

July 22, 2016

Stacey Weber  
Director (A)  
Early Child Development Branch, Strategic Policy and Planning Division  
Ministry of Children and Youth Services  
Delivered by email

Dear Stacey,

The Ontario Society of Occupational Therapists appreciates the opportunity to continue to participate in the feedback process regarding the implementation of the Special Needs Strategy – Integrated Delivery of Rehabilitation Services (SNS-IDRS). Following release of the Program Guidelines, the Society's School-based Occupational Therapy Team (SBOT-OSOT) has engaged in several discussions. Members of the Team have contributed individually to the on-line survey and we have encouraged the general membership of OSOT to contribute as well. We take this opportunity to forward more consolidated feedback and recommendations further to our review.

Our review has been focused both on enabling feedback that will support or strengthen the proposed Guidelines and on the perceived implications and impacts for occupational therapists working with children and youth with special needs and their families. We look forward to supporting occupational therapists through the implementation of this transformative strategy for the delivery of rehabilitation services to ensure that the benefits of occupational therapy are accessible to all children and youth who have need.

The Program Guidelines describe a tiered model of service delivery that is reflective of current evidence-informed practice research and models. As we have indicated informally, we are in full support of the SNS-IDRS guiding principles and the framework upon which the Program Guidelines for Integrated Delivery of Rehabilitation Services are based. We envision the proposed model to be responsive to the needs of children, youth and families while consistent with evidence. Further, we believe the implementation of the SNS-IDRS Program Guidelines will be truly transformational for children, youth, families and system partners.

We understand from discussions with representatives of the ministries and comments offered in the June webinar that implementation of the SNS-IDRS will evolve as information on the transformation within communities becomes available. This notwithstanding, we believe that there are elements of this transformation that without further development at this early stage

will hinder successful implementation and ultimately the transformation of occupational therapy services for children and youth. The concerns coalesce around 4 elements - the integration of Tier 1 services within a continuum of supports, performance outcome measures for Tier 1 and Tier 2 services, the needs for professional learning supports to enable therapists to effectively deliver Tier 1 level services, and the need for change enabling program funding.

### **Tier One Services**

The Program Guidelines may be missing an important opportunity to capitalize on the value of Tier 1 services. Integrating links from Tier 1 to Tier 2 and Tier 3 services would enhance an understanding of a continuum of responses to support children and youth which would support communities to develop effective strategies for the delivery of Tier 1 services. For example, the Program Guidelines currently indicate that all referrals for services require a response at Tier 2 or Tier 3. The model, as it is currently presented, does not identify the role for Tier 1 in response to a referral although reference to using Tier 1 as a means to mitigate waitlists for children who are waiting for assessments or and/or intervention is made. In the absence of an expectation that some referrals may be *best* addressed with Tier 1 services, Tier 1 services may not be fully developed by local communities or valued by stakeholders. OSOT would recommend the explicit inclusion of links to Tier 1 from the service pathway components relating to Monitoring and Observing, Warm Transfer and Transitioning of Service. This would clearly facilitate the transition of services across the tiers, particularly to Tier 1 where generalization of acquired skills can be reinforced. For similar reasons, a reference to Tier 1 as part of intervention planning would be advisable for Service Requirement #9.

### **Performance Outcome Measures**

The development of Performance Outcome Measures and the initial collection of Foundational Data Elements presents a challenge when considering change management factors. It was affirming to learn that implementation of SNS- IDRS is expected to be a multi-year endeavor and further, that the development of Performance Outcome Measures will be based upon Foundational Data Elements that will be gathered prior to determining outcome measures. However, we identify potential barriers to change in the early stages of transforming service delivery which include:

- Currently, in Ontario, there is limited occupational therapy service for pre-school aged children and thus, essential foundational data for this age group cannot be gathered.
- In the existing service delivery model, performance indicators for school-aged occupational therapy services focus on direct services (primarily tier 3 in SNS-IDRS Program Guidelines) and these indicators are closely linked to the format of service provider payment (CCAC contracted provider agreements). Service providers' compensation is typically based on a fee for service model, billing for direct visits to individual clients. In order to shift the model of service in Ontario to include services at Tier 1 and Tier 2, funding allocations need to re- align with Foundational Data

Elements and Mid/Long-Term Performance Outcome Measures. Without a re-alignment of a funding/billing model that acknowledges the distinct services of all three tiers and the indirect service supports needed to deliver these services, there will be little incentive for system change at the level of service provider. Notably, Tier 1 services do not in spirit align with direct client intervention. Additionally, Tier 2 requires congregate/group interventions as well as indirect services in consultation/training to teachers and families. While Tier 3 remains largely focused on individualized interventions, the expectations for indirect services directed to parent/teacher coaching or consultation would not typically fall within current visit based funding models. Without a re-alignment of funding at this operational level, there may be a disincentive for transformation which, in turn, will limit the value of the initial Foundational Data Elements collected.

We have noted above our perspective that the proposed Guidelines direct a true *transformation* of service delivery focus and orientation. While we both support and encourage the new service delivery model and recognize the need for change, we have not, to date, seen plans for funding reforms to incent this transformation.

### **Education and Mentoring**

The Program Guidelines do not make reference the training and preparation for occupational therapists or other professionals to transition to the model of service delivery described at Tier 1. Training and support for therapists working in this new model will be required to ensure the success of Tier 1 interventions. OSOT will be exploring tools for education and mentoring to assist occupational therapists to fully engage in the transformation to this new model of practice. We also welcome the opportunity to work collaboratively with the ministries in this area.

