PROCESS MAP 22
6.5.3 PROCEDURES 22
6.6 REVIEWING & MAINTAINING THE SHSS SERVICE PLAN 23
6.6.1

Process Detail 23
6.6.2 Process Map 24
6.6.3 Procedures 24
6.7 Ongoing SHSS Service Planning 25
6.7.1 Process Details 25
6.7.2 Process Map 26
6.7.3 Procedures 26
6.8 Requesting Additional Supports 27
6.8.1 Process Details 28
6.8.2 Process Map 29
6.8.3 Procedures 30
6.9 Transition-Out Planning 31
6.9.1 Process Details 31
6.9.2 Process Map 32
6.9.3 Procedures 32
7.0 Contract Management - Amendments 34
7.1 Negotiated Amendment 34
7.1.1 Process Details 34
7.1.2 Process Map 35
7.1.3 Procedures 36
7.2 Ordinary Course Amendment 37
7.2.1 Process Details 37
7.2.2 Process Map 38
7.2.3 Procedures 38
7.3 Mandatory Amendment – Actual or Imminent Threat 39
7.3.1 Process Details 39
7.3.2 Process Map 39
7.3.3 Procedures 40
7.4 Mandatory Amendment - Other 40
7.4.1 Process Details 40
7.4.2 Process Map 41
7.4.3 Procedures 41
7.5 Time Sensitive Amendment 42
7.5.1 Process Details 42
7.5.2 Process Map 42
7.5.3 Procedures 43
8.0 Contract Management – Other 44
8.1 Reportable Incidents 44
8.1.1 Process Details 44
8.1.2 Process Map 45
8.1.3 Procedures 45
8.2

Temporary Suspension of Services 46
8.2.1 Process Details 46
8.2.2 Process Map 47
8.2.3 Procedures 47
8.3 Default and Termination 48
8.3.1 Process Details 48
8.3.2 Process Map 49
8.3.3 Procedures 49
8.4 Exit Management 50
8.4.1 Process Details 50
8.4.2 Process Map 51
8.4.3 Procedures 51
9.0 Financial Processes 53
9.1 Transition-In - Legacy 53
9.1.1 Process Details 53
9.1.2 Process Map 54
9.1.3 Procedures 54
9.2 Transition-In Net New 55
9.2.1 Process Details 55
9.2.2 Process Map 56
9.2.3 Procedures 56
9.3 Payment Set Up /Assessing Need for Adjustment 57
9.3.1 Process Details 57
9.3.2 Process Map 58
9.3.3 Procedures 58
9.4 Additional Supports: Funding Request 60
9.4.1 Process Details 60
9.4.2 Process Map 61
9.4.3 Procedures 61
9.5 Financial Review – 6 Months 62
9.5.1 Process Details 62
9.5.2 Process Map 63
9.5.3 Procedures 63
9.6 Unspent Funds Management 64
9.6.1 Process Details 64
9.6.2 Process Map 65
9.6.3 Procedures 65
9.7 Financial Audit - External 66
9.7.1 Process Details 66
9.7.2 Process Map 67
9.7.3 Procedures 67
9.8

Financial Audit - Director Appointed 68
9.8.1 Process Details 68
9.8.2 Process Map 69
9.8.3 Procedures 69
10.0 Reporting Processes 70
10.1 Requesting the Daily Log 70
10.1.1 Process Details 70
10.1.2 Process Map 71
10.1.3 Procedures 71
10.2 Reviewing Monthly Check-In 72
10.2.1 Process Details 73
10.2.2 Process Map 74
10.2.3 Procedures 74
10.3 Measuring Progress Towards Goal 76
10.3.1 Process Details 76
10.3.2 Process Map 78
10.3.3 Procedures 78
10.4 Preparing for 90-Day and Annual Review 80
10.4.1 Process Details 80
10.4.2 Process Map 80
10.4.3 Procedures 81
10.5 90-Day and Annual Review Meeting 82
10.5.1 Process Details 82
10.5.2 Process Map 82
10.5.3 Procedures 83
10.6 Continuous Improvement Plan 84
10.6.1 Process Details 84
10.6.2 Process Map 85
10.6.3 Procedures 85
10.7 Annual Performance Standards Reviews 87
10.7.1 Process Details 87
10.7.2 Process Map 88
10.7.3 Procedures 88
10.8 Chronic and Severe Failure 90
10.8.1 Process Details 90
10.8.2 Process Map 91
10.8.3 Procedures 91
Appendix A: Glossary 93

1.0 Document Owner

The SHSS Guidebook for Service Providers is intended to be a living document and will be updated to reflect current needs, policies, and practices. MCFD will provide Service Providers the most up to date version.

Updates to processes need to be consulted and approved by the process owner (identified in the Process Details of each section).

Notification of these updates will be directed to the document owner, the Learning and Development Branch.

2.0 Purpose

This document, the SHSS Guidebook, outlines the specific steps and procedures for SHSS business processes. It serves as a guide for Service Providers to follow in order to ensure consistency and efficiency in conducting the process which will help support an agency delivering the SHSS Services.

Each section will be broken out into 3 parts: Process Details, Process Map and Procedures

A brief overview of each section is as follows:

Process Details

Purpose	Provide a clear, detailed purpose statement.
Key Details	Provide any key details that support the process.
Process Owner	Role that is the key owner of the process and responsible for any updates and/or edits to the process.
Participating Roles	Roles that are identified within the steps of the process and hold responsibility for the completeness of the step .
Related Processes	Related processes within the Guidebook that are a subset. Process will be identified with a link to the related process which may have other roles required.
Related Documents	Any related documents that help support or guide decision in the step.
Required System(s)	System that is required to input and/or retrieve content.
Prerequisite Processes	Related process that is required to be completed prior to the process currently on.

Successor Processes	Related process that is required to occur after to finalize the entire process in its entirety.

Process Map

A visual that provides a high-level overview of each step with the related number identified in the procedures.

Procedures

- Detailed description of each step in the process, including inputs, outputs, and any decision points
- Assign a person responsible for each step
- Identify any dependencies or prerequisites for the process to be completed
- Include any relevant forms, templates, or documents needed for the process

The SHSS Guidebook will help streamline processes, minimize errors, and improve overall performance. Additionally, it also serves as a training tool for new employees, providing them with the information and guidance they need to carry out the process effectively.

Legend

Represents consultation requirement.

3.0 Intended Audience

The intended audience for this Guidebook includes Service Providers and individuals who participate directly in SHSS activities for MCFD.

4.0 Key Systems and Materials

This is a high-level overview of the related systems and documents that will be referenced for support and/or guidance throughout steps within the procedures. Each section will indicate the specific system(s) and materials required that is related to the process overall.

4.1 Systems

- Procurement Contract Management System (PCMS)
- Integrated Case Management System (ICM)
- Specialized Services Portal (SSP)
- Corporate Data Warehouse (CDW)

4.2 Documents

- SHSS Master Service Agreement (MSAs) and Schedules (8 contracts in total)
- MCFD Core Policy
- MCFD Staff Policy for SHSS; Appendices MCFD Staff Policy for SHSS
- Service Provider Operational Policy for SHSS; Appendices SHSS Service Provider Operational Policy
- Forms/Tools/Templates listed below (NOTE: Please refer to the Service Provider Learning Site for an up-to-date list of forms/tools/templates)

4.3 Forms

Form	Location
SHSS (SP) Continuous Improvement Plan Template	SP Learning Site
SHSS (SP) Staffing Schedule Template	SP Learning Site
SHSS (SP) Transition Plan Template	SP Learning Site
SHSS Profile Assignment Template	SP Learning Site
SHSS (SP) Complaints Reporting From	SP Learning Site
SHSS (SP) Contract Meeting Template - Legacy	SP Learning Site
SHSS (SP) Reportable Incident Reporting Form	SP Learning Site
SHSS (SP) Request for Amendment Form	SP Learning Site
SHSS (SP) Transition-In Completion Certificate – Net New	SP Learning Site
SHSS (SP) Transition-In Plan Template – Net New	SP Learning Site
SHSS Root Cause Analysis	SHSS Service Provider Operational Policy - Appendices
SHSS (SP) Stage 1 Budget Tool - Legacy	SP Learning Site
SHSS (SP) Stage 2 Costing Tool - Legacy	SP Learning Site
SHSS Costing Tool for Net New Contracts	SP Learning Site
SHSS Environment of Care Checklist	Ministry Use
SHSS 90 Day and Annual Review	Ministry Use

5.0 TRANSITION-IN – SHSS CONTRACTS

The following processes and procedures are reflected in the activities required to complete the Transition-in period.

For the Financial Processes associated with Transition-In, see Financial Processes (Transition In)

5.1 Transition-In - Legacy

Within 60 days, the SHSS Service Provider designs and implements a project management program, "Transition-in Plan," to bring its practices and procedures into full compliance with the Services Agreement within 18 months from the effective date.

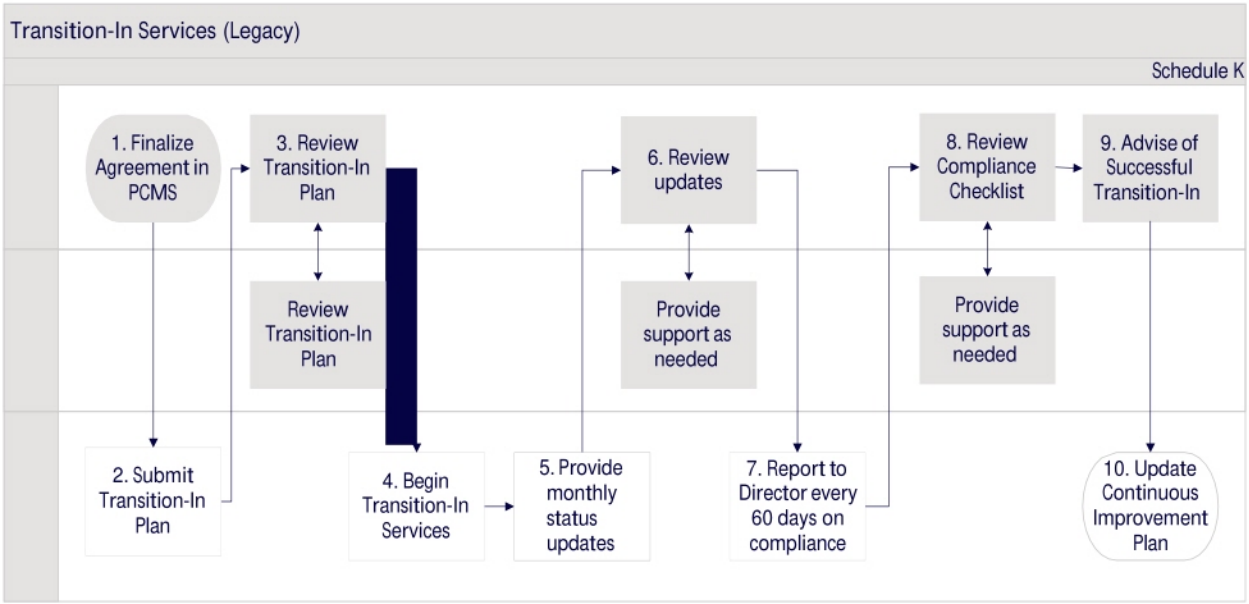
5.1.1 Process Details

Purpose	The Resource Worker will oversee and support the SHSS Service Provider as they action 'Transition-In Services' and will ensure their compliance with Schedule K of the Agreement and with the 'Transition-In Plan' (SHSS Service Provider Policy, Appendix L).
Key Messages	The Service Provider will comply with: • more than 50% of the items listed in Table 1 in Schedule K within 12 months of the Effective Date; and • 100% of the items in Table 1 in Schedule K before the end of the Transition-In Period. Failure to meet the above milestones will be treated as an Event of Default.
Process Owner	Resource Worker
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	Transition-In Financial Legacy Contract Transition (FCSD (CMTT) Guidebook)
Related Documents	MSA Schedule K SHSS Service Provider Operational Policy SHSS (SP) Transition-In Plan Template – Legacy Continuous Improvement Plan SHSS Transition-In Status Updating and Monitoring - Legacy
Required System(s)	PCMS ICM Specialized Services Portal
Prerequisite Processes	None

Successor Processes	Contractual obligations are now met; proceed with either 1) New Children/Youth – Referral into SHSS Services, or

	2) Existing Children/Youth – Establishing the SHSS Care Circle

5.1.2 Process Map



5.1.3 Procedures

Role	Step	Description
Resource Worker	1	Finalize Services Agreement in PCMS.
Service Provider	2	Using the template in the SHSS Service Provider Operational Policy, develop an approach to perform the Transition-In Services, as per Schedule K in the Services agreement. (SHSS (SP) Transition-In Plan Template – Legacy) 2.1 Consult with the Resource Worker as needed. 2.2 Submit the completed plan to the Resource Worker within 60 days of the Effective Date.
Resource Team	3	In consultation with FCSD (CMTT), review the final Transition-In Plan. 3.1 Discuss potential feedback to be given or if approval is appropriate.
Service Provider	4	Commence the Transition-In services listed in the Compliance Checklist (Table 1, of Schedule K) in accordance with the approach and dates set out in the Transition-In plan.

		This process is ongoing throughout the transition-in period.
Service Provider	5	At monthly intervals, meet with the Resource Team and provide a written status update regarding progress towards completing the Transition-In Plan.
Resource Team	6	Review and participate in monthly status updates. Complete the SHSS Transition-In Status Updated and Monitoring – Legacy Template to track the status. 6.1 Consult with FCSD (CMTT) as needed for providing additional support to the Service Provider. 6.2 Provide additional support as determined. 6.3 Document support provided. *Note: **Steps 4 and 5** are completed on a monthly basis for the duration of the Transition-In period.*
Service Provider	7	Send a report to Resource Worker every 60 days on compliance for each component on the Compliance Checklist, marking it as "compliant" or "non-compliant".
Resource Team	8	Review the Compliance Checklist progress, as received every 60 days. Complete the SHSS Transition-In Status Updated and Monitoring – Legacy Template to track the status. 8.1 If there are items that do not meet compliance, consult with FCSD (CMTT) and review the Transition-In plan. Advise on changes to the approach, as necessary. 8.2 Document all issues of non-compliance and follow-up actions. 8.3 Consult with Team Leader and DOO if there are non-compliance issues that are impeding progress in meeting Transition-In plans; consult with Resource Leads across Places of Service to assess Agency-wide issues as necessary and determine if a broader follow-up plan is required. 8.4 Consult with FCSD (CMTT) if needed to determine if an Event of Default has taken place. *Note: The goal is to support Service Providers to meet their transition-in planning requirements.* *Note: **Steps 6 and 7** are completed every 60 days for the duration of the Transition-In period.*

Resource Team	9	Advise the Service Provider of successful Transition-In Services completion. 9.1 Document the completion of the Transition-In period, and any Identified Areas of Improvement.
Service Provider	10	Update Continuous Improvement Plan to include Identified Areas of

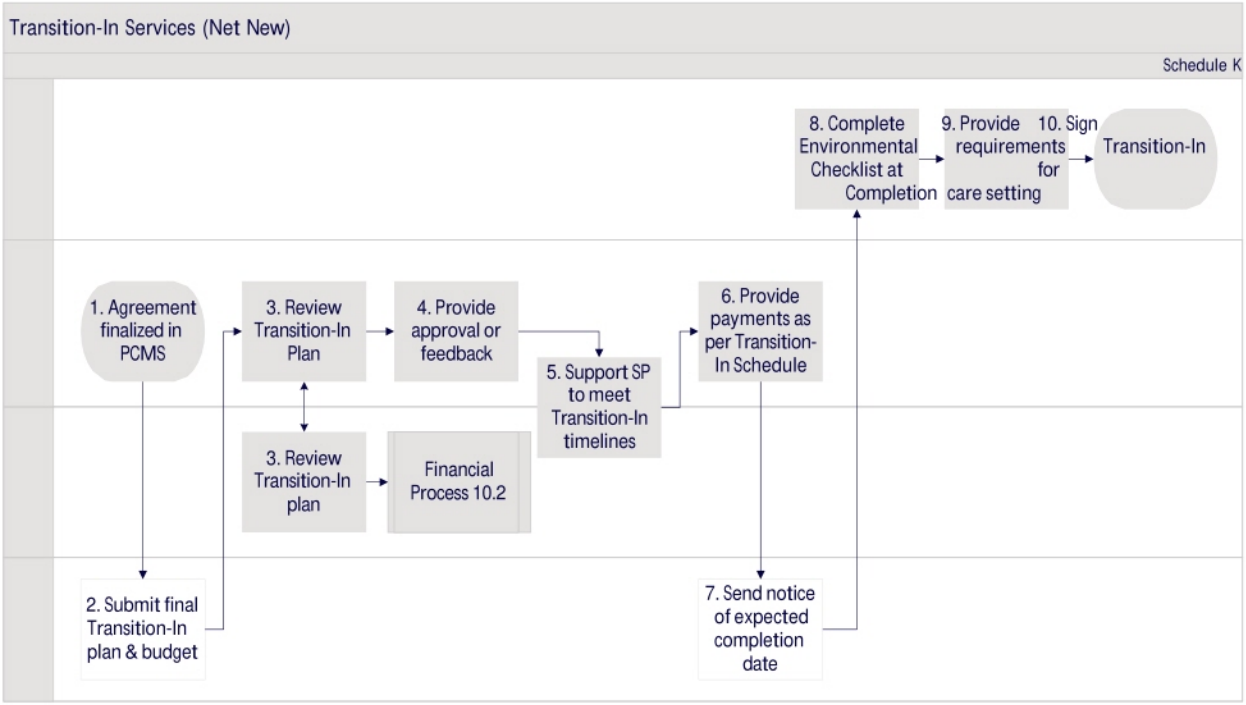
		Improvement within 3 months and send to Resource Worker.

5.2 Transition-In - Net New

5.2.1 Process Details

Purpose	The Transition-In period is followed to ensure that new SHSS Service Providers arrange their operations and prepare their facilities to perform SHSS Services at a new Care Setting. Once the period is successfully completed, the SHSS Service Provider is responsible for the performance of SHSS Services as per the Service Agreement.
Key Details	None
Process Owner	Resource Team & FCSD (CMTT)
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	Financial Transition-In Net New Service Provider Draw Down
Related Documents	SHSS (SP) Transition-In Plan Template – Net New SHSS (SP) Transition In Completion Certificate – Net New MSA Schedule K SHSS Environment of Care Checklist
Required System(s)	PCMS ICM
Prerequisite Processes	Contract Authoring
Successor Processes	Referral into SHSS

5.2.2 Process Map



5.2.3 Procedures

Role	Step	Description
Resource Team	1	Finalize the agreement in PCMS, as per Policy, specifying Transition-In period dates.
Service Provider	2	Within 5 business days from the Effective Date of the contract, submit a final SHSS (SP) Transition-In Plan Template – Net New (consistent with the Transition-In Plan included in the response to CFR) to the Resource Team.
Resource Team FCSD (CMTT)	3	In consultation with FCSD (CMTT), review the final Transition-In Plan. 3.1 Discuss potential feedback to be given or if approval is appropriate. 3.2 FCSD (CMTT) to review budget as per Financial Process.
Resource Team	4	Provide approval or feedback to the Service Provider within 10 business days of receipt of the final transition plan.
Resource Team FCSD (CMTT)	5	Support the Service Provider as needed to meet their Transition In timelines. Resource Team ensures the appropriate processes are in place to monitor the Service Provider's progress through: • Requesting reports as and when needed. • Setting meetings as and when needed.

Resource Team	6	Provide payments as per the Transition In schedule (see Financial section). Payment timeframes are agreed upon during service agreement finalization stage and will be either: • *Option 1*: based on 90-day Transition-In period, instalments of a % of total payment maximum on the effective date at the end of month 1 and 2, and then balance of actual unpaid costs; or • *Option 2*: released upon completion of the Transition-in Services.
Service Provider	7	Notify Resource Team of the expected date that the Transition-In Services (at least 10 days notice) will be completed. Provide Resource Team with a signed copy of the SHSS (SP) Transition-In Completion Certificate – Net New.
Resource Worker	8	Upon receipt of the Transition-In Completion Certificate, schedule a site visit to the SHSS Care Setting to confirm that the Transition In activities are complete and that the Service Provider can begin to receive placements. *Note: This visit includes the completion of the SHSS Environment of Care Checklist.*
Resource Worker	9	Based on the on-site Care Setting Meeting, if the Resource Team cannot sign off on the completion certificate, any further direction or instruction should be provided to the Service Provider in order to complete the Transition-In Plan. 9.1 Document direction given to Service Provider. Complete **Step 8** above once Service Provider advises that any further action required to complete Transition-In has been finalized.
Resource Worker	10	When confident that all Transition In activities are complete, Sign the SHSS (SP) Transition-In Completion Certificate – Net New. 10.1 Advise the Service Provider that the Transition-In Period has been successfully completed. 10.2 Document the end of the Transition-In Period. 10.3 Update ICM to reflect that Transition In is completed.

6.0 SHSS Services and Planning

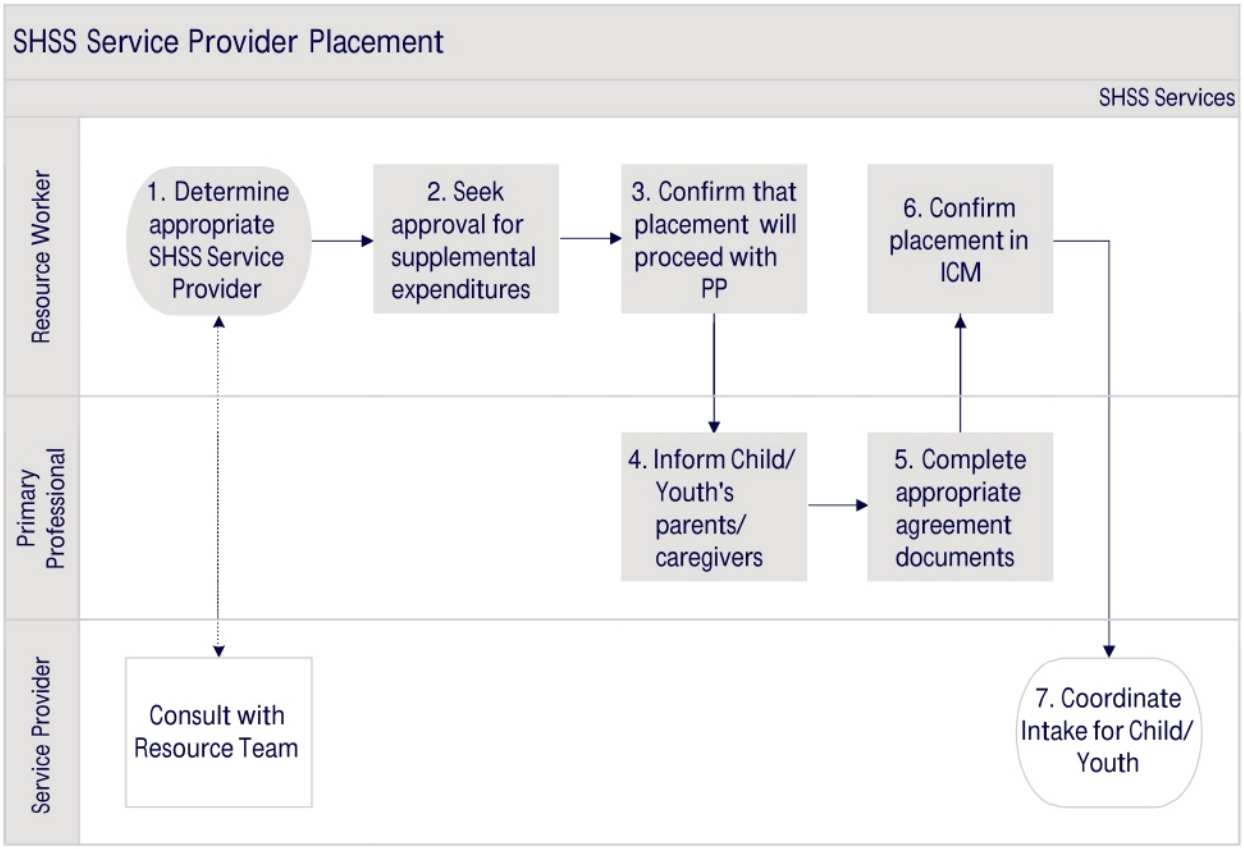
This section will help assist MCFD staff to determine when a child/youth require access to a SHSS Service Type, and how referrals and decisions on prioritization of services are conducted.

6.1 SHSS Service Provider Placement

6.1.1 Process Details

Purpose	Selecting the appropriate SHSS Service Provider, including collaboration with Service Provider, Primary Professional, and Resource Worker to determine if any additional supports are needed to support a successful placement.
Key Details	Resource Worker may consult with multiple SHSS Service Providers at one time regarding the same child/youth to determine which placement will best meet the needs of the child/youth.
Process Owner	Resource Worker
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	Requesting Additional Supports
Related Documents	MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy Schedule K: Transition-in, Appendix B Referral Document SHSS Referral Document Service Agreement Notice of Significant Measures
Required System(s)	Specialized Services Portal ICM
Prerequisite Processes	Referral into SHSS Service
Successor Processes	Summary of Approach for Transition into SHSS Services

6.1.2 Process Map



6.1.3 Procedures

Role	Step	Description
Resource Team	1	Determine appropriate SHSS Service Provider. 1.1 Consult with Resource Team Lead on selection of SHSS Service Provider. 1.2 Contact appropriate SHSS Service Provider to discuss: • Vacancy at the Care Setting to accommodate the referred child or youth. • Circumstances of the Child/Youth. • Appropriate matching. • Potential Additional Supports/Supplemental Expenditures required (if Additional Supports are identified, use process "Additional Supports"). 1.3 If SHSS Care Setting is a new service, ensure Transition-In is completed and that they have a Completion Certificate. 1.4 Make the Placement Request to the SHSS Service Provider via

		ICM, including sending all required referral information.

		Note: A Resource Worker may need to reach out to more than one SHSS resource to determine the most appropriate placement.
Resource Team	2	Based on conversation with Service Provider regarding supplemental needs to facilitate/accept placement, seek approval, in principle, for required Additional Supports. (If funding exceeds supplemental amount, initiate Negotiated Services Amendment Process). 2.1 Resource Worker consults with RTL for approval. 2.2 Resource Worker and Resource Team Lead consult with DOO. 2.3 Document consultation. 2.4 Relay results of consultation with Service Provider. 2.5 Upon confirmation that additional support request will be approved, Resource Worker to confirm the appropriateness of the placement, and the placement will proceed. *Note: As per the contract, the Service Provider will accept all placements and it is the responsibility of Resource Teams to plan appropriately for the safety and well-being of children/youth being placed in SHSS resources.*
Service Provider	3	Confirm/Accept Placement Request in the Specialized Services Portal.
Resource Team	4	Inform the Primary Professional that the Placement may proceed.
Primary Professional	5	Inform the child/youth's parents/caregivers that a Placement has been confirmed.
Primary Professional	6	Complete appropriate agreement for service with the family/child/youth as per existing policies (i.e., VCA, Support Services Agreement, Youth Agreement). 5.1 Discuss agreement with appropriate parties. • Document expectations of the child/youth's parent/guardian • In cases where there are unique service requirements of a foster caregiver for their ongoing involvement with a child or youth in their care who transitions to an SHSS Resource, the Resource Worker will amend, if appropriate, the Schedule A of the Family Care Home Agreement to reflect the caregiver's responsibilities while the child/youth is at the SHSS resource.

Resource Worker	7	Activate placement in ICM.

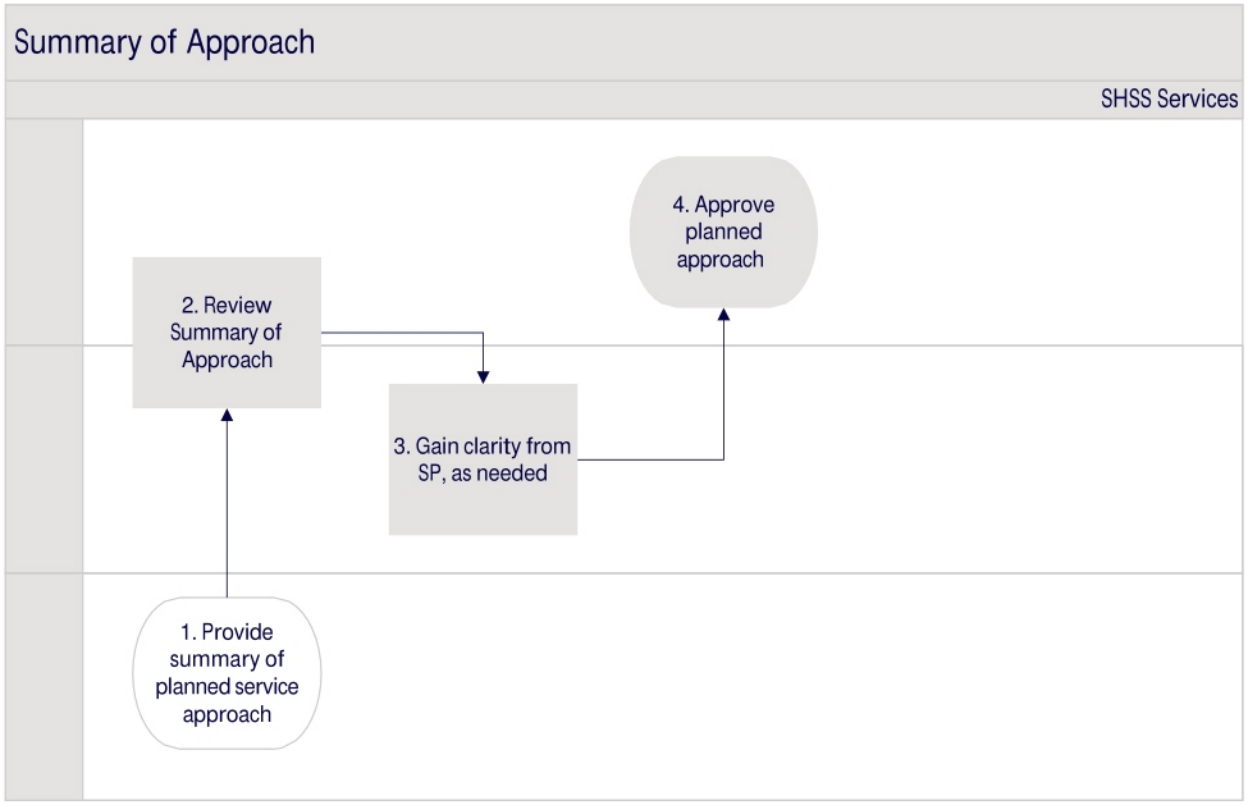
Service Provider	8	When placement is confirmed, work with the Resource Worker and Primary Professional to coordinate a date and time of intake for the child/youth.

6.2 Summary of Approach for Transition into SHSS Services

6.2.1 Process Details

Purpose	Developing an approach to Service Planning before the child/youth arrives at the SHSS Care Setting to promote a positive Transition-In period.
Key Details	This approach will be based on information contained in the SHSS Referral Documents.
Process Owner	Resource Worker
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	Creating the SHSS Service Plan
Related Documents	SHSS Referral Document Service Agreement
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	SHSS Service Provider Selection
Successor Processes	Intake Meeting

6.2.2 Process Map



6.2.3 Procedures

Role	Step	Description
Service Provider	1	Submit a summary of the planned service approach unique to the child/youth to the Resource Worker.
Resource Worker Primary Professional	2	Receive the summary of planned service approach via email from SHSS Service Provider. Ensure that the Transition-In Approach: • Considers the child/youth's lived experience and does not cause further trauma to the child, youth, or family as they transition into service. • Respects the child/youth/family's unique identity and respects an indigenous child/youth's inherent right to culture, language, and tradition. • Aligns with information captured in the SHSS Referral Document. • Aligns with and is integrated with other existing plans. Consider:

		• Assessment and mitigation of any safety, staffing, or cultural concerns that may inhibit a successful placement.
		• Mitigation of any barriers or challenges where appropriate (e.g., develop a safety plan for children/youth that display high-risk behaviors)
		• Immediate supports that may be required to accommodate the child/youth into SHSS Services.
		  ○ If immediate supports are identified, the Requesting Additional Supports procedure is to be followed.
		  ○ Ensure planning for immediate supports includes a time frame for reassessment of ongoing need.
		• Identification of Additional Supports that may be required to succeed in the SHSS Care Setting as part of SHSS Service planning.
		
		2.1 Resource Worker consults with Resource Team Lead and/or Director of Operations regarding the summary approach.
		2.2 If Additional supports are identified, follow the Requesting Additional Supports procedure.
		
		If the Summary of Service Planning *meets all the requirements*, skip to **Step 4**.
		
		If the Summary of Service Planning *does not meet all the requirements*, continue to **Step 3.**

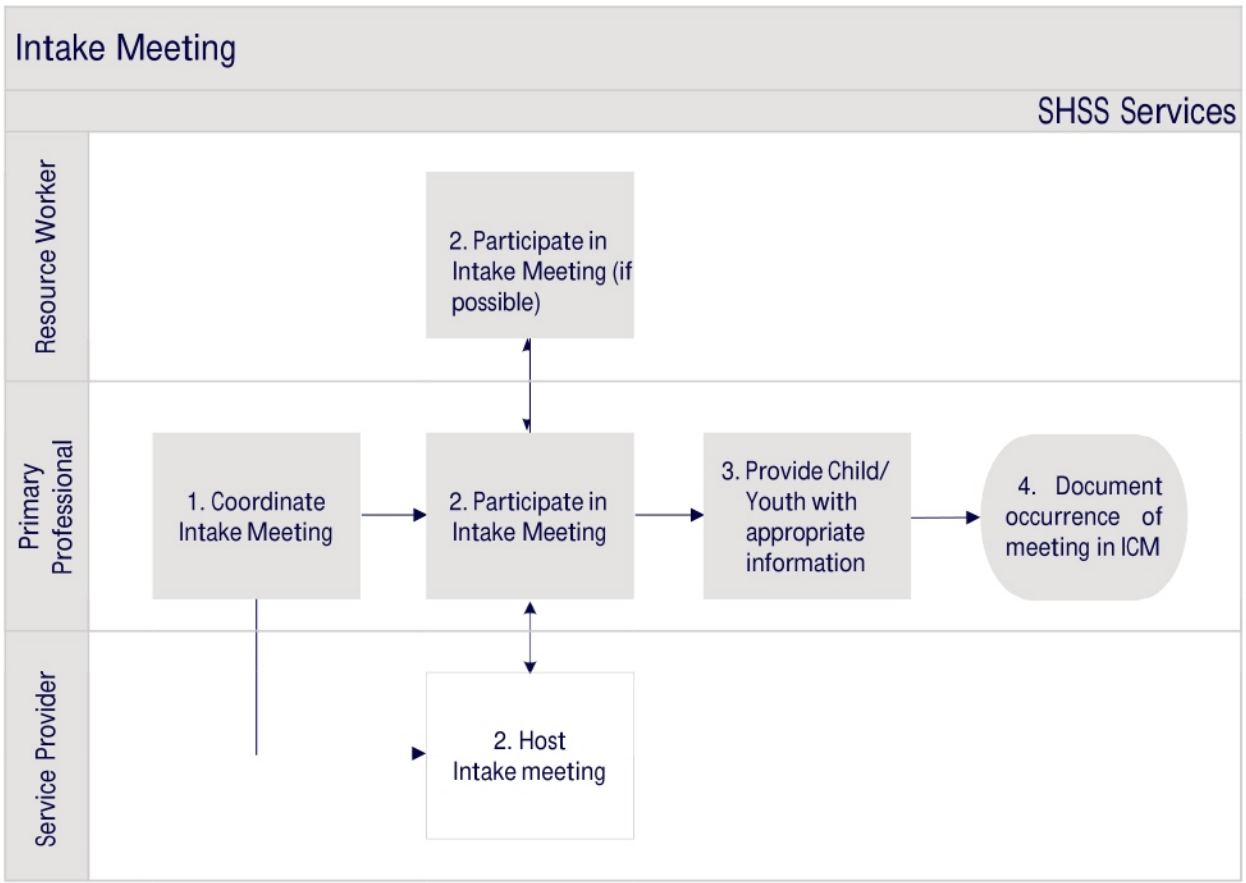
Primary Professional	3	The Primary Professional, in consultation with the Resource Worker may reach out to the SHSS Service Provider if clarity is needed to approve the Summary of Service Approach.
Resource Worker	4	Advise the Service Provider of the approval of the Summary of Service Approach.

6.3 Intake Meeting

6.3.1 Process Details

Purpose	The Primary Professional coordinates the intake meeting at the SHSS Care Setting as soon as possible after the child/youth arrives.
Key Details	The child/youth, and their family/caregivers are to attend the Intake Meeting.
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Worker (if possible)
Related Processes	None
Related Documents	Transition Materials SHSS Referral Document
Required System(s)	ICM
Prerequisite Processes	Summary of Approach for Transition into SHSS Services
Successor Processes	Establishing the SHSS Care Circle

6.3.2 Process Map



6.3.3 Procedures

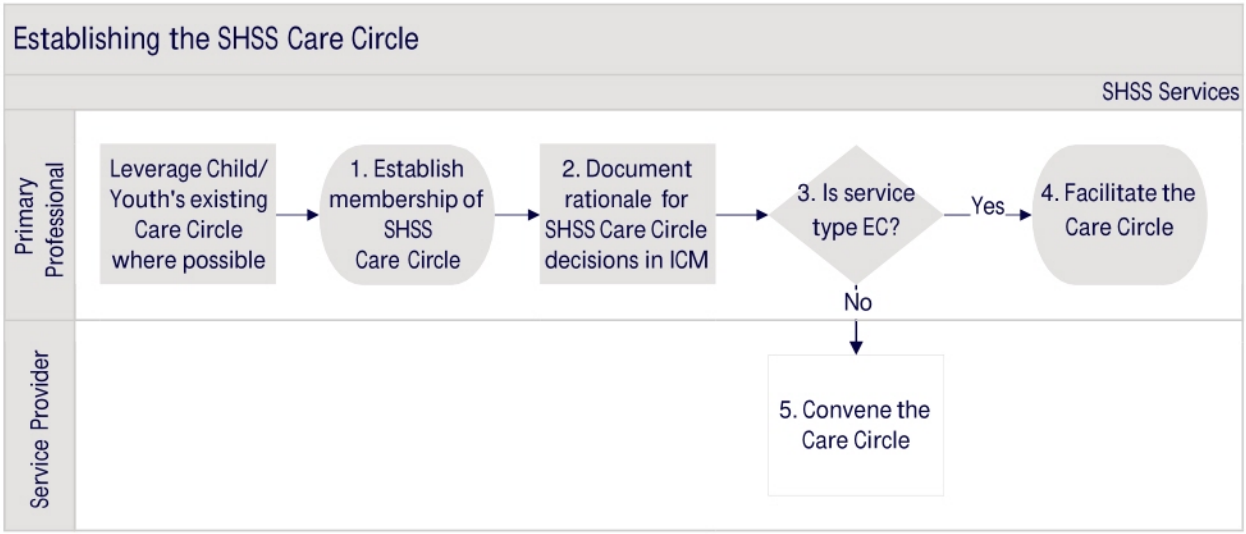
Role	Step	Description
Primary Professional	1	Contact the child/youth's family/caregiver (if applicable), Indigenous representation (if applicable), Resource Worker (if possible) and SHSS Service Provider to set up an Intake Meeting. *Note: This may occur the same day that the child/youth's placement begins.*
Primary Professional Resource Worker Service Provider	2	Intake Meeting occurs at SHSS Care Setting with all parties present, with a culturally safe and trauma informed orientation to the home, staff and SHSS Services. The intake meeting will include the following: • An introduction to SHSS Service Provider Personnel, physical space and equipment • Estimated length of service • Information about the full range of services the child/youth can be expected to receive • Plans following the service • Emergency practices and procedures, including a safety plan if applicable *For Low-Barrier Short Term Stabilization Care, also include:* • Harm Reduction Orientation • Facilitation of a child/youth's and their family's gradual transition into service 2.1 Following the Intake Meeting, the SHSS Service Provider will facilitate a Care Circle meeting within 48 hours of the child/youth's arrival.
Primary Professional	3	Provide the child/youth with • Their rights under the Child, Family and Community Service Act and the procedures for enforcing them (per *Chapter 5 Children and Youth in Care Policies, Policy 5.3: Safety and Well-being of Children/Youth While in Care*) • How to make a complaint and involve relevant authorities • Their rights to privacy and confidentiality • The time, date, and location of their next meeting with Primary Professional • Primary Professional's contact information
Primary Professional	4	Upon completion of the Intake Meeting, document the occurrence of the meeting in ICM (CS Case).

6.4 Establishing the SHSS Care Circle

6.4.1 Process Details

Purpose	The Primary Professional and the Service Provider determine appropriate Care Circle members to support service planning.
Key Details	In the context of providing SHSS service to an Indigenous child/youth, if the child/youth is not placed with a member of their family in accordance with paragraph 16(1)(a) or (b) of the Federal Act (link), to the extent that doing so is consistent with the best interests of the child, the child/youth's attachment and emotional ties to each member of their family are to be promoted. Who is part of the Care Circle? • The child/youth • A child/youth's Guardian • The child/youth's parent/caregiver (may be the same as Guardian). • The child/youth's caregiver or out-of-care provider • The child/youth's Primary Professional (may be Guardian) • Resource Worker • One or more of the SHSS Service Provider staff providing day-to-day care to the child/youth; and • Those persons with legislative accountabilities (e.g., Indigenous Community Representatives, Youth Probation Officers)
Process Owner	Primary Professional
Participating Roles	Primary Professional Resource Worker
Related Processes	None
Related Documents	MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy Transition Materials SHSS Referral Document
Required System(s)	ICM
Prerequisite Processes	Intake Meeting
Successor Processes	Ongoing SHSS Service Planning

6.4.2 Process Map



6.4.3 Procedures

Role	Step	Description
Primary Professional	1	As part of the child/youth's SHSS Referral document, confirm who has been identified as part of the child/youth's SHSS Care Circle. 1.1 Contact the SHSS Service Provider to confirm if there are additional people they recommend including as part of the SHSS Care Circle.
Primary Professional	2	Document the rationale for SHSS Care Circle decisions in ICM. 2.1 Consult as necessary.
Primary Professional	3	**Is the SHSS Service type Emergency Care?** If yes, continue to **Step 4**, and skip **Step 5.** If no, proceed to **Step 5**.
Primary Professional	4	Bring together the SHSS Care Circle within 48 hours of the child/youth being placed. Consult with Team Lead if this time frame cannot be met. ** SHSS Care Circle meeting may be attended virtually or in person.* 4.1 Facilitate the SHSS Care Circle meeting as per *SHSS MCFD Staff Policy for SHSS: Convening the SHSS Care Circle.*

Role	Step	Description
Service Provider	5	Bring the SHSS Care Circle together within 2 calendar days of the child/youth being placed. *Note: The Service Provider may request the support of the Primary Professional for administrative tasks associated with bringing the SHSS Care Circle together.*

6.5 Creating the SHSS Service Plan

All children and youth residing in MCFD Specialized Homes and Support Services (SHSS) have an SHSS Service Plan. The SHSS Service Plan helps SHSSs align to a vision of holistic child and youth development and empowers SHSS Service Providers to carefully consider each child's or youth's needs. The SHSS Service Plan is designed to drive consistency in planning, practice, reporting and accountability across SHSSs.

The SHSS Service Plan has two functions.

1. Service Planning: The primary function of the SHSS Service Plan is to enable SHSS Service Providers to plan for the child's or youth's care, including identifying key goals and strategies across four domains: Community Inclusion/Belonging; Cultural Attachment and Connectedness; Social Emotional and Day to Day Wellness; and Developmental Needs. Goals and strategies are reviewed at regular intervals and with key input from the child or youth and their SHSS Care Circle.
2. Accountability and Reporting: The SHSS Service Plan also serves as a key accountability tool that is used for several monitoring, reporting, and contract management purposes, including measuring against performance metrics and contract deliverables. This enables both MCFD and Service Providers to ensure children and youth are benefiting from the service as intended.

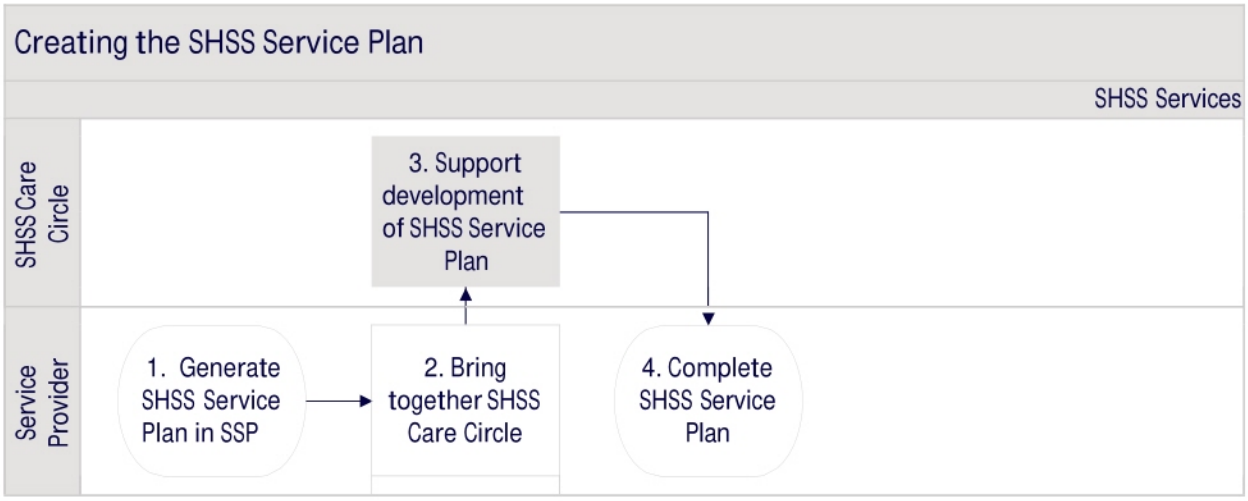
This section of the Guidebook focuses on **service planning**. For information on the **accountability and reporting** function of the SHSS Service Plan, see section 10.0 Reporting Processes.

The lifecycle of the SHSS Service Plan has 5 stages:

6.5.1 Process Details

Purpose	All children and youth residing in MCFD Specialized Homes and Support Services (SHSS) have an SHSS Service Plan. The SHSS Service Plan helps SHSSs align to a vision of holistic child and youth development and empowers SHSS Service Providers to carefully consider each child or youth's needs. The SHSS Service Plan is designed to drive consistency in planning, practice, reporting and accountability across SHSSs.
Key Details	If the SHSS Care Circle cannot be convened within the first 7 days of placement, the SHSS Service Provider will submit an Initial SHSS Service Plan based on the SHSS Referral Document. Following the first SHSS Care Circle, the SHSS Service Provider has 2 days to update and resubmit the SHSS Service Plan to the Primary Professional.
Process Owner	Primary Professional
Participating Roles	Care Circle Service Provider
Related Processes	All processes in Reporting Section
Related Documents	SHSS Service Plan SHSS Referral Documents
Required System(s)	ICM Specialized Service Portal
Prerequisite Processes	Intake Meeting
Successor Processes	Submission & Approval of SHSS Service Plan

6.5.2 Process Map



6.5.3 Procedures

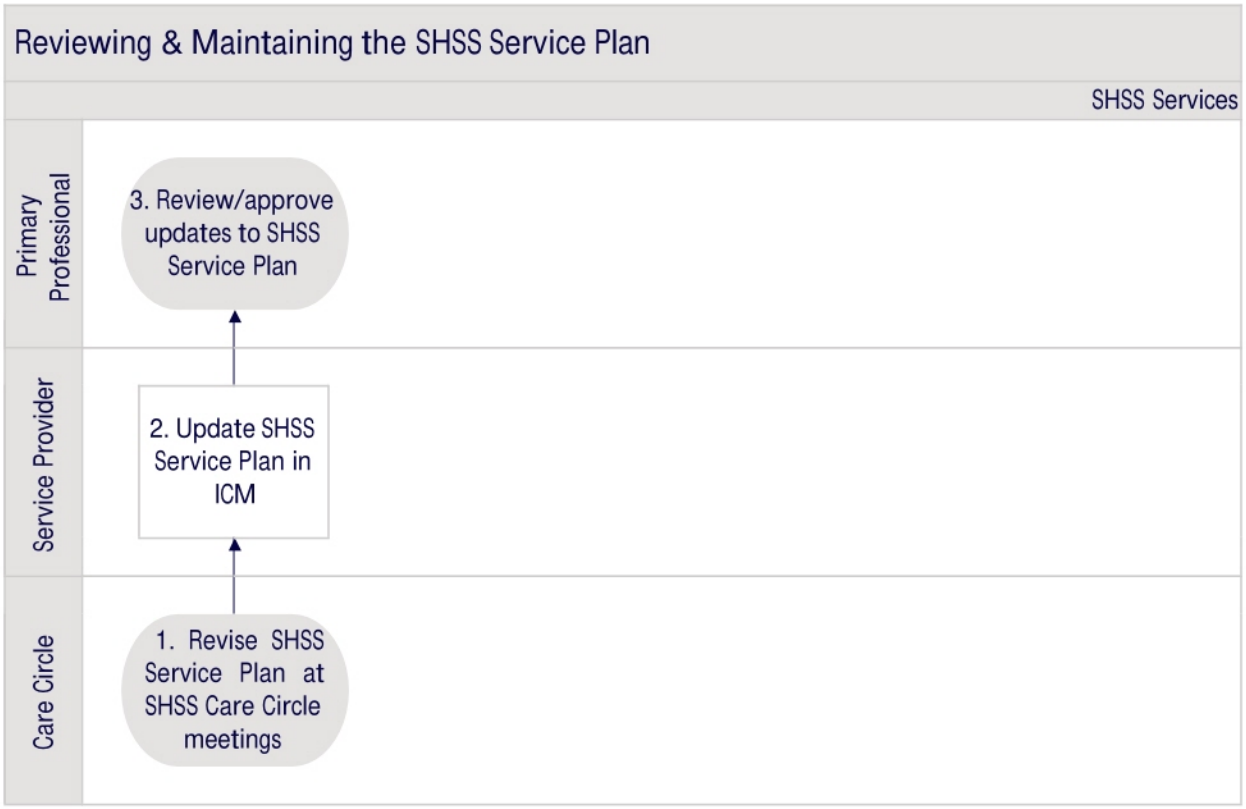
Role	Step	Description
Service Provider	1	Generate the SHSS Service Plan in the Specialized Services Portal • Use the information contained within the SHSS Referral Document. • Use the approved summary of approach that was submitted upon referral. *Note: The SHSS Service Plan is started within 2 calendar days*
Service Provider	2	Set an SHSS Care Circle meeting, ensuring it is within the timeframe as described in the SHSS Service Provider Policy.
SHSS Care Circle	3	During the SHSS Care Circle meeting, support the development of the SHSS Service Plan in accordance with the Policy, while considering the SHSS Referral Document.
Service Provider	4	Complete and submit the SHSS Service Plan within the Specialized Services Portal within 7 days.

6.6 Reviewing & Maintaining the SHSS Service Plan

6.6.1 Process Detail

Purpose	The Primary Professional reviews and approves all changes, modifications and updates completed by the SHSS Service Provider to the SHSS Service Plan.
Key Messages	The Primary Professional must provide final approval before the SHSS Service Plan is active and can be actioned by the SHSS Service Provider. While the SHSS Service Plan is under review by the Primary Professional, the SHSS Service Provider must continue to deliver day-to-day care to the child/youth.
Process Owner	Primary Professional
Participating Roles	Primary Professional Service Provider
Related Processes	None
Related Documents	SHSS Service Plan SHSS Referral Documents
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Submission & Approval of SHSS Service Plan
Successor Processes	Ongoing SHSS Service Planning

6.6.2 Process Map



6.6.3 Procedures

Role	Step	Description
Care Circle	1	Collaboratively revise SHSS Service Plan during SHSS Care Circle meetings.
Service Provider	2	Access the SHSS Service Plan via Specialized Services Portal 2.1 Update as per discussion of SHSS Care Circle. 2.2 Submit revised plan via the Specialized Services Porta.
Primary Professional	3	Review and accept Service Plan as per Submission and Approval of the SHSS Service Plan procedures.

6.7 Ongoing SHSS Service Planning

The SHSS Service Provider is responsible for documenting the information needed to enable MCFD to uphold its oversight accountabilities, including preparing the necessary reporting for MCFD staff.

MCFD staff delivers on its monitoring and oversight accountabilities, including monitoring performance standards and measuring desired outcomes.

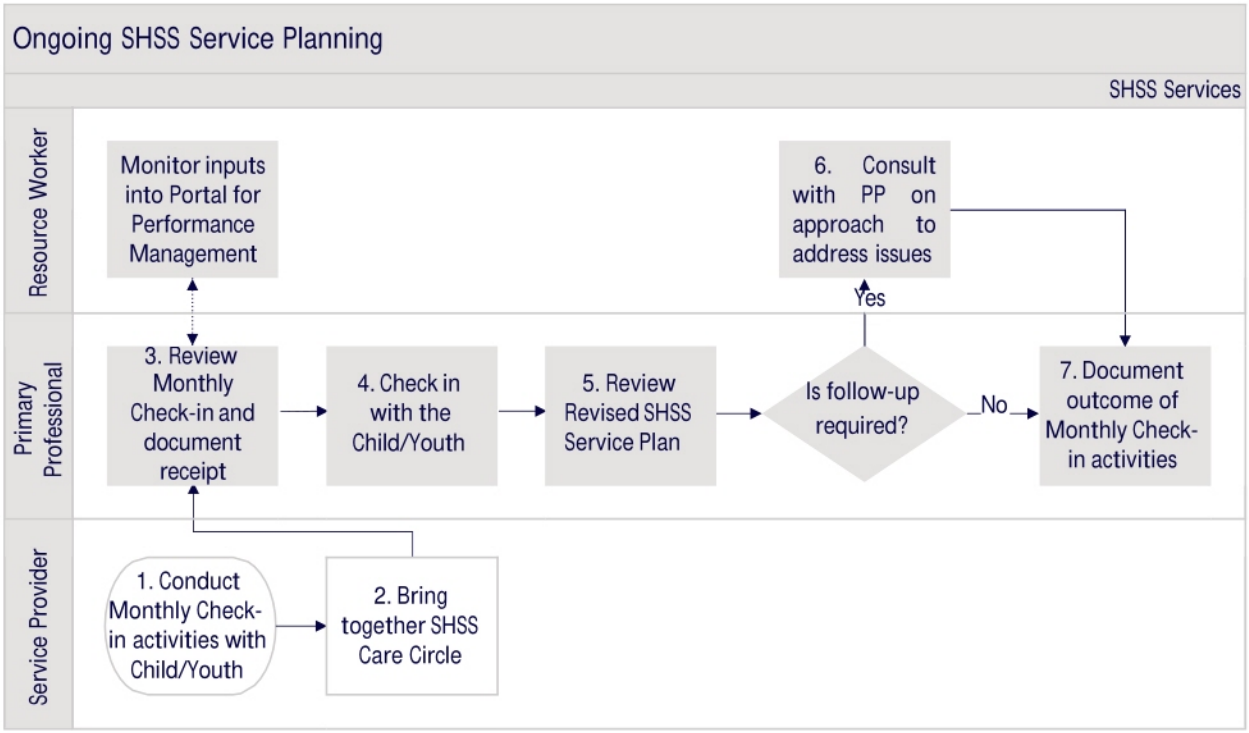
Child/Youth Specific Level

Primary Professionals are responsible for ensuring that the individual children and youth they serve are getting the quality service they need during their time at an SHSS resource. This level of SHSS Service Plan oversight from the Primary Professional helps ensure that the child/ youth's plans are effectively enabling them to achieve their goals. Primary Professionals play an important role in ensuring that the information documented in the SHSS Service Plan is timely, high quality, and accurate so that MCFD can carry out its oversight, performance, and contract management functions.

6.7.1 Process Details

Purpose	The SHSS Service Plan is updated based on the information discussed at Care Circle meetings, to ensure alignment with the child/youth's goals.
Key Details	The child/youth's voice is to be reflected in the SHSS Service Plan.
Process Owner	Primary Professional
Participating Roles	Primary Professional Service Provider
Related Processes	Reviewing Monthly Check-In Submission and Approval of the SHSS Service Plan
Related Documents	SHSS Service Provider Operational Policy SHSS Referral Documents Monthly Check-In Guidelines for Service Providers
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Reviewing & Maintaining the SHSS Service Plan
Successor Processes	Transition-Out Planning

6.7.2 Process Map



6.7.3 Procedures

Role	Step	Description
Service Provider	1	In a culturally safe and trauma informed way, check in with the child/youth monthly to: • Review the SHSS Service Plan (including goals and strategies) • Gather information to support the Monthly Check-in procedure as per *SHSS Service Provider Operational Policy* and Monthly Check-In Guidelines for Service Providers. 1.1 Submit the information via the portal.
Service Provider	2	Convene the SHSS Care Circle in accordance with *SHSS Service Provider Operational Policy*. 2.1 Revises the SHSS Service Plan with information from the SHSS Care Circles • Review performance measures in Monthly Check-In • Review progress towards goals • Submit updated SHSS Service Plan

		2.2 In accordance with Schedule C of the SHSS Contract, support and develop service planning for the child/youth in the Specialized Services Portal.
Primary Professional	3	Review information submitted by Service Provider in ICM.
Primary Professional	4	Discuss the Monthly Check-In with the child/youth at their next routine visit to ensure that the information provided is accurate and appropriately reflects how the child/youth feels. Consult with others (ie: family, community, Nation, SHSS Care Circle members) as necessary to validate the results of the Monthly Check-In.
Primary Professional	5	Review the revised SHSS Service Plan and accompanying documents in ICM. 5.1 Approve revisions and updates accordingly or send back for amendments (as per Submissions and Approvals).
Primary Professional	6	**Does the Monthly Check-In review warrant follow-up?** 6.1 If yes, consult with the Resource Worker, Resource Team Lead and DOO on appropriate follow up actions. Follow-up with the child or youth as quickly as possible to ensure their safety and wellbeing.
Primary Professional	7	Document the outcome of Monthly Check-in activities in the Notes section of ICM.

6.8 Requesting Additional Supports

In addition to the day-to-day care and supervision children and youth receive at an SHSS, they often require additional support 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 support, which are provided by a range of professionals. A one-time-only request can be made for services, equipment, repairs/renovations, resources, etc. for an individual child/youth or for the Care Setting.

Requesting Additional Supports is a two-step process. SHSS Service Providers will submit an estimate to get approval for the expense, and then will submit a payment request to receive the funding. The Resource Worker (in consultation with the Primary Professional) is responsible for approving an SHSS Service Provider's estimate request for additional support, and the Resource Team Leader approves the payment request.

MCFD intends to implement a pre-qualified list of Service Providers for supplemental services as part of a future state of SHSS Transformation implementation. During the interim stage of implementation, SHSSs will need to identify and bring supplemental services to children residing in their SHSSs.

Child-specific Clinical Consultation *enables SHSS staff to use effective approaches to provide care for children and youth in alignment with the child's needs, their plans and goals, and therapeutic interventions developed for them by clinicians.*

Supplemental Supports *include services such as:*

- *Extra staffing*

- *Clinical and non-clinical supports*
- *One-time-only payments that may be for a child/youth's needs or for a facility (e.g., a significant repair)*

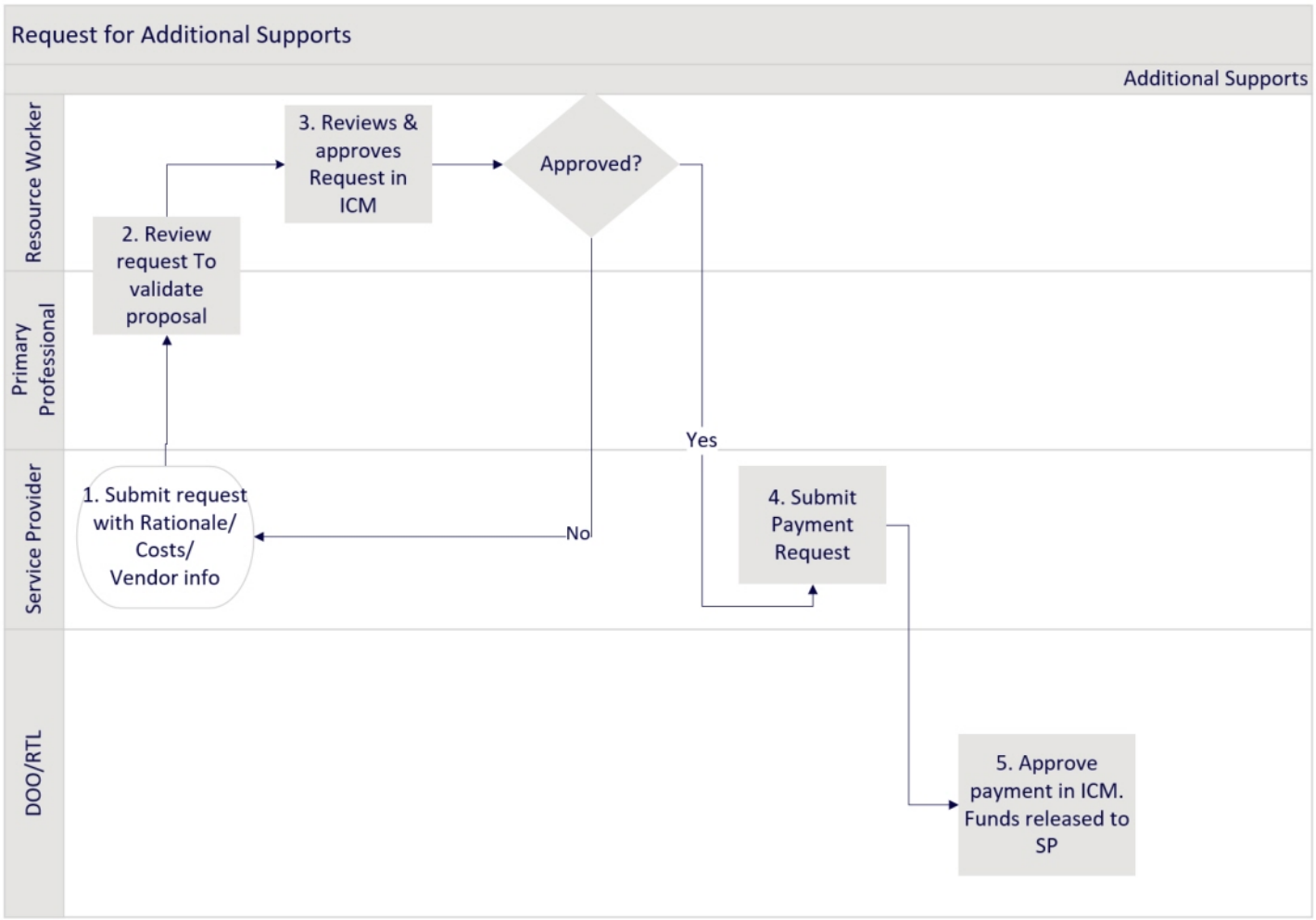
One-Time-Only Expenses *are one-time operational or facility costs and expenses which are pre-approved by the Director. One-Time-Only Expenses form part of Supplemental Supports funding.*

If the request is a One-Time-Only (OTO) request for equipment and resources for the child/youth or for equipment, repairs, renovations, resources, and service for the SHSS Care Setting, the Resource Worker follows the applicable financial and contracting policies and processes for approving OTOs.

