


Enhancing Related Services in Schools: The 3:1 Model

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"Service delivery is a dynamic concept and should change as the needs of the students change. No one service delivery model should be used exclusively during treatment."
(ASHA, 1999)



Current Challenges in Special Education

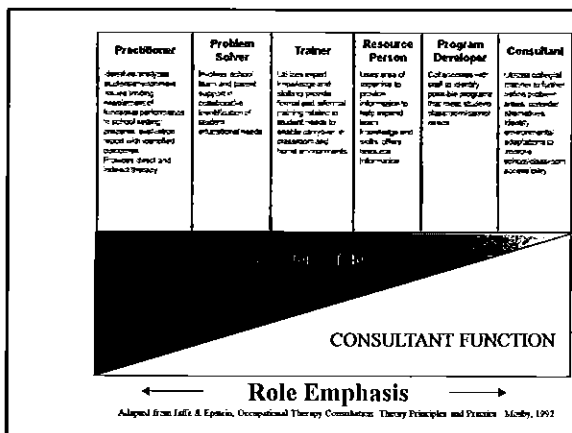
- Schools across the state and the country are facing significant fiscal constraints, along with increased demands for related services in special education.
- IDEIA and NCLB mandate the provision of services for students with disabilities in the general curriculum with typical peers in the context of academically diverse classrooms.

Current Challenges in Special Education

- Caseload sizes are growing and the roles for school based therapists are expanding in response to the more complicated needs of children with special needs.
- Expanding caseloads place increased demands on time, including use of consultation; innovation in direct services in general education environments; meetings with teachers, families, and others; and obtaining and evaluating information about student performance, etc.

EFFECTIVE SERVICE DELIVERY OPTIONS IN SPECIAL EDUCATION

- Related services therapists play many roles as they attempt to meet the needs of our students.
- These roles often include, but are not limited to:
 - Practitioner
 - Problem-Solver
 - Trainer
 - Researcher/Resource Person
 - Program Developer
 - Consultant
 - Evaluator
 - Advocate



Effective Service Delivery Options in Special Education

In order to accommodate all of the roles necessary to provide best practice services to students, therapists are encouraged to adopt a workload model approach in the delivery of school-based services.

The workload model is supported by :

- American Speech Language and Hearing Association (ASHA)
- American Occupational Therapy Association (OTA)
- American Physical Therapy Association (APTA)

Caseload/Workload for all Therapists

There are two methods that school districts typically use to determine student ratios for their therapists.

The first method, the Caseload Approach, adds up the total number of students who receive direct, and sometimes indirect services as part of their individualized education plans (IEP) or intervention plans.



Workload Approach

- The other method is the **Workload Approach**, which first considers the scheduling and time demands of various school activities and duties (e.g., documentation, assessments, screenings, meetings, planning time, bus duty, etc.) before the determination is made on how many students are assigned to the therapist for direct and indirect services and interventions.
- Workloads include all student related activities necessary to support their educational programs, implement best practices for school services, and ensure compliance with IDEIA, NCLB and other state and federal mandates.

Caseload vs. Workload Approach

CASELOAD

- Refers to the number of students identified with needs that are served through direct and/or indirect service delivery options.
- Typically quantified by the number of students and sessions.
- Does not consider all related tasks relevant to the needs of the students or school.

WORKLOAD

- All activities related to school compliance are the responsibility of the therapist. Includes case management for SLP's.
- Cannot simply be quantified by the number of sessions.
- Can include students not yet identified, but who receive pre-referral or early intervening services.

