

Integrated Delivery of Rehabilitation Services:

Proposal Instructions and Template

Ontario's Special Needs Strategy for Children and Youth

September 2014

Ministry of Children and Youth Services

Ministry of Community and Social Services

Ministry of Education

Ministry of Health and Long-Term Care



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SECTION ONE: PROPOSAL DEVELOPMENT INSTRUCTIONS

PART 1A: DIRECTION FOR CHILDREN'S COMMUNITY AGENCIES, HEALTH SERVICE PROVIDERS AND DISTRICT SCHOOL BOARDS

Ontario's Special Needs Strategy marks the beginning of a new way of delivering services to children and youth with special needs and their families. The parameters outlined in this document and its companion document: *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards*, will require you to think, act and collaborate with one another differently.

The Special Needs Strategy places the needs of children and youth at the centre of all policy, program and service delivery decisions. As you move forward with developing, implementing and monitoring a new approach to the delivery of rehabilitation services you will be asked to:

- Place the needs of children, youth and their families ahead of individual organization priorities, needs and aspirations;
- Identify a recommended approach and, if that involves any funding policy and/or regulatory barriers, identify those for government consideration; and
- Build upon local partnerships and relationships but not be constrained by existing delegations of roles and responsibilities.

Your energy, dedication and expertise are critical to the success of this strategy. The ministries are committed to working together with you to make this strategy work, so children and youth with special needs can get the services they need, where and when they need them, and families' service experiences and outcomes can be improved.

PART 1B: INTRODUCTION

This guide sets out expectations for local proposals for the integrated delivery of rehabilitation services for speech-language therapy, occupational therapy and physiotherapy (hereafter “rehabilitation services”) for children and youth from birth to the end of school. Proposals should reflect the policy expectations stipulated in the September 2014 document: *Integrated Delivery of Rehabilitation Services: Guidelines for Children’s Community Agencies, Health Service Providers and District School Boards*.

Within the scope of this new approach to rehabilitation service delivery are the following:

- Speech-language therapy, occupational therapy and physiotherapy services provided by Children’s Treatment Centres;
- Preschool speech and language services provided by Preschool Speech and Language (PSL) Program lead agencies and PSL Program partner agencies;
- Speech-language therapy, occupational therapy and physiotherapy provided through Community Care Access Centres (CCACs) School Health Professional Services in public schools;
- Speech-language therapy, occupational therapy and physiotherapy provided through District School Boards (Public and Separate and French and English), School Authorities, Section 68 School Authorities and Section 23 Programs in Care, Treatment, Custody and/or Correctional Facilities; and
- Children’s Developmental Services community-based speech and language services.

Appendix 1 provides additional descriptions of the services above.

Agencies in addition to those mentioned above have significant roles to play in the delivery of rehabilitation services under the Special Needs Strategy and therefore may have a strong interest in participating in proposal development and submission. These may include:

- Aboriginal service providers/agencies;
- Infant Development Program agencies;
- Children’s mental health agencies;
- Early Literacy Specialists lead agencies;
- Infant Hearing Program and Blind-Low Vision Program lead agencies;
- Autism Intervention Program providers
- Applied Behaviour Analysis-based services and supports lead agencies; and
- Local Health Integration Networks.

At this stage of the Special Needs Strategy, changes to the delivery of the following services are out of scope for proposals to integrate the delivery of rehabilitation services:

- Federally-funded rehabilitation services delivered on First Nations' reserves;
- Special Needs Resourcing services;
- Hospital in-patient rehabilitation services;
- Home care rehabilitation services provided through funding to Community Care Access Centres;
- School Health Professional Services nursing services and supports;
- In-school rehabilitation service delivery for children and youth in private schools and/or home schooling;¹
- Rehabilitation services for adults;
- Publicly-funded physiotherapy clinic services;
- Acute care hospital-based services;
- Applied Behaviour Analysis-based services and supports;
- Autism Intervention Program (Intensive Behavioural Intervention); and
- Rehabilitation services to students attending Provincial and/or Demonstration Schools.

The following entities currently have a funded and/or contractual role with government for the provision of children's rehabilitation services and must be signatories on the service delivery area proposal:

- Preschool Speech and Language (PSL) Program lead agencies;
- Children's Treatment Centres;
- Community Care Access Centres; and
- District School Boards (Public and Separate and French and English).

