

## Top Issues for School Based Members

ASHA 2018 SLP Schools Survey: Survey Summary Report

				Facility Type						
Challenge	All Facility Types ( <i>n</i> = 2,170)	Special Day/ Residential (n ≥ 83)	Preschool (n ≥ 279)	Elementary $(n \ge 1, 195)$	Secondary (n ≥ 278)	Admin. Office $(n \ge 49)$	Combina- tion (n ≥ 163)			
Large amount of paperwork	79.2	67.9	78.9	81.9	71.0	79.6	78.0			
		Statistical significance: $\chi^2(5) = 23.5$ , <b><i>p</i> = .000</b> , Cramer's <i>V</i> = .107 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by facility type.								
High workload/caseload size	71.2	56.0	73.2	73.6	62.4	75.5	71.8			
		Statistical significance: $\chi^2(5) = 24.5$ , <b><i>p</i> = .000</b> , Cramer's V = .109 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by facility type.								
Limited time for collaboration	53.5	36.1	43.6	55.9	51.3	62.0	62.0			
	Statistical significance: $\chi^2(5) = 30.5$ , <b>p</b> = .000, Cramer's V = .122 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses v type.									
Budget constraints	46.9	26.5	50.9	45.7	46.2	46.0	53.0			
		Statistical significance: $\chi^2(5) = 18.7$ , <b><i>p</i> = .002</b> , Cramer's <i>V</i> = .095 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by facility type.								
Incorporating optimal service delivery models	43.6	34.5	42.9	45.5	<mark>45.</mark> 5	60.0	36.6			
			cance: $\chi^2(5) = 13$ are is adequate e		mer's $V = .080$ data to say that the	ne responses va	ry by facility			

# Panelists

- Moderator:
  - Gail J. Richard, Ph.D., CCC-SLP; ASHA Immediate Past President
- School-Level Decision Makers
  - Ann Allen, Masters, Educational Administration; Middle School Principal, California
  - Jennifer Van Tress, M.S., Speech Pathology; Elementary School Principal, Nevada
- District-Level Decision Makers
  - Lou Malerba, M.A., CCC-SLP; Former Assistant Superintendent for Special Education, New York
  - Richard Fry, Ed.D., Educational Leadership; Superintendent of Schools, Pennsylvania
- State-Level Decision Makers
  - Evelyn Dixon, M.S., CCC-SLP, Ed.S., Curriculum and Instruction; Education Program Specialist, Georgia
  - Marie Ireland, M.Ed., CCC-SLP, BCS-CL; ASHA's Vice President of Speech-Language Pathology Practice; Specialist, Virginia
- Union Representative
  - Carol Fleming, M.S., CCC-SLP; ASHA Fellow; Speech-Language Pathologist, NEA Director, Arkansas

Federal Appropriatio		Appropriation	Federal share	Percentage	
year	(in thousands)	(in thousands of dollars)	per child served (dollars)	of APPE	
1988	4,236	1,431,737	338	9%	
1989	4,347	1,475,449	339	8%	
1990	4,419	1,542,610	349	8%	
1991	4,567	1,854,186	406	9%	
1992	4,727	1,976,095	418	8%	
1993	4,896	2,052,728	419	8%	
1994	5,101	2,149,686	421	8%	
1995	5,467	2,322,915	425	8%	
1996	5,629	2,323,837	413	7%	
1997	5,806	3,107,522	535	9%	
1998	5,978	3,807,700	636	11%	
1999	6,133	4,310,700	701	11%	
2000	6,274	4,989,685	793	12%	
2001	6,381	6,339,685	991	14%	
2002	6,483	7,528,533	1,159	15%	
2003	6,611	8,874,398	1,340	17%	
2004	6,723	10,068,106	1,495	18%	
2005	6,820	10,589,746	1,558	18%	
2006	6,814	10,582,961	1,551	18%	
2007	6,796	10,782,961	1,584	17%	
2008	6,718	10,947,511	1,609	17%	
2009	6,599	22,805,211*	3,453	33%	
2010	6,614	11,505,211	1,736	16%	
2011	6,552	11,465,960	1,745	16%	
2012	6,543	11,577,855	1,766	16%	
2013	6,574	10,974,866**	1,674	15%	
2014	6,593	11,472,848	1,743	16%	
2015	6,691	11,497,848	1,717	16%	
2016	6,691	11,912,848	1,777	16%	
2017	6,814	12,002,848	1,761	16%	
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\*2009 includes funds made available under the ARRA (P.L. 111-15).

