

2002/2003 ANNUAL REPORT SUMMARY

OCTOBER 8, 2003

INTRODUCTION:

This report provides a summary of the services delivered by Toronto Preschool Speech and Language Services (TPSLS) over the period of time from April 1, 2002 to March 31, 2003. This report consists of two sections:

- Part A: Speech and Language Services**
Part B: Infant Hearing Program Services

Each section of the report provides information on the main program deliverables as identified provincially by the Ministry of Health and Long Term Care, which provides the major portion of the funding for both services. The information available in the Speech and Language Services is in greater detail than that which is currently available in the Infant Hearing Program. The Infant Hearing Program is still in it's infancy, while the Speech and Language Program has been operational for five years.

The Mission of TPSLS is "to provide exemplary identification and intervention services responsive to cultural and linguistic diversity, in partnership with community agencies, to enable all preschool children in Toronto to reach their highest communication potential."

The Value Statements in the TPSLS Strategic Plan are:

1. Partnerships:

TPSLS values sharing responsibility with all its stakeholders--families, caregivers, community, service providers and funders-- for the development of the communication skills of preschool children, through partnerships which:

- Empower families
- Provide skill-building opportunities
- Create a network of services
- Build upon existing services and resources
- Ensure that the system is integrated and coordinated with the broader system of community service providers for children and families in Toronto

TPSLS works on an ongoing basis to consolidate and support these partnerships because without them, our services will simply not work.

(Please see attached list of TPSLS partner agencies in Appendices #1 and #2.)

2. Excellence:

TPSLS values excellence in service delivery, that is family-centred, through:

- A commitment to evidence-based practice

- The provision of a range of services that are flexible and responsive to the individual needs of children and families
- A timely delivery of services
- A commitment to innovative service delivery and continuous improvement
- A commitment to research and evaluation

3. Inclusiveness:

TPSLS values services that include all children and their families and which:

- Are community based
- Address the ethno-cultural, linguistic and racial diversity of the community
- Address all levels of ability
- Provide French language services
- Ensure that services and supports are available in the family's local community
- Enhance public awareness

4. Accountability:

TPSLS values accountability to all it's stakeholders through:

- Community consultation and representation
- An effective governance structure:
 - Transparent operating principles
 - Well-defined strategic directions
 - Fiscally responsible management
 - Maximizing the use of all resources to provide the most effective service delivery
 - Advocacy

(Please see Appendix #3 for a list of the Governance Board Members)

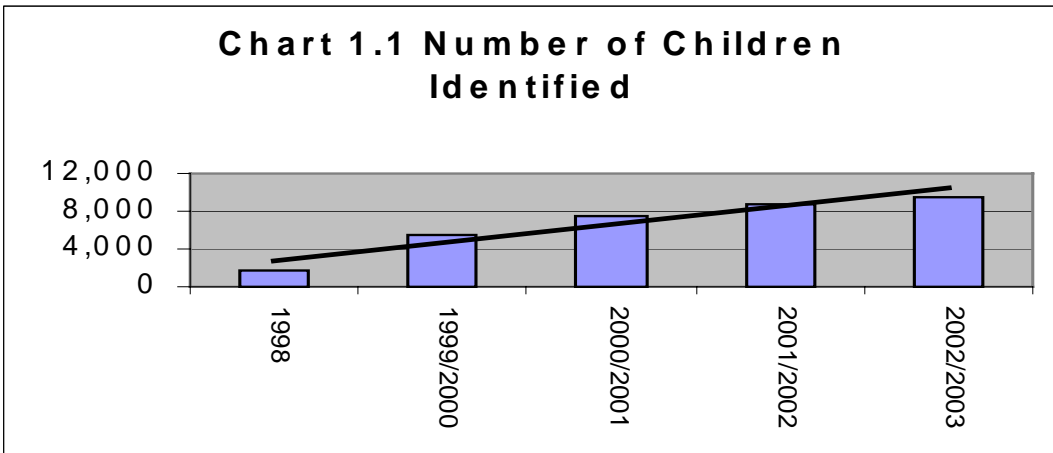
(Please see letter of support from Dr. Judy Gravel, regarding the Ontario Infant Hearing Program, Appendix #4)

PART A: SPEECH AND LANGUAGE SERVICES

The following information describes the speech and language services provided to children and their families. All children receiving services in the program were between the ages of birth and October 31st of the year the child turned five, or his/her fifth birthday whichever came later. These services were delivered by a coalition made up of four quadrants and several city wide specialty providers.

