

A PILOT PROGRAM FOR DELIVERY OF SPEECH PATHOLOGY SERVICES TO SCHOOL DISTRICTS IN BRITISH COLUMBIA: A DEVELOPMENTAL REPORT

by

G. David Zink, Douglas M. Wing
Ministry of Health,
Victoria, British Columbia,

ABSTRACT

In British Columbia, the Ministries of Health and Education have entered into a cooperative agreement to provide speech pathology services for children in British Columbia's public schools. As a pilot project, the Ministry of Health extended its standardized "Program for Communication Disorders" on a contract for service basis to (7) seven school districts within local health unit geographic areas. Under the B. C. Public Schools Act, school districts purchased speech pathology services for a specified dollar amount including salaries, fringe benefits, equipment/materials, travel, and program operations costs, i.e. consultation, management, supervision, evaluation, data analysis. The pilot study was analyzed, resulting in revision of guidelines and contracted agreements. Local Education and Medical Advisory Committees functioned in each geographic area to facilitate program development, ongoing communications and evaluation. The Ministries of Health and Education have agreed to extend these contracted services to all school districts in British Columbia who request the service.

INTRODUCTION

The Ministries of Health and Education have entered into a co-operative agreement to provide speech pathology and audiology services for children in British Columbia's public schools. The Ministry of Health will extend its ongoing program for communication disorders, on a contract for service basis, to school district(s) within local health unit geographic areas. Under the British Columbia Public Schools Act, Part V., Chapter 319 (1976), a school district may purchase speech and hearing services for a specified dollar amount which reflects annual costs of the program. Costs include salaries, fringe benefits and program operation costs, i.e. consultation, management, supervision, evaluation, data analysis, equipment, materials and clerical support.

The purpose of this project was, therefore, to deliver through the Ministry of Health speech pathology services to students in local school districts and to determine the effectiveness and efficiency of Division of Speech and Hearing standardized procedures when delivered to clients within the public school environment and to determine the effectiveness and feasibility of continuing multi-agency contracts for delivery of these services through the joint efforts of the Ministry of Education: the local school district, and the Ministry of Health: Division of Speech and Hearing.

Initially, the Division of Speech and Hearing agreed to implement pilot projects for the delivery of speech pathology services in five health unit areas of the province. This report details the procedures and results of these pilot projects.

Program Development

The Division of Speech and Hearing administrative staff began working on this project in September, 1976. The initial program design included a delivery system utilizing the Division's "Program for Communication Disorders" as the established standard of delivery of all school districts. This program included identification of communication disorders within the enrolled student population; assessment of specific communication disorders; treatment and intervention procedures with communicatively handicapped students; case reporting of assessment, treatment and intervention; information and education for school district and related staff regarding communication disorders and delivery of service; and program operations and evaluation.

Program Administration Design

Professional staff are selected by the Ministry of Health and employed by the Public Service Commission. Staff are assigned to local health units to provide service to school age children enrolled in designated school districts. The school districts provide facilities for speech pathology services. Professional staff are responsible to the Division of Speech and Hearing for professional practices, supervision and evaluation and to their Medical Health Officer in the health unit for administrative concerns. A Health Education Advisory Committee, comprised of senior Health and Education Staff, functions within each school program. This Advisory Committee functions to facilitate local communications and to review program development and procedures as they pertain to service delivery.

Contracting Design

Through provisions in the Public Schools Act, school districts may purchase or contract for the "Program for Communication Disorders" for a specified annual dollar amount reflecting actual costs of the program. Costs of this program include salaries, fringe benefits, clerical, equipment, materials, and program operational costs of consultation, management, supervision, data analysis and evaluation.

Site Selection of Pilot Projects

Sites for the five pilot projects were pre-selected on the basis of individual school district requests for service and unmet needs of communicatively handicapped students, as stated by school districts. A further consideration involved the expressed co-operation and apparent interest of the local school district and the local health unit for initiating pilot project programs. Based on the pre-planning survey a level of service and general terms of delivery were agreed to by the local district, Ministry of Education and the Ministry of Health.