\*\*2013 reflects the impact of sequestration required under the Budget Control Act of 2011.

Source: U.S. Department of Education. "Special Education Fiscal Year 2017 Budget Request." http://www2.ed.gov/

## School Funding

#### TABLE 1

Federal Expenditures by Program in 2017 and Change in Expenditures from 2016

Billions of 2017 dollars

	2017	Change from 2016		2017	Change from 2016
1. Health	111.9	1.5	5. Early Education and Care	14.9	0.4
Medicaid	89.9		Head Start (including Early Head Start)		0.1
CHIP	15.4	1.6	Child Care and Development Fund		0.3
Vaccines for children	4.4		Other early education and care	0.3	
Other health	2.1		6. Social Services	10.1	-0.3
2. Nutrition	58.0	-2.1	Foster care	4.9	S.
SNAP (formerly Food Stamps)	30.6	-1.8	Adoption assistance	2.5	-0.1
Child nutrition	22.3	0.1	Other social services	2.7	-0.2
Special Supplemental food (WIC)	5.0	-0.3	7. Housing	9.5	0.2
3. Income Security	54.3	-2.0	Section 8 low-income housing assistance	7.7	0.3
Social Security	20.8	-0.4	Low-rent public housing		20
Temporary Assistance for Needy Families	12.8	0.1	Other housing		53
Supplemental Security Income	10.5	-1.4	8. Training	1.2	-0.1
Veterans benefits	6.8	-0.2	9. Refundable Portions of Tax Credits	74.0	-2.9
Child support enforcement	4.1	-0.1	Earned income tax credit	53.1	-1.6
Other income security	-0.6		Child tax credit	19.4	-1.1
4. Education	41.6	0.5	Premium tax credit	0.6	-0.2
Education for the Disadvantaged (Title I, Part A)	16.2	0.4	Other refundable tax credits	0.8	
Special education/IDEA	12.7	-0.1	10. Tax Reductions	106.2	1.3
School improvement	4.4	24	Dependent exemption	37.8	0.2
Indian education	1.2		Exclusion for employer-sponsored health insurance	22.9	0.9
Innovation and improvement	1.3		Child tax credit (nonrefundable portion)	29.9	-0.3
Impact Aid	1.5	0.2	Earned income tax credit (nonrefundable portion)	7.0	8
Dependents' schools abroad	1.2		Dependent care credit	3.3	
Other education	3.1	0.3	Other tax reductions	5.3	0.4
			TOTAL EXPENDITURES ON CHILDREN	481.5	-3.4

**OUTLAYS SUBTOTAL (1-9)** 

375.3

-4.6

Source: Authors' estimates based primarily on Office of Management and Budget, Budget of the United States Government, Fiscal Year 2019 (Washington, DC: US Government Printing Office, 2018) and past years. For more source information, see the appendix.

### School Funding

#### What would happen if schools lose their Medicaid dollars?

School districts receive \$4 billion in Medicaid reimbursement annually. These dollars are used to support professionals in schools who provide services to special education students in accordance with their IEP as well as to provide basic health services for all students such as asthma and diabetes management as well as mental health services. You can read more about how districts use Medicaid dollars at aasa.org/medicaidcuts.

In December 2017, AASA asked school districts what would happen if they lost their Medicaid reimbursement due to a change in Medicaid's structure at the federal level.

#### THESE ARE THEIR RESPONSES









will have to cut general



will have difficulty meeting special education mandates in state and federal law without Medicaid funds and 24% will be unable.

