

Ontario Special Needs Strategy: Integrated Delivery of Rehabilitation Services

Provincial Program Guidelines

HIGHLIGHTS

Elgin/Oxford, London/Middlesex Tables

September 2016

“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”.



Proposal Development to Date

Proposal submissions
(Fall 2015)

Inter-ministerial review
(Winter 2015)

Feedback to tables
(Spring 2016)

- Integrating delivery of rehabilitation services requires significant **transformation**.
- Development of **local proposals** for consideration by the ministries was the first step.
- Proposal development tables submitted proposals for integrating services in 34 service delivery areas in **fall 2015**.
- Tables were asked to design models that meet core service requirements leading to **seamless, integrated** and **family-centred** service delivery in their communities.
- Proposals identified provincial policy **barriers** for the ministries to address, and requested various changes to agency **roles and responsibilities** and the **repurposing** of existing funds to support proposed models.
- **Inter-ministerial review** teams undertook a comprehensive review and the ministries communicated individual feedback to tables in April 2016, including areas where **modifications** to their proposed model are required to meet core service requirements and prepare for implementation planning.
- The ministries held teleconferences with some tables to **discuss feedback** in greater depth and support them in preparing for next steps.

Implementation Planning

How will we get there?

Next Steps of Implementation Planning



- Over the coming months, Service Delivery Areas (SDAs) will move directly into development of Implementation Plans for approval by the ministries in Fall 2016.
- Preparatory Activities this year include:
 - Establishment of formal steering committees
 - Establishment of meeting schedules and other planning/administrative supports
 - Development of new/existing partnerships in the SDA
 - Development of administrative protocols and documents to support common intake and information sharing processes
 - Planning for operational changes required to support a new service delivery model, e.g. communicating change locally, ensuring continuity of service provision during transition from current to new model
- Phased implementation, including transition of services among providers, provincial policy changes, and inter-ministerial funding transfers to support new local service delivery models, is targeted to begin in 2017-18.

Capacity Building and Knowledge Exchange

- In-depth webinars/teleconferences on specific sections of the Program Guidelines.
 - Presented by ministry staff and sectoral/clinical experts.
 - Opportunities for knowledge exchange across service delivery areas.
- Provincial learning opportunities in development, e.g. Family-Centred Service, Engagement of Indigenous Populations, and other topics.
- Online training modules through CanChild to support all health care professionals delivering integrated, school-based, tiered models of service.
- Mechanisms for knowledge exchange among service delivery areas.

Program Guidelines

What are the provincial expectations?

IR: Goals and Guiding Principles

1. Families have easier access to services and know how to get help
2. Families receive timely and effective services
3. Families experience seamless and integrated service delivery throughout the calendar year
4. The service system is accountable, efficient and provincially consistent