Professional Responsibilities of Therapists

There are no specific guidelines that exist for establishing caseload size however multiple factors are considered when determining an appropriate workload. These would include, although are not limited to:

- Administrative responsibilities of the therapist
- Attending meetings
- Scheduling
- Consulting
- Meeting with parents, team members, vendors, etc.
- In-service training
- Needs assessment
- Amount of travel between schools
- Evaluations and screenings
- Addressing the students specific IEP service levels
- Early intervening services

Workload Approach

"It is the position of the three National Professional Therapy Organizations:

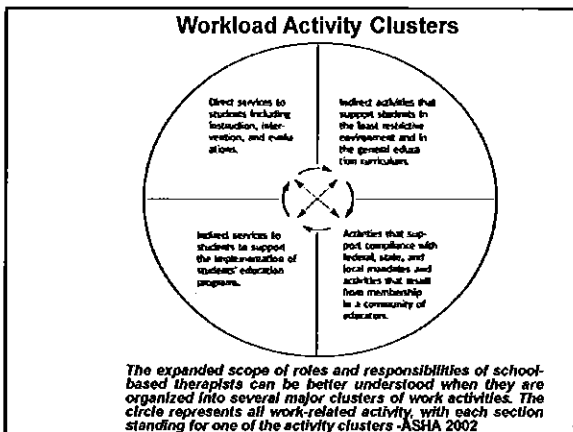
ASHA, AOTA and APTA

that the total workload activities required and performed by school-based therapists must be taken into account to set caseload standards".



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION



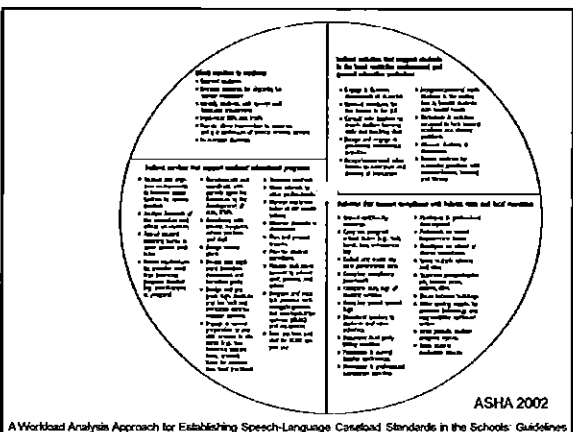


Workload Considerations

Consideration of a workload approach allows therapists the flexibility to:

- Provide services to and on behalf of students with special needs.
- Provide indirect services and activities related to the curriculum and to support full implementation of the IEP.
- Participate in Response to Intervention (RtI) or other prevention/early intervening support models.
- Ensure compliance with federal and state mandates.
- Implement best practices in school therapy programs.

workload/caseload calculator-weighted services
<http://www.speechandlanguage.com/caseload-calculator>



Workload Considerations: Research

Jackson, Polichino, and Potter(AOTA-2006), support the fact that large caseloads limit school based therapists' capacity to choose appropriate service options based on students' individual needs, as well as to collaborate with special education and general education teachers.



Workload Considerations-Research

Chfang and Rylance-(2000) concluded in a special education report:


"In the end, caseload size symbiotically affects some of the very conditions that give rise to it. Reciprocally, caseload size impacts the ability of teachers to meet the diversity and intensity needs of students. It influences the roles and responsibilities of special educators. It exerts an impact on the extent of direct service time provided to students. Finally, caseload bears a direct relationship on the quality of education provided to students with disabilities."

Workload Considerations

- Large caseloads constrain therapists' ability to engage in many of the workload activities necessary to implement the intent of IDEIA and best practices in their respective disciplines.
- The workload guidelines describe a process for analyzing the total work activities of school based therapists to help determine the number of students who can be served.
- Consideration of a caseload vs. workload analysis can yield innovative ways of delivering services to students with special needs.

Workload Considerations

Setting caseload standards by analyzing the workload will allow therapists to engage in the broad range of professional activities necessary to implement appropriate and effective service options, and tailor intervention to meet individual student needs.



Workload Considerations

Without consideration of the entire workload, school-based therapists may be placed in the position of:

- Only offering services with treatment groups that are too large;
- Inappropriate groupings of students;
- Filling all available time slots with only face-to-face intervention services;
- No opportunity for generalization, observation or consultation regarding the students progress;
- Only servicing those students on the caseload;
- Early intervening approaches cannot be addressed.

Therapists report that these common practices leave little or no time for the use of an array of service delivery options and the myriad of other activities necessary to support students' education programs.

