



Ontario Society of
Occupational Therapists

Current Policy Issues

Advocacy to position OT in Ontario
for today & tomorrow

June 2017

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OSOT's Policy & Advocacy Issues

The policy and advocacy issues that OSOT addresses are directed by the Society's [Strategic Plan](#) and the [Advocacy Strategy](#) approved each year by the Board of Directors. With a mission to *lead by providing vision, voice, visibility & value for Ontario occupational therapists*, advocacy is a core activity of the association. The diversity of practice focus and environment of occupational therapists in the province imposes a responsibility to monitor the activity and policy direction of at least 12 provincial ministries. OSOT's capacity to do so and to identify and respond to and engage with issues impacting OT is supported by a dynamic volunteer workforce, OSOT Teams. We, as Ontario OTs are indebted to their shared commitment, energy, expertise and passion!

OSOT's Advocacy Strategy identifies a commitment to address a proactive, profession-directed advocacy agenda as well as a commitment to monitor and respond to emerging policy issues directed by government, employers, health system stakeholders, etc. – all with a goal to achieve our visions that....

OSOT is an essential voice that influences the health care conversation. Every member in our community takes action to make our vision for the profession in Ontario a reality. And...

Occupational therapy is a vibrant profession in Ontario that is well-known, respected, valued and easily accessible across the health care continuum.

Monitor the issues that OSOT is addressing regularly to inform your OT practice and your personal advocacy activities.

- Monitor the **Current News** column on the homepage of www.osot.on.ca. OSOT posts news as it becomes available
- Monitor the **Current Issues** section of OSOT's Practice Sector Resource Pages in the Members Only section of the website.
- View OSOT's [official responses, briefs and promotional documents](#) & monitor OSOT's [recent advocacy meetings](#).
- Link with [OSOT Sector Teams](#) to relay your questions or input regarding emerging issues affecting your practice.
- Subscribe to your **LHIN bulletins and updates** to track health policy issues in your region. See www.lhins.on.ca to find your LHIN contact information.
- Set up a [Google Alert](#) to monitor key issues or topics of interest to you. News will come to your inbox!
- [Contact OSOT](#) to identify your issues, concerns, perspectives on risks, opportunities ...anytime!

ADVANCING OSOT'S ADVOCACY AGENDA

OSOT's strategic plan identifies a platform for the following proactive advocacy initiatives to position occupational therapy in Ontario's evolving health care system and to assure Ontarians have access to occupational therapy services that support their health and well-being.

Positioning OTs as Leaders in Seniors Care

OTs have much to offer a health care system transitioning to more effectively meet the needs of an aging population and OSOT is promoting this message! View [OSOT's response to Ontario's Senior Strategy Consultations, 2012](#). OSOT has engaged an active government relations strategy over the past 4 years to promote occupational therapy and the diversity of contributions OTs can make to government and sector priorities. OSOT's advocacy messaging aligns well with key messages of Ontario's [Action Plan for Seniors: Independence, Activity and Good Health](#). Ontario's home and community care sector serves an increasing proportion of seniors and its reform agenda (detailed below) has provided opportunity for OSOT to position OT as important contributors to system efficiency and effectiveness to address seniors' needs and interests to age at home. Similarly, OSOT's attention to the province's emerging Dementia Strategy positions OT as a key resource to older persons living with dementia and their caregivers. While OTs interact with seniors across all components of the public health system, needs exist that create demand in the private sector and OSOT has been active in promoting OT opportunities, particularly as they relate to supporting seniors through the various transitions senior years can present and the capacity to age at home. OSOT promotional strategies have supported this advocacy agenda and have included; a [digital campaign promoting OT](#) as a resource to home safety assessments; stories of example on the [OTOntario website](#) and; a [2014 TV Commercial](#) and subsequent 2015 digital campaign promoting OT as a resource to seniors living safely at home.

Advocating for Increased Access to Community-Based Occupational Therapy

OSOT's proactive advocacy agenda positions occupational therapy at the forefront of a health system transitioning to an increased focus on community-based care; a system with goals to promote health and wellness, minimize emergency and hospital admissions and promote safe aging at home. Ontarians need increased access to publicly-funded community-based OT services. The Society has undertaken an aggressive government relations strategy over the past four years to promote recommendations that Ontario's home care system must assume a more "enabling" or restorative care approach – a shift in approach from the "caring for" models of service delivery our current home care system exemplifies. Occupational therapy is positioned as a solutions-focused facilitator and contributor to such a focus that we believe can more effectively promote health and well-being, support seniors to age at home both safely and with an enriched quality of life, and can contribute meaningfully to health system efficiency by

reducing or delaying requirements for long-term care or dependence on personal support. View OSOT's positioning documents that have supported these meetings:

