

March 25, 2011

Hon. Deb Matthews
Minister of Health & Long-Term Care
80 Grosvenor St. - 10th Floor
Hepburn Block
Toronto, ON M7A 2C4

Dear Minister Matthews:

Re: School Health Support Services Report

The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) wish to thank you for the opportunity to respond to the *School Health Support Services Final Report, July 2010* by Deloitte. CASLPO is the agency that regulates speech-language pathologists and audiologists in the province of Ontario in the interest of public protection. Consequently, all of our comments reflect our concerns for the public and their right to receive competent speech language pathology services from our professionals. As speech language pathology services were specifically mentioned throughout the report, feedback from the perspective of the regulator of the profession of speech-language pathologists is, we believe, appropriate. We also believe that it should not be forgotten that our audiologist members also provide high quality services to many school-age children throughout the province. We respond with a sense of urgency as the issues involved in service delivery of School Health Support Services (SHSS) were first identified for address back in 2004.

We have organized our feedback under the following three topics:

1. Efficiency and effectiveness of service
2. Inaccuracies within the report
3. Equality of access for children

Efficiency and Effectiveness of Service

CASLPO endorses all of the major recommendations in the report, as they speak to increasing the efficiency and effectiveness of services, as well as improving transition processes across organizations. We strongly endorse the need to clarify the scope of services delivered under the mandate of the SHSS program as the first step toward making improvements in efficiency and effectiveness of service. Currently there are inconsistencies in the speech language pathology services that are provided across the province through SHSS.

Currently, the *Interministerial Guideline for Program/Policy Memorandum No. 81* (PPM81) agreements between SHSS and school boards are resulting in fragmented services for children with the most severe speech language pathology needs and confusion and concern for their families. Improvements in efficiency and effectiveness of services will have a positive impact for children and families who require speech language pathology services. As the mandate is reviewed, we would also encourage consideration of the provision of audiology services through SHSS.

The recommendations are a positive first step toward the development of improved services to children. The College looks forward to the next steps, where specific targets and timelines are identified, implemented and monitored.

Inaccuracies Within the Report

We took note of a few inaccuracies in the report, to which we would draw your attention. They relate to two areas: regulatory standards and service delivery.

Regulatory Standards:

Specifically, on page 38 it is stated that:

“Therapists report that they are required to conduct their own assessments, as bound by their respective regulatory college standards. However, as families and educators are not largely aware of these standards, it is perceived to be a duplication of service, which potentially delays access to receiving health supports in school. While it is necessary to re-assess the needs for service if children have been on the wait list for a period of time, a proportion of stakeholders perceive that SHSS and Board therapists should be in the same circle of care, which would reduce the need for multiple, lengthy assessments.”

Although the report does not specify profession-specific therapists, it was assumed that it included speech-language pathologists.

In fact, it is not the case that speech-language pathologists (SLPs) must conduct their own assessments. One SLP may certainly use the assessment results of another SLP, provided they are deemed to be current and complete enough to proceed with treatment. Therapists’ comments with regard to this issue may stem from some confusion within the profession regarding “screenings”. Although the CASLPO standard of care for the profession states that an SLP cannot use screening results to set treatment goals, the term “screening” in this context means something very different from what is typically conducted when a child is referred to a CCAC. These screenings that are conducted in order to refer the child to the CCAC speech language pathology services are, by CASLPO’s definition, “assessments” in most cases.

The CASLPO definition of “screening” is:

“The use of pass/refer measures by an audiologist or speech-language pathologist and used only to determine the need for a speech-language pathology assessment and/or an audiological assessment.”

Whereas an “assessment” is defined as:

“The use of formal and/or informal measures by an audiologist or speech-language pathologist, in accordance with the member's scope of practice, to determine a patient/client's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific treatment recommendations.”

