



Service Expectations— Low-Barrier Short-Term Stabilization Care

Specialized Homes and Support Services is a suite of services within the ministry's broader system of care. It is comprised of four distinct service types: Emergency Care; Low-Barrier Short-Term Stabilization Care; Respite Care; and Specialized Long-Term Care. Each of the Specialized Homes and Support Services has, within its care type: service expectations, deliverables, and intended outcomes across the province. In accordance with legislative requirements and policy, placement priorities and best practices, Specialized Homes and Support Services are considered only after exploring less intrusive options to meet a child/youth and family's needs, such as wrap-around supports provided within the home, supports through extended family, community, or the Family Care Home network.

Low-Barrier Short-Term Stabilization Care provides a safe environment for children/youth who are experiencing a crisis and/or breakdown of their living environment (family, out-of-care arrangement, or in-care placement). The service is short-term (3-9 months) and focuses on crisis mitigation and healing through a harm-reduction lens by providing the child/youth with culturally safe, individualized supports. Low-Barrier Short-Term Stabilization Care works to prepare a child or youth to transition back home (or to a new living arrangement if required) by re-connecting the child and family with the appropriate community supports to meet their ongoing needs.

The service actively re-engages Child and Youth Mental Health (CYMH) and Children and Youth with Support Needs (CYSN) services, as well as other community supports (such as substance-use services) to provide clinical interventions that support the child/youth's move toward stabilization. It also actively engages the child/youth's caregiver(s) to ensure readiness to support the child/youth's successful return home.

The service supports children, youth and families who often experience barriers to service, such as those without a formal diagnosis, those experiencing a functional crisis, or those experiencing living instability.

Low-Barrier Short-Term Stabilization Care will typically be accessed after efforts to support the child/youth through intensive wrap-around community services have not led to successful outcomes. These services may include:

- Community based mental health services
- Step-up step-down outreach services
- Community based CYSN supports
- Intensive home-based CYSN supports

Service Recipients:

Children/youth who may benefit from Low-Barrier Short-Term Stabilization Care include:

- Children/youth who voluntarily agree to participate and:
 - Have recently experienced, or are at significant risk of experiencing, a breakdown in their living circumstances (including foster placement, out of care placement or family home), and are experiencing a functional crisis (including mental health, behavioural, etc.); or
 - Have functional needs that limit their ability to thrive in their current environment and require community-based stabilization,

AND,

- Have engaged in, and have not benefited from, available wrap-around community supports and efforts within the home environment (including community-based CYMH and CYSN services).

Service Length:

Anticipated length of stay is three to nine months. An extension past nine months requires approval from MCFD.

Desired Outcomes

How this service is supposed to benefit a child/youth/family

Intended Outcomes	How we measure this (examples)
Crisis is mitigated and/or improved stability and wellbeing for child/youth	<ul style="list-style-type: none"> - Day to day functioning of the child/youth is improved (e.g., measured by achievement of support plan goals) - Child/youth believe/assess the crisis is improved
Child/youth is able to move or return to a stable living environment at discharge from Stabilization Care	<ul style="list-style-type: none"> - Child returns home - Child/youth transition to a stable alternative living arrangement
Child/youth and family have supports in place for continued stabilization upon discharge	<ul style="list-style-type: none"> - (Re)connection to community supports and services
Child/youth experience safety and improved wellbeing	<ul style="list-style-type: none"> - Improved self-reported day-to-day wellbeing for child/youth
Child/youth’s attachment and emotional ties to family ¹ and other supportive relationships is improved	<ul style="list-style-type: none"> - Self-assessed quality of relationships with caregiver extended family, community is maintained or increased - Self reported feelings of belonging, positive relationship and attachment

¹ Consistent with s.17 of An Act respecting First Nations, Inuit and Métis children, youth and families; Policy 1.1 Working with Indigenous Children, Youth, Families and Communities; and other relevant sections of the Child, Family and Community Service Act

How this service is supposed to positively impact the broader system of care

Intended Outcomes	How we measure this (examples)
Improved family preservation	- Reduce number of children coming into care/family and placement breakdowns (foster)
Reduced need for emergency/intensive supports	- Decreased admission to emergency intensive supports (long-term specialized care (SHSS), hospital, CCU, maples, forensic psychiatric services)

