Key Messages

- As a follow-up to interministerial communications released on March 9, 2017 regarding next steps for the integrated delivery of rehabilitation services (IR), the ministries of Children and Youth Services (MCYS), Education (EDU) and Health and Long-Term Care (MOHLTC) held a teleconference for IR Steering Committee Chairs and Co-Chairs to outline expectations and timelines for the next phase of finalizing proposals and implementation planning to transition to new service delivery models in each service delivery area.

- This multi-ministry initiative to integrate rehabilitation services is transformative and complex, and is focused on the implementation of a child- and family-centred service delivery system in which children, youth and their families will receive seamless, efficient and continuous rehabilitation services from birth to the end of school.

- In early 2016, the ministries provided feedback to proposal development tables on their local proposals for integrating rehabilitation services in each of 34 service delivery areas (SDAs) to improve family service experience and outcomes for children and youth with special needs.

- Since SDAs submitted initial proposals, the service landscape has changed and evolved as a result of a number of provincial policy initiatives:

  - In May 2016, PPM 159: Collaborative Professionalism was introduced by the Ministry of Education. PPM 159 provides direction to district school boards to establish a mechanism to “foster consultation, collaboration and communication” with federation and other union locals and associations for the implementation of new and existing initiatives;
  - In June 2016, the government released draft Program Guidelines for the Integrated Delivery of Rehabilitation Services to provide further direction and provincial guidelines related to the core professional service requirements for the Special Needs Strategy; and
  - In December 2016, the Patients First Act, 2016 was enacted, which will result in improved integration of services, and the transition of home and community care services from Community Care Access Centres (CCACs) to the Local Health Integration Networks (LHINs).

- The ministries will now continue to work with newly-formed Steering Committees composed of decision-makers from Children’s Treatment Centres (CTCs), Preschool Speech and Language (PSL) Lead Agencies, district school boards (DSBs), and CCACs/LHINs in each community to build on their initial proposals to move toward final proposals and develop local implementation plans.

- In order for all partners to effectively participate in the final proposal development and implementation planning process, Steering Committees will engage in consultations with all local partners, including front-line service providers such as those currently sub-contracted through CCACs, as well as teacher federations/ education workers’ unions (as defined in
PPM 159) and other stakeholders as they develop final proposals for approval by the ministries.

- The purpose of this engagement is to allow for meaningful collaboration, to explore opportunities and interest for involvement, and leverage existing service capacity within the community as Steering Committees develop final proposals for approval by the ministries. This engagement will help Steering Committees understand the legislative, regulatory and collective agreement elements that must be addressed in final proposal development and implementation planning.

  - For example, in the March 9, 2017 multi-ministry memo, direction was provided that 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. All DSBs will need to review initial proposals to ensure they align with DSB existing commitments under PPM 149.

- Final proposals require the approval of decision-makers from CTCs, PSL Lead Agencies, DSBs and LHINs for submission to the ministries.

- The ministries appreciate your continued commitment and partnership as we work together to improve services for children and youth with rehabilitation needs.
Questions and Answers

STEERING COMMITTEES AND ENGAGEMENT:

Q1. What are Steering Committees and who should be on them?
A1. Steering Committees will provide oversight, support and guidance for service delivery area (SDA) activities, including final proposal development and implementation planning. Steering Committees will lead the process for transitioning to new service models and determine the composition of service providers best suited to deliver an integrated model of service delivery as outlined in the core service requirements and the draft Program Guidelines for the Integrated Delivery of Rehabilitation Services.

Steering Committees should consist of senior management representatives with decision-making authority from the service provider agencies and/or district school boards (DSBs) currently responsible for rehabilitation services, specifically speech and language pathology (SLP), physiotherapy (PT), and occupational therapy (OT) in each SDA. These representatives include Children’s Treatment Centre (CTC) Chief Executive Officers, Superintendents of Special Education or assigned senior decision-makers, Preschool Speech and Language (PSL) Lead Agency Executive Directors, and Local Health Integration Network (LHIN) Chief Executive Officers.

While other local partners may be members on the Steering Committee at its discretion, mandatory signatories on final proposals and implementation plans will continue to be CTCs, PSL Lead Agencies, DSBs and LHINs.

Once final proposals have been approved by the ministries, Steering Committees will be expected to lead implementation planning in their SDA, including identification and implementation of transition activities required to move to the composition of service providers best suited to deliver an integrated model of service delivery in the SDA.

Q2. Who should represent District School Boards on Steering Committees?
A2. DSBs received a memo from the Ministry of Education (MEDU) on March 20, 2017 providing direction for Superintendents of Special Education and/or other senior board leaders as to their role on Steering Committees. Additional information about their role and responsibilities was provided along with checklists to guide them through the proposal finalization and implementation planning process. If, after reviewing the memo and checklists, their role is still unclear, Superintendents of Special Education are encouraged to contact their MEDU Field Services Branch Regional Office Lead with responsibilities for Special Education for further clarification.