6.8.1 Process Details

Purpose	Approving required supplemental support as identified by the Primary Professional, Service Provider and Care Circle.
Key Details	For Clinical Supports, and/or other supplemental supports, the Primary Professional will work with the Service Provider on sourcing public services before starting this process.
Process Owner	Resource Worker
Participating Roles	Primary Professional Resource Worker Service Provider DOO/RTL FCSD (CMTT)
Related Processes	Referral into SHSS Services Additional Supports: Funding Request Negotiated Amendment
Related Documents	SHSS Referral Document SHSS Service Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Summary of Approach for Transition in SHSS Services Ongoing SHSS Service Planning
Successor Processes	None

6.8.2 Process Map



6.8.3 Procedures

Role	Step	Description
Service Provider	1	Consult with Primary Professional regarding the need for additional supports, and consider the following: • Determination of required additional supports. • Availability of additional support through public sources. 1.1 Submit an Additional Supports Request Estimate on the Specialized Services Portal. 1.2 Submit the rationale for Additional Support, as well as the projected cost and proposed vendor that adheres to MCFD Quality & Oversight Requirement.
Resource Worker/Primary Professional	2	In collaboration with the Primary Professional, review the Additional Support Request Payment Estimate in ICM to determine if the request is appropriate. Validate the proposal of the Service Provider by ensuring it aligns with the needs of the child/youth. • Review services provided by additional support Service Provider. • Review needs of child/youth as identified in ICM. • Consult with the Team Leader (or PSC if the terms of reference include access to additional support funds).

Resource Team	3	Consult with Resource Team Lead regarding the request. 3.1 Determine if there are sufficient funds remaining in the contract. If not, follow process for Negotiated Contract Amendments. 3.2 If the request is appropriate the Resource Worker or Resource Team Leader can approve the Additional Support Request Payment Estimate in ICM so that the Service Provider can proceed with obtaining the additional support. 3.3 If the request is not approved, indicate the reasons why in order for the Service Provider to make any necessary changes to the request and resubmit, or cancel the request.
Service Provider	4	In order to receive payment for an approved Additional Support Request Estimate, re-submit the Additional Support Request with the actual cost and supporting documentation through the Specialized Services Portal. The service (or item) for which the Additional Support Request has been approved may be acquired at any time once the estimate request has been approved.
RTL/DOO	5	Review and approve/deny the Additional Support payment request . 4.1 If the request is approved, complete the approval in ICM to initiate payment to the Service Provider. 4.2 If the request is not approved, indicate in ICM the reason for non-approval so that the Service Provider can make any required changes and re-submit. 4.3 If there are insufficient funds remaining in the contract, an error message will display in ICM and the payment request cannot be approved. Follow process for Negotiated Contract Amendments in order to ensure funds are available in the contract.

6.9 Transition-Out Planning

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

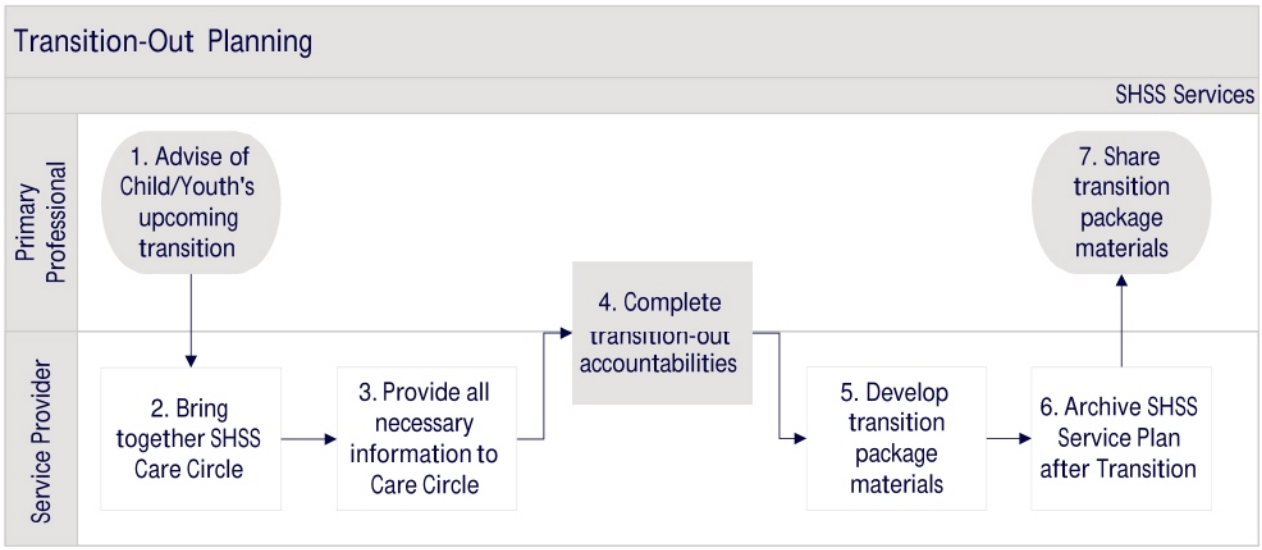
When the decision is made for a child/youth to leave care, all members of the SHSS Care Circle contribute to the support of a positive transition that aligns with other existing plans the child/youth may have.

6.9.1 Process Details

Purpose	Transition planning is child or youth-specific and is developed within the context of the SHSS service provided.
Key Details	• The child/youth should participate in planning and preparing for their transition out of SHSS Services. • The SHSS Service Provider continues to provide services during the child/youth's transition out. • If the child/youth is transitioning out of the SHSS Care Setting because of a placement breakdown, follow the process for Dispute Resolution. • Each SHSS Service type has specific transition accountability, as per the SHSS policy (link). • If the child/youth is transitioning into another SHSS Service, the Resource Worker supports the planning.
Process Owner	Primary Professional
Participating Roles	Primary Professional Service Provider

Related Processes	None
Related Documents	MCFD Core Policy MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy SHSS Service Plan SHSS Referral Documents
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Creating the SHSS Service Plan
Successor Processes	Reviewing & Maintaining the SHSS Service Plan

6.9.2 Process Map



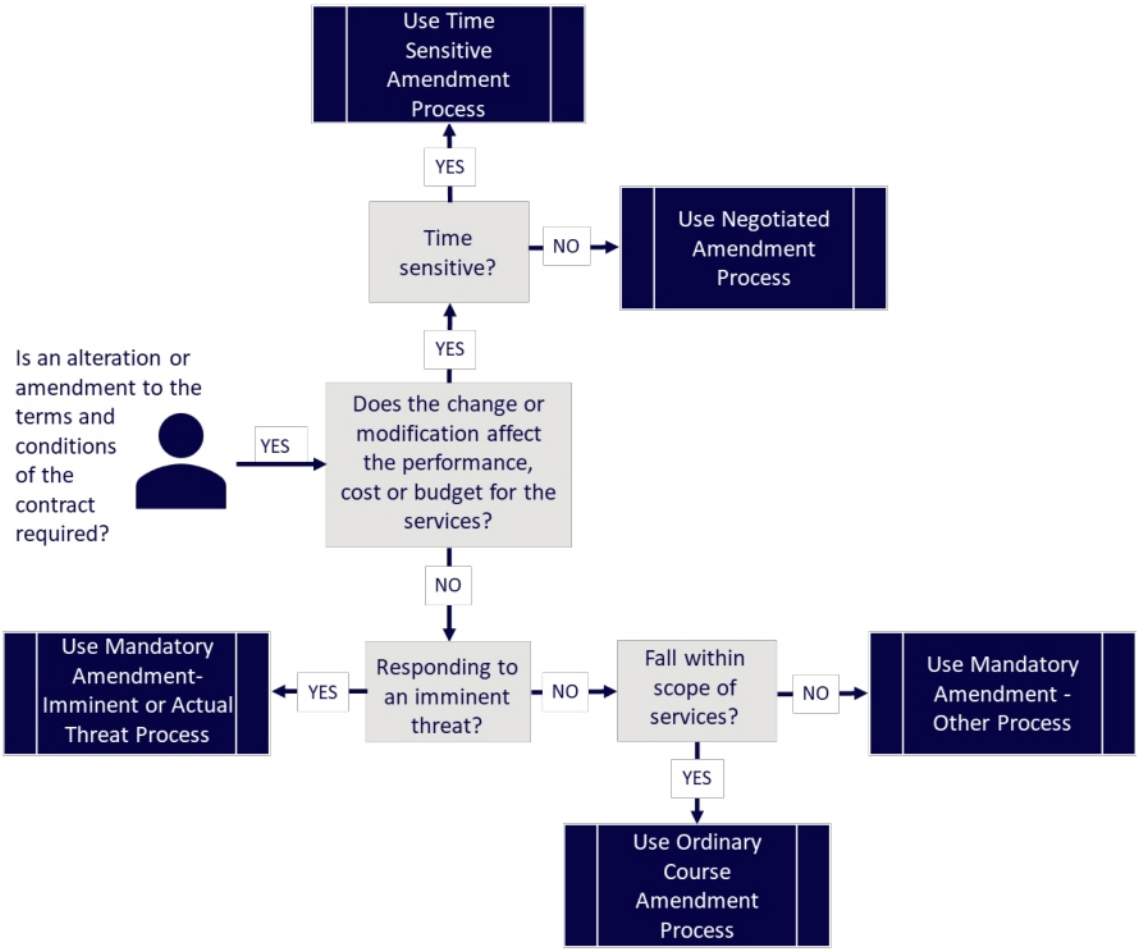
6.9.3 Procedures

Role	Step	Description
Primary Professional	1	After consulting with the Resource Team Lead, confirm with the Resource Worker regarding the plan for the child/youth's upcoming transition out of the SHSS Care Setting. 1.1 Contact the SHSS Service Provider to advise that the child/youth has an upcoming transition out of the SHSS Care Setting. 1.2 If there is disagreement regarding the timing of a transition-out plan, call a meeting with the Resource Worker and Service Provider to discuss the issue, as per *Schedule G – Governance, Stewardship, and Relationship*.

		Note: Ensure that reassessment of placement occurs for an Indigenous child or youth as part of transition planning.
Service Provider	2	Bring together the SHSS Care Circle to plan for transition out.
Service Provider	3	Provide the SHSS Care Circle with all relevant information to • Support the child/youth to create transition goals. • Identify activities and supports required for positive transition. • Identify and facilitate access to external supports. • Support the ongoing delivery of child/youth's services and routines, according to their existing plans, during the transition-out period. 3.1 Using this information, transition-out goals are updated in the SHSS Service Plan, adhering to the Reviewing & Maintaining SHSS Service Plan procedure.
Primary Professional/ Service Provider	4	Transition planning is guided by *Chapter 5 Child and Youth in Care Policies.* 4.1 Work collaboratively with the SHSS Care Circle, family, services, etc. to ensure a smooth transition to the child/youth's next living arrangement.
Service Provider	5	Develop transition package materials to support the child/youth's next caregiver/care provider, considering privacy considerations. 5.1 The Primary Professional supports the preparation of Transition package materials, if required. 5.2 Transition materials are provided to the Primary Professional.
Service Provider	6	After the child/youth has transitioned-out of the SHSS Care Setting, the SHSS Service Plan is archived in the Specialized Services Portal.
Primary Professional	7	Share the transition package materials as necessary while considering privacy requirements. Consult as required based on need as determined by clinical judgement.

7.0 CONTRACT MANAGEMENT - AMENDMENTS

To determine which amendment process is appropriate, use the flowchart below:



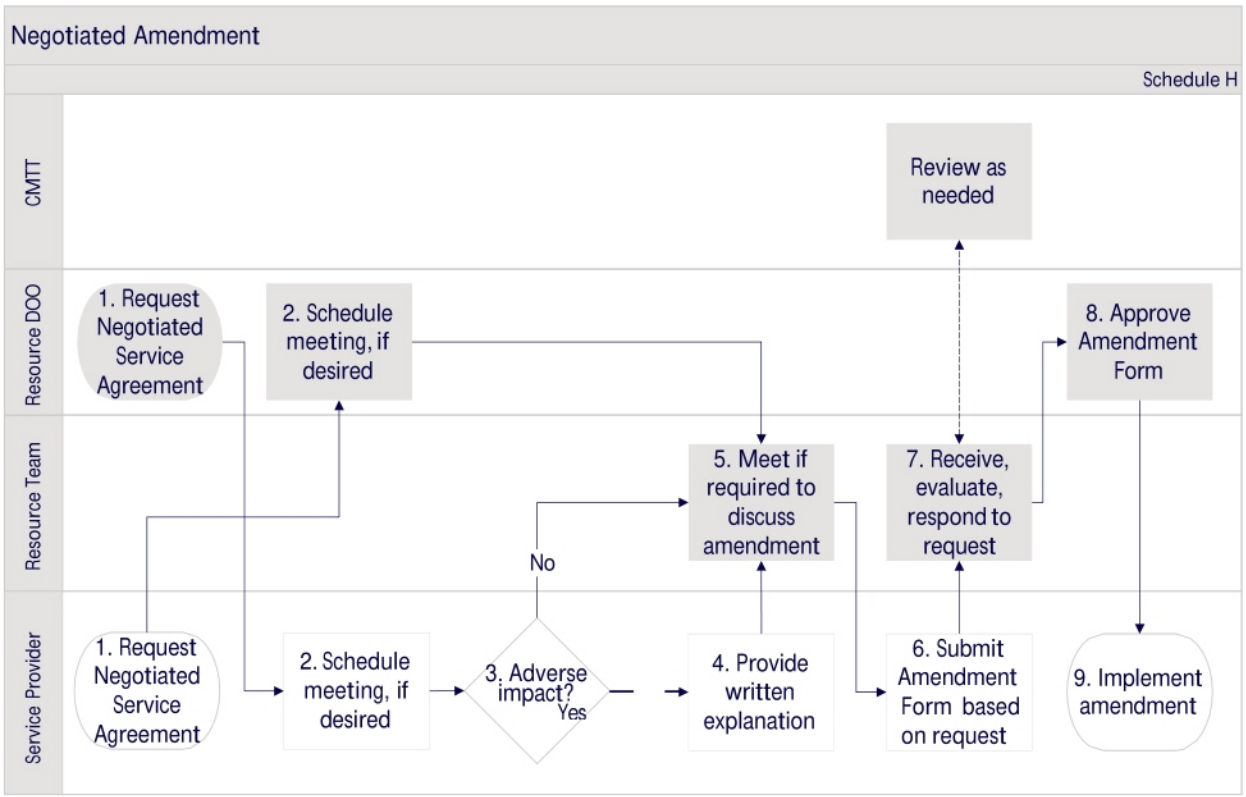
7.1 Negotiated Amendment

7.1.1 Process Details

Purpose	Requesting a change in fees, authorized number of children/youths permitted at the Care Setting, location of the Care Setting, or other changes to the Services Agreement.
Key Details	"Negotiated Services Amendments" mean any amendment, change or modification in the Services, the schedule for performing the Services, or the cost or budget for performing the Services as set out in the Services Agreement.
Process Owner	Resource Director of Operations
Participating Roles	Resource Worker

	FCSD (CMTT) Service Provider
Related Processes	None
Related Documents	MSA Schedule F MSA Schedule H MSA Schedule G SHSS Request for Amendment
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

7.1.2 Process Map



7.1.3 Procedures

Role	Step	Description
Resource DOO or Service Provider	1	Request a negotiated services amendment, including all relevant information that would be reasonably required for the proper consideration of the requested amendment.
Resource DOO or Service Provider	2	The respondent of the amendment request may ask for a meeting to review the request. Schedule a meeting within 10 business days, using the Relationship Management Process. 2.1 Both parties agree upon a suitable meeting time. 2.2 If the requesting party is the Service Provider, skip to **Step 5.** 2.3 If the requesting party is the Resource DOO, continue to **Step 3**.
Service Provider	3	Determine if the request will cause an adverse impact on the Service Provider, or the child/youth's well-being. 3.1 If yes, continue to **Step 4.** 3.2 If no, skip to **Step 5**.
Service Provider	4	Provide the Resource Worker with a written explanation of the adverse impacts the proposed amendments have on the Service Provider or the child/youth's well-being prior to the meeting referenced in **Step 2**.
Service Provider Resource Team	5	Meet with to review the request if required. *Note: If the Service Provider determines that this amendment will have an adverse impact, and the adverse impact not resolved within this meeting, seek a resolution using the Relationship Management Process.*
Service Provider	6	Based on the amendment requested, submit a SHSS Request for Amendment with a description of the proposed amendments with funding, price, and any identified risks as per Schedule F of the Services Agreement.
Resource Team	7	Receive, evaluate, and respond to the request within 10 business days or another agreed-upon period. 7.1 Consult and review the amendment form with FCSD (CMTT) if there are any financial impacts, or as needed. 7.2 Determine if the proposed changes are accepted.

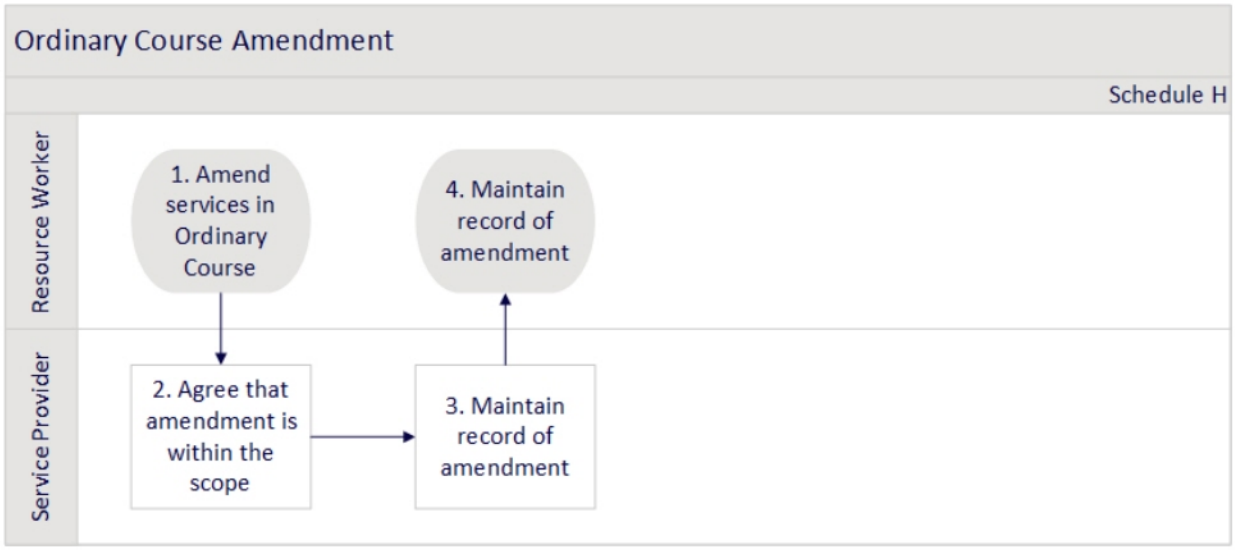
Resource DOO	8	Approve or deny amendment form. 8.1 Document and maintain a record of the amendment. 8.2 Upload copy of the approved/denied amendment form to PCMS to file with the contract.
Service Provider	9	Implement the amendment to the Services Agreement within the SHSS Service. 9.1 Maintain a record of the amendment. *Note: The Service Provider will not reject any MCFD requested amendment unless:* a) *the Service Provider is unable to make the proposed amendment(s) contemplated by the Request as a result of any impediments that are commercially unreasonable to overcome;* or b) *the amendment(s) set out in the Request will result in a material adverse effect on the Service Provider's ability to comply with its obligations regarding the safety and wellbeing of a child/youth, or any other material terms or conditions of the Agreement.*

7.2 Ordinary Course Amendment

7.2.1 Process Details

Purpose	Amending any of the Services that fall within the existing scope of the Services and do not have a material impact on the delivery and performance of the Services, nor the cost of providing Services.
Key Details	None
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MSA Schedule H Relationship Management Process Amendments Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

7.2.2 Process Map



7.2.3 Procedures

Role	Step	Description
Resource Worker	1	Amend the services in Ordinary Course of its operations within the existing scope and having no material impact on delivery and performance or cost of services provided. 1.1 Advise the Service Provider of the amendment.
Service Provider	2	Agree that amendment is within the scope of services and results in no additional fees payable.
Service Provider	3	Maintain a record of the amendment.
Resource Worker	4	Maintain a record of the amendment.

7.3 Mandatory Amendment – Actual or Imminent Threat

7.3.1 Process Details

Purpose	Make a change to a contract in response to an actual or imminent threat.
Key Details	Unless otherwise agreed by the Director, Mandatory Amendments do not result in additional fees payable to the Service Provider.
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MSA Schedule H Relationship Management Process Amendments Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

7.3.2 Process Map

7.3.3 Procedures

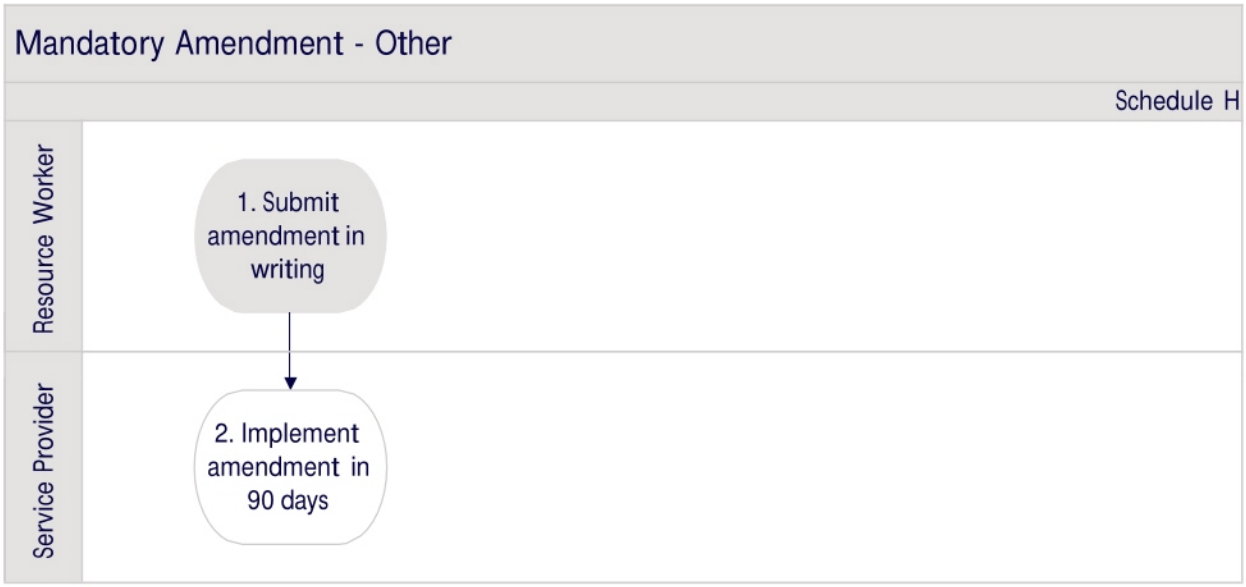
Role	Step	Description
Resource Worker	1	Submit the Mandatory Amendment in writing immediately to the Service Provider to address an actual/imminent threat to the: • Health and safety of the child or public. • Health & safety of officers, employees & agents of the Province. • Tangible property/IT Infrastructure of the Province 1.1 Maintain a record of the amendment.
Service Provider	2	Implement the Mandatory Amendment immediately. 2.1 Maintain a record of the amendment.

7.4 Mandatory Amendment - Other

7.4.1 Process Details

Purpose	Making a contract amendment that is mandatory but is not in response to an imminent threat.
Key Details	Unless otherwise agreed by Director, Mandatory Amendments do not result in additional fees payable to the Service Provider.
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MSA Schedule H Relationship Management Process Amendments Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

7.4.2 Process Map



7.4.3 Procedures

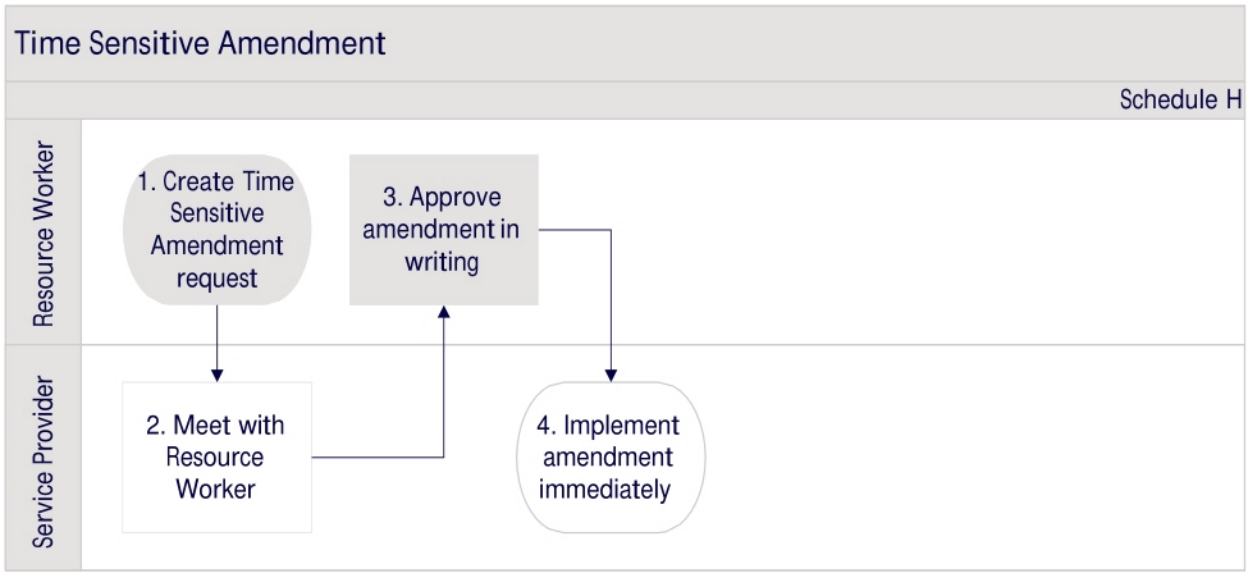
Role	Step	Description
Resource Worker	1	Submit the Mandatory Amendment in writing to the Service Provider to bring the Services or any other Service Provider or Director rights and obligations under this Agreement into conformance with • Applicable Laws, as they may be amended from time to time. • The Policies and Standards, as they may be amended from time to time. • Changes to the policies, practices, or procedures of the SHSS Program, MCFD or any other ministry of the Province, applied on an SHSS Program-wide, Ministry-wide or Province-wide basis. 1.1 Maintain a record of the amendment.
Service Provider	2	Implement the Mandatory Amendment within 90 days of receipt of the amendment. 2.1 Maintain a record of the amendment.

7.5 Time Sensitive Amendment

7.5.1 Process Details

Purpose	Making an amendment request that is time sensitive and must be processed on a timeline faster than set out in Section 4.2 of Schedule H, and, on occasion, within hours of an issue or pressing need arising.
Key Details	None
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	Schedule H Relationship Management Process Amendment Form
Required System(s)	PCMS
Prerequisite Processes	None
Successor Processes	None

7.5.2 Process Map



7.5.3 Procedures

Role	Step	Description
Resource Worker	1	Create a Time Sensitive Amendment form to address an amendment that must be processed within hours of an issue or a pressing need arising. 1.1 Inform the Service Provider of the time-sensitive request.
Service Provider	2	If required, meet with the Resource Worker, informally, for discussion and negotiation regarding the amendment.
Resource Worker	3	Approve the amendment in writing. 3.1 Maintain a record of the amendment.
Service Provider	4	Implement the amendment immediately.

8.0 CONTRACT MANAGEMENT – OTHER

For **Conflict Resolution** process, please adhere to MCFD Core Policy – Conflict Resolution Protocol.

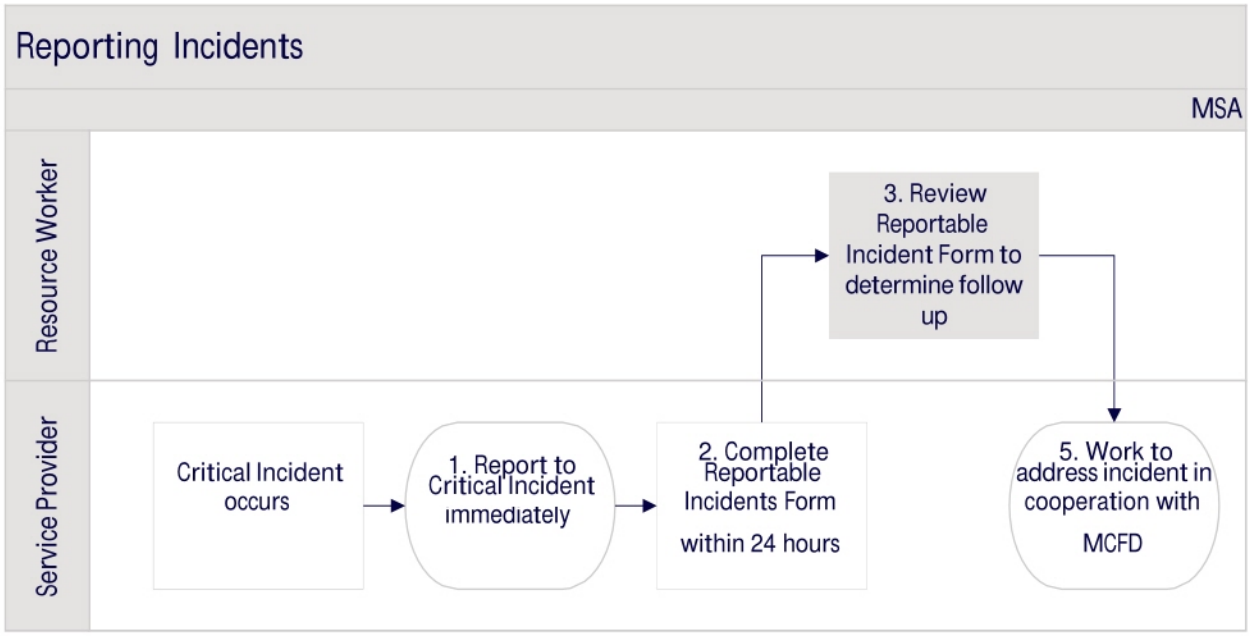
For **Relationship Management** process, please adhere to Relationship Principles as outlined in the MSA - Schedule G.

8.1 Reportable Incidents

8.1.1 Process Details

Purpose	SHSS Service Providers report critical/reportable incidents.
Key Details	Note that MCFD staff may be required to follow the Reportable Circumstances Policy depending upon the nature of the reportable incident form submitted by the SHSS Service Provider.
Process Owner	Resource Worker
Participating Roles	Resource Worker Service Provider
Related Processes	None
Related Documents	MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy Reportable Circumstances Policy SHSS (SP) Reportable Incident Reporting Form
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

8.1.2 Process Map



8.1.3 Procedures

Role	Step	Description
Service Provider	1	Upon the occurrence of a reportable incident, as defined in the policy, report it immediately. 1.1 If the reportable incident occurs outside of regular office hours, contact Provincial Centralized Screening, which is available 24 hours per day, seven days per week. 1.2 If the reportable incident occurs within regular office hours, contact the Primary Professional and Resource Worker *Note: A critical incident must be reported person to person. Voicemail, email, text message or other types of contact are accepted when reporting the occurrence of a critical incident.*
Service Provider	2	Within 24 hours of the reportable incident, complete the *SHSS (SP) Reportable Incidents Reporting Form* outlining the details of the incident and submit to the Primary Professional and Resource Worker.
Resource Worker	3	Review the Reportable Incident Form and ensure that the Primary Professional is advised of the reportable incident. 3.1 Consult with Resource Team Lead to determine if/what action is necessary in accordance with Ministry policy.

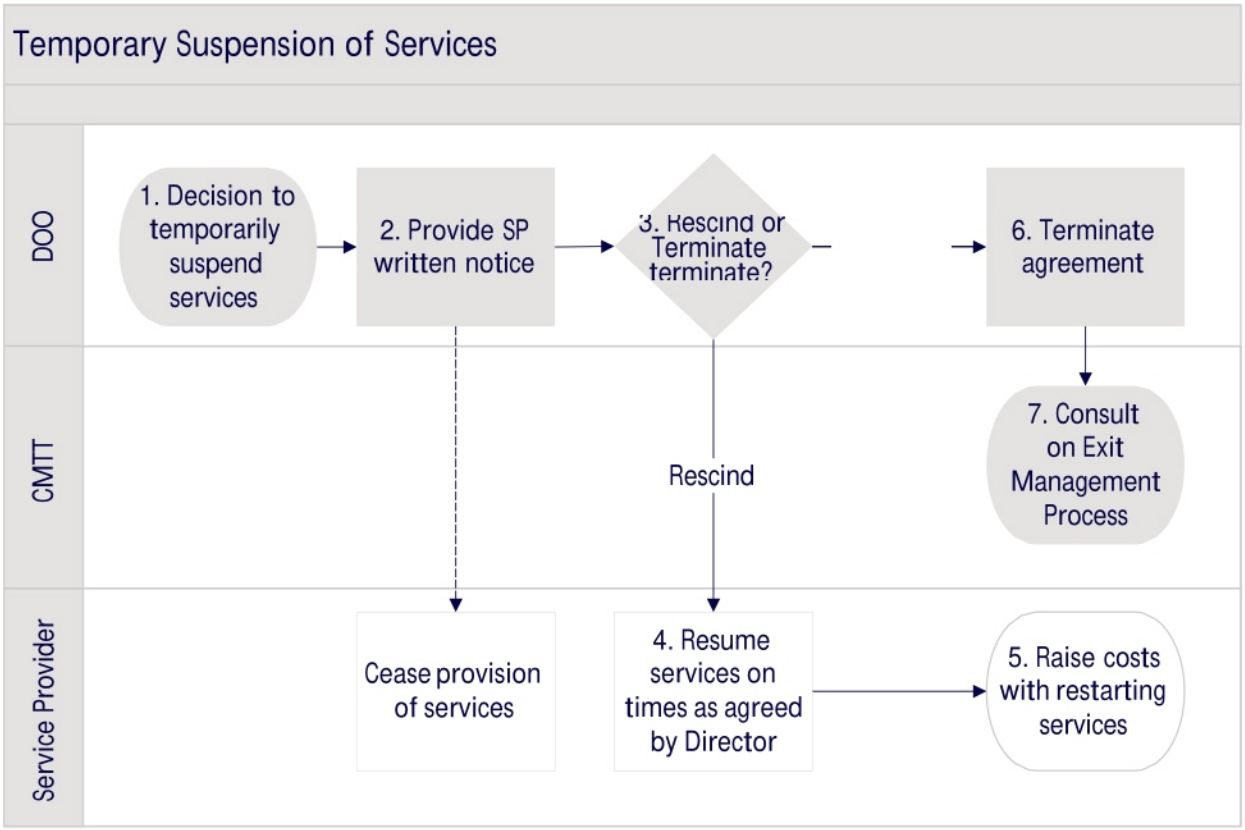
		Possible actions may include: • No action or monitoring of the SHSS Service Provider's handling of the complaint; • Supporting an informal resolution; or • Initiating a Quality-of-Care Review, Investigation, or Reportable Circumstance report.
Service Provider	4	Work to address the reportable incident based on its developed process and cooperate with MCFD as appropriate; cooperate and collaborate with MCFD on any identified resolution process. 4.1 Facilities that are licensed under the Community Care & Assisted Living Act (CCALA) must also consider the requirements to report to the medical health officer.

8.2 Temporary Suspension of Services

8.2.1 Process Details

Purpose	Without limiting the Director's discretion under the (Child, Family and Community Services Act (CFCSA) or the procedures and measures that may be taken under the Policies and Standards or any Schedule to this Agreement, the Director may temporarily suspend the Services.
Key Details	An example of when this might be used is during a natural disaster.
Process Owner	Director
Participating Roles	Director FCSD (CMTT) Service Provider
Related Processes	Exit Management Process
Related Documents	MSA
Required System(s)	None
Prerequisite Processes	None
Successor Processes	Negotiated Amendment Process Default and Termination

8.2.2 Process Map



8.2.3 Procedures

Role	Step	Description
DOO	1	Determine if a temporary suspension of services is required.
DOO	2	Provide the Service Provider with written notice to suspend Services. 2.1 Ensure the Service Provider ceases the provision of Services. 2.2 Document and maintain a record of suspension.
DOO	3	If the temporary suspension is still in place at 90 days, the DOO must choose to: Rescind the suspension, continue to **Steps 4 & 5.** OR Terminate the Agreement, skip to **Steps 6 & 7**. Terminate all or any of the suspended services, skip to **Steps 6 & 7.**
DOO	4	Provide the Service Provider written notice to resume Service provision, including a timeline.

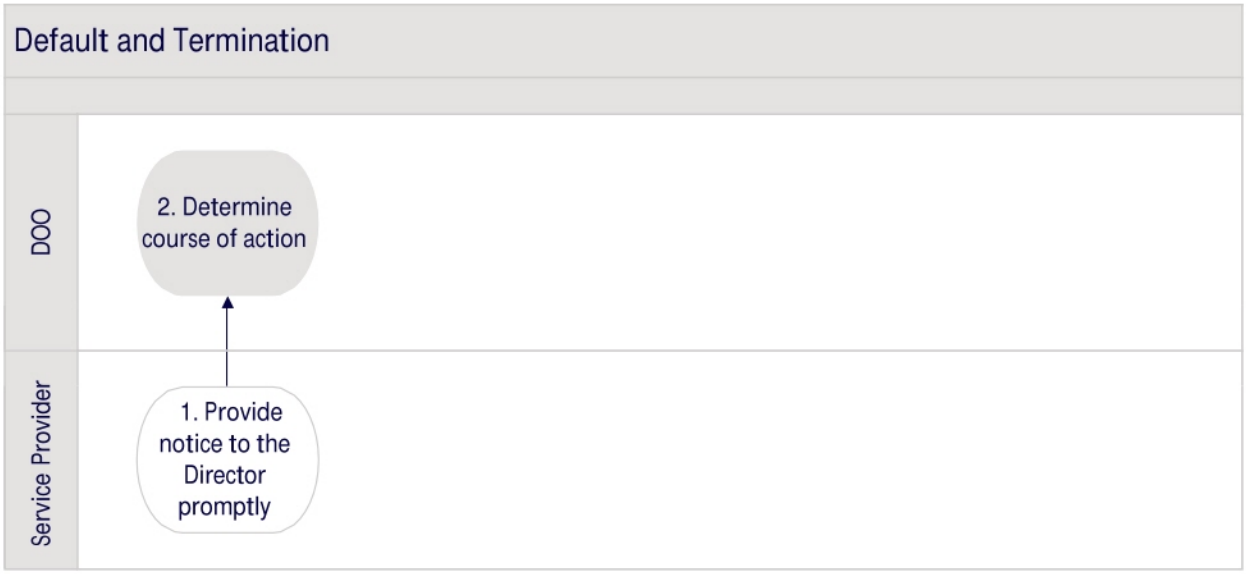
		4.1 Ensure the Service Provider resumes the provision of Services.
Service Provider	5	Raise unforeseen costs with restarting services through Negotiated Services Amendment Process. *The process ends here.*
DOO	6	Terminate any or all of the suspended Services, or terminate the Agreement, as per the Default and Termination process. 6.1 Consult with FCSD (CMTT) on the Exit Management Process.
FCSD (CMTT)	7	Consult with the Director to engage the Exit Management Process.

8.3 Default and Termination

8.3.1 Process Details

Purpose	Identification that an event of default (defined below) has occurred or is likely to occur.
Key Details	Each of the following occurrences will be deemed to be an "Event of Default": • A failure by the Service Provider to perform any of its obligations under this Agreement, or a failure to perform such obligations in a manner satisfactory to the Director; • The Director determines that the Service Provider's failure to perform any of its obligations in the Agreement place the health or safety of any person receiving Services at risk; • An Insolvency Event; • If the Service Provider is a corporation, a Change of Corporate Control of the Service Provider without the Director's prior written consent; or • Any representation, warranty or covenant made by the Service Provider is or becomes untrue or incorrect.
Process Owner	Service Provider
Participating Roles	Resource Team FCSD (CMTT)
Related Processes	None
Related Documents	Schedule L Schedule F
Required System(s)	None
Prerequisite Processes	Chronic or Severe Failure
Successor Processes	Exit Management

8.3.2 Process Map



8.3.3 Procedures

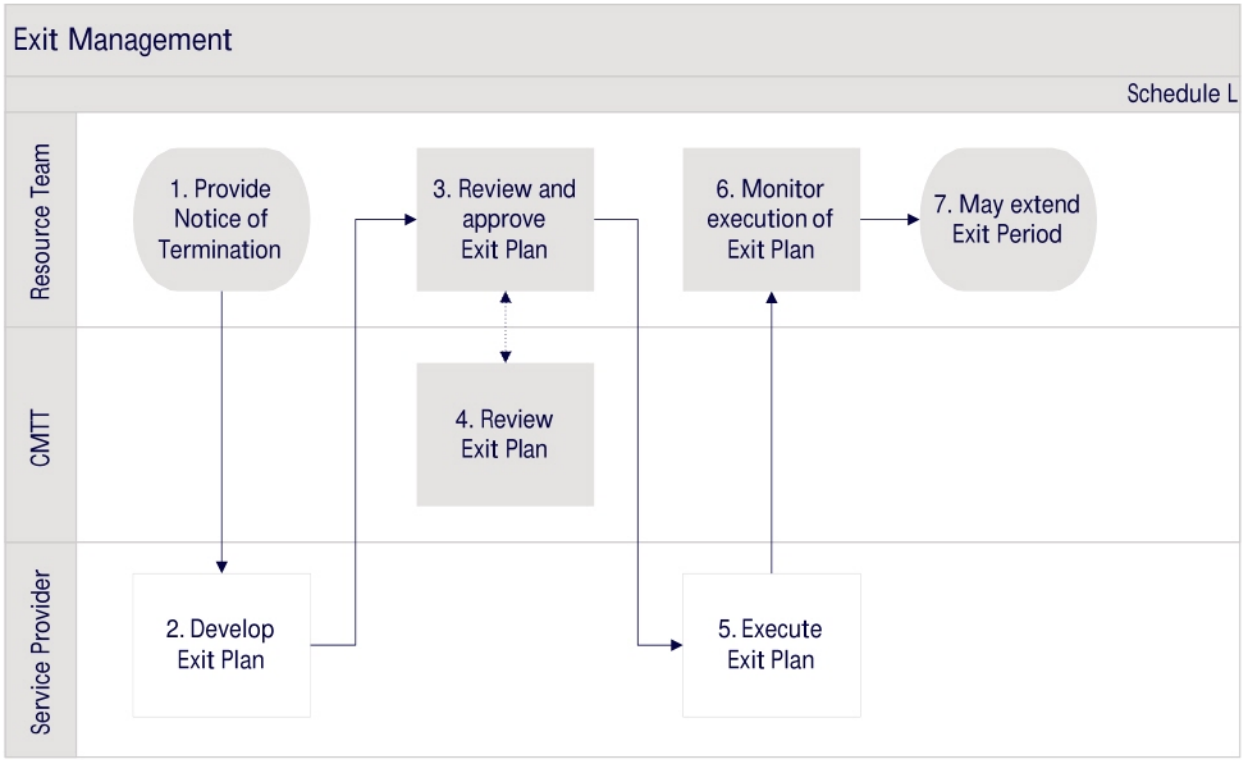
Role	Step	Description
Service Provider	1	If possible, alert the Director that an Event of Default has occurred or is likely to occur. *Note: An Event of Default may be a result of Chronic or Severe Failure.* *Note: The Service Provider may terminate the Agreement if the Director is in material breach of the obligation to pay any undisputed amount and has failed to rectify in 60 days.*
DOO	2	Respond to the Event of Default with **one** of the following three options: 1. Provide written notice to the Service Provider to remedy the Event of Default within a specified time period. (Process ends here); or 2. Pursue any remedy or action available at law or in equity. (Process ends here), or 3. Terminate the Agreement or individual Service within the Agreement with 90 days notice and starts the Exit Management Process.

8.4 Exit Management

8.4.1 Process Details

Purpose	The Service Provider will provide all such reasonable assistance as the Director may require for the purpose of ensuring an orderly, effective, and efficient transition of the Services to the Director and/or to an Other Service Provider.
Key Details	Plans for the provision of service to a child/youth, including transition out planning, must continue to be delivered as per the child/youth's SHSS Service Plan.
Process Owner	DOO
Participating Roles	DOO Resource Team FCSD (CMTT) Service Provider
Related Processes	Default and Termination
Related Documents	MSA - Schedule L
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

8.4.2 Process Map



8.4.3 Procedures

Role	Step	Description
Resource Team	1	Provide a Notice of Termination of the agreement to the Service Provider. 1.1 Document and maintain a record of the notice and date sent.
Service Provider	2	Within 60 days, develop a detailed Exit Plan for transition of Terminated Services to the Director or other Service Providers as identified. The Exit Plan, should include, but not be limited to, the following considerations: • Whether the Service Provider will continue to provide contracted services for the Director; • whether any dedicated assets can be used by another Other Service Provider for the benefit of a child/youth; • The value of the dedicated assets; • Whether or not the Service Provider is intending to continue to remain in business providing services for children and youth;

		• Any rental or lease obligations of the Service Provider; • The Service Provider's obligations to union and non-union employees; • The impact of the Terminated Services on children and youth; and • Retention and/or Disposal of the Director's Records. 2.2 Submit the Exit Plan to the Director.
Resource Team	3	Review the Exit Plan, in consultation with FCSD (CMTT). 3.1 Determine the Exit Period. 3.2 Advise the Service Provider if the Exit Plan is approved or needs revisions.
FCSD (CMTT)	4	Consult with the Resource Team regarding the proposed Exit Plan.
Service Provider	5	Assist and cooperate with the Resource Team and other Service Providers in the execution of the Exit Plan. 5.1 Continue to provide services as planned.
Resource Team	6	Monitor the execution of the Exit Plan by ensuring both parties provide to each other with such reasonable information and assistance as may be required to create, revise, update and successfully execute the Exit Plan.
Director	7	Determine if there is a requirement to extend the Exit Period up to 6 months. 7.1 If the Exit Period must be extended, advise the Service Provider in writing with no less than 30 days' notice.

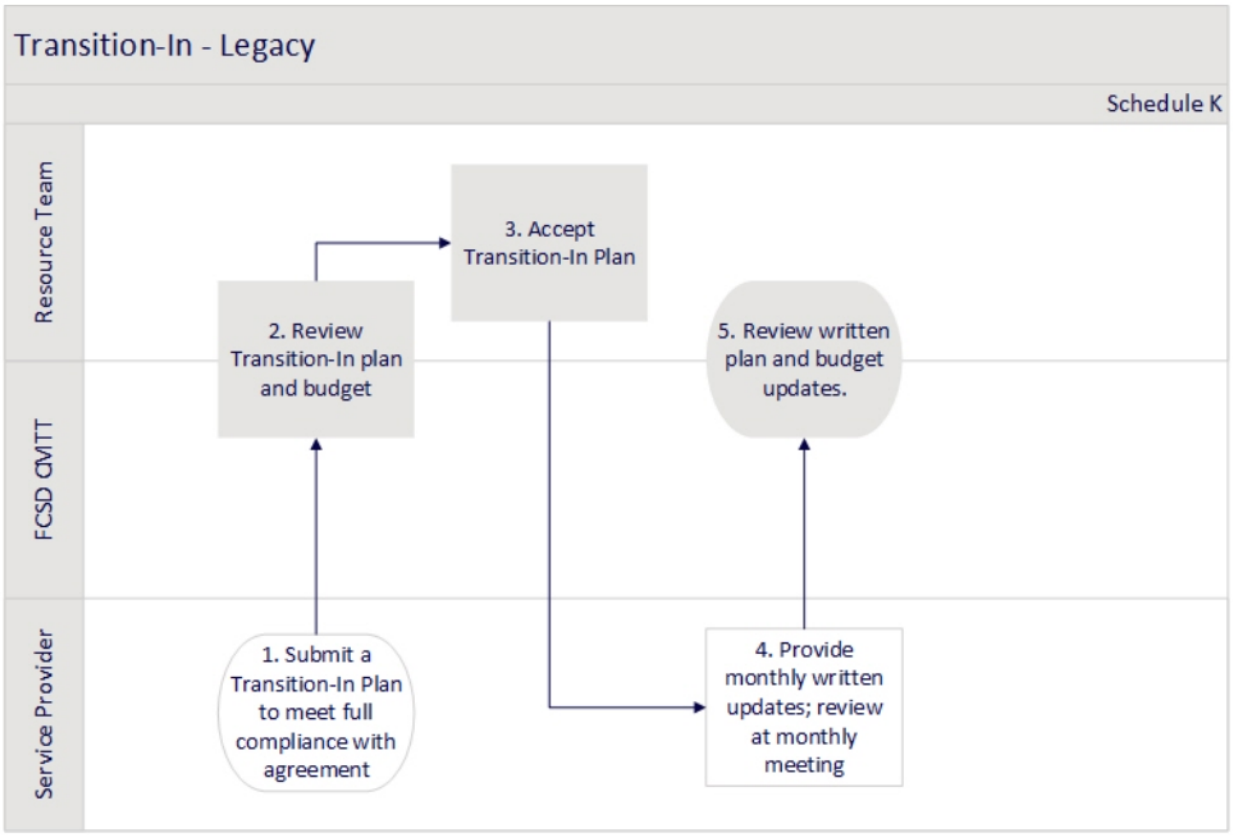
9.0 FINANCIAL PROCESSES

9.1 Transition-In - Legacy

9.1.1 Process Details

Purpose	Identify the required steps to ensure financial readiness during the transition-in period
Key Details	Any supplemental or OTO payments that are required during the Transition In phase are paid according to the process (below)
Process Owner	Resource Team & FCSD (CMTT)
Participating Roles	Resource Team FCSD (CMTT) Accounts Payable Service Provider
Related Processes:	Transition In - Legacy
Related Documents:	MSA (Legacy) - Schedule K MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy
Required System(s)	Specialized Services Portal ICM
Prerequisite Processes	None
Successor Processes	Payment Set Up/Assessing Need for Adjustment

9.1.2 Process Map



9.1.3 Procedures

Role	Step	Description
Service Provider	1	Within 60 days of the contract effective date, design and implement a project management program "Transition-In Plan" (Schedule K) to bring practices and procedures into full compliance with this agreement within 18 months.
Resource Team FCSD (CMTT)	2	Review Transition-In Plan as per Schedule K.
Resource Team	3	Accept Transition-In Plan and confirm in writing with the Service Provider that it has been accepted. Resource Team to retain a copy in the Service Provider file. Confirm with FCSD (CMTT) that the plan has been accepted and provide a copy of the approved plan.

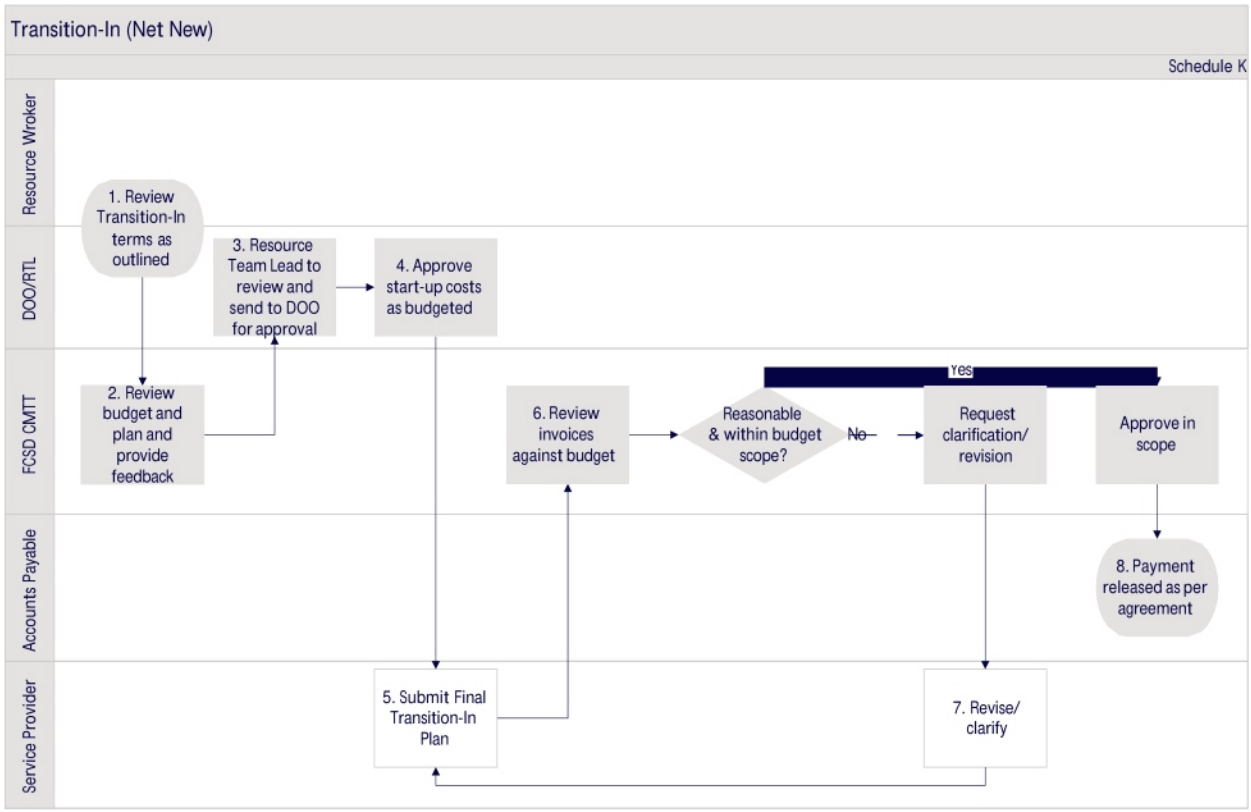
Service Provider	4	Provide monthly written updates against the Transition-In Plan to the Resource Team. Meet with the Resource Team monthly to review these updates.
Resource Team FCSD (CMTT)	5	Resource Team and FCSD (CMTT) review written plan and work with the Service Provider on any concerns in meeting the targets outlined in the Transition-In Plan.
Resource Team	6	Approve any changes to operational cost structure.

9.2 Transition-In Net New

9.2.1 Process Details

Purpose	Outline the required steps to establish a new SHSS resource and ensure operational, facility, and financial readiness for the net new contract.
Key Details	As part of the CFR process, Service Providers will submit a Transition-In plan.
Process Owner	Resource Worker & FCSD (CMTT)
Participating Roles	Resource Worker DOO FCSD (CMTT) Accounts Payable Service Provider
Related Processes	Transition-In Net New
Related Documents	MSA (Net New) – Schedule K MSA (Net New) – Appendix K1 Relevant sections of the SHSS policy CFR posted to BC Bid
Required System(s)	PCMS ICM Specialized Services Portal
Prerequisite Processes	Draw Down of Service Providers
Successor Processes	Payment Set Up/Assessing Need for Adjustment

9.2.2 Process Map



9.2.3 Procedures

Role	Step	Description
Resource Team	1	Review Transition-In terms as outlined in the prequalified package; these are determined as per MSA Appendix K1.
FCSD (CMTT) Analyst	2	Review budget and plan. Provide feedback to Resource Team.
Resource Worker	3	Review with the Resource Team Lead and send to DOO for approval.
DOO	4	Approve Transition-In Plan. *Note: Transition-In Plan informs completion of Schedule K.*

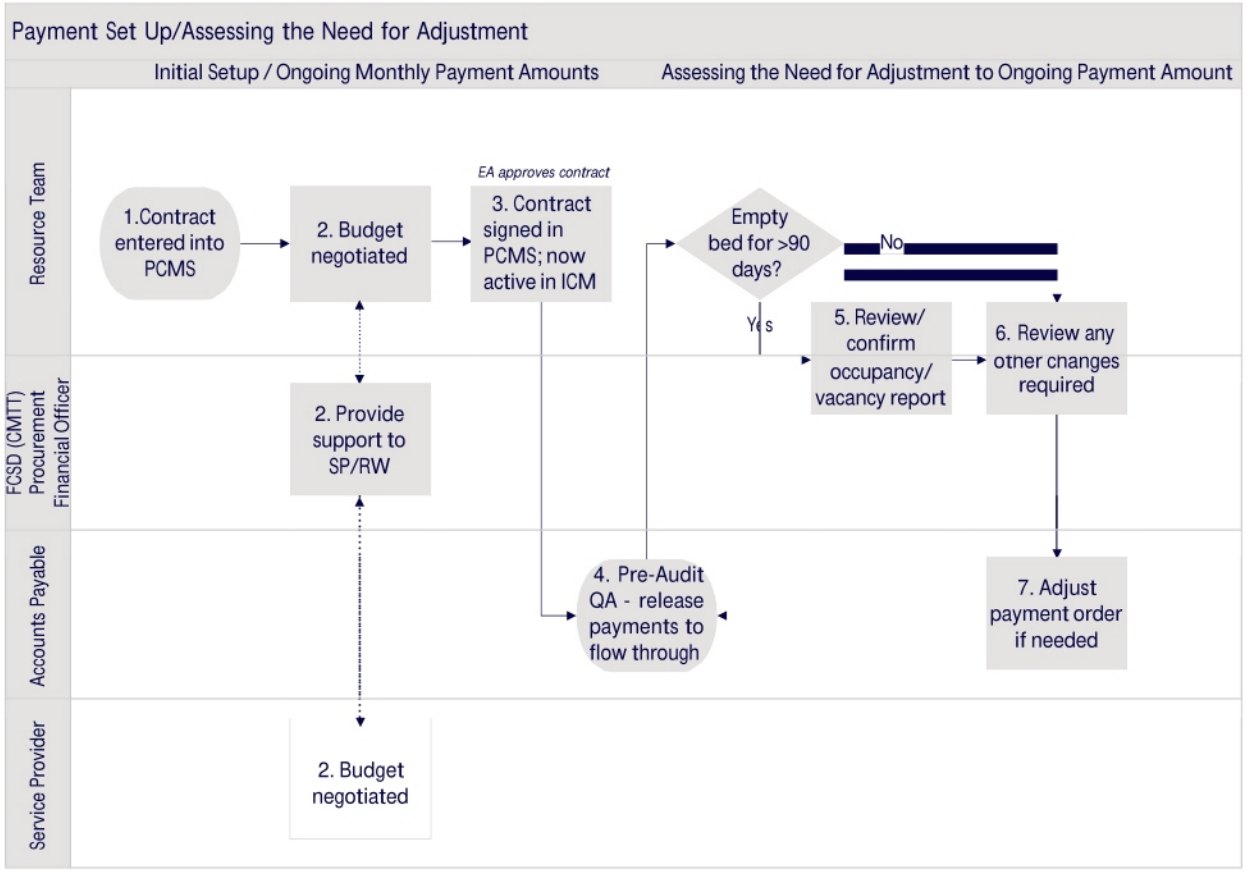
Service Provider	5	Within 5 business days from effective date of contract, submit a final Transition-In Plan to the Resource Worker.
FCSD (CMTT) Analyst	6	Review invoices against the budget and confirm the Transition-In Plan falls within budget scope. If no, request clarification/revisions from the Service Provider. Continue to **Step 7**. If yes, approve and send to Accounts Payable. Skip to **Step 8.**
Service Provider	7	Revise and/or clarify. Go back to **Step 6**.
Accounts Payable	8	Release payment as per agreed timeframe (Option A or B).

9.3 Payment Set Up /Assessing Need for Adjustment

9.3.1 Process Details

Purpose	Determine and set up monthly payment amounts, including Occupancy Based Variable Amounts.
Key Details	Note that placements are not to be made in new SHSS resources until the Transition-In phase is complete and the placement request process can begin.
Process Owner	Accounts Payable
Participating Roles	Resource Team FCSD (CMTT) – Financial Officer Accounts Payable Service Provider
Related Processes	None
Related Documents	MSA – Schedule H Service Provider Submitted Costing Tool Workbook (excel)
Required System(s)	PCMS ICM
Prerequisite Processes	Transition-In Net New or Transition-In Legacy
Successor Processes	None

9.3.2 Process Map



9.3.3 Procedures

Role	Step	Description
Initial Set Up / Ongoing Monthly Payment Amounts		
Resource Team	1	Contract authored in PCMS.
Resource Team Service Provider FCSD (CMTT) Financial Officer	2	Based on Costing Tool for Monthly, Occupancy-Based Variable Amount, Supplemental Funding, as well as As-Needed and One-Time-Only (Transition-In), confirm payment amounts and schedule. Provide support to the Service Provider and the Resource Worker on budget, workbook, and payment model.
Resource Team (EA) Service Provider	3	Service Provider and Ministry sign contract via PCMS. Contract is now active which triggers the contract to flow into ICM. (ICM creates the

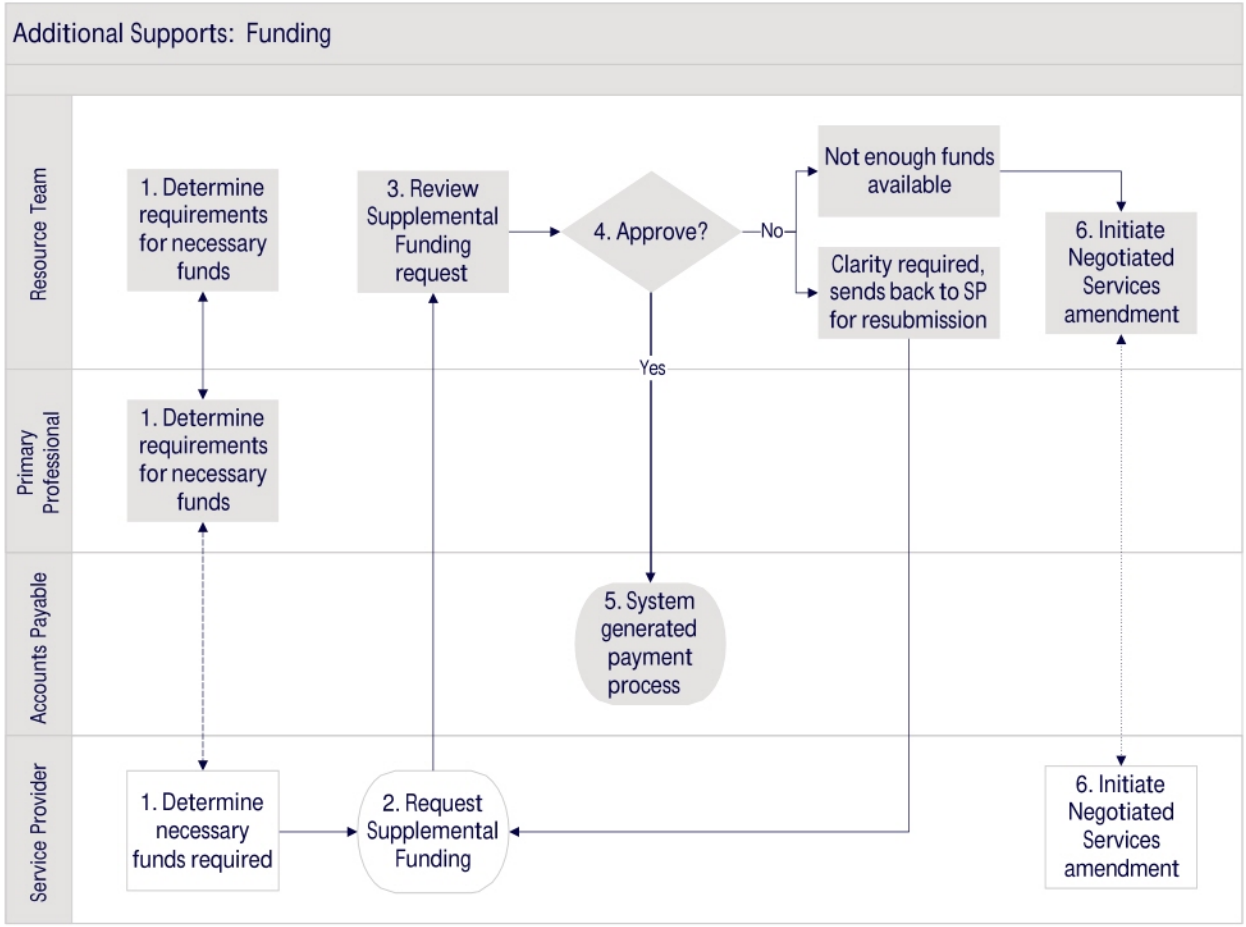
		contract, aka agreement, with the payment schedule from the contract in PCMS.)
Accounts Payable	4	Pre-audit QR to release payments to flow through in ICM. (Payments move from the "agreement" to an "order"). Create first set of orders in ICM; after that the system rolls it over and ongoing monthly payments begin automatically. Payment set up ends here. For ongoing months, continue to **Step 5** if there's a need for an adjustment. *Note: If there are concerns, Accounts Payable will consult with the Resource Team.* *Note: Detailed ICM processes are available in the ICM User Guide.*
Assessing the Need for Adjustment to Ongoing Payment Amount		
Resource Team	5	If, as a result of regular monthly monitoring of the Vacancy report, it is determined that a bed has been empty for more than 90 days, set up a meeting with the Service Provider and FCSD (CMTT) to review. If an adjustment of the variable amount is necessary, go straight to **Step 6**. If no adjustment needed, regular monthly payment proceeds.
FCSD (CMTT) Resource Team	6	Review any other changes required.
Accounts Payable	7	Adjust the payment order if needed. Go back to **Step 4**.

