

## **OPTIMISE Speech-Language Pathologist Shortage Action Team Recommendations**

As a result of the SLP Action Team meeting, held November 2, 2023, the following recommendations were made by consensus of stakeholders present. These recommendations are respectfully submitted to the OPTIMISE Task Force for consideration.

### **Recommendation #1 - SLP Workload**

Enforce workload model existing MARSE R 340.1745(b) and (c). Develop a statewide calculator for use in determining caseload size.

#### **What**

MARSE R 340.1745 states that:

1. Caseload size shall be based upon the severity and multiplicity of the disabilities and the extent of the service defined in the collective individualized education programs of the students to be served, allowing time for diagnostics, report writing, consulting with parents and teachers, individualized education program team meetings, and travel.
2. Individual caseloads of authorized providers of speech and language services shall not exceed 60 different persons and shall be adjusted based on factors listed above.
3. Students being evaluated shall be counted as part of the caseload.

MARSE states that any school-based SLP's caseload is to be no more than 60 students, adjusted by the type and the severity of student's need and the other factors listed above. This is a workload frame that supports the research about SLP retention. However, there is a lack of consistency in monitoring caseloads across the state. This ambiguity leads to a lack of enforcement in the "60, adjusted" model, which creates expectations for SLPs to serve the max of 60 students, regardless of the other factors listed above. This incongruence causes significant issues in a school-based SLP's ability to provide quality direct service and to juggle the various other tasks that are a significant part of a special education staff member's job duties. These issues create an atmosphere of which many SLPs wish to steer clear. With the support of school administration across the state in the "60, adjusted" model, as well as a standardized calculator to aid in

determining caseload caps, the issues stemming from being overworked will be greatly eased.

### Comparison to Nation

According to the American Speech-Language-Hearing Association's State-by-State Caseload Guidance document published in 2022 (the link is [here](#)[1]), 29 of the 50 states have no caseload limits. Of the 21 states that do have caseload limits, 2 have a maximum of equal to or less than 45; 8 have a caseload limit between 48-55; 4 (including Michigan) have a caseload limit of 60; 4 have a caseload limit of 65-68; 1 has a caseload limit of 80; and the remaining two states have caseloads limits determined by workload requirements.

### Comparison of Neighboring States

1. Illinois – 60 students caseload limit.
2. Indiana – calculated by workload.
3. Ohio – 80 students caseload limit.
4. Pennsylvania – 65 students caseload limit.
5. Wisconsin – No caseload limit.

### **How**

1. Provide education and advocacy for school administration regarding the “60, adjusted” required by MARSE 340.1745. Advertise the benefits (listed below) to gain buy-in.
2. Provide mechanisms for union members who work under MARSE 340.1745 to grieve infringements of the “60, adjusted” rule .
3. Work with school administrators and school-based SLPs across the state to develop a workload calculator, to aid in determining caseload limits for individual speech-language pathologists. Research the system that Indiana uses.

### **Why**

Enforcing the “60, adjusted” workload rule is important for several reasons.

First, it will improve the attractiveness of working in an education setting to existing SLPs, specifically those who are currently working in a medical-based setting. Two statistics indicate that the school-based SLP workforce is decreasing and in need of revitalization. First, the MSHA membership of school-based SLPs is decreasing. In 2019, the

number was 293; in 2023, it was 184. This decrease of 109 is slightly greater than that experienced by that of the medical-based SLPs, being a loss of 75. Second, in a recent survey by OPTIMISE, 34 ISDs report employing 1,276.5 SLPs. They also reported 103 vacancies. That is equivalent to greater than 6,000 students not receiving the speech and language intervention services that they require.

Second, it will improve district compliance with MARSE and the quality of care for students. Taking into consideration each student's individual needs, including type of disability, severity of disability, level of communication ability, and use of AAC, will allow the SLP to build a caseload that gives sufficient time to adequately address those needs. With the "60, adjusted" rule, SLPs are able to move away from only being able to meet the minimum service minutes required for each student. Providing therapy in this productivity mindset is not ethical nor does it allow the therapeutic connection that causes SLPs to choose to work in schools in the first place. With the "60, adjusted" rule, SLPs are not forced to focus on one student at the expense of another, nor are they forced to provide substandard therapy in order to complete paperwork. Instead, they are able to provide service equitably, while reducing the likelihood of burnout and improving on the compliance components of their jobs.