Preliminary Survey and Site Visitation

Division of Speech and Hearing management staff met with each pre-selected local school district and local health unit administrative staff to explain and interpret the pilot project as it related to their district. Detailed information was provided regarding the delivery system, program administration, school district and Ministry of Health responsibilities, contracting costs and terms of agreement. Additionally, school districts were asked to complete a planning survey to gather information about their local educational programming. This information included population data, geographic

ZINK, WING: PROGRAM FOR DELIVERY OF SPEECH PATHOLOGY

distribution, school professional staff, previous speech pathology services, educational support services, and facilities. This information was used in determining special terms of agreement for each school district contract. These preliminary contacts took place with school district and health unit officials in April, May, June and July, 1977 in New Westminster, Nanaimo, Qualicum, Chilliwack, Vernon, Armstrong and Prince George. Additional telephone contacts and correspondence occurred as necessary to expedite the pre-contracting procedures.

Contracting Procedures

Based upon the information provided by the school districts, an "Agreement for Service" was prepared for each of the seven school districts within the five pilot health unit areas which included the following general terms of reference:

General Terms of Agreement

The Division of Speech and Hearing, British Columbia Ministry of Health, agrees to provide a Program for Communication Disorders through its designated local health unit to the public school district designated in this Agreement for one year according to the program description as outlined in this Agreement and Supplement as referenced.

Professional staff (speech pathologist(s) and audiologist(s)) providing such services will be selected by the Division of Speech and Hearing, and employed by letter of appointment from the British Columbia Public Service Commission, and subject to personnel policies of the current Master Agreement between the Province of British Columbia and the British Columbia Government Employees Union (BCGEU), Social and Health Services Component.

Speech pathology and audiology staff providing a Program for Communication Disorders to the designated school district shall meet professional standards and qualifications of Speech Pathologist II classification as set forth in the current policies of the Public Service Commission.

The designated school district agrees to purchase a Program for Communication Disorders as outlined in this Agreement from the designated local health unit for an annual dollar amount as specified in the terms of this Agreement.

The designated school district agrees to provide or purchase clerical support on a ratio of 49 hours per month for the equivalent of each full time speech pathologist or portion thereof during the delivery of the services to the school district.

The school district further agrees to provide appropriate space in which to conduct regularly scheduled clinical speech/language assessment and treatment/intervention services, and other necessary activities as described and specified in this Agreement.

Summary of Program Development

The above procedures of program design, site selection, site visitation, preliminary survey and contracting procedures, took place over a 10-month period from February 1977 to November 1977 and resulted in speech pathology service programs for seven school districts in five health unit regions.

Table I
**Pilot Projects for Delivery of Speech Pathology
 Services to School Districts**

Health Unit	School District	Staff (Speech Pathologist)
# 4 North Okanagan	# 22 Vernon	1.5
	# 21 Armstrong	.5
# 7 Upper Fraser Valley	# 33 Chilliwack	1.0
# 10 Simon Fraser	# 40 New Westminster	1.0
# 13 Central Vancouver Island	# 68 Nanaimo	2.0
	# 69 Qualicum	1.0
# 18 Northern Interior	# 57 Prince George	6.0

Program implementation included recruiting and employing professional staff, training and orientation of professional staff, supplying equipment and materials, initiating delivery of service, and evaluating services.

Employing Professional Staff

Professional staffing needs based on preliminary surveys and "Agreements for Service" resulted in the recruitment and hiring of 13 speech pathologists for this project. These staff were hired according to Ministry of Health Division of Speech and Hearing and Public Service Commission standards for recruiting and hiring procedures and qualifications to insure a minimal level of competence. Some speech pathologists previously hired by school districts were evaluated and employed according to the same standards.

Training and Orientation

A two-day intensive training and orientation workshop was designed by the Division of Speech and Hearing for each professional staff involved in this project. This workshop was presented in Victoria on September 8th and 9th for seven new staff and again in October and November for six new staff.

Supplying Equipment and Materials

Division of Speech and Hearing ordered equipment and materials for each pilot project. Needs for equipment and material were evaluated and determined by consultant staff on the basis of standard criteria, clinic inventory, local speech pathology staff recommendation, and availability of equipment and materials submitted by each school district for use in this project.