9.4 Additional Supports: Funding Request

9.4.1 Process Details

Purpose	Identify steps and roles involved in Service Provider request for OTO and/or supplemental funding for additional supports.
Key Details	Supplemental Supports includes services such as: • Extra staffing • Clinical and non-clinical Supports • One-time-only payments that may be for a child/youth's needs or may be for a facility (e.g., a significant repair)
Process Owner	Resource Team
Participating Roles	Resource Team Primary Professional Accounts Payable Service Provider
Related Processes:	Requesting Additional Supports
Related Documents:	MSA Schedule H
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

9.4.2 Process Map



9.4.3 Procedures

Role	Step	Description
Resource Team Primary Professional Service Provider	1	Determine if necessary Additional Supports are needed.
Service Provider	2	Submit estimate request for Supplemental Funding for Additional Supports as per MSA Schedule F via Specialized Services Portal.
Resource Team Primary Professional	3	Review request in ICM for Supplemental Funds. Consult with FCSD (CMTT) if needed (example: cross-contract verification for a supplemental service, such as Nursing).

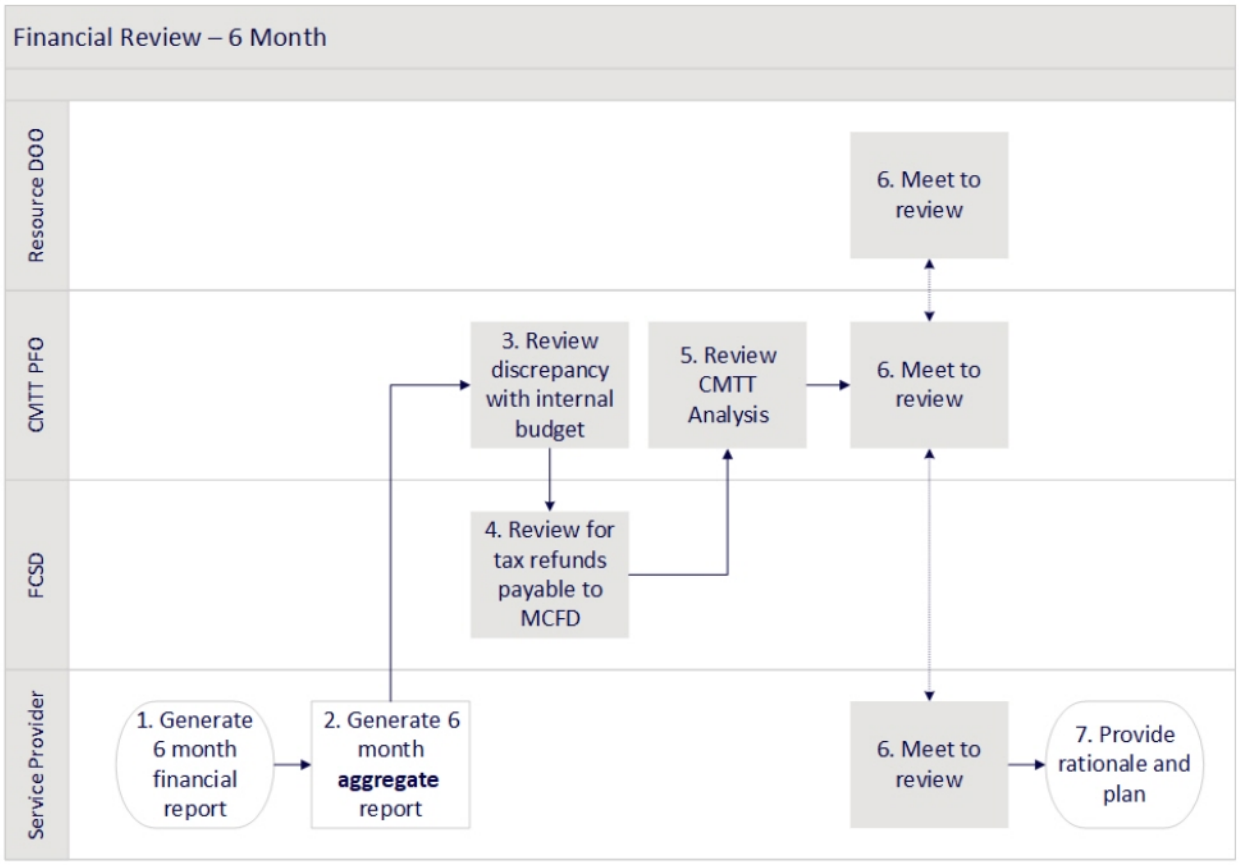
		3.1 The Primary Professional to provide the Service Provider confirmation of the approval of the support/service to be delivered.
Service Provider	4	Submit Additional Support Request for payment via Specialized Services Portal with supporting documentation attached.
Resource Team Leader	5	Approve or deny payment request in ICM. 4.1 If not approved, send back to Service Provider for resubmission and start process over at **Step 1.** 4.2 If not approved due to insufficient contract funds remaining, go to **Step 7.** 4.3 If approved, go to **Step 6.**
Accounts Payable	6	Pre-audit QR to release payments; system generated payment process in ICM.
Resource Team Service Provider	7	Initiate Negotiated Services Amendment Process if necessary.

9.5 Financial Review – 6 Months

9.5.1 Process Details

Purpose	To review per contract expenditures and performance.
Key Details	Six month reviews allow for individual contracts and Service Provider agencies to be reviewed and identify problems that may require course corrections in a timely and collaborative manner.
Process Owner	FCSD (CMTT)
Participating Roles	Resource Team FCSD (CMTT) FCSD Service Provider
Related Processes:	None
Related Documents:	MSA
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

9.5.2 Process Map



9.5.3 Procedures

Role	Step	Description
Service Provider	1	Generate 6-month financial reports or statements (dependent upon reporting period) for each contract that shows budgeted vs. actuals for each line. Send to mailbox: (MCF.agencyfinancialreporting@gov.bc.ca). *Note: Semi-annual reviews require reports, annual reviews require statements.*
Service Provider	2	Generate aggregate 6-month report that rolls up all contracts across the agency showing budgeted vs. actuals with explanations for variances.

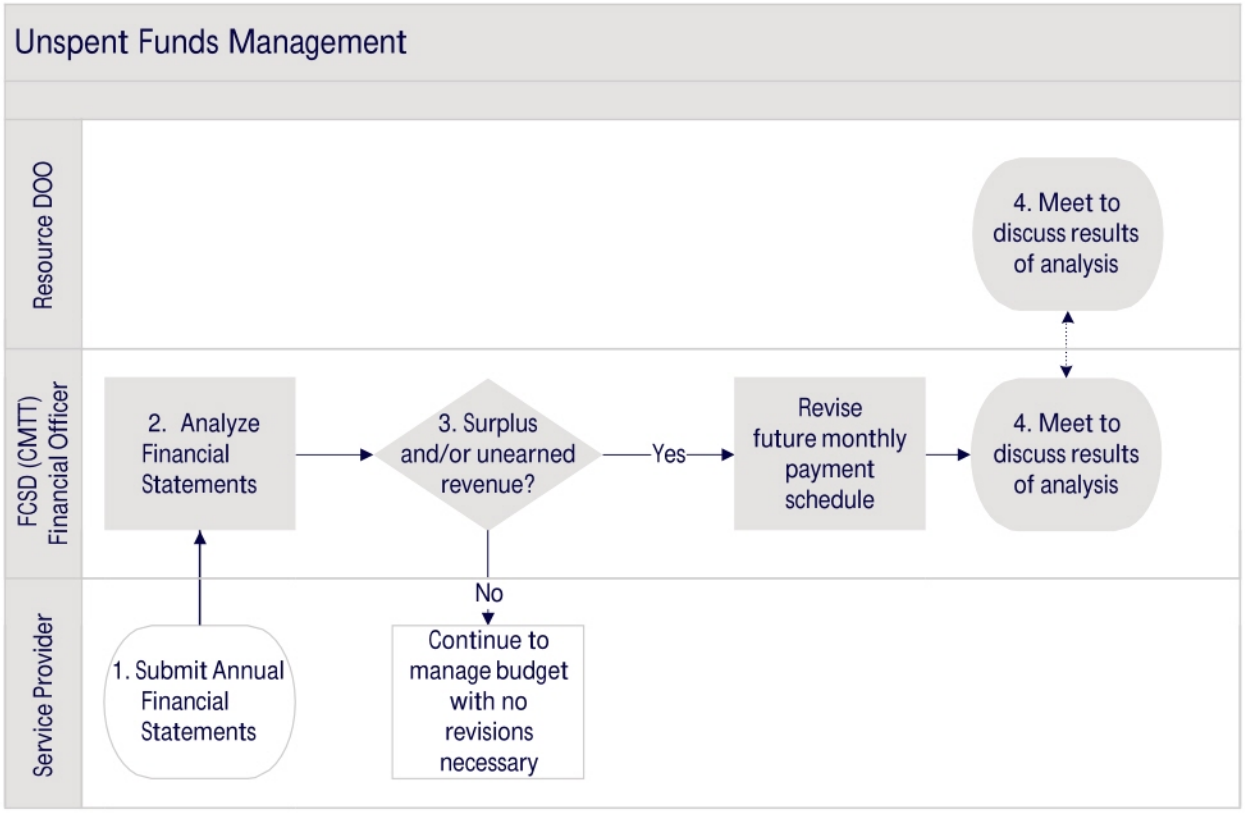
		Send to mailbox: (MCF.agencyfinancialreporting@gov.bc.ca)
FCSD (CMTT) Procurement Financial Officer	3	Review reports for discrepancies with internal budget per contract and per agency.
FCSD	4	As necessary, there may be a review of financial reports or statements for tax refunds payable to MCFD as per MSA Article 9 Section 9.9.
FCSD (CMTT) Resource DOO	5	FCSD (CMTT) and Resource DOO (for contract) and/or Resource Lead (for Service Provider) meet to review FCSD (CMTT) analysis. Review performance report in conjunction with budget trends.
FCSD (CMTT) Resource DOO	6	Meet with Service Provider to review and discuss reports and analysis.
Service Provider	7	Provide rationale and plan to manage any concerns/issues/discrepancies raised as a result in the review.

9.6 Unspent Funds Management

9.6.1 Process Details

Purpose	This process addresses how to assess and plan for the management of unspent funds.
Key Details	Chapter 30 of the Financial Policy and Procedures Manual is a core financial policy specific to unearned revenue and is applicable to SHSS. This process may occur within the funding period.
Process Owner	FCSD (CMTT)
Participating Roles	FCSD (CMTT) FCSD Service Provider
Related Processes:	Exit Management
Related Documents:	MSA 9.1
Required System(s)	ICM
Prerequisite Processes	None
Successor Processes	None

9.6.2 Process Map



9.6.3 Procedures

Role	Step	Description
Service Provider	1	Submit Annual Financial statements for previous reporting period to the FCSD (CMTT) (as per Financial Reporting and Management Requirements).
FCSD (CMTT) – Financial Officer	2	Review and analyze financial statements, alongside the review of previously submitted financial reports, for discrepancies with internal budget per contract and per agency and send to FCSD.
FCSD (CMTT) – Financial Officer	3	Is there a 5% (or more) budget surplus and/or unearned revenue? 3.1 If no, the Service Provider is to manage the budget with no revisions. 3.2 If yes, revise the future monthly payment schedule (if possible, according to financial policies) to balance contract expenditures or arrange repayment as per MSA 9.1.

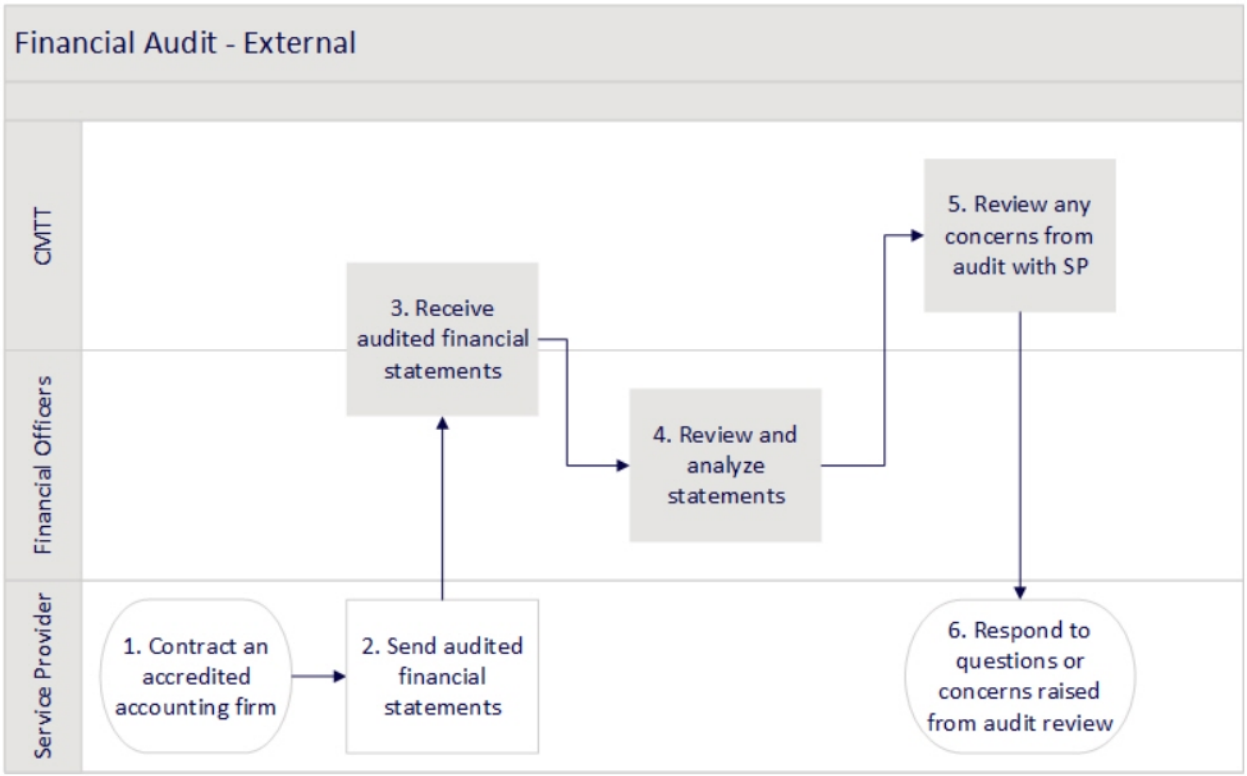
FCSD (CMTT) Resource DOO	4	Meet to discuss results of the analysis and plan for meeting with the Service Provider.

9.7 Financial Audit - External

9.7.1 Process Details

Purpose	Financial statements must be completed in accordance with generally accepted accounting principles on a fund accounting basis.
Key Details	Audits must be completed by a 3rd party in accordance with the Canadian Standard on Review Engagements as described in the Chartered Professional Accountants Handbook.
Process Owner	FCSD (CMTT)
Participating Roles	FCSD (CMTT) Financial Audit & Analysis Service Provider
Related Processes:	None
Related Documents:	MSA Article 11 MSA Schedule F
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

9.7.2 Process Map



9.7.3 Procedures

Role	Step	Description
Service Provider	1	Contract an accredited accounting firm to audit their financial statements with a schedule specifically for SHSS contracts.
Service Provider	2	Within 90 days of the end of the fiscal year, send audited financial statements by email to MCF.agencyfinancialreporting@gov.bc.ca, to FCSD (CMTT) and to Financial Audit & Analysis.
FCSD (CMTT) - Procurement Financial Officers	3	Receive audited financial statements.
FCSD (CMTT) - Procurement Financial Officers	4	Review risk assessment, analyze audited financial statements and associated schedules against contract.

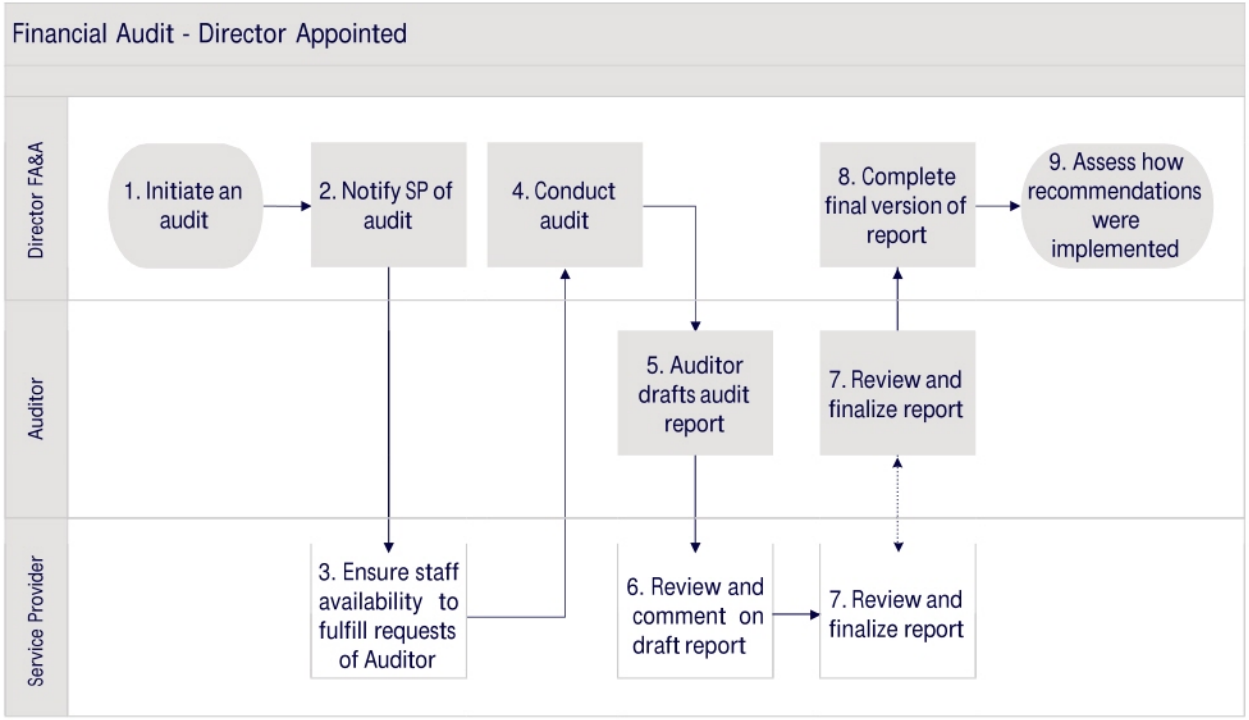
FCSD (CMTT)	5	With Resource DOO, review any concerns from the audit with the Service Provider.
Service Provider	6	Provide responses to questions or concerns raised from the audit review to FCSD (CMTT) and Financial Audit & Analysis.

9.8 Financial Audit - Director Appointed

9.8.1 Process Details

Purpose	The explain the process when the Director identifies that an audit is needed.
Key Details	These audits are identified by the director annually, based on risk. They are detailed in the MCFD Annual Audit Plan.
Process Owner	Director of Financial Audit and Assurance (Director of FA&A)
Participating Roles	Director of Financial Audit and Assurance FCSD (CMTT) Auditor Service Provider
Related Processes:	None
Related Documents:	MSA 11.2 The MCFD Audit Guide
Required System(s)	None
Prerequisite Processes	None
Successor Processes	None

9.8.2 Process Map



9.8.3 Procedures

Role	Step	Description
Director of FA&A	1	As per MCFD Annual Audit Plan, initiate audit and and notify to FCSD (CMTT) and others, as per MSA 11.2. *Note: FCSD (CMTT) is made aware but does not participate*
Director of FA&A	2	Notify Service Provider of the schedule of the audit.
Service Provider	3	Ensure staff are available to fulfill all requests of the auditor to conduct the audit.
Director of FA&A	4	Conduct audit.
Auditor	5	Draft audit report and provides a draft copy to the Service Provider.
Service Provider	6	Review and comment on the draft report and submit to the Director of FA&A.

Auditor & SP	7	Auditor and Service Provider meet to review and finalize report.
Director of FA&A	8	Complete final version of the report and provides copies to the Director of Operations, Provincial Resources, who will then share the report with other relevant Resource DOOs/TLs.
Director of FA&A	9	Collaborate with the FCSD (CMTT) and Resource DOO to assess how recommendations were implemented (6 months post audit). Meet with the Service Provider as needed.

10.0 Reporting Processes

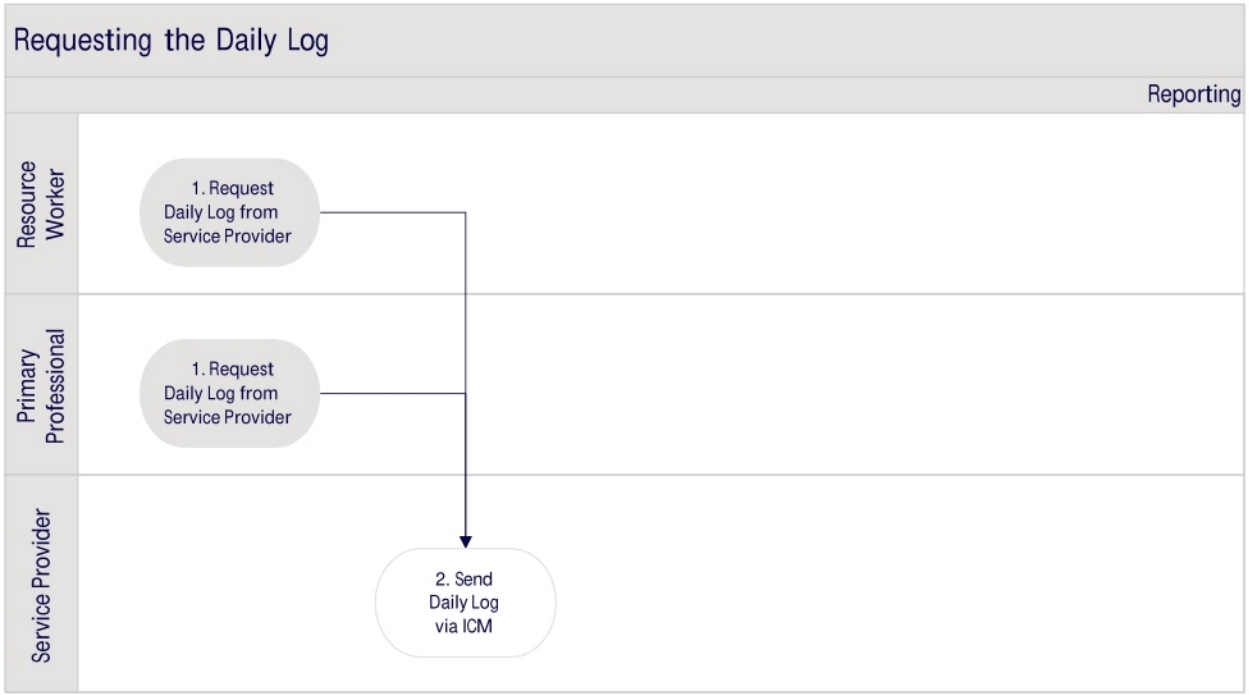
10.1 Requesting the Daily Log

10.1.1 Process Details

Purpose	Service Providers keep a daily log related to each child or youth placed in an SHSS resource. The Daily Log may be requested by the Primary Professional for oversight of the care for the child/youth or by the Resource Worker as oversight of the contract/resource.
Key Details	The SHSS Service Provider must update the Daily Log section of the SHSS Service Plan daily, with information about, and activities completed by, the child or youth. The Service Provider is to document day-to-day activities and information via the Specialized Services Portal, capturing progress towards goals across the four domains. The Daily Log serves several functions, including: • Local planning for Service Providers; • Note capturing about the day-to-day care of the child or youth, including any important events, incidents, accidents, and use of restraint; • Documenting the child's/youth's progress generally, as well as notes/progress towards their goals across the four domains; • Supporting information sharing among caregivers at the SHSS resource.
Process Owner	Service Provider
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	None
Related Documents	None

Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Ongoing SHSS Service Planning
Successor Processes	Reviewing Monthly Check-in Measuring Progress Towards Goals

10.1.2 Process Map



10.1.3 Procedures

Role	Step	Description
Resource Worker	1	Determine, in consultation with the Resource Team Lead, the need to request the Daily Log from the Service Provider. The Resource Worker may collaborate with the Primary Professional on the need for the Daily Log. 1.1 The staff member sends a request for access to the Daily Log via ICM.
Primary Professional	1	Determine, in consultation with Team Leader, the need to request the Daily Log from the Service Provider.

		Request access to the Daily Log via the Resource Worker.
Service Provider	2	After receipt of the request from the RW, the Service Provider provides access to the Daily Log via ICM.

10.2 Reviewing Monthly Check-In

The Monthly Check-In is a monitoring and reporting function of the SHSS Service Plan. The SHSS Service Provider is responsible for completing the Monthly Check-In with the child or youth each month.

This occurs on a monthly basis for **Long-Term Specialized Care, Respite Care, and Low-Barrier Short-Term Stabilization Care.**

This occurs on a bi-monthly basis for **Emergency Care**.

For SHSS **Respite Care** only, the SHSS Service Provider is responsible for completing the Monthly Check-In with the child/youth's parent/guardian, caregiver, and/or out-of-care provider each month.

The Monthly Check-In is a process of gathering the voice of the child/youth, family, and SHSS Care Circle to report on different measures of the child/youth's experience in the SHSS resource. It is completed through conversations and observations, and is done in a culturally safe, trauma informed, and developmentally appropriate way. The Service Provider follows the guidance provided in the SHSS Monthly Check In Guidelines for Service Providers and assigns a rating of 1-5 for each area assessed.

Additional information or comments include:

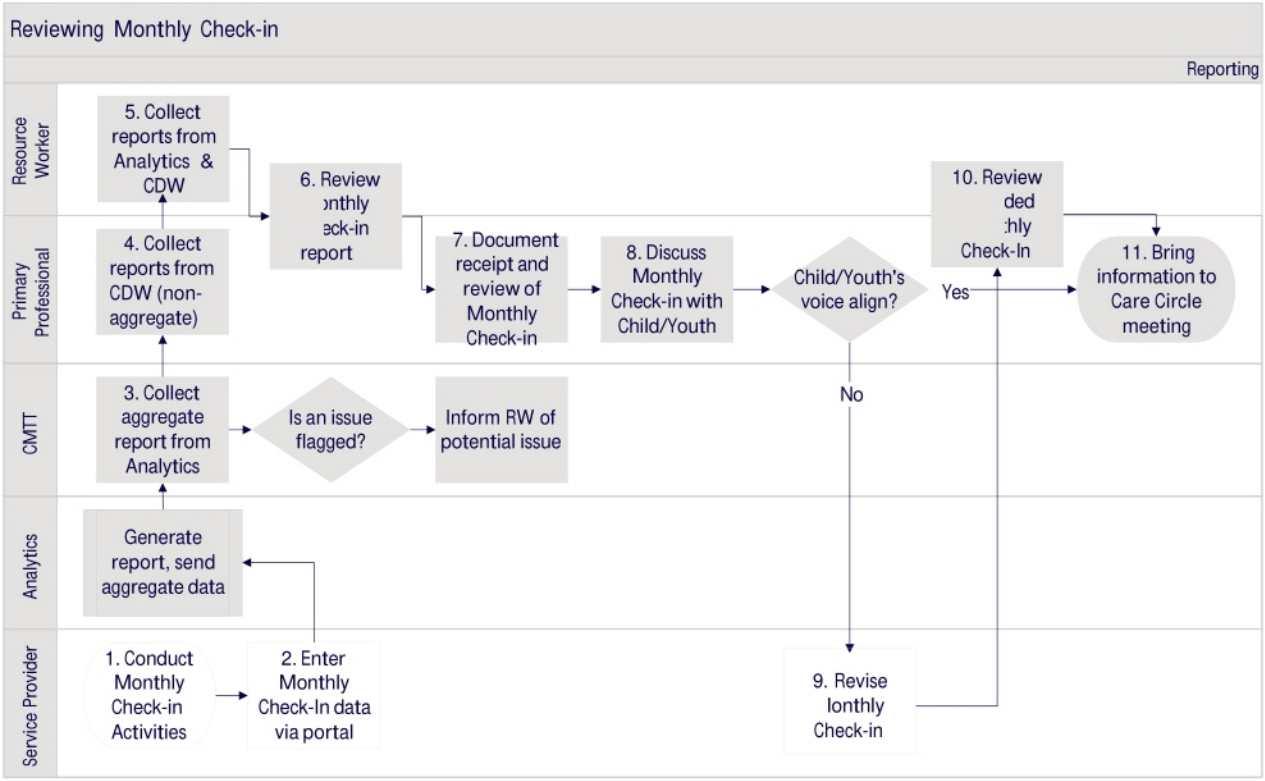
- Why the rating from 1 to 5 was selected
- Supporting information such as the child/youth's words or behaviours
- Any non-verbal communication and/or use of alternative communication tools etc.

The Monthly Check-In ensures that the child/youth's voice is meaningfully considered and reflected in their care, and that both MCFD and the Service Provider understand the child's or youth's perspective and experience.

10.2.1 Process Details

Purpose	The information collected during the Monthly Check-In is used to understand the child/youth's experience living in the SHSS home, inform service planning for the child/youth, and measure against Performance Standards for the SHSS resource. It is reported to and reviewed by MCFD.
Key Details	Sharing information from the Monthly Check-In with the SHSS Care Circle should be done in a trauma-informed way. In addition to providing details about the child or youth, the information gathered through this process may also be used by the Resource Worker to inform conversations at the 90-day review, and Performance Standards reviews as per Schedule C. In Respite Care, this process and procedures are also repeated with the child or youth's family/caregivers.
Process Owner	Service Provider
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	None
Related Documents	SHSS Service Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Reviewing and Maintaining the SHSS Service Plan
Successor Processes	Ongoing SHSS Service Planning

10.2.2 Process Map



10.2.3 Procedures

Role	Step	Description
Service Provider	1	Complete the Monthly Check-In activities in compliance with Schedule C. The Monthly Check-In Guidelines for Service Providers supports this function.
Service Provider	2	Document the information from the Monthly Check-In in the Specialized Services Portal.

FCSD (CMTT)	3	Receive and review an aggregate report from Analytics. 3.1 Review report for any potential issues involving intended outcomes as per Schedule C. 3.2 If an issue is flagged, inform the Resource Worker of the potential issue with the SHSS Service Provider. *(*This process is still under development.)*
Primary Professional	4	Review the Monthly Check-In report for the child/youth.

		The Monthly Check In information is visible in the Placement Management tab of the CS Case in ICM.
Resource Worker	5	Review both the Monthly Check-In child-specific information and the aggregate data for the Service Provider. *(*The process for gathering aggregate data is still under development.)* 5.1 Document receipt of the Monthly Check-In in the Place of Service file.
Primary Professional	6	Engage with the Resource Worker regarding the information contained in the Monthly Check-In report. 6.1 Collaboratively review and assess the information in the Monthly Check-In report against Performance Standards outlined in Appendix D of the MCFD Staff Policy for SHSS specific to each SHSS Service type. 6.2 If necessary, establish an appropriate response in collaboration with Team Leaders. If the response includes a follow-up with the child/youth, follow the procedure Determining Child Specific Follow Up Actions of Monthly Check-in.
Primary Professional	7	Document receipt and review of Monthly Check-In in ICM (CS Case Notes tab).
Primary Professional	8	Perform routine visit with child/youth. 8.1 Discuss the Monthly Check-In information with the child/youth at their next routine visit to ensure that the SHSS Service Provider accurate and appropriately reflected the child/youth's voice. 8.2 If the information contained in the Monthly Check-In aligns with the child/youth's response, skip to **Step 11**. 8.3 If the information contained in the Monthly Check-In does not align with the child/youth's response, consult with Team Leader, and contact the Resource Worker and Service Provider and continue to **Step 9**.
Service Provider	9	Convene with the Primary Professional and Resource Worker, if necessary, to revise or amend the Monthly Check-In information to ensure all important information is reflected within the Monthly Check-In. 9.1 Send the updated Monthly Check-In report to the Primary Professional and Resource Worker.
Primary	10	Review the amended or revised Monthly Check-In to ensure it

Professional/Resource Worker		accurately reflects the information shared by the child/youth and the Service Provider. 10.1 Document receipt and review of revised Monthly Check-In.
Primary Professional	11	As appropriate, bring information from the Monthly Check-In to the next SHSS Care Circle meeting to inform service planning.

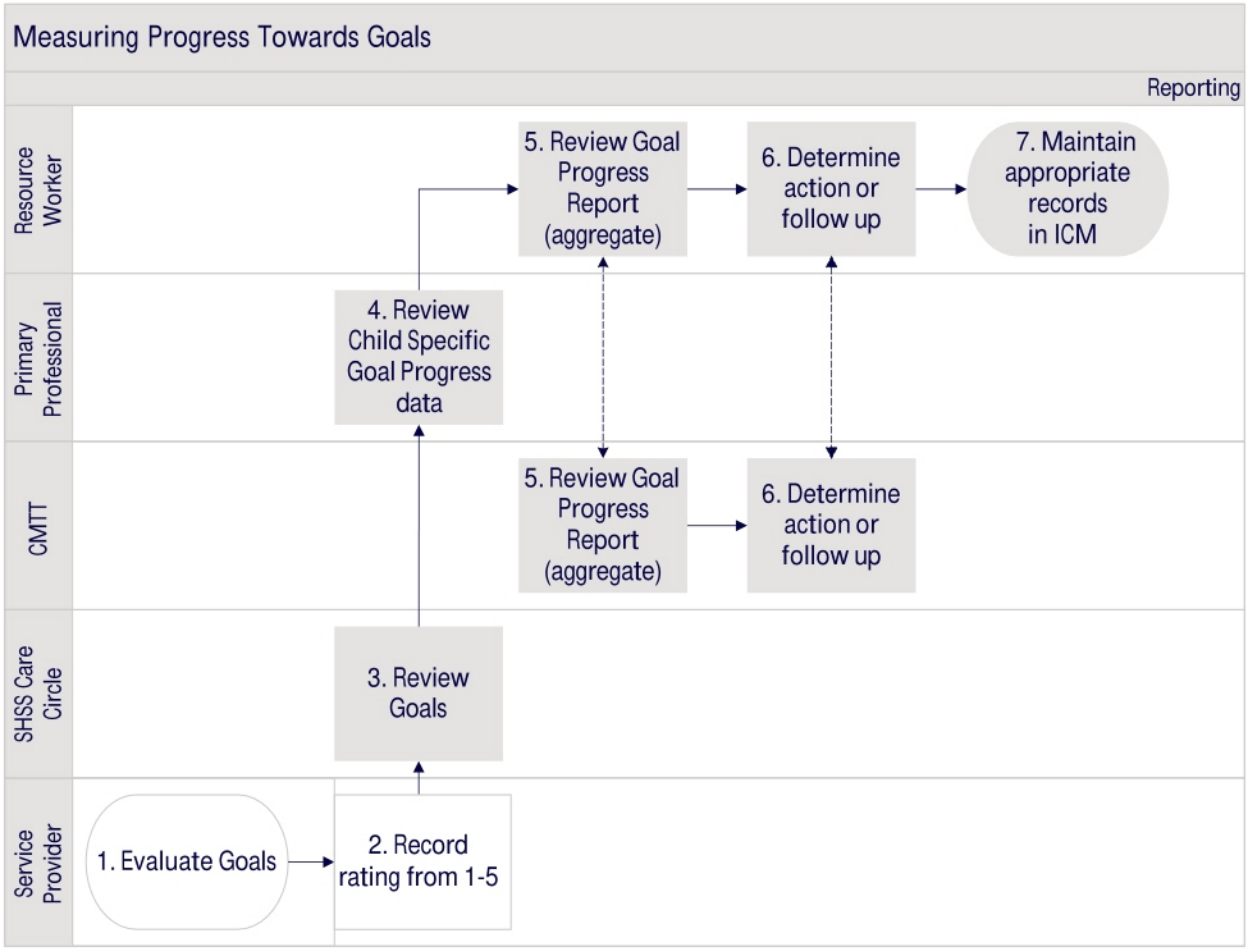
10.3 Measuring Progress Towards Goal

10.3.1 Process Details

Purpose	Measure progress on the identified Goals for each Domain that are aligned with the overall outcomes outlined in the child/youth's existing plans.
Key Details	**Goals** are meaningful to the child or aligned with the child's/youth's best interests and driven by the child/youth, in collaboration with the SHSS Care Circle and Primary Professional. (Children and youth may express Goals in different ways and with varying level of support from their SHSS Care Circle). **Domains** means the four categories in which Goals are created within the SHSS Service Plan, being: • Community Inclusion / Belonging • Developmental (Cognitive, Behavioural, Physical) • Social, Emotional and Day-to-Day Wellness • Cultural Attachment and Connectedness Measurement of a child/youth's progress towards goals is completed through the SHSS Service Plan and assessed by the child/youth's Care Circle. The Service Provider uses the Specialized Services Portal to record the child/youth's response to the questions using a rating from 1 to 5 and adds additional comments about the selected rating for each question. Additional information or comments include: • Why the rating from 1 to 5 was selected • Supporting information such as the child/youth's exact words or response • Any non-verbal communication and/or use of alternative communication tools etc. Measurement of a child/youth's progress towards Goals in the SHSS Service Plan is used for reporting: • To ensure children/youth are benefiting from the service as intended.

	• To ensure children/youth are making progress towards their goals related to their respite stay duration. • To ensure new Goals are established on an ongoing basis as existing goals are achieved. The "**Target**" sets out the target level of performance or quality that the Service Provider must meet or exceed in relation to the Performance Standard. The "**Tolerance**" is the lowest acceptable level of performance or quality in respect of the Performance Standard. The Tolerance is also used as the threshold for Performance Standard Failures in relation to Performance Standards, as outlined in Schedule C. In alignment with service provision, steps include: 1. Gathering info throughout conversations etc. 2. Having an SHSS Care Circle meeting. 3. Reviewing progress with the group. 4. Service Provider documenting the progress. 5. Reports provided to Primary Professional, FCSD (CMTT), Resource Worker 6. Reports analyzed and acted upon by those above in consultation with Team Lead as needed. 7. Reports inform conversations/reviews as per other parts of the policy.
Process Owner	Service Provider
Participating Roles	Resource Worker Primary Professional Service Provider
Related Processes	Reviewing Monthly Check-In
Related Documents	SHSS Service Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

10.3.2 Process Map



10.3.3 Procedures

Role	Step	Description
Service Provider	1	Continuously evaluate Goals outlined in the child/youth's SHSS Service Plan with input and insight from the SHSS Care Circle and the child/youth.
Service Provider	2	Appropriately measure the progress toward Goals and Strategies based on the input of the child/youth and the Care Circle. Progress is discussed at SHSS Care Circle meetings as per the time frames indicated in the policy. *Note: Input from the child/youth is based on developmental ability* 2.1 Consult with the Primary Professional and SHSS Care Circle.

		2.2 Record a rating of 1-5 in the Specialized Services Portal on the progress towards goals, including comments.
SHSS Care Circle	3	As part of the review: • Ensure that Goals exist, make sense, and are appropriate for the child/youth. • Adapt or establish new goals if an existing goal is no longer appropriate or suitable for a child/youth. • Provide the right supports and strategies and enable the appropriate services to help the children/youth make progress towards their goals. 3.1 Record any changes/amendments/new Goals into the SHSS Service Plan
Primary Professional	4	Collect and review Goal progress child-specific information data.
Resource Worker FCSD (CMTT)	5	Collect and review Goal progress child-specific information data and aggregate data for Service Provider. *Note: Pending reports available from Data Warehouse, Resource Worker and FCSD (CMTT) will need a manual process.* *Note: FCSD (CMTT) will use this data for contract monitoring functions. Resource Worker will use this as part of Performance Standards and as part of 90-day reviews.* *Note: there will be gaps in reporting, for example due to the age of child (Age 0, this may impact performance metrics re: not providing reports).* 5.1 Log into Data Warehouse to ensure measurement of goals has been completed to the minimum standard as per the Service Type contract. 5.2 Receive and review report generated from Analytics.
Resource Worker FCSD (CMTT)	6	Determine if an action or follow-up is required. Consider the targets and tolerances set out in Schedule C. 6.1 If action is required, determine the appropriate response to the performance standards in consultation with the Resource Team Leader, following the processes and approaches detailed in the Agreement (Schedule C and Schedule G).
Resource Worker	7	Document the receipt and review of Goal Progress.

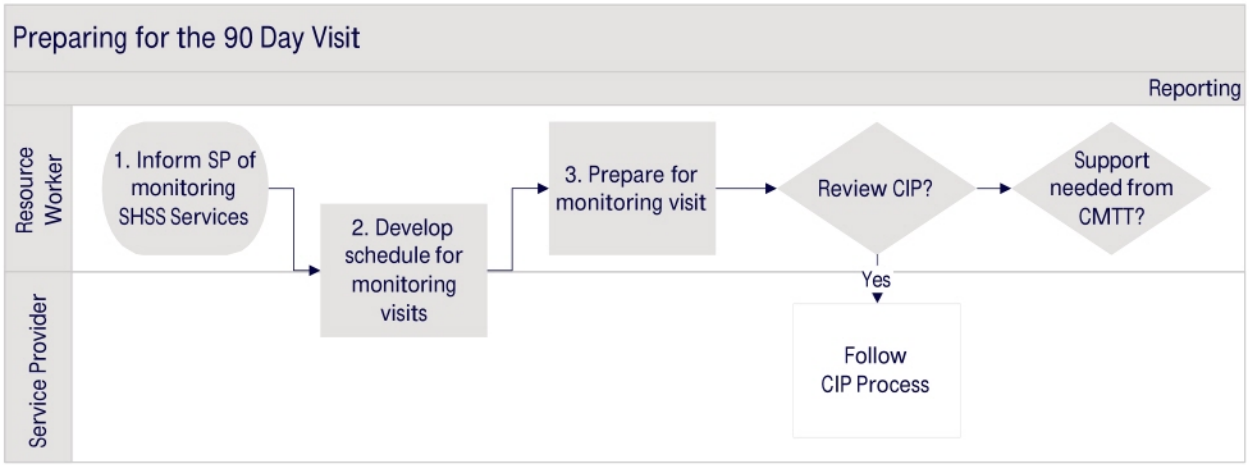
		7.1 If action or follow-up are required, document all details of follow-up within ICM.

10.4 Preparing for 90-Day and Annual Review

10.4.1 Process Details

Purpose	Resource Workers seek feedback from Primary Professionals, review Monthly Check-In and Goal progress activities, and review the SHSS Service Plans for children/youth placed in a specific SHSS Care Setting as tools to aid in assessing the quality of the services being provided. The information collected will guide discussions about the delivery of services during the 90-Day and Annual Reviews.
Key Details	An Annual Review may take the place of a 90-day Review where policy requirements for timeframes are met.
Process Owner	Resource Worker
Participating Roles	FCSD (CMTT) Service Provider
Related Processes	Continuous Improvement Plan
Related Documents	SHSS Service Plan Aggregated Reports
Required System(s)	ICM
Prerequisite Processes	Transition-In - Net New Transition-In - Legacy
Successor Processes	None

10.4.2 Process Map



10.4.3 Procedures

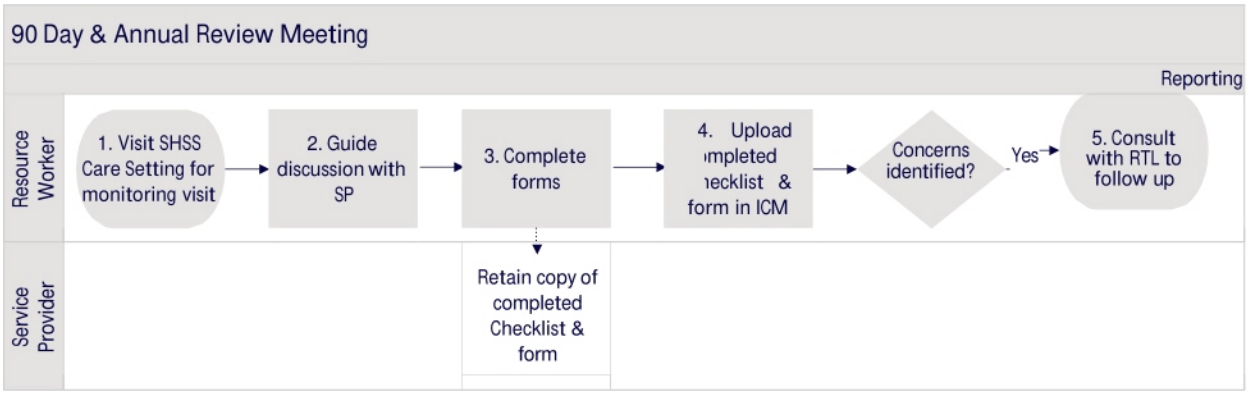
Role	Step	Description
Resource Worker	1	During the Transition-In Period, inform the Service Provider of the responsibility and purpose of monitoring SHSS Services. *Note: Activities related to Transition-In Services do not replace 90-Day and Annual Review activities.*
Resource Worker	2	Develop a schedule for 90-Day and Annual Review meetings that meet the timeframes as described in *MCFD Staff Policy for SHSS*. 2.1 If the Monitoring visit is delayed: • Develop a plan for rescheduling the visit. • Seek approval from the Resource Team Lead. • Document the delay of the meeting, and plan to reschedule.
Resource Worker	3	Prepare for the 90-Day/Annual Review meeting by considering the following items: • Feedback from Primary Professionals who have had children/youth placed at the SHSS resource • Review the SHSS Care Plans of children/youth who have resided in the SHSS Care Setting • Aggregate reports generated from the SHSS Care Setting • The SHSS Service Provider's performance in meeting children/youth's cultural needs. • SHSS Care Setting's Continuous Improvement Plan (CIP). 3.1 If it is determined that the Resource Worker requires support with the contractual obligations that need to be met by the SHSS Service Provider, they may consult with FCSD (CMTT). 3.2 If it is determined that it is time to review the CIP, follow the Continuous Improvement Plan process and include as part of the 90-Day/Annual Review.

10.5 90-Day and Annual Review Meeting

10.5.1 Process Details

Purpose	Meeting with the Service Provider at the SHSS Care Setting to review and monitor quality service delivery of the SHSS Service.
Key Details	As part of policy iteration, a comprehensive review and update to the 90-Day Visit, Annual Review, and Quality of Care Review policy will be completed through a collaborative process with key groups. The monitoring information below is essential for this first iteration of the SHSS policy. the updated policy will be added once complete.
Process Owner	Resource Worker
Participating Roles	Service Provider FCSD (CMTT)
Related Processes	Continuous Improvement Plan Reviewing Monthly Check-In Measuring Progress Towards Goal
Related Documents	90-Day & Annual Review Form SHSS Environment of Care Checklist Aggregate Report Continuous Improvement Plan MCFD Core Policy MCFD Staff Policy for SHSS SHSS Service Provider Operational Policy
Required System(s)	ICM
Prerequisite Processes	Preparing for 90-Day & Annual Review
Successor Processes	Annual Performance Standards Review

10.5.2 Process Map



10.5.3 Procedures

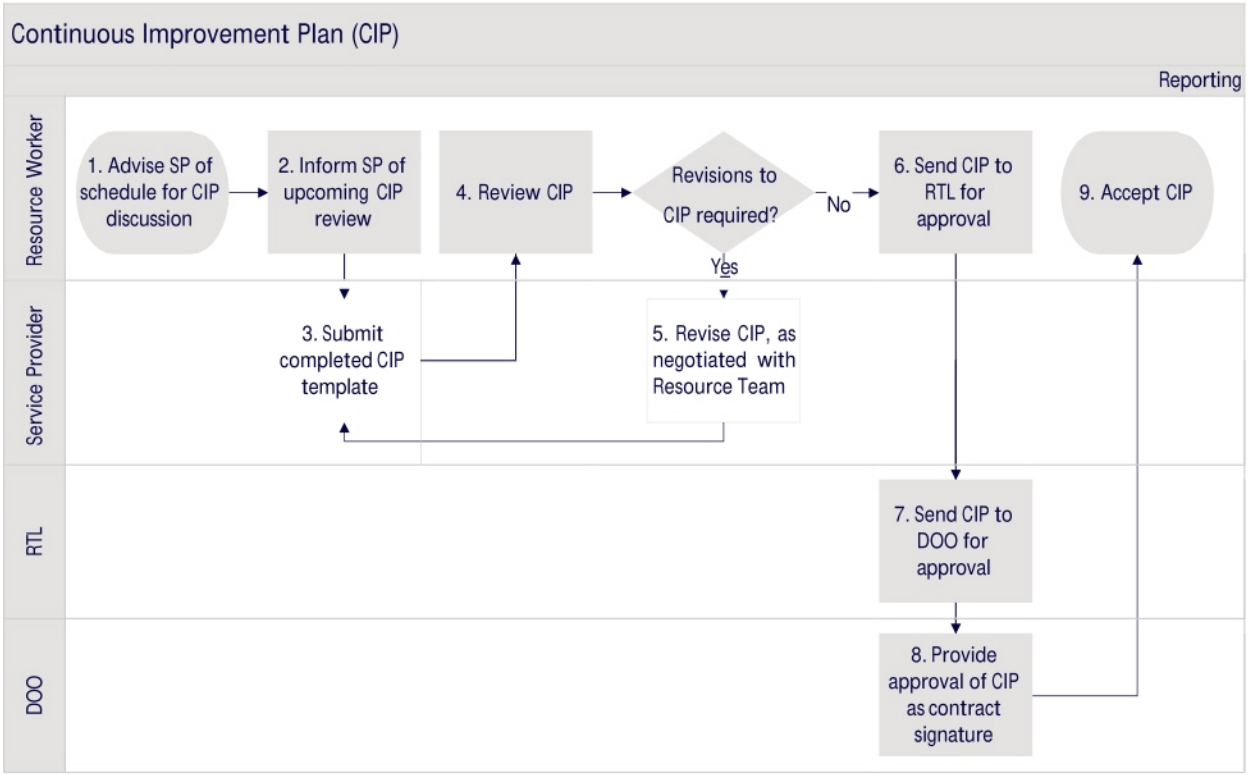
Role	Step	Description
Resource Worker	1	As per the meeting schedule, physically visit the SHSS Care setting to conduct the 90-Day or Annual Review.
Resource Worker	2	Using the information gathered in Preparing for the 90-Day and Annual Review Process, guide the discussion as per the SHSS MCFD Policy - Monitoring.
Resource Worker	3	Complete the appropriate forms: • Environmental Checklist • 90-Day or Annual Review form 3.1 Where there are items requiring follow-up, document a plan and time frame for review.
Resource Worker	4	Provide the Service Provider with copies of completed documentation. Ensure the completed Environmental Checklist and 90 Day or Annual Review is appropriately filed. 4.1 Document that the 90-Day or Annual Review meeting has occurred and any plan for required follow up.
Resource Worker	5	If concerns are identified, consult with the Resource Team Lead to determine the next steps.

10.6 Continuous Improvement Plan

10.6.1 Process Details

Purpose	The Continuous Improvement Plan (CIP) is the SHSS Service Provider's plan to continuously make their services better.
Key Details	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. The CIP includes: • Vision & Mission Statement • Training Plan for Service Provider Personnel • Professional Development of Service Provider Personnel • Community Connection & Relationship • Staff Retention & Recruitment • Cultural Safety • Identified Areas for Improvement
Process Owner	Service Provider
Participating Roles	Resource Worker DOO Service Provider
Related Processes	Transition-In Services 90-Day/Annual Review Meeting
Related Documents	SHSS (SP) Continuous Improvement Plan
Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	None
Successor Processes	None

10.6.2 Process Map



10.6.3 Procedures

Role	Step	Description
Resource Worker	1	Inform the Service Provider of their CIP schedule.
Resource Worker	2	Inform the Service Provider that a CIP review is upcoming.
Service Provider	3	Complete the CIP template (first to occur within 3 months of the effective date of the contract, and semi-annually by March 31 of each year). 3.1 At the request of the Resource Worker, submit 60 days prior to the Annual Review Visit in the Specialized Services Portal.
Resource Worker	4	Review the CIP to ensure compliance with Schedule B - Services, specific to Service Type. 4.1 Determine if it is necessary to incorporate any proposed change into the CIP, following the principles set out in Schedule G - Governance.

		Note: The Resource Worker may consult with FCSD (CMTT), as needed. If revisions are recommended, continue to **Step 5**. If no revisions are recommended, skip to **Step 6.**
Resource Worker	5	Set up a meeting to discuss and review the CIP to collaboratively amend the Service Provider's CIP submission to align with Schedule B. 5.1 Document the discussion and the proposed change. Return to **Step 2.**
Resource Worker	6	Send CIP to Resource Team Lead for approval.
Resource Team Leader	7	Send CIP to DOO for approval.
DOO	8	Receive CIP for review and approval. 8.1 Review CIP. If not approved, return to Resource Team Lead/Resource Worker to return to **Step 2.** 8.2 Approve CIP as contract signature. 8.3 Advise Resource Worker of approval.
Resource Worker	9	Advise Service Provider that the CIP for the SHSS Care Setting has been approved. 9.1 Document acceptance of the CIP and note any items to be actioned by the SHSS Care Setting.

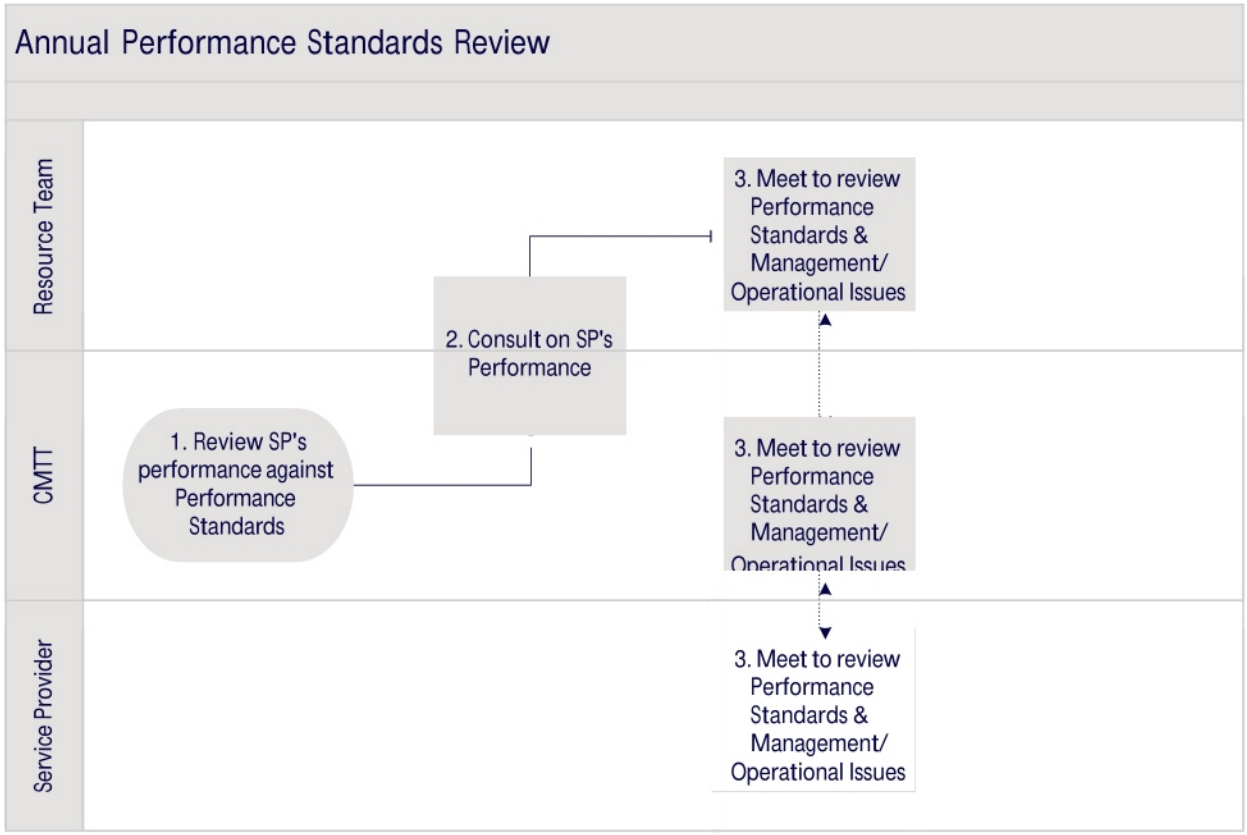
10.7 Annual Performance Standards Reviews

10.7.1 Process Details

Purpose	At least once annually as part of contract management, there will be a meeting to review: • The Performance Standards and SHSS Service Provider's performance against the Performance Standards. • Any management and operational issues relating to the Performance Standards and any related standards.
Key Details	Appendix C, specific to SHSS Service type. For each Performance Standard, the Resource Worker and FCSD (CMTT) will review the Service Provider's performance against the Performance Standards based on either the Reporting Frequency or the Calculation Frequency as determined by Schedule C2 **Detailed Performance Standards** of the contract. FCSD (CMTT) will conduct the Calculation to review the progress and attainment (i.e., whether the Service Provider has met or exceeded the Target or Tolerance) of each with the Service Provider. **Calculation Frequency** – A description of how often the Performance Standard calculation will be performed. **Reporting Frequency** – A description of how often the party with Data Input Responsibility is required to enter or submit data to the Data Source. The "**Target**" sets out the target level of performance or quality that the Service Provider must meet or exceed in relation to the Performance Standard. The "**Tolerance**" is the lowest acceptable level of performance or quality in respect of the Performance Standard. The Tolerance is also used as the threshold for Performance Standard Failures in relation to Performance Standards, as outlined in section 5 of this Schedule.
Process Owner	FCSD (CMTT)
Participating Roles	Resource Worker FCSD (CMTT) Service Provider
Related Processes	90-Day and Annual Review Meeting Continuous Improvement Plan
Related Documents	MSA Schedule C MSA Schedule H

Required System(s)	ICM Specialized Services Portal
Prerequisite Processes	Reviewing Monthly Check-In Measuring Progress Towards Goals
Successor Processes	None

10.7.2 Process Map



10.7.3 Procedures

Role	Step	Description
FCSD (CMTT)	1	Review the Service Provider's performance of SHSS Services delivery as per Schedule C. 1.1 Gather performance data for the Performance Standards from the Data Source indicated for the Performance Standard within Schedule C2. 1.2 Review can be based on Reporting Frequency or Calculation

		Frequency indicated for the Performance Standard within Schedule C2. 1.3 Determine if the Service Provider is meeting or failing the Performance Standards. *Note: If the Service Provider fails to meet or exceed the Tolerance for any Performance Standard in the applicable "Calculation Frequency" period set out in Appendix C2 (each a "**Performance Standard Failure**"), there is Chronic or Severe Failure. Follow the Chronic or Severe Failure Process.*
FCSD (CMTT) Resource Team	2	Communicate as necessary to share information about the Service Provider's ongoing meeting/failure to meet Performance Standards. 2.1 Ensure concerns are flagged with the Resource Team Leader and/or DOO. 2.2 Resource Workers may reach out to FCSD (CMTT) for Performance Standards information in order to support 90-Day and Annual Review conversations. *Note: Early identification of areas needing improvement will help the SHSS Service Providers to deliver quality service and collaborative working relationships.* *Note: When there are concerns developing across SHSS Care Settings for a Service Provider, ensure that the Resource Lead for the Agency is involved.*
FCSD (CMTT)	3	Set a meeting with the Service Provider and Resource Team to discuss: • The review of the Performance Standards of the SHSS Service Provider • The Performance Standards as set out by the SHSS Service Contract • Management Issues • Operational Issues • If there is a Chronic or Severe Failure 3.1 If it is decided that Performance Standards need to be amended, follow the process for Negotiated Amendments as per Schedule H. 3.2 Document occurrence of meeting and any follow-up actions. *Note: This meeting could occur as part of a 90-Day Review or*

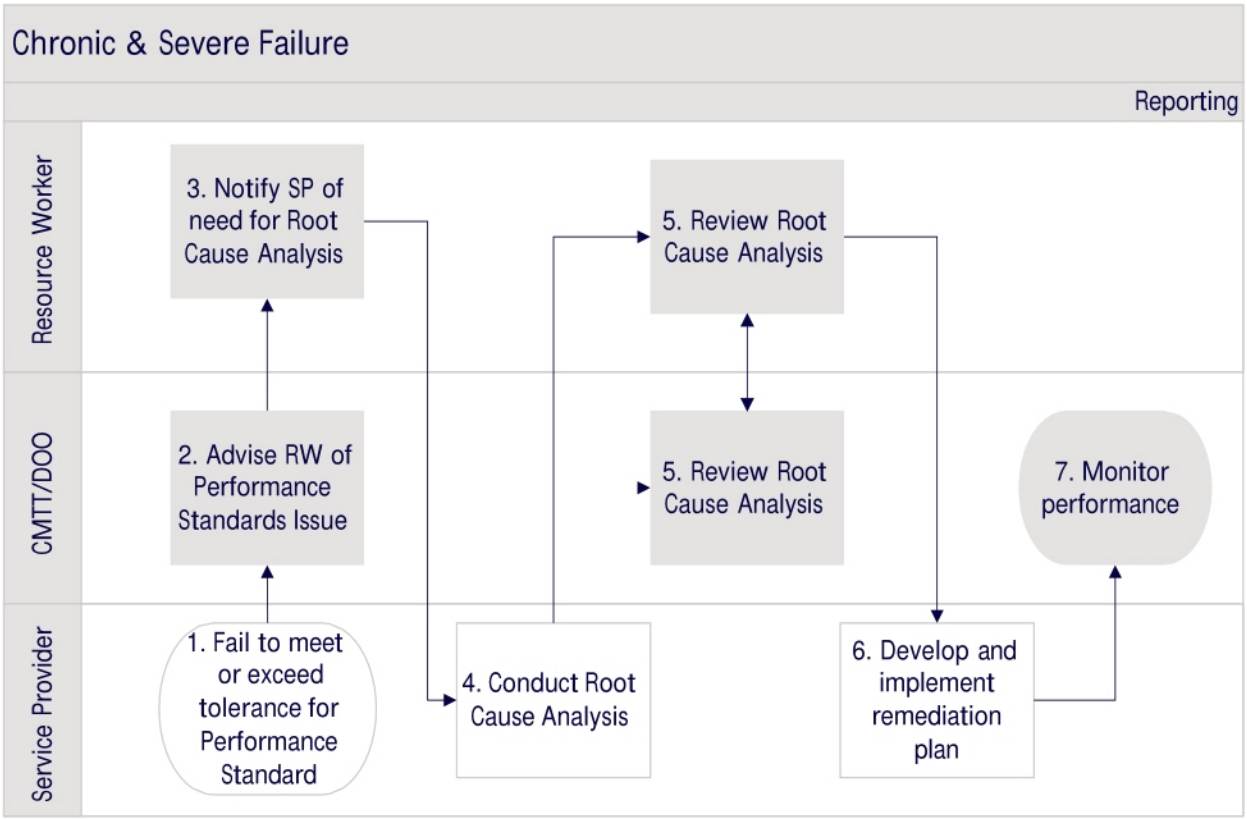
		Annual Review, if appropriate and if it meets review timelines.