Q3. What does “engagement” with stakeholders mean?
A3. The ministries will be looking for evidence in the final proposals that Steering Committees have engaged in consultations with local partners, DSBs, PSL lead agencies, CTCs, CCACs/LHINs, Indigenous partners, families, existing service providers such as those currently sub-contracted through CCACs, as well as teacher federations/education workers’ unions as they develop final proposals and implementation plans. Steering Committees will need to identify with whom they engaged, how they were engaged, issues raised and associated outcomes, including a description of the enhancements or changes made to the proposed model as a result of this engagement. Steering Committees must ensure final proposals meet the needs of French-Language DSBs and Indigenous partners.
Stakeholder engagement is meant to be a mechanism to engage with local partners who may not have been involved in the initial proposal development process. This engagement will support Steering Committees to ensure they have leveraged all existing capacity in the SDA, and have a comprehensive understanding of the legislative, regulatory and collective agreement elements that must be addressed in final proposal development and implementation planning.

Steering Committees may wish to share elements of their proposed service delivery models from initial proposals as a starting point in a phased but concurrent engagement process beginning with senior leadership and human resource specialists in service delivery organizations to determine what “engagement” means in their communities.

Q4. How should French-Language District School Boards be engaged in final proposal development and implementation planning?

A4. Children’s agencies, health service providers and DSBs are expected to collaborate in the delivery of services for all children and youth with special needs including Francophone children, youth and families. All service providers are expected to work with their communities to propose how they will implement the integrated delivery of rehabilitation services to support the needs of Francophone children and youth with special needs and their families.

The ministries recognize the challenges identified with French-language DSBs attending multiple SDA meetings and expect Steering Committees to be flexible and creative in sharing all communication to help facilitate French-language DSBs’ participation. Although French-language DSBs may not be able to attend all meetings in-person, the option of teleconferences and more focused meetings should be available. It is expected that Steering Committees plan for ongoing communication with French-language DSB partners and that their input is incorporated throughout the process.

The French-Language DSBs will continue to be engaged through the Conseil ontarien des directrices et directeurs de l'éducation de langue française (CODELF) sub-committee on special education. Ministry partners will continue to work with the members of this working group to ensure that the needs and realities of French-language education in a minority setting are reflected and taken into account in the final proposal planning and implementation planning stages.
Q5. **What is Policy/Program Memorandum 159?**  
A5. PPM 159: *Collaborative Professionalism* clarifies a shared commitment of stakeholders to build a culture of collaborative professionalism in Ontario’s education system. The core priorities of this commitment include:  
   a. building a shared understanding of collaborative professionalism and articulating a commitment to working together to further improve student achievement and well-being of both students and staff; and  
   b. transforming culture and optimizing conditions for learning, working and leading at all levels of the education sector in alignment with *Achieving Excellence: A Renewed Vision for Education in Ontario.*  

As part of PPM 159, MEDU initiated and supported the establishment of the Provincial Committee on Ministry Initiatives with representatives from teacher federations, unions representing education workers, principal associations and school board leadership. The committee meets to discuss possible, proposed and existing initiatives, including implications for training, resources and timing.  

The Special Needs Strategy was presented to the Provincial Committee on Ministry Initiatives in February 2017.

Q6. **What are the next steps for engagement as a result of PPM159?**  
A6. PPM 159 provides direction to DSBs to establish a mechanism to “foster consultation, collaboration and communication” with federation and other union locals and associations for the implementation of new and existing initiatives.  

As PPM 159 did not exist at the time initial proposals were developed, an opportunity for engagement with education workers’ unions and teachers’ federations and other sectors is now being provided so that proposal finalization and implementation planning can proceed.  

As outlined in the March 20, 2017 MEDU memo to DSBs, Superintendents of Special Education or other senior board leaders are responsible for leading the engagement process with their education workers’ unions and teachers’ federations. Superintendents of Special Education will plan their engagement with their Superintendent with responsibilities for Human Resources and other board employees deemed appropriate. Engagement may involve the sharing of the initial proposal with education workers’ unions and teachers’ federations, Special Education Advisory Committees, Trustees and any other relevant school board stakeholders to elicit feedback to help finalize proposals.

Q7. **What are the next steps in the revision of Policy/Program Memorandum (PPM) 81: Provision of Health Support Services in School Settings?**  
A7. To support service integration, MEDU is moving forward with changes to PPM 81 to unify the delivery of speech and language services. Further details will be communicated this spring.
Q8. **PPM 149: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals** is remaining in place. How will this affect our final proposal submission and implementation plan?

