**Ministry of Children and Ministry of Children and**

**Youth Services Youth Services**

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**MEMORANDUM TO:** Directors of Education, District School Boards Secretary-Treasurers of School Authorities

Executive Directors of Preschool Speech and Language Programs Chief Executive Officers of Community Care Access Centres

Executive Directors of Children's Treatment Centres

Chief Executive Officers of Local Health Integration Networks

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| **DATE: FROM:** | March 9, 2017  Darryl Sturtevant, ADM, Strategic Policy and Planning Division, MCYS  Jennifer Morris, ADM (A), Policy Development and Program Design Division, MCYS  Martyn Beckett, ADM, Learning and Curriculum Division, EDU  Tim Hadwen, ADM, Health System Accountability and Performance Division, MOHLTC  Karen D. Chan, ADM, Community and Developmental Services Division, MCSS |

**RE: Next Steps for Integrated Delivery of Rehabilitation Services**

As you are aware, the ministries of Children and Youth Services (MCYS), Community and Social Services (MCSS), Education (EDU) and Health and Long-Term Care (MOHLTC) have been working with children's service providers and District School Boards to implement Ontario's Special Needs Strategy (SNS) to improve services for children and youth with special needs.

This memo provides an update on the Integrated Delivery of Rehabilitation Services (speech-language pathology, occupational therapy and physiotherapy), a key component of the SNS, and outlines the expectations of the ministries for service provider agencies and District School Boards regarding next steps for implementation, including engagement with local partners in order to finalize service delivery proposals.

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**Proposal Development and Program Guidelines:**

In 2015, planning tables in 34 service delivery areas developed initial proposals for integrating the delivery of rehabilitation services. These initial proposals recommended new models of service delivery where, in most cases, preschool speech and language therapy would be provided by MCYS funded agencies, school age speech and language therapy would be provided by District School Boards, and the provision of physiotherapy and occupational therapy would be delivered by District School Boards, Community Care Access Centres and/or MCYS funded agencies depending upon the community. The ministries reviewed proposals and provided individualized feedback to tables regarding the strengths of their proposals and areas requiring modification or clarification to meet ministries' expectations. In June 2016, the ministries released *integrated Delivery of Rehabilitation Services Program Guidelines* to provide direction and guidelines related to core service requirements.

As we move forward with the next stages of implementation, it is critical that there be no reduction in service levels and that families experience service continuity during this next phase of implementation.

**Funding Transfers:**

As part of integrated rehabilitation service implementation, the following funding will be transferred from MOHLTC to MCYS on April 1, 2017:

* Funding for hospital-based preschool speech and language services in hospital budgets; and
* Community Care Access Centre (CCAC) funding for the provision of physiotherapy, occupational therapy and speech-language pathology in publicly funded schools through the School Health Professional Services program.

For preschool speech and language services in hospital budgets, MCYS will assume the accountability relationship with the designated hospitals for these services on April 1, 2017.

For School Health Professional Services, MOHLTC will continue to flow funding to, and maintain accountability with Local Health Integration Networks (LHINs)/CCACs for these services for the first six months (April 2017 September 2017). Thereafter, MCYS will assume the accountability relationship with LHINs (as a result of implementation of the *Patients First Act, 2016).* From October 2017 until Fall 2018, service provider contracts will not change during the planning phase, to maintain stability. Additional information will follow about the funding transfer.

Funding for the full costs of delivering the in-scope services, including both direct and indirect reported costs, is being transferred. Direct costs include expenses related to direct service delivery for client care, while indirect costs include expenses related to administration.

**Development of Final Proposals and Local Implementation Plans:**

Over the next several months, the ministries will work closely with newly formed local Steering Committees composed of decision-makers from Children's Treatment Centres, Preschool Speech and Language Lead Agencies, District School Boards and CCACs/LHINs in each service delivery area as they undertake the work required to develop final proposals and implementation plans for the transition to new service delivery models, including planning for changes to local service delivery structures, and composition of providers for school-aged children, to enable the integrated delivery of rehabilitation services,

As part of this work, Steering Committees will be expected to engage in consultations with local partners, District School Boards, Preschool Speech and Language providers, Children's Treatment Centres, CCACs/LHINs, including existing service providers and those currently sub­contracted through CCACs, as well as federations/unions and other stakeholders, as they develop final proposals and implementation plans for review and approval by the ministries. Steering Committees will ensure the final proposal meets the needs of French-Language District School Boards and Indigenous partners.