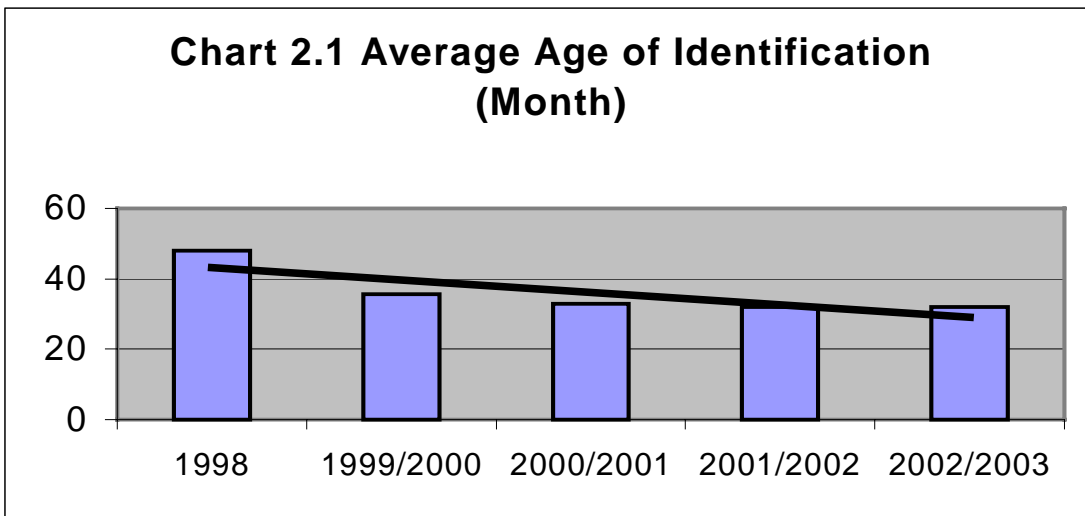
1. Number of children identified

- 1998/1999 1,683 identified
- 1999/2000 5,498 identified
- 2000/2001 7,518 identified
- 2001/2002 8,582 identified
- 2002/2003 9,571 identified



2. Average age of identification:

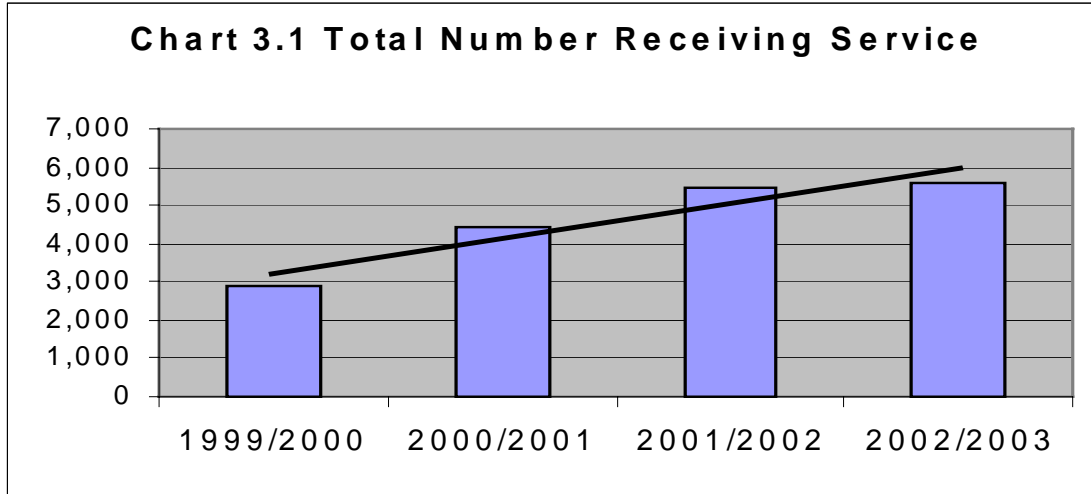
- 1998/1999 48 months
- 1999/2000 35.6 months
- 2000/2001 33 months
- 2001/2002 32 months
- 2002/2003 32 months



3. Service Levels

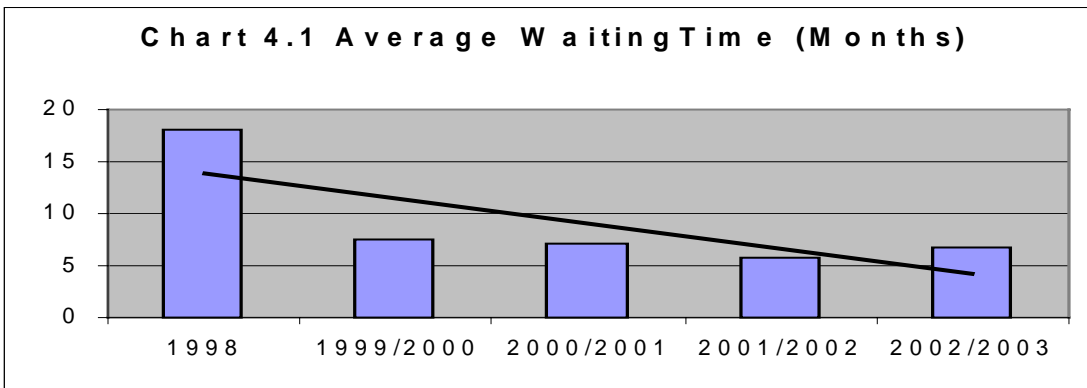
Total Numbers Receiving Service:

- 1999/2000 2,865 children served
- 2000/2001 4,407 children served
- 2001/2002 5,485 children served
- 2002/2003 5,601 children served