- [Supporting Successful Aging at Home](#)
- [Supporting Independence in Chronic Disease Management](#)
- [Supporting Successful Rehabilitation & Transitions from Hospital to Home](#)

In 2013, OSOT commissioned an international jurisdictional review of community-based OT services and models for service delivery. This report identifies interesting exemplars in Australia, New Zealand, Great Britain and Denmark which have informed our advocacy. OSOT has positioned exemplars from this review, such as the Home Independence Program

OSOT's work in response to developments in the Home and Community sector and in the primary care sector supports this advocacy priority. In light of the potential for significant transformation in these sectors, OSOT is poised to position occupational therapy as an important resource to Ontarians across the health care continuum from primary care to long-term care. Current options for integration of community based services with hospitals, primary care, etc. such as bundled care (integrated funding models), community hubs, HealthLinks, interprofessional teams focused on specific populations, etc. are all models through which occupational therapists could be meaningfully engaged .

Achieving Extended Health Insurance Coverage for Occupational Therapy

The lack of coverage of OT services by many extended health insurance plans was identified as a critical priority of OSOT members in the 2013 strategic planning process. Attention to this issue has been identified as a priority advocacy issue to be addressed, if possible, with our nation-wide partner OT associations. An early focus, unique to Ontario, is the promotion of inclusion of OTs providing psychotherapy services under plan provisions for psychotherapy coverage. This advocacy opportunity is supported by the pending proclamation of the controlled act of psychotherapy which OTs will be authorized to perform. Regrettably, delay in proclamation has to date deferred attention to this advocacy priority.

Advocating for an Expanded Scope of Practice for OT in Ontario

In partnership with the College of Occupational Therapist of Ontario and the 5 Ontario OT academic programs, OSOT is leading the profession's review and advocacy for an expanded scope of practice for the profession under the *RHPA*. This multi-year project commenced in 2009 and has to date included extensive consultation with Ontario OTs, a referendum confirming that OTs wish to proceed with advocacy for anew scope statement and proposed authority for additional controlled acts. See most recent [Update Communiqué](#). Project work to build the evidence base to support a formal proposal and advocacy to government has to date included; extensive literature reviews, the commission of an economic analysis of proposed changes, and recommendations that OTs demonstrate their desire/need to perform controlled acts by seeking

delegation from authorized professionals. The Ministry of Health and Long-Term Care placed a moratorium on professional scope of practice reviews in late 2015 and has developed a new framework for consideration of changes proposed to professions' scopes which will be introduced in summer 2017. The framework focuses on a patients and systems needs approach. OSOT will need to monitor key systems to be reviewed and be ready to promote where modification to the OT Scope of Practice could lead to great system efficiency and effectiveness.

RESPONDING TO HEALTH SYSTEM CHANGE & POLICY INITIATIVES

Being nimble and able to respond to both emerging trends and specific policy initiatives affecting the practice of occupational therapy in Ontario is important to the achievement of OSOT's visions for the Society and the profession in Ontario. The following represent key policy issues the Society is addressing:

Ontario's Health Care Action Plan – *Patients First*

Dr. Eric Hoskins, Minister of Health and Long-Term Care introduced government's new [*Patients First: Ontario's Action Plan for Health Care*](#) in February 2015. The plan focuses on 4 goals to increase access to better and more coordinated care, and ensure the health care system is sustainable for generations to come;

1. **ACCESS:** Providing patients with faster access to the right care,
2. **CONNECT:** Connecting people with the services they need to receive better coordinated and more integrated care in the community, closer to home,
3. **INFORM:** Providing people with the education, information and transparency they need to make the right decisions about their health, including:
4. **PROTECT:** Protecting our universal public health care system for generations to come, ensuring that decisions are based on value and quality, including:

This plan has been the foundation for health system investment and transformation over the past two years and into the future. Key initiatives of interest to OTs include foci on interprofessional primary care, mental health and addiction services, dementia care and supports, increased rehabilitation for seniors, home and community care transformation, attention to palliative care. OSOT's strategic advocacy agenda (above) is well aligned with these priorities.