Third, it will increase Michigan's attractiveness to SLPs from other states, especially the 5 neighboring states listed above. Although other states have a caseload limit, some states are greater than Michigan's "60, adjusted", and only one (Indiana) uses a similar adjusted model.

In summary, the factors outlined in MARSE R 340.1745, detailed above, are not taken into consideration when LEAs and ISDs calculate caseload sizes of providers. There is typically no recourse for SLPs whose administrators require caseload overage. There is no enforcement by MDE or the ISD/RESA. Enforcing the "60, adjusted" model will increase staff retention, increase job satisfaction, and increase efficacy and efficiency of services provided to students.

## Recommendation #2 - Salary

Develop Task Force to investigate barriers to obtaining funding for special education programs and services, with a special focus on exploring compensation needs and solutions for all special education teachers and providers, including SLPs.

### **What**

Speech-language pathologists employed by an educational agency are initially not paid as much as those employed by a healthcare organization. This initial difference in compensation offered creates a negative perception of school-based SLP positions. Raising the baseline compensation offered would be beneficial in increasing the positive perception of school-based SLP positions. According to surveys conducted by ASHA in 2022 and 2023, the median salary for a medical-based SLP is \$87,000 (p.3, *ASHA 2023 SLP Health Care Survey: Annual Salary Report*, link is [here](#)[2]) and the median salary for a school-based SLP is \$69,000 (p.3, *ASHA 2022 Schools Survey: Annual Salaries and Hourly Wages Report*, link is [here](#)[3]).

This negative perception and lower compensation is an issue encountered in all fields of special education: not only speech-language pathology, but also social work, occupational therapy, and physical therapy. Individuals in these four fields (and others) choose between a school-based setting and a medical-based setting. Any perceived compensatory differences will affect the decision individuals make when selecting careers. (See note on the perception of careers in special education on page 8)

### Comparison in Neighboring States

Based on data taken from the *ASHA 2022 Schools Survey: Annual Salaries and Hourly Wages Report* on page 6, the median salary for school-based SLPs in Michigan is \$75,000. This compares well to the neighboring states:

1. Illinois – \$75,000 median salary.
2. Indiana – \$60,000 median salary.
3. Ohio – \$62,293 median salary.
4. Pennsylvania – \$67,000 median salary.
5. Wisconsin – \$61,089 median salary.

The *ASHA 2023 SLP Health Care Survey: Annual Salary Report* does not report individual state's median salaries for medical-based SLPs.

However, the Midwest region, of which Michigan is a part for the purposes of the report, has a median salary of \$85,000 (p.4, *ASHA 2023 SLP Health Care Survey: Annual Salary Report*).

#### Daily Rate of Pay Comparison

On average, a school-based SLP works 185 days per year. Taking the median salary for school-based SLPs in Michigan at \$75,000, the daily rate of pay is \$405.

On average, a medical-based SLP works 250 per year, accounting for holidays. Taking the median salary for medical-based SLPs in the Midwest at \$85,000, the daily rate of pay is \$340.

However, the average beginning rate of pay for a school-based SLP (based on a survey of posted positions on Indeed,  $n=17$ ) is \$43,393. With 185 work days per year, the rate of pay is \$234.

The average beginning rate of pay for a medical-based SLP ( $n=23$ ) is \$67,544. With 250 work days, the daily rate of pay is \$270.

#### Associated Costs

There are several costs associated with maintaining SLP licensure and certification. On average the cost is \$330-\$495.40 annually.

1. \$250 annually for ASHA (for national association professional membership and certification) OR \$90 annually for ASHA (professional membership only).
2. \$165.40 every two years for LARA (for state licensure).
3. \$80 for MSHA (for state association professional membership).

There are also PD requirements for both certification and licensure. ASHA requires 30 hours of PD to be completed within the maintenance period of 3 years. LARA requires 20 hours of PD to be completed within the maintenance period of 2 years.

#### **How**

1. Increase salary for school-based SLPs so that median starting salary is competitive with median starting salary for medical-based SLPs.
2. Better advertise the PTO, retirement, and healthcare coverage benefits that come with being a school-based SLP. School-based

SLPs have more PTO and on average better healthcare coverage and retirement plans than their medical-based colleagues.

