



## Ontario Catholic School Trustees' Association

February 15, 2022

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Dear Deputy Ministers:

**Re: Policy/Program Memorandum No. 81, Provision of Health Support Services in School Settings in 2021-22: New Expectations/Draft PPM 81**

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### Introduction

The Ontario Catholic School Trustees' Association is pleased to participate in the review of PPM 81, commensurate with our responsibility to:

- a) reach out to school boards and develop advocacy positions to ensure that government policies and programs meet the needs of our boards, schools, students and (Catholic ratepayers); and
- b) work with the government on matters of concern to Catholic school boards and provincial education stakeholders as a whole.

The Ministry of Education has asked for feedback on the draft PPM 81 following our round-table discussion on February 4, 2022. It should be noted, that OCSTA believes that the adequate and equitable provision of health support services for our students is of critical importance, especially in

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the unprecedented context of the COVID-19 pandemic. All of Ontario's 29 Catholic boards strive to ensure that each of its student requiring health support services are done so in a timely, fair and consistent manner. As such, OCSTA supports the government's objectives in revising PPM 81:

- *To strengthen evidence-based practices:* Implement a delivery model for rehabilitation services that is aligned with best practices and supports interdisciplinary and cohesive services, including unified delivery of speech and language services for students that require both.
- *To Improve access to a quality of health, rehabilitation and community-based clinical services in schools:* Provide consistent access to evidence-based child- and family-centred services for students based on their functional strengths and needs and address the changing service delivery landscape by providing clarity on access and local collaboration expectations between DSBs and third-party providers, including the Ontario Autism Program (OAP) and the organizations funded by MOH to deliver health services.
- *To clarify roles and responsibilities to address gaps in services:* Clarify responsibility for the delivery of medical interventions in schools. Specifically reference delegation of controlled acts and supervision of teaching and assigning of other procedures where local circumstances and labour contracts permit doing so.

### **Background Information from the Government**

In response to draft PPM 81, OCSTA assumes that the information presented by the government at its' February 4, 2022 meeting is comprehensive and accurate:

- The categories/examples (e.g., oral medication, injection of medication, etc.) presented in the tables are comprehensive and seem to cover the main interventions currently happening in schools;
- Medical conditions should not prevent/delay access to education;
- Sufficient funding is allocated to the relevant Ministry/board delivering the services and the funding amounts reflect any change in the delivery of services;
- What the funding boards receive includes costs for administration, training, and operationalizing the new PPM's requirements (e.g., if injection of medication shifts from health care to school boards);
- Training is to be provided by medical personnel to sufficient numbers of staff performing the medical intervention AND there are sufficient numbers of trained staff to address potential absenteeism;
- Medical personnel (e.g., nurse/clinical supervisor) to provide oversight of the medical intervention by non-medical personnel;
- Non-medical staff to be protected from any liability for performing medical interventions;
- Wherever possible and appropriate, students should receive all their interventions in a single therapy from a single therapist;
- School based personnel will provide a tiered approach in collaboration with educators and parents/guardians that are connected to all school board support services and student medical plans;

- Equity of service for all required supports for students with respect to amount of time, level of service, timely access, etc.
  - Equitable access to services for children with or without a diagnosis of autism spectrum disorder (ASD);
  - Students with other diagnoses and learning needs (Downs' Syndrome, Fetal Alcohol Syndrome, (etc.).

### **OCSTA Issues and Concerns with Revised PPM 81**

OCSTA believes that several issues need to be considered and effective solutions provided to support effective implementation. These include the following:

- Schools are often viewed as the community hub for various services and the impact these additional services may have on school administrators;
- Space in schools will be a concern if services are being delivered on site with additional funding required for integrated spaces;
- The need to clearly define access to schools (for treatment purposes) and access to classrooms;
- Clearly defined process for collaboration between local agencies and school boards need to be developed;
- Managing collective agreements and PPM 149 considerations – consultation with union/employee groups is very important;
- The different processes and requirements for regulated vs. unregulated staff;
- Risk management and supervision issues need to be factored into the PPM that include:
  1. Potential for multiple (and potentially conflicting) clinical recommendations;
  2. Health perspective vs. education – this may impact the provision of supports/services;
  3. Equity issues regarding a family's use of private services.

