

1915 B Street

Hood River, OR, 97031

[Caitlin.anghilante@gmail.com](mailto:Caitlin.anghilante@gmail.com)

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To: Chair Representative Margaret Doherty and members of the House Committee on Education

My name is Caitlin Anghilante and I am a licensed and practicing Occupational Therapist in the state of Oregon. I am writing today in support of HB 3263: Relating to the provision of occupational therapy to students.

I have practiced as an OT in rural Oregon schools and unfortunately have changed settings due to many of the problems HB 3263 aims to address. Specifically, these included extremely high caseloads, inefficient delivery of services, limited resources, and professional burnout. As a provider to students in the highest need school, Chenoweth Elementary, in Northern Wasco County SD 21, I was serving 40+ students over a two day per week contract. As a skilled OT clinician my role is to address sensorimotor, psychosocial and cognitive skills that support children in their educational programs. Several of my students were home bound with care needs exceeding the classroom for their health status. Additionally my caseload included nearly the entire classroom of the Structured Learning Center, the most restrictive elementary school classroom in the district. With student at this level of need I was unable to provide enough quality intervention to truly impact their success and support their care providers and educators with a 40+ caseload in two days of the week. Often students would receive services 2x monthly and at the most 1 x per week. I was creative and offered mentoring to teachers and aids, special group activities, pushed in to special classes and worked as part of the team to address student goals without a direct service model for most of the time. However this service delivery was limited in effectiveness .

Chenoweth Elementary students who are eligible for free and reduced lunch program is 87.6%. This school would have benefitted from school wide OT using the Response to Intervention (RtI) model to address needs of all students in general education. Using this tiered model best practice intervention for self-regulation, fine motor development and visual motor development could have been delivered for general education or all students to address difficult skills such as

handwriting. Every child in this school would have benefited from increased support for their success as a student and human being, and likely may have prevented need for further intervention. Though I was able to implement RtI approach for handwriting development for 1<sup>st</sup> grade classrooms that was very successful, I was unable to complete more skilled prevention, as my caseload was too demanding on my time and energy.

In contrast, I have previously worked in Weld County District 6, a Colorado school district that served a similar socioeconomic status and rural area in Greeley, CO. I was a full time 5 day/week OT position caseload was 35 students. I was also working with the higher need special programs, so I had extra support from my supervisor and fellow OTs when needed. In addition to service delivery I was given additional time for important paperwork, assessments, and meetings. In Oregon the use of more cost effective Certified Occupational Therapy Assistants could improve the efficiency of service delivery and lessen caseload burden that leads to provider burnout.

Occupational therapists work very hard to aid in every child's success and access to their education. Supporting OT in the school by regulating caseloads is imperative to provide this vital related service that is mandated by IDEA. I urge you to vote in support of HB 3263 and support keeping quality clinicians in the schools to support our most vulnerable students.

Respectfully,

Caitlin Anghilante MOTR/L