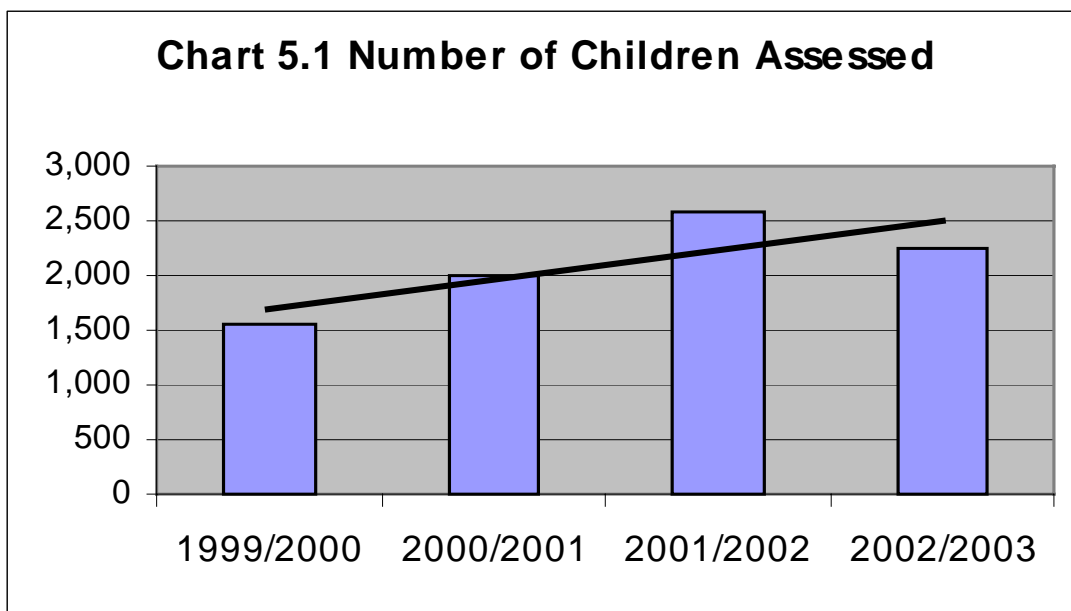
4. Waiting Lists:

- 1998/1999 9-18 months
- 1999/2000 7.5 months
- 2000/2001 7.1 months
- 2001/2002 6 months
- 2002/2003 6.8 months



5. Range of Service Components

- **Early identification** (checklist, "Talking Matters", calendar, training sessions and information packages)
- **Simplified access** (single phone number, flexible entry, intake protocol, direct access for parents, central data base)
- **Assessment** (common assessment and protocol, duplications reduced)
 - **1999/2000** 1,552 children were assessed
 - **2000/2001** 1,995 children were assessed
 - **2001/2002** 2,580 children were assessed
 - **2002/2003** 2,248 children were assessed



- **Range of interventions provided:**

Type of Service	2002 2003
Parent Training	7.3 %
Monitoring/Parent Consultation	1 %
Caregiver Consultation	7.3%
Home Program	4.3%
Individual Treatment—SLP	16.1%
Individual Treatment— Mediator	5.9%
Group Treatment -- SLP	36.7%
Group Treatment –Mediator	9.1%
Case Coordination	1.3%
Discharge	5.3%

6. Service Locations (reflects the community based structure of TPSLS):

Type of Location	2002/03
Community Locations—Drop Ins/Family Resource Centres	7.2%
Licensed Child Care Settings	12.3%
Unlicensed Child Care Settings	0.1%
Children’s Mental Health Centres	36.9%
Public Health Offices	.09%
Hospital Settings	31.5%
Children’s Treatment Centre	1.1%
Community Health Centres	3.4%
Client’s Homes	6.1%
Private Office Space	0.2%

7. Key Findings:

7.1 System Actuals and Potentials—Ministry of Health Targets:

The chart summarizes what was actually delivered by staff this past fiscal year and the potential service levels had the system been fully staffed. What the numbers tell us is that:

- a) Most Targets would have been achieved with 100% staffing in place (the system operated at 90% SLP staffing (86% all clinical staffing) levels in 2002 2003.

	Target Areas	Targets for 2002-03	Actual to End of Mar. 03 for 2002-03	Actual Ach. Rate -%	Potential with 100% Staffing	Potential Ach. Rate -%
1	Access	Achieved	Achieved	Achieved	Achieved	Achieved
2	Average Age of Identification (Months)	30.00	32.00	94%		
3	Wait Time from Identification to 1st Intervention (Weeks)	20.00	27.00	74%		
4	New Children Assessed	2,600	2,248	86%	2,645	102%
5	Children Discharged	2,000	2,650	133%	Achieved	Achieved
6	# Under Age five Identified	10,000	9,571	96%	Achieved	Achieved
7	# Under Age five Seen for Service	7,000	5,601	80%	6,513	93%
8	SLP Staffing Rate (%)	100%	90%	90%	100%	100%
9	Parents Self Referrals	1,700	1,603	94%	Achieved	Achieved
10	Range of Service Provided	Full Range	Achieved	Achieved	Achieved	Achieved
11	Public Awareness/Education	Will be Provided				

Note: 2002-03 actual were achieved with 86% staffing, the potential assumes full-staffing

b) The Target areas that were not achieved were:

1. **Average Age at Referral/Identification**--this is a function of community awareness and education in order for community agencies and parents to identify and refer children at younger ages.
2. **Waiting List Time**--the target was 20 weeks and the system responded on average within 27 weeks of a referral being received.
3. **Children seen for Intervention**--the system target was 7,000 and the potential with full staffing was 6,410 or 92% of the target. (actual was 5,601 served)

7.2 Staff Service Output Levels:

The next question that arises then, is how can we reduce waiting times and provide service to more clients to address the shortfalls above? Before we can answer that question what does the data analysis tell us about the performance levels of staff across the system. Can staff provide service to more children and families? Let's look at what is being delivered now:

