

April 1, 2017-December 31, 2017

TO: Board of Health
MEETING DATE: April 4, 2018
REPORT NO: **BH.01.APR0418.C06**
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Key Points

- Wee Talk is the local Preschool Speech and Language (PSL) system for Wellington Dufferin Guelph, serving preschool children from birth to eligibility for senior kindergarten.
- Wee Talk is a partnership of WDGPH and two hospitals, St. Joseph's Health Care and Groves Memorial Community Hospital; WDGPH is the lead agency.
- While Wee Talk is a 100% program funded by the Ministry of Children and Youth Services (MCYS), it simultaneously supports the work of public health as required by the Healthy Growth and Development Standard.
- Speech and language disorders affect approximately 5-10% of children ages 0-6 with an estimated 4% having significant speech or language disorders¹
- Communication disorders in children are often misdiagnosed as learning disabilities or behavioural problems.¹

Strategic Directions & Goals

Service Centred Approach – We are committed to providing excellent service to anyone interacting with public health.

- We will improve access to public health programs and services while enhancing the client experience.
- We will work to improve health services for priority populations.
- We will increase community awareness of public health programs and services.

Organizational Capacity – We will improve our capacity to effectively deliver public health programs and services.

- We will support a work culture of continuous learning.
- We will engage communities with more opportunities for collaboration.
- We will enhance our understanding of the local needs and priorities of the communities we serve and develop programs and services in response to those needs.

Operational Plan Objectives

Assessment and Early Identification Objectives:

- Early identification of children with speech, language or communication delays or disorders (preferably prior to 30 months of age).
- Simplified access for parents and caregivers, without barriers.
- Single point of access for all children in catchment area.
- Single point of initial assessment for all children in the catchment area.
- Provision of a full range of interventions to all children as appropriate.
- Transition to school, planning to facilitate services in schools.

Outreach and Education Objectives:

- Parent education.
- To increase public awareness of the publicly funded PSL Program and the importance of preschool speech and language, development and early intervention, and to intervene early.
- To increase understanding among parents and caregivers of the importance of preschool speech and language, and the importance of development and the benefits of early intervention.

Summary of OPHS Program Requirements

OPHS Program: Growth and Development

Goals:

- Board of Health programs and services are designed to address the identified needs of the community, including priority populations, associated with healthy growth and development.
- Individuals and families are aware of the factors associated with healthy growth and development and the importance of creating safe and supportive environments that promote healthy growth and development.
- There is a decrease in health inequities related to healthy growth and development.

Strategy:

- Assessment and Surveillance
- Health Promotion and Policy Development
- Research and Knowledge Exchange

Requirements:

The Board of Health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population – birth through the school years.

Accountability Indicators:

Ministry of Children and Youth Services Provincial Accountability Indicators

Deliverables April 1, 2017 to March 31, 2018	Achievement	Explanation of Variance greater than 10%
45% of initial assessments provided to children under 30 months	52%	Above Ministry target
50% of children will receive their first intervention within 3 months from the date of referral	78%	Above Ministry target
70% of children will receive their first intervention within 8 months from date of referral	93%	Above Ministry target
75% of children (aged 0-30 months) will receive Parent Training, Parent Training Former Definition, Hanen Program, Group Treatment (SLP or Mediator) or Home Programming at some point during total period of service delivery	67%	This indicator is below Ministry target. This indicator is measured by parents participating in parent orientation and the first session of group speech therapy programming at our partner agency St. Joseph's Health Center. St. Joseph's Health Center provides 87% of their programming through group therapy, however, Groves Memorial Hospital has a much lower ratio of group therapy (52%) and provides much of their therapy in a 1-1 format due to the lack of critical mass of children within their geography. For this reason, not all families referred to Groves Memorial Hospital program would receive parent training as defined by the Ministry database.
75% of all children over 18 months will have completed FOCUS tool during their first intervention	0%	This indicator is below Ministry target. The FOCUS tool is ideally completed by the caregiver and rates their child's speech, language and social communication abilities at a point in time. In 2017, the Ministry phased out the FOCUS-50 question tool and implemented the FOCUS-34 question tool. This indicator is at 0% as the Ministry database (ISCIS) was not reconfigured to pick up the use of the new FOCUS-34 tool. This is expected to be corrected by MCYS in 2018.

<p>75% of all children over 18 months who will have outcome measures completed at a minimum of every 6 months <i>(completed at the beginning/end of intervention periods or at scheduled reassessments)</i></p>	<p>42%</p>	<p>This indicator is below Ministry target. This particular indicator measures the former FOCUS-50 tool. If a child in the system had been previously started on the FOCUS-50, it is expected that they continue to be assessed using the FOCUS-50 tool in order to maintain the integrity of the measuring process. Any new children in the system since 2017 have been assessed using the new FOCUS-34 tool. This indicator is only 42% as it is only measuring the remnant of children who started through the system on the FOCUS-50 and is not measuring children being assessed using the FOCUS-34. There are also times when the FOCUS tool cannot be completed for very valid reasons (rescheduled appointments, cancellations, ESL families, etc.)</p>
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Performance variance or discrepancy identified:

- Yes

Highlights

The PSL Wee Talk Screening and Early Intervention Program meets the goal of the Board of Health to address identified needs associated with healthy growth and development by involving and supporting families, by providing a full range of evidence-informed, individualized, family-centered speech and language services within the first years of life.

WDGPH is the lead agency for Wee Talk, the local PSL program that serves children from birth to eligibility for senior kindergarten. The goal is to ensure that every preschool child who may benefit is screened and assessed for speech, language and communication difficulties and those who require speech therapy services receive appropriate supports through early intervention.

The Board of Health meets the goal of decreasing health inequities related to healthy growth and development and its requirement to implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population birth through the school years, through PSL Wee Talk. The Wee Talk program ensures all children who require supports enter school with the communication skills needed for personal, social and academic success.

2017 Program Statistics:

- Wee Talk received 782 referrals to the program; an average of 65 referrals per month.
- Over 80% were age 3 or younger.
- The mean age at referral was 2 years (35%).
- Wait time from referral date to initial assessment was just 90 days.
- 35% of referred children required further direct speech therapy services.

Wee Talk Referral and Assessment Process

Each referred child receives an initial assessment with a WDGPH Speech and Language Pathologist (SLP) who can determine if the child is on target with their development or if further monitoring or referral for direct therapy is required. Initial assessments are also a time for SLPs to screen for, and make referrals to, other developmental services children may require. Once a child has been assessed as requiring further monitoring or direct therapy, SLPs refer families to a Parent Orientation session where a SLP from WDGPH educates parents in a group setting about speech and language development in early childhood, and the integral role parents play in their child's development and treatment plan. Once Parent Orientation has been completed, children and their families requiring direct therapy are ready to be referred to various treatment sites operated by St. Joseph's Health Centre and Groves Memorial Hospital/ North Wellington Health Care. If a child remains in the system at the time of school entry, a transition conference is planned.

Innovative Changes to Our Program:

Over the last few years, participants have requested the option to receive information in an alternative format such as an online program. An online Parent Orientation program would allow parents to conveniently access the Parent Orientation program at a time that works best for their schedule. The wait time between referral and direct therapy will decrease as parents will be able to complete the online program faster than waiting for an in-person session that fits into their schedule.

The online Parent Orientation project is well under way and expected to launch in September, 2018.

References

1. Canadian Association of Speech-Language Pathologists and Audiologists (2005) Speech, Language and Hearing Fact Sheet. Accessed at:
<http://www.peispeechhearing.ca/admin/Editor/assets/speechhearingfactsheet.pdf>