The roles and responsibilities of the four agencies/entities above may change in order to meet the policy direction and achieve the future state of rehabilitation service delivery, as outlined in: *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards.*

Existing service agencies/entities (e.g. Preschool Speech and Language Program agency, Children's Treatment Centre, Community Care Access Centre, etc.) may elect to no longer be involved in service provision under the new approach (and possibly, therefore opt out of the

¹ Note that children and youth attending private schools and/or home schooling can access integrated rehabilitation services at a community location. In-school rehabilitation services remain out of scope (and therefore unchanged) for the Special Needs Strategy.

proposal development process). In these cases, the agency/entity's current funds for rehabilitation service delivery will be re-profiled to support the service delivery area's proposal for the integrated delivery of rehabilitation services. The ministries will not approve service agencies/entities opting out of the new approach in order to continue delivering services according to the status-quo/current approach, and/or service agencies/entities delivering services in parallel to the new approach.

PART 1C: REGIONAL INFORMATION SESSIONS

From October 2 to October 23, 2014 the ministries are hosting a series of regional information sessions across the province.

The following types of agencies have been invited to the regional information sessions:

- Autism Intervention Program Lead Agencies;
- Applied Behaviour Analysis-based services and supports Lead Agencies;
- Agencies funded to provide inter-agency service coordination;
- Children's Treatment Centres;
- Community Care Access Centres;
- Local Health Integration Networks;
- Preschool Speech and Language Program Lead Agencies; and
- District School Boards/School Authorities.

These types of agencies have been invited because they are expected, provincially, to sign the local submissions for coordinated service planning and/or the integrated delivery of rehabilitation services. Other agencies with a role in supporting children and youth with special needs are also encouraged to participate in their proposal development tables, which will be convened following the regional information sessions.

Regional Information Sessions are an initial step in the local proposal development process. Many agencies/entities not in attendance at the Regional Information Sessions will also be important partners in proposal development and should be included from the first stages of the community process.

Regional Information Sessions will:

1. Introduce participants to the:
 - a. *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards;*
 - b. *Integrated Delivery of Rehabilitation Services: Proposal Instructions and Template* (i.e. this document);
 - c. *Coordinated Service Planning: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards;* and
 - d. *Coordinated Service Planning: Proposal Instructions and Template*
2. Enable providers from the same service area to begin the process of determining proposal development table membership and roles and responsibilities.

Before the end of each Regional Information Session, providers will be asked to identify which agency/entity will convene the first meeting of their proposal development table and provide this information to the ministries.

PART 1D: PROPOSAL DEVELOPMENT TABLES

Agencies/entities in each service delivery area will be required to convene a proposal development table to develop one proposal for an integrated approach to the delivery of rehabilitation services in their area. Local proposal development processes are required to be inclusive and collaborative. Agencies are encouraged to use internal expertise in the preparation and completion of the proposal. Government funds may not be used to procure third-party expertise in the writing of the proposal.

Service Delivery Areas:

It is recognized that the introduction of the 34 service delivery area boundaries may involve District School Boards, health service providers and children's service agencies working with more than one proposal development table/service delivery area to develop proposals for integrated rehabilitation service delivery.

Table Membership:

Agencies/entities are encouraged to build on existing, effective planning tables (e.g. Best Start Networks) to develop proposals for an approach to integrate the delivery of rehabilitation services. Proposal development tables are also encouraged to include representation from local municipalities (i.e. Consolidated Municipal Service Managers, District Social Services Administration Boards). Additional table members should be determined based on the list of in- and out-of-scope programs/services/parties listed in Section 1, Part 1B of this document.

A chair or two co-chairs must be identified, with the knowledge that the agency/entity selected to convene the first meeting (as determined at the Regional Information Sessions) will not necessarily be the agency/entity selected as the chair for their local proposal development table.

Parent and Youth Engagement:

The ministries require that parents of children with rehabilitation service needs and youth with rehabilitation service needs will be engaged in the proposal development process. Parent and youth engagement will support proposal development table members in placing the needs of children, youth and their families first, and will ensure the proposals reflect the voice of parents/youth. Each service delivery area should determine how to best facilitate parent and youth engagement, input and feedback throughout the proposal development process. Options may include engaging parent/youth groups and associations, including parent and youth representatives at local proposal development tables, meeting with local District School Boards' Special Education Advisory Committee (SEACs), conducting focus groups with parents/youth, parent/youth testimonials, etc.

Engagement of Front-Line Professionals:

The ministries require that the regulated health professionals that currently deliver rehabilitation services to children and youth (e.g. speech language pathologists, occupational therapists, physiotherapists) will be engaged in the proposal development process. The role of these professionals is to help proposal development table members to place the needs of children, youth and their families first and to confirm the proposal's adherence to the core service elements outlined in the *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards*.