The Patients First Act, a proposal to strengthen client-centred health care in Ontario

The passage of the [*The Patients First Act*](#) in December 2016 is being considered Ontario's biggest health care reform in decades. The Act promises reorganization of Ontario's health care system with a

strengthened role and mandate for Ontario's 14 Local Health Integration Networks (LHINs), formally integrating primary care, acute care, home and community care, long-term care and a unique relationship with public health. Only physician funding for family physicians lies outside of the LHINs funding. OSOT has advocated for a more integrated system to better serve the clients as they transition from one component of the system to another. A key highlight of the new legislation include: integration of the Community Care Access Centres (CCACS) into the LHINs, eliminating these community based coordinating bodies. LHINs will assume service delivery responsibility for home and community care. While the improved integration goal is applauded, OSOT will monitor carefully the impact of winding down the CCACs on access to OT services and client care. CCAC integration is a first transitional step that will lay groundwork for more transformational change, including implementation of home and community care reform guided by a new levels of care framework.

The health system transformations of *Patients First* underline the increasing focus on regionally directed health care. Amongst the changes that will be implemented over the next year is the creation of 76 LHIN Sub Regions to bring health service planning closer to home. While the benefits may be significant occupational therapists will need to be thoughtful about how best to mobilize the profession at the local level where increasing health service delivery planning and funding will occur..

Home and Community Care Transformation

In May 2015, Ontario's Ministry of Health and Long-Term Care introduced [Patients First: A Roadmap to Strengthen Home and Community Care](#), a three year plan to transform home and community care. The plan outlines 10 steps Ontario will take to achieve greater consistency in care, increased integration of services available, more support for caregivers and, ultimately, better access to the right care for those in need. This plan was informed by the report of the Ministry's Expert Group on Home and Community Care, [Bringing Care Home](#), which was submitted further to an extensive review of the sector in the fall of 2014. (View [OSOT's submission to the Home & Community Care Review](#))

The goals of the Roadmap are to:

1. Develop a statement of values with a focus on patient- and caregiver-centred care
2. Create a Levels of Care Framework
3. Increase funding for home and community care
4. Move forward with Bundled Care
5. Offer self-directed care to give patients more control
6. Expand caregiver support
7. Enhance support for Personal Support Workers
8. Increase nursing services for patients with complex needs
9. Provide greater choice for palliative and end-of-life care
10. Plan for the future

Occupational therapists are important members of the interprofessional team that serves clients in the home and community care system. In recent years, OTs have expressed frustration that their capacity to add value and impact to their clients and the health care system in this sector

has been minimized as a result of restrictions to visit numbers and client access to services. This new commitment to home and community care creates opportunities for occupational therapists to participate in defining a new home and community care system, however we note that therapy professions are not mentioned in the document! OSOT has advocated for a home care system that supports a more “enabling” or restorative focus to support people to live life fully participating actively in occupations that are important to them and continues to promote OT as a part of the solution for home and community care. Special emphasis is placed on the roles OTs can play to support seniors aging at home, those living with chronic disease and/or dementia, and evidence based approaches to integrate OT and PSW services to minimize care support over the long term. To this end, OSOT has promoted models gathered from an international jurisdictional review, for example, the Home Independence Program introduced and studied in Australia and New Zealand and now piloted in a few Ontario CCACs. (See the positive [HIP Program evaluation in CW CCAC!](#))

Implementation of the Roadmap is occurring concurrent to the major transformative changes to the home and community sector resulting from dissolving the CCACs and absorbing the delivery of home and community care services into the LHINs. While 2017 goals have largely focused on supporting this transition in May – June with no disruption to patient care, it is expected that by fall there will be continued development on the Levels of Care Framework. View [OSOT’s response to the Proposed Levels of Care Framework for Home and Community Care](#) which advocates for more attention to restorative approaches in lieu of an exclusive focus on care (PSW). The Society was pleased to see attention to this message in the Ministry’s December 2016 release of [Levels of Care Report Back on What We Heard](#) which lends continuing insight into future directions for home and community care.

Promoting OT Roles in Interprofessional Primary Care

While potentials for change abound, OSOT continues to advocate and position OT for increasing roles in the province’s primary health care sector. Since the 2010 funding approval for OTs in Family Health Teams we have seen a growing attention to the value OTs can bring to primary care. OSOT continues to promote occupational therapy services to [Family Health Teams](#), [Nurse Practitioner-Led Clinics](#), [Aboriginal Health Access Centres](#) and [Community Health Centres](#). [OSOT’s Primary Health Care Team](#) supports OTs working in primary care and facilitates activities that promote role development and access to OT. For example, OSOT has participated in the province’s Low Back Pain Strategy which has focused on the development of pilots of evidence-based care for LBP to achieve better outcomes, improved quality and efficiency in LBP management and decrease inappropriate utilization of health care resources (e.g. imaging). The [Inter-professional Spine Assessment and Education Clinics \(ISAEC\)](#) pilots are underway in Hamilton, Toronto and Thunder Bay and the [Primary Care Low Back Pain Pilots](#) are enabling interprofessional teams which can include OTs to develop cost-effective management of low back pain. Work in Ontario’s primary care system is also linked to OSOT’s priority to position OTs in seniors care as much of the primary care system is focused on managing the needs of our aging population.