A8. Protocols under PPM 149 are used to determine roles and responsibilities between external agencies and district school boards for services provided in schools and DSB settings. PPM 149 directs that staff from external agencies are supplementing, but not duplicating the services of school board professionals and paraprofessionals.

Some service delivery areas identified PPM 149 as a barrier in their initial proposal submissions. All SDAs will need to ensure the service delivery model described in their final proposal is aligned with the protocols in place through PPM 149 in each DSB that are within the SDA.

Local protocols and partnerships that exist within each DSB will vary depending on local circumstances, and may not be the same in all DSBs across a SDA. Steering Committees will need to work locally with each individual DSB to determine how to move forward to finalize proposals. The ministries will work with SDAs that continue to experience challenges in reaching consensus on an integrated service model due to existing collective agreements or other barriers.

**FINAL PROPOSALS AND IMPLEMENTATION PLANNING:**

Q9. **What are the ministries’ expectations regarding final proposals?**

A9. Final proposals will build on the significant work SDAs have completed to date. For final proposal development, Steering Committees will be asked to:

- review feedback provided by the ministries on the initial proposals and describe how the feedback has been addressed and incorporated into the final proposal.
- incorporate direction provided in the interministerial communications sent on March 9, 2017 and March 20, 2017, which includes engagement requirements;
- align proposed models with expectations outlined in the core service requirements outlined in the draft *Program Guidelines for Integrated Delivery of Rehabilitation Services*;
- reach consensus on the proposed new model, including the composition of service providers best suited to enable a new integrated, family-centred service delivery model for children’s rehabilitation services.

Steering Committees may submit the final proposal in a Power Point presentation or in Word format at their discretion.

Following the March 29, 2017 teleconference, the ministries will send a copy of the initial proposal feedback letters to each SDA as well as an *Integrated Delivery of Rehabilitation Services: Guide for the Development of Final Proposals*, which will provide Steering Committees with guidance for the development of final proposals for each SDA. The *Guide* will also be posted on the [http://specialneedsstrategy.children.gov.on.ca/](http://specialneedsstrategy.children.gov.on.ca/) website.
Q10. **What are the timelines for submitting final proposals and implementation plans?**

A10. In recognition of the extent of transformation and change management that may be required in some SDAs and to maintain stability in the service system, planning will take place throughout 2017-18.

We encourage Steering Committees to submit their final proposals as soon as they are ready and no later than fall 2017. As identified in the March 9, 2017 communications to the sector, implementation plans are due to the ministries by December 2017. These timelines are in place to provide the time needed to amend or close out contracts, as per current contract provisions or to enter into new agreements.

Depending on the readiness of each SDA, and with approval by the ministries, implementation of new service delivery models is expected to begin as early as fall 2018. The ministries are aware, however, that timelines for completing the final proposal and implementation plan may vary locally and that SDAs will be at varying stages of readiness to implement changes.

We appreciate the continued hard work and dedication of the members of tables from across the sectors in developing final proposals and implementation plans.

Q11. **What is the difference between initial proposals, final proposals and implementation plans?**

A11. Since SDAs submitted initial proposals, the service landscape has evolved as a result of the *Patients First Act, 2016, PPM 159* and other provincial policy initiatives.

It is expected that final proposals will demonstrate how the new model of service delivery will be experienced as an improvement for children and families. The final proposal should describe who will deliver what, to whom, and how will it be an improvement from the current state. Final proposals will be submitted for approval to the ministries by fall 2017.

Following approval of the final proposal, Steering Committees will engage in implementation planning. The implementation plan will serve as a work plan, guiding activities to be completed and steps necessary to implement the approved service delivery models outlined in final proposals. The implementation plan should describe how the final proposal will be operationalized.

Implementation Plans will be submitted for approval to the ministries by December 2017 and Steering Committees will report on progress, risks and mitigation strategies through regular communications with the ministries.

The ministries are committed to supporting Steering Committees through the development of final proposals and implementation plans.