**Average Number of Clients Seen by a Quadrant General SLP during the fiscal year = 195
(this includes clients who may have been seen by more than one SLP during the year)**

Average Caseload of Active Clients for a Quadrant General SLP = 94 children

Average Number of Initial Assessments by a Quadrant General SLP over the year = 56

Average Number of Clients seen by a CDA/ECE staff = 109

What these numbers tell us is that the front line Speech Language Pathologists and Supportive Personnel are seeing a very large number of children each year. Analysis of the service system informs us that we should be able to expect an SLP to deliver up to 860 contacts per year. Currently each FTE SLP in the Quadrants provides an average of 884 contacts per year. (Above target). CDA/ECE staff deliver 744 contacts per year.

7.3. French Language Speech Language Services:

The numbers for the French Language services reflect the fact that there is one French Language Speech and Language Pathologist providing this service across the entire city. She clearly provides service to fewer clients than the General Quadrant SLP primarily because she has fewer clients on her caseload at any one time and she has to cover a larger geographic area. (although her clients are primarily located in South, East and North Quadrants). The geographic spread of her client makes it harder for her to congregate her clients into groups for intervention. As a result she provides a significantly higher percentage of individual treatment contacts than the General SLP's in the Quadrants.

The average age of the Francophone client at intake is 33 months compared to 32 months for the rest of the system. The average wait time from Intake to Initial Assessment/Intervention was 18 weeks in 2002 2003 compared to 27 weeks for the general population. This is likely due to the fact that the wait list is relatively short (10 children currently waiting) This is compared to approximately 32 clients waiting for each FTE SLP in the Quadrants. There appears to be lower percentage of French Language caseload with multiple needs—only 8% compared to 12% in the Quadrants. This may also explain why the discharge reasons for the French Language clients have a higher percentage of “Achieved Appropriate Outcomes” as a discharge reason. The TPSLS Program Evaluator will need to do further analysis of the data in order to develop a better understanding of the perceived differences here.

7.4 Conclusion:

In order to provide a credible service, TPSLS cannot afford to increase the number of clients seen (to address the long waiting lists) at the expense of even less direct contact with clients. Simply stated, the SLP's are generally working at full capacity, and it will be very difficult to provide

more services to more children and families (without increased funding and more of them) unless the primary services provided are indirect--Caregiver Consultation, Parent Training, Home Programming and Monitoring/Parent Consultation. The MOHLTC expects each PSL to deliver a full range of Service options, including Individual and Group Treatment for those children who require direct intervention.

The system has attempted to address the large number of clients in service by increasing Group Treatment to 45.8% of the contacts with clients. This is compared to the previous fiscal year where Group Treatment levels were at 28.6% of the clinical contacts.

Please note that in all of the TPSLS direct service interventions, the parents participate in every session, making every intervention a parent training service as well. Quadrants are using the Parent Child Programs (which is a Group intervention on the data base) as a frequent intervention type for children under age 2.5 years. Parent training is a significant feature of these groups but they are not tracked as Parent Training on the data base.

Next Steps:

- a) Need to explore the efficacy of Group Treatment as an intervention modality
- b) Need to examine which types of speech language problems are being addressed by group intervention and by individual intervention
- c) Need to analyze further the contacts data in the database to develop service recommendations—The Evaluation Work Group and the Operations Committee will take on this task.
- d) The system performance indicators will continue to be compared with similar GTA and Ontario systems to detect similarities and to look for explanations to differences
- e) The System needs to actively pursue additional funding as a strategy. Other provincial PSL programs are embarking on direct lobbying with MPP's, as well as asking parents to write letters to their MPP's, regarding the need for additional funding support. The Governance Board needs to review strategies around this issue.

IMPACT OF ZERO INCREASE BUDGET SINCE 2001 2002:

Year of Service	Total MOHLTC Budget	Total # FTE's in the Budget	Reduction in FTE's in The MOHLTC Budget	Total SLP's in the Budget	Total CDA/ECE in Budget
2001/2002	\$5,073,227	79.02		40.42	25.5
2002/2003	\$5,073,227	73.99	5.03	36.28	24.05
2003/2004	\$5,073,227	72.17	1.82	37.47	21.6
TOTAL Reduction in FTE Since 01/02			6.85	2.95	3.9

- f) The System needs to begin to analyze the outcomes of service delivery: The impact of the service on clients and their families must be assessed to check for the degree to which the service has been of benefit to them. The Program Evaluator plans to address this issue through conducting consumer satisfaction surveys and the establishment and implementation of an outcome measurement

system. Both efforts will add to the process evaluation procedures already established.

Recommendations:

- Program Evaluator and Evaluation Workgroup will continue exploring the establishment of an outcome measurement system that will be introduced on pilot basis this fall.
- Program Evaluator and Evaluation Workgroup will continue participating in the MOHLTC Outcomes Workgroup that leads the efforts to establish a province-wide outcomes system.
- Program Evaluator, Evaluation Workgroup and Operations Committee will design a consumer satisfaction survey that will enable assessing the impact of the service on parents, guardians and caregivers.

