



Ontario Society of
Occupational Therapists

March 19, 2018

Ministry of Health and Long-Term Care
Home and Community Care Branch
1075 Bay Street, 10th Floor, Suite 1001
Toronto, ON
M5S 2B1

RE: CONSULTATION ON PROPOSED AMENDMENT TO REGULATION 386/99 OF THE HOME CARE AND COMMUNITY SERVICES ACT, 1994

The Ontario Society of Occupational Therapists represents 4400 occupational therapists and student occupational therapists in Ontario and has been monitoring developments of the Special Needs Strategy as member occupational therapists provide services for children across the age continuum from birth to age 19.

The Society has been supportive of the goals and directions of the Special Needs Strategy and particularly applauds strategies to achieve true integration of delivery of rehabilitation services. To this end, there has been understanding of the transfer of authority and fiscal responsibility for school health professional services from the Ministry of Health and Long-Term Care to the Ministry of Children and Youth Services.

Occupational therapists provide school health professional services under the provisions of the *Home Care and Community Services Act, 1994* to eligible students in both public and private schools in the province.

In review of the [proposed regulatory amendment](#), we note that only the school health professional services provided in publicly funded schools will be transferred to the Ministry of Children and Youth Services. The Local Health Integration Networks will continue to provide and fund these services to children attending private schools and who are home-schooled.

We have concern about this separation of public and private school services and question how the continued funding and accountability of LHINs for private schools will foster and enable true integration with early interventions offered to children through Childrens Treatment Centres or other pre-school programs. While it is recognized that private schools and parent who home school their children operate independently of the Ministry of Education and that imposition of service delivery models is not a given, it is unclear how children engaged in alternatives to public schools will be afforded the same level of service and service integration as children in public schools.

Members who provide services in Ontario private schools currently report vulnerability of LHIN funded school health professional services, especially occupational therapy services. The visit-based funding model has compromised optimal services both in visit limits and in relation to what is not funded outside of the one to one visit with the child – e.g. consultation to teacher, families, report writing, communication with interprofessional team members, etc. These indirect professional services are critically important to effective outcomes of school-based rehabilitation services. Further, funding levels reportedly vary as home and community care budgets are stretched. Members in some regions of the province report cuts in the number of visits and this precedent establishes our rationale for concern for the security of access to necessary school health professional services for children to age 19.

The Society raises these concerns on behalf of members, as the regulation does not identify provisions for integration of LHIN funded school health professional services with other components of integrated rehabilitation services within the Special Needs Strategy.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley". The signature is written in a cursive, flowing style.

Christie Brenchley, OT Reg. (Ont.)
Executive Director