10.8 Chronic and Severe Failure

10.8.1 Process Details

Purpose	To identify Performance Standards that are not being met to the required tolerance in order to problem-solve and maintain quality provision of services
Key Details	This is a continuous quality improvement process where Service Providers are self- identifying and developing solutions for issues that arise in the provision of their contracted SHSS services. The intended outcome of Performance Standards reviews is to promote quality care. Collaboration between Service Providers and MCFD is designed to support success in meeting contractual obligations and providing high quality care.
Process Owner	FCSD (CMTT)
Participating Roles	Resource Worker FCSD (CMTT) DOO Service Provider
Related Processes	None
Related Documents	None
Required System(s)	ICM Specialized Supports Portal
Prerequisite Processes	Annual Performance Standards Review
Successor Processes	None

10.8.2 Process Map



10.8.3 Procedures

Role	Step	Description
FCSD (CMTT) Service Provider	1	As per Step 1 in Annual Performance Standards Review, the Service Provider fails to meet or exceed any tolerance for Performance Standards.
FCSD (CMTT)	2	Advise the Resource Worker of Performance Standards issue.
Resource Worker	3	Notify the Service Provider of a need to perform a Root Cause Analysis (RCA).
Service Provider	4	Conduct a Root Cause Analysis to determine why a Performance Standard Failure occurred. 4.1 Share the results with the Resource Team/FCSD (CMTT) for review.

Resource Team FCSD (CMTT)	5	Review the Root Cause Analysis.
Service Provider	6	Develop and implement a remediation plan that aims to prevent the re-occurrence of the Performance Standard Failure. 6.1 Resource Worker/FCSD (CMTT) support the plan to remediate failure.
FCSD (CMTT)	7	Perform a review again in a timeframe based on Schedule C "Performance Management Program" 7.1 If there is a recurrent failure, FCSD (CMTT) may follow the Default and Termination process.

APPENDIX A: GLOSSARY

"**Agreement**" means this Services Agreement made between the Service Provider and the Director, including all Schedules and Appendices attached hereto, as they may be amended from time to time in accordance with the terms hereof;

"**Applicable Laws**" means all applicable laws, including any statute, regulation or bylaw, treaty, directive, policy having the force of law, order, judgment, injunction, award or decree of any government body, that are binding on the parties (or on either party, as applicable), and in effect from time to time, or that are otherwise applicable to the performance of the Services, including for greater certainty, CFCSA, YCJA and FOIPPA and any regulations made under them;

"**Audit**" means a formal examination of the operation, practices and financial management of the Service Provider as it pertains to the CFCSA, the *Societies Act*, S.B.C. 2015, c. 18, Policies and Standards and any other Applicable Laws, standards, formal agreements and reporting requirements pertaining to this Agreement;

"**Auditor**" means an internal Provincial or external auditor, inspector, professional advisor or other representative;

"**Business Day**" means a day, other than a Saturday or Sunday or a statutory holiday, on which provincial government offices are open for normal business in British Columbia;

"**Call for Responses**" has the meaning set forth in recital C;

"**Care Plan**" means a comprehensive plan of care for a particular child created by the Director in accordance with the CFCSA and the applicable regulations (for clarity, the Care Plan is separate and distinct from the SHSS Service Plan, which is developed and maintained by the Service Provider in accordance with this Agreement);

"**Care Setting**" means the physical space (building and suite) where the Services are being delivered, as identified in this Agreement;

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

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

"**Clinical Consultation**" means the provision of advice by clinical professionals (as that term is further defined in the Policies and Standards) to Service Provider Personnel in an interactive and case-specific manner to enable Service Provider Personnel and clinical professionals to meet the specific needs or plans of a child/youth residing at the Care Setting and ensure effective approaches to their care

"**Conflict Resolution Protocol**" means the conflict resolution protocol contained in the Policies and Standards, or as otherwise established or adopted by the Ministry for contractual relationships entered into with Service Providers, as adapted by the Director (acting reasonably and in good faith), for the performance of the Services under this Agreement;

"**Continuous Improvement Plan**" or "**CIP**" is intended to outline the Service Provider's goals, plans and approaches to continuously improve SLTC Services delivery. The CIP includes the Service Provider's overall vision and mission for the SLTC Services performed at the Care Setting with corresponding performance goals and strategies);

"**Contract Document**" means all documents that are incorporated into or form part of this Agreement, whether by attachment or reference;

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

"**Dedicated Assets**" is upon expiry or termination of this Agreement for any reason, and in connection with the transfer of the responsibility for the performance of any Terminated Services to the Director or to an Other Service Provider, as designated by the Director, the Director will have the right to purchase from the Service Provider any personal property (including, for greater certainty, equipment such as mechanical beds and lifts, and modified motor vehicles), used by the Service Provider for the performance of the Terminated Services.

"**Effective Date**" is the date written at the beginning of this Agreement;

"**Event of Default**" has the meaning given in section 19.1;

"**Exit Period**" is where the Service Provider will provide the Exit Management Services during the period commencing upon the date of the Director's written request for Exit Management Services, and terminating upon the earlier of a) the completion of the Exit Management Services; or b) any termination date specified by the Director in their request for Exit Management Services

"**Facilities**" means the physical locations (excluding Province Facilities) the Service Provider uses to provide the Services;

"**Fees**" are fees payable by the Director in respect of the Services will be in the amounts and payable at the times or upon the achievement of the milestones set out;

"**FOIPPA**" and "**Freedom of Information and Protection of Privacy Act**" means the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165;

"**GAAP**" means the generally accepted accounting principles as provided in the Handbook of the Canadian Institute of Chartered Accountants;

"**Goals**" are meaningful to the child or aligned with the child's/youth's best interests, driven by the child/youth, in collaboration with the SHSS Care Circle and Primary Professional (children and youth may express Goals in different ways and with varying level of support from their SHSS Care Circle);

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

"**Guardian**" means the legal guardian of the child or children;

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

"**In Care**" means when a child/youth comes under the definition of "child in care" as defined in the CFCSA, and "**Into Care**" has the corresponding meaning;

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

"**Insolvency Event**" means any of the following: (a) an order is made, a resolution is passed or a petition is filed, for the liquidation or winding up of the Service Provider; (b) the Service Provider commits an act of bankruptcy, makes an assignment for the benefit of its creditors or otherwise acknowledges its insolvency; (c) a bankruptcy petition is filed or presented against the Service Provider or a proposal under the *Bankruptcy and Insolvency Act* R.S.C. 1985 c. B-3, or similar legislation in other jurisdictions, is made by the Service Provider; (d) a compromise or arrangement is proposed in respect of the Service Provider under the *Companies' Creditors Arrangement Act* R.S.C. 1985 c. 36, or similar legislation in other jurisdictions; (e) a receiver or receiver-manager is appointed for any of the Service Provider's property; or (f) the Service Provider ceases, in the reasonable opinion of the Director, to carry on business as a going concern;

"**Intended Outcomes**" means the outcomes that the Director strongly desires to achieve through the Services performed by the Service Provider and as outlined in **Schedule C** (*Outcomes Architecture and Performance Management*);

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

"**Monthly Amount**" has the meaning given in **Schedule F** (*Fees and Payment Model*);

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

"**Network of Care**" is as described in the Policies and Standards;

"**Non-clinical service**" include all other services that a child receives. This includes, cultural services, life skills and educational services, social emotional services and supports provided by non-clinical professionals, day-to-day care, recreation services etc. At times, it is likely that a non-clinical service provider will be asked to support the day-to-day needs of a clinical plan, but they are not clinicians. For example, a day-day SHSS Care Provider may be asked to support a child's physiotherapy Goals with daily supported exercise;

"**One-Time-Only Expenses**" means one-time operational or facility costs and expenses which are pre-approved by the Director. One-Time-Only Expenses form part of Supplemental Supports funding;

"**Operational Cost Structure**" are the funds and categories outlined in **Schedule F** (*Fees and Payment Model*) that the Service Provider utilizes to provide the Services in **Schedule B** (*Services*);

"**Other Service Provider**" means a third-party service provider (and their personnel and subcontractors) engaged or to be engaged by the Director to perform all or any part of the Services or any other products or services;

"**Outcomes**" see Intended Outcomes;

"**Payment Model**" is the methodology that will determine when and how the Service Provider is paid. See **Schedule F** (*Fees and Payment Model*);

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

"**Performance Standards**" constitute a results-based performance management program that will be managed in accordance with this Schedule and through the governance structure set out in **Schedule G**

"**Personal Information**" has the meaning given to it under FOIPPA;

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

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

"**Primary Professional**" is a delegated social worker who is most responsible for active management and support planning for a child or youth residing in a Care Setting and their family. In some cases, such as children and youth In-Care, the Primary Professional is likely their Guardianship Worker. In other cases, such as children and youth Not-in-Care and who are eligible for CYSN Disability Services, the Primary Professional is their CYSN worker;

"**Program Costs**" means the cost elements of the Operational Cost Structure;

"**Province**" means the His Majesty the King, In Right of the Province of British Columbia;

"**Province Facilities**" means physical office space and other facilities owned, occupied, leased or otherwise under the control of the Province, or otherwise used or accessed to provide services to children/youth;

"**Province IT Infrastructure**" means the information technology and information management systems, including the Portal, or parts thereof, which are owned and operated by the Director, or by third parties on behalf of the Director, and which may include shared resources which are used by the Director to support and deliver other services;

"**Record**" means a record as defined in the Freedom of Information and Protection of Privacy Act that is made under the Child Family and Community Service Act and is in the custody or control of the Director;

"**Resource Workers**" are delegates of the Director, with primary responsibility for developing and maintaining the SHSS Program on behalf of the Director, including monitoring services provided by the Service Provider at the Care Setting, and overseeing adherence to Policy and Standards;

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

"**Service Provider**" has the meaning given to it at the beginning of this Agreement;

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

"**Service Provider Records**" means all accounting and administrative (including human resources) records, books of account, invoices, receipts or vouchers produced or received by the Service Provider or any Subcontractor pertaining to the Services as a result of this Agreement;

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

"**SHSS Care Circle**" means a group of trusted people who have knowledge of a child/youth and their strengths and needs;

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

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

"**SHSS Service Plan**" is a technology-enabled plan designed to guide the Services delivery and ensure the child/youth has one SHSS plan by integrating the child/youth's existing plans (e.g. My Support Plan, CYMH Plan, Care Plan, etc.).

"**Specialized Services Portal**" has the same meaning as the defined term "**Portal**" (see above);

"**Strategies**" are measurable and provide actionable steps developed by the Service Provider and the SHSS Care Circle to meet the Goals of the child/youth. They are aligned with the child's/youth's needs and interests and evaluated and updated with the SHSS Care Circle quarterly or as needed;

"**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;

"**Taxes**" means any and all taxes, fees, levies, or other assessments, including federal, provincial, local, or foreign income, capital, profits, excise, real or personal property, sales (including PST), Withholding Taxes, social security, occupation, use, services, value added (and for greater clarification, including GST and PST), license, net worth, payroll, franchise, severance, stamp, transfer, registration, premium, windfall, environmental, customs, duties, unemployment, disability, or any similar taxes imposed by any taxing authority together with any interest, penalties or additions to tax and additional amounts imposed with respect thereto (including any fee or assessment or other charge in the nature of or in lieu of any tax) in each case, whether imposed by law or otherwise, and any liability in respect of any tax as a result of being a member of any affiliated, consolidated, combined, unitary or similar group;

"**Terminated Services**" means (i) if this Agreement has expired or has been terminated, all Services provided under this Agreement on the effective date of termination or expiry; or (ii) at any other time during the Term, any Services that the Director has notified the Service Provider in writing that they no longer wish the Service Provider to provide;

"**Trauma-informed**" means integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work;

"**Variable Amount**" are pre-authorized, One-Time-Only Costs required to operate the facility and provide the Services within this contract. Authorization for these costs is obtained through the processes described in **Schedule E** (*Policies and Standards*).

PDHHS Service Framework

Draft Report

May 27th, 2024

Deetken Insight

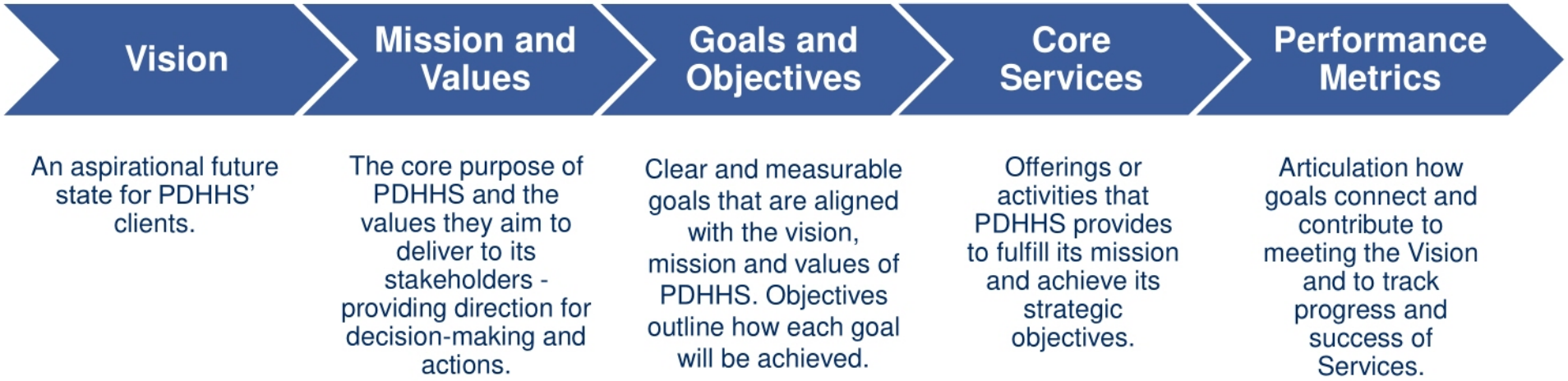
Table of Contents

1. Executive Summary – Key Recommendations
2. Project Background
3. Service Framework
    i. Service Framework Scope
    ii. PDHHS Vision, Mission and Values
4. Goals and Objectives
5. Current State Analysis
    i. SWOT Analysis
6. Future State Analysis
    i. Service Functions
    ii. Service Ownership
    iii. Service Delivery Models
    iv. Performance Measurement

Service Framework

This report summarizes the supporting research & analysis supporting a future PDHHS Service Framework – vision, mission & values, goals & objectives, core services and performance metrics.

PDHHS Service Framework



PDHHS business plan (or strategic plan) would describe 'how' PDHHS will achieve the service framework e.g. Staffing, Processes, Technology, Partnerships, Governance, Funding Model

Terminology

Terminology for this document is based on terms as defined by the Canadian Association of the Deaf and the Canadian Deafblind Association.

deaf: A medical/audiological term referring to those people who have little or no functional hearing. May also be used as a collective noun ("the deaf") to refer to people who are medically deaf but who do not necessarily identify with the Deaf community.

Deaf: A sociological term referring to those individuals who are medically deaf or hard of hearing who identify with and participate in the culture, society, and language of Deaf people, which is based on Sign language. Their preferred mode of communication is Sign.

deafblind: Defined as a significant degree of hearing and vision loss, the combination of which affects communication and access to information.

Deafblind: When capitalized, refers to the cultural aspects of individuals and communities who are deafblind.

DHH: Applies to all those who are deaf or hard of hearing

hard of hearing (HH): A person whose hearing loss ranges from mild to profound and whose usual means of communication is speech. It is both a medical and a sociological term.

PDHHS Vision, Mission & Values

Workshops with PDHHS Executive were used to refine PDHHS vision, mission and values

Vision

An aspirational future state for PDHHS' clients.

Deaf, hard of hearing, and deafblind children & youth are empowered, understood, accepted and connected to their families, communities and cultures, enabling them to fully participate in society and thrive as adults.

Mission and Values

The core purpose of PDHHS and the values they aim to deliver to its stakeholders - providing direction for decision-making and actions.

To support, promote and protect the needs, concerns, well being and rights of deaf, hard of hearing and deafblind children, youth and their families.

- Language - the acquisition of signed and spoken languages and usage and preservation of American Sign Language.
- Culture - the rights of DHH and Deafblind people to share similar beliefs, sense of belonging, and experiences as a community.
- Diversity - value DHH and deafblind individuals with diverse perspectives, experiences, and abilities.
- Family Centered - Family-centered services built on support systems

"Families" = relatives, caregivers, guardians, close friends, supportive people or Indigenous community members.

MCFD & PDHHS Goals

The PDHHS Goals are aligned with the MCFD Goals stated in the 2024/25 Service Plan. Additional Goals, specific to PDHHS have been identified

Goals and Objectives

Clear and measurable goals that are aligned with the vision, mission and values of PDHHS. Objectives outline how each goal will be achieved.

MCFD Goals	Alignment	PDHHS Goals
Recognize and uphold **Indigenous jurisdiction** over child and family services, consistent with the rights of the child [UN Declaration] and the Truth and Reconciliation Commission's Calls to Action	+	Indigenous DHH and deafblind children, youth and their families can connect with their culture.
To support improved outcomes and **keep families safely together, strengthen supports and prioritize resources for families and children based on their needs,** and in collaboration with communities, partners, and service providers	+	The right to language acquisition for deaf, hard of hearing and deafblind children and youth is respected.
Youth and young adults have the tools, resources, and social **supports to transition** successfully to **adulthood** and adult services		
Services and supports provided in the network of care are **driven by a child or youth's needs** and focused on developing and strengthening **belonging to family, community, and culture**.	+	DHH and deafblind children, youth and families learn about Deaf culture's linguistic identity and have opportunities to equitably participate in its community.
	+	PDHHS advocates for the cultural recognition, rights and needs of DHH and deafblind individuals and their families.

PDHHS Goals and Objectives

Strategic Objectives were identified that if implemented would help to achieve PDHHS's Goals

Goals	Objectives
Recognize and uphold Indigenous jurisdiction over child and family services, consistent with the rights of the child [UN Declaration] and the Truth and Reconciliation Commission's Calls to Action Indigenous DHH and deafblind children, youth and their families can connect with their culture.	• DHH and deafblind Indigenous children, youth and families to have equitable access to language acquisition services. • DHH and deafblind Indigenous children, youth and their families have opportunities to connect with their culture.
To support improved outcomes and keep families safely together, strengthen supports and prioritize resources for families and children based on their needs, and in collaboration with communities, partners, and service providers The right to language acquisition for deaf, hard of hearing and deafblind children and youth is respected.	• DHH and deafblind children, youth and families across the Province have equitable access to language development services. • Within the first year of birth, families of DHH and deafblind children are fully informed of the opportunities and language options and are supported to exercise their right to make an informed choice. • DHH and deafblind children entering kindergarten have met language acquisition milestones. • DHH and deafblind school aged children and youth have the language skills to thrive in schools and with their families. • DHH, deafblind children, youth and families can know how to access interpreter services to access important services. • DHH and deafblind children and their families who have additional support needs (beyond hearing) can access other MCFD services easily.
Youth and young adults have the tools, resources, and social supports to transition successfully to adulthood and adult services.	• DHH and deafblind youth and their families have access to transition supports to successfully transition to adulthood. • DHH and deafblind young adults can self-advocate to access important services
Services and supports provided in the network of care are driven by a child or youth's needs and focused on developing and strengthening belonging to family, community, and culture. DHH and deafblind children, youth and families learn about Deaf culture's linguistic identity and have opportunities to equitably participate in its community.	• DHH and deafblind children, youth and families make connections within the Deaf community.
PDHHS advocates for the cultural recognition, rights and needs of DHH and deafblind individuals and their families.	• PDHHS is recognized as an ally with the DHH and Deafblind communities. • PDHHS builds capacity in the community to promote DHH and deafblind capabilities, contributions[1] and community across the Province.

CAF-2024-42682 , Page 269 of 495

PDHHS Core Services - Summary

	Service Functions	PDHHS Ownership	PDHHS Direct Delivery	EI Contract Delivery	External Contract Delivery	Partner with Other Agencies
Early Years Services[1]	Hearing Testing and Diagnosis	BCEHP				
	Connection to Early Intervention Service Providers					
	Service Planning and Coordination (IFSP)					
	ASL Intervention					
	Spoken Language Intervention					
	Language Assessments					
	Early Years to School Age Transition					
School Aged Services	Indigenous Deaf Collaborations					
	Extracurricular ASL Instruction	MECC				
	Connection to Communication Supports					
	Transition Services					
	Accommodation Services					
	Language Acquisition and Assessment	MECC				
All Ages Services	Deaf Culture Immersion and Integration					
	Community Connection					
	Community Education					
	Mental Health Prevention Services					
	Clinical Mental Health Services	CYMH & MOH				
	Connection to Public Services					
	Family Education					
	Family ASL Support					
	Public Advocacy					

Deetken conducted a series of workshops with the PDHHS (Director and Executive Director) to define & confirm service functions, ownership and service delivery model.

PDHHS is formalizing its ownership in several areas, expanding its role in service delivery and creating new contracted services

- **Service Functions** are defined as various steps/stages in the care pathway of a child accessing early intervention services.
- **Service Ownership** indicates which organization is ultimately ACCOUNTABLE for outcomes
- **Service Delivery** indicates which organization is RESPONSIBLE for delivering the service function in the future state.

Note: Refer to the section on Future State Analysis for definitions and further details.

Changes from current state

No Material Changes from current state

1. Refer to Early Intervention Review Report for details

CAF-2024-42682 , Page 270 of 495

PDHHS Performance Metrics

KPIs for DHH and deafblind Individuals (0-18) have been identified to monitor the impact PDHHS has on clients - developing the skills and providing opportunities needed to thrive.

Outcome	KPI Goal	Key Performance Indicators	Progress Indicators
DHH and deafblind individuals the skills and opportunities needed to thrive (0-18)	Language Acquisition – Early Years	a. Percentage of children referred to EI services (by PDHHS) register for EI Services.	• Percentage of children referred to EI services (by PDHHS) within 3 months of Early Hearing Screening (conducted by BCEHP).
		b. Percentage of children meeting language proficiency levels.	• Percentage of children receiving EI Services who have a current IFSP. • Average number of days to have an initial IFSP prepared for a child. • Percentage of children who have achieved 80% of their IFSP goals.
	Successful Transitions– School Aged	a. Percentage of clients who have achieved 80% of their Child Service Plan or Family Service Plan goals.	• Percentage of clients who have a goal based Child Service Plan or Family Service Plan. • Average number of days to have an initial Plan prepared for a client.
		b. Percentage of clients with a Child Service Plan or Family Service Plan after earning a BC High School Credential within 6 months: ○ are employed. ○ are continuing education at higher levels. ○ are receiving Income Assistance.	• Percentage of clients with a Child Service Plan[2] or Family Service Plan who turn 19 have earned a BC High School Credential.
		c. Percentage of clients[2] with a Child Service Plan[2] or Family Service Plan report feeling confident about their self-advocacy skills.	• Percentage of clients participating in transition activities.
	Access to Mental Health Services – All	a. Percentage of PDHHS clients served by CYMH.	• Increased awareness of CYMH services among PDHHS clients.

PDHHS Performance Metrics

KPIs for DHH and deafblind Individuals (0-18) have been identified to monitor the impact PDHHS has on clients - ensuring they have tools and resources

Outcome	KPI Goal	Key Performance Indicators	Progress Indicators
Family members have the tools and resources needed to **support** the DHH or deafblind individual(s) in their life.	Supportive Networks	a. Percentage of parents/caregivers who report being able to communicate with their child/ children.	• Percentage of participants demonstrating improved ASL proficiency.
		b. Percentage of parents/guardians who feel confident about advocating for their child's needs.	• Percentage of children and families that attend at least one kindergarten transition event. • Percentage of families that report they understand their child's development milestones. • Percentage of families that report they feel they are fully involved in supporting their child's development milestones.
Individuals & Families	Cultural Connections	a. Percentage of clients who have a sense of belonging with the DHH and/or Deafblind community.	• Number of clients and non clients who participated in a Deaf awareness outreach activity sponsored by PDHHS. [1, 2,]
	Indigenous Access	b. Percentage of Indigenous clients who report that services were accessible and culturally appropriate.	• Number connections/collaborations developed by PDHHS with Indigenous leaders.

1. Could be events organized directly by PDHHS or through a Service Provider contracted by PDHHS.
2. Counting non clients, where possible, would provide an indication on efforts towards developing community awareness of Deaf culture.

PDHHS Performance Metrics

KPIs for PDHHS Staff and Contractors have three major KPI Goals to monitor their value for money in delivering Services to the Client groups. Metrics could be aggregated across all PDHHS or segmented by internally delivered vs. contracted

Outcome	KPI Goal	Key Performance Indicators	Progress Indicator
Provide services effectively and efficiently (Value for Money)	Service Efficiency	a. Total Service Delivery hours per dollar.	• Quarterly trend analysis of Total Service Delivery Hours per Dollar.
		b. Percentage of operating budget spent on Administration Costs.	• Quarterly review of Administration Costs as a percentage of the operating budget.
	Client Satisfaction	a. CSAT[2] Score based on the following question - "Would you agree that the Services received from PDHHS meet the needs, achieve targets and improve outcomes for yourself and/or your child/children?"	• Reduction in the number of complaints by clients. • Reduction in time to conduct intakes.
	Equitable Access	a. Percentage of clients accessing services outside of the Lower Mainland.	• Number of targeted outreach campaigns to raise awareness of Services outside the Lower Mainland.
		b. Percentage of hours of service provided to clients outside of the Lower Mainland.	• Number of staff/contractors/service providers providing services outside the Lower Mainland.

1. The goal for these KPIs and PIs is based on baseline data to show progress.
2. CSAT score is calculated by dividing total number of respondents who "Strongly Agree" (5) or "Agree" (4) by the total number of respondents.

Executive Summary – Recommendations

Recommendation 1: Endorse Service Framework

Engage MCFD leadership in understanding, refining and endorsing PDHHS's Service Framework. Engage PDHHS staff, key contractors, sector partners and families in understanding the Service Framework and anticipated improvements.

Recommendation 2: Clarify/Define PDHHS Delivered Services

For all PDHHS delivered services define at a minimum:

- **Parameters of Service:** Clarify the expected service levels e.g. how often, how much effort/support, which clients, in-person or virtual, roles and responsibilities

And depending on the service function complexity:

- **Client Journey:** The client's perspective of the service process, including their interactions, actions, and experiences at each stage of the Service encounter
- **Frontstage actions:** The visible and tangible elements of the Service processes clients can see/interact with (ie development of Service/Care Plans, ASL instruction).
- **Backstage actions:** The actions clients don't see PDHHS doing to deliver the services to them (Ie. employee tasks, systems etc.)
- **Support Process**: The supporting functions and processes that enable the service delivery, such as training, quality assurance
- **Service Failures and Recovery**: Potential points of failure or breakdown in service delivery processes, with strategies and mechanisms for addressing and resolving issues

Prioritized based on level of changes anticipated:

- Connection to Early Intervention Service Providers
- Language Assessments
- Connection to Communication Supports
- Family Education
- Family ASL Supports
- Indigenous Deaf Collaborations

s. 13

Recommendation 3:

s. 13

Executive Summary – Recommendations

Recommendation 4: Implement Performance Framework

- Confirm KPI and Operational Indicators including definitions, data sources, collection methods, frequency and responsibility
- Establish baseline data
- Select targets (maybe evolving targets)
- Ensure all results are disaggregated by age, location and any other category relevant to the KPI and/or Progress indicator.
- Develop a PDHHS dashboard to increase clarity and transparency of PDHHS outcomes and progress

Recommendation 5: Build connections with network partners

The PDHHS Service Framework relies on building a network of strong relationships with a range of organizations including potential Service Providers, Family Networks, youth groups and other Ministries.

- Work with CYSN Family Connection Centres, to provide PDHHS Services outside the Lower Mainland and build greater linkages with community based services.
- Participate in the CYSN Community of Practice monthly (based on having an interpreter available)
- Engage with CYMH to establish processes and practices in referring children & youth
- Reinforce the relationship with CDBA to integrate deafblind children, youth and families into PDHHS Services.
- Work with Children in Care and within justice system (prisons, juvenile detention facilities) to ensure they have access to supports and advocate for rights

s. 13

Recommendation 6:

s. 13

Recommendation 7: Review & Plan Refinements/New Contracts for Community-Based Services s. 13

Clarify expectations of existing contracts for newly formalized services e.g. Deaf Culture, Community Connection, Community Education.

s. 13

Recommendation 8: Standardize Service Expectations between Families Accessing Outbound Services & Victory Hill Services

For those children, youth and families that are part of Victory Hill, s. 13

s. 13

Project Background

PDHHS contracted Deetken to help develop a Service Framework for the Future State

- Provincial Deaf and Hard of Hearing Services (PDHHS) serves children and youth and their families across British Columbia who are Deaf, Hard of Hearing (DHH) and Deafblind.
- Deetken previously completed an Operational Review on behalf of PDHHS, which provided a series of findings on the current state and a key fact base to develop recommendations for improvement (Phase 1). One of these recommendations was that PDHHS would benefit from developing a service delivery framework, aligned with the goals of MCFD.
- From Phase 1, an understanding of the trends unique to PDHHS, including client needs & demographics, operational integration, workforce challenges, resource allocations and sector participants, including other Ministries was developed including parent surveys.
- Deetken was contracted to facilitate the development of a PDHHS Service Framework. Options for the Framework would be discussed and agreed up on with the Director for PDHHS and the Executive Director for CYMH, MCFD.

Methodology

Between January and March 2024, the project team used a mixed methods approach to develop the Service Framework incorporating the following elements:

Project Scoping & Information Review

- Confirmed problem statement & scope, workplan
- Designed research questions
- Designed stakeholder engagement approach
- Collected and analyze existing data/information
- Reviewed literature from relevant publicly available publications and government service frameworks (CYSN, CYMH)
- Conducted a desktop scan of peer organizations

Stakeholder Engagement (in addition to Phase 1)

Conducted interviews:

- 6 interviews with EI Service Providers
- 3 interviews with PDHHS Team Leads and Director
- 1 interview with CYSN Leads
- 1 interview with Deaf Well Being Program Lead
- 1 interview with BC EHP
- 1 interview with a parent of DHH child

Not Interviewed:

- POPDHH
- Victory Hill Team Lead

Logic Model Development

- Synthesized findings from stakeholders – understanding users, their needs and barriers along care pathway/journey
- Synthesized SWOT Analysis
- Defined success for PDHHS clients → Vision Statement Development
- Clarified the social outcomes PDHHS would be held accountable to →Mission Statement and Vision Development
- Developed options for Goals and Objectives

Service Framework Development

- Refined Vision, Mission, Goals and Objectives for developing service options for PDHHS
- Refine Core Services, Service options and ownership models
- Defined Performance Metrics

Terminology

Terminology for this document is based on terms as defined by the Canadian Association of the Deaf and the Canadian Deafblind Association.

deaf: A medical/audiological term referring to those people who have little or no functional hearing. May also be used as a collective noun (“the deaf”) to refer to people who are medically deaf but who do not necessarily identify with the Deaf community.

Deaf: A sociological term referring to those individuals who are medically deaf or hard of hearing who identify with and participate in the culture, society, and language of Deaf people, which is based on Sign language. Their preferred mode of communication is Sign.

deafblind: Defined as a significant degree of hearing and vision loss, the combination of which affects communication and access to information.

Deafblind: When capitalized, refers to the cultural aspects of individuals and communities who are deafblind.

DHH: Applies to all those who are deaf or hard of hearing

hard of hearing (HH): A person whose hearing loss ranges from mild to profound and whose usual means of communication is speech. It is both a medical and a sociological term.

Service Framework

i. Service Framework Scope
ii. PDHHS Vision, Mission and Values
iii. PDHHS Goals and Objectives

Service Framework Scope

The PDHHS Service Framework includes the elements listed below and are elaborated on in the following sections. Each element was developed in an iterative method focussing on Services meeting the needs for DHH and deafblind children, youth and families who benefit from PDHHS.

PDHHS Service Framework

Vision	Mission and Values	Goals and Objectives	Core Services	Performance Metrics
An aspirational future state for PDHHS' clients.	The core purpose of PDHHS and the values they aim to deliver to its stakeholders - providing direction for decision-making and actions.	Clear and measurable goals that are aligned with the vision, mission and values of PDHHS. Objectives outline how each goal will be achieved.	Offerings or activities that PDHHS provides to fulfill its mission and achieve its strategic objectives.	Articulation how goals connect and contribute to meeting the Vision and to track progress and success of Services.

PDHHS business plan (or strategic plan) would describe 'how' PDHHS will achieve the service framework e.g. Staffing, Processes, Technology, Partnerships, Governance, Funding Model

PDHHS Vision, Mission & Values

Workshops with PDHHS Executive were used to refine PDHHS vision, mission and values

Vision

An aspirational future state for PDHHS' clients.

Deaf, hard of hearing, and deafblind children & youth are empowered, understood, accepted and connected to their families, communities and cultures, enabling them to fully participate in society and thrive as adults.

Mission and Values

The core purpose of PDHHS and the values they aim to deliver to its stakeholders - providing direction for decision-making and actions.

To support, promote and protect the needs, concerns, well being and rights of deaf, hard of hearing and deafblind children, youth and their families.

- Language - the acquisition of signed and spoken languages and usage and preservation of American Sign Language.
- Culture - the rights of DHH and Deafblind people to share similar beliefs, sense of belonging, and experiences as a community.
- Diversity - value DHH and deafblind individuals with diverse perspectives, experiences, and abilities.
- Family Centered - Family-centered services built on support systems

"Families" = relatives, caregivers, guardians, close friends, supportive people or Indigenous community members.

PDHHS Goals and Objectives

The PDHHS Goals are aligned with the MCFD Goals stated in the 2024/25 Service Plan. Additional Goals, specific to PDHHS have been identified

Goals and Objectives

Clear and measurable goals that are aligned with the vision, mission and values of PDHHS. Objectives outline how each goal will be achieved.

MCFD Goals	Alignment	PDHHS Goals
Recognize and uphold **Indigenous jurisdiction** over child and family services, consistent with the rights of the child [UN Declaration] and the Truth and Reconciliation Commission's Calls to Action	+	Indigenous DHH and deafblind children, youth and their families can connect with their culture.
To support improved outcomes and **keep families safely together, strengthen supports and prioritize resources for families and children based on their needs,** and in collaboration with communities, partners, and service providers	+	The right to language acquisition for deaf, hard of hearing and deafblind children and youth is respected.
Youth and young adults have the tools, resources, and social **supports to transition** successfully to **adulthood** and adult services		
Services and supports provided in the network of care are **driven by a child or youth's needs** and focused on developing and strengthening **belonging to family, community, and culture**.	+	DHH and deafblind children, youth and families learn about Deaf culture's linguistic identity and have opportunities to equitably participate in its community.
	+	PDHHS advocates for the cultural recognition, rights and needs of DHH and deafblind individuals and their families.

PDHHS Goals and Objectives

Strategic Objectives were identified that if implemented would help to achieve PDHHS's Goals

Goals	Objectives
Recognize and uphold Indigenous jurisdiction over child and family services, consistent with the rights of the child [UN Declaration] and the Truth and Reconciliation Commission's Calls to Action Indigenous DHH and deafblind children, youth and their families can connect with their culture.	• DHH and deafblind Indigenous children, youth and families to have equitable access to language acquisition services. • DHH and deafblind Indigenous children, youth and their families have opportunities to connect with their culture.
To support improved outcomes and keep families safely together, strengthen supports and prioritize resources for families and children based on their needs, and in collaboration with communities, partners, and service providers The right to language acquisition for deaf, hard of hearing and deafblind children and youth is respected.	• DHH and deafblind children, youth and families across the Province have equitable access to language development services. • Within the first year of birth, families of DHH and deafblind children are fully informed of the opportunities and language options and are supported to exercise their right to make an informed choice. • DHH and deafblind children entering kindergarten have met language acquisition milestones. • DHH and deafblind school aged children and youth have the language skills to thrive in schools and with their families. • DHH, deafblind children, youth and families can know how to access interpreter services to access important services. • DHH and deafblind children and their families who have additional support needs (beyond hearing) can access other MCFD services easily.
Youth and young adults have the tools, resources, and social supports to transition successfully to adulthood and adult services.	• DHH and deafblind youth and their families have access to transition supports to successfully transition to adulthood. • DHH and deafblind young adults can self-advocate to access important services
Services and supports provided in the network of care are driven by a child or youth's needs and focused on developing and strengthening belonging to family, community, and culture. DHH and deafblind children, youth and families learn about Deaf culture's linguistic identity and have opportunities to equitably participate in its community.	• DHH and deafblind children, youth and families make connections within the Deaf community.
PDHHS advocates for the cultural recognition, rights and needs of DHH and deafblind individuals and their families.	• PDHHS is recognized as an ally with the DHH and Deafblind communities. • PDHHS builds capacity in the community to promote DHH and deafblind capabilities, contributions[1] and community across the Province.

CAF-2024-42682 , Page 283 of 495

Current State Analysis

SWOT Analysis

SWOT Analysis - Service Quality

Red – indicates changes from Fall 2023 Operational Review

	PDHHS Objectives	Strengths	Weaknesses
Service Quality	Equitable, **Inclusive** & Timely **Access** to PDHHS services	• FS staff adapt to meet the availability / preferences of families i.e. flexible work schedule* • Processes (e.g. eligibility criteria, channels & process) for accessing VHD, FS, ASL services are transparent • Blend of DHH & hearing staff provide flexibility in meeting the needs of families • In-home ASL support for children and school aged families allow for access for those who struggle with attending online or group services (new to Canada, families with shift work schedules, families with high number of children, families with no or weak internet services).	• Families and Service Providers across the Province are not uniformly aware of PDHHS – minimal outreach activities, frequent re-organization/name changes, small population that is difficult to identify & reach • Unable to meet the demand for services from families (FS/ASL) due to lack of capacity / resources, amplifying the inequities for families outside of Lower Mainland where community services are sparse • Early Years services are more concentrated in the Lower Mainland compared to the regional distribution of families • Travel budget appears arbitrary and is felt to be insufficient to increase service outside Lower Mainland. • ASL services are provided on weekdays where family preferences are for weekday evenings • Indigenous children, youth and families not accessing PDHHS services/not accessible to Indigenous Families
	Services are **Responsive** to the Needs of DHH and Deafblind Families	• Consistently parents reported PDHHS provides a highly valued support for their children & family • Services are customized (one on one, schedules, type of supports, key stages of DHH individual) to the needs of the family* • Blend of DHH & hearing staff provide flexibility in meeting the needs of families	• ASL, FS, VHD services are operated in silos leading to poor coordination, duplication, and un-necessary service gaps • Poor coordination of additional supports for ~40% of DHH children that have additional support needs • Insufficient capacity / professionals to address mental health needs of DHH children • Lack of accessible prevention supports for mental health issues later in life

*exceptions to accommodate children in Ministry care have been reported
*examples include flexible hours, one-on-one consultations, individual in-person ASL classes, VHD accepting kids mid-school year, VHD supporting a range of individualized recreational activities

CAF-2024-42682 , Page 285 of 495

SWOT Analysis - Effectiveness

Red – indicates changes from Fall 2023 Operational Review

	PDHHS Objectives	Strengths	Weaknesses
Effectiveness	DHH and Deafblind Children & Youth Develop Productive Language Skills		• Despite Early Years funding growth, DHH children appear to have poorer language skills upon school-age entry (developmental delays at crucial age) creating pressures on school districts , POPDHH & PDHSS and the families • Deafblind data collection including outcomes is not consistent or consolidated No apparent objectives and assessments/measures to evaluate outcomes e.g. ASL/language fluency
	DHH Children & Youth are Confident in Identity and Deaf Culture	• Staff's collective understanding of Deaf Culture & ASL is unmatched in BC government • Service Providers and other Ministry agencies are supportive of recognizing and upholding Deaf culture	• Well-Being Program finding adults who are dealing with issues of isolation and exclusion (thus substance abuse increases) from lack of inclusion into Deaf culture in childhood and youth. • POPDHH not focused on cultural development goals as much as meeting educational goals for Deaf children
	DHH Youth are Prepared for School & Young Adulthood Transitions		• Inconsistent supports for youth transitions due to lack of capacity (FS), training/approach (VHD), coordination (FS/VHD) • Care plan goals (staff reported) for VHD clients are not evolving i.e. stagnant • When language acquisition is poor, transition to school is even more challenging as the child cannot use interpreter supports due to lack of ASL language • TDHH refers students to PDHHS when students need more support and TDHH often has already maxed the resources available within the school system to support the student.
	Services are Culturally Safe, Intersectional & Trauma Informed		• Unclear staff training and proficiency assessment

SWOT Analysis - Sustainability

Red – indicates changes from Fall 2023 Operational Review

	PDHHS Objectives	Strengths	Weaknesses
Sustainability	Services are Delivered Efficiently		• Accessing interpreters is difficult (time/effort, costly, inflexible) especially for on site needs – impacting service delivery stability • Early Years Contract delivers services at cost of $78-$87 per service hour compared to PDHHS at a cost of $55-$60 • Service delivery staff spend significant time on non-client facing/admin tasks e.g. scheduling, coordinating, basic communications, event coordination • Staffing model & schedule for VHD appears to have built-in excess capacity (resulting in excess ETO), staff stagnation (fixed shifts) • ASL specialist contractors are inefficient (contracting & coordination) and expensive ($20/hr more than a staff position)
	PDHHS Resources are Used Effectively		• Contracted service providers provide inconsistent and ineffective reporting – challenges to manage services and demonstrate value for money • Some contract services are beyond PDHHS scope e.g. adults, non-DHH, blind – and may not be receiving effective oversight and/or creating additional workloads on PDHHS leadership • ASL Classes appear to have significant under-utilized capacity (~33% unused spaces) due to client withdrawals and absences • PFS staff are routinely attending IEP meetings to help parents advocate for in-school access supports – filling gaps from POPDHH

SWOT Analysis - Sustainability

Red – indicates changes from Fall 2023 Operational Review

	PDHHS Objectives	Strengths	Weaknesses
Sustainability	PDHHS and Service Providers Workforce has the Necessary Capabilities	• PDHHS's staff model deaf culture, have a depth of ASL and are highly motivated • PDHHS Employee Engagement scores significantly exceeded that of MCFD as whole (79 vs. 61) – Jan 2022 WES Report • CDBA Intervenor Training programme for Deafblind Children	• ~ 40% of staff will reach retirement in the next 5-10 years creating potential instability / loss of knowledge • Lack of role differentiation resulting in perceived lack of recognition (classification). i.e. routinely individuals move between CCC & FN roles. • Difficulty recruiting for FN role based on qualifications (degree/ASL fluency) and compensation; compromises may contribute to role differentiation issues • Unclear support (i.e. backfill capacity) for staff to attend training / professional development impacting morale and effectiveness of services. • Reported lack of professionalism amongst staff and leadership – collaboration, confidentiality, hiring practices, work ethic and supervision/accountability (also reported in WES Report) of staff issues
	PDHHS is meeting its Quality Expectations & Implements Continuous Improvement		• Quality assurance (QA) practices do not appear to be in place (suspended in 2022) e.g. assessment of care plans/goals, communication standards
	PDHHS's Facilities & Technology is Reliable	• VHD facilities are convenient, well-designed and welcoming/enjoyable place for children and staff	• VHD facilities and equipment are aging without an apparent capital / renewal plan. • Maintenance contract may not be providing level of response and cost-effectiveness compared to in-house or contracted service. • Unclear resources – vehicle, office-space, mobile phones, etc - for staff based outside of Lower Mainland (e.g. Van Island, Okanagan) and/or increased travel

SWOT Analysis – Threats / Trends

Red – indicates changes from Fall 2023 Operational Review

- Growth in number of DHH Individuals (~17% since 2013/14) with almost all attending public school
- Increasing language diversity of DHH families - ~40% speak a language other than English at home*
- DHH population is stable in Lower Mainland & Greater Victoria (accounting for ~70% of population); however, population growth in other regions is 3% per year since 2016/17)
- Increased awareness and adoption of ASL in mainstream communications e.g. public addresses by ministers/government officials, ASL in video streaming services
- Increasing cost of living leading to families relocating to outside Lower Mainland & City Centres → lack of funding for interpreters in schools particularly those outside Lower Mainland
- Unpredictable enrollment and VHD dorm requirements year over year (ranged from 18-29)
- Worsening language proficiency of DHH children entering school-age years
- Increasing complexity of children / youth needs (mental health, additional support needs, growth in cochlear implants, substance abuse/addictions)
- VCH Well Being Program – 23% of current client numbers are children and youth under the age of 24 (total 400 clients)
- Shortage of teaching, interpreters and support resources in school districts particularly those outside Lower Mainland
- MECC under increasing cost pressures at BC School for the Deaf

SWOT Analysis – Threats / Trends

Red – indicates changes from Fall 2023 Operational Review

- Lack of understanding/recognition of deafblindness as a unique disability due to being a small population - voice is often unheard or dismissed
  - Funding constraints and lack of data to demonstrate needs
  - Inconsistent identification/referral pathways from other organizations
  - Shortage of trained interveners and staff able to use tactile communication
- Children and youth anxiety levels are increasing and not being treated due to not advancing the same as their classmates
- Indigenous Services are not equally accessible and staff/consultants are travelling far distances to reach them, leads to further exclusion and marginization
- Children are being “lost” in the system once they leave Early Years

SWOT Analysis – Opportunities

Red – indicates changes from Fall 2023 Operational Review

- Shift from direct services to advisory / consulting services to broader MCFD to increase scale, reach (and effectiveness) of PDHHS services e.g. advise CYSN social workers, MCFD Youth Transition social workers, staff in Family Connection Centres
- Shift from direct services to referrals to contracted community services to increase scale, reach and efficiency e.g. ASL classes, social / community events, educational events
- Leverage partnerships outside of MCFD to increase scale, reach and effectiveness e.g. WorkBC, Canadian Rehabilitation Centre
- Consolidate PDHHS staff into two departments to improve coordination and efficiency a) on-site services (VHD) and b) outbound services (Family Services, ASL Services, Indigenous Services)
- Commit current resources e.g. Family Services & ASL to levelling the regional distribution of services to DHH families
- Develop a PDHHS dashboard / key performance metrics to increase clarity and transparency of PDHHS outcomes and progress
- Leverage MCFD expertise to conduct independent quality reviews of PDHHS services
- Integrate a formal language assessment - could be in partnership with MECC, Early Years Service Provider – for children approaching school age

SWOT Analysis – Opportunities

Red – indicates changes from Fall 2023 Operational Review

- MCFD expansion of service hubs i.e. Family Connection Centres, provide a footprint for DHH families to potentially access services
  - Building community supports integrated in children and youths environment can lead to greater linkages with community based services
  - CYSN Community of Practice monthly meetings can be attended by PDHHS (based on having an interpreter available)
- MCFD expansion of youth navigation presents an opportunity to leverage resources / strong practices
- PDHHS ability to influence and advocate for equitable access to services and promotion of Deaf and Deafblind culture
- New ASL Training Curriculum (TrueWay) being developed for Family ASL Learning
- PDHHS could be a one stop centre for families – be the first contact after they leave the hospital, and follow them until they transition into the adult world (avoiding getting lost in the system)
- Build stronger connections with CDBA to include Deafblind children, youth and families to their events and support more integration. Also Deaf persons could support their intervenor training.
- Having a staff member from VCH Well Being Program embedded in PDHHS team can lead to improved working relationship and exploring ways in which to collaborate more at early years and child/youth transitions.
- Work with children in Care and within justice system (prisons, juvenile detention facilities) to ensure they have access to supports and advocate for rights

Future State Analysis

i. Service Functions
ii. Service Ownership
iii. Service Delivery Model
iv. Performance Measurement

PDHHS Future State

Deetken conducted a series of workshops with PDHHS Director and Executive Director to design a future state that aligns with PDHHS goals and objective.

The future state for PDHHS services was designed using a 4 step approach:

1. **Developing Service Function**
   - Service Functions are defined as various steps/stages in the care pathway of a child/youth accessing PDHHS services. The service functions are segregated into three categories based on age groups:
     - Service Area 1: Early Intervention Services (Age 0 to 5)
     - Service Ares 2: School Aged Services (Age 6 to 19)
     - Service Area 3: All Ages Services (Age 0 to 19)

2. **Defining Service Ownership**
   - Service ownership indicates which organization is ultimately ACCOUNTABLE for outcomes.

3. **Choosing a Service Delivery Model**
   - Service delivery indicates which organization is RESPONSIBLE for delivering the service function in the future state.

4. **Developing Performance Measurement Indicators**
   - Establish a set of indicators that enable PDHHS to track progress across different service areas.

All proposals are informed by the analysis conducted by Deetken to date, including interviews with stakeholders, like MCFD team leads, PDHHS team leads, research on best practices, etc.

Future State Analysis

Service Functions

Service Area 1: Early Intervention Services

The scope of service functions that meet the needs of children between the ages of 0 and 5.

Service Function	Description
Hearing Testing and Diagnosis	The BC Early Hearing Program (BCEHP) conducts hearing testing and diagnosis for every child born in BC.
Connection to Early Intervention Service Providers	Families are provided information and connection to early intervention service providers in their community.
Service Planning and Coordination (IFSP)	An Individualized Family Service Plan (IFSP) tailored to the child's needs is developed, maintained and monitored.
ASL Intervention	DHH and deafblind children receive American Sign Language (ASL) instruction.
Spoken Language Intervention	DHH and deafblind children receive spoken English language instruction.
Language Assessments	Periodic formalized language assessments for both spoken and sign language are conducted for all children enrolled in early intervention programs.
Early Years to School Age Transition	Families are provided resources and personalized consultations to facilitate a smooth transition into the school environment.

Service Area 2: School Aged Services

The scope of service functions that meet the needs of children & youth between the ages of 6 and 19.

Service Function	Description
Indigenous Deaf Collaborations	Indigenous DHH and deafblind children, youth and their families have access to ASL instruction and opportunities to connect with their culture.
Connection to Communication Supports	Providing DHH and deafblind children, youth and families with connections and guidance on accessing qualified ASL interpreters or other communication access services/technology and ASL instruction resources.
Transition Services	DHH and deafblind children, youth and their families are provided guidance and hands-on support (ie. attending job interview) in developing life skills from K-12 including post secondary transition.
Accommodation Services	Providing accommodation for Deaf children and youth living away from the Lower Mainland for students attending the B.C. School for the Deaf.
Extracurricular ASL Instruction	Providing DHH and deafblind **school aged** children and youth with extracurricular ASL instruction.
Language Acquisition and Assessment	DHH and deafblind children and youth are provided with language acquisition instruction and assessments within the school system.

Service Area 3: All Ages Services

The scope of service functions that meet the needs of individuals ages of 0 to 19 and their families.

Service Function	Description
Deaf Culture Immersion and Integration	DHH and deafblind children, youth and families are introduced to and have opportunities to integrate within the Deaf culture and make connections within the Deaf community.
Family Education	Families are provided with resources and guidance to effectively advocate for their child's needs related to hearing loss/deafness/deafblindness, both within and outside of the school environment.
Community Connection	Providing opportunities to children, youth and families to participate in outreach, networking in local community activities.
Family ASL Support	Families of DHH and deafblind children and youth (including CODA) have access to ASL instruction.
Community Education	Increase the awareness and understanding across the Province of deafness, deafblindness and hearing loss.
Connection to Public Services	Families are provided information and guidance on how to access public services including but not limited to mental health services, CYSN, healthcare, recreational programs, ASL instruction and deaf resources.
Mental Health Prevention Services	DHH and deafblind children, youth and their families receive early intervention and preventative mental health support services as needed.
Clinical Mental Health Services	DHH and deafblind children, youth and their families receive clinical mental health services as needed.
Public Advocacy	The cultural recognition, rights and needs of DHH and deafblind individuals and their families are advocated for.

Future State Analysis

Service Ownership

Service Function Ownership: Early Intervention Services

PDHHS is formalizing its ownership in several areas and expanding its ownership in connecting families to service providers and language assessments

Service Function	Current State Ownership	Future State Ownership Target
Hearing Testing and Diagnosis	BCEHP (MOH)	BCEHP (MOH)
s. 13		
Service Planning and Coordination (IFSP)	PDHHS	PDHHS
ASL Intervention	PDHHS	PDHHS
Spoken Language Intervention	PDHHS	PDHHS
s. 13		
Early Years to School Age Transition	PDHHS	PDHHS

PDHHS to expand ownership of service functions. Refer to Slide 41 for discussion

s. 13

1.

Service Function Ownership – School Aged Services

PDHHS is formalizing its ownership in connecting families to communication supports e.g. interpreters or technologies. MECC owns the language acquisition for school aged children & youth. Extracurricular ASL for school aged children & youth remains a gap and families are left to independently access.

Service Function	Current State Ownership	Future State Ownership Target
Indigenous Deaf Collaborations	PDHHS	PDHHS
s. 13		
Transition Services	PDHHS	PDHHS
Accommodation Services	PDHHS	PDHHS
Extracurricular ASL Instruction	No clear owner	No clear owner
Language Acquisition and Assessment	MECC	MECC

PDHHS to expand ownership of service functions. Refer to Slide 41 for discussion

Service Ownership - All Ages Services

PDHHS is formalizing its ownership in several areas and re-focusing efforts on prevention / mental health capacity building

Service Function	Current State Ownership	Future State Ownership Target
s. 13		
Family ASL Support	PDHHS	PDHHS
s. 13		
Connection to Public Services	PDHHS	PDHHS
s. 13		
Public Advocacy	No clear owner	No clear owner

PDHHS to expand ownership of service functions. Refer to Slide 41 for discussion

Service Function Ownership – Rationale & Considerations

PDHHS considered the following factors to expand/reduce their ownership of service functions.

Service Function	Rationale & Considerations
Connection to Early Intervention Service Providers	PDHHS would like to increase its involvement in a child's care pathway and have more visibility into each child's language development. PDHHS would also like to reduce the parent dilemma of choosing a path (ASL v/s spoken) through its involvement.
Language Assessments	s. 17
Connection to Communication Supports	PDHHS would need to ensure DHH, deafblind children, youth and families can avail interpreter services to access important services as well provide recommendations on resources that provide extra curricular ASL instruction to school aged students where they require it.
Deaf Culture Immersion and Integration	
Community Connection	
Community Education	s. 17
Family ASL Support	
Family Education	
Connection to Public Services	
Mental Health Prevention Services	s. 17
Clinical Mental Health Services	PDHHS will focus their efforts on Early Intervention and Prevention Services. Clinical Mental Health Services are owned and provided by other agencies such as CYMH for all children with additional support needs (including DHH).

Future State Analysis

Service Delivery Model

Service Delivery Models

Five delivery models could be used to deliver the PDHHS service functions :

Note: service functions considered to be owned by another agency e.g. Hearing Testing and Diagnosis or are with no clear owner e.g. public advocacy are not examined in this section

1. **PDHHS Direct**
   - These service functions will be delivered directly by PDHHS using in-house resources.
2. **Early Intervention Contract**
   - These service functions will be delivered through early intervention contract(s).
3. **External Contract**
   - These service functions will be contracted out to specialized contractors independent of the early intervention contractors
4. **Partner with Other Agency(s)**
   - These service functions will be delivered in partnership with other public agencies
5. **Combined Delivery**
   - These service functions will be delivered through more than one party (e.g. combination of PDHHS and contractor) simultaneously.

All proposals are informed by the analysis conducted by Deetken to date, including interviews with Service Providers, other MCFD service lines, PDHHS team leads, research on best practices and parent surveys.

Service Delivery Model – Early Intervention Services

For the future state option, PDHHS will deliver incremental services in-house or through contractors.

Future State

Service Function	PDHHS Direct	EI Contract	External Contract	Partner with Agency	Notes
Connection to Early Intervention Service Providers	✓			✓	s. 17
Service Planning and Coordination (IFSP)		✓			
ASL Intervention		✓			
Spoken Language Intervention		✓			
Language Assessments			✓		s. 17
Early Years to School Age Transition		✓			

Service Delivery Model – School Aged Services

For the future state option, PDHHS will deliver incremental services by leveraging partnerships with other agencies

Future State

Service Function	PDHHS Direct	EI Contract	External Contract	Partner with Agency	Notes
Indigenous Deaf Collaborations	✓		✓	✓	s. 17
Connection to Communication Supports	✓				PDHHS would maintain ownership of databases for qualified Services and provide guidance on accessing them (clearinghouse model).
Transition Services	✓			✓	PDHHS works with agencies such as Work BC, for example to provide these services.
Accommodation Services	✓				PDHHS will continue to provide services at Victory Hill to children & youth attending BC School for Deaf

Service Delivery Model – All Ages Services

For the future state, PDHHS will deliver incremental services in-house or through contractors whilst some services should be delivered by other Agencies.

Future State

Service Function	PDHHS Direct	EI Contract	External Contract	Partner with Agency	Notes
Deaf Culture Immersion and Integration	✓	✓ (for < 5 years old)	✓		s. 17
Family Education	✓	✓ (for < 5 years old)			EI Contractor(s) and PDHHS ensure that families are provided with resources and guidance to effectively advocate for their child's needs related within and outside of the school environment.
Community Connection	✓	✓ (for < 5 years old)	✓		s. 17
Family ASL Support	✓ (interim)	✓ (for < 5 years old)	✓ (target)		
Community Education	✓	✓ (for < 5 years old)	✓		
Connection to Public Services	✓	✓ (for < 5 years old)			EI Contractor(s) and PDHHS to ensure that families are provided information and guidance on how to access public services including but not limited to mental health services, CYSN, healthcare, recreational programs, and deaf resources.
Mental Health Prevention Services			✓		s. 17

Service Delivery Model – Rationale & Considerations

PDHHS considered the following factors when deciding on the service delivery model.

Service Function	Rationale & Considerations
Connection to Early Intervention Service Providers	PDHHS will deliver this service function through the resources available in-house so that they can remove the dilemma of choice by communicating the different services that are available to a parent/family for their DHH children. The aim is for PDHHS to be unbiased and ensure full access to both forms of intervention (ASL and spoken language) with equal importance to both care pathways.
Language Assessments	s. 17
Connection to Communication Supports	PDHHS will be able to verify and approve of resources to be made available to their clients to avail of certain services. This provides communities with choices of services across the Province which thus far have been limited.
Deaf Culture Immersion and Integration	PDHHS has decided to deliver these service functions jointly through contractors and by utilizing in-house resources. This was chosen as these services could be delivered by both with a minimal risk of duplication of funds and would ensure a greater coverage of clients.
Community Connection	
Community Education	
Connection to Public Services	
Family Education	
Family ASL Support	PDHHS has chosen the EI contractor(s) to deliver this service function because they already provide this to date but in a limited capacity. The aim is for PDHHS to formalize this expectation in the contract to ensure mandate delivery of this service function.
Early Intervention and Prevention Services	PDHHS may repurpose resources from the Deaf Wellbeing contract to deliver this service function. PDHHS may have to prepare a new contract and outline the expectations/outcomes for this service function.

Future State Analysis

Performance Measurement

Performance Measurement Framework

The Performance Measurement Framework is for results-based monitoring, reporting and the foundation of evaluations of the Service Framework.

1. Definitions of Metrics:

Key Performance Indicator (KPI): Specific indicators that measure PDHHS' **progress** towards the long-term **intended outcomes** for the individuals/communities in their lives, **to which PDHHS contributes**. Data that is collected tells whether a change is occurring or has been achieved.

Progress Indicator (PI): Progress outcomes meant to monitor progress towards the KPIs. Progress Indicators will allow PDHHS to pivot if they learn that what they're doing is not leading to progress or there are other factors that matter more to track towards success. While KPIs should not evolve, indicators might. They should include a timeline and a directional numeric target when possible - baseline data is needed to set these targets.

Tip 1: Disaggregated baseline data collected at one point in time is required to monitor progress towards meeting outcomes meaningfully.
Tip 2: All results should be disaggregated by age, location and any other category relevant to the KPI and indicator.
Tip 3: The target for all KPIs should ideally be 100%.

Performance Measurement Framework (2/2)

The Performance Measurement Framework is for results-based monitoring, reporting and the foundation of evaluations of the Service Framework.

2. Define Target Groups in Alignment with the PDHHS Vision: Deaf, hard of hearing, and deafblind children & youth are empowered, understood, accepted and connected to their families, communities and cultures, enabling them to fully participate in society and thrive as adults.

Client Groups:

a. DHH and Deafblind Individuals (0-18)

b. Family Members

Operating Groups:

a. PDHHS Staff

b. PDHHS Contractors

3. Define Intended Outcomes per Group

Client Groups	Intended Outcomes
DHH and deafblind individuals (0-18)	Have the skills and opportunities needed to **thrive**.
Family members	Have the tools and resources needed to **support** the DHH or deafblind individual(s) in their life.

Operating Groups	Intended Outcome
PDHHS Staff	Provide services effectively and efficiently (Value for Money)
PDHHS Contractors	

PDHHS Performance Metrics

KPIs for DHH and deafblind Individuals (0-19) have been identified to monitor the impact PDHHS has on clients - developing the skills and providing opportunities needed to thrive.