26%

will have to ask their

community to raise local

revenue to compensate for lost Medicaid dollars.

57%

36% will be forced to reduce mental health services and providers

without Medicaid

funding.

25%

will have to eliminate

staff positions that

address student

health needs.

will be unable to intervene early in identifying and addressing health needs for students without

REVIEW POSTPONED

32%

Medicaid funds.

education positions and programs to compensate for Medicaid dollars.





25%

will have to limit or

end efforts to enroll

children in Medicaid/

CHIP programs.





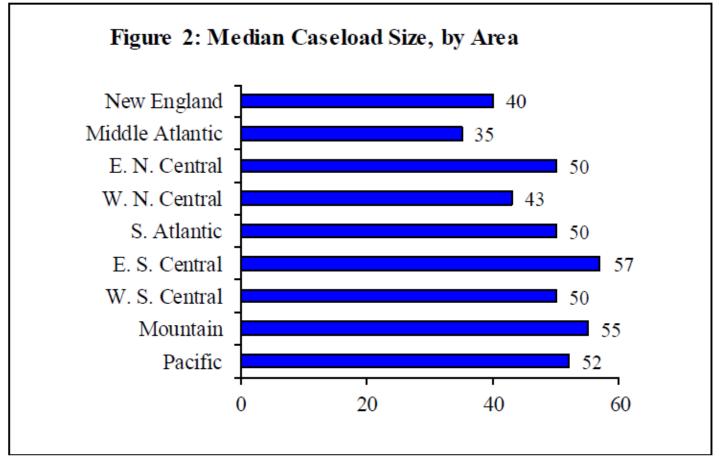
16%

will be unable to

provide services and programs for opioid impacted students.



#### Caseload/Workload



*Note.* n = 1,539. A list of states assigned to each area can be found in the Appendix.

#### Caseload/Workload

#### **Barriers to Working With a Manageable Caseload Size**











28% Lack of administration support

Shortage of SLPs in my area

27%

Other barriers (e.g., funding)

23%

13% District policy 9% State policy

n = 343

## Paperwork/Documentation

#### ASHA 2018 SLP Schools Survey: Survey Summary Report

alphabetical or	greatest challenges rder on survey instru- limited to responde CCC-SLP	ument.			at apply. (Percer	ntages) Respor	nses were in			
2		Facility Type								
Challenge	All Facility Types (n = 2,170)	Special Day/ Residential (n ≥ 83)	Preschool (n ≥ 279)	Elementary $(n \ge 1,195)$	Secondary (n ≥ 278)	Admin. Office $(n \ge 49)$	Combina- tion ( <i>n</i> ≥ 163)			
Large amount of paperwork	79.2	67.9	78.9	81.9	71.0	79.6	78.0			

## Paperwork/Documentation



A federal report confirms that the amount of paperwork and administrative tasks associated with special education services is excessive—but fails to suggest any solutions.

## Paperwork/Documentation

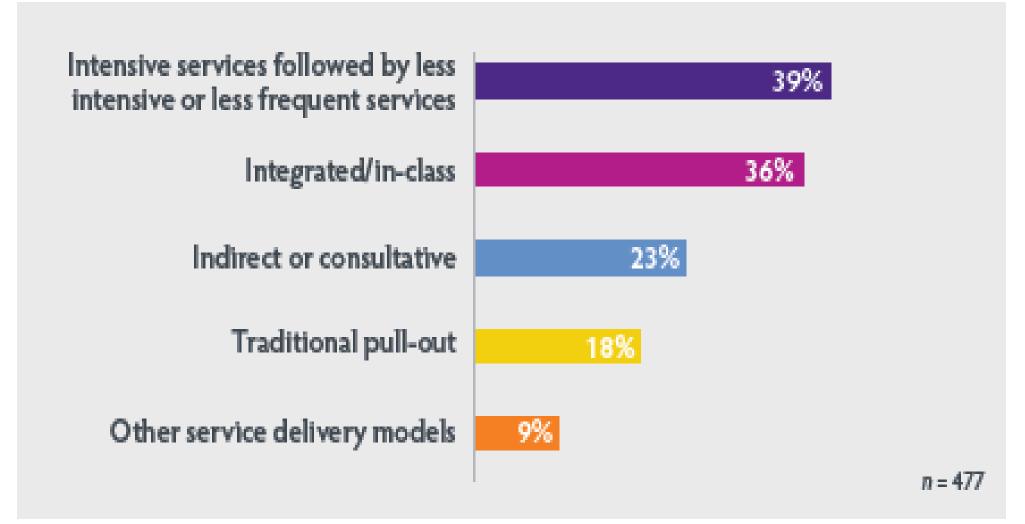
Table 2: Types of Burdens Associated with Administrative Tasks under the Individuals with Disabilities Education Act (IDEA), as Identified by GAO Focus Group Participants