Family-
centred care

Seamless
services

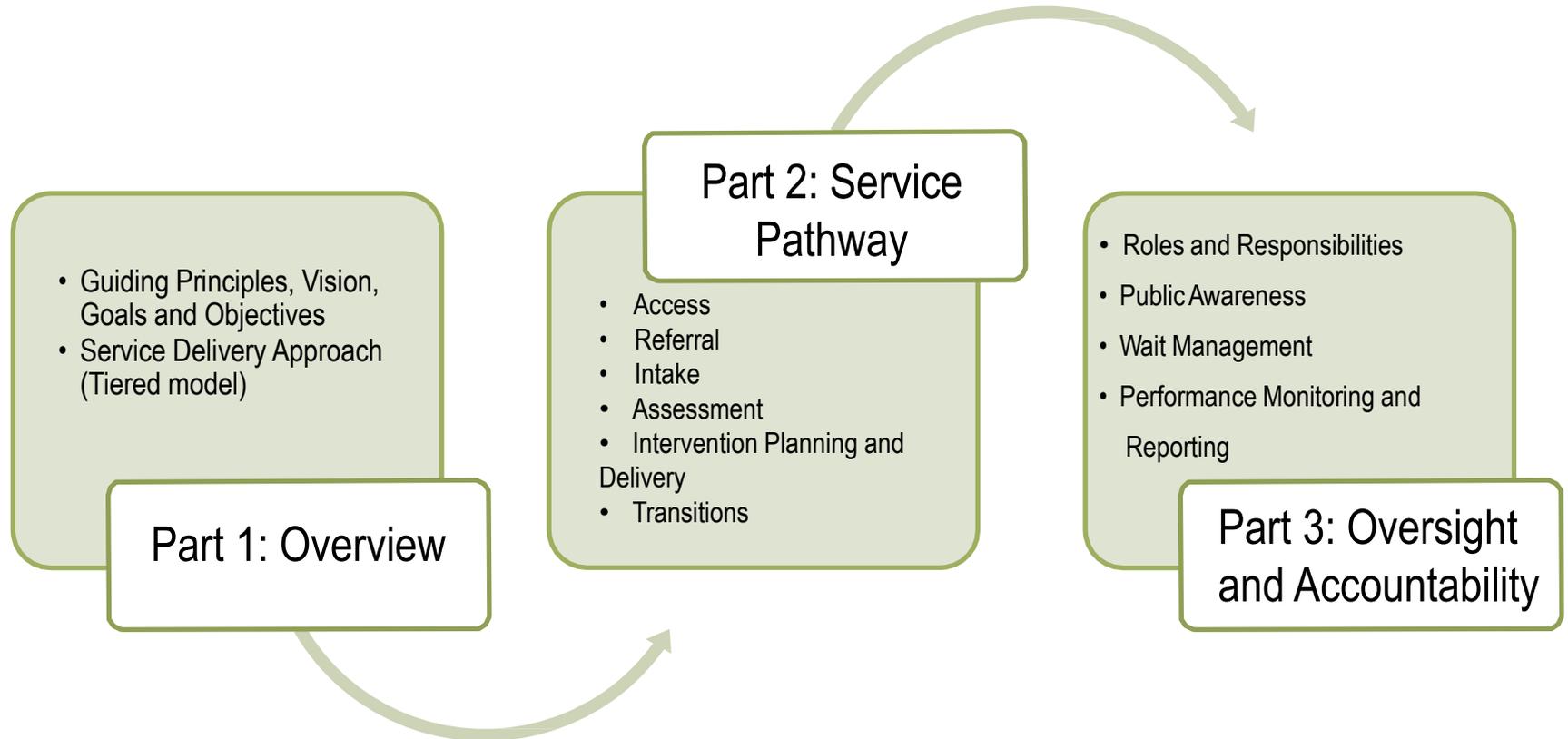
No wrong
door

Capacity
building

Evidence-
informed

Life course
approach

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Development of Program Guidelines

- Manitoba Children's Therapy Initiative
- Developmental health literature
- Ontario's P4C pilots
- Ontario's Evaluation of speech and Language demo sites
- Evaluation of Full-Day Kindergarten pilots