Outcome	KPI Goal	Key Performance Indicators	Progress Indicators
DHH and deafblind individuals the skills and opportunities needed to thrive (0-18)	Language Acquisition – Early Years	a. Percentage of children referred to EI services (by PDHHS) register for EI Services.	• Percentage of children referred to EI services (by PDHHS) within 3 months of Early Hearing Screening (conducted by BCEHP).
		b. Percentage of children meeting language proficiency levels.	• Percentage of children receiving EI Services who have a current IFSP. • Average number of days to have an initial IFSP prepared for a child. • Percentage of children who have achieved 80% of their IFSP goals.
	Successful Transitions– School Aged	a. Percentage of clients who have achieved 80% of their Child Service Plan or Family Service Plan goals.	• Percentage of clients who have a goal based Child Service Plan or Family Service Plan.[1] • Average number of days to have an initial Plan prepared for a client.
		b. Percentage of clients with a Child Service Plan or Family Service Plan after earning a BC High School Credential within 6 months: ○ are employed. ○ are continuing education at higher levels. ○ are receiving Income Assistance.	• Percentage of clients with a Child Service Plan[2] or Family Service Plan who turn 19 have earned a BC High School Credential.
		c. Percentage of clients[2] with a Child Service Plan[2] or Family Service Plan report feeling confident about their self-advocacy skills.	• Percentage of clients participating in transition activities.
	Access to Mental Health Services – All	a. Percentage of PDHHS clients served by CYMH.[2]	• Increased awareness of CYMH services among PDHHS clients.

[1]Family Service Plans are for outreach services. Child Service Plans are for Victory Hill Dorm students
[2]An increase could show clients get right supports as navigation services improve and pathways to get services from the WBP and CYMH are understood.

CAF 2024-126682, Page 313 of 495

PDHHS Performance Metrics

KPIs for DHH and deafblind Individuals (0-19) have been identified to monitor the impact PDHHS has on clients - ensuring they have tools and resources

Outcome	KPI Goal	Key Performance Indicators	Progress Indicators
Family members have the tools and resources needed to **support** the DHH or deafblind individual(s) in their life.	Supportive Networks	a. Percentage of parents/caregivers who report being able to communicate with their child/ children.	• Percentage of participants demonstrating improved ASL proficiency.
		b. Percentage of parents/guardians who feel confident about advocating for their child's needs.	• Percentage of children and families that attend at least one kindergarten transition event. • Percentage of families that report they understand their child's development milestones. • Percentage of families that report they feel they are fully involved in supporting their child's development milestones.
Individuals & Families	Cultural Connections	a. Percentage of clients who have a sense of belonging with the DHH and/or Deafblind community.	• Number of clients and non clients who participated in a Deaf awareness outreach activity sponsored by PDHHS. [1, 2,]
	Indigenous Access	b. Percentage of Indigenous clients who report that services were accessible and culturally appropriate.	• Number connections/collaborations developed by PDHHS with Indigenous leaders.

1. Could be events organized directly by PDHHS or through a Service Provider contracted by PDHHS – definition of what qualifies as an outreach services is needed
2. Counting non clients, where possible, would provide an indication on efforts towards developing community awareness of Deaf culture.

PDHHS Performance Metrics

KPIs for PDHHS Staff and Contractors have three major KPI Goals to monitor their value for money in delivering Services to the Client groups. Metrics could be aggregated across all PDHHS or segmented by internally delivered vs. contracted

Outcome	KPI Goal	Key Performance Indicators	Progress Indicator
Provide services effectively and efficiently (Value for Money)	Service Efficiency	a. Total Service Delivery hours per dollar.	• Quarterly trend analysis of Total Service Delivery Hours per Dollar.
		b. Percentage of operating budget spent on Administration Costs.	• Quarterly review of Administration Costs as a percentage of the operating budget.
	Client Satisfaction	a. CSAT[2] Score based on the following question - "Would you agree that the Services received from PDHHS meet the needs, achieve targets and improve outcomes for yourself and/or your child/children?"	• Reduction in the number of complaints by clients. • Reduction in time to conduct intakes.
	Equitable Access	a. Percentage of clients accessing services outside of the Lower Mainland.	• Number of targeted outreach campaigns to raise awareness of Services outside the Lower Mainland.
		b. Percentage of hours of service provided to clients outside of the Lower Mainland.	• Number of staff/contractors/service providers providing services outside the Lower Mainland.

1. The goal for these KPIs and PIs is based on baseline data to show progress.
2. CSAT score is calculated by dividing total number of respondents who "Strongly Agree" (5) or "Agree" (4) by the total number of respondents.
3. Target could be established based on population of individuals/families outside lower mainland e.g. target could be ~25% if 25% of population is outside lower mainland.

CAF-2024-42662 , Page 315 of 495

PDHHS Operational Review

CURRENT STATE FINDINGS

September 7, 2023

Deetken Insight

Context

PDHHS Program serves children and youth (up to the age of 18) across the province who are Deaf, Hard of Hearing, collectively referred to as DHH Individuals (~2000 individuals across the Province).

- ~1500 DHH Individuals in the K-12 system either attending schools across 60+ school districts, attending 'cluster' programs, independent schools
- 20 ~ 25 DHH Individuals travelling into Victory Hill to attend the School for the Deaf in Burnaby
- 40~50 DHH Individuals in the Lower Mainland attending the School for the Deaf in Burnaby
- 500~600 DHH Individuals between 0-5 years of age (estimated from student data)

The PDHHS Program provides five primary services:

- Early Years services: supporting DHH children from newborns to school-age (contracted)
- Family services: supporting DHH Individuals & families to thrive educationally in their community
- Victory Hill Dorm services: providing facility & care for DHH individuals to access education at the BC School for the Deaf
- ASL support services: providing capacity building services to hearing individuals (e.g. family, friends, teachers) that support DHH Individuals in community
- Indigenous services (newly formed)

The purpose of this project is to recommend ways to improve how PDHHS services are delivered – service quality, effectiveness, efficiency, accessibility and sustainability – within a cost neutral environment.

This document provides a summary of the current state findings that will be used as a key fact base for basing recommendations for improvement.

1. Summary

2. DHH Clients

3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services

4. Parent Survey Findings

5. Staff Survey Findings

Analysis & Research Approach

Several primary research methods were used to develop the current state analysis findings

- Interviews with all PDHHS team leads and Director
- Interviews with Family Network for Deaf Children (FNDC) and Ministry of Education & Child Care (MECC) representatives
- PDHHS Staff questionnaire
- Parent online survey
- Desktop and data analysis of contracts, financials and client data
  - MECC database from 1996 to 2023 student data
  - Contract reports from 21/22 and 22/23 from BCFHRS
  - PDHHS Detailed Expenditures Report (FY18-19 to FY 22-23)
  - Review of PDHHS historical documents e.g. annual reports, service plan, forms/templates, checklists,
  - Work Environment Survey Report 2022
  - Public websites of contracted service providers and community stakeholders

Synthesis of Findings

There is a lack of consensus and clarity around PDHHS's strategic objectives – service delivery framework

In the absence, our research and synthesis is based on interpreted strategic objectives based on interviews with Team Leads and Director.

- Service Quality
- Effectiveness
- Sustainability

Service Quality

PDHHS Objectives		Strengths	Weaknesses
Service Quality	Equitable, **Inclusive** & Timely **Access** to PDHHS services	FS staff adapt to meet the availability / preferences of families i.e. flexible work schedule* Processes (e.g. eligibility criteria, channels & process) for accessing VHD, FS, ASL services are transparent Blend of DHH & hearing staff provide flexibility in meeting the needs of families	Families across the Province are not uniformly aware of PDHHS – minimal outreach activities, frequent re-organization/name changes, small population that is difficult to identify & reach Unable to meet the demand for services from families (FS/ASL)due to lack of capacity / resources, amplifying the inequities for families outside of Lower Mainland where community services are sparse Early Years services are more concentrated in the Lower Mainland compared to the regional distribution of families Travel budget appears arbitrary and is felt to be insufficient to increase service outside Lower Mainland. ASL services are provided on weekdays where family preferences are for weekday evenings
	Services are **Responsive** to the Needs of DHH Families	Consistently parents reported PDHHS provides a highly valued support for their children & family Services are customized (one on one, schedules, type of supports, key stages of DHH individual) to the needs of the family* Blend of DHH & hearing staff provide flexibility in meeting the needs of families	ASL, FS, VHD services are operated in silos leading to poor coordination, duplication, and un-necessary service gaps Poor coordination of additional supports for ~40% of DHH children that have additional support needs Insufficient capacity / professionals to address mental health needs of DHH children

*exceptions to accommodate children in Ministry care have been reported
*examples include flexible hours, one-on-one consultations, individual in-person ASL classes, VHD accepting kids mid-school year, VHD supporting a range of individualized recreational activities

Effectiveness

	PDHHS Objectives	Strengths	Weaknesses
Effectiveness	DHH Children & Youth Develop Productive Language Skills		Despite Early Years funding growth, DHH children appear to have poorer language skills upon school-age entry (developmental delays at crucial age) creating pressures on school districts , POPDHH & PDHSS. s. 13
	DHH Children & Youth are Confident in Identity and Deaf Culture	Staff's collective understanding of Deaf Culture & ASL is unmatched in BC government	s. 13
	DHH Youth are Prepared for School & Young Adulthood Transitions		Inconsistent supports for youth transitions due to lack of capacity (FS), training/approach (VHD), coordination (FS/VHD) Care plan goals (staff reported) for VHD clients are not evolving i.e. stagnant s. 13
	Families Communicate Effectively with their DHH child		s. 13
	Services are **Culturally Safe, Intersectional & Trauma Informed**		Unclear staff training and proficiency assessment

s. 13

Sustainability

	PDHHS Objectives	Strengths	Weaknesses
Sustainability	Services are Delivered Efficiently		Accessing interpreters is difficult (time/effort, costly, inflexible) especially for on site needs – impacting service delivery stability Early Years Contract delivers services at cost of $78-$87 per service hour compared to PDHHS at a cost of $55-$60 Service delivery staff spend significant time on non-client facing/admin tasks e.g. scheduling, coordinating, basic communications, event coordination Staffing model & schedule for VHD appears to have built-in excess capacity (resulting in excess ETO), staff stagnation (fixed shifts) ASL specialist contractors are inefficient (contracting & coordination) and expensive ($20/hr more than a staff position)
	PDHHS Resources are Used Effectively		Contracted service providers provide inconsistent and ineffective reporting – challenges to manage services and demonstrate value for money Some contract services are beyond PDHHS scope e.g. adults, non-DHH, blind – and may not be receiving effective oversight and/or creating additional workloads on PDHHS leadership ASL Classes appear to have significant under-utilized capacity (~33% unused spaces) due to client withdrawals and absences PFS staff are routinely attending IEP meetings to help parents advocate for in-school access supports – filling gaps from POPDHH

Sustainability

	PDHHS Objectives	Strengths	Weaknesses
Sustainability	PDHHS Workforce has the Necessary Capabilities	PDHHS's staff model deaf culture, have a depth of ASL and are highly motivated PDHHS Employee Engagement scores significantly exceeded that of MCFD as whole (79 vs. 61) – Jan 2022 WES Report	~ 40% of staff will reach retirement in the next 5-10 years creating potential instability / loss of knowledge Lack of role differentiation resulting in perceived lack of recognition (classification). i.e. routinely individuals move between CCC & FN roles. Difficulty recruiting for FN role based on qualifications (degree/ASL fluency) and compensation; compromises may contribute to role differentiation issues Unclear support (i.e. backfill capacity) for staff to attend training / professional development impacting morale and effectiveness of services. Reported lack of professionalism amongst staff and leadership – collaboration, confidentiality, hiring practices, work ethic and supervision/accountability (also reported in WES Report) of staff issues
	PDHHS is meeting its Quality Expectations & Implements Continuous Improvement		Quality assurance (QA) practices do not appear to be in place (suspended in 2022) e.g. assessment of care plans/goals, communication standards
	PDHHS's Facilities & Technology is Reliable	VHD facilities are convenient, well-designed and welcoming/enjoyable place for children and staff	VHD facilities and equipment are aging without an apparent capital / renewal plan. Maintenance contract may not be providing level of response and cost-effectiveness compared to in-house or contracted service. Unclear resources – vehicle, office-space, mobile phones, etc - for staff based outside of Lower Mainland (e.g. Van Island, Okanagan) and/or increased travel

CAF-2024-42682 , Page 324 of 495

Trends - Threats

Growth in number of DHH Individuals (~17% since 2013/14) with almost all attending public school

Increasing language diversity of DHH families - ~40% speak a language other than English at home*

DHH population is stable in Lower Mainland & Greater Victoria (accounting for ~70% of population); however, population growth in other regions is 3% per year since 2016/17)

- Increasing cost of living leading to families relocating to outside Lower Mainland & City Centres

Unpredictable enrollment and VHD dorm requirements year over year (ranged from 18-29)

Worsening language proficiency of DHH children entering school-age years

Increasing complexity of children / youth needs (mental health, additional support needs, growth in cochlear implants, substance abuse/addictions)

Shortage of teaching and support resources in school districts

MECC under increasing cost pressures at BC School for the Deaf

Trends - Opportunities

MCFD expansion of service hubs i.e. Family Connection Centres, provide a footprint for DHH families to potentially access services

MCFD expansion of youth navigation presents an opportunity to leverage resources / strong practices

Increased awareness and adoption of ASL in mainstream communications e.g. public addresses by ministers/government officials, ASL in video streaming services

Recommendations

Recommendation 1:

In the near-to-medium term, define PDHHS's strategic objectives and service delivery framework and use to prioritize strategic and operational changes identified on the following pages

Recommendation 2:

In the near-term, implement operational changes to improve efficiency and effectiveness of current services

- Modify the VHD staff schedule to reduce ETO without impacting child:staff ratios and preserving additional/float capacity & supervision needs
- Hire dedicated ASL interpreter to support PDHHS services - determine capacity needs e.g. part-time vs. full-time
- Hire Admin resource to support PDHHS teams - determine capacity needs e.g. part-time vs. full-time
- Streamline intake processes and case management tools across PDHHS services
- Determine appropriate ownership i.e. re-assign to other departments (CNIB, Wellbeing/Mental Health Services) and PDHHS contract management expectations
- Clarify roles and responsibilities for:
  - Hiring oversight
  - Strategic vs. operational relationship management for within MCFD and external partners
  - Contract management
- Ensure reimbursement from MECC covers the full Escort time

Opportunities

Once PDHHS strategic objectives and service delivery framework is confirmed, consider the following strategic / operational opportunities – alignment, level of commitment, resources

PDHHS Organization

- Shift from direct services to advisory / consulting services to broader MCFD to increase scale, reach (and effectiveness) of PDHHS services e.g. advise CYSN social workers, MCFD Youth Transition social workers, staff in Family Connection Centres
- Shift from direct services to referrals to contracted community services to increase scale, reach and efficiency e.g. ASL classes, social / community events, educational events
- Leverage partnerships outside of MCFD to increase scale, reach and effectiveness e.g. WorkBC, Canadian Rehabilitation Centre
- Consolidate PDHHS staff into two departments to improve coordination and efficiency a) on-site services (VHD) and b) outbound services (Family Services, ASL Services)
- Commit current resources e.g. Family Services & ASL to levelling the regional distribution of services to DHH families
- Develop a PDHHS dashboard / key performance metrics to increase clarity and transparency of PDHHS outcomes and progress
- Leverage MCFD expertise to conduct independent quality reviews of PDHHS services
- Integrate a formal language assessment - could be in partnership with MECC, Early Years Service Provider – for children approaching school age

Opportunities

Once PDHHS strategic objectives and service delivery framework is confirmed, consider the following strategic / operational opportunities – alignment, level of commitment, resources

Early Years Services

- Conduct a complete strategic review of Early Years Services and Contract e.g. mandate/objectives, scope, services, outcomes & metrics, referral processes, oversight & reporting, capacity & alignment of potential delivery partners
- Increase PDHHS role in Early Years referrals e.g. receive referrals from BCEHP, direct to appropriate service/service provider

Opportunities

Once PDHHS strategic objectives and service delivery framework is confirmed, consider the following strategic / operational opportunities – alignment, level of commitment, resources

Family Services

- Clarify credentials & requirements for Family Navigator role and potentially create a new role such as Family Coordinator that more accurately reflects either needs of PDHHS or capabilities of new hires
- Increase staffing to increase outreach services and level the regional distribution of services to DHH families

Victory Hill

- Develop and ratify a child:staff ratio policy
- Develop a 3 year maintenance plan for VHD facilities and financing plan
- Increase the pool of auxiliary Child Care Counsellors to build redundant capacity and increase staffing flexibility
- Increase immersion sessions in the summer, winter, spring school breaks
- Increase outreach sessions in the summer, winter, spring school breaks

ASL Services

- Modify delivery model for ASL services to maximize reach, utilization, efficiency e.g. evening hours, all virtual delivery, nominal user-fee
- Expand ASL capacity to increase reach / access to services

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

Client Demographics

PDHHS Program serves children and youth (up to the age of 23) across the Province who are Deaf, Hard of Hearing, collectively referred to as DHH Individuals (~2000 individuals across the Province).

- ~1500 DHH Individuals in the K-12 system either attending schools across 60+ school districts, attending 'cluster' programs, independent schools
- 20 ~ 25 DHH Individuals travelling into Victory Hill to attend the School for the Deaf in Burnaby
- 60~70 DHH Individuals in the Lower Mainland attending the School for the Deaf in Burnaby
- 500~600 DHH Individuals between 0-5 years of age (estimated from student data)

A significant portion (~40%) of Early Intervention (0-5 years of age) families speak a non-English language at home.

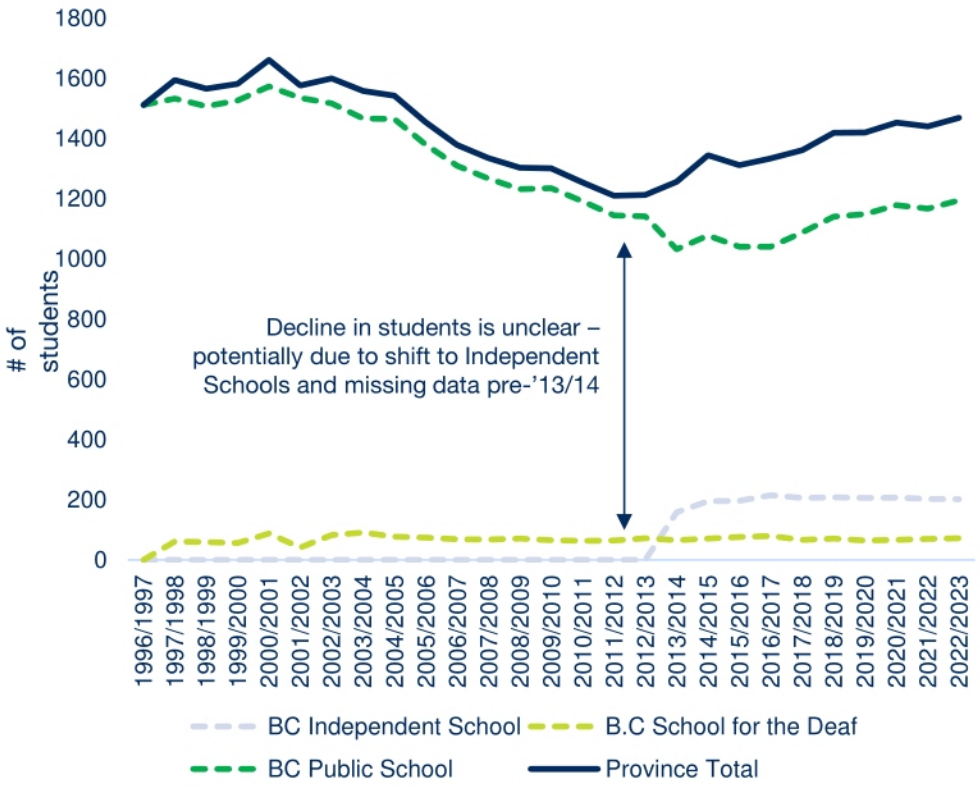
Population-level data on DHH Individuals is limited to the Ministry of Education's database from 1996 to 2023 and includes Type F Deaf or Hard of Hearing and Type B Deaf Blind students

[source: catalogue.data.gov.bc.ca/dataset/student-headcount-by-special-needs-category]

DHH Students' Historical Trend – School Level

There are ~1500 DHH students across the Province and is growing ~ 3% per year (since '13/14). Most of this growth is concentrated in public schools. ~80% of students attend BC Public Schools, ~15% Independent Schools and ~ 5% BC School for the Deaf.

Provincial DHH Student Count



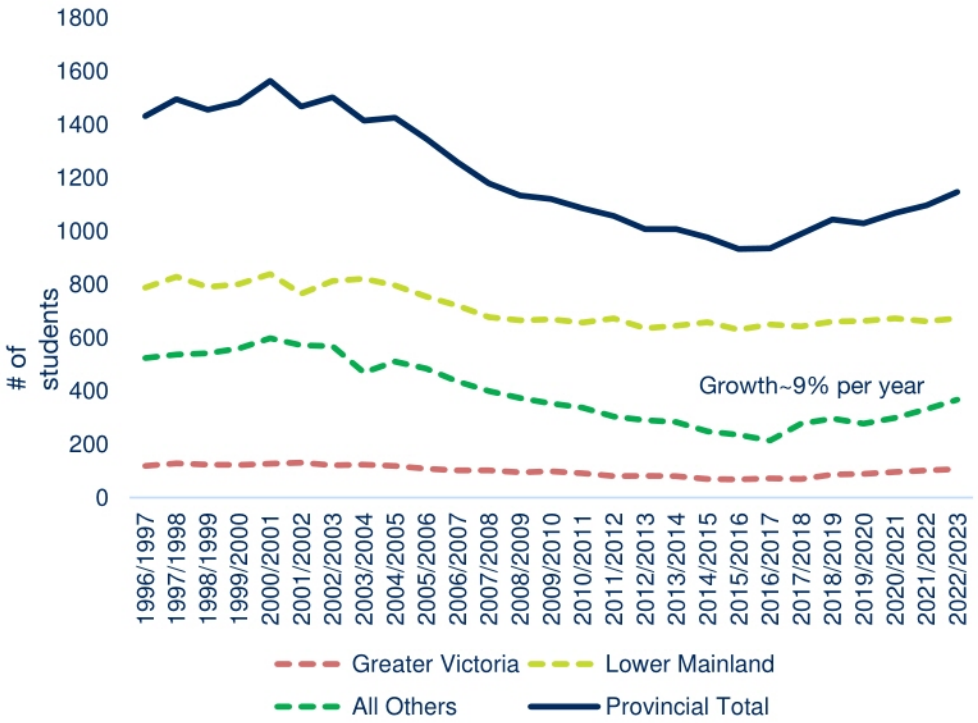
Observations

- Based on average of the last 5 years, the share of DHH students for all three school types is –
  - BC Public Schools: 81%
  - BC Independent Schools: 14%
  - BC School for the Deaf: 5%
- Since 2013/14 DHH student count has increased 17% (213 total students), almost all attending public schools
- BC School for the Deaf and BC Independent Schools have been stable at ~70 students and ~200 students respectively

DHH Students' Historical Trend – Region Level

The Lower Mainland accounts for ~ 60% of students and has been relatively stable; however, student growth outside of Greater Victoria & Lower Mainland is ~9% per year since '16/17.

Provincial DHH Student Count



Observations

- The average distribution of DHH students across the province is –
  - Lower Mainland – 62%
  - Greater Victoria – 7%
  - All Others – 31%
- Populations in Lower Mainland and Greater Victoria has stable since 1996/97
- Populations outside Lower Mainland and Greater Victoria is growing 9% per year since 16'/17'

- Lower Mainland = Abbotsford, Langley, Surrey, Delta, Richmond, Vancouver, New Westminster, Burnaby, Maple Ridge, Coquitlam, North Vancouver, West Vancouver, Chilliwack
- Greater Victoria = Victoria, Saanich, Sooke

DHH Students' Current State – Lower Mainland

Lower Mainland accounts 62% of all DHH students; the top 3 districts are Surrey (136), Burnaby (128) and Vancouver (115)

Lower Mainland DHH Student Distribution – FY22/23

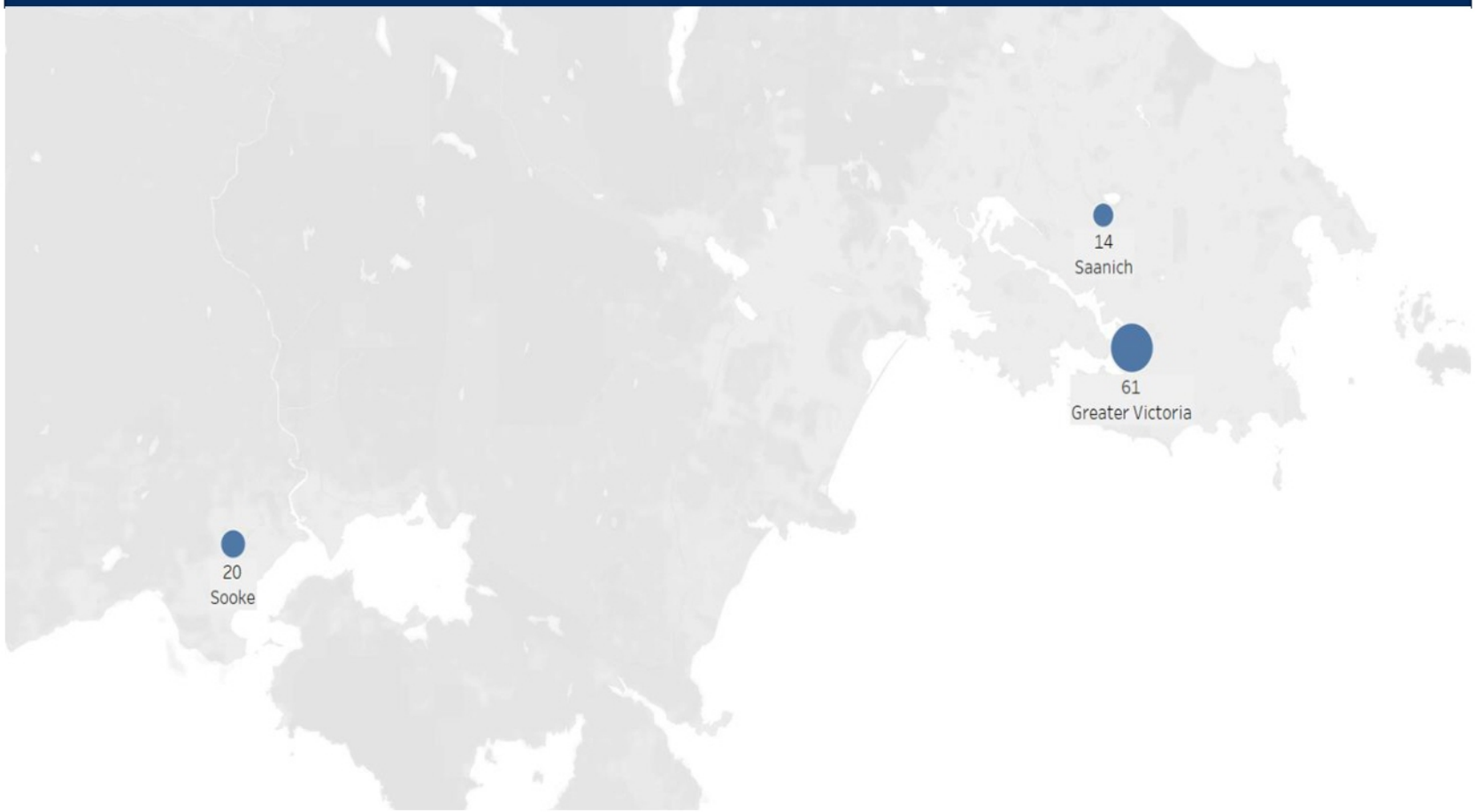
- Lower Mainland = Abbotsford, Langley, Surrey, Delta, Richmond, Vancouver, New Westminster, Burnaby, Maple Ridge, Coquitlam, North Vancouver, West Vancouver, Chilliwack

CAF-2024-42682 , Page 335 of 495

DHH Students' Current State – Greater Victoria

Greater Victoria accounts for 8% of all DHH students; Greater Victoria has the largest student count (61 of 95)

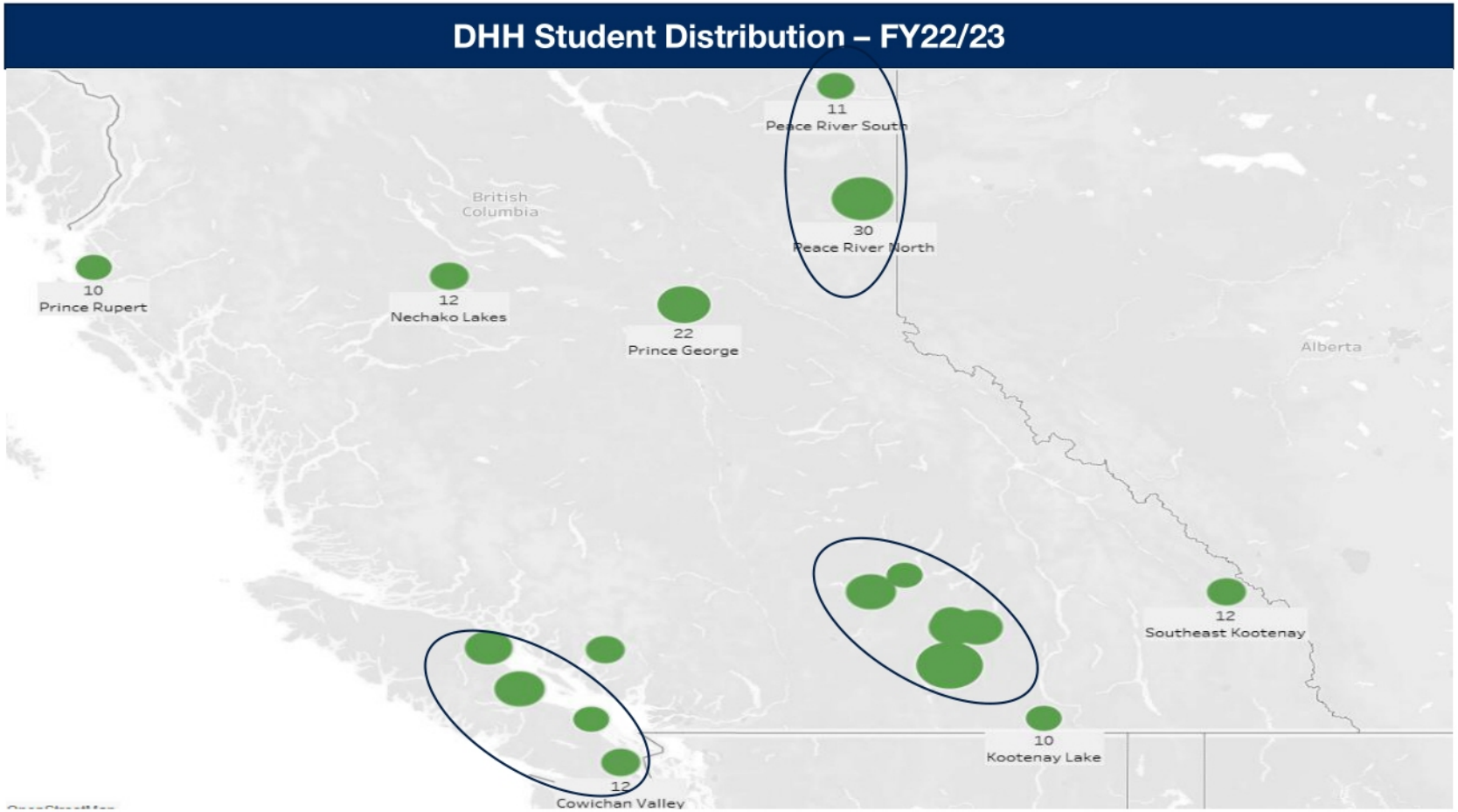
Greater Victoria DHH Student Distribution – FY22/23



- Greater Victoria = Victoria, Saanich, Sooke

DHH Students' Current State – All Other Areas

The rest of the province accounts for 32% of all DHH students; the top three regions are Okanagan(116), Central Vancouver Island(61) and Peace River(41).



1. Summary

2. DHH Clients

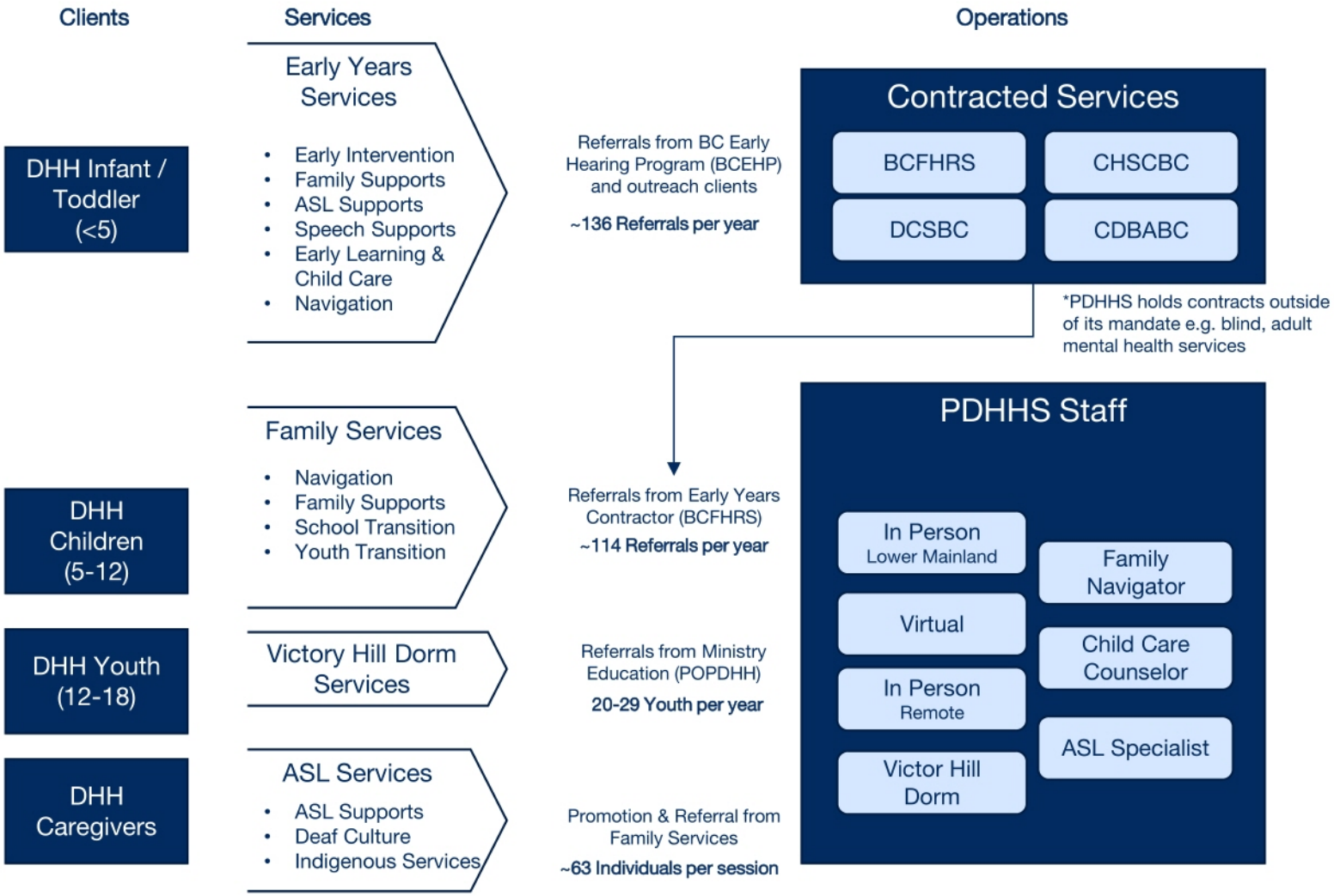
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services

4. Parent Survey Findings

5. Staff Survey Findings

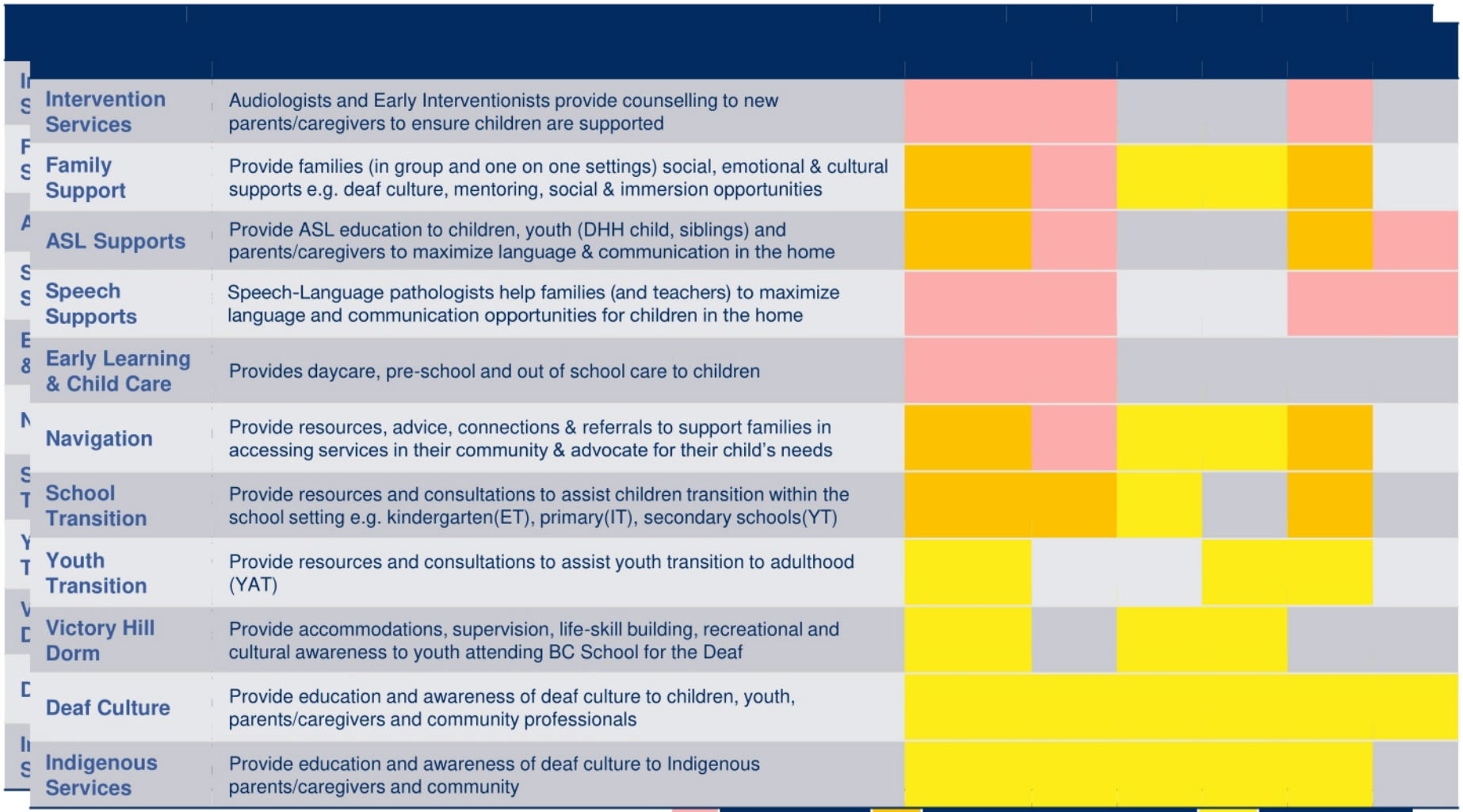
PDHHS Operating Model

PDHHS contracts for Early Years services (ages 0-5) and provides direct services to children/youth (ages 5-23) and parents/caregivers



PDHHS Services

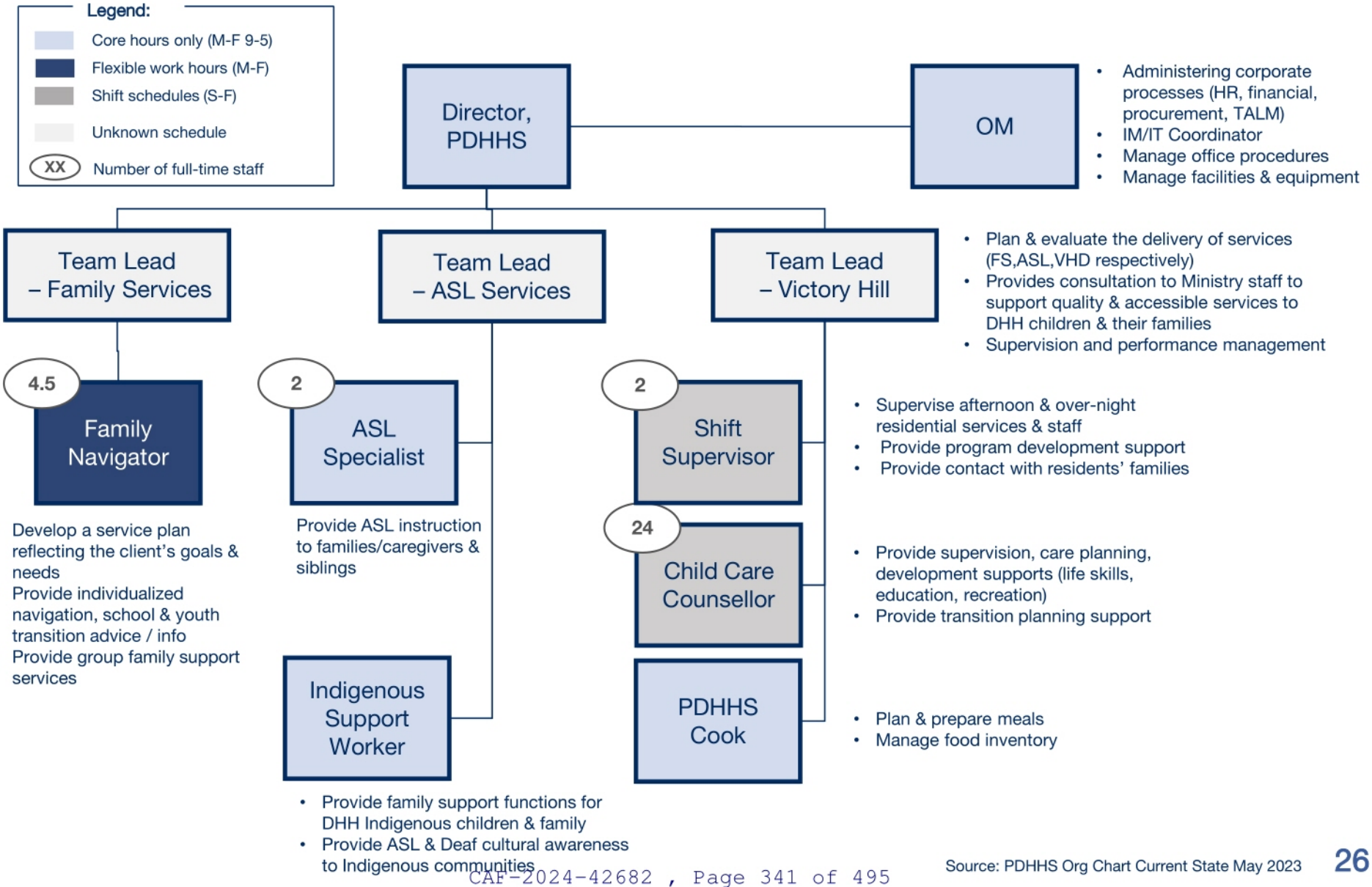
PDHHS contracts for Early Years services (ages 0-5) and provides direct services to children/youth (ages 5-23) and parents/caregivers



Intervention Services	Audiologists and Early Interventionists provide counselling to new parents/caregivers to ensure children are supported
Family Support	Provide families (in group and one on one settings) social, emotional & cultural supports e.g. deaf culture, mentoring, social & immersion opportunities
ASL Supports	Provide ASL education to children, youth (DHH child, siblings) and parents/caregivers to maximize language & communication in the home
Speech Supports	Speech-Language pathologists help families (and teachers) to maximize language and communication opportunities for children in the home
Early Learning & Child Care	Provides daycare, pre-school and out of school care to children
Navigation	Provide resources, advice, connections & referrals to support families in accessing services in their community & advocate for their child's needs
School Transition	Provide resources and consultations to assist children transition within the school setting e.g. kindergarten(ET), primary(IT), secondary schools(YT)
Youth Transition	Provide resources and consultations to assist youth transition to adulthood (YAT)
Victory Hill Dorm	Provide accommodations, supervision, life-skill building, recreational and cultural awareness to youth attending BC School for the Deaf
Deaf Culture	Provide education and awareness of deaf culture to children, youth, parents/caregivers and community professionals
Indigenous Services	Provide education and awareness of deaf culture to Indigenous parents/caregivers and community

Source: MCFD Annual Program Report FY22/23, public websites

PDHHS Organization



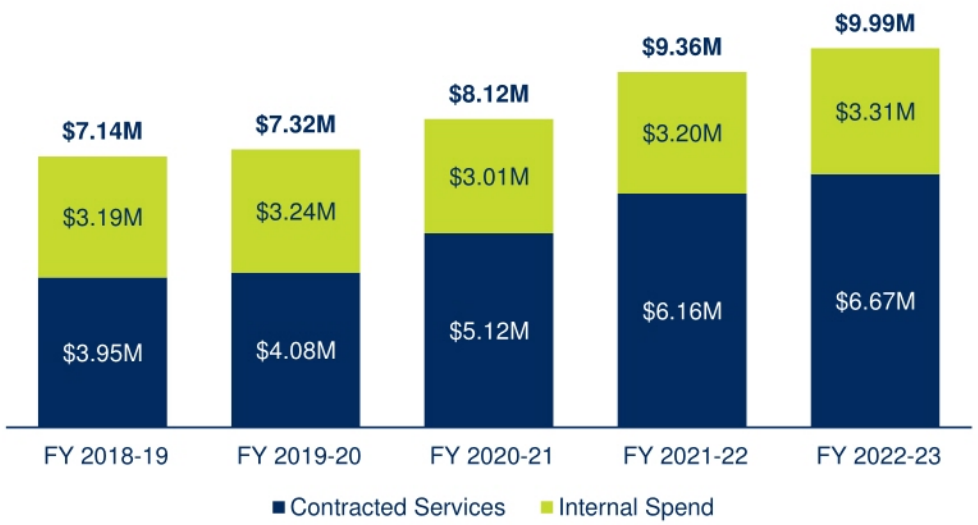
Source: PDHHS Org Chart Current State May 2023

CAF-2024-42682 , Page 341 of 495

PDHHS Financials

PDHHS expenditures were ~$10M in 22/23 – having grown 9% / year since 18/19. Almost all this expense growth coming from contracted services

PDHHS Annual Program Spend



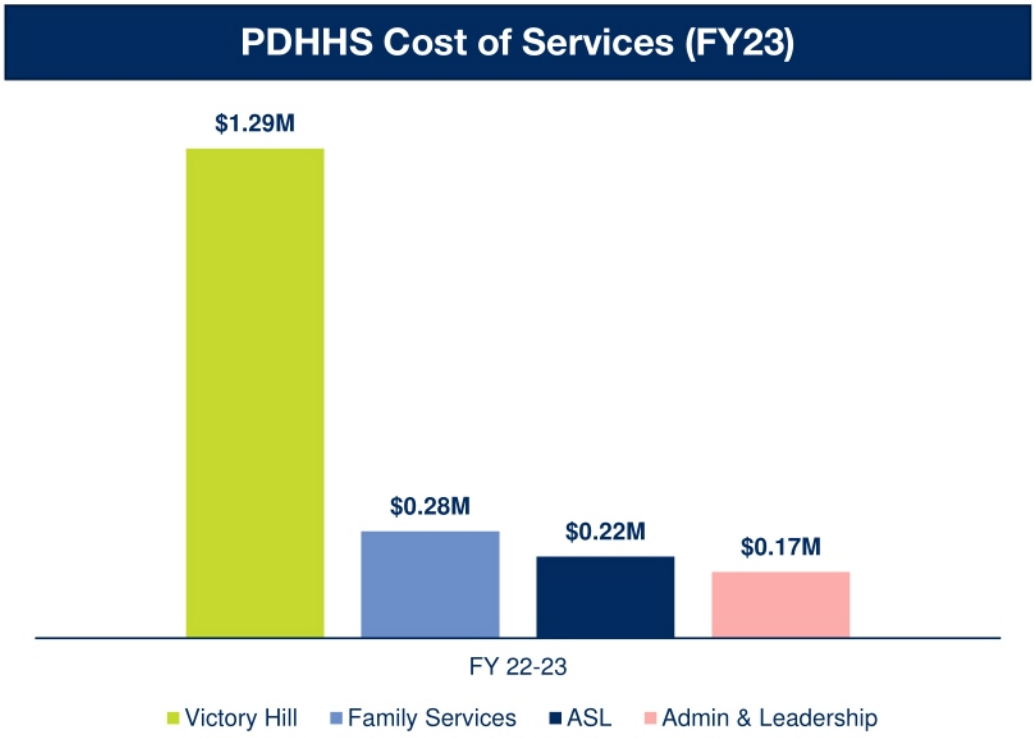
Observations

- Expenditures have grown 9% per year since 18/19
- Contracted Services have grown 8.3% per year
- Internal spend have grown 0.7% per year
- Post Covid, expenditures increased by 15% YoY (21/22 vs. 20/21)
- ~ 60% of the Internal expenses is for employee salaries

Source: PDHHS Detailed Expenditures Report (FY18-19 to FY 22-23)

PDHHS Financials

PDHHS staff costs account for $1.9M/year (~60% of PDHHS internal spend). Victory Hill accounts for ~ 66% of PDHHS internal salary spend, Family Services ~ 14%, and ASL 11% and 9% for PDHHS administration & leadership



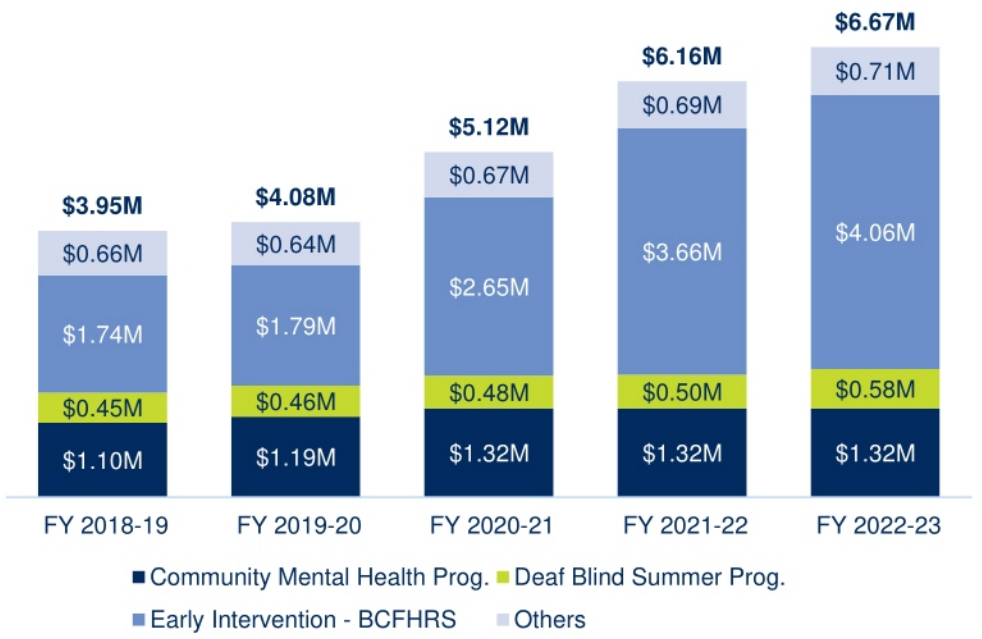
Source: PDHHS Detailed Expenditures Report (FY 22-23) and PDHHS Salary Report FY23
*Salary costs allocated based on Salary Report and job titles and has been adjusted to reconcile Detailed Expenditure Report

CAF-2024-42682 , Page 343 of 495

PDHHS Financials

The Early Intervention contract accounts for $4M/year and has grown 25%/year since '18/'19

PDHHS Contracted Services Spend



Observations

- The average share of spend for PDHHS contracted services is –
  - Community Mental Health Prog. - 25%
  - Deaf Blind Summer Prog. - 10%
  - Early Intervention BCFHRS - 52%
  - Others - 13%
- The average YoY growth for PDHHS contracted services is –
  - Community Mental Health Prog. - 5%
  - Deaf Blind Summer Prog. - 7%
  - Early Intervention BCFHRS - 25%
  - Others - 2%
- Others includes Intervention Services CDBA ($0.5M), SD23 cancelled contract ($0.1M) and CNIB ($0.13M)

Source: PDHHS Detailed Expenditures Report (FY18-19 to FY 22-23)

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
    - Early Years Services
    - Family Services
    - Victory Hill Dorm Services
    - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

Early Intervention Services

PDHHS contracts for Early Years services (ages 0-5) and in the last year provided services to ~ 700 children and referred ~ 110 children to PDHHS as the reached 5 years old

Source: MCFD Annual Program Report FY22/23 and the MCFD IP Report March 2023

EAF-2024-42682 , Page 346 of 495

PDHHS Services

The three service providers deliver a range of services, some overlapping – unclear service delivery mandate/focus

B.C Family Hearing Resource Society	Intervention Services	Parents, primary caregivers, Audiologists, and Early Interventionists are all members of the team working together to provide a child, who is deaf or hard-of-hearing, early intervention.					
	Family Support	A unique feature of BCFHRC is the accessibility to the Family Support Parents (FSP) on staff. With their own children who are deaf and hard-of-hearing at differing stages of life, these parents can speak directly about their own experiences. BCFHRC also has a Parent-to-Parent Support Network (P2P).					
	ASL Supports	BC Family Hearing Resource Centre has several Sign Language Consultants on staff who have a wealth of experience teaching ASL to young Deaf and hard-of-hearing children and their parents.					
	School Transition	The Preschoolers Esteem & Emotional Readiness (PEER) program, developed by BC Family Hearing Resource Centre, is designed to educate parents about how to effectively advocate for their child's specific needs as related to hearing loss/deafness in school settings.					
	Early Learning & Child Care	Provides Early Literacy Foundations, daycare, pre-school, out of school care and summer playgroups to children					
Deaf Children's Society of B.C	Speech Supports	The DCS Speech-Language Pathologists (SLPs) are experts at helping families maximize language & communication opportunities in the home. The SLPs will design and implement language lessons for the unique needs of the individual child and family.					
	ASL Supports	ASL classes are delivered online or in-person for families. Sign language lessons are provided to the family and extended family at their Burnaby center.					
	Early Learning & Child Care	Provides Early Literacy Foundations, daycare, pre-school, out of school care and summer playgroups to children					
	Navigation	DCS provides support to families if they live in other parts of British Columbia. The nature of the support will depend on the location. DCS connects families with local service providers and work with them to ensure that families get the best standard of support available.					
Children's Speech and Hearing Centre of B.C	Intervention Services	Audiologists and Early Interventionists provide counselling to new parents/caregivers to ensure children are supported					
	Early Learning & Child Care	Provides childcare and primary school. The Primary program for children who are deaf and hard of hearing is offered from Kindergarten to grade 3. This program is delivered five days a week (Monday-Friday) from September to the end of June.					
	School Transition	Provide resources and consultations to assist children transition within the school setting e.g. kindergarten(ET), primary(IT), secondary schools(YT)					

Source: MCFD Annual Program Report FY22/23 and the MCFD IP Report March 2023 public websites

CAF-2024-42662 / Page 347 of 495

Early Intervention Service Distribution

~50% of the Early Years Contract is spent on early childcare services in the Lower Mainland while at most ~35% is spent across Family Support & Intervention Services

B. C Family Hearing Resource Society	Intervention Services	15,965 hrs*	X	
	Family Support		702 hrs	Group Hours are calculated by subtracting all other group hours from the total
	ASL/Interpretation	3,270 hrs	327 hrs	Group Hours are calculated using service descriptions that mention ASL
	School Transition	370 hrs	290 hrs	Group Hours are calculated using service descriptions that mention PEER
	Early Learning & Child Care	X	5,460 hrs	Group Hours are calculated using service descriptions that mention DAYCARE
	Total	**19,605 hrs**	**6,779 hrs**	
Deaf Children's Society of B. C	Speech/ASL Supports	3,443 hrs*	X	
	Navigation			
	Early Learning & Child Care	X	9,032 hrs	
	Total	**3,443 hrs**	**9,032 hrs**	
Chi Idr	Intervention Services		X	

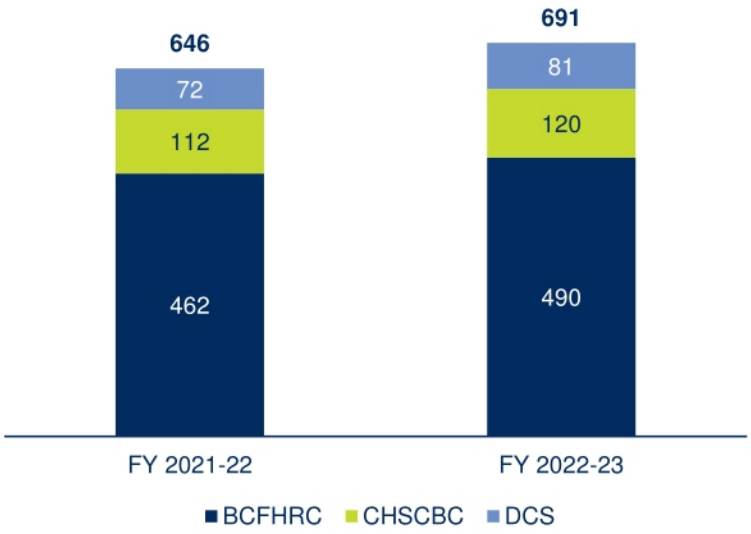
Source: MCFD Annual Program Report FY 22-23
*Reporting does not allow for segmentation of reported hours

CAF-2024-42682 , Page 348 of 495

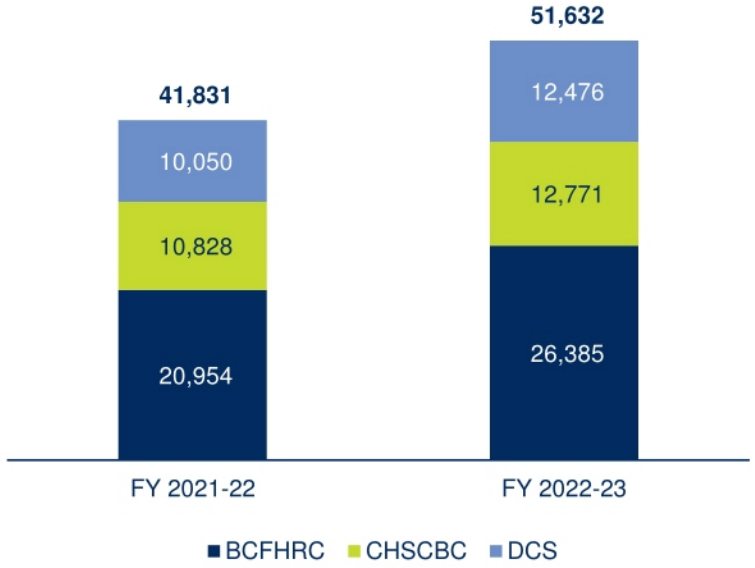
Early Intervention Services

In the last year, service hours have increased by ~23% while contract spend increased 11% over this same period

Individual Services Clients



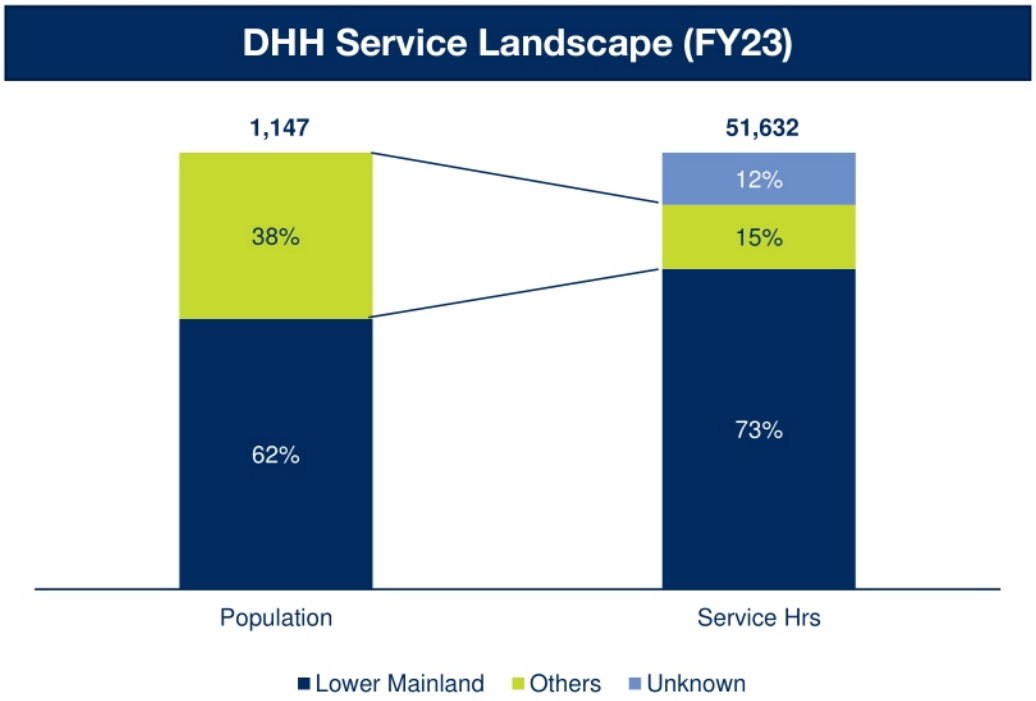
Early Years Service Hrs



Source: MCFD Annual Program Report FY 22-23 and FY 21-22

Early Intervention Regional Distribution

Early Years Service Hours are not equitably distributed (~73% of services hours compared to 62% of clients) between Lower Mainland and Rest of Province Clients

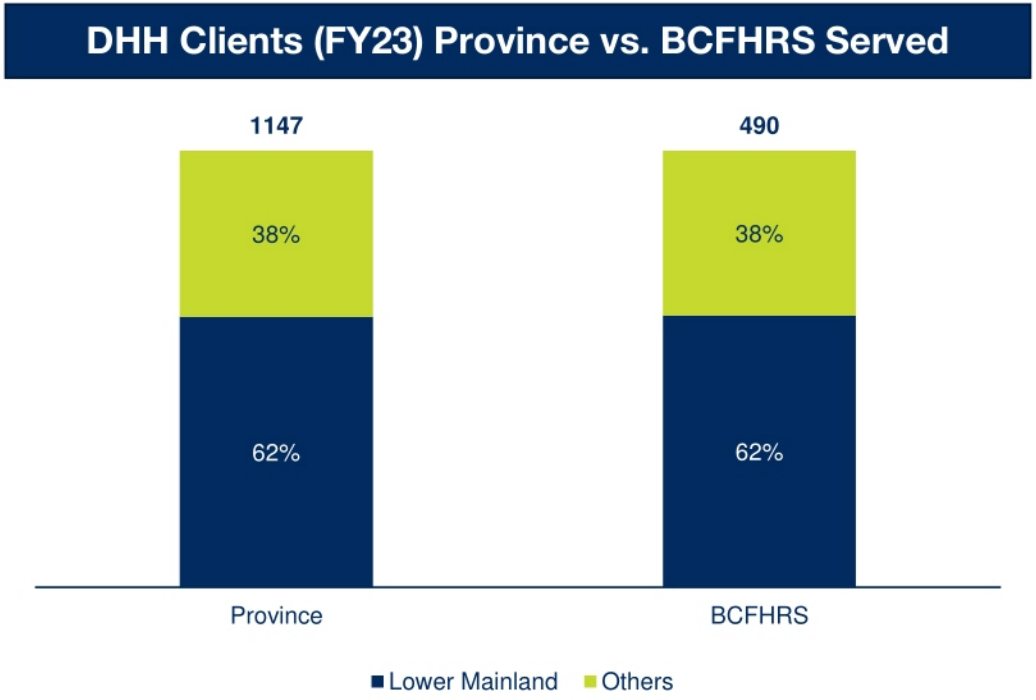


Source: MCFD Annual Program Report FY 22-23 and Govt. of BC Data Catalogue - Student Headcount by Special Needs Category
*Service hrs comprises of BCFHRS, DCS and CHSCBC service hours for FY23
**Individual service hours for BCFHRS are divided between Lower Mainland and Others based on client counts. Group service hours are divided based on detailed service descriptions
***Regional data for individual service hours for DCS and CHSCBC is not provided. Group (Childcare) hours for these organizations are counted as Lower Mainland

CAF-2024-42682, Page 350 of 495

Early Intervention Geography

BCFHRS (client geography data is not available for sub-contracted services) delivered individualized services approximately in-line with the provincial distribution of DHH children

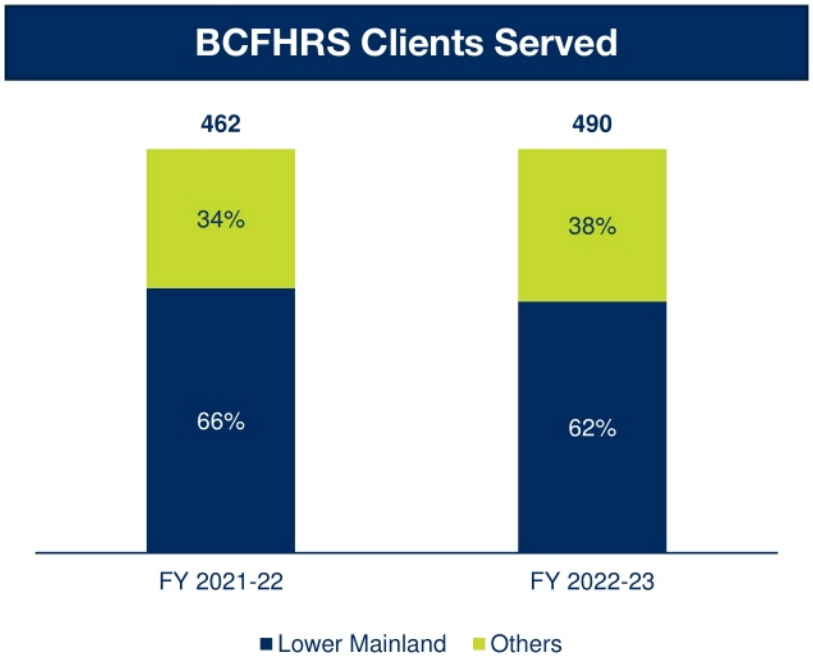


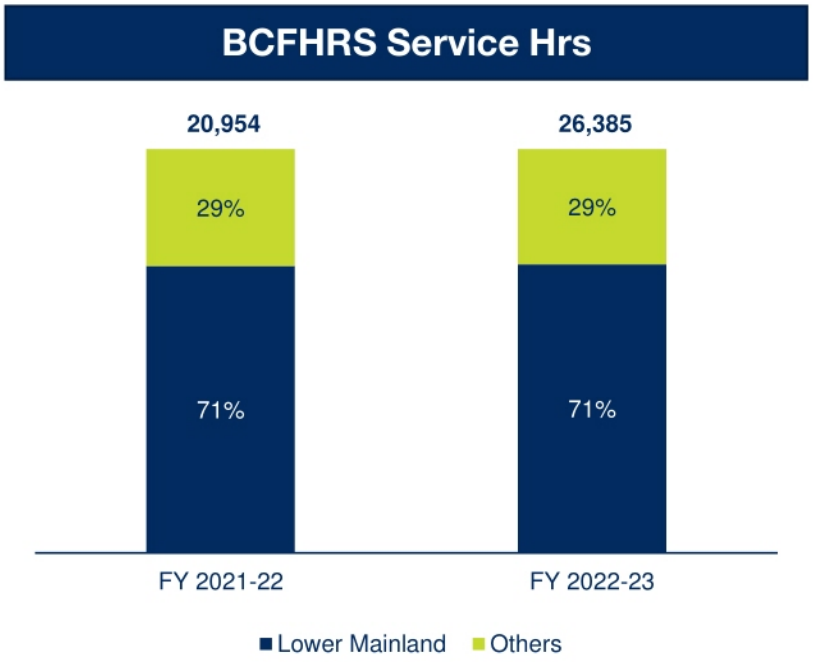
Source: MCFD Annual Program Report FY 22-23 and Govt. of BC Data Catalogue - Student Headcount by Special Needs Category. Note: ~ 340 students region is masked in the data set

CAF-2024-42682 , Page 351 of 495

Early Intervention Geography

BCFHRS spends a higher percentage of service hours in Lower Mainland (71%) than the client base that is served (62%)





Source: MCFD Annual Program Report FY 22-23 and FY 21-22
*Individual service hours are divided between Lower Mainland and Others based on client counts. Group service hours are divided based on detailed service descriptions

CAF-2024-42682 , Page 352 of 495

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

Family Services

Family Services provides its services to directly to children & youth from the ages of 5-23 and their families.