The Government's 2017 Budget announced a \$250 million investment over 3 years to enrich interprofessional teams in primary care and to expand such teams to ensure that there is at least one interprofessional team in each LHIN Sub Region. OSOT will advocate to ensure that teams include occupational therapists! A component of this funding is directed to address compensation issues in the sector. OSOT and others have advocated for attention to compensation issues in primary care organizations to assure a more competitive sector. OSOT has support the Association of Family Health Teams of Ontario and the Association of Ontario Health Centres advocacy and [proposed compensation structure](#) for primary care organizations.

OSOT's [Primary Health Care Team](#) has developed a network of OTs working in primary care and works to support this growing potential for practice.

Ministry of Health & Long-Term Care Assess & Restore Guideline

The Ontario Ministry of Health & Long-Term Care released a new [Assess and Restore Guideline](#) in 2015 which defines the elements of an Assess & Restore approach to care. It outlines expectations and defines the roles and responsibilities of LHINs, Health Service Providers, and care providers in delivering A&R interventions across five areas: screening, assessment, navigation and placement, care delivery and transitions home. Implementation of the Guideline is meant to;

- extend the functional independence of frail seniors and other people who live in the community for as long as possible;
- reduce the burden on caregivers by improving psychosocial and health outcomes for frail seniors and other people who live in the community; and
- help LHINs, HSPs and health care professionals adopt evidence-based clinical processes and interventions that are effective in improving the functional independence of community-dwelling seniors and other people.

Assess and Restore (A&R) interventions are short-term rehabilitative and restorative care treatments targeted to frail seniors at risk for hospitalization or admission to LTC who are deemed to have restorative potential. The Guideline targets access to 'facility-based' A&R interventions (i.e. hospital or Long-Term Care (LTC) home Convalescent Care Program (CCP) bed settings). OTs should play important roles in these restorative in-patient interventions and supports upon discharge home. The Rehabilitative Care Alliance was mandated to coordinate/facilitate a two year implementation (March 2015 – 2017) of the Assess & Restore guideline across the province. Currently, projects are being evaluated for the purposes of identifying best practices and models that may serve to roll out across the province.

Rehabilitative Care Alliance

The [Rehabilitative Care Alliance \(RCA\)](#) is a provincial collaborative funded by Ontario's 14 Local Health Integration Networks and created to effect positive changes for rehabilitative care across

Ontario. Working together with stakeholders to standardize rehabilitative care, the Alliance aims to not only improve long term clinical outcomes but also increase community capacity for rehabilitation so that people have access to rehabilitative care when and where they need it.

With completion of the Rehabilitative Care Alliance's first two-year mandate, the Alliance released its final report and recommendations, [*Inspiring New Directions in Rehabilitative Care: Rehabilitative Care Alliance 2013 – 2015 Report*](#). In 2017, the Alliance issued [*Transforming Rehabilitative Care in Ontario*](#) to mark the completion of its second two year term. Some key achievements include:

- LHINs and health service providers have begun to implement provincial standards for rehabilitative care programs across Ontario.
- For the first time, rehabilitative care data to support capacity planning has been generated across all LHINs using a consistent, standardized method and format.
- For the first time, comparable, standardized data has been collected across outpatient/ambulatory rehabilitative care programs.
- The first provincial benchmarks for rehabilitative care have been established.
- An analysis of Assess & Restore initiatives has identified components of models of care for frail older adults that produce positive system and patient level outcomes.
- Best practice frameworks for rehabilitative care for patients following hip fracture and total joint replacement have established standards for care across the continuum
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OSOT has sat on the Advisory Groups for each of the 5 working groups and continues to have representation into the third mandate of the RCA and its key foci which include;

- Assess & Restore/Frail Seniors Medically Complex
- Outpatient/Ambulatory
- Rehabilitative Care System Evaluation
- Total Joint Replacement QBP
- Hip Fracture QBP

Ontario's Special Needs Strategy

The Ontario government announced a commitment to develop a new Special Needs Strategy in April 2014 with goals to improve how families of children and youth with special needs (including physical, developmental and/or communications needs) access the services they need. The strategy identified in *Putting it All Together: A Strategy for Special Needs Services that Make Sense for Families* has 3 foci:

1. Identifying kids earlier and getting them the right help sooner including the development of a new developmental screen.
2. Coordinating service planning
3. Making supports and service delivery seamless - Implementing integrated delivery of children's rehabilitation services so that: children have access to speech-language, occupational therapy, and physiotherapy services that are delivered seamlessly from birth to when they leave school.