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The purpose of this consultation is to allow for meaningful collaboration and decision-making with partners and stakeholders, to explore opportunities and interest for involvement, and leverage all existing service capacity within the service delivery area in the new delivery model.

The ministries are aware that some planning tables had proposed that CCACs would continue to be involved in the delivery of in-scope rehabilitation services delivered through School Health Professional Services in publicly funded schools. These Steering Committees will be asked to review their proposed models and, where Steering Committees deem it appropriate, they may propose a model for approval by the ministries that includes LHINs and their service providers. The ministries will work closely with these Steering Committees to revise these models in alignment with core service requirements outlined in the *Program Guidelines for the Integrated Delivery of Rehabilitation Services,* and direction in *Patients First Act, 2016.*

Development of final proposals and implementation plans for the transition to new service delivery models will continue to be a locally driven process, allowing Steering Committees to reach consensus on implementation activities, including the composition of service providers best suited to enable new integrated, family-centred service delivery models that meets all provincial policy direction and the requirements outlined in the *Program Guidelines.* The ministries understand that final proposals and implementation plans may look different from the initial proposals and will review them to ensure all provincial expectations have been met and local impacts have been addressed prior to approval.

Once final proposals and implementation plans for new service delivery models are approved by the ministries and service delivery areas are ready to implement their new model, funding will flow to existing MCYS transfer payment agencies and/or District School Boards, who will be responsible for service delivery, either directly or through sub-contracted relationships. Additional information will follow about the funding transfer.

**Ministry of Education Policy and Program Memoranda (PPMs):**

To support service integration, the Ministry of Education is moving forward with changes to address barriers to implementation that some service delivery areas identified in *Policy Program Memorandum (PPM) 81: Provision of Health Support Services in School Settings.* The ministries will collaborate with the intention to revise PPM 81 to unify the delivery of speech and language services.

PPM 149: *Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals* will remain in place and newly-formed Steering Committees may need to refine their proposed models to reflect this.

**Implementation:**

In recognition of the extent of transformation that may be required in some service delivery areas and the need to maintain stability in the service system, planning will take place through 2017-18. Any future changes to the composition of service providers for school-aged children will coincide with the school-year cycle to prevent any gaps in service for families. Steering Committees will develop final proposals and implementation plans for approval by the ministries by December 2017. Implementation of new service delivery models is expected to begin as early as Fall 2018.

Over the next few months, the ministries will consult with local Steering Committees on the need for a single integrated technology platform to support implementation of the new delivery models.

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**The ministries will provide Steering Committees with details regarding expectations and timelines on specific next steps for the development of final proposals and implementation planning for their communities over the next few weeks.**

**Communication to Families:**

**This is a transformative strategy focused on family-centred service. As Steering Committees work towards the development of final proposals and implementation plans to transition to new service delivery models, it is the ministries' expectation that there will be no disruption or reduction in services experienced by families and that existing service levels and capacity for children and youth with special needs and their families be maintained.**

**To support consistent communication with families, please see the attached template letter to families (Attachment 1) providing an update about the integrated delivery of rehabilitation services. Questions and Answers to support service providers in responding to questions from families are also attached (Attachment 2).**

**The ministries expect all service provider agencies to distribute this template letter to their families currently receiving services or waiting for services by April 30, 2017. District School Boards/School Authorities may choose to make this information available to families through distribution in school newsletters and websites.**

**Further Information:**

**For more information on the Special Needs Strategy, including frequently asked questions and answers, please visit htto://**[**www.sbecialneedsstratewchildren.00v.on.ca**](http://www.sbecialneedsstratewchildren.00v.on.ca)**. The website also includes the Program Guidelines, other supports for service providers and contact information for local Steering Committees. If you have questions about the Special Needs Strategy please email:** specialneedsstrateqvAontario.ca.