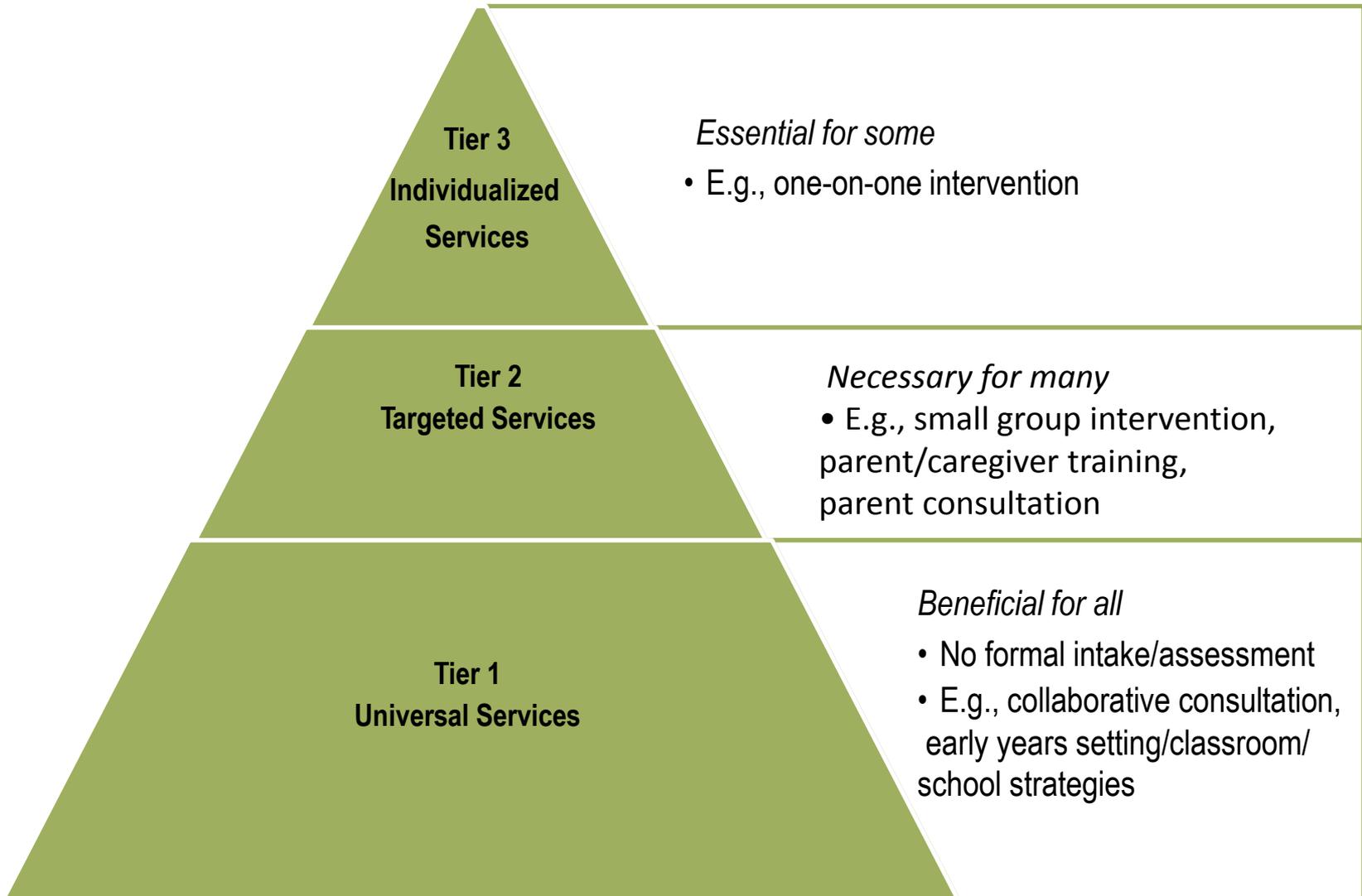


- Ontario Association of Speech-Language Pathologists and Audiologists
- Niagara's Children Centre
- London Health Sciences Centre
- CanChild Centre for Childhood Disability Research, McMaster University
- Markham Stouffville Hospital
- Grandview Children's Centre
- Peel District School Board
- Conseil scolaire catholique Franco-Nord

Highlights: An Integrated Approach

Implementation of a truly integrated model of rehabilitation services requires a paradigm shift from 1:1 intervention to a continuum of intervention based on need.

Highlights: Tiered Model



Highlights: Service Pathway



Service pathway that will enable families to experience components as a single, seamless program of rehabilitation services include having:

- Access to information about IR services and universal services
- Parents and/or self-referral through any partner agency door (i.e., including having concerns identified through Developmental Surveillance)
- Multiple points of access (i.e., a well-publicized toll-free phone number and electronic access)
- Common intake processes, including mechanisms for obtaining consent and development of the child's profile.
- “Warm transfer” processes to connect families with appropriate services (no gaps)
- Continuum of service delivery approaches based on the needs of the child/family
- Transition planning at key points involving service provider changes

Highlights: Service Pathway



- Families and youth will be able to access information about IR supports and services in their local communities through multiple access points and through a variety of means.
- Access to IR support and services, including universal services, will focus on capacity-building of parents/families, educators and/or community partners to support children's development.
- Parents and youth can self-refer for IR services through the toll-free phone number, electronically, or in-person through any partner agency door.
- Common intake processes that include mechanisms for obtaining consent, and collection of relevant information will be completed using a variety of means.