OTs provide services to children with special needs in their homes, in Children's Treatment Centres and in schools through the province's School Health Support Program coordinated by the CCACs. OSOT is a member of the Special Needs Strategy Provincial Provider Table and represents an OT perspective to this collaboration with the Ministries of Children & Youth Services, Health & Long-Term Care and Education. [OSOT's School-based OT Team](#) is monitoring & addressing strategy evolution as is APACTS (the Alliance of Associations representing Community Therapy Providers) of which OSOT is a member. OSOT has developed a paper on OT roles with children and youth with special needs and their families which has been shared with regional planning tables who are addressing service delivery development for integrated rehabilitation services. View [Occupational Therapy in the Ontario School System: Effective Strategies that fit with the Special Needs Strategy](#). This document has been well received by both the 4 Ministries involved in the strategy and the local planning tables, in part because it promotes evidence-based strategies that target to increase capacity in the system. The *Partnering 4 Change (P4C)* model developed and researched in collaboration with CanChild has demonstrated significant impact on increasing both therapist and teacher experience and, most importantly, child outcomes.

The Strategy identifies 34 Regional Planning Tables for both the Coordinated Service Planning and Integrated Delivery of Rehabilitation Services tasks. Tables have developed local solutions that will meet objectives to *best* serve the children and families at the centre of the strategy and these have been submitted to the Ministry and are pending approvals. To date, there is little known about final recommendations but deadlines for regional table proposals for Coordinated. We understand that there may be significant re-alignment of services.

The Ministries are also developing Program Guidelines which are intended to promote equity and consistency of service delivery across the province. OSOT has had a representative to the Guideline Advisory Panel. Draft Guidelines were circulated for a confidential review by the Society in summer 2016 but have not been released formally to date.

While goals for strategy outcome implementation was Fall 2017, this deadline has been deferred to Fall 2018. In part, the strategy has been impacted by the *Patients First Act* which has moved CCAC services into the Local Health Integration Networks and has delayed discussions about funding oversight amongst the 3 Ministries.

OSOT recognizes that strategy developments, while they hold potential for improved services to meet needs of children with special needs and their families, also promote a sense of instability amongst service providers in the sector. It is clear that change will happen, it is not clear what that change will be. OSOT advises members to be as informed as possible about discussion/developments at the local level and the strategy in general. The [Special Needs Strategy Website](#) is the most current resource on all aspects of the strategy and includes robust Q & A pages.

Assuring Access to OT Services in Long-Term Care Homes

Further to the Physiotherapy Funding Reform of August 2013, access to OT services in LTC Homes has been severely restricted if not lost as a result of what the Ministry of Health and Long-Term Care describes as an unintentional consequence. While [OSOT supported the MOHLTC](#) move to restructure PT funding in long-term care homes, it was with the understanding that attention to OT service access would be addressed. Such attention has not been forthcoming. The Society continues to advocate for effective models for service delivery to enable resident access to necessary OT services. [OSOT's Long-Term Care Homes Team](#) has been active in government relations meetings, review of literature and models in other jurisdictions, promotion of OT to the LTCH sector, and assisting in the development of advocacy documents such as:

- OSOT Briefing Note to MOHLTC – [Implications of PT Funding Reform on Access to OT Services - September 2013](#)
- OSOT's January 2014 Submission to the pre-budget Consultation – [Assuring Necessary Occupational Therapy Services for Residents of Ontario Long-Term Care Homes, January 2014.](#)
- OSOT [Communique to Support 2014 MPP Lobby](#) re Access to OT in LTC Homes -
- OSOT's March 2015 Submission to the Ministry of Health and Long-Term Care - [Occupational Therapy in Ontario Long-Term Care Homes: Strategies to Achieve Capacity to meet Resident Needs.](#)
- OSOT's March 2017 [Occupational Therapy and Dementia Care in Ontario Long-term Care Homes](#) presented to the MOHLTC Director Long-Term Care at his request

Recent meetings with the Ministry of Health and Long-Term Care have focused on requests of the Ministry to address a model for service delivery for OTs to address issues relating to dementia and responsive behaviours of residents. The focus on a priority need may be a strategic opportunity for OT to re-enter long-term care homes and provide more comprehensive services to residents.