8. New Program Developments in 2002 2003:

8.1 Oral Motor Parent Child Play Group Program:

An exciting new program has been developed for children aged 2 ½ - 3 ½ with oral-motor difficulties. Staff from the Toronto Children's Centre in collaboration with PSLS Quadrant staff developed this program. The program was designed for children who have good language comprehension and communication skills but use few words or are hard to understand because they have difficulty making or combining speech sounds.

Children and parents attend weekly sessions that include play, snack and music time. Parents are shown ways to encourage clearer speech and are given activities to practice at home.

Parents responded positively to the program and changes were observed in the children's speech. We hope to expand this program in the future. In November 2002, the PSLS staff who developed this program delivered a training workshop for 20 PSLS staff. A program manual has been developed and hopefully can be used as a guide for the development of this unique service throughout the province.

8.2 Child Care Consultation in Preschool Speech and Language Services

TPSLS has just recently developed a Child Care Consultation Policy in conjunction with the Children's Services Department of Toronto and other community service providers. This policy provides a framework for staff to use when working with children attending child care programs. The Policy has been sent out to all child care programs in the City of Toronto.

Generally the policy states that it is preferable for a parent to bring their child to one of our community clinics for an assessment and/or intervention. However, if this is not possible, an appointment can be arranged for the child to be assessed at his/her child care centre. Following the assessment, a meeting will be arranged to develop a service plan, with the Speech Language Pathologist, parent, supervisor and the teacher.

If a child has a language disorder, and the family is not able to transport the child to speech language clinic locations for group language interventions, consultation to the child care staff will be the recommended intervention.

However, if the child has a speech disorder (e.g. child is unintelligible due to disordered articulation) caregiver consultation is not an effective intervention and direct therapy is often necessary. If this is required and the parent cannot bring the child to a clinic for service, TPSLS will try to arrange some service on a case by case basis. A program staff member must participate in the therapy session and implement the goals into the child's daily program.

8.3 Program Evaluation System Established:

During the past year TPSLS has established a Program Evaluation system that will provide consistent and ongoing analysis of service data. This analysis will inform the Management system and will provide the information needed to make excellent clinical and program development recommendations.

PART B--INFANT HEARING PROGRAM SERVICES

This April 1 2002 –March 31st 2003 year end report represents an enormous commitment and effort by hospital administrators, front line managers, clinical nurse educators hospital screeners, midwives, audiologists, communication/language development partners, our suppliers and the TPSLS team in implementation of The Infant Hearing Program in Toronto.

1. Screening

A total of **1,527 babies** were screened in Toronto NICU's in the 2002 2003 fiscal year in the following locations:

Hospital NICU's:

- Humber River Regional Hospital – Church & Finch Site
- Toronto East General and Orthopaedic Hospital
- North York General Hospital
- The Scarborough Hospital – Grace and General Sites
- William Osler Health Centre – Etobicoke Hospital Campus
- Hospital for Sick Children
- St. Joseph's Health Centre
- Mt. Sinai Hospital
- Sunnybrook Women's College

Hospital NICU's To Start as Soon as Contracts Completed:

- Rouge Valley Health System
- St. Michael's Hospital

A total of **3,202 babies** were screened in well baby nurseries in the following locations:

Hospital Well Baby Units Screening Babies:

- Toronto East General and Orthopaedic Hospital
- North York General Hospital
- William Osler Health Centre
- Humber River Regional Hospital
- St. Joseph Health Centre
- Sunnybrook/Women's College

Hospital Well Baby Units To Start as Soon as Contracts Completed:

- The Scarborough Hospital—Grace and General Site
- Rouge Valley Health System
- St. Michael's Hospital
- Mt. Sinai Hospital

Midwife Practices Screening

- Midwife Collective of Toronto

A total of **517 babies** were screened in Community Clinic locations across the City.

2. Audiology Assessments:

A total of **106 babies** were assessed by Audiologists in the following locations:

Audiology Sites Assessing Babies:

- Mt. Sinai Hospital
- Hospital For Sick Children
- North York General Hospital
- Humber River Regional Hospital
- Surrey Place Centre

Audiology Site to start Assessing Babies when Contract completed:

- Rouge Valley Health System

Infants Identified with Hearing Loss in 2002 2003:

15 children were identified with hearing loss

3. Family Support Worker (FSW) Services and Communication Choices to March 31st, 2003:

Referrals	15	
Hearing Loss	10	Bilateral Moderate-Severe - Profound
	5	Mild, Unilateral

Multiple Needs:

Of the 10 with Moderate to Profound Loss:

- 4 children have Down Syndrome or other developmental/physical challenges

Assistive Technology:

- Hearing Aids—all 10 have been prescribed hearing aids
- Cochlear Implant—three are exploring this option

Communication Choices:

All families of children identified with permanent childhood hearing loss in the Infant Hearing Program are referred to the IHP Family Support Worker (FSW) by the IHP audiologist as soon as the diagnosis is made. The FSW then contacts the family, within 48 hours of receiving the referral, to set up an appointment to meet the family. The FSW then provides a series of counselling/information sharing sessions with the family. Most of these sessions occur in the family's home.