Scheduling Strategies

Various scheduling and time management strategies are being implemented in districts to assist in managing either caseload or workload issues. Some examples include:

Cyclical scheduling: (e.g., block scheduling)
Direct services are provided for a specified period of time followed by a similar time of indirect services (e.g., nine weeks of direct intervention, nine weeks of indirect services).

Receding schedules:
Initial service involves intense amounts of direct services, which is then reduced over time based on student progress.

Flexible scheduling:
*The therapist integrates two or more types of schedules to maximize services and best meet students' needs.
 The 3:1 model is an example of a flexible schedule.*



**MOVING IN THE
DIRECTION OF CHANGE**

**WHAT IS THE 3:1 SERVICE
DELIVERY MODEL?**

The 3:1 Service Delivery Model

The 3:1 Model is a flexible scheduling option, utilizing a workload approach to related services in which three weeks out of each month are primarily designated for direct intervention with students, and one week is set aside for indirect services.

The model was originally conceptualized and implemented in the Portland Public Schools in Oregon during the 2001-2002 school year under the leadership of a Speech-Language Pathologist, Sharon Soliday.

3:1 Service Delivery Model: History

- Originally designed to ensure the successful implementation and sustainability of direct and indirect speech language services that are integrated across educational settings (i.e., integrated classroom-based services).
- Developed to provide schools with the opportunity to individualize service delivery based on student needs while improving IDEIA compliance through more effective collaboration and more efficient use of therapist's time and expertise.

3:1 Service Delivery Model: Design

- Maximizes student success in the educational environment by utilizing flexible methods and integrating collaborative solutions with staff to work towards student success within all environments during the school day.
- Consistent with IDEIA regulations requiring that special education efforts are integrated with general education outcomes.

**3:1 Service Delivery Model:
Scheduling Strategies**

The 3:1 model is a component of the Workload Approach to services in which three weeks out of each month are primarily designated for direct intervention with students, and one week is set aside for indirect services which include activities such as:

- Meeting with teachers, parents, and other specialists;
- Developing treatment materials;
- Providing make up therapy sessions;
- Providing more intense services in the classroom;
- Conducting assessments;
- Participating in classroom observations; and
- Completing documentation.

**3:1 Service Delivery Model:
Direct Services-3 weeks**

- The 3:1 Service Delivery Model utilizes three consecutive weeks of direct intervention services:
 - Pullout
 - Integrated
 - Individual or small group
- Therapy Services on the students IEP are written to reflect minutes per month as opposed to minutes per week.
- Since some calendar months have scheduled breaks (i.e., Winter, Spring, and Summer Breaks), therapists use the word month to mean a four week period of time as opposed to a calendar month (i.e., December, January, February, etc.).

**3:1 Service Delivery Model:
Indirect Activities 4th week**

Indirect services are provided the 4th week of the month in order to ensure meaningful progress toward the students IEP goals and objectives.

Activities this week include but are not limited to:

- Consultation/Meetings with teachers, team members, parents, other specialists, etc.;
- Classroom/student observations;
- Developing treatment materials;
- Make up therapy;
- Providing more intense services to students in the classroom;
- Documentation; and
- Team Meetings.

The combination of direct and indirect services focuses the IEP teams efforts on the students goals and ensures comprehensive and effective services.

**3:1 Service Delivery Model:
Research Outcomes**

- Research indicates that the 3:1 model provides more consistent services to students and increases collaboration time with teachers and parents (critical for NCLB and IDEIA).
- The 3:1 model provides a higher quality of service to students and teaching staff as it allows for direct small group intervention and the generalization of skills in the classroom and general school settings without increasing costs!

**Implementation of the 3:1 Model
in
West New York School District**

**3:1 Service Delivery Model:
Precursors to Implementation**
2010:

- Bringing back students from OOD schools with more significant challenges
- Increase in children with significant challenges
- Improve parent involvement in earlier grades
- Caseloads increasing yearly
- Need for staff training and professional development
- Maintaining service efficiency within budgetary constraints

**3:1 Service Delivery Model:
Timelines for Implementation**

Fall 2010:
Director and Assistant Director of Special Services explored different service delivery models in response to needs identified in the district.

Spring 2011:
Discussions began between the Special Education Department and the related services teams regarding the implementation of a 3:1 model.