Administrative Tasks		Types of burdens						
	Complicated <sup>a</sup>	Time- intensive <sup>b</sup>	Paperwork- intensive <sup>c</sup>	Resource- intensive <sup>d</sup>	Duplicative	Vague		
Preparing individualized education program (IEP) documents <sup>9</sup>	*	*	4		✓ <sup>h</sup>	1		
Focusing too much on compliance	✓	~		1	1	1		
Meeting state or local special education requirements	~	1	×	1	*			
Using technology	~	~		1	×			
Engaging in child find or determining eligibility	✓	~	×		1			
Monitoring or reporting student progress	~	~			1			
Ensuring due process	~	~	×	1				
Documenting behavioral problems		~	×					
Implementing IEPs	~	~	1	1				
Preparing State Performance Plan/Annual Performance Report <sup>i</sup>	~	1	*	1	1			

Source: GAO analysis of focus group comments. | GAO-16-25

Note: A checkmark indicates, for the tasks cited as particularly burdensome in table 1, the nature of the burden as described by one or more focus group participants.

# Service Delivery



# Service Delivery

<ul> <li>What is the single biggest barrier to varying service delivery models with your students? Select one response. (Percentages)         Analyses limited to respondents who met the following criterion:         Employed full time or part time     </li> </ul>								
Response	All	Facil Elementary school	ity Type Secondary school	Combination				
	( <i>n</i> = 420)	(n = 256)	(n = 38)	of both (n = 67)				
District policy	2.9	3.9	5.3	1.5				
Lack of administration support	3.1	3.9	5.3	3.0				
Lack of evidence-based research	0.0	0.0	0.0	0.0				
Lack of teacher support	4.9	5.9	5.3	4.5				
Schedules	69.4	71.1	68.4	68.7				
Shortage of available staff	8.5	8.2	5.3	9.0				
State policy	0.9	0.4	0.0	1.5				
Other, specify*:	10.3	6.6	10.5	11.9				
		Too many cells (52%) have an expected count of fewer than 5.						

## ASHA Schools Virtual Town Hall Recording

The ASHA Schools Virtual Town Hall recording will be accessible by the end of the August on the ASHA School Services Team web page: <u>https://www.asha.org/slp/schools/</u>.

#### Resources

- <u>School Funding Advocacy</u>
- <u>ASHA's Caseload and Workload Practice Portal</u>
- ASHA's Documentation in Schools Practice Portal
- <u>School-Based Service Delivery in Speech-Language Pathology</u>
- <u>ASHA's Schools Survey Data</u>

#### Resources

- <u>ASHA School Practice 2017 Mini-Survey [PDF]</u>
- Broken Promises: The Underfunding of IDEA [PDF]
- <u>Kid's Share July 2018: Report on Federal Expenditures on Children</u>
   <u>Through 2017 and Future Projections</u> [PDF]
- AASA Medicaid Cuts Resource
- GAO Report: State and Local Imposed Requirements Complicate Federal <u>Efforts to Reduce Administrative Burden</u> [PDF]