**Thank you for your support in implementing this important initiative for Ontario's children and youth. We look forward to continuing to work with you as we make our province's vision for**

**children and youth with special - - a reality.**



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**Karen D. Chan**

**Tim Hadwen**

**Martyn Beckett**

**Attachment 1: Service Provider Agency Letter Template to Families**

**Attachment 2: Key Messages/Questions and Answers for Service Provider Agencies to Respond to Families**

**c. Special Needs Strategy Reference Group**

**Special Needs Strategy Provider Table**

**IR Program Guidelines Advisory Committee IR Steering Committee Chairs/Co-Chairs**

**Attachment 1: Service Provider Agency Letter Template to Families**integrated Delivery of Rehabilitation Services

Special Needs Strategy

*Instructions for Community Care Access Centres, Children's Treatment Centres, District School Boards and Preschool Speech and Language Lead Agencies: The following letter to families should be distributed to all families currently receiving or waiting for rehabilitation services (speech-language pathology, occupational therapy, physiotherapy) in your service delivery area by April 30, 2017.*

Dear *[Name of family member currently in service/waiting for service],*

As a family whose child may be receiving or waiting for rehabilitation services (speech-language pathology, occupational therapy, physiotherapy), we are writing to provide you with an update on upcoming improvements to the delivery of children's rehabilitation services in your community.

As you may know, in 2014 the government launched the Special Needs Strategy in response to feedback received from families to improve the timeliness, effectiveness and coordination of the services that children and youth with special needs require to fully participate at home, at school, in the community and to achieve goals for adulthood.

A key initiative of the Special Needs Strategy is the integrated delivery of rehabilitation services, including physiotherapy, occupational therapy, and speech-language pathology, for children and youth from birth to school exit.

Over the past year, service providers — including community-based Preschool Speech and Language providers, District School Boards, Community Care Access Centres and Children's Treatment Centres — in communities across the province have worked to develop locally integrated, family-centred ways to deliver children's rehabilitation services to improve family service experiences and outcomes for children and youth with special needs. In doing so, service providers have engaged with families and youth in our communities to seek their input.

**What is Changing?**

Once the improvements are implemented, children and youth with rehabilitation service needs and their families will have:

* A seamless service experience from birth to school exit, with no gaps in service as children transition to school or between service providers;
* Child, youth and family centred service as parents and children/youth work together with service providers and educators to set goals based on their individual needs and strengths;
* Access to a broad range of high quality interventions (classroom, parent training, educator consultation) in settings that are most appropriate to their needs, and as convenient as possible to families; and
* Continuous and consistent services throughout the calendar year regardless of who delivers them in the community.

Following the ministries' review of initial local proposals, service providers are now beginning to refine their proposals based on consultation with stakeholders. Based on feedback gathered, they will then begin to develop local plans for implementation of their new local models for the integrated delivery of rehabilitation services in each community.

**When Will These Changes Take Place?**

These changes will be phased in so that they will not disrupt any services your child may currently be receiving in the community or school. Families currently waiting for services will maintain their place on the waitlist. There will be no reduction in service capacity as a result of this change. Implementation of new service delivery models is expected to begin as early as Fall 2018.

We will continue to work together across service providers in the community to ensure that there will be no gaps in services for your child and that any changes will be seamless for you and your family.

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**How Can I Get More Information?**

We will continue to keep you informed as the new model is developed in your community. For more information or if you have any questions, please contact: [Your Agency / District School Board contact].