Initiating Delivery of Service

Following training and orientation, designated professional staff initiated delivery of service according to Division of Speech and Hearing guidelines and revised supplements for school procedures. Service delivery began in September, 1977 to School District #21,

22, 33, 40, 68, 69 and in November 1977 to School District #57. Initial project goals in each school district included the establishment of speech pathology staff, office, treatment areas, etc. within school district environment; staff orientation to specific school district personnel, procedures, etc.; selection of "Target Population" within each school district for delivery of service to achieve the greatest benefit for the communicatively impaired at the lowest cost expenditure; establishment of Health/Education Advisory Committees; implementation of systematic identification procedures, e.g. referral, screening, followed by appropriate client assessment; and initiation of treatment procedures as soon as possible to achieve maximal remediation.

A local health unit speech pathologist was appointed as co-ordinator for each pilot project to liaise with school district, Division of Speech and Hearing Central Office and speech pathology staff.

Health/Education Advisory Committees were formed in each pilot project to facilitate inter-agency communications and provide ongoing review of program procedures and results.

Division of Speech and Hearing consultant staff monitored the early stages of program development through site visitations, correspondence and telephone contacts.

Current Status of Program Implementation

All professional staff recommended for the five pilot projects have been employed and are actively engaged in the delivery of services to communicatively handicapped school children according to Divisional standardized procedures.

School district facilities and space are being used for the program (treatment and office) in all co-operating school districts. Preliminary staff evaluation indicate these facilities to be generally adequate. A more complete evaluation of school facilities including analysis of room dimensions, electrical outlets, lighting, ventilation, heating, storage, location, furniture, auditory/visual distractions, multiple use, and scheduling availability is currently being prepared. The Division of Speech and Hearing will be meeting with the Ministry of Education to establish mutually accepted criteria for these facilities.

A Health/Education Advisory Committee has been established within each of the five pilot project areas. All have met and are functioning as ongoing committees to accomplish the following goals:

- Establish and maintain liaison and communication between local health unit and local school district by reviewing specific program procedures for the delivery of speech and hearing services in the local school district; and by reviewing current program and client status of the speech and hearing services in the local school district.
- Review current issues affecting delivery of service which may arise during the course of program operations.
- Review documented school district needs and project future program development.

These committees were composed of the following individuals from each agency: the Medical Health Officer, the local speech pathologist co-ordinator, an audiologist, the Superintendent and a representative of Division of Special Education from the school

district, the speech pathologist consultant and audiologist consultant from the Division of Speech and Hearing.

Where speech and hearing services were being delivered to more than one school district from the local health unit, one Advisory Board functioned for all districts concerned. A chairperson was selected for each committee to establish agendas and preside over meetings.

Target Populations

According to Division of Speech and Hearing standardized guidelines for implementing programs "Target Populations" for delivery of service are defined, specified and assigned priority within each total school population according to documented client needs and staff capabilities to meet those needs. In this project, target populations are defined as "Populations of students to initially receive full program services, i.e. identification, assessment, treatment, and reporting; in order that their communicative impairments could be effectively managed with maximum efficiency". This important concept insures a standard of high quality of delivered speech pathology services for students in each school district. Program staff in the pilot projects were directed first to consider factors of number enrolment of schools, geographic location (travel), previously documented needs, availability and suitability of treatment facilities, scheduling patterns (itinerant and stationary), staff time projections for effectively completing necessary tasks and special school district concerns in order to recommend and justify target populations of students who would initially receive comprehensive services from each speech pathologist.

As a result of these considerations, the target population configuration is different in each of the 7 school districts. With current staffing, speech pathology services were not available to all children enrolled in the co-operating school districts, but high priority cases are receiving services. Staff schedules are full, and waiting lists have been formulated.

Program Delivery of Service

The school staff first reviewed their school district's existing special services procedures to determine the best way to meet local district needs within the structure of the Division of Speech and Hearing program procedures. Target populations were established and program delivery of service was then implemented in each district according to the objectives of the standardized program components of Identification, Assessment, Treatment, Case Reporting, Public Information and Education, and Program Operation and Evaluation. Case selection procedures were employed according to the guidelines. As the pilot projects developed and progressed in the local areas, specific procedures such as referral, screening, teacher information, parent involvement, scheduling models, forms, etc. varied. Wherever possible, standardization of these procedures will be introduced following evaluation of a full year's program and the "best" and most "useful" systems emerging will only be considered for standardization.