The FSW covers the following issues during these sessions:

1. Supportive Counselling—to assist families in their process and adjustment to the knowledge that their child is deaf or hard of hearing.
2. Provision of unbiased information on all the communication options available to their child and family.
 - Parents are given two videotapes to review and then discuss with the FSW. One videotape provides a description of the ASL Literacy option and the other describes the Auditory Verbal Therapy option.
 - Parents are offered the opportunity to meet the service providers who deliver each communication option. The FSW can help set these sessions up and will sit in on the sessions if parents feel that this type of support would be helpful to them.
 - The TPSLS IHP Parent Resource binder is reviewed and left with the parent.
3. Fully informed, the family decides upon the method of communication for their child and family.
4. The FSW will also ensure the provider/s of the communication option chosen is selected and arrangements are made for the IHP to pay for the selected service.
5. The FSW then meets with the family, service provider for communication option chosen plus any other involved service agencies to develop an individual family/child service plan.

Once the Service Plan is created, the FSW monitors the plan on a quarterly basis to ensure that progress is being made, services are in place and whether or not any changes to the communication option chosen needs to be made. The FSW will also meet with the family and

service providers at the conclusion of IHP services (generally two years after diagnosis) to facilitate the transition to school board services or other communication development services, if needed.

Communication Options Chosen as of March 31st 2003 (of the ten families who have a child with moderate to profound permanent hearing loss)

- **Auditory Verbal Therapy** two
- **Dual** (ASL Literacy and Auditory Techniques) one
- **ASL and literacy**
- **Meeting with services and undecided** seven

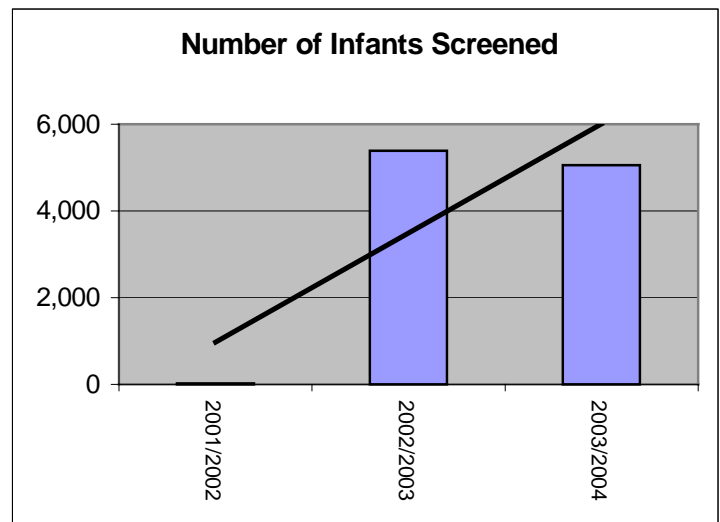
4. Summary of Services Delivered between April 1, 2002 and March 31, 2003:

Service Type	Screening	Audiology	Children With PHL	Family Support	Assistive Technology	Communication Development
Children	5246	106	15	15	10	3

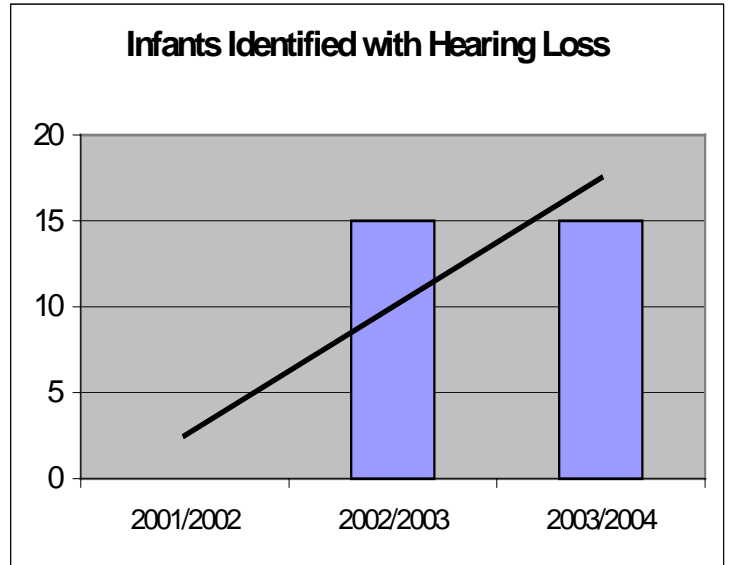
5. Summary of Services between April 1, 2003 and September 30, 2003:

Service Type	Screening	Audiology	Children With PHL	Family Support	Assistive Technology	Communication Development
Children	5203	94	15	15	10	10