Key Benefits of Specialized Homes and Support Services – Low-Barrier Short-Term Stabilization Care:

- Addresses a gap in family preservation service continuum. Provides a step-up from community-based wrap-around supports and a step down from more intensive long-term care options or intensive services.
- Provides a trauma-informed, developmentally and culturally appropriate environment that cultivates feelings of acceptance, cultural connection, belonging and nurturing for children/youth and their families.
- Provides environment where a child/youth’s family, extended family, and community are welcome and where attachment, emotional ties, and belonging are promoted.
- Helps address inequities in access through low-barrier access and harm reduction approaches intended to address.
- Ensures a safe, stable, trauma informed living environment where a child/youth’s current function and needs can be accurately assessed and addressed.
- Access to services and supports from caregivers skilled in crisis stabilization to support improvements to a child/youth’s overall mental health and wellness.
- Provides opportunity to improve and enhance care givers/family’s knowledge, tools and skills needed to better meet the child/youth’s needs and support the child/youth’s successful transition back home with improved connections to community-based and intervention supports.
- Access to [professional staff who support a child/youth’s social worker by taking an active role in gathering the circle for ongoing support, planning, and coordination of service.

Practice Principles:

- Best Interest of the Child (CFCSA) and Best Interests of the Indigenous Child (*An Act respecting First Nations, Inuit and Métis children, youth and families*)
- Placement Priorities as outlined in s.71 of the CFCSA and s.16 of *An Act respecting First Nations, Inuit and Métis children, youth and families*, and Ongoing Reassessment of Placement
- Culturally responsive and aligned with the [Aboriginal Policy and Practice Framework](#)
- Trauma-Informed approach (in alignment with [Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#))
- Strengths based: practice that concentrates on the inherent strengths of children, youth, families and communities
- Developmentally appropriate: practice that varies with and adapts to the age, experience, interests and abilities of individual children
- Harm reduction: practice that aims to minimize the negative health, social and legal impacts associated with health behaviours – working with people without judgement, coercion, discrimination or requiring that they extinguish the problematic health behaviours completely as a precondition of support
- Rights of the Child: Uphold the obligations outlined in s.70 (Rights of Children in Care) of the CFCSA; an indigenous child's inherent right to culture, language, and tradition; and the *Convention on the Rights of the Child* which provides a foundation for the protection of children's rights globally.

Deliverables:

- Provide a safe, structured, predictable and supportive living environment with 24-hour individualized support to children/youth (see below for programmatic features)
- Physical environment that is developmentally appropriate, culturally safe, accommodating of medical, physical and developmental needs, and where the potential for further traumatization or re-traumatization is reduced
- Provide a physical environment that supports, encourages, and safely includes family, extended family, and community

Programmatic features

Stabilization, integrated care planning, and supporting child/youth transition out of the service:

- Conduct Strength and Needs Assessments (in collaboration with care givers, the care circle and driven by the child/youth's voice) to determine the nature of the child/youth's crisis and the triggers contributing to their behaviours and crisis in key domains; determine the child/youth's needs and the current benefit and limitations of existing community supports.
- Develop and implement an SHSS Service Plan (Appendix A), by working with the child or youth and their support team. The SHSS Service Plan is distinct from but aligned with the child/youth's care plan (where one exists). It includes specific planning for stabilization, and includes the active involvement of community-based clinicians who can provide interventions that will help meet the needs of the individual child and their circumstance.
- The stabilization service clinical staff (clinical counsellor and behavioural interventionists) facilitate/lead therapy planning and deliver interventions to stabilize the child and youth, in partnership with other community providers.
- Ensure the child receives the required supports and clinical interventions from community providers (e.g. CYSN, CYMH and traditional healing practices), as identified in their SHSS Service Plan.
- Actively facilitate contact with family members, caregivers and community as part of the child/youth's stabilization, when it is safe to do so and with the participation of the child/youth.
- Stabilize the child/youth to the extent that they are able to participate in planning their successful transition or next steps.
- Support the child/youth to develop new skills (i.e. coping strategies, awareness of emotions, etc.)
- Actively coordinate or restart work with local service providers and agencies to help support the child/youth's needs (i.e. medical, mental health, schools, etc.)
- Stabilization service clinical staff actively collaborate with community-based professionals (such as those in CYSN family service centres) that will be (re)assuming support for the child, youth and their families during and after their transition home. Following the initial period of stabilization, the stabilization service clinical staff will no longer be the primary service providers and will facilitate the transition of planning, coordination and delivery of care to those community-based professionals.
- Actively support caregivers to develop new skills to support the child/youth, including trauma-informed care, effective interventions for caregivers to help address the child/youth's specific behaviours or needs, and adjustments to the home environment that support the child/youth's needs
- Develop and implement a transition approach for the child/youth within the SHSS Service Plan:
 - Transition plans are driven by the child/youth and built around their strengths, including how available community resources will wrap around the child/youth and how the supports they used to access will be restarted or improved to better meet their unique needs
 - Facilitate transition planning by working with the child/youth, along with their carers, care team and Indigenous communities
 - Develop supportive transition strategies (e.g. gradual transition) and materials to support the child/youth and their carers for the transition.