Family Support	Provide families (in group and one on one settings) social, emotional & cultural supports e.g. deaf culture, mentoring, social & immersion opportunities					
Navigation	Provide resources, advice, connections & referrals to support families in accessing services in their community & advocate for their child's needs					
School Transition	Provide resources and consultations to assist children transition within the school setting e.g. kindergarten(ET), primary(IT), secondary schools(YT)					
Youth Transition	Provide resources and consultations to assist youth transition to adulthood (YAT)					

Family & Parent Connection

- System Navigation and Access Consultation
- Parenting Support, Parenting Groups & Workshops
- Family Days
- Information and Resources
- Immersion Experience
- Appointment support and referrals
- Resources i.e., Registered Disability Savings Plan
- Early Intervention Transition

Children & Youth Services

- Mentoring
- Socials
- Youth Transition (age 15-23)
- Workshops and Groups

Community Awareness & Development

- Partnerships & Collaborations
- Ministry staff consultation
- Community collaborations

Family Services - Overview

Family Services provides its services to directly to children & youth from the ages of 5-23 and their families.

Services are delivered in community on an individual (e.g. transition) and group (e.g. family support, accessing resources) basis either in-person or virtual - each requiring a significant coordination effort e.g. logistics for interpreters, travel / meeting logistics, event planning.

Children & Families are referred to Family Services by BCFHRS as they approach kindergarten entry (4.5 years old). Based on BCFHRS data, ~ 114 children are discharged and referred to Family Services. Family Services conducts 50-55 intakes per year (combination of referrals and outreach)

Family Services has ~ 400 clients on their distribution list with ~ 220 active cases with varying services in-school transition, navigation and youth transition. This represents ~ 15% of the Provincial DHH population.

Family Services is staffed with Family Navigators with a flexible hours of work arrangement to support better access to families outside of weekday business hours. There are 4.5* Family Navigators located in Vernon(1), Victoria(0.5) and Vancouver(3) with an estimated caseload of 48.

Sources: email from Melissa M, May 25, 2023, MCFD Annual Program Report FY22/23
*does not include 1 pending fulltime hire in Nanaimo Aug, 2023

Family Services – Capacity Modelling

Caseload ratio is a key measure of sustainable service delivery. The ratio considers staff dedicated to providing navigation, school transition, youth transition and family supports.

Family Services current staffing model includes three FT Family Navigators located in Vernon, Victoria and Vancouver.

The following benchmarks provide some guidance to inform a target caseload ratio:

- STADD (Services to Adults with Developmental Disabilities) Navigator has referenced a caseload ratio of 50:1 (although in practice caseloads are much higher)
- AYA (Agreement with Young Adults) recent expansion of Navigation services referenced a caseload ratio of 60:1
- CYSN social workers may be another useful benchmark

Data provided by Family Services report an active caseload of ~220 – caseload ratio of 48:1

Family Services – Demand & Staffing Modelling

Based on caseload ratio of 50, ~ s. 13, s. 17 would be needed to support current active clients(~15% of p on). Improving access to serve 25% of the population would require s. 13, s. 17

Illustration

Based on the current active caseload serving ~ 15% of DHH population

	DHH Student Population	Client Service % of Population	Active Clients*	Staff to Caseload Ratio	Staff Required (FTE)
Lower Mainland	711	15%	106	1:50	s. 13, s. 17
Greater Victoria	95	15%	14	1:50	
Rest of Vancouver Island	61	15%	9	1:50	
Peace River/Prince George	63	15%	9	1:50	
Okanagan	116	15%	17	1:50	
Others	101	15%	15	1:50	
Unknown Geography	322	15%	48	1:50	
Total	1469		220		

Based on growth / promotion of services to reach ~ 25% of DHH population

	DHH Student Population	Client Service % of Population	Projected Active Clients	Staff to Caseload Ratio	Staff Required (FTE)
Lower Mainland	711	25%	178	1:50	s. 13, s. 17
Greater Victoria	95	25%	24	1:50	
Rest of Vancouver Island	61	25%	15	1:50	
Peace River/Prince George	63	25%	16	1:50	
Okanagan	116	25%	29	1:50	
Others	101	25%	25	1:50	
Unknown Geography	322	25%	81	1:50	
Total	1469		367		

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

Victory Hill - Overview

Victory Hill provides accommodations, supervision, life-skill building, recreational and cultural awareness to children & youth attending BC School for the Deaf (BCSD).

Victory Hill operates Sunday afternoon until Friday afternoon when BCSD is in session (~181 days per year which excludes stats, Pro-D and winter, summer, spring breaks). The facility has six family style homes outfitted to be DHH-safe with six beds each and an administration building.

Families apply for entry to BCSD thru the Ministry of Education's Provincial Outreach Program for DHH. Eligible students outside of the Lower Mainland are eligible for residence at Victory Hill.

Eligibility decisions are made throughout the year and PDHHS makes best-efforts to accommodate students mid-year and no later than for the following school year.

Enrollment at Victory Hill fluctuates year to year– from a low of 21 students in 2010 to a high of 29 students in 2017-2020. Approximately 25% identify as Indigenous.

Victory Hill is staffed with Child Care Counsellors (CCC), Shift Supervisors, Cook and Team Lead

Victory Hill Schedule Requirements

The VHD Schedule should meet all Scheduling Requirements (interpreted from meetings with team leads) and optimize Scheduling Goals

Requirements	**VHD Operating Days per Year**	• Victory Hill needs to be open for all school days (excludes weekends, stat, pro-d days)	181 days per year
	Child / Youth: Staff Ratio	• Children & Youth are supervised at VHD outside of school hours (3pm to 9am).	See following slide
	CCC Staff Supervision	• CCC Staff require support, coaching and supervision (3pm to 9am) – measured as the % of time a staff supervisor or Team Lead is available on site for CCC	>75%
	Child / Youth Escort Capacity	• Children & Youth are escorted by PDHHS staff on Sunday and Friday to/fro home • Currently 4 escort shifts (1 per house except house #5)	~ 14 hrs per week per house
Goals	**ETO Earned**	• ETO time (> 1827 hours per year of hours worked*) reduces the available capacity to deliver services (e.g. summer immersion, workshops) outside of VHD operating days e.g. winter, spring, summer breaks	Less is better
	Child / Youth to CCC Continuity	• Continuity between staff and child/youth is important for relationship building and mentorship	More is better
	CCC Staff Health & Wellness	• For shift workers, shift stability of shifts (start time, lengths, days) and rotations is important for health & wellness	+/- 1 Hour (start time & length)
	CCC Staff Development	• Regular staff rotation ensures workers handle the full range of role expectations e.g. morning, afternoon and night routines	More rotation is better
	Total Paid Hrs Per Year	• Total paid hours per year which is a measure of financial sustainability includes all full-time, auxiliary hours for CCC + Shift Supervisors	Less is better
	Additional Staff Capacity	• Additional staff capacity needed for extracurricular activities, medical appointments, sick children during day • Measure only includes staff time (TL + supervisors + CCC) outside of escort time or time spent in-residence.	To be determined

- 261 days per year x 7 hr per day = 1827 hours
- 261 days less 11 stat days less 4 pro-D days less 65 school break days = 181 VHD Operating Days per year

CAD-2024-42682, Page 360 of 495

Child : Staff Ratio

Child:Staff ratio is a key measure of safe and quality supervision. The ratio considers staff dedicated to supervising the child/youth. Victory Hill's staffing model includes CCC dedicated to supervision with Shift Supervisors available on an as-need basis to increase child supervision capacity. The Cook and VHD Team Lead are not considered dedicated to child supervision and not included in the ratio.

Students having varying supervision requirements based on a range of factors including for example age, presence of behavioural issues and/or medical/physical limitations.

In evaluating the current and potential schedules child:staff ratio is a key metric.

The following benchmarks provide some guidance to inform a target child:staff ratio:

- VHD's license does not specify a child:staff ratio*
- Maximum child:staff ratio is 1:6 (maximum 6 beds in a house and 1 fulltime CCC)
- Specialized Homes for MCFD's children in care, generally house children in crisis or significant behavioural situations, require a child:staff ratio of 1:2 to 1:3
- Licensed preschool for 4-5 year olds require a require a child:staff ratio of 1:10
- Licensed out of school care for >7 year olds require a require a child:staff ratio of 1:15
- Inpatient nursing care requires a patient:nurse ratio of 1:4

Source: Residential Care Regulation Section 42 (1)A licensee must ensure that, at all times, the employees on duty are sufficient in numbers, training and experience, and organized in an appropriate staffing pattern to

Victory Hill Schedule Evaluation – Current Schedule

The 22-23 VHD Schedule meets the Scheduling Requirements; however, creates significant ETO that reduces the number of service days available

Requirements	VHD Operating Days per Year	**181 days**	181 days per year
	Child / Youth: Staff Ratio	**1:4.4 per house**	1:4 to 1:6
	CCC Staff Supervision	**100%**	>75%
	Child / Youth Escort Capacity	**57.5 hrs per week**	~ 14 hrs per week per house
Goals	ETO Earned	**253 hrs per full-time staff** (equivalent to 214 days per year for services)*	Less is better
	Child / Youth to CCC Continuity	**100%**	More is better
	CCC Staff Health & Wellness	Avg. shift length : **8.5 hrs** Avg shift start time: **+/- 1 hrs**	+/- 1 Hour (start time & length)
	CCC Staff Development	**One Overnight Shift Rotation in House 6**	More rotation is better
	Total Paid Hrs Per Year	**37,582 hrs**	Less is better
	Additional Staff Capacity	**206 hrs per week (~ 5 FTE)**	To be determined

- 261 days per year x 7 hr per day = 1827 hours
- 261 days less 11 stat days less 4 pro-D days less 65 school break days = 181 VHD Operating Days per year
- Service Days = 261 days per year – 11 stat holidays – ETO equivalent days

Modelling Assumptions

Alternative schedules were developed to meet the Requirements and potentially improve on some of the Goals

For 2022/23 (prior year) scenario of s. 13

- 22/23 VHD schedule (used in 22/23)
- Proposals and 1 & 2 modelled by Deetken

For 2023/24 school year scenario of s. 13

- 23/24 VHD schedule designed by VHD
- Proposal 3 modelled by Deetken

Victory Hill Schedule Evaluation – Proposal 1

s. 13, s. 17

Victory Hill Schedule Evaluation – Proposal 2

s. 13, s. 17

Victory Hill Schedule Evaluation – VHD 23-24 Schedule

s. 13, s. 17

			VHD 22-23 Schedule	
Requirements	VHD Operating Days per Year	**181 days**	181 days	181 days per year
	Child / Youth: Staff Ratio	**1:4 per house**	1:4.4 per house	1:4 to 1:6
	CCC Staff Supervision	**100%**	100%	>75%
	Child / Youth Escort Capacity	**48.5 hrs per week**	57.5 hrs per week	s. 13 hrs per week per house
Goals	ETO Earned	**238 hrs per full-time staff** (equivalent to 216 days per year for services)	253 hrs per full-time staff (equivalent to 214 days per year for services)	Less is better
	Child / Youth to CCC Continuity	**100%**	100%	More is better
	CCC Staff Health & Wellness	Avg. shift length : **8.5 hrs** Avg shift start time: **+/- 1.5 hrs**	Avg. shift length : **8.5 hrs** Avg shift start time: **+/- 1 hrs**	+/- 1 Hour (start time & length)
	CCC Staff Development	**No Rotation**	One Overnight Shift Rotation in House 6	More rotation is better
	Total Paid Hrs Per Year	**31,318 hrs**	37,582 hrs	Less is better
	Additional Staff Capacity	**206 hrs per week (~ 5 FTE)**	206 hrs per week (~ 5 FTE)	To be determined

- 261 days per year x 7 hr per day = 1827 hours
- 261 days less 11 stat days less 4 pro-D days less 65 school break days = 181 VHD Operating Days per Year
- Service Days = 261 days per year – 11 stat holidays – ETO equivalent days

Victory Hill Schedule Evaluation – Proposal 3

s. 13, s. 17

Victory Hill Schedule Evaluation – Pros and Cons

s. 13, s. 17

Indicates strengths of the schedule

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

ASL Services - Overview

ASL provides ASL & Deaf Culture education to parents/caregivers, siblings to maximize language & communication in the home

ASL Supports	Provide ASL education to children, youth (DHH child, siblings) and parents/caregivers to maximize language & communication in the home
Deaf Culture	Provide education and awareness of deaf culture to children, youth, parents/caregivers and community professionals

ASL Services provides its services to directly to parents / caregivers & siblings. Services are delivered on an individual and group basis either virtual (primary) and in-person(secondary). Children & Families are referred to ASL Services by PDHHS Family Services, marketing/promotion and outreach.

Based on Winter 2023 session, ASL Services were able to deliver 26 hr / week of group instruction and 30 hrs of individual instruction from two ASL staff serving 63 individuals. Appears to be a low utilization rate of ASL instructors – ~33% of spaces were vacant due to withdrawals and absences

- ~ 16 % of individuals withdrew mid-session
- ~ 70% attendance rate for those who did not withdraw

ASL Services is staffed with ASL Specialists and ASL Contractors. There are two ASL Specialists located in Vancouver.

Source: Email Diana T, July 2023, based on Winter Session 2023 and sampling of 2 groups

CAF-2024-42682 , Page 370 of 495

ASL Services – Capacity Modelling

Based on the Winter 2023 ASL sessions the following metrics were derived:

ASL Demand:

- ~ 63 individuals were enrolled in instructional sessions
- ~ 18 families were waitlisted (18-54 individuals) due to commitment or availability preferences
- Unknown demand outside of currently enrolled & waitlisted families

ASL Specialist Productivity:

- 28 hrs per week to provide instruction (not including documentation, coordination, email)

ASL Instruction Workload

- Individual Instruction: 1 hr instruction = 2 hrs of workload (includes 1 hr for prep)
- Group Instruction: 1 hr instruction = 2 hrs of workload (includes 1 hr for prep)
- Group instruction 2~ 9 individuals per group limit

Family Services – Demand & Staffing Modelling

At an average group size of 5 clients, ~ s. 13, s. 17 ASL Specialists would be needed to meet current and waitlisted individuals

ASL Session Demand

63 clients	45 clients	108 clients	54 clients	54 clients

Service Delivery Estimates

1 hr instruction + 1 hr prep time	1 hr instruction + 1 hr prep time	2 to 9 clients	14 hr Group 14 hr Individual

ASL Specialist Productivity

Illustration

28 hr/week	7 groups per week	3-5 clients per group	35 clients per week	7 clients per week	28-42 Clients per week

ASL Specialists Required

108 clients per week	28-42 clients per week	s. 13, s. 17

Source: Email Diana T, July 2023
*Waitlist of 18 families assume 2.5 individuals per family = 45 clients
**Assume ~ 50/50 split between group and individual instruction; approximately based on Winter 2023 schedule

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

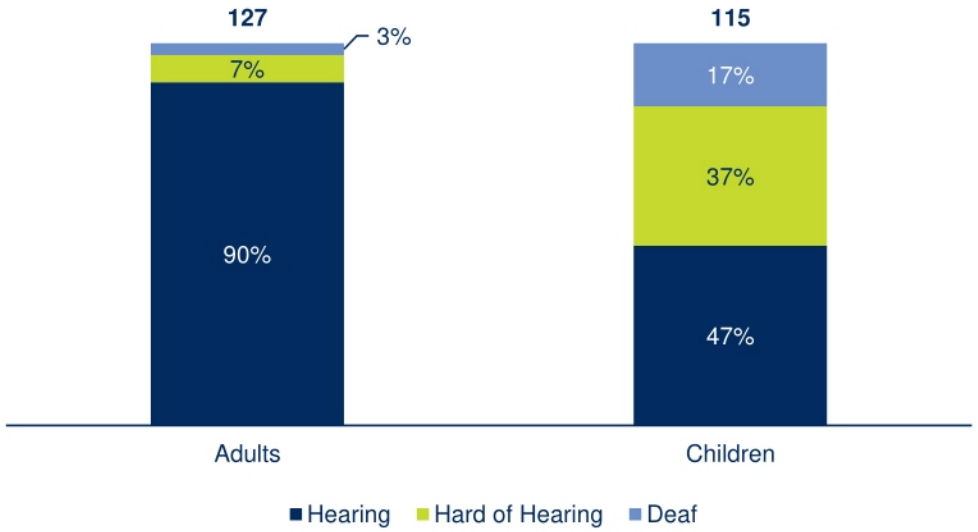
Parent Survey - Overview

- An online parent survey was held in August 2023
- The purpose of the survey was to capture the perspectives from families connected with PDHHS perspectives on the current program and services as well as areas of strengths and improvement areas.
- A total of 54 responses were received out of ~ 525 email distributions from a compilation of ASL, Family Services and Victory Hill clients.
- Evaluation of Victory Hill Services was discarded since only 2 families responded who had experience

Parent Survey - Overview

From the families that responded, 90% of adults and 47% children identified as hearing individuals. The respondent's regional distribution approximated the provincial population

Survey Demographic



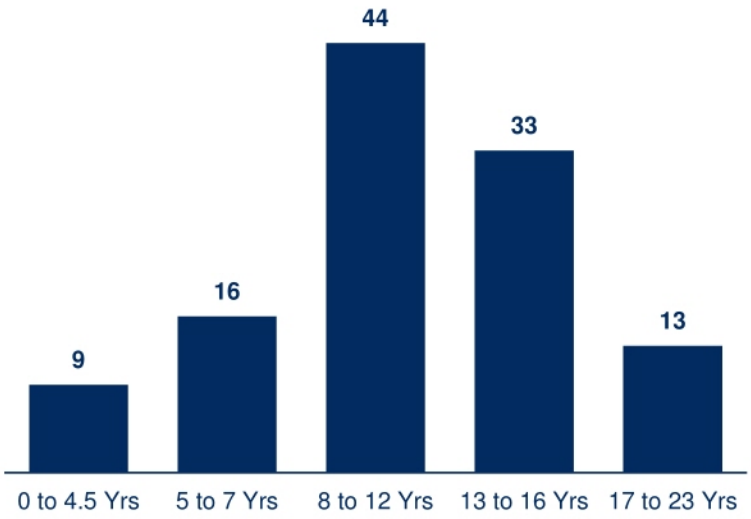
Observations

- A total of 54 responses were received from parents:
  - Lower Mainland – 64%
  - Victoria – 11%
  - Others – 25%
- On average a family had 2 adults and 2 children

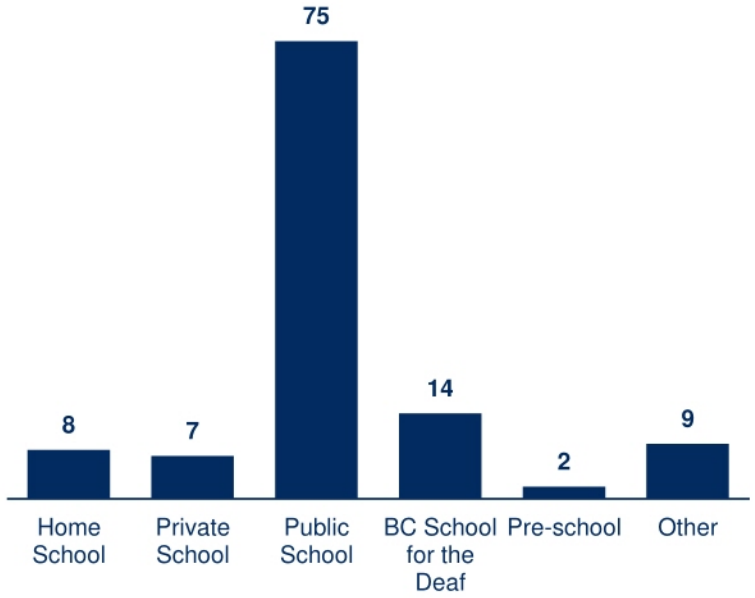
Parent Survey – Children Demographic

~80% of respondent's children are above the age of 8 and ~65% attend Public Schools. ~12% attend BCSD.

Age Distribution



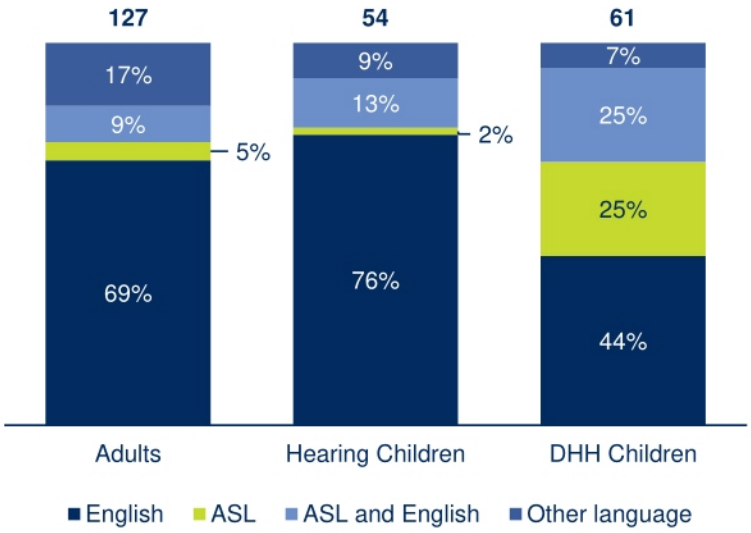
Schooling



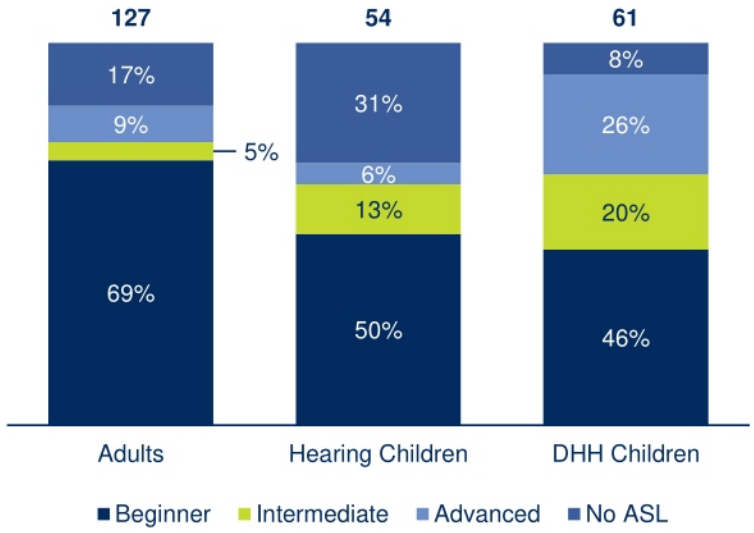
Parent Survey – Language Demographic

~50% of DHH children prefer ASL as their preferred language; however, ASL proficiency in the home (50-70%) is at the beginner level.

Language Preferences



ASL Proficiency

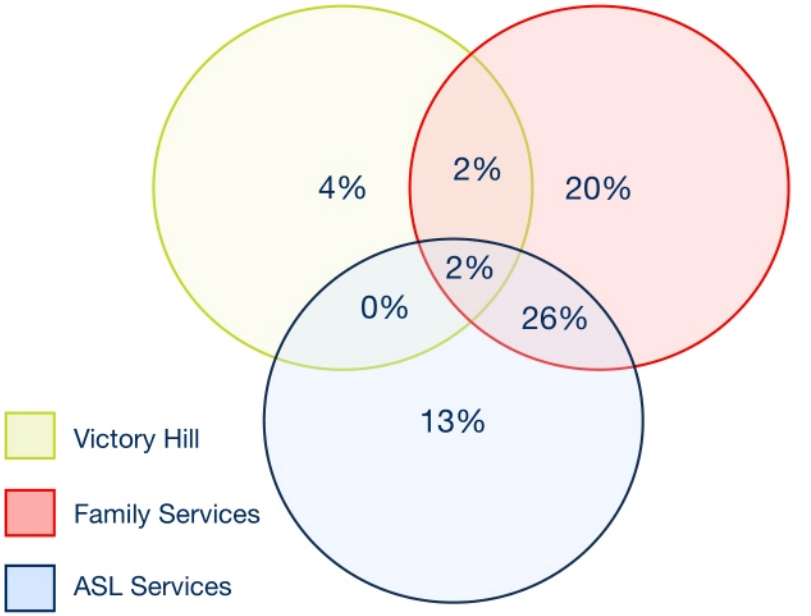


Parent Survey – Referral to PDHHS Services

In the past 12 months, 2/3 of families have accessed PDHHS services - 50% Family Services, 41% ASL Services and 8% Victory Hill services. No clear referral source was evident.

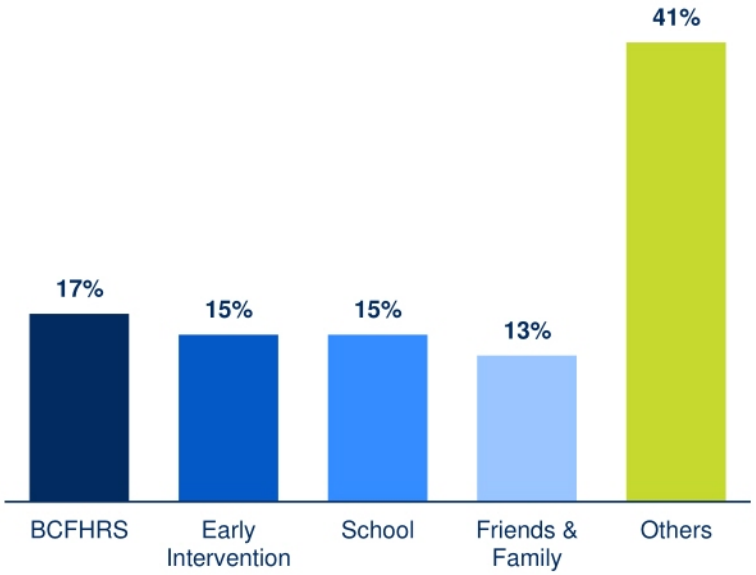
What PDHHS services have you accessed in the last 12 months?

Services Accessed*



How did you initially learn about/get in contact with PDHHS?

Referral Pattern to PDHHS

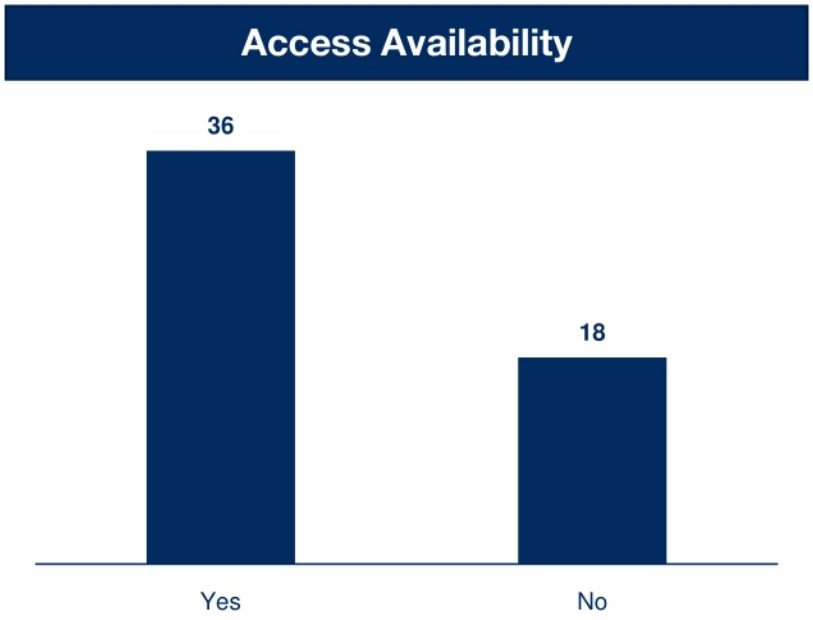


*33% of the respondents chose "None" in the list of PDHHS services accessed in the last 12 months

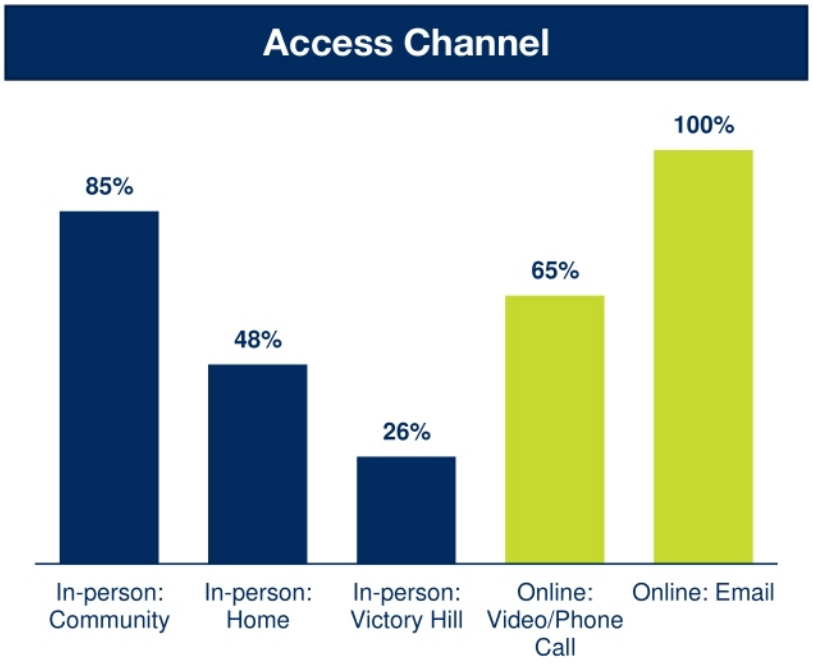
Parent Survey – Family Services

67% of the respondents accessed Family Services in the last 12 months. Of those not accessing services ~40% was due to not needing services.

Have you accessed Family Services in the last 12 months?



In what ways have you accessed Family Services ?

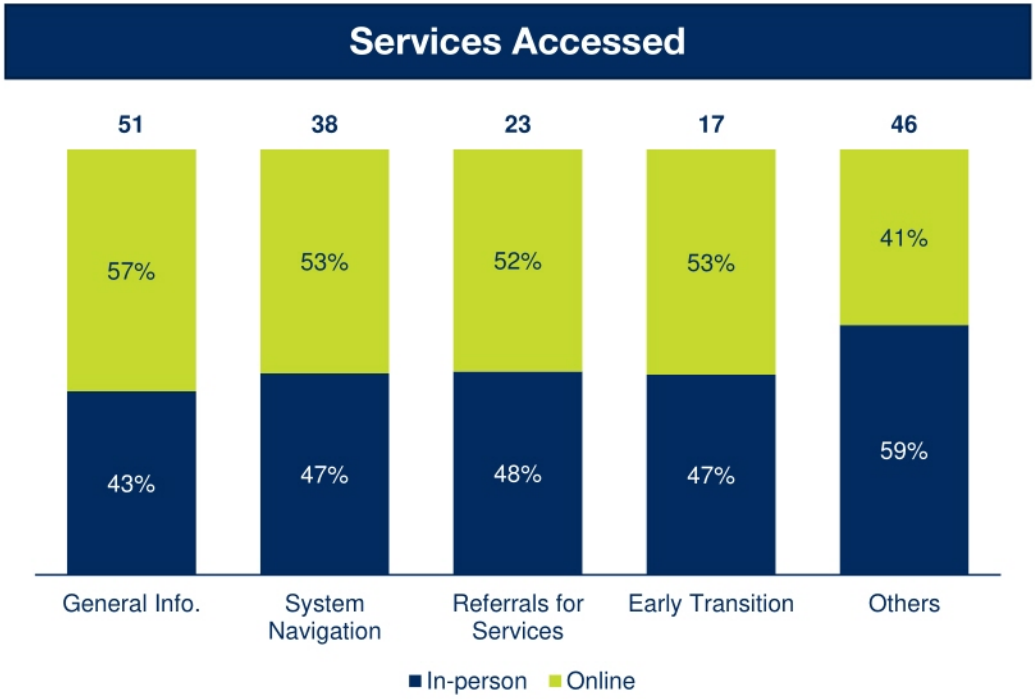


Reasons for not accessing family services include – not needed (44%), unfamiliar timings (22%) and no availability (17%)

Parent Survey – Family Services Access Channel

Families accessed Family Services almost 50/50 online vs. in person in the past 12 months

What types of Family Services have you accessed from PDHHS in the past 12 months?



Feedback from Parents

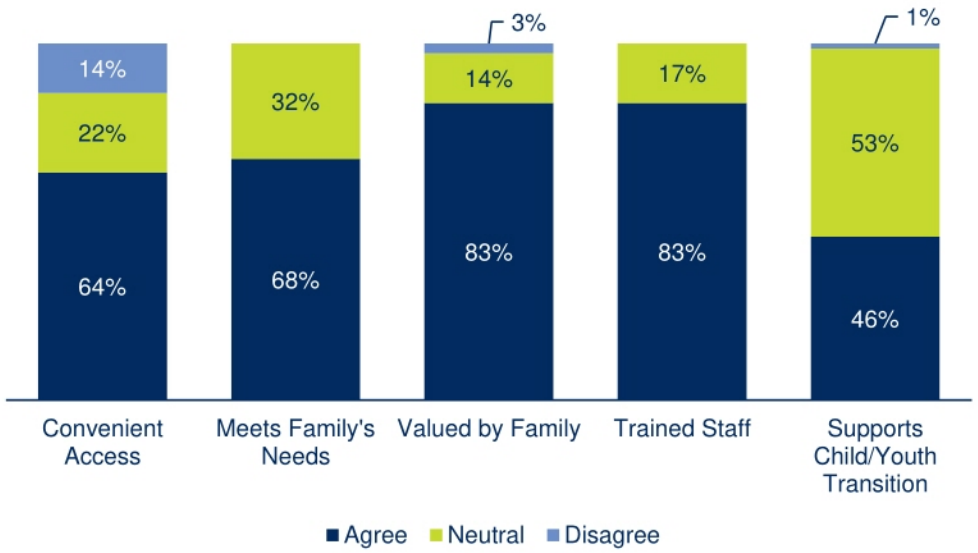
- *"We were very luck to have Kathy and Melissa visit our community (Powell River) this past spring. It was a great opportunity to visit and talk about the services available to our family."*
- *"I get so many emails about things that I don't always check through them to see which things we would benefit from. Our TD/HH will often mention things that are of interest to us. Because we're in a smaller community, Winfield, I suspect there are a lot of things that we could be a part of but miss out. It would be wonderful to meet with someone from PDHHS to explore this."*

Parent Survey – Family Services Feedback

60-80% of families reported Strongly Agree or Agree that Family Services met their expectations for Access, Needs, Valued, Staff. Opportunities for improvement are in Access and Youth Transition

How does Family Services meet the needs of your family?

Service Feedback



Strengths

- *"Lots of Deaf adult staff. They are wonderful role models for my child."*
- *"Just amazing staff who seem very passionate and knowledgeable about their work."*

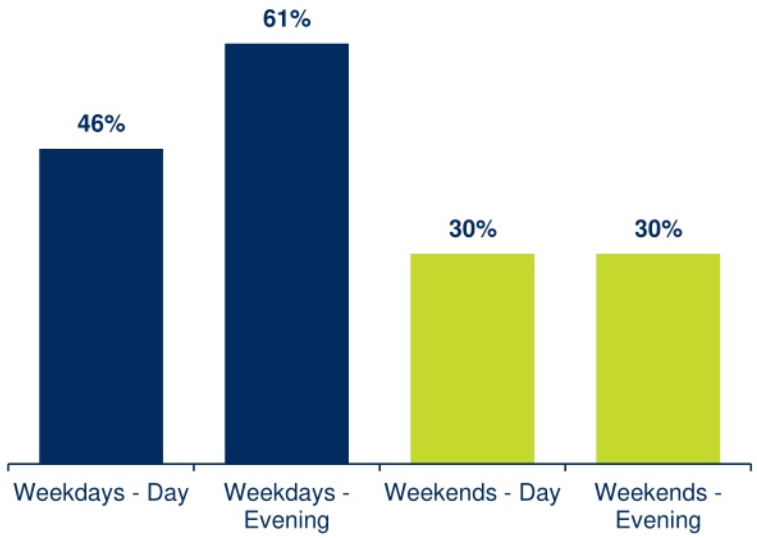
Opportunities

- *"Providing services outside of Greater Vancouver Area."*
- *"Frequency of community building events that bring families together in the Surrey/Langley area."*
- *"Getting a response from staff often seems to take longer than expected. Returning voice mails or emails within 2 business days would be appreciated."*

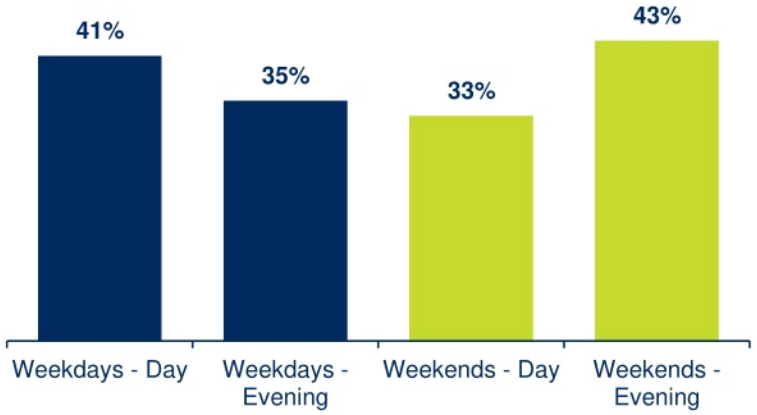
Parent Survey – Family Services Preferences

More families prefer virtual services during the Weekdays. For those preferring in-person services with similar day of the week and time of the day preferences.

Online Preferences



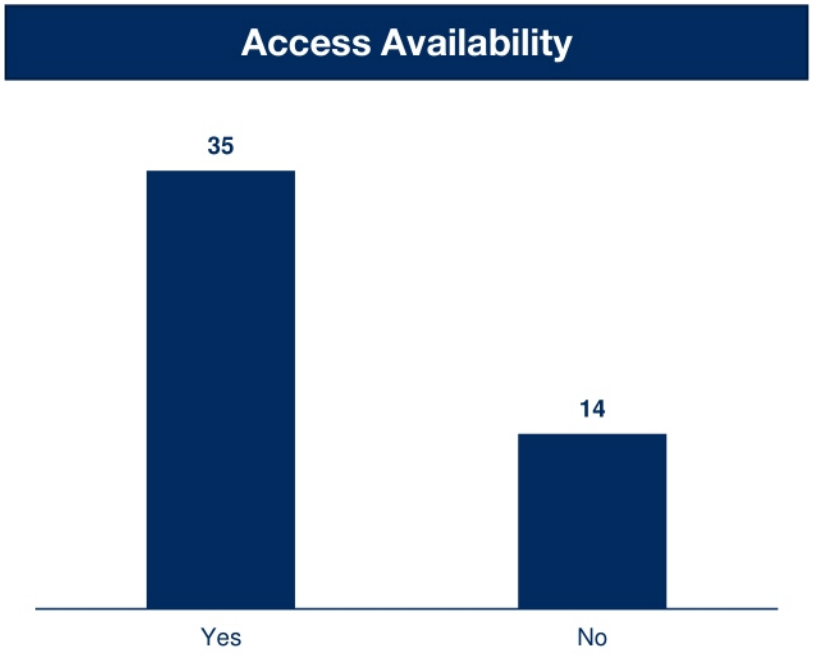
In-Person Preferences



Parent Survey – ASL Services

70% of the respondents accessed ASL Services in the last 12 months. Of those not accessing services ~50% was due to availability or timings. A slight majority would prefer more classes per session.

Have you accessed ASL Services in the last 12 months?



Would you want more ASL workshops/webinars throughout the school year?

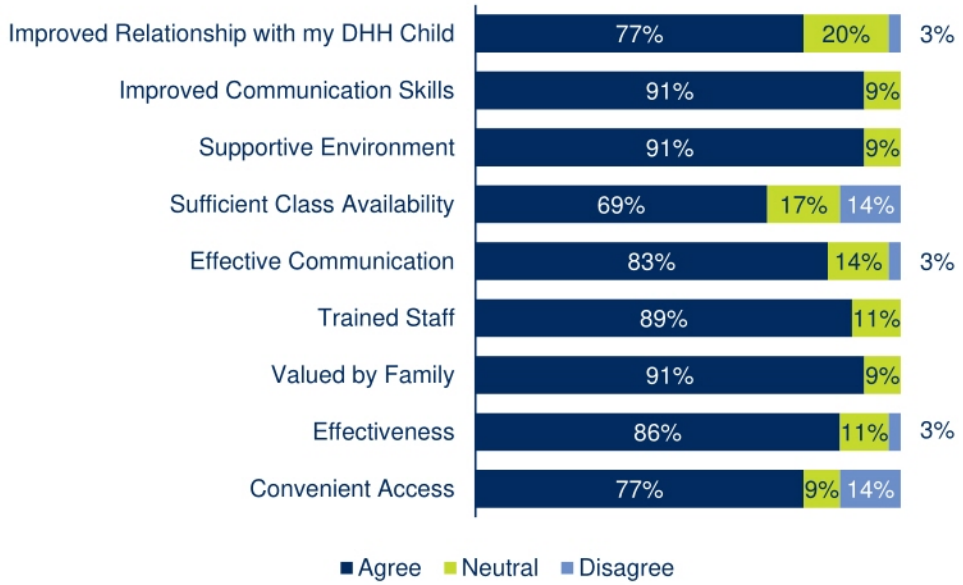
Reasons for not accessing family services include – no availability (36%), not needed (21%) and unfamiliar timings (21%)

Parent Survey – ASL Services Feedback

ASL Services received high marks for meeting the needs of families > 80% for all and 70% for Availability.

How does ASL Services meet the needs of your family?

Service Feedback



Strengths

- *"Combining games and teaching, which makes it really fun. Staff are patient, fun, supportive and approachable!"*
- *"The staff are just stellar. Really caring people who have taught my daughter so much about the Deaf community and her natural place in it. Her only barrier has been language acquisition."*

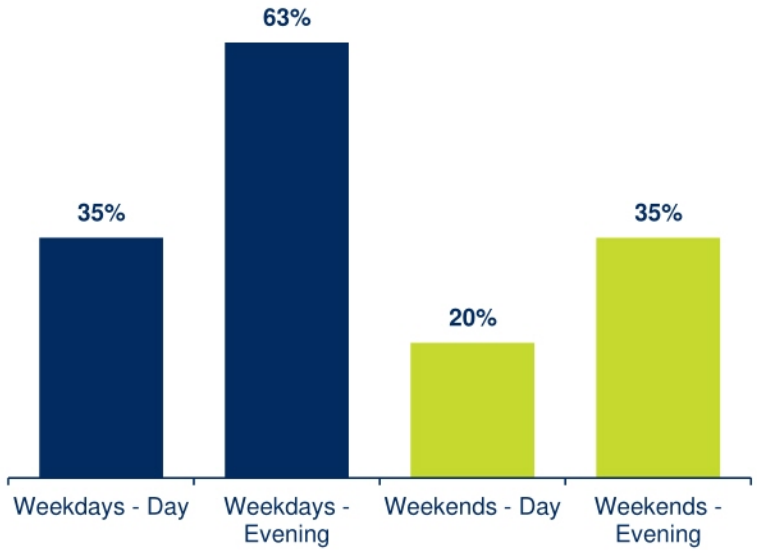
Opportunities

- *"Videos, handouts or homework. More class structure. We have had two different instructors during the past year and they each had some different signs for the same word. The second instructor told us those few learned words were incorrect."*

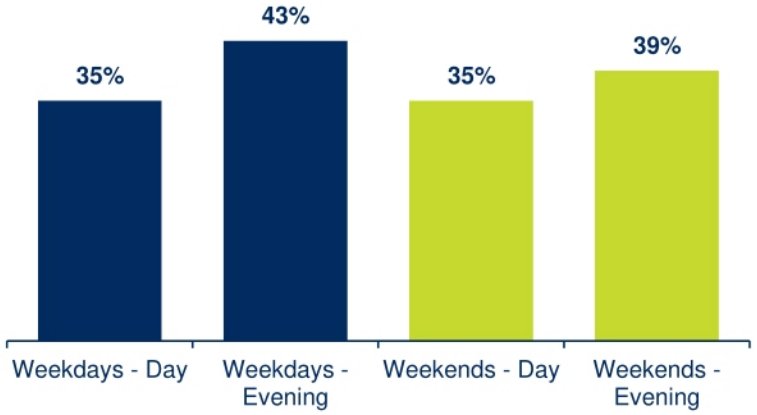
Parent Survey – ASL Services Preferences

More families prefer weekday evening classes with stronger preference for virtual delivery. About a 1/5 prefer weekday days.

Online Preferences



In-Person Preferences

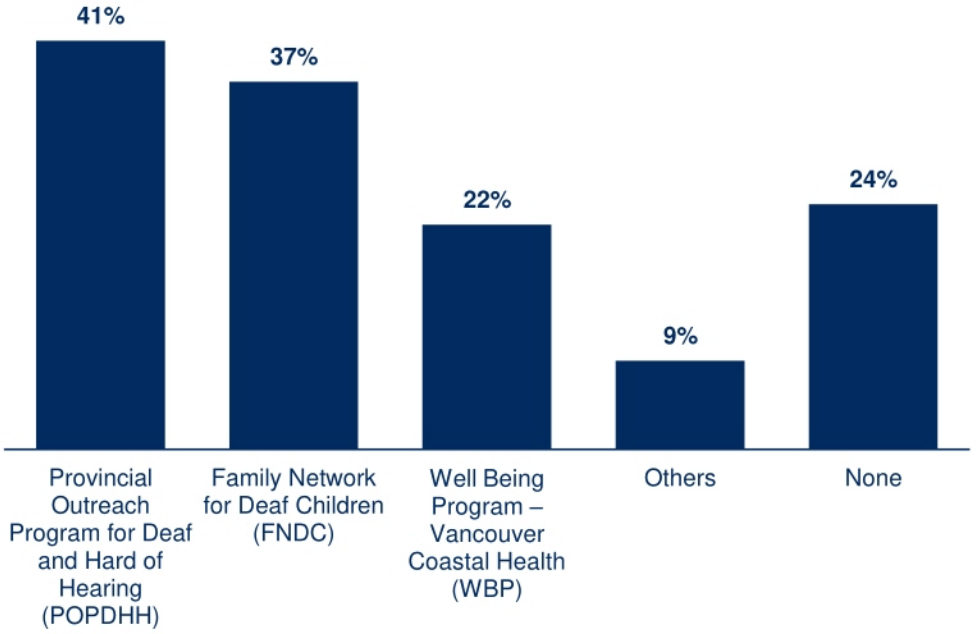


Parent Survey – Community Services

About ¼ of families reported not accessing any community supports, with ~ 40% of families engaged with POPDHH & FNDC in the past 12 months.

Have you accessed services from any of the following programs or organizations (publicly funded or personally funded by the family) in the past 12 months?

Other Programs Accessed



Feedback

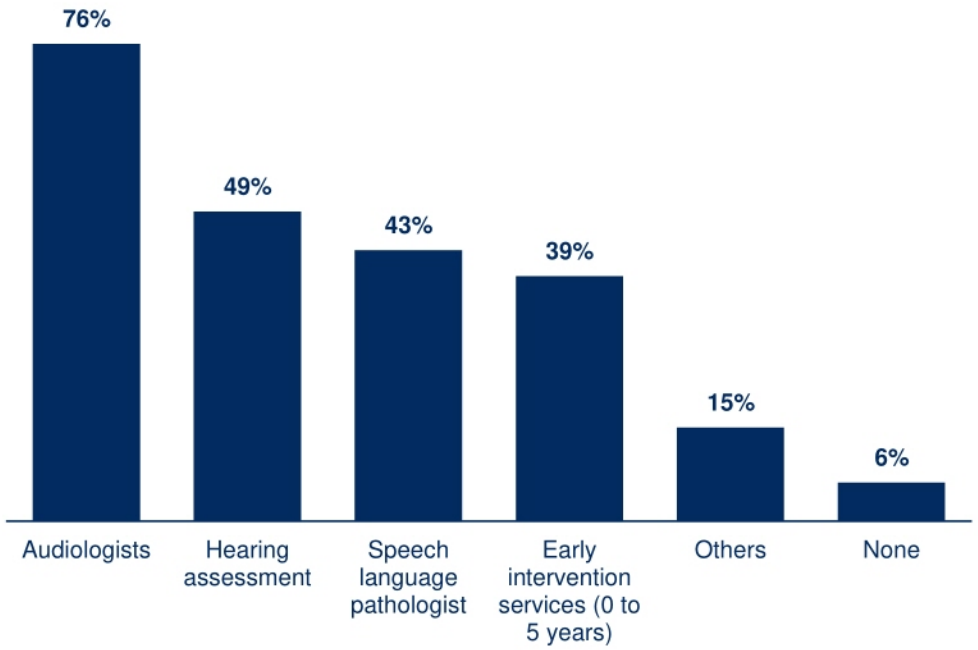
- *"Help my children with their specific needs for learning, mental health, physical, and medical, disabilities/conditions."*
- *"We greatly value Family Network for Deaf Children and their summer program, Deaf Youth Today (DYT). FNDC & DYT's Deaf-led language accessible events/camps allow our Deaf child to fully participate and just be a typical kid. "*
- *"More services in Victoria please."*

Parent Survey – Community Services

Between 40-75% of families have accessed some form language consultations.

Have you accessed any of the following types of services (outside of PDHHS)?

Other Services Accessed



Feedback

- *"For a parent of a deaf child, we need more communication and guidance, so that we can understand and learn how to help the child live a normal life."*
- *"It would be great if the frequency of service were more without being so expensive."*
- *"More SLPs are needed to meet needs."*
- *"More availability for ASL learning on the south island would probably result in our family taking it together as a family."*

1. Summary
2. DHH Clients
3. PDHHS Service Delivery Model
   - Early Years Services
   - Family Services
   - Victory Hill Dorm Services
   - ASL Services
4. Parent Survey Findings
5. Staff Survey Findings

Staff Survey - Overview

- A staff survey was held from June/July 2023
- The purpose of the survey was to capture PDHHS staff perspectives on the current program and services as well as areas of strengths and improvement areas.
- A total of 11 responses were received from PDHHS staff: 1 from the office manager, 1 from the ASL Services, 4 from Victory Hill, and 5 from Family Services.
- 5 Family Services respondents also have prior experience as Child Care Counselors in the VH dorms and 1 of the Victory Hill staff and 1 of the ASL staff have experience in Family Services.
- Ten of the responses were written responses while two responses were recorded via Video Relay Services

Staff Survey Questions

The following topics were covered in the Staff Survey:

- What does success look like for PDHHS children & families?
- What does success look like for PDHHS organization?
- What are the main barriers to success ?
- What are trends in the Deaf Community and broader environment ?
- What are the strengths of PDHHS' current services ?
- What are opportunities for improvement?

Staff Survey Findings

What does success look like for PDHHS children, youth & families?

- Children & Youth achieve ASL fluency and true cultural immersion
- Families have the tools for communication, opportunities for incidental learning and foster healthy relationships
- Families are empowered with information, resources, connections and confidence to advocate for their children
- Children & Youth have the life skills – time management, social, employment readiness, transportation and foundational experiences to become more independent
- Children & Youth have equal access to quality education and job opportunities
- Youth thrive from high school to post-secondary

Staff Survey Findings

What does success look like for PDHHS organization ?

- Equal access to PDHHS services for all communities
- Timely/regular communications to youth and parents
- Meaningful and respectful relationships with children/youth and parents
- Services are tailored to meet the needs of the child, youth and families and community
- PDHHS has a unified vision, coordinated services & processes and collaborative staff
- PDHHS staff are knowledge, skilled and proficient in their roles and are supported to develop professionally
- PDHHS has the resources & staffing to meet its mandate
- Strong partnerships with stakeholder groups such as POPDHH, Service Providers

Staff Survey Findings

What are the main barriers to success ?

- Weak involvement and engagement of some families in the support of their child
- Barriers to incidental learning in the home
- Lack of interpreters and POPDHH resources, parents rely on Family Services to advocate for accessibility in schools
- Assessments (language, learning barriers) are delayed, impacting quality of education
- Lack of awareness about PDHHS outside the Lower Mainland
- Lack of early transition tools and counselling for families which causes severe language delay during their language mastery window (0 to 5 years)
- Lack of community services e.g. mental health services for DHH children in remote areas like the Okanagan
- DHH individuals are not able to self-advocate for sign language interpreters for job interviews, meetings, or appointments
- Strict end of care dates for PDHHS can be restrictive in supporting youth transition - contact with clients after graduation is prohibited
- No direct programming for youth post-graduation e.g. independent living, housing from PDHHS or in community
- Virtual ASL classes are challenging for some families i.e. inability to focus

Staff Survey Findings

What are the main barriers to success ?

- Care plan goals are stale/dated and could include additional goals to help improve independence upon graduation
- Lack of regular professional development and training opportunities for staff
- Difficulty to access interpreters consistently and timely
- Lack of administration support impacting ability to provide services to clients
- Difficulty hiring in regions outside Lower Mainland
- Limitations on use of social media, virtual technologies
- VHD staff schedules do not respect seniority in allocating shift schedules
- Challenging collaboration and communication between PDHHS service areas Family Services, Victory Hill and ASL
- Lack of professionalism amongst staff and leadership – collaboration, confidentiality, hiring practices, work ethic/complacency and supervision/accountability

Staff Survey Findings

What are trends in the Deaf Community and broader environment ?

- Technology improvements for language recognition will improve access for DHH individuals
- Access to interpreters for classes, medical appointments is becoming increasingly difficult
- Increased cost of living makes it harder for graduating VHD students to remain in the Lower Mainland after graduation
- DHH students are remaining in school district are socially isolated as DHH are spread thin around the province
- Fewer families are confident in ASL compared to before, especially outside of Lower Mainland
- Increased cost of living leading to families moving to lower cost areas outside Lower Mainland
- Families are increasingly diverse - languages & culture in the home

Staff Survey Findings

What are the strengths of PDHHS' current services ?

- Staff's collective understanding of Deaf Culture & ASL is unmatched in BC government
- PDHHS offers numerous services which are relevant to every stage from child,youth to young adult at no cost or low cost
- VHD facilities are convenient, well-designed and welcoming/enjoyable place for children and staff
- Strong relationships between PDHHS staff and the youth
- Provides children & youth regular access to ASL Services are customized (one on one, schedules, type of supports, key stages of DHH individual, recreational activities) to the needs of the family
- Immersions experiences with 7th Generation club
- Partnerships with POPDHH, Well-Being Program
- Valued ASL education services

Staff Survey Findings

What are opportunities for improvement? Services

- Expanding access to PDHHS and/or contracted services to outside Lower Mainland e.g. mental health services, early intervention, social/family
- Raise awareness of PDHHS services thru increased outreach into remote communities, introductions with itinerate teachers of DHH
- Offer year around programming at VHD to children / families outside Lower Mainland
- Biennial Sign Language camp week in different locations of BC
- Consider more ambitious care plan goals – look for opportunities for youth to exceed expectations, create opportunities to build lifeskills like shopping, financial literacy
- Provide more individualized program planning (all services) by reducing caseload/child ratios
- Create transition phase resources e.g. tools, training, mentorship, housing for youth who graduate from high school and the ones that age out of the program
- Create job opportunities for youth thru partnerships
- Social events and activities with other family members of DHH youth to grow and share life experiences together
- Modernizing website and social media to improve access to information and resources
- Provide access to interpreters to families for life-events e.g. reunions, family events
- Raising awareness to municipalities on creating accessible environments for DHH individuals
- Health and fitness program for DHH children

Staff Survey Findings

What are opportunities for improvement? Processes / Practices

- Implement a quality assurance process to ensure services are meeting standards
- Create opportunities for regular internal communications and information sharing
- Create opportunities for more team-building and collaborative problem solving within and across departments – consider in-person sessions
- Regular caseload review meetings across VHD, FS, ASL
- Develop a sign language curriculum
- Unify / harmonize intake processes and case management tools/standards across services
- Digitize registration, waitlist, scheduling, attendance tracking
- Coordinate communications and advertising to parents to maximize participation

Staff Survey Findings

What are opportunities for improvement? Resourcing

- Additional staffing for administrative support
- Additional staffing for Family Navigators and ASL Specialists to reach more clients outside Lower Mainland
- Dedicated interpreters for PDHHS purposes in service delivery
- Involve PSA in hiring processes to ensure best practices, transparency and fairness
- Provide more purposeful professional development, training (workshops, courses), feedback and career growth – potentially in other MCFD services / departments
- Plan for backfilling retirement age staff that allows for transition of knowledge and experiences
- Regularly review code of conduct and ethics annually
- Clarify expectations for professionalism, work ethic, collaboration, confidentiality, etc and evaluate
- Modify VHD schedule to free up resources for expanded services
- Catchup on maintenance of VHD buildings
- Review job classification for Family Navigators
- Provide flexible hours/schedule to meet the needs of families
- Modern studio room for delivering virtual services
- Ensuring sufficient auxiliary capacity to backfill for staff attending training
- Provide regular opportunities for staff to provide input / contribute to decision making
- Review food & supplies budget to account for inflationary increases

PDHHS
Early Intervention Services Review

Draft Report

May 22, 2024

Deetken Insight

Table of Contents

1. Executive Summary
2. Background
3. Current State Analysis
    i. Stakeholder Overview
    ii. SWOT Analysis
    iii. Process Analysis
    iv. Service Provider Data Analysis
    v. Client Geography
4. Future State Analysis
    i. Service Functions
    ii. Service Ownership
    iii. Service Delivery Model
    iv. Procurement Model
    v. Future State Process View
    vi. Resourcing Analysis
    vii. Roadmap
5. Appendix
    i. Jurisdictional Scan
    ii. Best Practices research

Executive Summary

Key Findings

Analysis surfaced several key opportunities for improvement:

- Strengthen PDHHS involvement and ownership in Early Intervention
  - Early years are crucial for language acquisition and a child's development. As such there is an opportunity for PDHHS as an organization to expand and demonstrate ownership for this important area of their service portfolio.
- Mitigate the dilemma of choice between spoken and sign language pathways
  - Currently, families must choose between one of the three primary service providers before receiving services. Because each provider has a different specialization, families effectively are choosing an intervention and care pathway at a time when they may not be able to know what is best and most effective for their child. The choice dilemma creates friction and potentially leads to poor outcomes for the child.
- Establish standardized assessments for both ASL and spoken language
  - Currently, PDHHS has limited visibility into quality and effectiveness of Early Intervention services and funding.
- Expand geographic coverage of services
  - All primary Early Intervention service providers are in the Lower Mainland while ~1/3rd of clients reside outside of the Lower Mainland. PDHHS should consider mechanisms e.g. specify requirements for outreach services, within the re-procurement to increase coverage outside the Lower Mainland.
- Enhance service definitions and criteria for contract re-procurement
  - There is an opportunity to align contracted Early Intervention services more closely to PDHHS's vision by refining the RFP / contract.