Current Status of Client Services

Case management — current quantitative data is submitted monthly to the Division of Speech and Hearing by local program co-ordinators for each speech pathologist reflecting all aspects of the program. Following the identification, assessment and case

ZINK, WING: PROGRAM FOR DELIVERY OF SPEECH PATHOLOGY

selection procedures, **current** (to date) data report 335 students, enrolled within established school district target populations; are receiving direct speech and/or language treatment programs. These students are seen by 13 speech pathologists (working in 7 school districts) with an average active caseload of 26 clients. Students are scheduled an average of two treatment sessions per week. Because of the nature of ongoing treatment services for communicatively handicapped children, this report reflects six months of program operation and precludes final results of children being treated. Dismissal data will be reported in subsequent reports. Each student was managed according to the procedures outlined in the "clinical services model" to insure a standardized reporting approach to client management. Individual case management records are maintained for each student receiving services.

Professional staff time expended on tasks within each program component reflects emphasis in **Identification** and **Assessment** during the first few months of program development and **Treatment/Intervention** thereafter, as programs become established. Percentage of staff time is being monitored in the areas of identification, assessment, treatment/intervention, case reporting, public information/education, program operations and travel.

Preliminary Program Survey Impressions

A survey was sent to school administrators (superintendents, special education administrators and principals) in the pilot project school districts, in order to sample **initial** educator impressions of the program and services in their schools.

At this date 40 questionnaires have been returned and responses recorded and analyzed. Not all categories or questions were answered by all respondents. The following summarizes the results:

Question #1.

"Do you feel you understand the purpose and procedures of the speech pathology services program currently operating for the students in your school?"

good understanding	18
adequate understanding	15
limited understanding	4

Question #2.

"Do the speech pathology services provided in your school meet your expectations?"

exceed my expectations	7
meet my expectations	22
do not meet my expectations	8
(Please specify)	

The reasons provided for the program not meeting expectations were given as not enough children being seen by the staff.

Question #3.

"List three things you like best about the speech pathology services in your school."

One hundred and one (101) responses/comments were listed in this category. The predominant types of responses were:

- direct, efficient and effective services to children
- high calibre of professional staff
- consistency of service
- services are delivered in school building
- direct and efficient referral system
- complete assessments
- good communication by speech pathologist within school and home environment

Question #4.

“List three things you like least about the speech pathology services.”

Fifty (50) responses/comments were listed in this category. The predominant types of responses were:

- more children need service than is available
- not enough time allocated to school buildings
- poor communication
- do not like transporting students to treatment outside of building (in instances where this occurs)

Problems specific to each school district have been discussed in Health/Education Advisory Committees.

Program Maintenance and Expansion

The Division of Speech and Hearing will offer to re-contract with each of the school districts in this pilot project prior to expiration of their existing contract (summer 1978). These new contracts will reflect either the same level of service or expanded service as determined by documented needs. Expansion of service must be mutually agreed upon by both the school district and the Division of Speech and Hearing.

The Division will offer new programs to 12 additional school districts who have previously requested services, during the 1978-79 school year.

SUMMARY

The stated goal of this pilot project was to **initiate** services to students in local school districts via the Division of Speech and Hearing delivery model in order to measure the effectiveness and efficiency of these procedures; as well as to judge the feasibility of continuing and/or expanding these services. A standardized approach was utilized to assist in control of delivery variables and collected data. Services to school children were implemented in 7 school districts by the Division of Speech and Hearing. As a result, the program procedures which were initially used have been evaluated and modifications implemented in the revised program guidelines in 11 specific areas.

Address correspondence to:

G. David Zink
Ministry of Health
Victoria, British Columbia

REFERENCES

No.		Page
1.	Public Schools' Act, Province of British Columbia, Queen's Printer, 1976	1
2.	Program for Communication Disorders, Division of Speech and Hearing, British Columbia Ministry of Health, March/April 1975	2
3.	Agreement for Service, Program for Communication Disorders, Division of Speech and Hearing, Ministry of Health	4
4.	Master Agreement, Social and Health Services Component, British Columbia Government Employees' Union (BCGEU) and Province of British Columbia, Public Service Commission	4