Highlights: Service Pathway



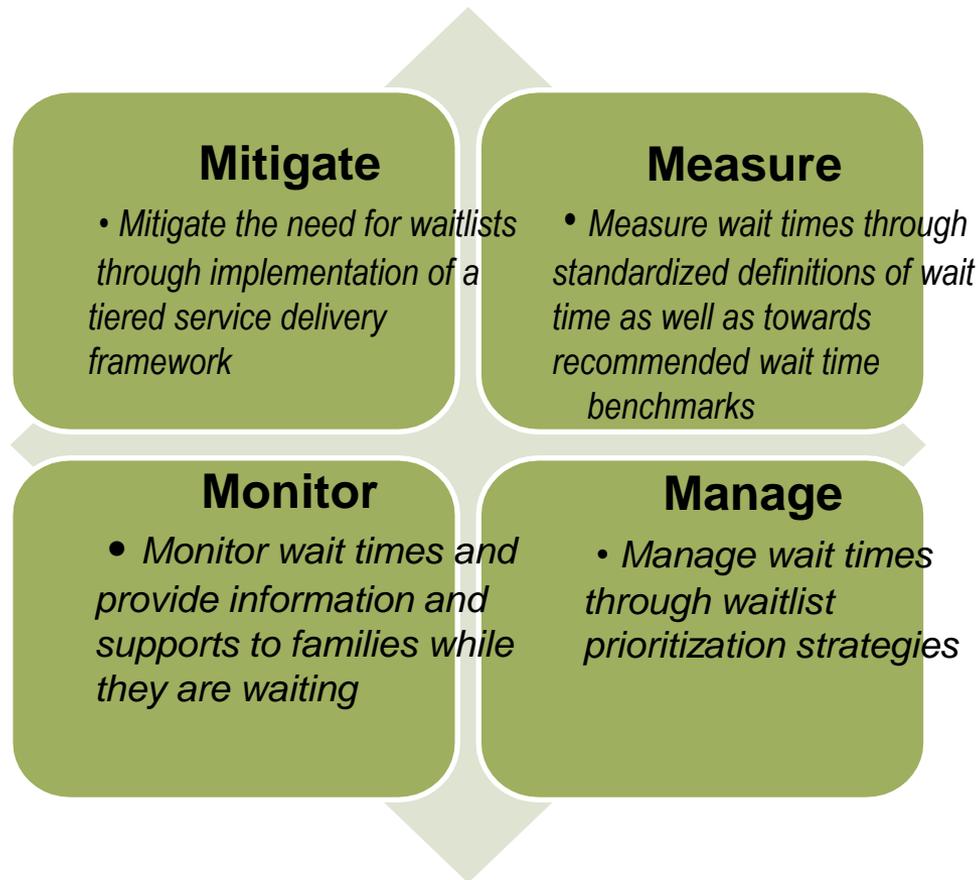
- When there is more than one rehabilitation provider, and with appropriate consent, providers will work together to ensure they are integrating practice and service delivery for children, families and youth.
- A service plan is completed with the family and shared amongst providers as per consent.
- A broad range of interventions within a tiered service delivery framework will be implemented, providing a continuum of services based on functional needs.
- For school-age children, all services (OT, PT, and SLP) will be provided in school, as much as possible.
- Service provider partners will work together to ensure an appropriate and family-centred transition.