Summer 2011:
SPED sent home letters to parents describing the 3:1 model and its plan for implementation.

**3:1 Service Delivery Model:
Timelines for Implementation**

Fall 2011:
3:1 Model phased in at the start of the 2011-2012 School Year.

- All new students who entered into special education had the 3:1 model implemented in their IEP from the start.
- Students who already had established educational plans were converted to 3:1 model during their Fall Annual Review.

January 2012:
All remaining students with IEPs had their plans amended to reflect new model.

**3:1 Service Delivery Model:
Intervention services - IEP/504 Plan**

IEPs were written with the 3:1 model as follows:
"Therapy will be provided using a 3:1 service deliver model"

Direct Therapy written with 3:1 model as:

- Student will receive 29 sessions per year (old model - 1x/week)
- Student will receive 58 sessions per year (old model - 2x/week)

Type of session (push in, pull out, individual, and group) and duration of session (e.g. 20 minute, 30 minutes) remain the same using the tradition model of service.

**3:1 Model Implementation:
First Year Accomplishments**

- Conducted parent trainings in the areas of sensory processing, mobility and navigating stairs.
- Consultation with vendors and opportunities for evaluation/trials of new equipment.
- Consultation with AT specialists to support improved academic performance.
- Trained transportation staff in use of power wheelchairs on buses; students who have issues with trunk stability, seizures, behaviors, etc.
- Collaborated and trained teachers in the Pre-K Class for students with autism on use of Handwriting Without Tears® materials which district purchased without teacher training.

**3:1 Model Implementation:
First Year Accomplishments**

- Developed in-class, early intervening strategies to assist teachers with students in need of support.
- Observed students receiving services during "non-traditional times" for carryover of strategies from therapy.
- Created & modeled OT/PT groups involving whole classes of gen. ed. students providing alternate ways to perform gross motor time.
- Developed visual supports to ease transition between activities; empower students who need movement breaks for autistic and self-contained classrooms.
- Created multiple therapy aides including the development of home programs, worksheets, and treatment materials to support academic performance.

**3:1 Model Implementation:
First Year Accomplishments**

- Participated in district mandated training on such topics as Harassment, Intimidation and Bullying (HIB) without missing student treatment sessions.
- Ability to manage documentation for compliance with special education regulations and third party billing (SEMI), report writing, etc.
- Monthly therapist meetings to share treatment ideas on challenging students, brainstorm district wide issues/equipment needs, identify district trends and expand upon non-contact week functions.

**3:1 Model Implementation:
Second Year Accomplishments**

- Training of school emergency teams in all nine schools in the district on safe and effective evacuation procedures.
- Continuation and expansion of previous years trainings such as the implementation of the HWT program in more classes, such as Pre-K and self contained programs.
- Training for Level II OT & PT students in the use of the 3:1 model and development of skills for collaboration and consultation with team members.
- PIRT (Preschool Intervention & Response Team) training on child development expectations and milestones provided using a multidisciplinary team approach.

3:1 Model Implementation: Second Year Accomplishments

- Continuation of parent trainings on relevant topics, material development, etc.
- Collaboration with IT and Education Specialists on the implementation of specific hardware and software applications to better support the academic needs of students.
- Collaboration on curriculum development for transitioning students in the high school & life skills in the middle school.
- Collaboration with various academic instructors in subject areas such as Science, Ceramics, Automotive, Physical Education, Art and Resource Rooms regarding the needs of specific students.

Accountability: Data Report

WNY SPED developed a Monthly Data Report that collected information on the number of students on caseload and the number of hours of indirect services.