3. Encourage LEAs to pay for costs associated with obtaining and maintaining licensure and certification.

### **Why**

Increasing the median salary will attract SLPs from medical-based practice to school-based practice. There is not a shortage of SLPs in Michigan, but there is a paucity of SLPs willing to work as a school-based SLP for a perceived lower salary, compared to a medical-based colleague.

However, Michigan does pay school-based SLPs well in comparison to other states. The goal in increasing median salary would be to attract medical-based SLPs to work for an educational agency.

## Recommendation #3 - Licensing Process

Increase efficiency of the licensing process for in-state applicants through faster approval.

### **What**

Professionals who are ready to begin practicing must wait 3-4 months prior to beginning due to delays at LARA in processing licenses. In comparison, professionals hired as school administrators can get an emergency administrator certificate (provided they meet certain requirements) through MDE in a significantly less period of time.

### **How**

Decrease delay in processing licenses for in-state SLP license applicants by increasing staff at LARA. A student who is set to graduate should be able to apply for licensure at LARA prior to graduation. Then, upon graduation, LARA will issue the temporary/limited license.

### **Why**

Streamlining the licensing process for professionals who recently graduated from Michigan SLP programs will increase the attractiveness of our profession as a whole. While the profession should not be viewed as “easy” in the sense that standards of knowledge and experience are low, the system that supports our profession should be viewed as “easy” to communicate with and navigate. This includes faster turnaround time in the issuance of licenses.

For school administrators who are hiring newly graduated SLPs, the hiring process can be frustrating if the new graduates are not licensed, due to the length of time it takes. If this is the case, the school administrator must either have on staff an SLP who cannot practice, or the administrator must hire another SLP to supervise the unlicensed graduate until that individual receives their temporary/limited license.

### **Note on Negative Perceptions on Careers in Special Education**

It has been noted through multiple experiences, personal and professional, of our members that barriers to entering the special education workforce include negative perceptions of the field. These negative perceptions are held and perpetuated not only by the general public but also by those currently working in the field of special education. In comparing the school-based and medical-based settings, the medical-based setting appears to be more attractive and is perceived as delivering greater quality of service, requiring less paperwork, and having greater compensation.

Providing incentives, such as increased compensation, and advertising the benefits of working in a school-based setting, such as paid-time off (PTO) and summer breaks, could mitigate some of these barriers and change the perceptions held.

### **Opinion on Speech-Language Pathology Assistants (SLPAs)**

It is the opinion of the membership and leadership of the Michigan Speech-Language-Hearing Association (MSHA) that SLPAs should not be allowed in the state of Michigan to practice in the field of speech-language pathology in such a way as to trespass upon or overlap with the scope of practice of licensed Speech-Language Pathologists (SLPs). We hold this opinion because:

- a) SLPAs would be responsible for providing direct therapy to students, clients, and patients. This would take away from the enjoyable aspects of being an SLP, leaving the SLPs to complete the compliance work (such as special education paperwork, insurance billing, and therapy documentation).
- b) SLPs would find it difficult to progress monitor students, clients, and patients if SLPAs perform all or most of direct therapy. SLPs would not know their students', clients', or patients' needs and abilities as well, leading to a decrease in quality of care.
- c) SLPAs devalue the works SLPs do. SLPs require a graduate degree and a significant period of internship/externship experience. They are also required to pass a licensure/certification exam to demonstrate clinical acumen and ethical decision-making. SLPAs do not undergo this amount of rigorous training. Therefore, SLPAs should not be allowed to perform the same tasks that an SLP is licensed to perform.
- d) SLPs may be asked to increase their caseload and decrease their pay if they have SLPAs to assist in providing direct therapy. This not only increase the amount of paperwork required, but also decreases the amount of direct therapy time an SLP would have with students, clients, or patients.



[1]

<https://www.asha.org/siteassets/practice-portal/caseloadworkload/state-caseload-chart.pdf>

[2] <https://www.asha.org/siteassets/surveys/2023-slp-hc-survey-annual-salaries.pdf>

[3] <https://www.asha.org/siteassets/surveys/2022-schools-slp-salaries.pdf>