

SUBJECT: Please support HB 2736 (Occupational Therapy Licensure Compact)

Message: Dear Representative,

As a constituent and an occupational therapist, I am asking you to support HB 2618, the Workload Study Bill, which would require the Oregon Department of Education (ODE) to conduct a study to identify the best methodology for determining the appropriate workload for school-based health practitioners.

I have worked in 8 school districts in 4 states over the course of my 11 year career. We are often not used to our full potential and scope within schools due to being stretched too thin, which has a negative impact on students and the system as a whole. I have worked in school districts with more manageable caseloads in Washington and have seen the positive effects on both burnout prevention/retention and student outcomes. I was able to be more involved in my classrooms for students with complex needs and saw not only educational progress, but also a reduced burden of care for that student that actually helps conserve school system resources. We have the potential to provide a huge positive impact on the state of education in Oregon, and the first step in the process is determining the current status across our state as well as how adequate workload will be determined in the future.

It is important to differentiate between workload and caseload. Caseload is simply the number of students with Individualized Education Programs (IEPs), Individualized Family Service Plans (IFSPs), and 504 Plans served by school-based professionals through direct and/or indirect service delivery options. In contrast, workload refers to all activities required and performed by school-based professionals in the school setting. These school-based health professionals have requirements for collaborating & consulting with school staff & parents as well as community-based professionals, facilitating access and participation in the general education curriculum, providing direct, indirect services, and response to intervention services (MTSS) within the student contact day at school. Workload also includes non-therapeutic activities which include, but are not limited to, development and maintenance of adaptive equipment and visual aids, drive time between sites, time-spent in special education meetings, provision of professional development, research on low-incidence disorders and evidence based practices, etcetera. Additionally, they have an increased burden of billing and documentation requirements on top of the Individuals with Disability Education Act (IDEA) mandates.

There are currently no guidelines or requirements for how school-based agencies (birth-21 years of age) determine the workload assigned to occupational therapy practitioners (OTs), physical therapy practitioners (PTs), and speech-language pathology practitioners (SLPs) in Oregon schools. The lack of workload requirements for school-based health practitioners has many potential negative impacts:

1) affect student outcomes and program quality; 2) potentially violate state & federal mandates, including Every Student Succeeds Act (ESSA), IDEA, and Free & Appropriate Public Education (FAPE); 3) may violate professionals' codes of ethics; 4) professionals become overburdened, have less job satisfaction leading to potential burn out. Many school-based health practitioners end up leaving the schools to seek employment in medical-based settings such as hospitals, out-patient clinics, and private practices. These settings typically have measures in place to control workload and offer significantly better compensation than schools provide.

I urge you to support HB 2618 during this legislative session. Thank you for your consideration.

Sincerely,

Brittany Behrendt
Occupational Therapist
Portland Public Schools