Sincerely,

[Name of Directors of District School Boards/School Authorities/Executive Directors of Preschool Speech and Language Programs! Chief Executive Officers of Community Care Access Centres! Executive Directors of Children's Treatment Centres]

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**Attachment 2: Key MessageslQs&As for Service Provider Agencies to Respond to
  
Families**Integrated Delivery of Rehabilitation Services
  
Special Needs Strategy

*The purpose of this document is to support service provider agencies with key messages and Q&As to respond to questions from families currently receiving services/waiting for services throughout planning and implementation of Integrated Delivery of Rehabilitation Services.*

**KEY MESSAGES:**

* In 2014 the government launched the Special Needs Strategy to improve the timeliness, effectiveness and coordination of the services that children and youth with special needs require to fully participate at home, at school, and in the community, and to achieve their goals for adulthood.
* A key initiative of the Special Needs Strategy is the integrated delivery of rehabilitation services, including physiotherapy, occupational therapy, and speech-language pathology, for children and youth from birth to school exit.
* The ministries of Children and Youth Services, Community and Social Services, Education, and Health and Long-Term Care have worked with service providers in communities across the province to develop locally integrated ways to deliver these rehabilitation services to improve family service experience and outcomes for children and youth with special needs.
* Communities across the province are developing family-centred models so that families can access information and self-refer for rehabilitation services through clear access points. There will be no additional waits or transition points as children move from preschool services to school-aged services, and children will experience continuous and consistent services throughout the calendar year regardless of who delivers them in the community.
* The ministries are continuing to work with local service delivery partners through the Steering Committees in each community with the intention to move forward to finalize their local proposals after consultations with stakeholders. Based on feedback gathered, they will then begin to develop local plans for integrated rehabilitation services. There will be no reduction in service capacity as a result of these changes.
* Changes will take effect outside of the school year so that no children currently receiving services will experience gaps in service provision. Families currently waiting for services will maintain their place on the waitlist. Implementation of new service delivery models is expected to begin as early as Fall 2018.
* We will continue to work together so that the changes do not cause disruption for you and your family, so that there is no reduction in rehabilitation service capacity, and so that you are kept informed and supported during the transition to the new service delivery model.

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**QUESTIONS & ANSWERS FOR FAMILIES CURRENTLY RECEIVING/WAITING FOR SERVICES:**

**01. What is the Special Needs Strategy?**

Al. The Special Needs Strategy was launched in 2014 by the ministries of Children and

Youth Services (MCYS), Community and Social Services (MCSS), Education (EDU) and Health and Long-Term Care (MOHLTC), in response to feedback the government received from families and service providers about the need to improve outcomes and service experiences for children and youth with special needs and their families.

The vision of the Special Needs Strategy is "an Ontario where children and youth with special needs get the timely and effective services they need to participate fully at home, at school, in the community, and as they prepare to achieve their goals for adulthood."

The strategy is focused on improving services for children and youth with special needs and their families by:

* Improving the early identification of special needs in children through a new **developmental surveillance process** to help identify early signs or risks of delays;
* **Coordinated service planning processes** for children with multiple and/or complex special needs so families can access a range of services and supports;
* **Integrated delivery of rehabilitation services** so children have access to speech-language therapy, occupational therapy and physiotherapy services delivered seamlessly from birth to the end of school.

As a result, families with children/youth with special needs will experience earlier identification of concerns, seamless services, clear access and service plans, and smooth transitions, without having to tell their stories over and over again.

**Q2. What is the Integrated Delivery of Rehabilitation Services?**

A2. A key initiative of the Special Needs Strategy is the Integrated Delivery of Rehabilitation

Services, including physiotherapy, occupational therapy, and speech-language pathology, for children and youth from birth to school exit.

As a result of these changes, children and youth with special needs and their families will receive rehabilitation services that are seamless from birth through school exit throughout the calendar year, built around their goals for home, school and the community and delivered in the way and in the place that meets the needs of the child and family.

The government is working with service providers in 34 communities across the province to develop locally integrated ways to deliver these rehabilitation services. These services are currently delivered by community-based Preschool Speech and Language providers, District School Boards, Community Care Access Centres, and Children's Treatment Centres, and children and families often experience gaps between services or uncertainty about where and how to access services.

Communities across the province are developing family-centred models of service provision so that families can access information and self-refer for rehabilitation services through clear access points, and services are provided seamlessly from birth to school exit.

This means that children who are transitioning from preschool services to school-aged services will not have to go on additional waitlists, and children will experience continuous and consistent services regardless of who delivers them in the community.

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Implementation of new service delivery models is expected to begin as early as Fall 2018.