Engagement of front-line professionals should not be for the purpose of advocating for a particular model of governance and/or a specific role for existing provider agencies/entities. Each service delivery area should determine how to best facilitate engagement of front-line professionals during the proposal development process. Options may include engaging professional groups and associations, including front-line professional representatives at local proposal development tables, conducting focus groups with professionals, front-line professional testimonials, etc.

Checkpoints:

The ministries have established a series of checkpoints for service delivery areas during the proposal development process. Each checkpoint has an associated deliverable(s) that will allow the ministries to measure progress towards the submission of proposals which meet the expectations outlined in this document and the *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards*. Section 1, Part 1F: Proposal Development Timelines provides more details on these checkpoints.

PART 1E: ONE-TIME FUNDING TO SUPPORT PROPOSAL DEVELOPMENT

One-time funding in 2014-15 of up to \$40,000 per service delivery area is available to support local proposal development for a new approach to the delivery of rehabilitation services. For example, funds can be used to procure a facilitator for the table, backfill a table member occupying the chair role, support local engagement/capacity building (e.g. of front-line professionals) and/or procure a data and financial analytics specialist, etc. Funds may not be used to support the completion of the actual submission (i.e. to procure an external consultant or facilitator to write the proposal).

To request funding, proposal development tables must:

1. Complete the attached form (see Appendix 2) to submit a request for one-time funding that specifies the funding recipient on behalf of the table and the proposed use for the funds (by November 19, 2014); and
2. Provide a list of the proposal table members and chair(s) and indicate their agreement with the one-time funding request (see Appendix 2).

Similar to the processes undertaken for Best Start Network planning funding and Community Action Research proposals, proposal development tables are expected to collaboratively determine at the initial proposal development meeting which agency/entity will be the one-time funding recipient for the table.

The agency/entity responsible for convening the first planning meeting (as determined at the Regional Information Session), the chair(s) of the proposal development table and the funding recipient on behalf of the table may be the same or different, according to the consensus of the proposal development table.

PART 1F: PROPOSAL DEVELOPMENT TIMELINES

The ministries have established a series of checkpoints for communities during the proposal development process. Each checkpoint has an associated deliverable(s) that will allow the ministries and proposal development tables to measure progress towards the submission of proposals which meet the expectations outlined in this document and the *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards*. The ministries are committed to working with communities that do not meet the deliverables of a particular checkpoint to address local barriers and challenges. The ministries may implement a separate selection process (e.g. an application process or appointment) from the one outlined in this document with any service delivery area, if agencies/entities are unable to meet the deliverables below.

Date	Event	Associated Deliverables
October 2 to October 23, 2014	Regional Information Sessions	Agency responsible for calling first meeting of the proposal development table identified
By November 19, 2014	Ministries Checkpoint #1	Table membership and chair(s) confirmed One time grant request submitted to Ministry of Children and Youth Services
By December 5, 2014	Ministries Checkpoint #2	Provincial meeting with the ministries and the local proposal development table chairs/co-chairs
By January 16, 2015	Ministries Checkpoint #3	Meetings with ministries and local proposal development tables Identification to ministries of possible barriers related to current funding sources, policy and/or regulatory requirements
By February 6, 2015	Ministries Checkpoint #4	Meetings with ministries and chairs/co-chairs of local proposal development tables
By March 27, 2015	Ministries Checkpoint #5	Meetings with ministries and local proposal development tables

Date	Event	Associated Deliverables
By June 1, 2015	Ministries Checkpoint #6	Proposal submitted to ministries
By June 30, 2015	Ministries Checkpoint #7	Ministries' initial feedback on proposal
By July 21, 2015	N/A	Ministries' approval of proposal
By January 2016	Implementation begins	On the ground service delivery begins
By March 31, 2016	Ministries Checkpoint #8	Implementation progress report
By June 30, 2016	Ministries Checkpoint #9	Implementation progress report

PART 1G: RESOURCE MATERIALS FOR PROPOSAL DEVELOPMENT

The ministries have established an information portal to support the development of local proposals. The portal will be updated throughout the proposal development process to respond to requests for information and materials and to share strategies and approaches that could be used across service delivery areas.