Type	Number of hours
Consultation with teachers re: curriculum content/student expectations/progress	
Consultation with Interdisciplinary Team Members (IST & other specialists)	
Consultation with parents	
Consultation with Outside Agencies	
Parent Training Meetings	
Coaching/Cooperating/Shared Programs	
Prepare Goals/Activities/Materials	
Classroom Observations	
Evaluations/Report Writing	
Send Paperwork	
Participated in Eligibility/IEP Meetings	
Conferred with Direct Services - # of students seen	
Other	

SURVEY OF SUCCESS: Teachers

WNY SPED

Survey of Success: Teachers

Teacher Name: _____

Classroom: _____

Grade: _____

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I understand my role in the program.					
2. I have received adequate training for my role.					
3. I have received ongoing support and resources.					
4. I have received adequate supervision.					
5. I have received adequate feedback.					
6. I have received adequate professional development.					
7. I have received adequate collaboration opportunities.					
8. I have received adequate communication opportunities.					
9. I have received adequate involvement in decision-making.					
10. I have received adequate recognition.					

Overall Rating: _____

Comments: _____

SURVEY OF SUCCESS: CST Members

**3:1 Service Delivery Model:
Challenges and Barriers to Implementation**

- Accountability of time for Contract/Vendor Model vs. Employees of District
- Teachers perceptions that the therapists had a "week off".
 - Prep time
 - Related services staff determining how best to use the time

**3:1 Service Delivery Model:
First Year Implementation Outcomes**

- Therapists have the time to create customized and individualized treatment programs for the home and develop additional resources to better support the educational needs of the students.
- Increased parental involvement regarding the therapeutic needs of their children.
 - *Parents started contacting the schools and scheduling appointments with the treating therapists to learn more about the strategies and techniques to carryover in the home.*
- Increase in consultations and in-class observations have yielded early intervening strategies for struggling students thereby reducing the number of referrals to SPED.

**3:1 Service Delivery Model:
Second Year Implementation Outcomes**

- Increase in consultation and supports for students with 504 plans.
- Teachers and staff are more satisfied with OT and PT services (as noted in Survey results).
- 100% satisfaction by Case Managers who stated that therapy services contributed to improved student achievements.
- Increase in the consistency of services to students and increased collaboration time with teachers and parents.

**3:1 Service Delivery Model:
Second Year Implementation Outcomes**

- Observations of the students skills within the classroom setting provide valuable information regarding generalization.
- Collaboration with the teacher to ensure intervention strategies support the core curriculum.
- Small group intervention directly related to classroom standards and grade-level expectations and academic achievement.
- Support the district's goals of collaboration, Response to Intervention (RtI) and increased inclusive education.

**3:1 Service Delivery Model:
Future Plans and Considerations**

- WNY SPED is moving away from the traditional service delivery model through the implementation of the 3:1 model and moving towards implementation of RtI (Response to Intervention) framework.
- Expanding therapists role in General Education classes:
 - ✦ Identification of ergonomics, I.e. desk heights
 - ✦ Recommendations for improved written communication
 - ✦ Backpack Awareness campaign
- Increased trainings for classroom aides on specific student issues.
- Increased trainings for staff on ways to improve student organizational skills; classroom transitions, sensory processing, etc.
- Transition planning for High School Students.
- Development of playground safety checklist for all Pre-K and lower elementary students.
- Collaboration with teachers on strategies which will maximize students with special needs participation in "Specials Classes."
- Training on basic strategies to support fine motor and handwriting issues with 504 team members.

**3:1 Service Delivery Model:
Summary**

As school systems face growing caseloads, with needs of students with special needs become more complex and decreasing budgets, new and innovative methods of service delivery need to be considered.

The 3:1 service delivery model was implemented by the WNY School District in 2011 as a means to meet this challenge.

The 3:1 model is a research-based model that was implemented without increasing budget costs. It has been successfully used in various school districts throughout the United States and is supported by ASHA, AOTA and APTA.

**3:1 Service Delivery Model:
Summary**

- Setting caseload standards by analyzing the workload responsibilities along with the application of a flexible service delivery system, i.e. 3:1 model, allows therapists to engage in the broad range of professional activities necessary to implement appropriate and effective service options, and tailor intervention to meet individual student needs.
- The 3:1 model maximizes student success in the educational environment by utilizing flexible scheduling methods and integrating collaborative solutions with staff to work towards student success.
- This approach is consistent with IDEIA regulations requiring that special education efforts are integrated with general education outcomes.