Early Intervention Services – Future State Summary

	Service Functions	PDHHS Ownership	PDHHS Direct Delivery	EI Contracted Delivery	External Contracted Delivery
Early Intervention Services (Age 0 to 5)	Hearing Testing & Diagnosis[1]	s. 13			
	Connection to EI Service Providers				
	Service Planning & Coordination (IFSP)				
	ASL Intervention				
	Spoken Language Intervention				
	Language Assessments				
	Early Years to School Age Transition				
	Deaf Culture Immersion & Integration				
	Community Connection				
	Community Education				
	Family ASL Support				
	Family Education				
	Connection to Public Services				
	Mental Health Prevention Services				
	Clinical Mental Health Services[2]				

Deetken conducted a series of workshops with the PDHHS (Director and Executive Director) to define & confirm service functions, ownership and service delivery model.

PDHHS is formalizing its ownership in several areas, expanding its role in service delivery and creating new contracted services

- **Service Functions** are defined as various steps/stages in the care pathway of a child accessing Early Intervention services.
- **Service Ownership** indicates which organization is ultimately ACCOUNTABLE for outcomes
- **Service Delivery** indicates which organization is RESPONSIBLE for delivering the service function in the future state.

Note: Refer to the section on Future State Analysis for definitions and further details.

Changes from current state

No Material Changes from current state

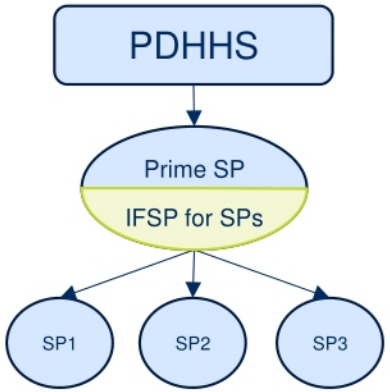
1. Ownership & Delivery of Hearing Testing and Diagnosis will remain under BCEHP (MOH).
2. Ownership & Delivery of Clinical Mental Health Services will be focused under CYMH (complex) and MOH.

CAF-2024-42682 , Page 403 of 495

Early Intervention Services – Procurement Model

After considering alternative models, the PDHHS executive team prefers to establish a single "true" prime contract with centralized service planning responsibility.

Preferred Procurement Model



Direct / Prime Contractor

Sub-Contractors

Single "True" Prime Contract w/ IFSP

Model Features & Likely Outcomes

- **Single Prime:** A single Prime SP takes full responsibility for EI service delivery.
- **Sub-contracting:** The Prime is encouraged to subcontract with additional SPs.
- **IFSP Ownership:** The Prime conducts the IFSPs for all its sub-contractors.

Rationale & Considerations

- A True Prime contractor ensures a consistent care pathway for each child who accesses EI services and mitigates the dilemma of choice that parents face when choosing a service provider.
- This procurement model could help foster equitable access to ASL and Spoken language intervention for all children and their families.
- Since the IFSP for all children is being developed by the True Prime, there is a need for the prime to work closely with its subcontractors to ensure monitoring and consideration of a child's progress and needs.
- The centralized IFSP responsibility could introduce some new challenges, but provides the benefit of a stronger and more centralized involvement in determining the appropriate care and intervention for each child.
- This procurement model also streamlines PDHHS contract admin and governance efforts.

Likely Outcomes

- s. 13
-
-

Project Background

PDHHS contracted Deetken to conduct an Early Intervention Services Review to analyze the current state of PDHHS Early Intervention services and identify areas for improvement.

Background

- Provincial Deaf and Hard of Hearing Services (PDHHS) serves children and youth across the province of British Columbia who are Deaf or Hard of Hearing, collectively referred to as DHH Individuals. In addition, PDHHS also oversees contracted services targeted at deafblind children.
- One of the primary services that PDHHS provides is Early Intervention, intended to support DHH children and their families from birth to school-age. These services are currently contracted out to external service providers. PDHHS has a longstanding history of managing contracts in Early Intervention, spanning several decades.
- Recognizing the evolving landscape of best practices in Early Intervention and the importance of the early years for a child's development, PDHHS seeks an opportunity to assess and enhance its current contracting practices.
- Deetken previously completed an Operational Review on behalf of PDHHS, which provided a series of findings on the current state and a key fact base to develop recommendations for improvement (Phase 1).
- Building on the initial review, Deetken was contracted to conduct an Early Intervention Services Review to analyze in more detail the current state of PDHHS Early Intervention services and to identify concrete areas for improvement.

Analysis Approach

Deetken completed a 4 phases to perform the Early Intervention (EI) Services Review.

Stakeholder Engagement & Data Collection

- Confirmed the problem statement, scope and workplan.
- Designed stakeholder engagement approach.
- Conducted a series of one-on-one interviews, including:
  - 6 interviews with EI Service Providers
  - 3 interviews with PDHHS Team Leads and Director
  - 1 interview with CYSN Leads
  - 1 interview with Deaf Wellbeing Program Lead
  - 1 interview with BC EHP
  - 1 interview with DHH community advocate and parent of DHH child
- Collected client service data through multiple data requests.

Data Analysis & Desktop Research

- Conducted data analysis using the following data sources:
  - Semi-annual/Annual Service Provider reports from EI contractors
  - Service Outcomes matrix shared by EI contractors
  - Registered Charity Information from Government of Canada
  - PDHHS Budget Summary from last 5 years
  - Ministry of Education additional needs student database 2023/24
- Conducted desktop research to perform a jurisdictional scan and best practices research.

SWOT Analysis & Options Workshops

- Completed SWOT analysis to surface key findings on Strengths, Weaknesses, Opportunities, and Trends, based on synthesis of research, data analysis, and stakeholder interviews.
- Designed a list of Service Functions guided by research, stakeholder interviews, and input from PDHHS leadership.
- Conducted workshops with PDHHS leadership to align on ownership of service functions, finalize the service delivery model, and choose a procurement model for contracted service functions.

Resourcing Analysis & Roadmap

- Created a current state view of existing PDHHS internal capacity and resourcing.
- Derived directional back of the envelope estimates to estimate incremental resourcing demand associated with the new service functions that PDHHS will take on.
- Created a roadmap for PDHHS to implement the future state changes

s. 13

Current State Analysis

i. Stakeholder Overview
ii. SWOT Analysis
iii. Process Analysis
iv. Service Provider Data Analysis
v. Client Geography

Current State Analysis

Stakeholder Overview

Early Intervention Clients – Overview

PDHHS offers Early Intervention services tailored to support deaf and hard of hearing and deafblind children aged 0 to 5 across BC. A primary goal of PDHHS Early Intervention services is to promote language acquisition for DHH and deafblind children.

Client Context

- PDHHS offers Early Intervention services tailored to support deaf and hard of hearing (DHH) and deafblind children from birth to school-age (aged 0 to 5) across BC.
    - In line with PDHHS's mandate, there is a need for PDHHS to offer effective Early Intervention services to promote language acquisition for DHH and deafblind children and provide a strong foundation for children to thrive in their lives and in the school system.
        - *Deafness and language deprivation are separate but related conditions. Most deaf children are at risk for language deprivation in that they have limited exposure to fully accessible language during early childhood. However, not all deaf children are language-deprived, and vice versa. Deafness affects the way that language is transmitted, while language deprivation affects the entire linguistic system. Language deprivation has lasting consequences for a child's ability to learn a first language as well as on its overall brain development.*[1]
- Approximately 40% of PDHHS Early Intervention client children have additional support needs, this proportion is significantly higher for deafblind children.[1]
- PDHHS Early Intervention clients are currently served by one of four contracted service providers (BCFHRS, CHSCBC, DCS, and CDBA specialized in serving deafblind children).[3]

1. Source: Research Article - An Illusion of Inclusion that Perpetuates Language Deprivation
2. Source: Anecdotal evidence through stakeholder interviews with Service Providers and BCEHP.
3. In certain cases, a client may receive services from more than one service provider.

Early Intervention Clients – Geographic Overview

The EI providers currently serve close to 600 children across BC.

Client Statistics

- Collectively, BCFHRS, CHSCBC, and DCS reported to serve ~590 children. CDBA serves an additional ~15 deafblind Early Intervention clients.
- The precise total BC population of DHH and deafblind children aged 0 - 5 is unknown. However, every year, the BCEHP identifies ~100 newborn children as DHH which would imply a total population of around 600 DHH children (age 0 – 5, inclusive).
- As a general trend, the population DHH and deafblind children has been growing at about ~ 3% per year over the last decade.[1]
- Early intervention clients live across BC. While a precise geographic distribution is not known, we can use data on school aged DHH and deafblind children to inform an indicative distribution:

Client Counts by Agency [1]	Total Reported (FY 23/24)
BCFHRS	429
CHSCBC	104
DCS	54
CDBA	14
Total (excl. CDBA)	**587**

Population by Area [2]	Estimated Distribution
Lower Mainland	62%
Vancouver Island	15%
Okanagan Region	8%
Peace River	3%
All Other Regions	12%
Total	**100%**

1. Source: Totals are from service provider annual report to PDHHS (BCFHRS Semi-Annual Report Nov 2023). The client counts are defined as total number of children served by the specialized service providers independent of service intensity. The service providers use a list of eligible client counts to allocate PDHHS funding. These counts exclude children who have transitioned to kindergarten, children who received 0 hours of service, hearing children of deaf adults and hearing siblings of deaf children. They were shared by BCFHRS during stakeholder interview(s). CDBA client counts sourced from CDBA separate reporting.
2. Estimate is based on Ministry of Education annual student database. The student counts are used as a proxy to estimate the distribution of DHH/deafblind children aged 0 to 5. This is an indicative estimate only that excludes children in BC Independent schools and assumes the minimum of 1 student for districts with masked data (0-9 students).

CAF-2024-42682 , Page 413 of 495

Early Intervention Client Needs

Parents/Families of DHH children have expressed some of their needs through surveys conducted by Early Intervention Service Providers and Deetken.

Source	Strengths of Early Intervention Program	Needs of Early Intervention Clients
2023 Parent Survey conducted by BCFHRS [1]	• *"We wouldn't be where we are today on our ASL and Speech journey without your services and support."* • *"I appreciate the support for our dual language family"* • *"Our SLP has not only been an invaluable resource to our son, but also in coaching us as parents to be better communicators to our son!"* • *"My family appreciate all the supports we received from BCFHRS, thank you very much for being such wonderful guiding light for us as parents who are new in this road. You made us believe we could be and will be the better parents while we are still learning how to help our child the most. Thank you!"*	• *"Deaf culture. I have noticed that other BCFHRS staff do not prioritize ASL access. Speaking to infants then sign one or two words.... not impressed. Moreover, the other SLP did not know how to sign at all. Why work at BCFHRS if can't sign at all?"* • *"All staff must know ASL to make BCFHRS accessible to everyone and to respect the clienteles you serve. Profiting off Deaf people without knowing ASL is not okay nor effective for DHH children. This is where I don't really feel welcome at BCFHRS... I can see attitudes in some of staff's face in my interaction with them - "oh, you sign". This made me feel uncomfortable being in the front foyer."*
Parent Survey conducted by Deetken in July 2023 [2]	• *"They give me child a sense of community for the dead and hard of hearing. He always enjoys getting together with other people who are like him."* • *"Very supportive and important for the development of our child."*	• *"More services in Victoria please."* • *"More availability for ASL learning on the south island would probably result in our family taking it together as a family."* • *"We're often looking to connect with families and children with a similar "Deaf" experience to ours. I think if PDHHS can somehow connect families with each other, that would be great. I would happily give consent to our information being shared if it means we can meet other children on a similar journey as ours."*

1. Source: BCFHRS conducted a survey (in 2023) for all families accessing Early Intervention services through them. The survey featured different sections for the respondents to share their thoughts on strengths of the program and opportunities. The total number of survey respondents is unknown. Shown is a subset of client comments for illustrative purposes.
2. Source: Deetken conducted a survey in July 2023 for all parents who have accessed PDHHS services in the past. This survey featured a section for respondents to talk about their experience with Early Intervention services. Out of the total of 54 respondents, 19 had accessed Early Intervention services in the past out of which 16 respondents accessed them in the last 12 months (from June 2022 to July 2023). The comments shown above a from the latter set of survey responses.

CAF 2024-42682, Page 414 of 495

Early Intervention Service Providers - Overview

PDHHS Early Intervention services (ages 0-5) are currently delivered by four primary service providers. CHSCBC and DCS are currently subcontractors of BCFHRS. CDBA has a separate Early Intervention contract with PDHHS. All organizations are primarily located in the Lower Mainland. Collectively they currently serve ~600 children.[1]

BCFHRS

BC Family Hearing Resource Society

- BCFHRS is a non-profit organization serving DHH children in BC.
- It was founded in 1982 and has experience of 40+ years.
- BCFHRS has 3 locations in BC – Surrey, Vancouver and Victoria.
- As of November 2023, BCFHRS is providing PDHHS EI services to ~430 children.
- BCFHRS provides bilingual daycares, 1:1 interventions, ASL and speech supports, and service navigation to families/parents.

CHSCBC

Children's Hearing and Speech Centre of BC

- Children's Hearing and Speech Centre of BC is a clinical and educational centre that provides listening and spoken language therapy to children with hearing loss in BC.
- It was established in 1963 by a group of parents and has one centre in Vancouver.
- As of November 2023, CHSCBC is providing PDHHS EI services to ~105 children.
- With a focus on listening and spoken language, CHSCBC provides childcare services, speech supports and service navigation to families/parents.

DCS-BC

Deaf Children's Society of BC

- DCS is a not-for-profit agency that supports cultural values of the Deaf Community and recognizes the importance of experiences of Deaf people.
- It was founded in 1981 and has a center in Burnaby.
- As of November 2023, DCS is providing PDHHS EI services to ~55 children.
- With a focus on Deaf culture and experience, DCS provides childcare and early learning service, 1:1 interventions, ASL and speech supports. DCS also provides opportunity for families to get acquainted with deaf role models.

CDBA-BC

Canadian Deafblind Association of BC

- CDBA-BC is a chapter of the national Canadian Deafblind Association. The BC chapter was established in 1978 in New Westminster.
- CDBA provides three major services – Early Intervention for deafblind children, summer recreation program to develop social skills and build relationships with other individuals who are deafblind and intervenor services for children and youth above the age of 5.
- As of November 2023, CDBA is serving ~10 children with deafblindness between the ages of 0 and 5.

1. Note: Caseload figures as of November 2023.
2. Source: Service Provider interviews, and annual reports.

BC Early Hearing Program - Overview

Provincial Health Services Authority

The BC Early Hearing Program (BCEHP) is the province-wide screening program to check hearing for babies born in BC. Newborn hearing screening within the BCEHP is the main gateway to detection of hearing loss for young children in British Columbia. BCEHP connects families with Early Intervention Service Providers

- PHSA's BC Early Hearing Program (BCEHP) is the province-wide screening program to check hearing for all babies born in BC. Newborn hearing screening within the BCEHP is the main gateway to detection of hearing loss for young children in British Columbia.
- The goal of the BCEHP is to identify infants and young children who are deaf or hard of hearing and to provide their families with resources to support their child's early development.
- The BCEHP uses two-stage screening and then an in-depth audiology assessment to identify babies who are deaf/hard of hearing:
  - Hearing screeners throughout BC birthing hospitals and public health audiology clinics perform first and second stage non-invasive infant hearing screenings to determine whether more testing is required.
  - By 1 month corrected age, hearing screeners aim to identify the 1% to 2% of babies who require an in-depth auditory brainstem response (ABR) assessment to confirm hearing status.
- To support the parent/family of the DHH child, BCEHP offers the following services:
  - BCEHP Service Coordinator:
    - The BCEHP Service coordinator meets with the family and shares information, including why accessing early language services is paramount to optimal development, and how to meet with the three provincial Early Intervention organizations (BCFHRS, CHSCBC and DCS). For many families, this is the first education on what it means for their child to be deaf or hard of hearing.
    - The Service Coordinator facilitates introductory meetings between the family and the service provider(s) that the family is interested in, so the family can learn about each provider's services directly.
  - Guide By Your Side Program:
    - The BCEHP funds and operates an additional program where they connect the family with Parent and DHH Guides that helps them navigate the process from diagnosis to finding supports and services available.
    - BCEHP offers to connect the family with these Guides right after a family's baby is identified as DHH. Unless the family opts out, a Guide will contact them to provide peer-to-peer support and share their personal experiences. The Guides are either parents who have gone through the experience of having a DHH child or are DHH individuals themselves.
- For the first 2 years, the BCEHP (MOH) provides supplemental funding to DHH Early Intervention service providers on top of the MCFD funding.[1] The EHP also funds the first pair of hearing aids for each child, where appropriate.

1. In addition to the three specialized Early Intervention service providers (BCFHRS, DCS, CHSCBC), this funding is also provided to other partnering agencies (such as local community Speech Language Pathologists).
2. Sources: BC Early Hearing Program (phsa.ca); https://www.bchandsandvoices.com/guide-by-your-side/

Current State Analysis

SWOT Analysis

Early Intervention Services – Strengths

	Strength	Discussion
Client Service	Service providers are invested in positive outcomes for their clients	• There appears to be a commitment to client service across providers e.g. adapting services to ensure no families are turned away. • Client survey results from BCFHRS indicate high levels of client satisfaction.
Service Provider Capabilities	Broad spectrum of service provider specialization and capability	• Four active and dedicated providers for Early Intervention services (BCFHRS, CHSCBC, DCS, CDBABC) • Offering a wide breadth of services and specialized interventions. • Across all 4 organizations there's a total of 72 staff in service delivery roles. • The four service provider organizations were founded from 1960s to early 1980s, adding up to around 190 years of combined organizational service history.
Early Detection	Effective Early Hearing Loss Detection - BC Early Hearing Program	• The BCEHP is a high-quality screening program - average age of hearing loss confirmation is under six months and often under three months of age - service providers report that prior to BCEHP, children and families would commonly begin accessing services significantly later compared to now. • BCEHP has relatively equitable access and reach across the Province and provides consistent referrals to Early Intervention service providers. • Early detection and intervention is critical for language development during the first few years of life. In most developed countries before universal newborn hearing screening existed, the average age of permanent hearing loss identification was between 2 to 3 years of age. This meant children born with hearing loss often experienced early language deprivation during the critical period. Now, with a high-quality screening program, the average age of hearing loss confirmation is typically under six months and often under three months of age – before the critical period has passed.

Early Intervention Services – Weaknesses

	Weaknesses	Description

Access Barriers	Access to effective services	• Early intervention resources are allocated primarily in the Lower Mainland – creating an equitable access gap
		• Outreach services (services provided to families outside of Lower Mainland) are inconsistent in design, frequency/continuity and are under-resourced relative to Lower Mainland services.
		  • Service providers unanimously agreed that reaching families outside of Lower Mainland is a challenge.[1]
		  • Travel costs act as a barrier to provide in-person service to outreach communities. In the past year, BCFHRS made 19 trips to 23 outreach communities whereas DCS was only able to make 1 to 2 trips in the entire year.[1]

	Hard to reach populations	• Anecdotal evidence that certain groups and populations are underserved, outside of geography e.g., Indigenous, newcomers to Canada (immigrants & refugees). • In addition to language and information access, cultural factors may be a barrier to accessing services.
	Disjointed Transition to PDHHS Services	• PDHHS currently has minimal to no visibility into children & families accessing Early Intervention services. • For children reaching school age, there is no formal transition between Early Intervention service providers and PDHHS – creating gaps in service continuity during an important period in a child's life.

Divergent Experience	Variation in modes and levels of client service across providers	• Service provider data analysis indicates that there is significant variation across the three primary service providers along several dimensions such as:
		  • Level of service intensity (average staff hours per client)
		  • Intervention modality (share of staff hours between group versus individual intervention)
		  • Funding per service hour and per child.

1. Source: Service Provider Semi-Annual report Nov 2023 and stakeholder interviews.

Early Intervention Services – Weaknesses

	Weaknesses	Description
Language Development	Parent choice dilemma	• Parents are often overwhelmed with DHH diagnosis, then confronted with choice of service provider and the different intervention models and philosophies. • This is very stressful for families. Families may also not be in a position to make an informed choice regarding the type of intervention (i.e., over 90% of parents of DHH children are hearing, with a potential bias towards hearing and speech focused interventions).
	Divergent intervention philosophies	• Early intervention service providers have different areas of focus underpinned by different intervention philosophies – magnifying the impact of the parent choice dilemma. • These differences create barriers to accessing a broad spectrum of services. Specifically, ASL immersion in conjunction with speech and hearing focused interventions – it is uncommon for a family to access services from more than one service provider.
	Non-equivalence of ASL and spoken language interventions	• There is a lack of bi-lingual immersion within Early Intervention services. • Service providers (other than DCS) have a lack of ASL proficient staff e.g. BCFHRS < 10% of staff and CHSCBC does not evaluate ASL proficiency. • Service providers (other than DCS) predominantly offer spoken language as the default mode of intervention for Early Intervention services whereas American Sign Language (ASL) is presented as an option to be requested by the parent/family, creating a disparity in language choices.
	Lack of standardized assessments for language acquisition	• There are currently no standardized and independent language assessments performed across service providers. • We heard anecdotal evidence of poor outcomes under the current Early Intervention model where children do not develop a sufficient language foundation, despite access to intervention services. • There is limited data to benchmark and evaluate the quality of services and to what extend they are achieving goals. This makes it challenging to draw broader inferences.

Early Intervention Services –Trends

	Challenges	Description
Client Demographics	Client compounding issues	• A significant share of clients have compounding 'issues' such as mental health issues or other special needs in addition to DHH. • Based on stakeholder interviews, 33% - 40% of children have or develop additional support needs. • There may be a lack of interventionists who can effectively deal with complex and intersecting needs.
	Client language diversity	• Increasing share of language diversity among clients • % of non-english / ESL families and clients is rising. • 48% of families served by BCFHRS (208/429) speak languages other than English at home. Language Interpreters were used for 9 different languages at BCFHRS (including ASL).[1]

	Client growth in non-urban regions	• The BC DHH population is growing faster outside of the Lower Mainland, e.g., Peace River and Okanagan.
		• The average DHH population growth rate[2] for the last 5 years is –
		  • Peace River – 12%
		  • Okanagan Region – 8%
		  • Lower Mainland – 1%

Staffing	Recruitment challenges	• Service providers reported that qualified staff, especially with ASL fluency, are hard to find. • Shortage of teachers of the deaf in North America.
Bias	Hearing culture bias	• Over >90% of DHH children are born to hearing parents. Consequently, ASL may face an 'uphill' battle against cultural dominance of speech and hearing. • DHH children are more likely than not to grow up in an environment without ASL fluency.
	Intervention bias concerns	• Concerns from service provider around PDHHS intervention bias • PDHHS perceived to be biased towards ASL & Deaf culture. • EHP is perceived as non-biased.

1. Source: Service Provider Semi-Annual Report Nov 2023 and stakeholder interviews
2. Source: Provincial Student Headcount by diverse needs (MECC)

Early Intervention Services – Opportunities (Quality)

	Opportunity	Description
Service Quality	Implement standardized language assessments	• s. 13 • • • •
	Expand services regionally	• •
	Expand outreach services	• •
	Extend family navigation role to Early Intervention clients	• •

Early Intervention Services – Opportunities (Efficiency)

	Opportunity	Description
Efficiency	Provide a centralized and consistent source of information	• s. 13 •
	Enhance RFP definition for re-procurement	• • •
	Find synergies with related agencies	•

Early Intervention Services – Opportunities (Language & Culture)

	Opportunity	Description
Language Acquisition	Bi-lingual intervention by default	• s. 13 • •
	Conduct an evaluation of access barriers	• •
Deaf Culture	Connection to Deaf culture and Deaf role models	• •

Current State Analysis

Process Analysis

Process Analysis – BCEHP

Newborn hearing screening within the BCEHP is the main gateway to detection of hearing loss for young children in British Columbia. Provincially, ~ 100 babies per year are identified as DHH.

From Birth *(using corrected age)*

After Birth[3]

BCEHP Newborn Hearing Screening and Assessment Process

Screening *by 1 month*

~45,000 babies annually

- Hearing screening is conducted in most birthing hospitals after childbirth.[1]
- Most babies (98.5%) pass hearing screening and do not require further testing.
- Babies who do not pass the first-stage hearing screening are referred for a second-stage screening, usually as an outpatient through their local public health audiology clinic.

Audiological Assessment

~700 babies annually

- An Auditory Brainstem Response (ABR) is conducted at a public health audiology or a hospital audiology department by an audiologist.
- BCEHP aims to have hearing status confirmed by 3 months corrected age.
- Approximately 1 in 7 are confirmed to have permanent hearing loss.

DHH Identification *by 3 months*

~100 babies annually

- BCEHP is notified automatically through the provincial database of babies with confirmed hearing loss.
- Within a few days, BCEHP's provincial office contacts the parents/family to set up two appointments with a BCEHP Service Coordinator.

BCEHP Connection & Intervention

Family Meetings

- The BCEHP Service Coordinator meets with the family (by phone / video).
- BCEHP provides the family with basic information about services available from the three Early Intervention service providers.
- BCEHP offers a “Guide By Your Side” program that connects families with guides who can provide support and resources for new parents of DHH children and act as DHH adult role models.

Family Decision *by 6 months*

- The BCEHP Service Coordinator coordinates introductory meetings between the family and the service provider(s).[2]
- The family may choose to enroll with service provider(s) to access Early Intervention services as soon as possible.
- BCEHP facilitates the connections but does not formally refer. The family has the final choice.

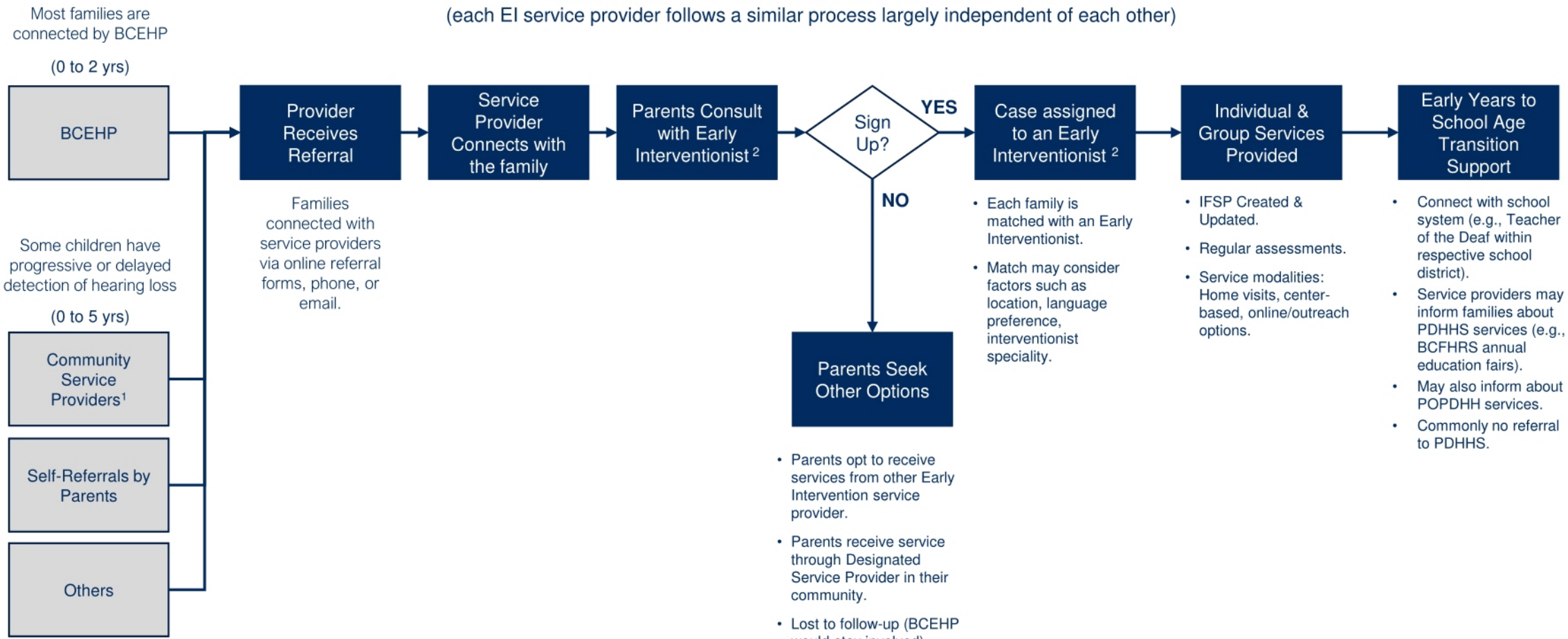
1. For homebirth, BCEHP has a liaison with midwives and respective associations.
2. The EHP Service Coordinator is the point person during all the service provider meetings. Those meetings could be virtual or in-person.
3. Hearing assessment Is available for any children where there is concern for hearing or speech and language development, whether or not they received hearing screening as a newborn. Hearing testing may also be recommended if a new risk factor for hearing loss is confirmed.

Process Analysis – Early Intervention Service Providers

Each EI Service Provider follows a similar intake, consultation, service delivery & discharge process – largely independent of each other and with no integration or coordination with PDHHS at discharge

Generalized Service Provider Business Process

(each EI service provider follows a similar process largely independent of each other)



1. Community Partners / Service Providers could include audiologists, language pathologists, family doctors and pediatricians.
2. An Early Interventionist could be a Speech Language Pathologist, Teacher of the Deaf and Hard of Hearing, or an Auditory Verbal Therapist.

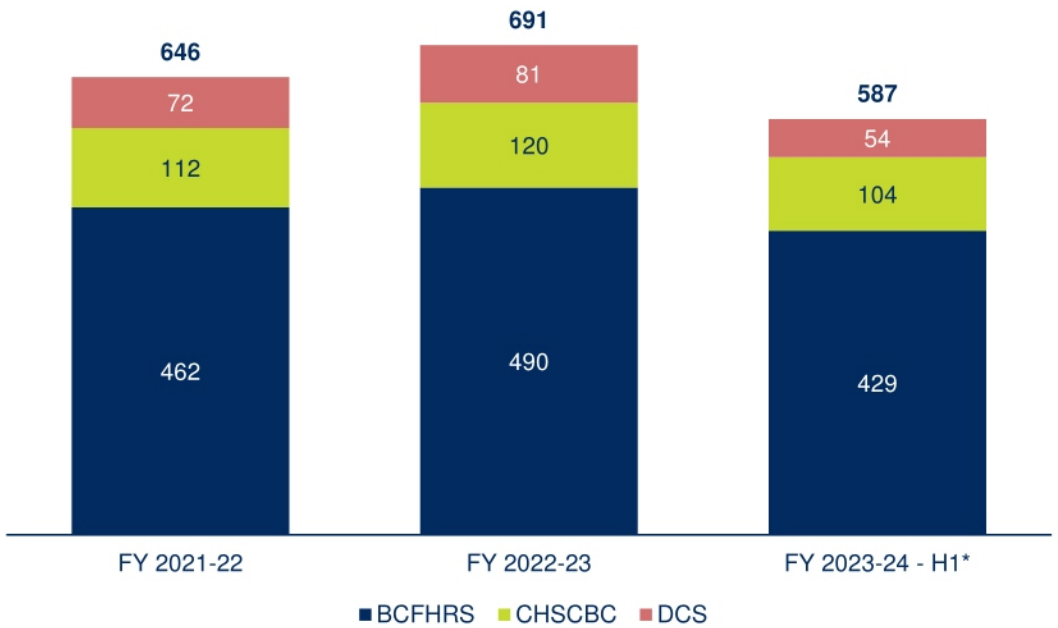
Current State Analysis

Service Provider Data Analysis

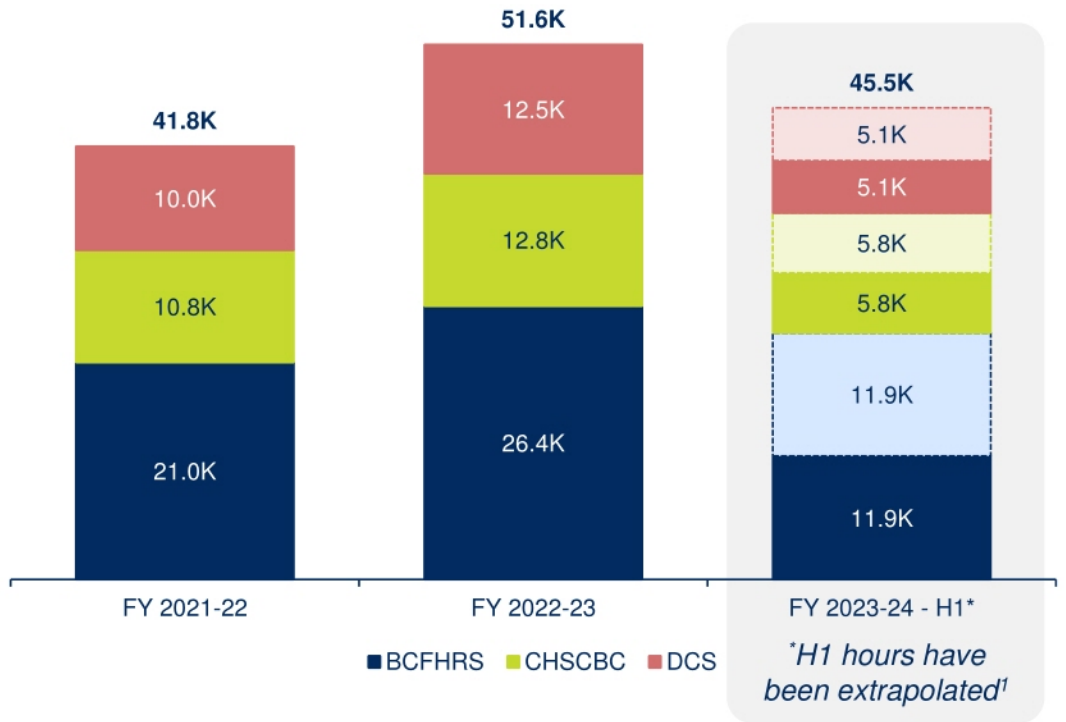
Early Intervention – Clients and Service Hours

From the November 2023 bi-annual report, 587 clients were served across the three Early Intervention providers. BCFHRS serves ~73%, followed by CHSCBC ~18% and DCS ~9%.

Client Counts[2]



Reported Service (Staff) Hours



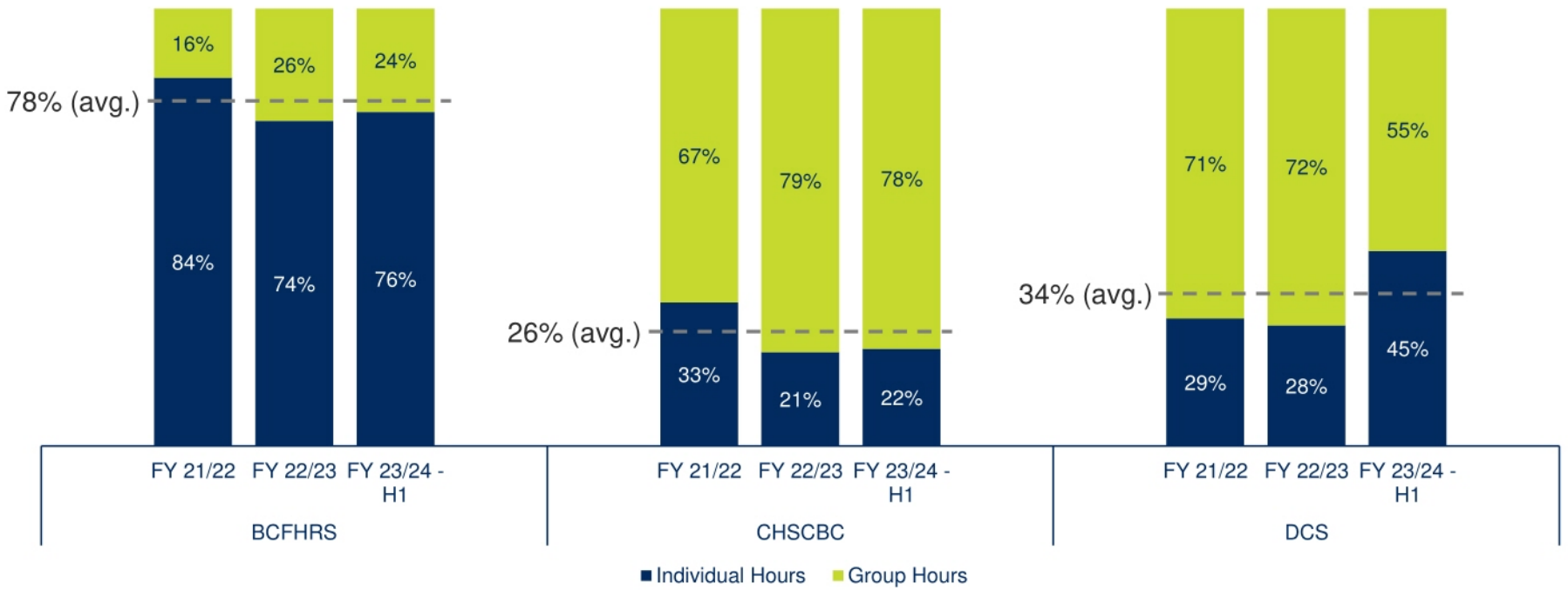
1. *FY 2023-24 – H1 contains 6 months of data (from April 2023 to September 2023). For the extrapolation of annual service hours, it is assumed that the same rate will persist throughout the latter half of the contractual year.
2. Client counts are defined as total number of children served by the specialized service providers independent of service intensity.
3. Source: MCFD Semi-Annual Program Report FY 23-24 and Annual Program Report FY 22-23 and FY 21-22.
4. The combined funding for the three specialized service providers has remained constant for the last 3 years.

CAF-2024-42682 , Page 429 of 495

Early Intervention – Service Distribution

BCFHRS spends an average of 78% of their staff services hours for individualized services. Significantly more than CHSCBC and DCS (26% and 34% respectively). The service delivery approach appears very different across the three providers.

Individual and Group Service Hours[1]



Notes

- **Group Hours** include various group intervention events conducted by the three specialized agencies, like – early learning and language foundation program, group ASL classes, family events, childcare, early years to school aged transition, etc.
- **Individual Hours** include hours spent on one-on-one Early Intervention occurrences and may include both ASL and/ or spoken language intervention.

1. FY 2023-24 – H1 contains 6 months of data (from April 2023 to September 2023).
2. Source: MCFD Semi-Annual Program Report FY 23-24 and Annual Program Report FY 22-23 and FY 21-22.

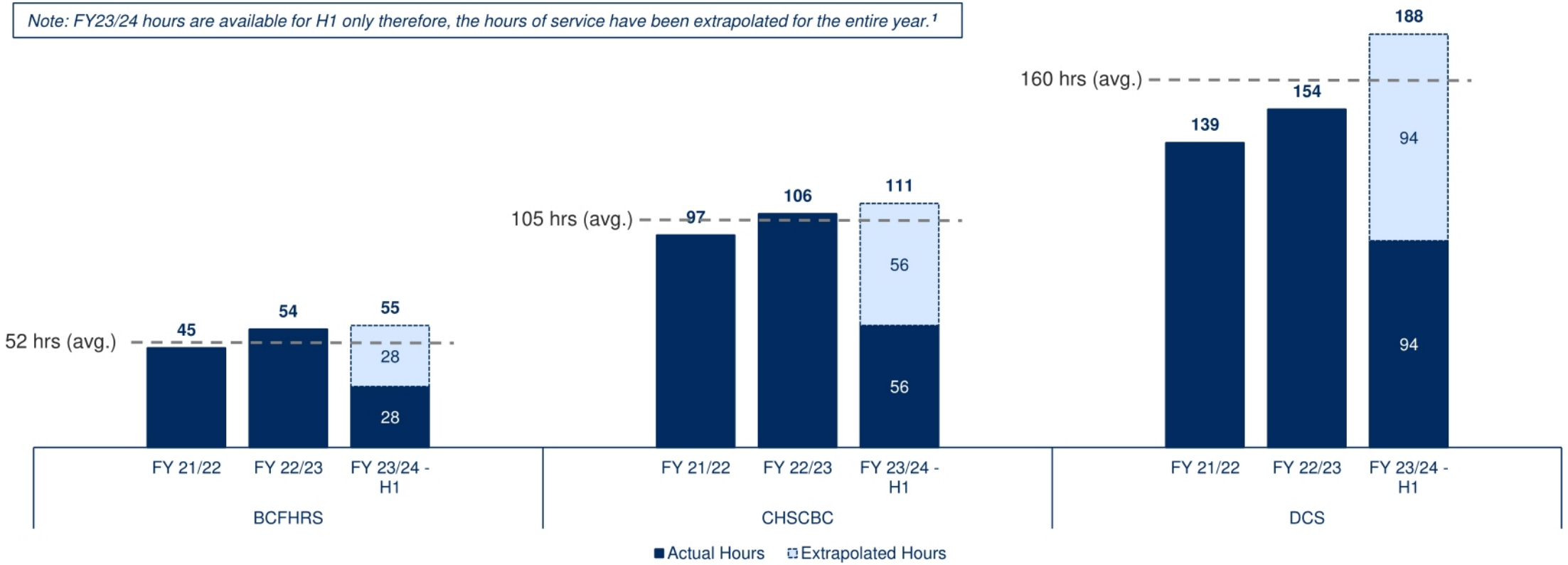
CAF-2024-42682 , Page 430 of 495

Early Intervention – Service Intensity

The average levels of service intensity vary significantly across the three providers. On average, DCS spends the highest number of hours per child in a year (160), followed by CHSCBC (105) and BCFHRS (52).

Reported Total Service (Staff) Hours per Child [1]

Note: FY23/24 hours are available for H1 only therefore, the hours of service have been extrapolated for the entire year.[1]



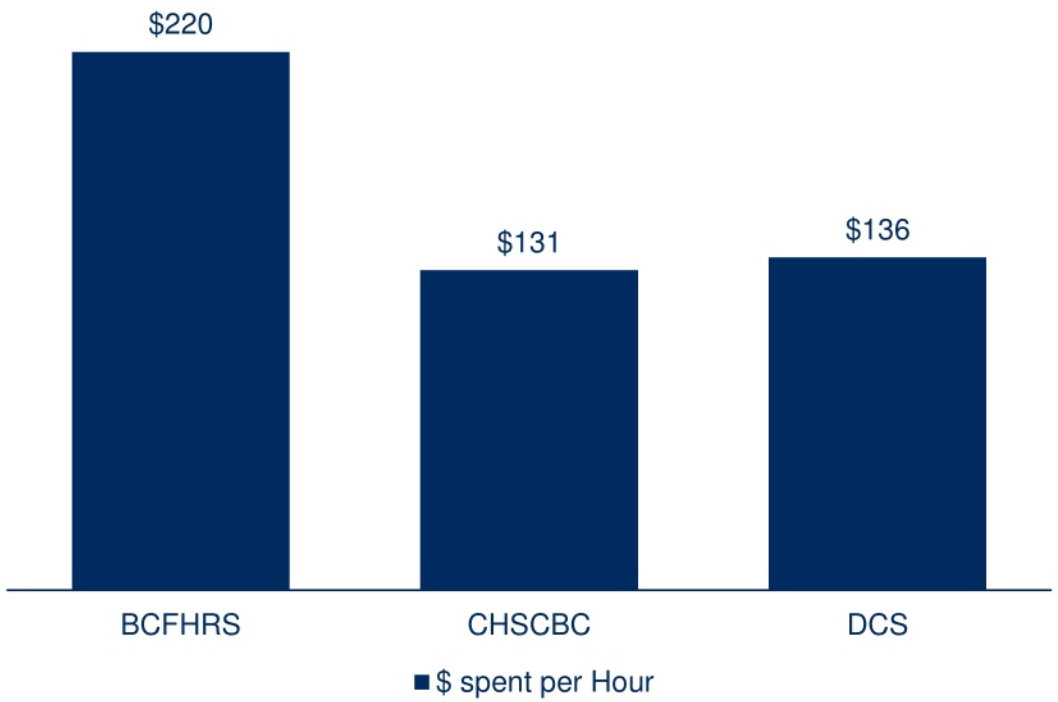
1. FY 2023-24 – H1 contains 6 months of actual data (from April 2023 to September 2023) and 6 months of extrapolated data. For the extrapolation of total service hours per child, it is assumed that the level of service intensity will be maintained throughout the latter half of the contractual year.
2. Source: MCFD Semi-Annual Program Report FY 23-24 and Annual Program Report FY 22-23 and FY 21-22.

CAF-2024-42682 , Page 431 of 495

Early Intervention – Financial Efficiency

Most funding is distributed among BCFHRS and subcontractors on a per child basis. Because BCFHRS has the highest client count, but the lowest level of service intensity (staff service hours per client), they end up with the highest allocated $ funding per staff hour of service.

$ Funding per Staff Hour of Service (FY 23/24 – H1) [1]



Notes

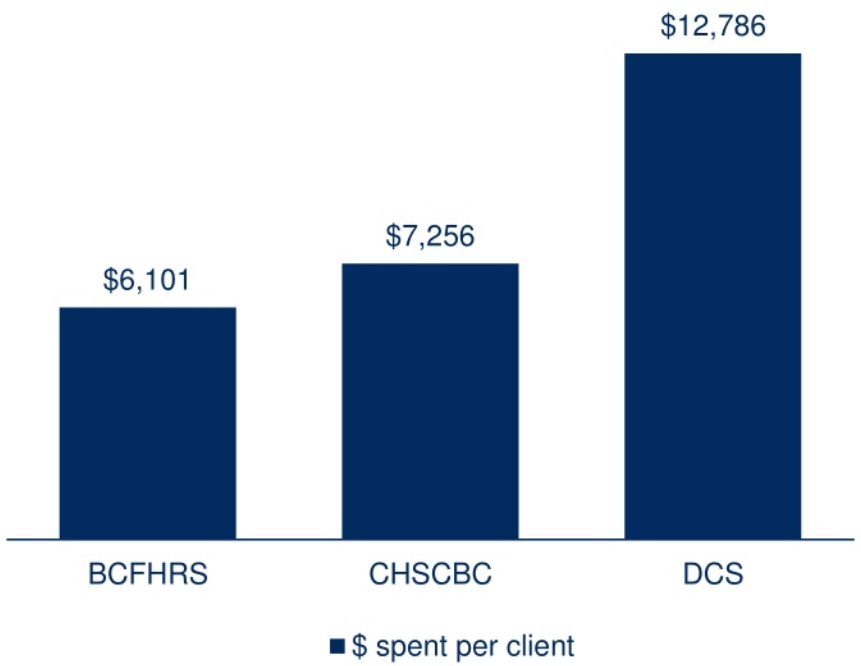
- $ funding per staff hour of service is calculated by dividing the annual budgets (funding from PDHHS) for each service provider by their respective total staff hours.
- Most funding is distributed among BCFHRS and subcontractors on a per child basis. Because BCFHRS has the highest client count, but the lowest level of service intensity (staff service hours per client), they end up with the highest allocated $ funding per staff hour of service.

1. FY 2023-24 – H1 contains 6 months of data (from April 2023 to September 2023)
2. Source: MCFD Semi-Annual Program Report FY 23-24

Early Intervention – Financial Efficiency

A portion of funding (group funding) is allocated on a fixed basis. This skews the distribution such that DCS has the highest funding per child due to .

$ Funding per Client (FY 23/24 – H1) [1]



Notes

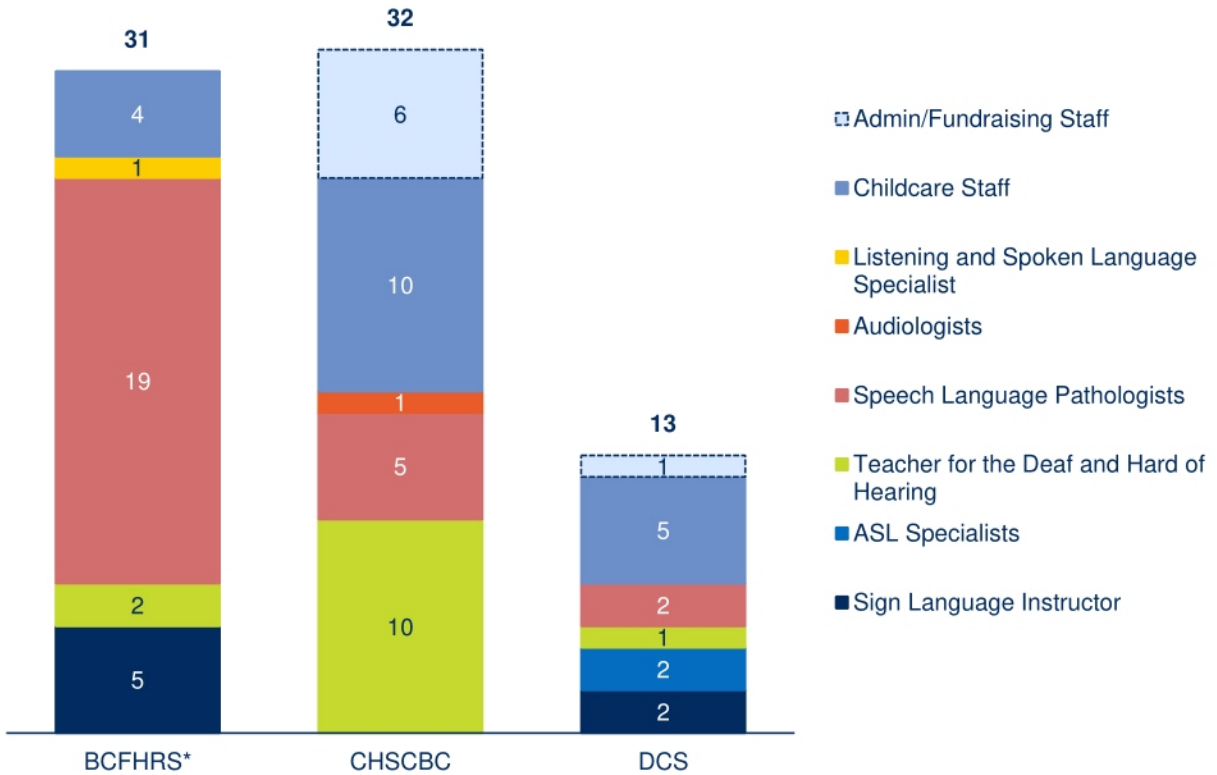
- $ funding per client is calculated by dividing the annual budgets for each service provider by their respective total client counts.
- A portion (~20%) of the funding (group funding) is allocated on a fixed basis where DCS receives the same amount as BCFHRS. Because DCS has a much lower client count than BCFHRS, their funding on a per client basis is significantly higher.

1. FY 2023-24 – H1 contains 6 months of data (from April 2023 to September 2023)
2. Source: MCFD Semi-Annual Program Report FY 23-24

Early Intervention – Staffing

BCHFRS and CHSCBC have more than double the number of staff than DCS. The predominant role at BCFHRS is SLPs (61%) whereas CHSCBC predominantly employs Childcare staff (38%) and TDHH (38%).[1]

Staff Counts (FY 23/24)



Observations

Distribution of staff members across the 3 service providers:

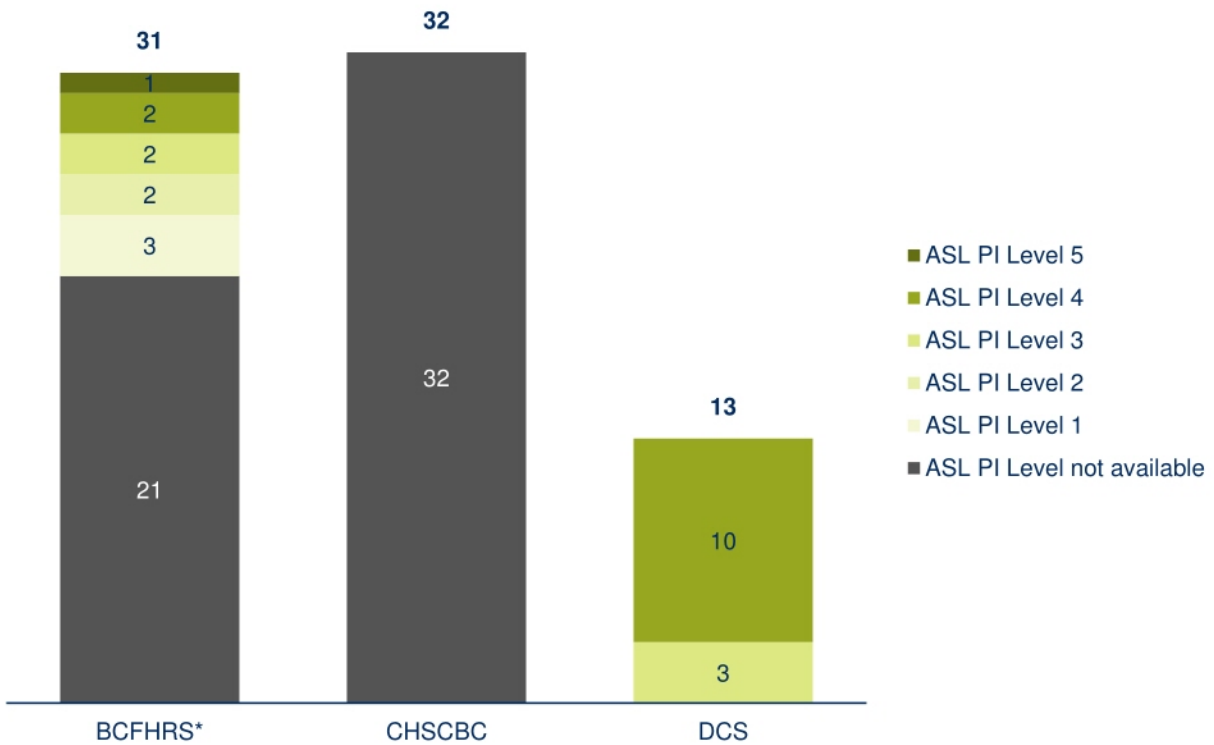
- **BCFHRS**
  - Sign Language Staff [2] – 16% (5/31)
  - Listening/Spoken Language Staff [2] – 65% (20/31)
  - Other Staff – 19% (6/31)
- **CHSCBC** (excluding admin staff)
  - Sign Language Staff 2 – 0% (0/26)
  - Listening/Spoken Language Staff 2 – 23% (6/26)
  - Other Staff – 77% (20/26)
- **DCS** (excluding admin staff)
  - Sign Language Staff 2 – 33% (4/12)
  - Listening/Spoken Language Staff 2 – 17% (2/12)
  - Other Staff – 50% (6/12)

1. The staff % is calculated after excluding admin/fundraising staff.
2. Sign Language Staff include SLIs and ASL Spl.; Listening/Spoken Lang. Staff include SLPs, Audiologists and LSLS.
3. *BCFHRS staff counts do not include Admin staff.
4. Source: The staff counts were shared by respective service providers separately

Early Intervention – Staffing ASL Proficiency

ASL Proficiency is indicated at PI Level 4 and above. BCFHRS only has 9% of staff meeting this proficiency whereas ~83% of DCS staff is ASL proficient. CHSCBC does not assess ASL PI levels for their staff.

Staff Counts by ASL Proficiency (FY 23/24)



Observations

Distribution of ASL proficient[1] staff across the service providers:

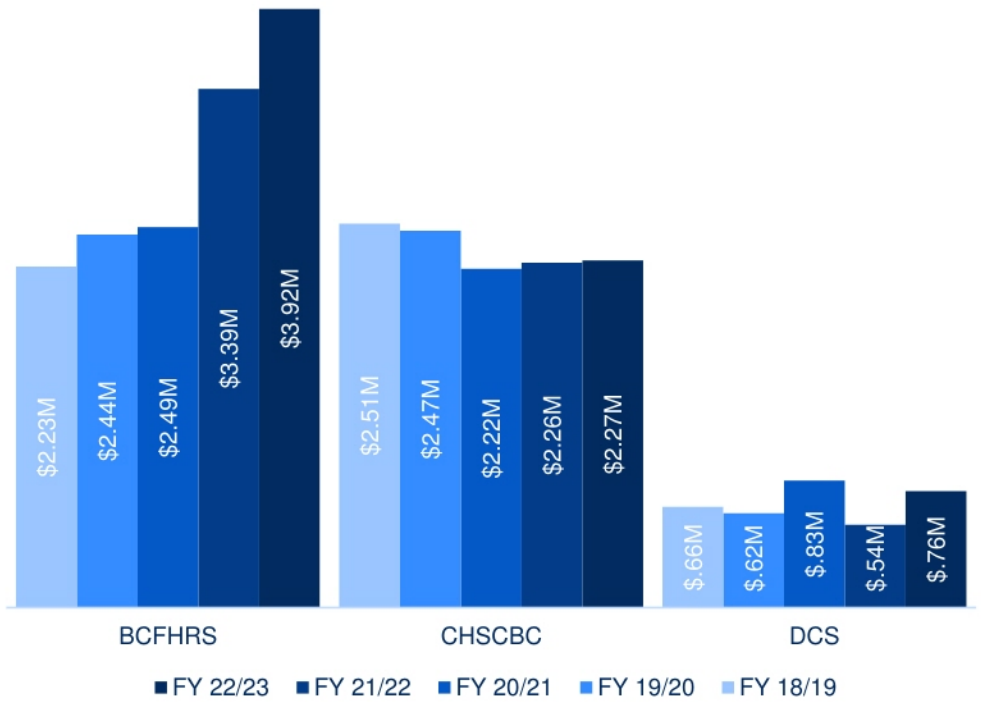
- **BCFHRS**
  - Sign Language Instructor– 6% (2/31)
  - ECE – 3% (1/31)
- **DCS** (excluding admin staff)
  - Sign Language Instructor – 17% (2/12)
  - ASL Specialist – 17% (2/12)
  - Teacher for DHH – 8% (1/12)
  - ECE – 17% (2/12)
  - ECE Assistant – 25% (3/12)
  - Non ASL Proficient Staff– 17% (2/12)

1. ASL proficiency is defined as having an ASL PI level of 4 and above
2. *BCFHRS staff counts do not include Admin staff
3. Source: The staff counts were shared by respective service providers separately

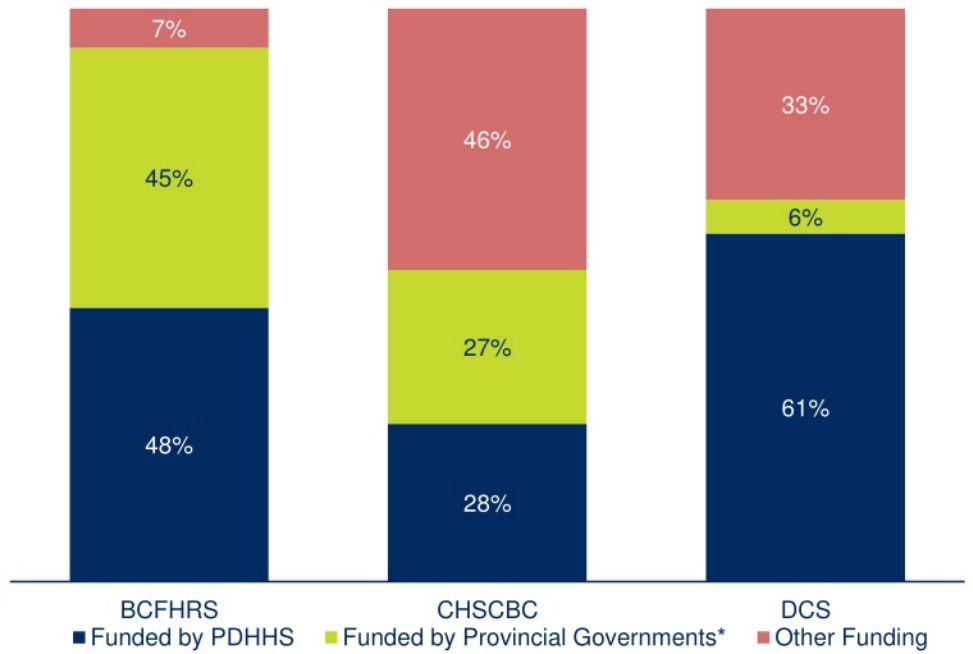
Early Intervention – Financial Stability

DCS has the lowest asset base compared to the other two service providers (they do not own their facilities) and is the most reliant (~60% of total revenues) on PDHHS as a source of funding. BCFHRS's assets have grown substantially over the past 5 years with ~50% funding from PDHHS. CHSCBC is the least reliant on PDHHS funding.