Highlights: Roles and Responsibilities

Designated Steering Committee in each SDA

Community of Practice in each SDA

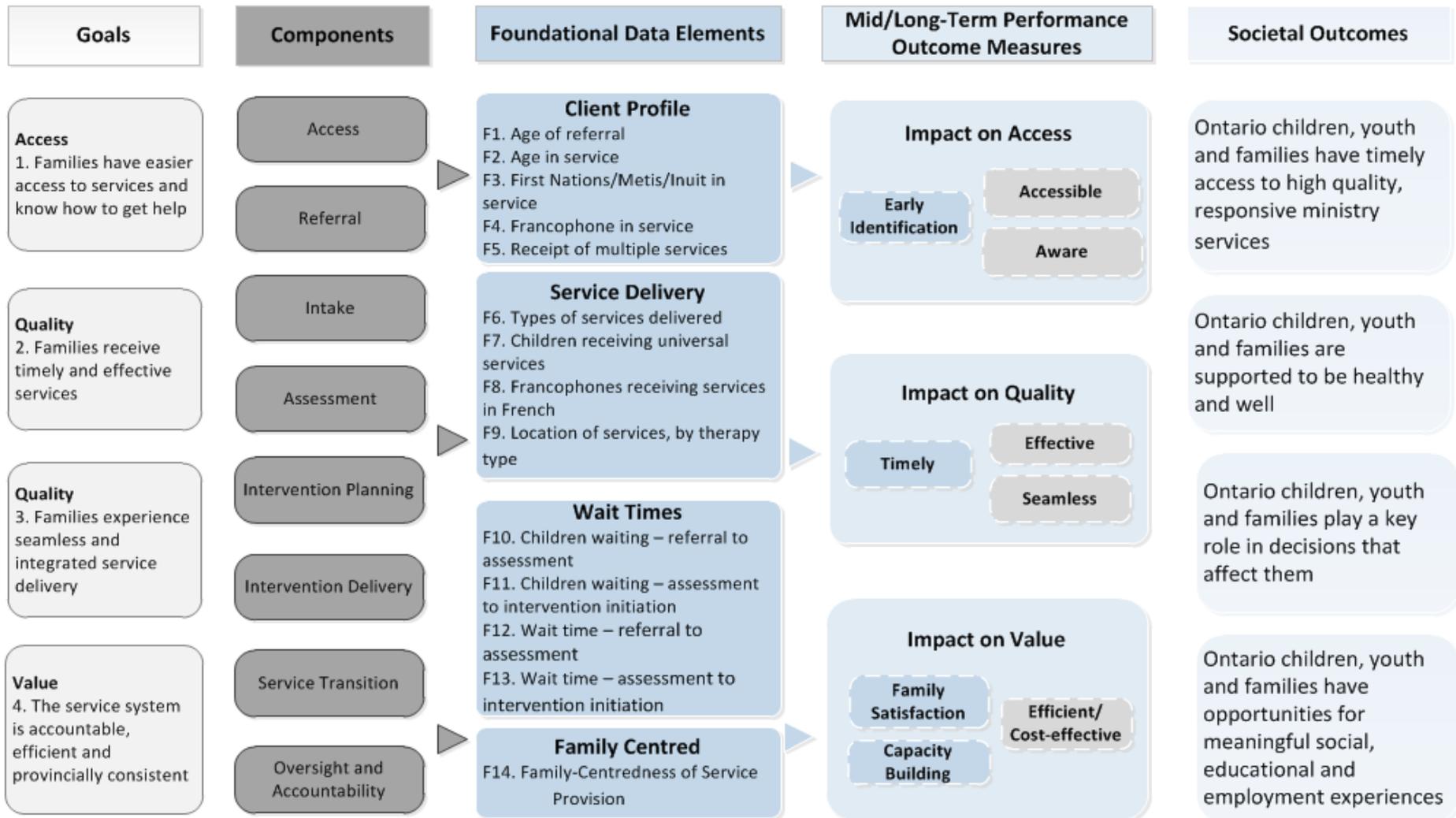
Highlights: Wait Management Approach



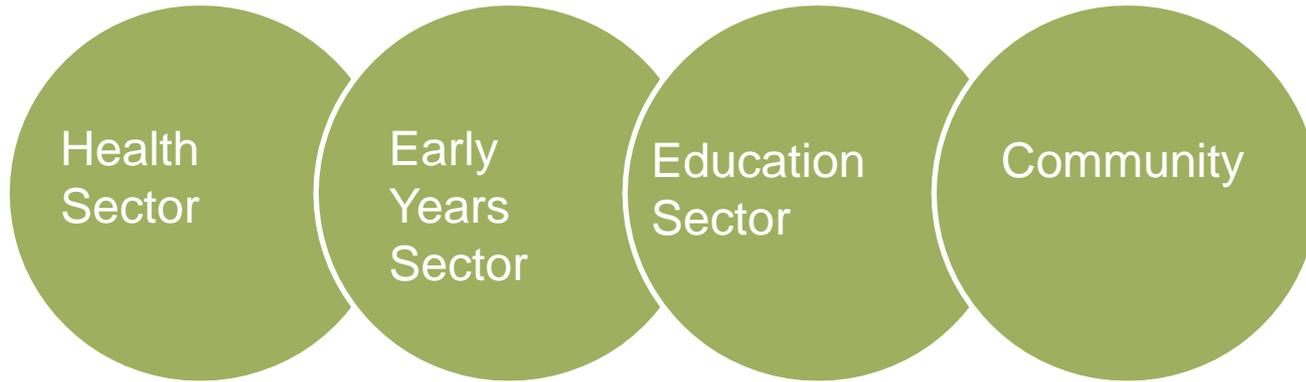
Outcome Measurement Framework

SNS-IR Vision

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.



Highlights: Public Awareness



Questions?

Refer to MCYS Website for more information