OCSTA has additional concerns such as:

- Potential of streamlining services that may require shifts in funding;
- Will training in the provision of various services be provided internally or through an outside agency (e.g., Charles Best Centre, Epilepsy Outreach)?
- The PPM needs a clear implementation plan to ensure consistency;
- Considerations around virtual services/access – supervision/safety concerns;
- Inclusion of Mental Health and Addictions Nurses (MHANs);
- Clarity is required on the type of student mental health services to be provided, including counselling and/or psychotherapy;
- Clarity is required around terms such as “necessary to participate in school” – this can be very broadly interpreted;
- MOUs – there should be clarity regarding board protocols for consistency;
- Best practices – coordinated service planning or use of multi-sectoral/multi-agency case conferences could be used to establish and monitor individual student plans;
- How will the current shortages of medical staff be managed to assist in the oversight, training for board staff?;

- Treatments provided by external operators may not be consistent with school board practices (e.g., use of restraints) and how are these to be managed?;
- Issues related to PPM 149 and its impacts on the revised PPM 81;
- The structuring of various agreements between different agencies;
- September 2022 implementation is an aggressive timeline;
- Sharing of confidential information/providing of consent, etc.;
- Rehabilitation services - the need to ensure there is clarification of “concurrent” and “consecutive” services;
- Information regarding current scope of work performed by school board personnel is not reflected in the draft PPM 81;
- The PPM does not note the collaborative relationships that currently exists between parents and others involved with the child;
- Concerns of parents needing to continually share information amongst varied professionals.

### OCSTA Recommendations

Overall, OCSTA requests consideration of the following recommendations in revising PPM 81:

- **Include Trustee Associations, school boards and SEAC representatives during the consultation process both provincially and during the development of local solutions.**
- **Consolidate funding for the delivery of speech-language pathology services to school-age children under the direction of the Ministry of Education.**  
Single funder will promote more equitable and inclusive services, with greater access for all children with diverse needs. It will reduce service fragmentation, eliminate gaps and duplications, and create seamless transition points that will also permit more coherent goal setting for participation at school, home and in the community. Moreover, a single funder will facilitate more transparent and accountable processes and service efficiencies.
- **Maintain the current investment by school boards in the delivery of speech-language pathology services (SPL).** Encourage boards to continue to use Grants for Student Needs and Special Education Grants to fund existing services with flexibility to respond to local student, community and system needs. Flow additional funding directly to the boards to enhance SLP services, unifying delivery of speech and language interventions. Within the funding transfer, acknowledge the gap created when Preschool Speech and Language Services for kindergarten-age children were discontinued and school boards absorbed the abandoned speech and language caseload.

- **Consider keeping this PPM focused on Physical Health care services and community-based services.** Create an accountability tool to capture detailed data about the delivery of services to children and families, stratified by tier, using frameworks that are appropriate to the education context. Use the accountability tool to refine service delivery targets and amend funding and infrastructure processes as necessary.

As a Catholic School Trustee Association, we are a valuable partner in the process. We encourage you to ensure that school boards, Catholic School Councils, parents and SEACs across the province are included early in the consultation process as this review moves forward.

Please do not hesitate to contact me at [pdaly@ocstaon.ca](mailto:pdaly@ocstaon.ca) or Anne O'Brien at [aobrien@ocsta.on.ca](mailto:aobrien@ocsta.on.ca) if you have any questions or concerns. We look forward to continued discussions on PPM 81 as it is further developed.

Yours Very Truly,



Patrick J. Daly  
President

cc: Ms. Claudine Munroe  
Director of Special Education