The information portal can be accessed at <http://specialneedsstrategy.children.gov.on.ca> or by following the instructions in Appendix 3. Resources on the portal include:

General Information:

- Demographics and maps for the 34 service delivery areas
- Ontario Municipal Social Services Sector Guides for Accessible Community Engagement

Advice to Government:

- Report by Deloitte, entitled: Evaluation of Speech and Language Demonstration Sites: Final Report
- Review of School Health Support Services, Final Report
- Report on the review of the Ontario Association of Children's Rehabilitation Services (OACRS) full-day kindergarten pilots (expected October 2014)
- Services for Children and Youth with Special Needs in Ontario, and their Families: Opportunities for Improving their Experiences and Outcomes (Advice to Minister Piruzza, Minister of Children and Youth Services from the Honourable Tracy MacCharles, Minister of Consumer Services and former Parliamentary Assistant to the Minister of Children and Youth Services)

Community Action Research Summary Papers:

- Summary papers based on Community Action Research, including information on effective community planning strategies, addressing barriers to integration, achieving seamless service delivery and access/intake models

Resources on Integrating Rehabilitation Services:

- Summary paper on promising practices for consolidating speech services and language services

- Partnering for Change: An Innovative School-Based Occupational Therapy Service Delivery Model for Children with Developmental Coordination Disorder

At any point during the proposal development process, questions on the Special Needs Strategy can be sent to specialneedsstrategy@ontario.ca or strategiebesoinsparticuliers@ontario.ca for a response from the ministries. Questions specific to the development of local proposals can also be sent to the following individuals:

- Claire MacLean, Senior Program Consultant, Ministry of Children and Youth Services, Claire.MacLean@ontario.ca, 416-327-7408
- Helen Cooper, Manager, Ministry of Community and Social Services, Helen.Cooper@ontario.ca, 416-325-8202
- Christine Riedel, Education Officer, Ministry of Education, Christine.Riedel@ontario.ca, 416-314-8454
- Elisa Diaz-Martinez, Senior Policy Advisor, Ministry of Health and Long-Term Care, Elisa.Diaz-Martinez@ontario.ca, 416-326-6694

The Ministry of Children and Youth Services (MCYS) website is another source for information on the Special Needs Strategy and can be accessed at www.children.gov.on.ca

PART 1H: FINANCIAL AND SERVICE CONSIDERATIONS FOR THE INTEGRATED DELIVERY OF REHABILITATION SERVICES

If proposals put forward approaches that need policy or regulatory changes, the ministries will consider opportunities to address these barriers in order to support service delivery areas to implement their ideal approaches. The ministries may consider the realignment of funds as necessary to support seamless service delivery. Any such proposals are subject to the review and approval of the ministries.

As no additional funding for rehabilitation services is being provided through the Special Needs Strategy for the 34 service delivery areas at this time, proposals will not be approved by the ministries if they are dependent on new funding, including new funding for infrastructure needs. Proposals which describe repurposing existing rehabilitation service funding will be considered by the ministries.

Existing service agencies/entities (e.g. Preschool Speech and Language Program agency, Children's Treatment Centre, Community Care Access Centre, etc.) may elect to no longer be involved in service provision under the new approach (and possibly, therefore opt out of the proposal development process). In these cases, the agency/entity's current funds for rehabilitation service delivery will be re-profiled to support the service delivery area's proposal for the integrated delivery of rehabilitation services. The ministries will not approve service agencies/entities opting out of the new approach in order to continue delivering services according to the status-quo/current approach, and/or service agencies/entities delivering services in parallel to the new approach.

PART 1I: TEMPLATE COMPLETION INSTRUCTIONS

The purpose of the submission is to demonstrate how your service delivery area proposes to deliver rehabilitation services that are:

- Experienced by children, youth and their families as a single, seamless program of care;
- Easily accessible;
- Delivered in the school setting whenever possible for school-aged children;
- Of high quality, based on evidence-informed practices and the expertise of regulated health professionals;
- Sensitive and responsive to the needs and strengths of individual children and youth and their families; and
- Focused on optimizing child/youth outcomes.

Each service delivery area is expected to submit **ONE** completed template for the integrated delivery of rehabilitation services. Multiple submissions from the same service delivery area will not be accepted.

The template is provided in Section 2 of this document and should not be changed for the purpose of individual proposals. Responses should be as specific and concise as possible. Proposals should not exceed 35 pages (single spaced, 12 point font) including attachments (excluding the declarations pages in section H). Proposal development tables can attach a list of additional documentation available to support their submission and the ministries will request these documents as necessary.

Note that, even after a proposal development table has submitted a completed proposal which meets the requirements outlined, the ministries may continue discussions, verify information and request revisions to the proposal. As indicated in Section 1, Part 1F, the ministries may engage in a separate process for implementing the delivery of integrated rehabilitation services in a given service delivery area. The ministries will remain committed to working with local communities to ensure that the vision laid out in the Special Needs Strategy is achieved in a way that supports local community demographics, needs and strengths.

