FAQs for Parents

What is the 3:1 Workload Model?

- The 3:1 Workload Model is a type of related service delivery model that improves the quality and consistency of school-based therapeutic services by taking a *comprehensive* approach to student needs.
    - Through the provision of 3 weeks of direct service followed by 1 week of indirect services, students and therapists reap the benefits of a more holistic treatment approach that is not possible under a traditional caseload model. In addition to direct service time, therapists now have time each month to devote to the *indirect services* that are vital to student progress and achieving generalization of targeted skills.
    - The 3:1 Workload Model is evidence-based, supports students in the least restrictive environment, and encompasses 1) *Direct Services* 2) *Indirect Services* and 3) *District Compliance Activities* performed by related service providers.

What is the difference between direct and indirect services? What exactly ARE indirect services?

- *Direct service* is the time a student spends attending a therapy session with a related service provider (OT, PT, or ST).
- *Indirect services* include teacher consultation, interdisciplinary collaboration, student observations in the classroom setting, RTI services, aligning therapy goals to curriculum, case management, IEP meetings, initial evaluation and re-evaluation testing, test score analysis, report writing, progress monitoring, measurement and collection of Student Growth Objectives (SGOs), treatment programming, materials development, communication device programming, and more. These *indirect services* are necessary to **1)** Enhance therapeutic outcomes by providing services that promote generalization of skills and **2)** Achieve compliance with administrative paperwork and timelines.

Who are the related service providers using the 3:1 Workload Model?

- Occupational Therapists, Physical Therapists, and Speech-Language Therapists.

Is this model endorsed by any major organizations?

- Yes. As of 2014, The American Occupational Therapy Association (AOTA), American Physical Therapy Association (APTA), and American Speech-Language Hearing Association (ASHA) put it in writing that they all "endorse a paradigm shift to a workload model in educational settings as the optimal approach to maximizing student outcomes." You can read the joint position statement at: http://www.aota.org/~/media/Corporate/Files/Practice/Children/APTA-ASHA-AOTA-Joint-Doc-Workload-Approach-Schools-2014.pdf

In the past, Old Bridge used a caseload model. The 3:1 Model is a workload model. What is the difference between a caseload and a workload model?

- Caseload refers to the number of students with IEPs and/or 504 Plans served by related service providers through direct service delivery. A caseload model can be quantified in terms of the number of intervention sessions in a given time frame.
- Workload refers to all activities required to be performed by related services providers. Increasingly, students in special needs programs may exhibit complex medical and behavioral challenges while they are being directed to meet more rigorous academic standards. With the reauthorization of IDEA 2004 and its focus on inclusion and accountability, workloads have broadened even further from traditional "direct and indirect" services to include student participation in educational initiatives, such as Positive Behavioral Intervention Supports (PBIS), and Response to Intervention (RTI). There is a growing need to support all students in the least restrictive environment (LRE) and facilitate participation in the general education curriculum; a workload approach helps to meet this demand. Workload is reflective of educational setting requirements and includes assessment and interventions as well as ongoing collaboration with regular and special education staff, communication with parents, and participation in school and district-level committees.

Why is this model being implemented? What was wrong with the old model?

- Service delivery is a dynamic concept and should change as the needs of the students change. As student populations, caseload sizes, and roles and responsibilities of staff evolve over time, it becomes necessary to evaluate current systems and determine if a paradigm shift is needed to meet the needs of our students while implementing best practice. In a survey conducted amongst Speech Therapists in Old Bridge in Spring 2016, 100% of therapists felt that the caseload model was not working to fully meet the needs of students in district. There was a time when the caseload model was an appropriate service delivery model for students. However, current research and position statements issued by the AOTA, ASHA, and APTA now recommend a workload model to best encompass the professional scope of the therapists providing services in schools. As caseloads grow well above national averages and student needs become increasingly complex, it is now necessary to transition to a workload model as a matter of best practice in Old Bridge. Piloting the 3:1 Workload Model gives students the opportunity to benefit from service provision that takes a more comprehensive approach to student needs within therapy sessions and beyond.

Administrators approved the 3:1 Workload Model for the 2017-2018 school year, but how do therapists feel about the transition?

- After researching the benefits of the 3:1 Workload Model, our related service providers are excited about the change! Several therapists attended a professional development workshop on the 3:1 Workload Model in Feb. 2016 and were impressed by the solutions that this model offered to current issues in the field. In a 2016 survey, OB Speech Therapists reported that the top two changes that would most improve their ability to serve in Old Bridge Public Schools were: 1) More reasonable number of students by hiring additional SLPs, and *2) Implementation of a workload model.*

> *"… [M]y therapy has been more organized and more effective because of the indirect services week. It allows me to look at my data, assess what changes I need to make to my therapy, and research other therapy techniques. In turn, this makes me a better therapist and hopefully will make for shorter times that students have to receive services."*
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> *- Paula Levick, Speech Therapist Using 3:1 Model Salem County Special Services, NJ*

Are you modeling Old Bridge's implementation after any other districts? Do other districts have documented success using the 3:1 Workload Model?

- Districts across the country have been utilizing the 3:1 Workload Model with success. Old Bridge staff and administration met with professionals from West New York district, located in Hudson County, New Jersey, where they have had clearly documented success with the 3:1 Workload Model since 2011. West New York was chosen as a local model for Old Bridge due to similarities in its district size and special needs student population. West New York reports positive research outcomes as a result of their transition to a 3:1 model, including:
  - More consistent services to students
  - Increased collaboration time with teachers and parents (critical for IDEA)
  - Higher quality of service to students and teaching staff
  - Generalization of skills in the classroom
  - Increased therapist moral and job satisfaction
  - Increased collaboration with teaching staff and understanding of therapist's roles
  - More appropriate services to students, consistent with IDEA and best practice
  - Increased retention and recruitment of therapists
  - Fewer cancelled services
  - Early intervening supports reducing the number of special education referrals

There are so many benefits to this model! Why doesn't every district in NJ use it?

- While we cannot speak for other districts, it's important to note that service delivery models do and should vary from one district to another. Some districts continue to use a traditional caseload approach, and that may be for any number of reasons. For example, a district may already have sufficient indirect service time built into therapist schedules due to lower caseload sizes. There is not a one-size-fits-all approach. Old Bridge is pursuing this model in response to challenges resulting from a lack of indirect service time and in accordance with best practice as informed by research and advisement from The American Occupational

Therapy Association (AOTA), American Physical Therapy Association (APTA), and American Speech-Language Hearing Association (ASHA).

As a parent, what should I expect?

- You can expect that your child will continue to receive quality direct services from his/her treatment providers. The level of overall services your child receives will increase, as your child's therapists now have the ability to use a more comprehensive approach and collaborate with stakeholders regarding strategies and goals across settings. While the district has heavily researched the 3:1 Workload Model and has been diligently preparing for the transition, we ask that parents remain aware that 2017-2018 will be the first year using this model and that changes and adjustments may be made in the future in accordance with the data and findings that emerge from our pilot.

What if I have further questions? Who can I contact?

- We encourage you to review the information that was distributed by the Department of Special Services, including the parent letter explaining the 3:1 Workload Model as well as the PowerPoint hand-outs from SEPTA meetings. You can also research the 3:1 Workload Model online, perusing articles such as this one published in the ASHA Leader: http://leader.pubs.asha.org/article.aspx?articleid=2292298. Last but certainly not least, feel free to reach out to your child's therapists or Special Services Administrators for answers to your questions and additional information. We look forward to a successful pilot year as we work to provide extraordinary and innovative related services for our students in Old Bridge!