**3:1 Service Delivery Model:
Summary**

- This model has provided a dramatic mind shift for all stakeholders so that movement towards a Response to Intervention framework is within sight.
- Administrative support was essential in the evolution and facilitation of change within the WNY districts educational system.
- Parental involvement with carryover of strategies has increased.
- Related services collaboration with ALL teachers has increased within the district.

**3:1 Service Delivery Model:
Resources**

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**3:1 Service Delivery Model:
Resources**

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**3:1 Service Delivery Model:
Resources**

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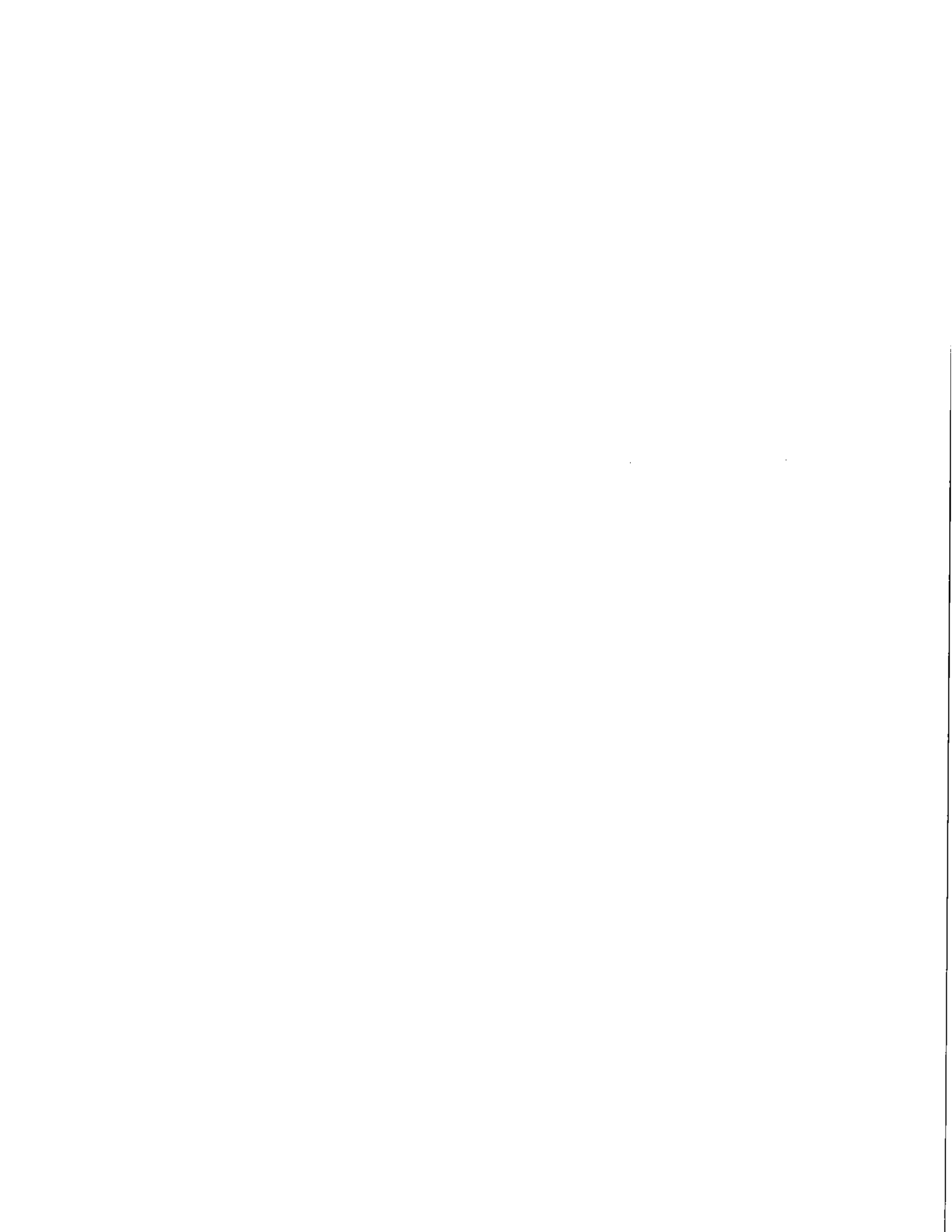
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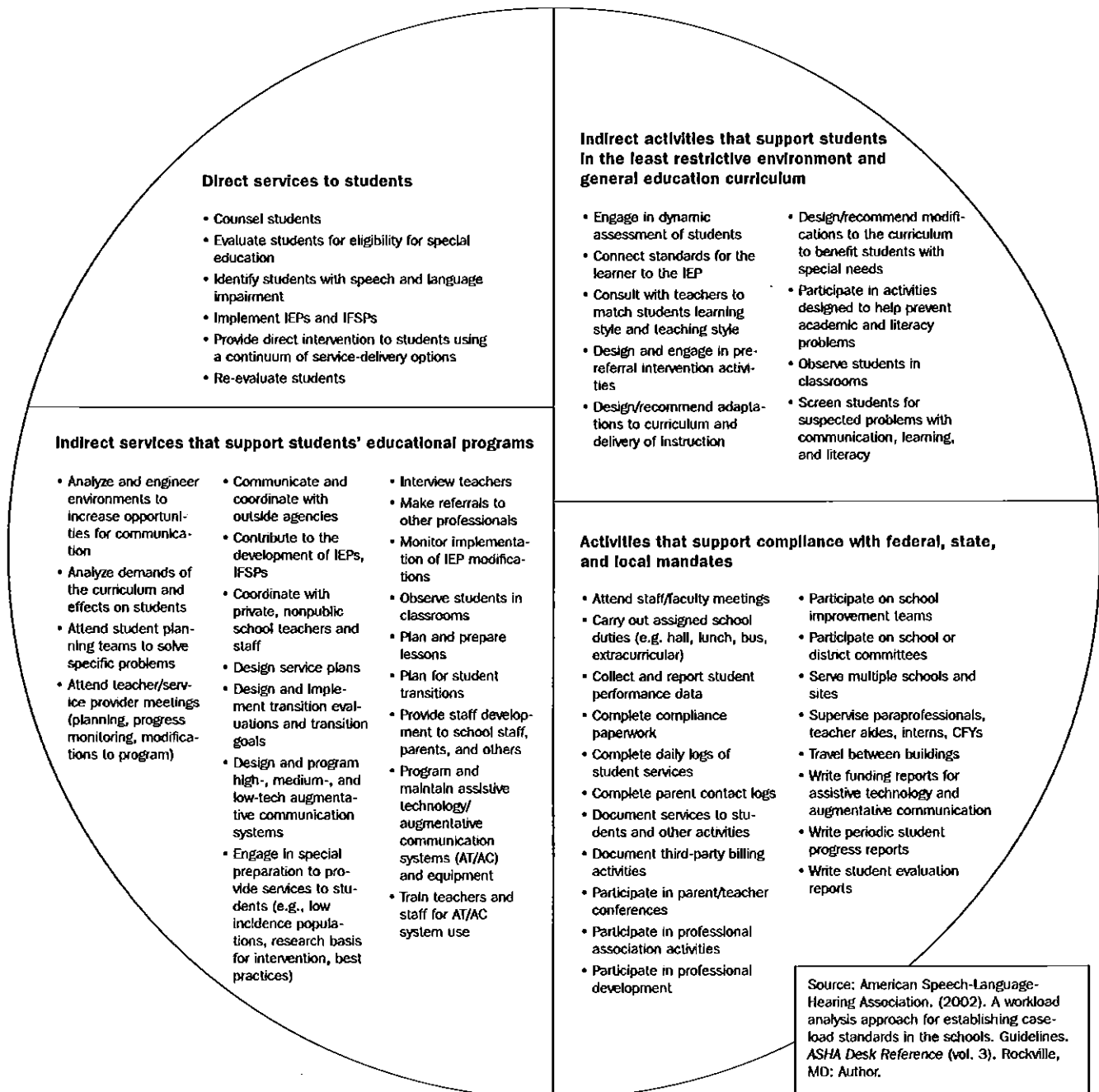