SECTION TWO: PROPOSAL DEVELOPMENT TEMPLATE

PART 2B: VISION

This section provides information on your service delivery area's vision for the integrated delivery of rehabilitation services.

B1) Describe how your service delivery area envisions delivering rehabilitation services that are:

1. Experienced by children, youth and their families as a single, seamless program of care;
2. Easily accessible;
3. Delivered in the school setting whenever possible for school-aged children;
4. Of high quality, based on evidence-informed practices and the expertise of regulated health professionals;
5. Sensitive and responsive to the needs and strengths of individual children and youth and their families; and
6. Focused on optimizing child/youth outcomes. (300 word limit)

PART 2C: FUTURE STATE

This section provides information on the proposed approach for integrating the delivery of rehabilitation services across the service delivery area.

System Governance

C1) Describe the proposed governance model for integrated rehabilitation services across the service delivery area, including the roles/responsibilities of all noted agencies/entities. Please provide a visual of the proposed governance model. (250 word limit)

Direct Service Delivery

C2) Describe how speech-language therapy services will be delivered to children and youth from birth to the end of school including details on: (350 word limit)

- Age range of children and youth: birth to the end of school
- Severity of need: from mild to severe/significant
- Type of need: different diagnoses, speech and language profiles
- Type of service provided: for example, educator consultation, parent training, etc.
- Service locations: community, school, others

C3) Describe the roles and responsibilities of agencies/entities for the speech-language therapy services above as well as projected service targets (i.e. number of children/youth served per year). Tables or visuals may be used. (250 word limit)

C4) Describe how occupational therapy services will be delivered to children and youth from birth to the end of school including details on: (350 word limit)

- Age range of children and youth: birth to the end of school
- Severity of need: from mild to severe/significant
- Type of need: different diagnoses, speech and language profiles
- Type of service provided: for example, educator consultation, parent training, etc.
- Service locations: community, school, others

C5) Describe the roles and responsibilities of agencies/entities for the occupational therapy services above as well as projected service targets (i.e. number of children/youth served per year). Tables or visuals may be used. (250 word limit)

C6) Describe how physiotherapy services will be delivered to children and youth from birth to the end of school including details on: (350 word limit)

- Age range of children and youth: birth to the end of school
- Severity of need: from mild to severe/significant
- Type of need: different diagnoses, speech and language profiles
- Type of service provided: for example, educator consultation, parent training, etc.
- Service locations: community, school, others

C7) Describe the roles and responsibilities of agencies/entities for the physiotherapy services above as well as projected service targets (i.e. number of children/youth served per year). Tables or visuals may be used. (250 word limit)

Supports for Service Delivery

C8) Which agencies/entities will be involved in supporting intake for rehabilitation services across the service delivery area? Describe each agency/entity's specific responsibilities (e.g. dedicated staffing resources, governance for the service delivery area).

Agency/Entity	Responsibilities

C9) Which agencies/entities will be involved in supporting a single waitlist for speech-language therapy, occupational therapy and physiotherapy respectively, across the service delivery area? Describe each agency/entity's specific responsibilities (e.g. dedicated staffing resources, governance for the service delivery area, applicable rehabilitation service(s)).

Agency/Entity	Responsibilities

C10) Which agencies/entities will be involved in supporting data collection, storage and/or management for rehabilitation services across the service delivery area? Describe each agency/entity's specific responsibilities (e.g. dedicated staffing resources, governance for the service delivery area).

Agency/Entity	Responsibilities

C11) Describe the proposed process to be followed by the service delivery area for complaints management related to the integrated delivery of rehabilitation services. (150 word limit)

PART 2D: ACHIEVING OBJECTIVES

This section provides information on how the proposed approach to the delivery of rehabilitation services will meet the service requirements and core service elements outlined in the *Integrated Delivery of Rehabilitation Services: Directions for Children’s Community Agencies, Health Service Providers and District School Boards*.

Pathway to Service

D1) Provide the model of the proposed intake pathway, including how referrals from parents, primary care, community-based agencies/providers and the education sector will be managed. (250 word limit or provide a diagram)

D2) Describe a strategy for facilitating public awareness of the availability of rehabilitation services and encouraging referrals for appropriate children and youth from the range of sources listed above (e.g. parents, primary care, education sector). (150 word limit)

D3) How will the service delivery area transition to a common intake for rehabilitation services, including a single toll-free phone number and electronic (i.e. email, website) access for intake? (250 word limit)

D4) Describe how the service delivery area will actively promote awareness of the importance and availability of rehabilitation services among parents, professionals (including educators) and caregivers. (150 word limit)