Supporting child/youth in everyday living:

- Facilitate involvement in culture and community in support of an indigenous child's inherent right to culture, language and tradition
- Facilitate involvement in rituals/practices of the child/youth's cultural or religious traditions
- Ensure the child/ youth is informed of their rights, program structure and rules and complaints process
- Ensure access and continued participation in the service is low barrier
- Administer medications, monitor and report side effects, and proactively seek medical oversight/consultation for suspected medication issues
- Facilitate regular punctual attendance at school, in day programs, at family visits and/or in recreational activities
- Facilitate/provide transportation to/from appointments/school/work/day programs/family visits/ recreational activities as per the child/youth's plan of care
- Provide healthy, nutritious meals and snacks in accordance with traditional foods and/or Health Canada's "Canada Dietary Guidelines" or the professional advice of dietary experts, where appropriate
- Facilitate contact with appropriate religious and/or cultural community members
- Facilitate appropriate contact with family members identified by child/youth's social worker, parent or guardian
- Support the child's caregiver and family by providing verbal and/or written updates on child's progress
- Provide opportunities/activities that encourage positive peer interaction
- Develop and maintain good relationships with the neighborhood and communities in which the children and youth reside
- Actively search for youth who have not returned to the resource and/or are involved in high-risk activities
- Promote the child/youth's involvement in personal-care routines
- Involve child/youth in life-skills activities that include, but are not limited to shopping, budgeting, meal preparation, household chores, use of public transportation, and work experience appropriate to their age and developmental level
- Seek out recreational opportunities, facilitate attendance and engage in the activity as required
- Ensure the child/youth has access to technology to support their education, recreation and social development
- Manage crisis situations at all hours, both inside and outside of the resource
- Continue to work with MCFD to ensure service quality is maintained and improves over time

Staffing Model/Expectations:

2-3 Bed Resource	Staffing
Residential Child/Youth Workers (see appendix B for staffing expectations)	Residential Child/Youth Workers (at least two workers at the resource at all times)
Night Staff (see appendix B for staffing expectations)	Awake Residential Night Worker
Supervision and Program management (see appendix B for staffing expectations)	Residence Coordinator
	Program Manager
Clinical Staff The clinical counsellor and behavioural therapist are regular staff that provide direct support to children and youth, and their families. (see appendix B for staffing expectations)	Clinical Counsellor
	Behaviour Therapist
Supplemental Supports – additional support to meet the needs of the child/youth. These supports will be provided based on the child/youth’s service plan and determined/approved through collaboration with the ministry. Efforts will be made to leverage existing community services and supports (e.g. Ministry provided and contracted Child and Youth Mental Health and Child and Youth Support Needs services). for the purposes of: <ul style="list-style-type: none"> • Assessment • Clinical consultation • Intervention and therapies provision • Clinical care planning 	Examples of supplemental supports include: <ul style="list-style-type: none"> • Additional staffing • Clinical consultative services • Clinical interventions • Cultural supports

If required, additional on-call staff as needed to ensure sufficient staffing at all times. Subject to MCFD approval, staff may be redeployed to other programs during periods of extended vacancy.

Qualifications:

Staff at the agency will have an appropriate level of training and experience for their position per Appendix B.