### **Program Funding**

The ministries have expressed an expectation that re-deployment of funding within the new model of service will allow for efficiencies. Nonetheless, it is worrisome that the expectations for services will continue to exceed capacity. The Program Guidelines speak to waitlist management but otherwise, provide limited support to address this potential challenge. The recommendations outlined above to more fully integrate Tier 1 services in the model and to review the Performance Outcome Measures and Foundational Data Elements are intended to support re-deployment of funding and enable efficiencies to be found while simultaneously supporting effective outcomes for children and youth.

In addition, we urge consideration of the costs of transformation and change management that need to be anticipated with such change. Introduction of new models such as Tier 1 can result in efficiencies once they are up and running smoothly, but initial investment to enable change is, in our opinion, a critical resource necessity.

As the Strategy moves forward, SBOT-OSOT is keen to continue to participate with the ministries in the implementation of the SNS-IDRS and to support occupational therapists to adopt new models of service delivery of rehabilitation services for children, youth and families. During the webinar in June, reference was made to webinars being offered this summer to assist the local proposal development tables. Notice of the webinar dates and topics would be appreciated so as to remain informed, prepared to support our members, and to participate in feedback opportunities as appropriate.

The Society extends an invitation to you and other ministry staff to join occupational therapists from around the province when the OSOT hosts its annual conference, in Mississauga, September 23 – 24, 2016. We are pleased to be able to include sessions in the program aimed at informing and preparing occupational therapists for the transformation ahead in the implementation of SND-IDRS. Members of the School-based OT Team will be presenting two sessions in the morning and afternoon of Saturday September 23. The sessions are described below.

***Breaking Through Barriers: Lessons Learned in Transforming School-based Practice***  
***Debra Stewart MSc, OT Reg. (Ont.) – Occupational Therapy Program, School of Rehabilitation Science, McMaster University, Institute of Applied Health Sciences***

*Significant changes are upcoming for occupational therapists working in the Ontario school system. The Ontario Special Needs Strategy, implemented by multiple ministries to improve rehabilitation service delivery for children with special needs, is spearheading a massive transformation of service delivery. Occupational therapists need to prepare and understand that there are potential barriers to change. Time and effort will be required to learn about and adopt evidence-informed change management strategies. The purpose of this workshop is to present “lessons learned” from a two year study of “Partnering for Change” (P4C), an innovative and transformative occupational therapy service model that is delivered in elementary schools. The P4C model uses a tiered approach to service delivery, in which an occupational therapist is in a school for a whole day on a regular basis. In this study, fifteen occupational therapists provided P4C services in 40 schools (3 different school boards). The lessons learned will focus on the role of change agent that the occupational therapists had to take on in order to address personal and system barriers to change and to build the capacity of everyone involved in the implementation process. The importance of building strong partnerships in the initial stages of implementation, and the need for training and ongoing mentorship will be highlighted. Recommendations will be discussed that build on these “lessons learned” for the future, to enable occupational therapists to respond positively and proactively to the Ontario Special Needs Strategy and to implement evidence-informed services in schools moving forward. **OBJECTIVES:** participants will become familiar with change management strategies relevant to school health practice; will be able to recognize the skills required to be a change agent in school settings; and be able to understand impending changes to school health service delivery.*

***Universal Design for Learning: School-based Occupational Therapy Service in a Tiered Model***  
***Debra Kennedy BSc (OT), M.RSc – York Region District School Board***

*The Special Needs Strategy Program Guidelines has outlined a tiered model of service that includes “universal services”. The concepts for universal services are derived from Response to Intervention models that recognize that some supports are good for all, i.e. universal, while others are essential for some. Historically, occupational therapy service delivery models have focused on individual student performance - those that are “essential for some”. However, OTs also have unique knowledge that can support educators to develop classroom strategies that are - “good for all”. This session will examine a tiered model of services with a focus on universal services, will provide participants with opportunities to share strategies that are effective in a universal model of service, and will explore skills needed by OTs to deliver*

*services that are in alignment with the implementation of the Special Needs Strategy. **OBJECTIVES:** participants will: be inspired by the evidence regarding the effectiveness of school-based occupational therapy; learn about the tiered model services for school-based OT with a focus on collaborative practice; and will be energized by the role of OT as a collaborative partner with educators to support students.*

We welcome representatives from the ministries involved in the SNS-IDRS to attend to hear comments from occupational therapists working with school-aged children and youth. Please let us know if this is a possibility and we will facilitate arrangements.

Members of the School-based Occupational Therapy Team of the Ontario Society of Occupational Therapists (OSOT) look forward to continuing to support the transformation of rehabilitation services within the Special Needs Strategy. The readiness of the ministries to receive further feedback is very much appreciated. Please do not hesitate to be in touch if there is need for further clarification of any of our input.

We look forward to your response regarding our recommendations relating to:

- the need to more effectively integrate Tier 1 services within the tiered model
- the need for alignment of Foundational Data Elements, Performance Outcome Measures and funding to support implementation of new service delivery models
- the need for educational supports for providers to promote adoption of new service delivery models and our interest to work collaboratively with the ministries to support professional learning for our members.
- the need to address funding/resource allocation to support change management processes and system capacity

Sincerely,



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