Service Provision

D5) How will the proposed model deliver a continuum of intake→assessment→service planning→treatment→discharge services to children and youth and their families? (250 word limit)

D6) How will decisions be made regarding the type (e.g. one-on-one, classroom consultation, parent training), intensity and duration of intervention provided to individual children and youth with identified rehabilitation service needs? (250 word limit)

D7) How will a child/youth's rehabilitation service goals and supports be aligned with his/her education needs? (250 word limit)

D8) Describe the early intervention strategy for rehabilitation services, including the provision of parent training, education and coaching? (150 word limit)

D9) Describe how rehabilitation service providers will use a holistic view of the child/youth, encompassing their needs/strengths in the home, community and school (for school-aged children and youth) contexts, when providing services. (150 word limit)

D10) How will parents of school-aged children and youth be engaged in their child/youth’s rehabilitation service provision and supported to meet their child/youth’s developmental and rehabilitation service needs? (150 word limit)

D11) Describe how rehabilitation service professionals will communicate and collaborate with the range of professionals/paraprofessionals serving a child/youth (e.g. primary care practitioners, autism providers, educators), and participate in the child/youth’s coordinated service planning processes. (150 word limit)

Service Location

D12) Provide a map of service delivery locations for preschool and school-aged children. How will this approach provide convenient and easy service access for children and youth and their families? How will this approach ensure that whenever possible, school-aged children access rehabilitation services in the school setting? Please provide a map including locations of agencies and schools. (250 word limit)

Transitions

D13) How does the proposed approach ensure a continuity of seamless services for children and youth across transition points (e.g. entry into school, transition between schools, entry into high school, summer breaks between school years)? (250 word limit)

D14) Describe how rehabilitation service information for a child/youth will be shared across relevant providers and professionals (including those in the education, health and community sectors) in the service delivery area. Discuss addressing any real and/or perceived barriers related to privacy, obtaining consent, etc. (250 word limit)

Waitlists

D15) How will single waitlists for speech-language therapy, occupational therapy and physiotherapy services respectively, be implemented and maintained across the service delivery area? (250 word limit)

D16) Describe the waitlist management approach for the service delivery area. (150 word limit)

PART 2E: DIVERSE POPULATIONS

This section provides information on how the proposed approach to the delivery of rehabilitation services reflects and supports the needs of children and youth and their families, including those from diverse populations.

E1) How does the proposal address the needs of the various cultural, socio-economic and linguistic populations of children and youth and their families within your service area? (300 word limit)

E2) How does the proposal address the needs of children and youth and their families in all the geographic areas within your service area? (150 word limit)

E3) Describe how Aboriginal service provider agencies were engaged in the development of this proposal. (150 word limit)

E4) Describe how parents were engaged in the development of this proposal. Where applicable, indicate the type of activity used to engage families, the purpose of the activity and the number of participants. (150 word limit)

E5) Describe how youth were engaged in the development of this proposal. Where applicable, indicate the type of activity used to engage youth, the purpose of the activity and the number of participants. (150 word limit)

E6) Describe how front-line rehabilitation service professionals were engaged in the development of this proposal. Where applicable, indicate the type of activity used to engage the professionals, the purpose of the activity and the number of participants. (150 word limit)

E7) How will the unique needs of Aboriginal children and youth and their families be met under the proposed service delivery model? (150 word limit)

E8) Does the *French Language Services Act* (FLSA) apply to agencies/entities delivering rehabilitation services under the proposal?

Yes/No

E9) If the *French Language Services Act* (FLSA) applies, indicate how agencies/entities will meet the requirements of the FLSA when delivering integrated rehabilitation services? (150 word limit)

E10) Regardless of whether the *French Language Services Act* (FLSA) applies, how will services be delivered to Francophone children and youth and their families under the proposed service delivery model? (150 word limit)

PART 2F: IMPLEMENTATION PLAN

F1) Provide a timeline of key dates and milestones for implementation of your proposal, specifying the lead/responsible agency/entity whenever appropriate. (150 word limit or provide a visual)

F2) List the possible risks, mitigating strategies and assumptions made, for the implementation of this proposal. (250 word limit)

Anticipated Risk	Mitigating Strategies	Assumptions Made

F3) Identify barriers to implementing the proposed model related to existing funding sources, policy and/or regulatory requirements. (250 word limit)

F4) Describe how the transition to the proposed approach will minimize service disruptions for children and youth currently receiving rehabilitation services. (150 word limit)

PART 2G: EXISTING CAPACITY PROFILE

This section provides information on the current resources for rehabilitation service delivery across the service area.