Special Equipment:

Children/youth require universal accessibility at the facility. Reasonable access to child-specific equipment will ensure their safety, recreation, and socialization in and out of the facility (for example: equipment augmenting inclusion, transportation supports)

Appendix A: Examples for Service Planning

SHSS Service Plan

Examples of what an SHSS Service Plan may include for stabilization:

- What are the Child/Youth strengths and needs? including an assessment of behaviours and positive behaviour planning?
- What supports has the child/youth received in community? What has and has not worked with these supports in the eyes of the provider, the child, and the caregiver?
- What aspects of the child/youth's living environment contributed to their crisis?
- What are the child/youth's goals for stabilization? What do they feel they need to be well and thrive?
- How does their culture and connection to community contribute to their wellbeing? What is missing for them?
- What are the mental health, trauma, identity confirming and developmental-related supports required for stabilization?
- The child's current and desired network of peer support?
- How can the physical environment be used to support the child's comfort, need for stability and support?
- What services does the child/youth need from on-staff clinical team, from community services, and through peer networks, family and cultural connections, and other wellness activities to reach a state of improved wellness?

Examples of what an SHSS Service Plan may include for transitions:

- What are the required mental health, trauma, identity confirming and developmental-related supports to ensure a successful transition and long-term wellness once the child returns home?
- Have the professional team previously involved with the child (i.e. CYSN or CYMH supports) been appropriately prepared to support the transition homes?
- What is this child's current and desired network of peer support and how can we strengthen positive peer connections?
- What are the child's goals for their stay and for their transition to their caregiver?

Appendix C: Staffing, qualifications and expectations (examples)

Residential Child/Youth Workers	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Provide care to children/youth with moderate to severe behavioural problems in a staffed-resource setting • Implement child’s SHSS Service Plan. • Participates in the assessment, goal setting and progress evaluation of children / youth. • Teaches children / youth to relate in a socially appropriate manner through the use of daily routines and activities. • Monitors clients in a staffed-resource setting and ensures their safety and well- being. • Provides trauma informed counselling (through behaviour management, attachment based, relational or other appropriate evidence informed modalities) to clients on a one-to-one and/or group basis by performing duties such as providing feedback on clients’ behavior, teaching coping techniques and adaptive behavior and providing guidance and support. • Provides emotional support and crisis intervention to clients which may include non-violent physical interventions. • Ensures communication and liaison between group home, school, family and the community. • Ensures that clients’ physical needs are met by performing duties such as assisting with basic personal hygiene, preparing meals, and administering medication as required in accordance with established guidelines, procedures and instructions. • Maintains reports such as statistics, logbooks, daily activities on residents. • Carries out household duties such as meal preparation and household cleaning. • Accompanies clients to appointments and community outings. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • A minimum two-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment and other needs. • Specific training working with children/youth with support needs, attachment based parenting, and relationship based interventions (trauma informed practice)

Awake Residential Night Worker	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Monitors residents through the night and attends to any medical, emotional and behavioural needs that arise during the night. • Follow through on direction regarding specific residents left by the day staff. • Notifies staff of any major problems or emergencies. Responds to emergencies in accordance with established policies and procedures. • Supports residents with their morning and evening routines at the beginning and end of the shift. • Ensures that residents follow house rules. Monitors curfew regulations and reports to appropriate authorities as required. • Administers medications to residents in accordance with established policy. • Ensures that logbooks and other documentation such as charts and incident reports are complete. • Performs light housekeeping duties such as vacuuming, dusting, emptying garbage, cleaning and laundry. Performs minor building maintenance such as changing light bulbs. Reports maintenance needs to the supervisor. • Secures the building by arming alarms and locking doors and windows. • Prepares and assists residents in breakfast preparation. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • A minimum two-year relevant diploma, or equivalent of education/experience working with children with behavioural, attachment and other needs from a trauma informed lens • Specific training working with children/youth with support needs.
Asleep Residential Night Worker	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Sleeps through the night hours but is required to wake in order to attend to unusual night-time needs that arise with the residents. • Supports residents with their morning and evening routine such as washing, brushing teeth, combing hair and assisting the residents in the preparation of their breakfast. • Administers medication to residents in accordance with established policy. • Responds to emergencies in accordance with established policies and procedures. • Completes related records such as logbooks, charts and incident reports. • Secures the building by arming alarms and locking doors and windows. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Certificate in a related human/social service field. One-year recent related experience (or an equivalent combination of education, training, and experience)
Additional on-call and relief staff as needed to support the desired population	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • As needed 	<p>Qualifications:</p> <ul style="list-style-type: none"> • As needed