Service Provider Assets (Year-over-Year)



Service Provider Funding Sources (FY 22/23)

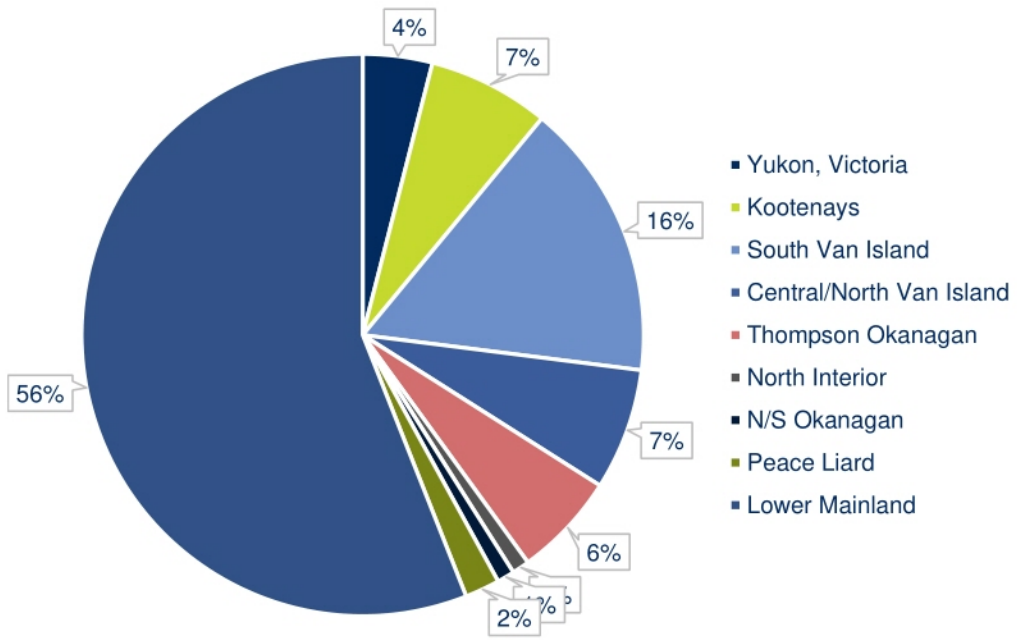


1. *All three specialized service providers receive additional funding through provincial governments – all three organizations utilize the $10/day childcare funding and receive a top-up funding from BCEHP. BCFHRS also holds an Early Intervention contract with Yukon.
2. Source: This data is sourced from the Government of Canada T3010 Registered Charity Information Returns (See: DCS; BCFHRS; CHSCBC)

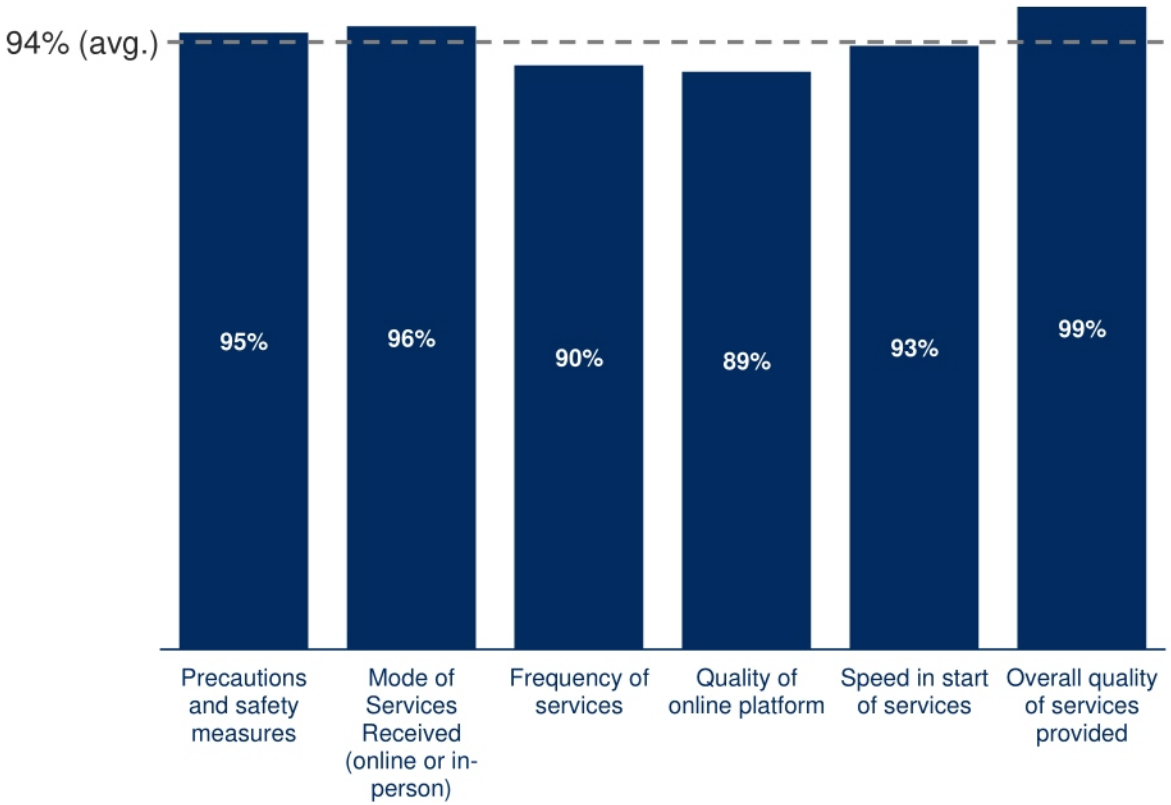
Early Intervention – BCFHRS Client Satisfaction

BCFHRS shared 2023 client satisfaction survey results which indicated that 99% of survey respondents agree that they are satisfied with the overall quality of the services provided. The average client satisfaction score across all categories is 94%.

Survey Respondent Geographic Distribution



Client Satisfaction

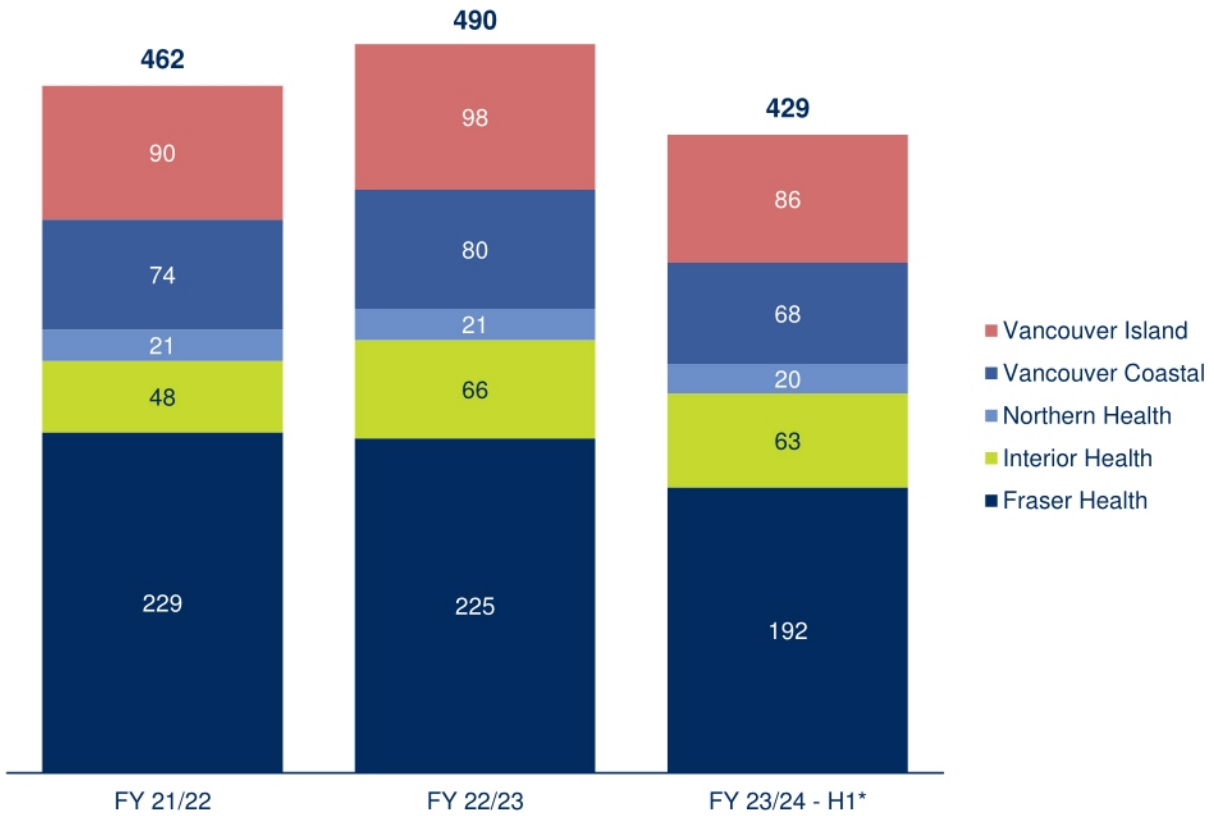


1. Source: Satisfaction Survey for BCFHRC Families 2023

Early Intervention – BCFHRS Client Distribution

BCFHRS client counts increased by 6% between FY 21/22 and FY 22/23. Fraser Health has the highest count of clients served by BCFHRS (46%), followed by Vancouver Island (19%).

BCFHRS Client Counts by Health Authority[1]



Observations

- Detailed data on client distribution by health authority was provided only by and for BCFHRS.
- BCHFRS Distribution of clients across health authorities (average of last 3 years):
  - Fraser Health - 46%
  - Vancouver Island - 19%
  - Vancouver Coastal - 16%
  - Interior Health - 12%
  - Northern Health - 4%

1. Source: MCFD Semi-Annual Program Report FY 23-24 and Annual Program Report FY 22-23 and FY 21-22.
2. *FY 2023-24 – H1 contains 6 months of data (from April 2023 to September 2023)

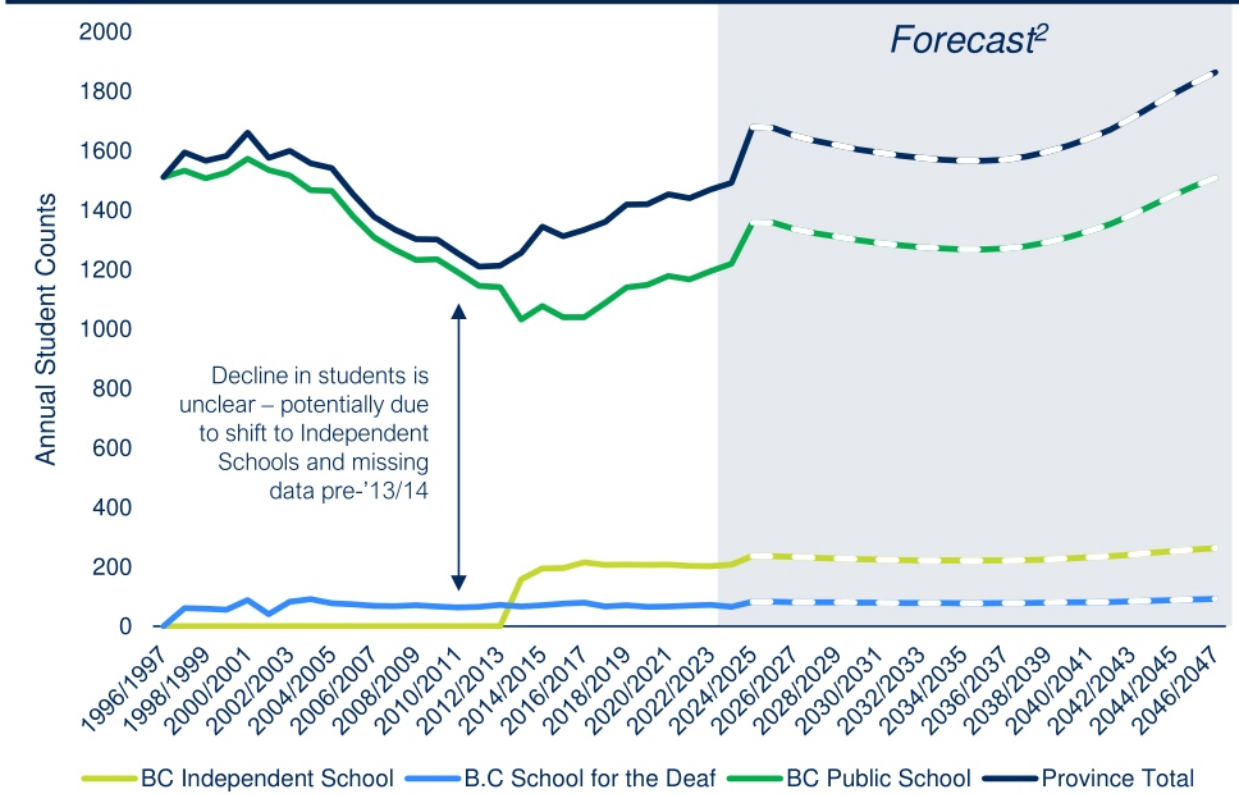
Current State Analysis

Client Geography

DHH Student Count Trends (School Age Children)

Student count data can inform the distribution of DHH children across BC. There are currently around 1,500 DHH students across the Province. A number that has been growing by ~ 3% per year (since '13/14). Most of this growth is concentrated in public schools.

Provincial DHH Student Count



Observations

- The chart shows historical DHH student figures as reported by MECC.[1]
- The historical figures are extrapolated based on BC population forecasts.
- Based on average of the last 5 years, the share of DHH students for all three school types is –
  - BC Public Schools: 81%
  - BC Independent Schools: 14%
  - BC School for the Deaf: 5%
- Since 2013/14 DHH student count has increased 19% (236 total students), almost all attending public schools.
- BC School for the Deaf and BC Independent Schools have been stable at ~70 students and ~200 students respectively.

1. Source: Ministry of Education annual student database & Population Projection by Govt. Of B.C.
2. DHH student count projections are derived from the B.C population projection, incorporating the 15-year average (0.25%) of historical DHH (Deaf and Hard of Hearing) students relative to the province's population over time.

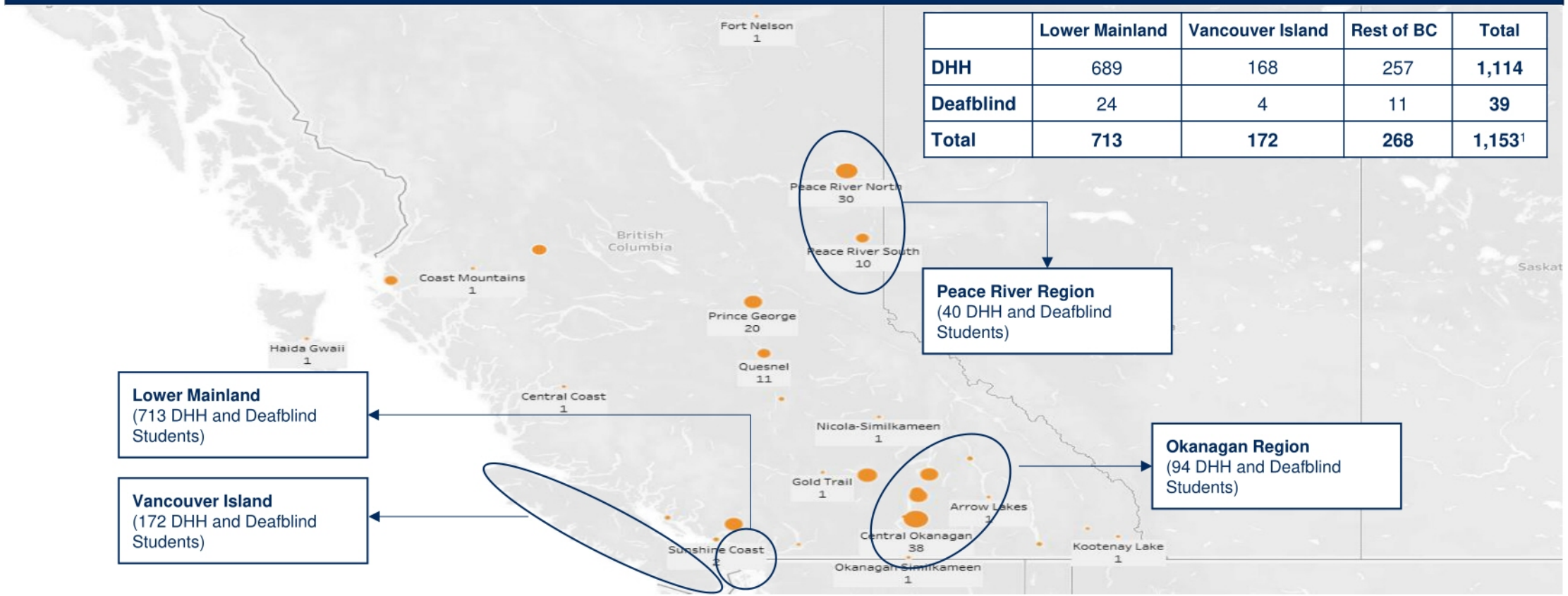
CAF-2024-42682, Page 440 of 495

DHH and Deafblind Student Distribution – BC Summary

The Lower Mainland accounts for 62%, Vancouver Island accounts for 15% of BC DHH students. The rest of the province accounts for 24% of all DHH students (mostly in the Okanagan followed by the Peace River Region).

Other Areas DHH and Deafblind Student Distribution – FY23/24

	Lower Mainland	Vancouver Island	Rest of BC	Total
DHH	689	168	257	**1,114**
Deafblind	24	4	11	**39**
Total	**713**	**172**	**268**	**1,153**[1]



1. Source: Ministry of Education annual student database.
2. Student count by district exclude data from BC Independent schools. School districts with fewer than 10 children are masked in the data. Masked districts are represented as 1 student but may have 1 - 9.

CAF-2024-42662 , Page 441 of 495

DHH and Deafblind Student Distribution – Lower Mainland

The Lower Mainland accounts for 62% of all DHH students; Surrey (137) has the highest DHH student count in the Lower Mainland, followed by Burnaby (120) and Vancouver (115).

Lower Mainland DHH and Deafblind Student Distribution – FY23/24

1. Source: Ministry of Education annual student database.
2. Student count by district exclude data from BC Independent schools. School districts with fewer than 10 children are masked in the data. Masked districts are represented as 1 student but may have 1 - 9.
3. Lower Mainland = Abbotsford, Langley, Surrey, Delta, Richmond, Vancouver, New Westminster, Burnaby, Maple Ridge, Mission, Coquitlam, North Vancouver, West Vancouver, Chilliwack

CAF-2024-42682 , Page 442 of 495

DHH and Deafblind Student Distribution – Vancouver Island

Vancouver Island accounts for 15% of all DHH students; Greater Victoria (62) has the highest DHH student count on Vancouver Island, followed by Sooke (23) and Comox Valley (23).

Vancouver Island DHH and Deafblind Student Distribution – FY23/24

*The northern part of Vancouver Island contains one (1) additional DHH student not visible on the map.

1. Source: Ministry of Education annual student database.
2. Student count by district exclude data from BC Independent schools. School districts with fewer than 10 children are masked in the data. Masked districts are represented as 1 student but may have 1 - 9.
3. Vancouver Island = Greater Victoria, Saanich, Sooke, Cowichan Valley, Nanaimo, Qualicum, Comox Valley, Campbell River, Pacific Rim and Gulf Islands.

CAF-2024-42682, Page 443 of 495

Future State Analysis

i. Service Functions
ii. Service Ownership
iii. Service Delivery Model
iv. Procurement Model
v. Future State Process View
vi. Resourcing Analysis
vii. Roadmap

Early Intervention Future State

Deetken conducted a series of workshops with PDHHS Director and Executive Director to design a future state that aligns with PDHHS goals and objective.

The future state for Early Intervention services was designed using a 4 step approach:

1. **Developing Service Function**
   - Service Functions are defined as various steps/stages in the care pathway of a child accessing Early Intervention services.
2. **Defining Service Ownership**
   - Service ownership indicates which organization is ultimately ACCOUNTABLE for outcomes.
3. **Early Intervention Service Delivery Model**
   - Service delivery indicates which organization is RESPONSIBLE for delivering the service function in the future state.
4. **Early Intervention Contractor Procurement Model**
   - Highlight key considerations and goals for procurement model. Establish a set of procurement model options and their respective trade-offs.

All proposals are informed by the analysis conducted by Deetken to date, including interviews with Service Providers, other MCFD service lines, PDHHS team leads, research on best practices and parent surveys.

Future State Analysis

Service Functions

Early Intervention Service Functions

The scope of service functions that meet the needs of children between the ages of 0 and 5 has been agreed upon though a series of workshops.

Service Function (Age 0 to 5)	Description
Hearing Testing and Diagnosis	The BC Early Hearing Program (BCEHP) conducts hearing testing and diagnosis for every child born in BC.
Connection to Early Intervention Service Providers	Families are provided information and connection to Early Intervention service providers in their community.
Service Planning and Coordination (IFSP)	An Individualized Family Service Plan (IFSP) tailored to the child's needs is developed and maintained and monitored.
ASL Intervention	DHH and deafblind children and youth receive American Sign Language (ASL) instruction.
Spoken Language Intervention	DHH and deafblind children and youth receive spoken English language instruction.
Language Assessments	Periodic formalized language assessments for both spoken and sing language are conducted for all children enrolled in Early Intervention programs.
Early Years to School Age Transition	Families are provided resources and personalized consultations to facilitate a smooth transition into the school environment.
Deaf Culture Immersion and Integration	DHH and deafblind children and youth and families are introduced to and have opportunities to integrate within the Deaf culture and make connections within the Deaf community.
Community Connection	Providing opportunities to children and families to participate in outreach, networking and local community activities.
Community Education	Increase the awareness and understanding across the Province of deafness, deafblindness and hearing loss.
Family ASL Support	Families of DHH and deafblind children and youth (including CODA) have access to ASL instruction.
Family Education	Families are provided with resources and guidance to effectively advocate for their child's needs related to hearing loss/deafness and deafblindness, both within and outside of the school environment.
Connection to Public Services	Families are provided information and guidance on how to access public services including but not limited to mental health services, CYSN, healthcare, recreational programs, and deaf resources.
Mental Health Prevention Services	DHH and deafblind children, youth and their families receive preventative mental health support services as needed.
Clinical Mental Health Services	DHH and deafblind children, youth and their families receive clinical mental health services as needed.

Future State Analysis

Service Ownership

Early Intervention Service Function Ownership

PDHHS is formalizing its ownership in several areas and expanding its ownership in connecting families to service providers and language assessments

Service Function Ownership (Age 0 to 5)	Current State Ownership	Future State Ownership Target
Hearing Testing and Diagnosis	BCEHP (MOH) s. 13	
Connection to Early Intervention Service Providers	BCEHP (MOH)	
Service Planning and Coordination (IFSP)	PDHHS	
ASL Intervention	PDHHS	
Spoken Language Intervention	PDHHS	
Language Assessments	BCEHP (MOH) [1]	
Early Years to School Age Transition	PDHHS	
Deaf Culture Immersion and Integration	No clear owner	
Community Connection	No clear owner	
Community Education	No clear owner	
Family ASL Support	No clear owner	
Family Education	No clear owner	
Connection to Public Services	No clear owner	
Mental Health Prevention Services	No clear owner	
Clinical Mental Health Services	CYMH/MOH/PDHHS	

1. Service providers currently report on assessment results to BCEHP. Assessments are also mandated in current PDHHS Early Intervention contract. However, there is no reporting mechanism and testing may not be implemented consistently across providers.

EI Service Function Ownership – Rationale & Considerations

PDHHS considered the following factors to expand/reduce their ownership of service functions.

Service Function (Age 0 to 5)	Rationale & Considerations
Connection to Early Intervention Service Providers	s. 13
Language Assessments	
Deaf Culture Immersion and Integration	
Community Connection	
Community Education	
Family ASL Support	
Family Education	
Connection to Public Services	
Mental Health Prevention Services	
Clinical Mental Health Services	

Future State Analysis

Service Delivery Model

Early Intervention Service Delivery Model

Four delivery models could be used to deliver the PDHHS service functions :

1. **PDHHS Direct**
   - These service functions will be delivered directly by PDHHS using in-house resources.

2. **Early Intervention Contract**
   - These service functions will be delivered through Early Intervention contract(s).

3. **External Contract**
   - These service functions will be contracted out to specialized contractors independent of the Early Intervention contractors

4. **Combined Delivery**
   - These service functions will be delivered through more than one party (e.g. combination of PDHHS and contractor) simultaneously.

Current State

Early Intervention Service Delivery Model – Current State

Most existing functions are delivered through the EI Services contract; however, there are gaps in the current contract and other service functions are undefined

Service Function (Age 0 to 5)	PDHHS Direct	EI Contract	External Contract	Notes
Connection to Early Intervention Service Providers				BCEHP currently refers directly to service providers so families may choose where they want to access services.
Service Planning and Coordination (IFSP)		✓		
ASL Intervention		✓		
Spoken Language Intervention		✓		
Language Assessments		(✓)		Service providers currently report on assessment results to the BCEHP and are a requirement under PDHHS's Early Intervention contract. However, there is no testing specification and therefore is implemented inconsistently.
Early Years to School Age Transition		✓		
Deaf Culture Immersion and Integration				Not currently defined. May be partially covered through BCEHP Guide By Your Side program.
Community Connection		(✓)		Not specified in contract but delivered by current service providers.
Community Education				PDHHS is not involved.
Family ASL Support		(✓)		Not specified in contract but some services are provided by service providers.
Family Education				PDHHS is not involved.
Connection to Public Services				PDHHS is not involved.
Mental Health Prevention Services				PDHHS is not involved.
Clinical Mental Health Services			(✓)	PDHHS contracts with VCH Deaf Well-Being Program. PDHHS will not take ownership of this service function in the future state as Clinical Mental Health Services for children with support needs (including DHH) is provided by CYMH.

✓ | Delivered
(✓) | Partially captured (e.g., not explicit in contract)

Early Intervention Service Delivery Model – Future State

Future State

For the future state option, PDHHS will deliver incremental services in-house or through contractors.

Service Function (Age 0 to 5)	PDHHS Direct	EI Contract	External Contract	Description
Connection to Early Intervention Service Providers	s. 13			
Service Planning and Coordination (IFSP)				
ASL Intervention				
Spoken Language Intervention				
Language Assessments				
Early Years to School Age Transition				
Deaf Culture Immersion and Integration				
Community Connection				
Community Education				
Family ASL Support				
Family Education				
Connection to Public Services				
Mental Health Prevention Services				

EI Service Delivery Model – Rationale & Considerations

PDHHS considered the following factors when deciding on a service delivery model.

Service Function (Age 0 to 5)	Rationale & Considerations
Connection to Early Intervention Service Providers	s. 13
Language Assessments	
Deaf Culture Immersion and Integration Community Connection Community Education Connection to Public Services Family Education	
Family ASL Support	
Mental Health Prevention Services	

Future State Analysis

Procurement Model

Procurement Context

Early Intervention Current State

Three major providers currently provide PDHHS Early Intervention Services:

Organisation	Primary Region of Operation	Area of Expertise	Staff Counts (excluding Admin Staff)	Reported Client Counts[1] (FY 23/24 H1)
BCFHRS	Vancouver, Surrey and Victoria (Lower Mainland and Vancouver Island)	Provides both ASL and spoken language instruction with a focus on spoken language.	31 (with varied ASL PI levels)	429
CHSCBC	Vancouver (Lower Mainland)	Only provides spoken language instruction	26 (no ASL proficiency)	104
DCS	Burnaby (Lower Mainland)	Provides both ASL and spoken language instruction with a focus on ASL.	12 (majority of staff have ASL PI levels at 4 or above)	54
CDBA	New Westminster (Lower Mainland)	Provides Deafblind intervenor services for deafblind children between the ages of 0 and 5.	3 (tactile ASL proficiency)	14

- Currently, PDHHS has one primary contract for Early Intervention services with BCFHRS. BCFHRS holds sub-contracts with CHSCBC and DCS. BCFHRS appears not to be a true prime contract holder which would require them to take on full responsibility and accountability for the service delivery and outcomes of all clients, including those of their sub-contractors. BCFHRS also does not decide which organization serves an individual client.
- CDBA serves a separate set of clients that are currently not being served by any of the other service providers. Therefore there is no recommended change in the procurement model for CDBA.
- The following slides will focus on a procurement model for the three specialized EI service providers for DHH children.

1. The reported client counts are sourced from the BCFHRS Semi-Annual Report Nov 2023. The client counts are defined as total number of children served by the specialized service providers independent of service intensity.

CAF-2024-42682, Page 457 of 495

Procurement Context

Early Intervention Future State

- **Connection to EI Services:** PDHHS will be the central point of connection and establish a team of service coordinators who will work in collaboration with the BC Early Hearing Program to connect families to available Early Intervention services/providers. PDHHS will also educate and introduce families of DHH children/infant to Deaf culture.
- **Language Assessments:** PDHHS will formalize a language assessment framework and procure external contractor(s) to conduct periodic spoken and sign language assessments for all children enrolled in Early Intervention programs.

Delivery of all contracted EI service functions:

- Service Planning and Coordination (IFSP)
- ASL Intervention
- Spoken Language Intervention
- Community Education
- Early Years to School Age Transition
- Deaf Culture Immersion and Integration
- Community Connection
- Family ASL Support
- Family Education
- Connection to Public Services

Procurement Model Requirements

The selected procurement model should achieve the following goals as defined below. These goals also serve as a set of evaluation criteria and were co-developed with PDHHS executive team.

Early Intervention Future State

Goal	Description
Equitable Access to ASL and Spoken Language Intervention	A successful procurement model should mitigate the current dilemma of choice of ASL versus spoken language intervention and provide equitable access to both languages to all families. A fragmented landscape with multiple providers with divergent intervention philosophies may not be conducive to achieving this goal.
Geographic Reach	This evaluates the likely initial extent of service provider presence throughout the province.
Opportunity for Growth & Expansion	This criteria indicates the ease of scaling Early Intervention services to provide in-person services in additional geographic areas across the province.
Service Delivery Capacity	The pool of qualified labour for Early Intervention is limited. A successful procurement model should capture a sufficiently broad spectrum of the qualified staff available across BC.
Service Continuity	This criteria evaluates the likely consistency of care for each child in Early Intervention services. High continuity is achieved when the primary service provider is also responsible for the service planning of the child they serve.
Financial Efficiency	How efficient is public funding supporting direct service delivery (e.g., through reducing duplicative back office functions across multiple providers)
Streamlined Contract Governance for PDHHS	This evaluates the administrative burden on PDHHS in managing the Early Intervention contract(s) including data collection and reporting.

Procurement Models

Preferred Option

	Model 1	Model 2	Model 3	Model 4
	s. 13	s. 13		s. 13
Direct / Prime Contractor			PDHHS	
Sub-Contractors			Prime SP IFSP for SPs SP1 SP2 SP3	
	s. 13	s. 13		s. 13
Model Features			**Single "True" Prime Contract w/ IFSP** **Single Prime:** A single Prime SP takes full responsibility for EI service delivery. **Sub-contracting:** The Prime is encouraged to subcontract with additional SPs. **IFSP Ownership:** The Prime conducts the IFSPs for all its sub-contractors.	

1. Prime contractor must have capacity for ASL and spoken language intervention. Sub-contractors may provide specialized intervention services.

CAF-2024-42662, Page 460 of 495

Procurement Models – Likely Outcomes

Preferred Option

	Model 1	Model 2	Model 3	Model 4
	s. 13	s. 13		s. 13
Direct / Prime Contractor			PDHHS Prime SP IFSP for SPs	
Sub-Contractors			SP1 SP2 SP3	
	s. 13	s. 13		s. 13
Likely Outcomes			**Single "True" Prime Contract w/ IFSP** s. 13	

Procurement Model – Rationale

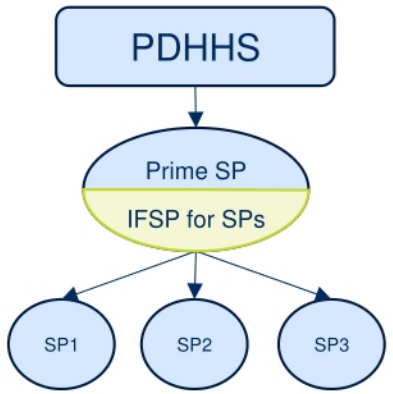
After weighing pros and cons, the PDHHS executive team selected a single true prime contract with centralized service planning responsibility as the preferred procurement model.

Direct / Prime Contractor

Sub-Contractors

Model Features & Likely Outcomes

Preferred Procurement Model



Single "True" Prime Contract w/ IFSP

- **Single Prime:** A single Prime SP takes full responsibility for EI service delivery.
- **Sub-contracting:** The Prime is encouraged to subcontract with additional SPs.
- **IFSP Ownership:** The Prime conducts the IFSPs for all its sub-contractors.

Rationale & Considerations

- The presence of a True Prime contractors ensures a comparable care pathway for each child who accesses EI services and mitigates the dilemma of choice that parents face when choosing a service provider.
- This procurement model could help foster equitable access to ASL and Spoken language intervention for all children and their families.
- Since the IFSP for all children is being developed by the True Prime, there is a need for the prime to work closely with its subcontractors to ensure awareness and consideration of a child's progress and needs.
- The centralized IFSP responsibility could introduce some new challenges, but provides the benefit of a stronger and more centralized involvement in determining the appropriate care and intervention for each child.
- This procurement model also streamlines PDHHS contract admin and governance efforts.

Future State Analysis

Service Provider Process View

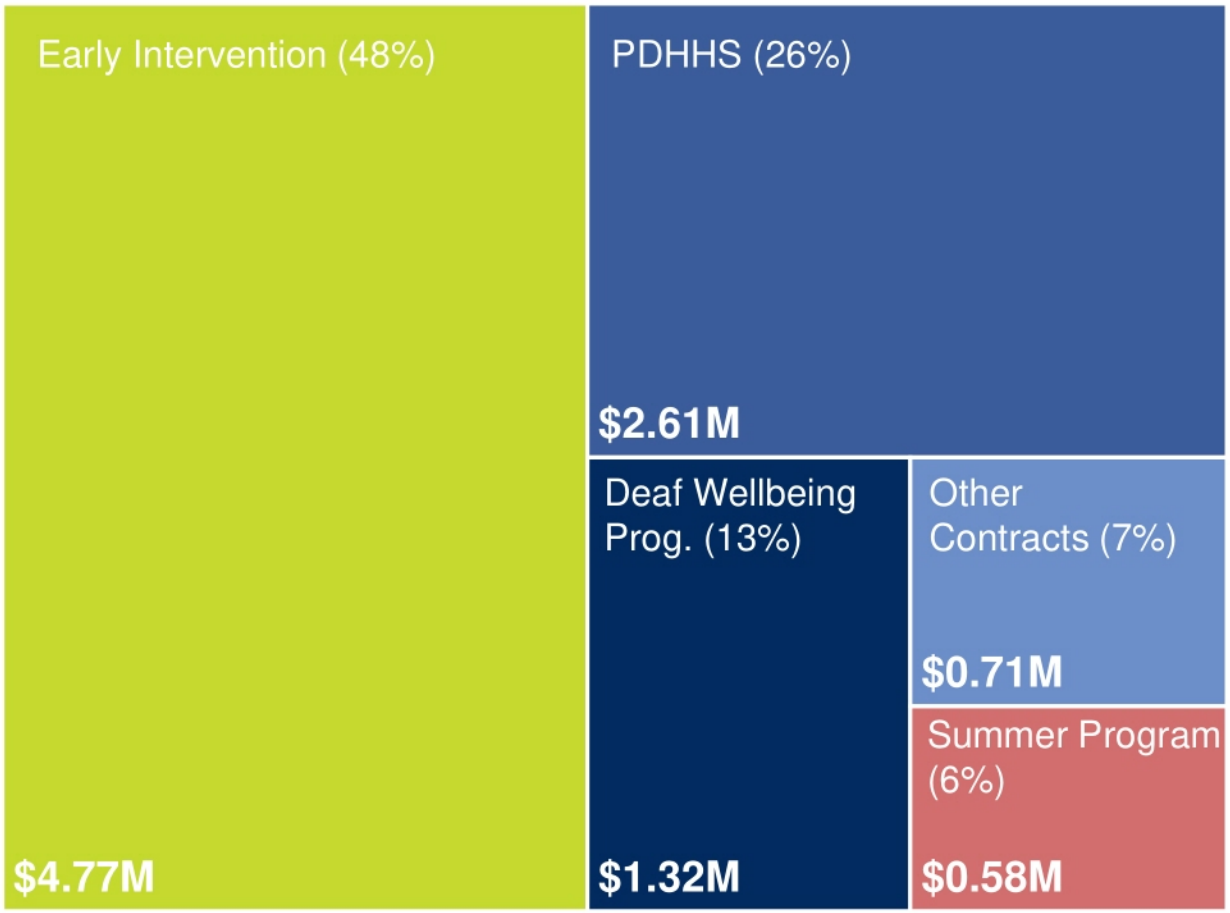
Future State Analysis

Resourcing & Budget Analysis

PDHHS Funding Allocation

48% of PDHHS funding is spent towards Early Intervention services/contracts, whereas 26% of funding is used for internal PDHHS services.

Funding Distribution (FY 22/23)



Observations

Distribution of PDHHS funds across different service lines:

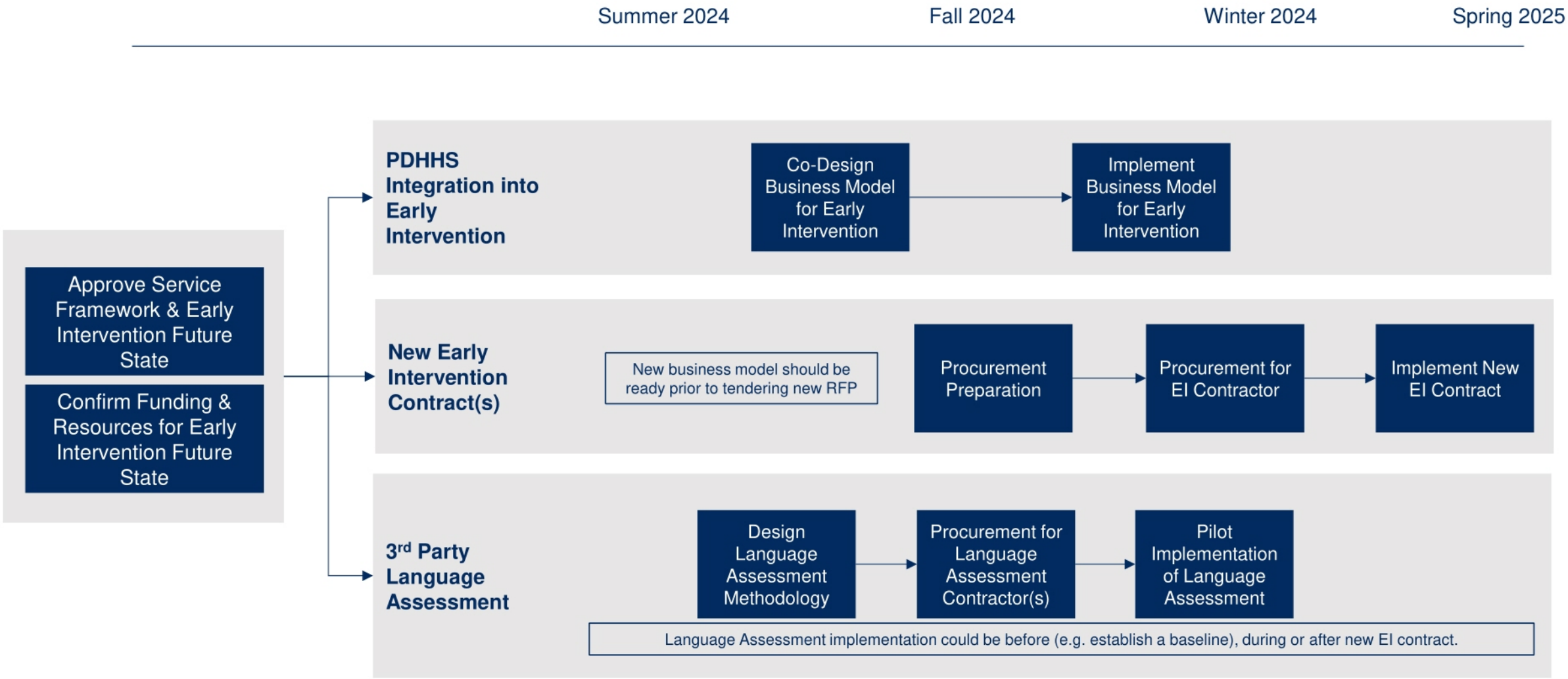
- **Early Intervention**
  - BCFHRS and sub-contractors - $4.06M
  - Vision Loss Rehab - $0.48M
  - CDBA - $0.14M
  - School District No. 23 - $0.09M
- **PDHHS Internal Services**
  - Staff Salaries - $2.45M
  - Travel, Utilities and Office Expenses - $0.16M
- **Deaf Wellbeing Program - $1.32M**
- **Summer Program**
  - CDBA - $0.37M
  - FNDC - $0.21M
- **Other Contracts**
  - BC Housing - $0.43M
  - IDHHS - $0.27M
  - Others - $0.01M

1. Source: The funding distribution was created using PDHHS Detailed Expenditures Report 2022-2023

Future State Analysis

Roadmap

Early Intervention Services - Roadmap



Early Intervention Services - Roadmap

	Roadmap Next Steps	Description
PDHHS Integration into Early Intervention	s. 13	
New Early Intervention Contract(s)		
3rd Party Language Assessment		

Appendix

i. Jurisdictional Scan

ii. Best Practices

Appendix

Jurisdictional Scan

Jurisdictional Scan

- **Infant Hearing and Testing & Connection to Ealy Intervention Service Providers** [1]
  - **Ontario** runs an Infant Screening Program that provides hearing screening, assessments, monitoring, and language development services to all newborns in the province.
  - **Alberta** runs and Early Hearing Detection & Intervention (EHDI) Program that provides newborn hearing screening, diagnostic assessments, and ongoing support for children with hearing loss and their families.
  - The Center for Disease Control and Prevention (CDC) in the **U.S** funds state and territorial Early Hearing Detection and Intervention (EHDI) Programs for 35 out of the 50 states. These programs track infants to ensure they receive essential diagnostic services and are enrolled in Early Intervention.
- **ASL & Spoken Language Intervention** [2]
  - The Canadian Hearing Services (CHS) in **Ontario** is a private service provider that offers various services, including Early Intervention programs for deaf and hard of hearing children. Their programs may incorporate ASL and spoken language depending on the child's needs and family preference.
  - The **Saskatchewan** Deaf and Hard of Hearing Services (SDHHS) offers Early Childhood & Family Services where they provide both ASL and spoken language instruction for children and their families. It's unclear if SDHHS directly provides all the services or acts as a referral and support agency.
- **Service Planning & Language Assessments** [3]
  - The **Kansas** Commission for the DHH (KCDHH) and Kansas School for the Deaf (KSD) run a Language Assessment Program that assesses, monitors and tracks ASL and./or English language development milestones for every DHH child from birth through age 8 in Kansas.
  - **California** Early Start Services is a statewide system of Early Intervention services for children from birth to 36 months of age. The offer service planning by a Teacher for the DHH through IFSPs and conducts periodic language assessments every 6 months.

1. Sources: https://www.ontario.ca/page/infant-hearing-program, https://www.albertahealthservices.ca/services/page14028.aspx#overview, https://www.cdc.gov/ncbddd/hearingloss/ehdi-programs.html
2. Sources: https://www.chs.ca/, https://sdhhs.com/2020/12/07/early-childhood-and-family-services/
3. Sources: https://www.ksdeaf.org/lap, https://leadkfamilyservices.org/

Jurisdictional Scan

- **Family Education**[1]
  - Hands & Voices is a non-profit, parent-driven organization in the **United States** dedicated to supporting families with children who are deaf or hard of hearing (DHH). They operate across all 50 states. They provide resources, information, and support to families of DHH children from birth through high school. They advocate for inclusive educational opportunities and ensure families have the information and resources they need to make informed choices about their child's communication development.
  - National Deaf Children's society in **UK** offers a Success from the start program that breaks down a child's development into 11 separate age brackets and provides parents with specific guideline on how to track progress at home.
  - **Kansas** Association for the Deaf (KAD) also runs a specific service line that makes parents aware about advocacy and prepare them on how to navigate school system and navigating IEPs.

- **Family ASL Support**[2]
  - Silent Voice in **California** is a program run by the Infant Hearing Program (IHP) that provides support (free of charge) for families with Deaf & Hard of Hearing children between the age of 0 to school entry who meet IHP referral criteria. Qualified IHP ASL Consultants work with and support families to provide a language-rich environment for their child to acquire ASL. IHP ASL Consultants monitor the child and family's language learning progress using standardized outcomes-based metrics.

1. Sources: https://www.handsandvoices.org/, https://www.ndcs.org.uk/documents-and-resources/success-from-the-start/, https://www.deafkansas.org/home
2. Sources: https://silentvoice.ca/ihp-asl/

Appendix

Best Practices

Early Intervention Best Practices

Research Paper/Document	Author	Findings	Caveats
Language Development and Deaf/Hard of Hearing Children [1]	Jessica A. Scott and Hannah M. Dostal	• Signed English, a system that combines elements of ASL and English grammar, has shown mixed results in improving literacy development. Some studies have found it beneficial, while others have not. • There is some evidence that deaf and hard of hearing children who use spoken language may have difficulty with grammar development.	The article highlights the need for more research on intervention strategies to support language development in deaf and hard of hearing children.
Effects of English Cued Speech on Speech Perception, Phonological Awareness and Literacy [2]	Rachel Rees and Judith Bladel	• Speech perception was tested for a 9 year olde boy in three conditions: auditory alone, audio-visual without cued speech, and audio-visual with cued speech. • The results showed that English cued speech helped the boy perceive and store novel words. This suggests that English cued speech can improve speech perception, phonological awareness, and literacy skills in deaf children.	The research paper is only based on an individual case.
Family-Centered Early Intervention Deaf/Hard of Hearing (FCEI-DHH) [3]	Amy Szarkowski et al.	• Effective intervention requires collaboration between professionals (teachers, therapists, audiologists) and families. • The study emphasizes providing deaf and hard of hearing children with various communication access options, including sign language, spoken language with hearing aids, or cochlear implants. • Every child's needs are unique, so Early Intervention programs should be tailored to address each child's specific strengths and challenges.	
Best Practice Guidelines in Early Intervention for Children who are Deaf or Hard of Hearing [4]	Washington State Department of Health	• The document highlights the importance of ongoing assessment to monitor the child's progress and make adjustments to the intervention program as needed. • Effective intervention requires collaboration between a team of professionals, including audiologists, therapists, teachers, and social workers. • The document emphasizes that services should be delivered in the family's preferred language and communication method. This could include sign language, spoken language with hearing aids, or cochlear implants.	This is a best practices guidelines document published by Department of Health but not a research paper.

1. Source: https://files.eric.ed.gov/fulltext/EJ1222568.pdf
2. Source: https://eric.ed.gov/?id=EJ1037880
3. Source: https://academic.oup.com/jdsde/article/29/SI/SI27/7616225
4. Source: https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//344-019_EHDDIIntrvPrfoto.pdf

Early Intervention Best Practices

Research Paper/Document	Author	Findings	Caveats
Early Intervention for Children with Hearing Loss [1]	National Institute on Deafness and Other Communication Disorders (NIDCD)	• Early intervention should be comprehensive, addressing a child's overall development, including communication, social, emotional, and cognitive skills. • Early identification of hearing loss allows for Early Intervention, maximizing the potential for positive outcomes. • Regularly monitoring a child's progress helps to ensure the intervention plan remains effective and can be adjusted as needed. • There's no one-size-fits-all approach. Intervention strategies may include auditory verbal therapy, sign language, cochlear implant rehabilitation, or a combination of these.	This is not a research paper but a document published by NIDCD.
Language of early- and later-identified children with hearing loss [2]	C Yoshinaga-Itano, A L Sedey, D K Coulter, A L Mehl	• Early Intervention is Most Effective Before 6 Months • The study emphasizes the importance of evidence-based intervention approaches. It suggests that a combination of auditory-verbal therapy and sign language may be most effective for some children. • Research suggests that the intensity and duration of intervention programs also play a crucial role in language development. More frequent and longer-lasting programs tend to yield better results.	

1. Source: https://www.infanthearing.org/earlyintervention/index.html
2. Source: https://pubmed.ncbi.nlm.nih.gov/9794949/

PDHHS Victory Hill Dorm

SCHEDULE DESIGN

February 2024

Deetken Insight

Context & Purpose

The purpose of this document is to consider schedule changes to increase the number of days that Victory Hill staff can provide services throughout the year while preserving important requirements

Why is there a need for an alternative schedule?

- Provide services to children who are not currently served by PDHHS
- Efficient use of PDHHS budget and judicious spending

This presentation provides a comparative summary of the Victory Hill staff schedule for the school year 2023-24 (as of Aug 2023) and an alternative Proposed Schedule.

Victory Hill Dorm – 2023-2024 Schedule

The VHD 23-24 (as of Aug 2023) schedule for Victory Hill is based on a 4-houses & 18 resident structure.

Provided to Deetken Aug 2023

Victory Hill Schedule

VICTORY HILL DORM
2023-2024

House	Resident	Keyworker	SHIFT
1	s. 22	Afternoon: Jascine	S-TH 4:00PM-1230AM
		Afternoon: Eric (aux)	M-TH 3:15PM-10:15PM Fridays 12-700PM
		Overnight: Joey	M-F 1215AM-845AM
			Escort *
5		Afternoon: Jillian	S-TH 4:00PM-1230AM
		Overnight: Ann	M-F 1215AM-845AM
7		Afternoon: Marnie	S-TH 415pm-1245am
		Afternoon: Joy Lynn	245pm-11:15pm M-TH Fri 11am-730pm
		Overnight: Cindy	M- F 1230am-9am
			Escort *
6		Afternoon: Shane	M-F 415pm-1245am
		Afternoon: Christina (aux)	S- TH 245pm-945pm W 145pm-845pm
		Overnight: Fern	M-F 1230am-9am
			Escort *
	VH Dorm Manager	Patrick	
	VH Shift Supervisor	Paolo and Sean	Afternoon shift/Overnight shift
	Day shift	Teresa	730am-4pm
	Cook	Olga	.8 FTE
	Floater	Rosanne*	245pm-1115pm

Key Highlights

- The VHD 23-24 schedule is based on a draft schedule provided to Deetken in August 2023.
- This schedule employs 16 full-time staff and one cook (0.8 FTE)
- The shift variation in the VHD 23-24 schedule is -
  - 14 FTEs -> 5-day x 8.5 hrs shift
  - 2 FTEs -> 5-day x 7 hrs shift
- The VHD 23-24 schedule has 7 distinct escort shifts –
  - 4 shifts – Sunday Escort Duty
  - 3 shifts – Friday Escort Duty

Victory Hill Schedule Requirements

The VHD Schedule should meet all Scheduling & Program Requirements

		Description	Proposed Targets
Requirements	**VHD Operating Days per Year**	• Victory Hill needs to be open for all school days (excludes weekends, stat, pro-d days)	181 days per year
	Child / Youth: Staff Ratio	• Children & Youth are supervised at VHD outside of school hours (3pm to 9am).	See following slide
	CCC Staff Supervision	• CCC Staff require support, coaching and supervision (3pm to 9am) – measured as the % of time a staff supervisor or Team Lead is available on site for CCC	>75%
	Child / Youth Escort Capacity	• Children & Youth are escorted by PDHHS staff on Sunday and Friday to/fro home • Currently 7 escort shifts (2 per house except house #5)	~ 12 hrs per week per house

Victory Hill Schedule Goals

The VHD Schedule should improve on the Scheduling & Program Goals

		Description	Proposed Targets
Goals	**ETO Earned**	• ETO time (> 1827 hours per year of hours worked*) reduces the available capacity to deliver services (e.g. summer immersion, workshops) outside of VHD operating days e.g. winter, spring, summer breaks	Less is better
	Child / Youth to CCC Continuity	• Continuity between staff and child/youth is important for relationship building and mentorship	More is better
	CCC Staff Health & Wellness	• For shift workers, stability of shifts (start time, lengths, days) and rotations is important for health & wellness	+/- 1 Hour (start time & length)
	CCC Staff Development	• Regular staff rotation ensures workers handle the full range of role expectations e.g. morning, afternoon and night routines	More rotation is better
	Total Paid Hrs Per Year	• Total paid hours per year which is a measure of financial sustainability includes all full-time, auxiliary hours for CCC + Shift Supervisors	Less is better
	Additional Staff Capacity	• Additional staff capacity needed for extracurricular activities, medical appointments, sick children during day • Measure only includes staff time (TL + supervisors + CCC) outside of escort time or time spent in-residence.	To be determined

- 261 days per year x 7 hrs per day = 1827 hours
- 261 days less 11 stat days less 4 pro-D days less 65 school break days = 181 VHD Operating Days per year

CAN-2021-12682, Page 482 of 495

Child : Staff Ratio

- Child:Staff ratio considers staff dedicated to supervising the child/youth.
- Victory Hill's staffing model includes CCC dedicated to supervision with Shift Supervisors and the VHD Team Lead available on an as-need basis to increase child supervision capacity.
- The Cook is not considered dedicated to child supervision and not included in the ratio.

The following benchmarks provide some guidance to inform a target child:staff ratio:

- VHD's license does not specify a child:staff ratio*
- Maximum child:staff ratio is 1:6 (maximum 6 beds in a house and 1 fulltime CCC)
- Specialized Homes for MCFD's children in care, generally house children in crisis or significant behavioural situations, require a child:staff ratio of 1:2 to 1:3
- Licensed preschool for 4-5 year olds require a child:staff ratio of 1:10
- Licensed out of school care for >7 year olds require a child:staff ratio of 1:15
- Inpatient nursing care requires a patient:nurse ratio of 1:4

Source: Residential Care Regulation Section 42 (1)A licensee must ensure that, at all times, the employees on duty are sufficient in numbers, training and experience, and organized in an appropriate staffing pattern to

Victory Hill Schedule Evaluation – VHD 23-24 Schedule

VHD 23-24 schedule ensures maximum staff supervision and an additional staff capacity equivalent to ~5 FTEs

		VHD 23-24 Schedule	Target
Requirements	VHD Operating Days per Year	**181 days**	181 days per year
	Child / Youth: Staff Ratio	**1:3.3* per house**	1:4 to 1:6
	CCC Staff Supervision	**100%**	>75%
	Child / Youth Escort Capacity	**48.5 hrs per week**	~ 12 hrs per week per house
Goals	ETO Earned	**238 hrs per full-time staff** (equivalent to 216 days per year for services)	Less is better
	Child / Youth to CCC Continuity	**100%**	More is better
	CCC Staff Health & Wellness	Avg. shift length : **8.5 hrs** Avg. shift start time: **+/- 1 hrs**	+/- 1 Hour (start time & length)
	CCC Staff Development	**No Rotation**	More rotation is better
	Total Paid Hrs Per Year	**31,801 hrs**	Less is better
	Additional Staff Capacity	**206 hrs per week (~ 5 FTE)**	To be determined

- 261 days per year x 7 hrs per day = 1827 hours
- 261 days less 11 stat days less 4 pro-D days less 65 school break days = 181 VHD Operating Days per year
- Service Days = 261 days per year – 11 stat holidays – ETO equivalent days
- *Child:Staff Ratio includes shift supervisors and VHD Manager in the calculation

Schedule Design Methodology and Assumptions

Methodology

- An alternate schedule was developed by ensuring that the Requirements are met and there is potential improvement on some of the Goals.
- Deetken started with the same number of employees that are already part of the team.
- The alternate schedule focuses on efficiently utilizing the VHD staff availability.

Assumptions

*includes CCC, Shift Supervisors and Dorm Manager

Victory Hill Dorm – Proposed Schedule

The proposed schedule for Victory Hill is based on a 4-houses & 18 resident structure.

Victory Hill Proposed Schedule	Key Highlights

s. 13, s. 17

Victory Hill Schedule Evaluation – Proposed Schedule

s. 13, s. 17

Proposed Schedule Benefits

The Proposed Schedule for Victory Hill meets the Requirements for in-residence supervision while improving utilization and freeing up capacity for providing additional services throughout the year.

s. 13, s. 17

Janene Seabrook - Progress Report
Date: August/2024
Prepared by: Janene Seabrook

Phase 1
Planning, Research and Development

- Conversation with Susi: clarify expectations/ vision for the project
  - Revise the descriptions of required staff for the draft RFP
- Assessments reviewed
  - LEAD K milestones
  - VCSL
  - Preschool Language Scale-5
  - KBIT-2 – Kaufman Brief Intelligence Test
  - Kent Inventory of Developmental Skills
  - McArthur Bates Communication Development Inventory (M-BCDI)
  - D-LEAT
  - DRIP (app for collating / organizing data)
  - CEFR (assessing parent sign language skills)
- Literature reviewed
  - Assessments to evaluate bilinguals: The overdue discussion of the deaf and hard of hearing student population in the United States
    Leala Holcomb | Gloshanda Lawyer
  - Building strong foundations for educational achievement: Language assessments in early childhood education for deaf and hard of hearing children
    Patrick J. Graham | Elizabeth Shuler-Krause
  - Family Language Planning with Deaf and Hard of Hearing Children:
    Fostering Multilingual Development
    Christi Batamula, Bobbie Jo Kite Herbold, and Julie Mitchiner
  - Update: CSP Education Committee Proposal – June 7, 2024
  - Reciprocal Counselling: MCFD CYSN: Community Engagement Report on the Development of a System of Services for Children and Youth with Support Needs
- Consultation
  Dr. Lynn McQuarrie – University of Alberta
  Author of the ASL Phonological Awareness Test
  Resources:
  Deb Pincher – Early Language Intervention Gallaudet
  Layla Holcomb – Handsland / Early Language Assessment California School for the Dea

Future Planning Research and Development

- Assessments to review
  - Ski-Hi Language Development Scale SKI-HS LDS Assessment
  - Language First Informal Assessment for Language Deprivation
  - ASL Communication Development Inventory (ASL-CDI)
  - American Sign Language Assessment (ASLA)
  - ASL-RTS
  - ASL-EST
  - ASL Communication Development Inventory – become a checklist like MacArthur Bates

- Literature to review
  - Inclusive Early Childhood Service System Project Policy Brief No. 10
    Deaf childhoods and inclusive early childhood education and care
  - Laurene Simms - Maximizing Language Acquisition: ASL and Spoken English
  - Learning a Sign Language Does Not Hinder Acquisition of a Spoken Language
    Elana Pontecorvo , Michael Higgins , Joshua Mora , Amy M Lieberman , Jennie Pyers , Naomi K Caselli
  - Benefits of Visual Language: How Acquisition of Signed Language Complements Spoken Language Development, Kimberly Sanzo
  - Family ASL: An Early Start to Equitable Education for Deaf Children
    Diane C. Lillo-Martin, Ph.D., Elaine Gale, Ph.D., and Deborah Chen Pichler, Ph.D.
  - A culture of assessment: A bioecological systems approach for early and continuous assessment of deaf infants and children
    M. Diane Clark | Sharon Baker | Laurene Simms
  - Best Practices in Family-Centered Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement
    Mary Pat Moeller, Gwen Carr, Leeanne Seaver, Arlene Stredler-Brown,Daniel Holzinger

- Upcoming Consultations
  - Dr. Leah Gear/ Razi ASL at HOME
  - Julie Rems Smario – LEAD K
  - Layla Holcomb – California School for the Deaf
  - Kristen Snodden – Toronto Metropolitan University/School of Early Childhood Studies

Janene Seabrook - Progress Report
Date: November 2024
Prepared by: Janene Seabrook

Phase 2

Ongoing Planning Research and Development

- Edits for slides for the CFR
- Literature review
- Bilingual Framework

Literature reviewed

- **Zhang, D., Ke, S., Yang, J., & Anglin-Jaffe, H.** (2024). *Sign language in d/Deaf students' spoken/written language development: A research synthesis and meta-analysis of cross-linguistic correlation coefficients. Review in Education, 1-40.*

Consultations

- Joe McLaughlin – Deaf mentor
- Angie Walker- Kansas LAP Program
- Razi Zarchy – ASL at Home

Future Planning, Research and Development

- Final draft of the literature review
- CFR slides finalized
- Bilingual Framework
- Assessments – review schedule

Literature to Review

- Matt Hall – Accessing Language Access Profiles

Future Consultations

- Kristen Snodden - Ontario
- Clare Best - Australia
- Julie Bustos – Kansas

Janene Seabrook - Progress Report
Date: October 2024
Prepared by: Janene Seabrook

Phase 1

Ongoing Planning Research and Development

- Create slides for the RFP
- Complete Literature review
- Outline for the Bilingual Framework

Literature reviewed

- Laurene Simms - Maximizing Language Acquisition: ASL and Spoken English
- Alayna Finley - Academic American Sign Language in a Home of Two Deaf Parents and Their Young Deaf Children
- Naomi Caselli - Deaf Children of Hearing Parents Have Age-Level Vocabulary Growth When Exposed to American Sign Language by 6 Months of Age
- Kristen Snoddon - Teaching sign language to parents of deaf children using the CEFR
- Kristen Snoddon - American Sign Language and Early Intervention
- Zarchy and Geer – A family centered signed language curriculum to support deaf children's language acquisition
- Jo Kite - How the medical professionals' impact ASL and English families' language planning policy
- Martina Curtin - Assessing parent-child interaction with deaf and hard of hearing infants aged 0–3 years
- Simms - ASL/ English Bimodal Bilingual Program
- Simmons/ Poon - Can Routinely Collected Early Intervention Data for Deaf and Hard-of-Hearing Children Be Used for Outcome Monitoring? A Case Example from British Columbia, Canada
- Simmons/ Jamieson - Formal and Informal Approaches to the Language Assessment of Deaf Children

Consultations

- Joe McLaughlin
- Janet Jamieson
- Laurie Bell

Future Planning, Research and Development

- Final draft of the literature review
- Slides for the RFP
- Bilingual Framework – begin write up

- Assessments used in Kansas, Washington and Australia

Future Consultations

- Kristen Snodden
- Clare Best

Janene Seabrook - Progress Report
Date: September 2024
Prepared by: Janene Seabrook

Phase 1
Planning, Research and Development

- Outline for the Framework

Assessments reviewed

- Ski-Hi Language Development Scale SKI-HS LDS Assessment
- ASL Communication Development Inventory (ASL-CDI)
- ASL-RTS
- ASL-EST
- ASL Communication Development Inventory

Literature reviewed

- Inclusive Early Childhood Service System Project Policy Brief No. 10
  Deaf childhoods and inclusive early childhood education and care
- Learning a Sign Language Does Not Hinder Acquisition of a Spoken Language
  Elana Pontecorvo , Michael Higgins , Joshua Mora , Amy M Lieberman , Jennie Pyers , Naomi K Caselli
- Benefits of Visual Language: How Acquisition of Signed Language Complements Spoken Language Development, Kimberly Sanzo
- Family ASL: An Early Start to Equitable Education for Deaf Children
  Diane C. Lillo-Martin, Ph.D., Elaine Gale, Ph.D., and Deborah Chen Pichler, Ph.D.
- A culture of assessment: A bioecological systems approach for early and continuous assessment of deaf infants and children
  M. Diane Clark | Sharon Baker | Laurene Simms
- Best Practices in Family-Centered Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement
  Mary Pat Moeller, Gwen Carr, Leeanne Seaver, Arlene Stredler-Brown,Daniel Holzinger

- Consultation
  - Dr. Leah Gear/ Razi ASL at HOME
  - Julie Rems Smario – from LEAD K
  - Lynne McQuarrie – U of A

Future Planning Research and Development

- Create slides for the RFP
- Complete Literature review

Assessments to review

- Language First Informal Assessment for Language Deprivation
- American Sign Language Assessment (ASLA)
- SB210 Language Development Milestones

Literature to review

- Laurene Simms - Maximizing Language Acquisition: ASL and Spoken English
- Alayna Finley - Academic American Sign Language in a Home of Two Deaf Parents and Their Young Deaf Children
- Naomi Caselli - Deaf Children of Hearing Parents Have Age-Level Vocabulary Growth When Exposed to American Sign Language by 6 Months of Age
- Kristen Snoddon - Teaching sign language to parents of deaf children using the CEFR
- Kristen Snoddon - American Sign Language and Early Intervention
- Zarchy and Geer – A family centered signed language curriculum to support deaf children's language acquisition
- Jo Kite - How the medical professionals' impact ASL and English families' language planning policy
- Martina Curtin - Assessing parent-child interaction with deaf and hard of hearing infants aged 0–3 years
- Simms - ASL/ English Bimodal Bilingual Program
- Simmons/ Poon - Can Routinely Collected Early Intervention Data for Deaf and Hard-of-Hearing Children Be Used for Outcome Monitoring? A Case Example from British Columbia, Canada
- Simmons/ Jamieson - Formal and Informal Approaches to the Language Assessment of Deaf Children

Upcoming Consultations

- Layla Holcomb – California School for the Deaf
- Kristen Snodden – Toronto Metropolitan University/School of Early Childhood Studies
- Joe McLaughlin
- Laurene Simms – Chief Bilingual Officer at Gallaudet