G1) Overview of Existing Child/Youth Rehabilitation Services: Financial Environmental Scan

- Add rows as needed

Name of Agency/School Providing Services	Program/Service Name (e.g. from Service Description Schedule)	Funding Source (MCYS, MCSS, MEDU, MOHLTC, Other)	Funding Allocation 2013-14
TOTAL:			

NOTE: Where the information requested is not available, indicate the reason why.

G2) Overview of Existing Child/Youth Rehabilitation Services: Service Delivery Environmental Scan

- Add rows as needed

Name of Agency/School Providing Services	Program/Service Name (e.g. from Service Description Schedule)	Number of Children/Youth Served Annually	Number of Children/Youth Waiting for Services

NOTE: Where the information requested is not available, indicate the reason why

PART 2H: DECLARATIONS

Each of the following agencies/entities in the service delivery area must submit a completed declaration form with the submission:

- Preschool Speech and Language Program lead agency(ies)
- District School Boards (Public and Separate and English and French)
- Children's Treatment Centre(s)
- Community Care Access Centre(s)

To be completed by each mandatory member of the proposal development table, at minimum.

I hereby confirm that the content of this proposal has been read and agreed upon by myself as a member of the proposal development table.

On behalf of, and with the authority of the corporation, I:

- 1 Confirm that the information supplied in this proposal is correct and complete;
- 2 Consent to the disclosure, on a confidential basis, of the information contained in this proposal by the ministries to those individuals or organizations that the ministries determine are necessary for the purposes of reviewing the proposal;
- 3 Consent to the ministries verifying the information that we provided in this proposal, at the ministries' discretion, by contacting our corporation directly and/or by contacting any other individuals or organizations that may have the necessary information, and/or through on-site verification; and
- 4 Will take such steps as may be needed to authorize such third parties to disclose to the ministries information as may be required for the purposes set out above.

Signature
(I have the authority to bind the corporation)

Witness

Print Name

Print Name

Title

Title

Affiliated Agency/Organization

Date

SECTION THREE: APPENDICES

APPENDIX 1: DESCRIPTION OF EXISTING REHABILITATION SERVICES

Speech-language therapy, occupational therapy and physiotherapy services provided by Children's Treatment Centres

- Children's Treatment Centres (CTCs) provide rehabilitation services to children and youth, up to 19 years of age, with physical and/or developmental disabilities, chronic illness and/or communication disorders.
- Children and youth receiving CTC core rehabilitation services may have moderate or severe disabilities or multiple special needs, including cerebral palsy, neurological disorders, muscular dystrophy, spina bifida, brain injuries, Down syndrome, pervasive developmental disorders and/or Autism Spectrum Disorder.
- CTCs provide core rehabilitation services including physiotherapy, occupational therapy and speech-language therapy. A variety of other services and clinics are offered depending on local needs and the mix of other providers in each community.

Preschool speech and language services provided by Preschool Speech and Language (PSL) Program lead agencies and PSL Program partner agencies

- PSL provides services that identify children with speech and language disorders as early as possible and provides these children with services to enable them to develop communication and early literacy skills so they are ready to start school.
- Services are delivered through 31 regions, each of which has a single lead agency. These agencies were selected through a local community process when the program was first introduced in 1996. The Ministry of Children and Youth Services holds transfer payment agreements with each of these 31 lead agencies.
- When PSL was introduced in 1996, it built upon existing speech and language services for young children, most of which were in hospitals. The new funding allocations for each of the 31 regions were based on district environmental scans of these existing services as well as local preschool child population figures.
- In 2004, when PSL was transferred from the Ministry of Health and Long-Term Care (MOHLTC) to the Ministry of Children and Youth Services (MCYS), only the post-1996 funds were transferred. The pre-1996 funding remained at MOHLTC with the understanding that it could be used only for PSL (i.e. that it was "protected"), and that it could be transferred to MCYS at a later date.
- Lead agencies work together with partner agencies and entities to deliver the program. In any given area of the province, public health units, children's treatment centres, children's service agencies, community service agencies and hospitals can be involved in the delivery of the PSL program. All of these agencies are expected to work together to provide PSL services in accordance with MCYS' expectations and guidelines, regardless of their respective agency funding source(s).

- PSL serves children with a range of diagnoses and delays, including those children with complex special needs, perhaps associated with Autism Spectrum Disorder or a global developmental delay, and those with delays specific to their communication skills.
- Services include assessment and a range of age and disorder-appropriate interventions, including one-on-one therapy with a speech language pathologist, group therapy, consultation to child care providers and other professionals, and parent training/education.