Residence Coordinator	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Oversees the day to day operations of a residence, provides ongoing supervision of staff, and evaluates program policies • Develops, implements and evaluates residence goals, objectives policies and procedures and ensures the required standards are maintained. Identifies both physical and program needs of the residence to appropriate authority. Plans with staff for changes. • Schedules, supervises and evaluates residence staff and monitors daily operations. Assists in recruiting and selecting of staff and provides guidance, training and orientation on policies, procedures, techniques, report preparation or other matters arising in the residence. Identifies the needs of staff for professional development. • Monitors, authorizes and allocates expenditures within the operating budget for the year and assists senior management in preparing the budget. Prepares and maintains related documentation. • Ensures the cleanliness, safety, security and maintenance of the residence in accordance with applicable licensing standards either directly or through delegation to staff. • Maintains the residence’s inventory of supplies. • Works as a residence worker performing the duties as required. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Diploma in a related human/social service field. Three years recent related experience, including three years supervisory or administrative experience (or an equivalent combination of education, training, and experience) working with children/youths with support needs.
Program Manager	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Lead the development of the SHSS Service Plan, drawing on other experts where necessary and in collaboration with guardianship workers (as applicable) • Lead the development of the transition plan (per the SHSS Service Plan), drawing on other experts where necessary and in collaboration with guardianship workers (as applicable) • Coordinate the care team to ensure integrated and holistic assessment and planning • Facilitate training for staff • Provide supervision that supports consistent quality service • Lead the development of the support plan drawing on other experts where necessary and in collaboration with guardianship workers • Provides leadership, guidance and participates with staff, families and others in planning and providing client plans, case conferencing, case management and the preparation of related documents and reports. • Coordinate the care team to ensure integrated and holistic assessment and planning • Facilitate training for staff • Liaises with the community, government, families, officials, professionals, and organization staff and promotes community involvement in the program. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Diploma in a related human/social service field. Three years recent related experience, including one year supervisory or administrative experience (or an equivalent combination of education, training, and experience) working with children/youths with support needs

Clinical Counsellor	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Provides direct clinical services such as intake, assessment, treatment, and crisis intervention; consultation/liaison with community agencies, schools, hospitals, and other Ministry programs. • Develops and supports support plans • Develops and supports transition plans (per the SHSS Service Plan) • Provides comprehensive assessment and treatment planning and conducts individual, group and family therapy. • Maintains basic knowledge of psycho-tropic medications as prescribed by a physician, maintaining an awareness of the effects of such medications. • Provide mediation and family support to child and their family/caregiver(s). Parent training – i.e. EFFT • Provide direct clinical consultation and guidance to management and staff • Maintains appropriate clinical/client/administrative records. • Delivers training for staff 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Master’s Degree in social work, Educational Counselling, Clinical Psychology or Child and Youth Care or comparable graduate degree at the Master’s level, or equivalent. • Five years direct clinical supervision experience in social services (working with children, youth, adults, and families) • Registered with appropriate professional colleges or associations (e.g. BC Association of Clinical Counsellors).
Behavioural Therapist	
<p>Expectations/Potential Duties:</p> <ul style="list-style-type: none"> • Provides functional behavioural assessment • Develops behavioural planning for crisis mitigation and stabilization. • Collaborates with child/youth/family’s primary community supports to support transition planning • Develops and maintains behavioural intervention strategies and programs for children, youth and families and provides training to caregivers to facilitate successfully living in the community (in collaboration and alignment with the family’s primary community supports) • Counsels individuals and groups to achieve more effective personal, social and vocational development. • Provides training to SHSS staff, caregivers and others to implement individualized plans for children and youth. • Develops written plans, which include needs identification, goals, tasks and timeframes with regard to client programs, in conjunction with caregivers and/or other service providers. • Keeps current on literature and research in the field. Provides up-to-date best practice information. • Maintains related records and prepares reports. 	<p>Qualifications:</p> <ul style="list-style-type: none"> • Master's degree in Counselling, Psychology or a related field. • Two years recent related experience (or an equivalent combination of education, training, and experience).

Additional professional contracted under supplemental supports, including sub-contracting of resources, require approval by the ministry.