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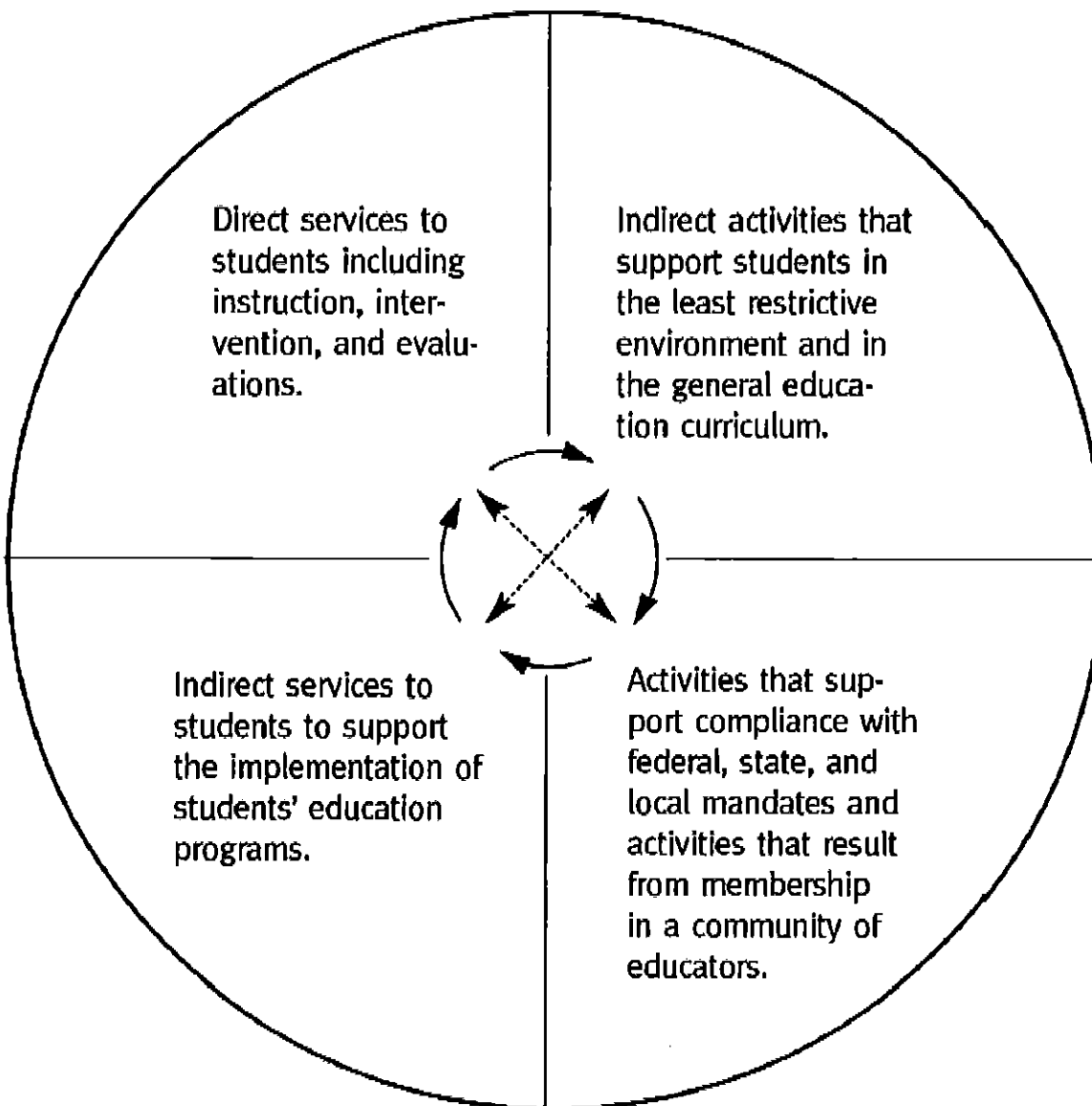
Appendix A

Workload Activity Clusters



A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools: Guidelines

Ad Hoc Committee on Caseload Size



American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the schools: guidelines* [Guidelines]. Retrieved from <http://www.asha.org/policy/GL2002-00066/#sec1.2.1>