Auto Insurance Cost and Rate Reduction Strategy

In the 2013 Budget government announced the [Auto Insurance Cost and Rate Reduction Strategy](#) with a goal to protect consumers and reduce car insurance rates by an average of 15% by 2015. A significant focus of the strategy is to crack down on fraud and to explore cost reduction initiatives. OTs working in the province's auto insurance sector experience impacts resulting from strategy initiatives, including:

- **Licensure of Clinics**

Licensure of health providers billing through the auto insurance sector billing system was introduced in December 2014 as a component of the Anti-Fraud Strategy. This has increased the cost of business for providers in the sector and imposes new regulatory standards and audits by the Financial Services Commission of Ontario. OSOT continues to monitor the impact on OT clinics and providers and has supported members with the preparation of a [Health Service Provider Toolkit for FSCO Examinations/Audits](#) and is completing a survey of impacts on OTs to be in a position to both better serve needs and advocate for members interests relating to this new layer of regulation..

- **Assuring the quality of Assessment of Attendant Care Needs**

OT is one of 2 professions authorized to assess and identify auto insurance claimants attendant care needs. In this contentious benefit driven system, therapists are often in the middle of competing interests of claimant lawyers and insurers. Consistency and integrity of OT assessments is called to question when OT reports vary significantly for the same client. [OSOT's Auto Insurance Sector Team](#) has developed a [reflective practice resource](#) and offered workshops, etc. however, there is a need to look further at how we can address reputational management in this field of practice. The Society is currently undertaking a survey of key stakeholders to inform future directions and exploring feasibility of course/continuing education options to more effectively support OTs.

In April 2017, government released [Fair Benefits, Fairly Delivered: a review of the auto insurance system in Ontario](#), a report by David Marshall, Ontario's advisor on auto insurance. He recommends transformative steps to strengthen consumer protection, improve health outcomes for those injured in collisions and reduce insurance costs, including:

- Prohibiting most cash settlements
- Implementing mandatory programs of care to treat common injuries
- Introducing independent, hospital-based examination centres to provide single medical assessments
- Increasing the financial services regulator's role in monitoring and investigating practices in the auto insurance system

OSOT is reviewing this report and will respond further to consideration with the Auto Insurance Sector Team and members.

Ontario Mental Health & Addictions Strategy – Phase 2

In 2011, Ontario launched [*Open Minds, Healthy Minds*](#): Ontario’s Comprehensive Mental Health and Addictions Strategy, a 10-year strategy to deliver mental health and addictions services to Ontarians in an integrated, coordinated and effective way.

The first three years of the Strategy included a \$93 million investment that focused on children and youth. Building on the first phase of the Strategy, Phase 2 expands to improve transitions between youth and adult services, and to invest in improved services and care for Ontarians of all ages who have mental illness and addictions. Government has announced additional investments of over \$65 million in 2014–15, growing to about \$83 million annually by 2016–17, to ensure that the expanded Strategy will help to ensure Ontarians and their families have better access to quality services and supports for their mental well-being.

5 Pillars of the current phase of the Mental Health and Addictions Strategy include:

1. Promoting Mental Health, Resiliency and Well-being by:

- Expanding proven programs to promote mental health in schools and the workplace.
- Using public health expertise and programming for mental health promotion and addictions prevention.

2. Ensuring Early Identification and Intervention by:

- Using virtual applications to enable people with mental illness and addictions to access services.
- Expanding and tailoring training programs, mentorship and support led by service providers.
- Increasing access for self-help and early intervention by expanding on existing programs.

3. Expanding Housing, Employment Supports and Diversion and Transitions from the Justice System by:

- Increasing supportive housing for people with mental illness and addictions who are homeless or at risk of homelessness.
- Expanding effective workplace mental health programs.
- Expanding initiatives to reduce contact with the justice system.

4. Providing the Right Care, at the Right Time, in the Right Place by:

- Developing integrated service coordination across Health Links and Ministry of Children and Youth Services lead agencies, and strengthening coordination between service collaboratives and Health Links.
- Addressing gaps for youth who are using harmful substances.
- Developing innovations in patient care for people suffering from simultaneous mental and physical illness.

5. Funding Based on Need and Quality by:

- Establishing a new funding model linked to population need, quality improvement and service integration. Ontarians can expect better access to high-quality services delivered consistently wherever they receive them.

Occupational therapists are important mental health professionals who have much to contribute to the goals and strategies identified in this next phase of the province's mental health strategy. There appear to be good synergies with the current priorities. OTs are encouraged to communicate and advocate their services relating to the identified priorities above.