Q12. **What supports will be available to the SDAs as they finalize their proposals and implementation plans?**

A12. The ministries are committed to working in partnership with Steering Committees and service providers towards the successful implementation of IR. The ministries will continue to collaborate with Steering Committees in order to support communities to successfully implement integrated, seamless and family-centred rehabilitation services in Ontario. Specifically:
• The ministries will provide Steering Committees with a Guide for the Development of Final Proposals and a Guide for Implementation Planning;
• Throughout April 2017, the ministries will schedule teleconferences with each SDA to review the feedback provided on the initial proposals, discuss the process to arrive at final proposals, assess implementation planning readiness and respond to any questions;
• MEDU will also arrange teleconferences with all DSBs later this spring. The teleconferences will be organized on an SDA basis to support proposal finalization and to help address barriers being encountered;
• MCYS will host regular teleconferences for Steering Committees to exchange knowledge as they engage in final proposal development and implementation planning. Corporate and regional interministerial staff will be available to answer questions;
• MCYS will host a Sharepoint site for SDAs to exchange documents, share best practices and discuss issues;
• The ministries will continue to host webinars through 2017-18 to enable capacity building and knowledge exchange;
• Facilitating Integrated Rehabilitation Services Training (FIRST) online training for rehabilitation professionals is in development through McMaster University. The focus is on tier-based service delivery models and collaboration among community-based and school service providers. The ministries are aiming to release the online training by fall 2017; and
• Ministry regional offices and corporate staff will continue to be available to support Steering Committees through the development of final proposals and implementation plans.

Q13. Will there be any financial supports available to SDAs as they finalize their proposals and implementation plans?
A13. SDAs are encouraged to move forward with final proposal development using existing resources. The ministries are exploring options for supporting some of the costs associated with implementation planning.

CONTRACTS AND FUNDING:

Q14. What funding transfers are being completed to support the implementation of integrated delivery of rehabilitation services and how will this funding be allocated?
A14. 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
   • CCAC funding for the provision of physiotherapy, occupational therapy and speech-language pathology in publicly funded schools through the School Health Professional Services (SHPS) program.

For School Health Professional Services, MOHLTC will continue to flow funding to, and maintain accountability with LHINs/CCACs for these services for the first six months (April – September 2017). Thereafter, MCYS will assume the accountability relationship with LHINs. 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 once new service delivery models are approved by the ministries.

Q15. What are the expectations of hospitals currently receiving funding for preschool speech and language services once the funding transfers to MCYS on April 1, 2017?

A15. Beginning April 1, 2017, hospitals that are involved in the provision of preschool speech and language services will receive funding for these services from Early Child Development Branch, MCYS. MCYS will establish new agreements with all hospitals that deliver the program through 2017-18 and thereby assume the accountability relationship with each hospital.

This approach will allow sufficient time for local planning and decision making and transition processes and will ensure that current capacity is maintained and disruptions are minimized. Hospitals will be expected to report on deliverables and activities outlines in Schedule B of the Service Level Agreement. Included in Schedule B, is the expectation for hospitals to engage with PSL Lead Agencies in local planning and decision-making regarding the future delivery of preschool speech and language services in the community.

Q16. What will happen to existing service provider contracts for SHPS with CCACs?

A16. During the transition of CCACs to LHINs over the coming months, there will be no changes to service provider contracts. LHINs will assume the accountability relationships formerly held by CCACs as the transition proceeds and existing transfer payment agreements will be transferred to the LHINs. Beginning in October 2017, MCYS will enter into accountability relationships with LHINs who will continue to maintain their relationships with service providers. Within the context of implementation plans and targeted implementation of new service delivery as early as fall 2018, these relationships may be reconsidered. Service providers will be engaged throughout the process.

Q17. How will the funding be allocated within the 34 SDAs?

A17. Once final proposals and implementation plans for new service delivery models are approved by the ministries and SDAs are ready to implement new models, funding will flow to MCYS transfer payment agencies and/or DSBs, who will be responsible for service delivery, either directly or through sub-contracted relationships. The ministries will engage with internal and external stakeholders in the development of an approach to funding that is fiscally sound and transparent. Additional information about the funding transfers will follow at a later date.

OTHER:

Q18. The March 9, 2017 communications package from the ministries included a template letter to families. What are the expectations of agencies with respect to disseminating the letter?

A18. To support consistent communication with families regarding next steps for the integrated delivery of rehabilitation services, the ministries provided a template letter in English and French for service provider agencies/district school boards (DSBs) should they wish to communicate with families currently in service or waiting for service. If sending communication to families, service providers/DSBs may wish to build on the letter with customized messaging that suits the needs of families in their service delivery area. To reduce duplication for families who may be receiving multiple services, the
letter may be made available in multiple formats, e.g. through direct email, newsletters, websites or other mechanisms.

Q19. **Will the Program Guidelines for the Integrated Delivery of Rehabilitation Services be revised?**

A19. The ministries will release an updated draft of the *Program Guidelines* that incorporates changes to support implementation planning, as well as feedback from the Ontario Society of Occupational Therapist (OSOT), the Association of Chief Speech-Language Pathologists in Ontario School Boards (ACSLP), and select Steering Committees. The updated draft will be posted on the SNS website within the next few weeks.

Q20. **Will there be a provincial technology platform created for information sharing and for data collection and reporting?**

A20. 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. More information will be available in the spring 2017.