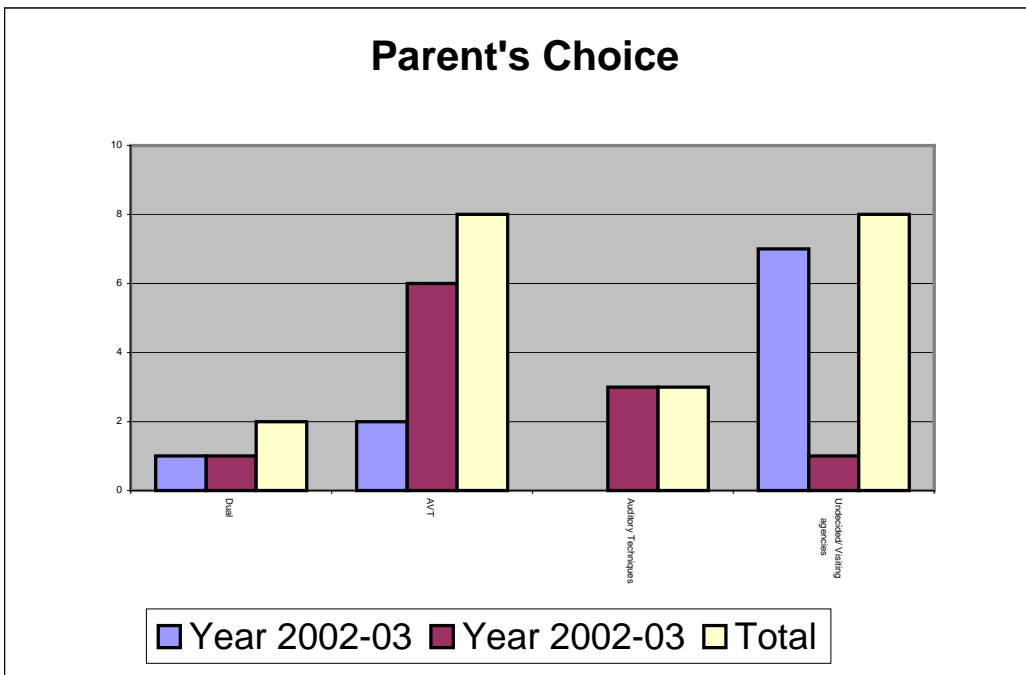
Year	#	%Change
2001/2002	19	
2002/2003	5,246	28263%
2003/2004	5,203	-6%



Type of Hearing Loss – 2002/03-2003-04		
Year	#	%
Unilateral/Mild	9	30%
Bilateral	21	70%
Total	30	100%



Parent's Choice	Year 2002-03		Year 2003-04		Total		
	Year	#	%	#	%	#	%
Dual		1	10%	1	9%	2	10%
AVT		2	20%	6	55%	8	38%
Auditory Techniques		0	0%	3	27%	3	14%
Undecided/ Visiting agencies		7	70%	1	9%	8	38%



6. The Future

SARS had a definite impact on the IHP, it put all hospitals in crisis mode and all their energy in Infection Control. . With SARS behind us ,the year 2003-2004 looks promising. We anticipate all the hospitals and Toronto midwife practices to be involved in UNBS, each of our audiology centres will have the appropriate number of trained audiologists to see IHP babies within the protocol time frame, our FSW seeing parents as soon as possible after diagnosis and communication and language development starting by six months.

We have held our first FSW parent support session, five of our eight midwife groups have started screening, and all our service providers are lined up waiting to serve families. We have reached more children the first two quarters than we reached last year. We expect to reach four times as many children by the March 31st 2004.

We will serve families sensitive to their culture and language, respecting their choices for their child/children, be open to feedback on how we are meeting the goals of IHP and the process in which we serve the families and work with our partners in implementing the program.
Thank you for your patience and support.

CONCLUSION

Toronto Preschool Speech and Language Services could not succeed without the wonderful commitment and energy of our staff. Staff have been very creative and flexible in delivering services to children and families within very new and innovative service delivery models.

The Speech and Language Services and the Infant Hearing Program also could not possibly succeed without the support provided by all of our community partners. Our partners have committed their time, experience and knowledge to the development and ongoing support of these two programs. Our community partners have contributed countless hours of their time participating on our many sub-committees and working groups. The ongoing support of our community partners keeps TPSLS grounded in our community!

APPENDIX #1

PARTICIPATING AGENCIES IN TORONTO PRESCHOOL SPEECH AND LANGUAGE SERVICES

Toronto Preschool Speech and Language Services is made up of a partnership of several agencies, all working together to deliver preschool speech and language services as efficiently and effectively as possible. All the services are set up to deliver services as close to where the child and family live as possible. Some children, who have more specialized needs, may also need the support and services of one of our City-wide Community Partners. The service delivery partners in Toronto Preschool Speech and Language Services are:

1. West Quadrant:

The George Hull Centre—Local Coordinating Agency
Silver Creek Nursery School
Community Living Toronto
Humber River Regional Hospital
Lakeshore Area Multiservice Project (L.A.M.P.)

Rexdale Community Health Centre
Yorktown Child and Family Centre
Macaulay Child Development Centre
Etobicoke Children's Centre

2. East Quadrant:

Rouge Valley Health System—Local Coordinating Agency
Wayne Avenue Nursery School
(Easter Seals/Bloorview MacMillan)
Community Living Toronto

Aisling Discoveries Child & Family
Centre
The Scarborough Hospital--General Division

3. South Quadrant:

The Hanen Centre—Local Coordinating Agency
Centennial Infant and Child Centre
Crescent Nursery School (Easter Seals/BMC)
The Creche Child and Family Centre
Community Living Toronto
Toronto Western Hospital

The Hospital For Sick Children
St. Joseph's Health Centre
Toronto East General Hospital
KIDS

4. North Quadrant:

North York General Hospital—Local Coordinating Agency
Community Living Toronto
Adventure Place Child and Family Centre
Play and Learn Integrated Child and Family Program

Yes I Can Nursery School
Bloorview Nursery School

5. Toronto-Wide Community Partners:

Bloorview MacMillan Children's Centre
Geneva Centre For Autism
Surrey Place Centre
The Hospital For Sick Children
Canadian Hearing Society