Correctional Services Reform

The Ontario Ministry of Community Safety and Correctional Services in Toronto released an [interim report](#) from Independent Advisor on Corrections Reform, Howard Sapers, which examines the use of segregation in Ontario's adult correctional facilities. The recommendations provided by both the report and an ombudsman will support the government's ongoing work to reform Ontario's 26-facility correctional system. Sapers' report will support the ministry's current work to reform the use of segregation by:

- Reducing the number of people held in segregation, and the length of time individuals spend in segregation
- Building a system in which appropriate alternatives to segregation are more available for vulnerable inmates, such as pregnant women and those with acute mental health issues, and ensuring that segregation is used only in rare circumstances
- Improving the conditions under which individuals are held when in segregation
- Improving oversight of inmate conditions

The Ontario government has already taken action to change segregation practices as well as made investments to increase staff and mental health supports for those in custody, according to a statement by the ministry. Additionally, the province will work to transform health care services in correctional facilities, including exploring options to shift the oversight and provision of health care services from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care, according to a statement by the ministry. New legislation slated for introduction this fall will further support corrections reform. This will be the first substantive review of existing legislation since the 1990s and will include a legislative definition of segregation based on conditions of confinement and international standards. Occupational therapists bring unique perspectives to rehabilitative and mental health services in corrections with a focus on enabling skills and abilities that promote rehabilitation and positive community re-entry for provincial offenders. OSOT will work to assure an OT voice is brought to this reform agenda.

Proclamation of the *Psychotherapy Act, 2007*

On April 1, 2015 Ontario's Ministry of Health and Long-Term Care proclaimed the *Psychotherapy Act, 2007* to come into force, thereby creating the new College of Registered Psychotherapists of Ontario (CRPO). However, the controlled act of psychotherapy has not been proclaimed into force at this time as the MOHLTC contends there is confusion about interpretation of the act that needs to be clarified before proclamation. The lack of proclamation of the controlled act leaves the practice of psychotherapy in the public domain. Further, because use of the title "psychotherapist" for the professions of medicine, nursing, OT, psychology and social work is tied to their authorization to perform the controlled act, until such a time as the act is proclaimed, these professionals may not use this title. Use of the title "psychotherapist" is now restricted to registrants of the new College of Registered Psychotherapists of Ontario.

At the request of the Minister of Health, the 6 Colleges whose members were to be authorized the controlled act of psychotherapy (OT, nursing, medicine, psychology and social work & psychotherapy) have worked collaboratively to further define the controlled act, ensuring that it is clear to members, potential applicants, and the public as to what the controlled act of psychotherapy entails. This work and membership surveys to solicit feedback on the clarifying documents and videos are complete and are now being considered by the Ministry. OSOT has endorsed and encouraged members to participate in an online letter writing campaign to alert the Premier, the Minister of Health and their MPP of the concerns about the lack of public protection for psychotherapy. This active advocacy is shared with the Ontario Association of Social Workers.

In the interim, [OSOT's Mental Health Sector Team](#) continues to work to support OTs to practice psychotherapy with excellence. Research funded by the OSOT Research Fund has resulted in the development of a [Compendium of Psychotherapy Resources for Occupational Therapists](#). Current work focuses on the development of supports for professional supervision for those practicing psychotherapy.

Ontario's Accessibility Action Plan

On June 3, 2015 the government celebrated the 10th anniversary of the [Accessibility for Ontarians with Disabilities Act](#) and launched [The Path to 2025: Ontario's Accessibility Action Plan](#). The Action Plan builds on strengths and outlines a path to an accessible Ontario by 2025. While attention to the physical environment is an important focus, the plan speaks assertively to the priority of employment for persons living with disabilities.

Ministry of Transportation consults on Reporting of Medical Conditions affecting Driving Status

On June 2, 2015 the Ontario legislature passed Bill 31, [Transportation Statute Law Amendment Act \(Making Ontario's Roads Safer\), 2015](#). Amongst other things, the Bill,

- increases fines for distracted driving from its current range of \$60 to \$500 to a range of \$300 to \$1,000, assign three demerit points upon conviction, and add distracted driving to the existing list of novice driver conditions.
 - Applies current alcohol impaired sanctions to drivers who are drug impaired.
 - Introduces additional measures to address repeat offenders of alcohol impaired driving.
 - Requires drivers to wait until a pedestrian has completely crossed the road before proceeding at school crossings and pedestrian crossovers.
 - Increases fines and demerits for drivers who door cyclists, and requiring all drivers to maintain a distance of one metre when passing cyclists, where practicable.
 - Helps municipalities collect unpaid fines by expanding licence plate denial for drivers who do not pay Provincial Offences Act fines.
- And....
- Amends physicians and optometrists reporting requirements
 - Allows the Ministry of Transportation to engage in consultations to develop regulations that will:
 - Better define mandatory and discretionary reporting requirements for physicians and optometrists;
 - Clarify what types of medical conditions need to be reported;
 - Set out what specific driver information must be provided by mandating the use of standardized reporting forms; and,
 - Allow other regulated health care practitioners to report medical problems to the ministry.