Speech-language therapy, occupational therapy and physiotherapy provided through Community Care Access Centres (CCACs) School Health Professional Services in public schools

- School Health Professional Services
 - School Health Professional Services (SHPS) are provided to children and youth in publicly funded schools (i.e. public and separate schools) and private schools, as well as to children and youth who are being home schooled, to assist them in pursuing their education. The student must require the services in order to be able to attend school, participate in school routines and receive instruction, or to receive satisfactory instruction at home. SHPS under the scope of the integrated delivery of rehabilitation services include three professional services provided to children and youth in publicly funded schools: occupational therapy, speech-language pathology and physiotherapy.
 - Medical supplies, dressings and treatment equipment necessary for the professional to provide these services are also included, as well as the training of school personnel to provide these services.
 - SHPS are currently regulated under the *Home Care and Community Services Act, 1994*, (“HCCSA”) and Ontario Regulation 386/99 (“Reg. 386/99”).
 - Subsection 5 (2) of Reg. 386/99 under the HCCSA provides that to be eligible for SHPS, the following eligibility criteria must be met:
 - The child/youth must have a valid Ontario health card;
 - The child/youth must be enrolled as a pupil in a public or private school or be home schooled;
 - The child/youth must require the services in order to attend school, participate in school routines and receive instruction, or receive home schooling;
 - The school or home must have the physical features necessary to enable the services to be provided; and
 - The risk of serious physical harm to the service provider must not be significant or reasonable steps can be taken to reduce the risk.
 - The maximum amount of SHPS for a person who is being home schooled is six hours a day, five days a week.

Speech-language therapy, occupational therapy and physiotherapy provided through District School Boards (Public and Separate and French and English) including Section 68 School Authorities and Section 23 Programs in Care, Treatment, Custody and/or Correctional Facilities

- District School Board programs and services related to rehabilitation services (speech-language pathology, occupational therapy, physiotherapy)
 - District School Boards vary with respect to supports related to speech and language pathology, occupational therapy and physical therapy and the needs of students. Some District School Boards provide a variety of rehabilitation supports based on local program and service delivery needs.
 - The Ministry of Education does not specifically fund rehabilitation services and does not direct boards to hire staff in these areas.
 - District School Boards receive funding for professional services as part of their overall grants. District School Boards independently determine how to allocate their resources given their local needs.

Children’s Developmental Services community-based speech and language services

- Children’s Speech and Language Services
 - Professional, clinical speech and language services for children and youth up to the age of 18 years with a developmental disability as defined by the Child and Family Services Act.
 - Services assist families in developing ways to successfully adapt to the communication needs of children with an identified speech and language need.
 - A personal Plan of Care is developed based on the principles of person centred planning, self-determination and choice and services are reflective of this Plan.
 - Services will be sensitive to the social, linguistic, and cultural diversity of families.

APPENDIX 3: SPECIAL NEEDS STRATEGY WEB PORTAL

You can access the Special Needs Strategy web portal at:
<http://specialneedsstrategy.children.gov.on.ca>.

How do I register to use the site?

- The first time you go to the site you will be asked to register. Complete the form on this page and click on [Submit] at the bottom of the page.
- You will receive a username and password with additional login instructions once your registration request has been processed.

LOGIN or register by completing the form below.

*(denotes required field)

Name: *

E-Mail Address: *

E-Mail Address again: *

Please enter your E-mail Address a second time.

Region *

Service Sector (e.g. school, mental health, child care, recreation, etc)

Service role (e.g. frontline, administrator, planner, researcher, manager, etc)



CAPTCHA Code: *

How do I login to the site?

- You will receive a username, password and login address once your registration request has been processed.
- Enter your username and password at the login screen to access the site.

How do I change my password?

- At the bottom of the menu click, 'Administration'. From this page you can link to your user profile where you can change or add information about yourself and update your password.

 **Profile**

Personal Options

Admin Color Scheme

 Blue

 Gray

Show Admin Bar

when viewing site

in dashboard

Name

Username

First Name

Last Name

New Password *If you would like to change the password type a new one. Otherwise leave this blank.*

Type your new password again.

Hint: The password should be at least seven characters long. To make it stronger, use upper and lower case letters, numbers and symbols like ! " ? \$ % ^ &).

What if I forget my password?

- If you forget your password, go to the login screen and enter your username. Click [Lost Your Password?] and a new temporary password will be emailed to the account you used to register.

How do I switch the language of the site?

- You can choose your language from the menu on the left hand side.
- You can also indicate your preferred language in your profile. To go to your profile, click 'Administration' at the bottom of the menu then follow the instructions.