In many instances, the original evaluation of a child for referral to a CCAC is an “assessment” by CASLPO's standards of practice and could possibly be used by the CCAC SLP for program planning. This, of course, assumes that the interval between the assessment by the referring SLP and the initiation of service by the CCAC SLP is such that the status of the child's speech has not changed.

Service Delivery:

Within the Report's description of the mandate and accountability with regard to delivery of speech language pathology services, it is stated on page 5 that:

“Through these guidelines, children requiring SLP services receive language support from the Board SLP, and speech support from the SHSS SLP.”

Many of our members have pointed out that the service is not so clearly delineated in most regions, nor was it intended to be so clear-cut, as outlined in the original *Interministerial Guideline for Program/Policy Memorandum No. 81* (section III Determining Responsibility for Service Delivery):

“Articulation/Speech Sound Production

While it is recognized that articulation/speech sound production problems may be viewed as a dimension of language competence, the large numbers of pupils experiencing varying degrees of such problems make it necessary for local Home Care Programs and Agencies of the Ministry of Health and school boards to provide services, as follows:

1. a) Specialized assessments and programs for pupils with neuromotor speech disorders, such as dyspraxias and dysarthrias, should be the responsibility of the Ministry of Health.
b) Other motor speech disorders requiring the support of a medical, habilitation or rehabilitation team should be provided by the Ministry of Health.

2. In cases where it is determined that the articulation/speech sound program should be part of the educational program, school boards are responsible.
3. In cases where it is not essential that the speech program be part of the educational program, school board or health staff may provide assistance, as determined locally.”

This reflects what our members have reported and that is that there is a significant overlap between who provides the speech services at what point in the stage of intervention.

Equality of Access for Children:

Given the mandate of the College, to serve and protect the public interest, any inequality of access inherent in a publicly funded program is of concern. We applaud the fact that the Report has identified trends regarding access that are of concern. Specifically, it was noted that:

- Overall, the wait times are increasing. On page 30, it is noted in relation to clients waiting for speech language pathology services, “The total number of individuals waiting for these services in 2009/10 (4,066) is, however, still 9% higher than 2007/08 levels (3,715).”
- There is a significant disparity in access, as reflected in wait times, depending upon whether the child is in a private school system or the public school system, identified on pages 31 and 48.
- Access differs by geography both in terms of the service available as well as the wait times to receive the service, as identified on page 48.
- The provision of 10 units of speech language pathology service, specified on page 28, is too low given that children must have moderate to severe speech language pathology needs in order to be referred for services through SHSS.
- The scope of the SHSS does not cover Section 23 children, as noted on page 37. Children attending Section 23 schools have highly complex needs and as such require access to services.

In addition, CASLPO recognizes current demographic trends, which would suggest an ever increasing demand for resources by the aging population, who are also served by the CCACs. It will be important to ensure that adequate speech language pathology services are available for school-aged children as well as pre-school aged children, adults and seniors who might also require services under the mandate of CCACs.

In conclusion, CASLPO endorses the recommendations of the *School Health Support Services Final Report, July 2010* by Deloitte as they all support the

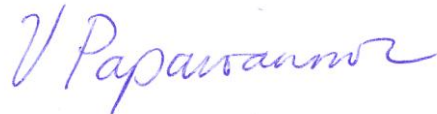
development of a framework for the provision of equitable, accessible, effective and efficient speech language pathology service delivery systems to the people of Ontario. As the regulatory body charged with the duty to serve and protect the public, we are also very concerned about the current inequities of service identified in the Report. Further, as a significant participant in ensuring quality service to the people of Ontario, we are also very conscious of the goals of the Government of Ontario's Best Start Plan. This blueprint calls for a seamless and integrated system to support children from 0 to 12 years old and their families, which include the supports provided through speech language pathology services. We encourage you to consider this initiative when developing next steps in order to provide for the better integration of services for the people of Ontario.

Sincerely Yours,



Brian O'Riordan

Registrar



Vicky Papaioannou

President

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