This legislation and resulting regulations have the potential to make significant improvements to the medical review program by identifying specific medical conditions/functional impairments in regulation and including a broader range of medical professionals into both mandatory and discretionary reporting models. The Ministry of Transportation has undertaken comprehensive consultations with key stakeholders, including OSOT relating to the medical review process to determine the list of medical conditions that will become mandatory for physicians to report and explore other health care practitioners who should be included in reporting requirements (either mandatory or discretionary).

Discussion about the profession of OT has focused on whether the profession best fit to be a mandatory or discretionary reporter. We await further developments from the Ministry at this time.

Provincial Dementia Care Strategy

The Ontario government has committed to the development and implementation of an [Ontario Dementia Strategy](#). In the 2017 provincial budget \$100,000 million was announced with commitments to the following:

- Increasing access to adult day programs for people with dementia and additional hours of care and transportation to help people travel to their local program location.
- [Enhancing caregiver supports](#) and respite services, both in-home or overnight, so that caregivers can schedule breaks for rest, family commitments or other priorities.
- Expanding behavioural supports, which are tools and techniques used to address behavioural symptoms of dementia, in all long-term care homes and providing similar support at home and in the community.
- Improving the coordination of care, including building strong partnerships between primary, specialist and community care providers that are critical to help people with dementia live well.
- Continuing to invest in health care providers' education with in-person, educational resources and public awareness about the signs and symptoms of dementia to support geriatric care.
- Raising awareness about dementia risk factors and reducing stigma through targeted public awareness campaigns to inform and educate people in Ontario about dementia and how to maintain a healthy brain.

View 10 Key Investments of the new Dementia Strategy [here](#).

OSOT takes the position that occupational therapists have much to offer the field of dementia care and should be at the planning tables for this strategy development. Already OTs are contributing to Memory Clinics in many communities. In some communities OTs are participating as team members in Behavioural Supports Teams. OSOT advocates that more OTs need to be engaged in this province wide initiative that has been largely nursing driven. The Society has an active relationship with the Ministry relating to this issue.

Proposed Changes to Ontario's Employment and Labour Laws

Government introduced Bill 148, the [Fair Workplaces, Better Jobs Act](#) on June 1, 2017 with a goal to achieve better jobs and fairer workplaces for Ontarians and in response to the [Changing](#)

Workplaces Review. The Bill proposes the following major changes to the *Employment Standards Act, 2000*:

- **Section 23.1 (Determination of minimum wage)** is amended to increase the minimum wage to \$14 per hour on January 1, 2018, and then to \$15 on January 1, 2019, followed by annual increases at the rate of inflation
- **Part XII (Equal Pay for Equal Work)** is amended. Mandate equal pay for part-time, temporary, casual and seasonal employees doing the same job as full-time employees; and equal pay for temporary help agency employees doing the same job as permanent employees at the agencies' client companies
- **Part XIV (Leaves of Absence)** has expanded personal emergency leave to include an across-the-board minimum of at least two paid days per year for all workers
- **Part XI (Vacation With Pay)** is amended to provide a minimum of three weeks of vacation entitlement to employees whose period of employment is five years or more, beginning after the end of the employee's vacation entitlement year.
- **New Part VII.2 (Scheduling)** sets out new scheduling provisions. These include a minimum of three hours' pay for shifts that are under three hours, minimum pay for being on call, a right to refuse requests of demands to work on a day that an employee is not scheduled to work with insufficient notice and entitlement to pay for three hours of work in the event of cancellation with insufficient notice.
- **New Part VII.1 (Requests for Changes to Schedule or Work Location)** adds an ability for employees to request changes to their schedule or work location
- **Part VII (Overtime Pay)** is amended to establish a rule for overtime pay for employees who have two or more regular rates for work performed for the same employer
- **Part X (Public Holidays)** is amended. The rules for the calculation of public holiday pay under section 24 are amended to be based on the number of days actually worked in the pay period immediately preceding the public holiday
- **Employee Misclassification** - The proposed legislation would prohibit employers from misclassifying employees as "independent contractors." This is intended to address cases where employers improperly treat their employees as if they are self-employed and not entitled to the protections of the ESA. Employers that misclassify their employees could be subject to penalties including prosecution, public disclosure of a conviction and monetary penalties.

[View government's background for more information here.](#)

Occupational Therapists who are employed or contracted as independent contractors or those who are employers of others will be both interested and affected by passage of this bill. When

passed, members are encouraged to review the implications for their employment situation, ensuring transparent discussions with their employer/contractor. Employers will be bound to these amendments of the ***Employment Standards Act*** and Labour law.