**Q3. Why is the current system changing?**

A3. Families and service providers identified several challenges with the current service

delivery system, including gaps or disruptions in service provision upon school entry, or different program eligibility and referral requirements for different programs.

The goal is for families to experience rehabilitation services as a seamless, single program, where children and youth with special needs and their families receive rehabilitation services that are seamless from birth through school exit throughout the calendar year, built around their goals for home, school and the community and delivered in the way and in the place that meets the needs of the child and family. Seamless service delivery means a continuous and unbroken service experience for the child/youth and their family as long as they require service. It involves continuity of supports, information and intervention over time and across transition points.

**Q4. What will this mean for my child receiving Preschool Speech & Language**

**services?**

A4. The ministries are continuing to work with local service delivery partners through the

Steering Committees in each community with the intention to move forward to finalize their local proposals after consultations with stakeholders. Based on feedback gathered, they will then begin to develop local plans for integrated rehabilitation services.

If your preschool-aged child is currently receiving preschool speech and language services, they will not need to reapply for speech and language services or receive additional assessments when they begin school.

There will be no additional waits or transition points as children move from preschool services to school-aged services, and children will experience continuous and consistent service regardless of who delivers them in the community. We are committed to ensuring that there is no disruption in services and we will continue to work together across service providers in the community to ensure that any changes are seamless for you and your family, and that you are supported during the transition to the new service delivery model.

**Q5. What will this mean for my child receiving services in publicly funded schools?**

A5. The ministries are continuing to work with local service delivery partners through the

Steering Committees in each community with the intention to move forward to finalize their local proposals after consultations with stakeholders. Based on feedback gathered, they will then begin to develop local plans for integrated rehabilitation services.

To support implementation of continuous, consistent and locally integrated ways to deliver children's rehabilitation services, this plan may include changes to service providers for children receiving services in publicly funded schools. These changes will take effect outside of the school year so that children will not experience gaps in service during the school year. These changes will not affect families with children receiving or waiting for rehabilitation services in-home or in private schools.

With these changes, there will be no additional waits or transition points as children move from preschool services to school-aged services, and children will experience continuous and consistent services across providers. Families currently waiting for services will maintain their place on the waitlist.

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We are committed to ensuring that there is no disruption in services and we will continue to work together across service providers in the community to ensure that any changes are seamless for you and your family, and that you are supported during the transition to the new service delivery model.

If families have any questions about the delivery of services in publicly funded schools, we would encourage you to speak with your child's school principal.

**Q6. What will this mean for my child receiving services from a Children's Treatment**

**Centre?**

A6. The ministries are continuing to work with local service delivery partners through the

Steering Committees in each community with the intention to move forward to finalize their local proposals after consultations with stakeholders. Based on feedback gathered, they will then begin to develop local plans for integrated rehabilitation services.

If your child is currently receiving rehabilitation services from a Children's Treatment Centre, they will not need to reapply for these services or receive unnecessary assessments.

There will be no additional waits or transition points as children move from preschool services to school-aged services and children will experience continuous and consistent services regardless of who delivers them in the community.

We will continue to work together across service providers in the community to ensure that any changes are seamless for you and your family, and that you are kept informed and supported during the transition to the new service delivery model.

**Q7. What will this mean for children with a developmental disability who are**

**transitioning into adulthood?**

A7. Integrated Transition Planning does not replace the Ministry of Education's Individual

Education Plan (IEP) or processes associated with IEPs. For young people with developmental disabilities preparing for adulthood, the integrated rehabilitation process is expected to align with the IEP process and Integrated Transition Planning (ITP).

Where applicable, the integrated transition planning process will include the family, youth, school-aged rehabilitation service providers, school staff and adult developmental service organizations (e.g., Developmental Service Ontario). The transition planning process will consider the young person's goals for work, further education and community living and the steps needed to attain these goals. Transition planning does not guarantee eligibility for or availability of adult developmental or other services.

**Q8. How can I get more information?**

Aft Service providers in your community will keep you informed as new models are

developed. For further information, please contact your service provider agency or send an email to specialneedsstrateovontario.ca for response from the ministries.