The Hanen Centre
Toronto Children's Centre

APPENDIX #2
INFANT HEARING PROGRAM PARTNERS

1. Screening and Audiology Services:

- Hospital for Sick Children (NICU and Audiology)
- Mt. Sinai Hospital (NICU, Well Baby and Audiology)
- Rouge Valley Hospital System (NICU, Well Baby and Audiology)
- Scarborough Hospital—Grace and General Sites (NICU, Well Baby)
- Toronto East General Hospital (NICU, Well Baby)
- North York General Hospital (NICU, Well Baby and Audiology)
- Humber River Regional Hospital—Finch and Church Sites (NICU, Well Baby and Audiology)
- William Osler Health Centre (NICU, Well Baby)
- St. Joseph Health Centre (NICU, Well Baby)
- Surrey Place Centre (Audiology)
- Access Midwives of Toronto
- Community Midwives of Toronto
- Diversity Midwives
- Midwives alliance
- Midwives Clinic of East York –Don Mills
- Midwives Collective of Toronto
- Quenn East Midwives
- Riverdale Community Midwives

2. ASL/Literacy Services:

- Ontario Cultural Society of the Deaf

3. Auditory Verbal Therapy and Auditory Techniques:

- Learning To Listen Foundation
- Voice for Hearing Impaired Children
- Hospital For Sick Children
- Clara Kluge
- Canadian Hearing Society
- Toronto District School Board
- Toronto Catholic District School Board

4. Other Community Partners:

- Bob Rumball Centre for the Deaf
- Ontario Association of the Deaf
- Silent Voice
- Centennial Infant and Child Centre
- University of Toronto
- York University

- Bloorview MacMillan Centre
- Rexdale Community Health Centre
- Black Creek Community Health Centre
- George Syme Community School
- Lamp
- Northern District Library
- Taylor Memorial Library
- Growing Together
- Flemington Health Centre
- West Hill Community Centre
- Malvern Community Centre
- East Scarborough Storefront
- Agincourt Recreation Centre
- CICS Centre for Information and Community Services
- Parents for Better Beginnings
- Davenport Perth Community Health Centre

APPENDIX #3

GOVERNANCE BOARD MEMBERS OF TPSLS OCTOBER 2003

- 1. Brenda Patterson—Toronto Children’s Services (chair)**
- 2. Anne Marie Couffin—Toronto District Health Council (French Language Services)**
- 3. Katy Driver—Pediatrician**
- 4. Susan Menary—Toronto Catholic District School Board**
- 5. Joanne Shimotakahara—Toronto District School Board**
- 6. Nancy Ceci—Parent Representative**
- 7. Joanne Cooper—Healthy Babies Healthy Children**
- 8. Carla Johnson—University of Toronto**
- 9. Janet Charlton—West Quadrant PSL program**
- 10. Marg Whelan—Geneva Centre for Autism**
- 11. Chris Kenopic—Ontario Association of the Deaf**
- 12. Penny Parnes—Canadian Hearing Society**
- 13. Sue Makin—Toronto Public Health (Lead Agency)**
- 14. Martha Cole—Supervisor, Infant Hearing Program**
- 15. Stephen Cohen—Manager, Toronto Preschool Speech and Language Services**

APPENDIX #4



The City University of New York

February 17, 2003

RE: Ontario Infant Hearing Program

To Whom It May Concern:

This letter expresses my enthusiastic support for the Ontario Infant Hearing Program Newborn Team, which has been nominated for the ACE award. I believe the Program Team exemplifies the Achievement, Commitment and Excellence for which the award was created. The Ontario Infant Hearing Program Newborn Team is widely recognized for their experience in service delivery and their clinical research contributions on early detection, assessment and intervention for infants with hearing loss and their families. The Ontario Infant Hearing Program Team is recognized nationally and internationally for instituting an innovative, evidence-based approach to universal early hearing loss detection and service delivery: an efficient and effective public health program that has been sensitive to the individual needs of infants with hearing loss and their families.

The *Joint Committee on Infant Hearing (JCIH) 2000 Position Statement* suggested that the efficacy of an Early Hearing Detection and Intervention (EHDI) Program is judged by the efficiency of the newborn hearing screening process, but more importantly, on timely and equal access to comprehensive assessment and appropriate, high-quality intervention services that meet the specific needs of infants who are hard-of-hearing or deaf and their families. The program developed in Ontario meets and exceeds the stated JCIH Principles. Every aspect of the program has been carefully considered and meticulously planned. In my opinion, it is a model program, not only for other Canadian Provinces, but also for EHDI programs in the U.S. and throughout the world. The foresight, creativity and initiative that characterize the Ontario Infant Hearing Program are, in my opinion, unique among existing programs worldwide. Your consideration of the Ontario Infant Hearing Program for the ACE Award is greatly appreciated. I enthusiastically endorse this exceptional program, which is bringing recognition to the government of Ontario from within Canada as well as from an international community striving to achieve the same level of quality performance.

Sincerely yours,

Judith S. Gravel, Ph.D., CCC-A

Professor, Communication Sciences Program – Hunter College City University of New York

Professor, PhD Program in Speech and Hearing Sciences, the Graduate Center - CUNY

Visiting Professor of Otolaryngology and Pediatrics, Albert Einstein College of Medicine, NY

Vice-Chairman, The Joint Committee on Infant Hearing