



CSHA

Human Lives. Human Connection.™

California Speech Language Hearing Association (CSHA)
Legislative Action Day in Sacramento
Tuesday, May 6th, 2025

Goals of Leg Action Day:

- Educate policymakers on what/who are speech language pathologists (SLPs), speech-language pathology assistants (SLPAs), audiologists.
- Advocate for CSHA legislative and policy priorities. (the three priorities for 2025 are summarized below)
- Build relationships with legislators.

About Speech-Language Pathology

Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in infants, children and adults. In many settings, SLPs often work as part of a collaborative, interdisciplinary team, which may include teachers, physicians, audiologists, psychologists, social workers, physical and occupational therapists, and rehabilitation counselors. Speech-language pathologists in higher education train the next generation of these professionals to address the growing needs for services.

CSHA legislative advocacy aims to increase lawmakers' understanding of the variety of roles and services provided by speech-language pathologists and improve state policies to support client access to services and the systems in which speech-language pathologists work.

CSHA Message to Legislators on Speech-Language Pathology - Share your stories, and those of your clients, students, & patients.

- Talk about your role as a SLP – describe the type of disorders you treat:
 - Speech disorders
 - Language disorders
 - Social communication disorders
 - Cognitive-communication disorders
 - Swallowing disorders (dysphagia)
- Describe how you provide direct services to your clients, students, and/or patients – early intervention programs (infants and toddlers, 0 to 3), educational setting or health care setting.
- Talk about how you are an integral part of a treatment team to support your clients, students, or patients.
 - SLPs work from birth through end of life, helping people communicate, and swallow safely and effectively.
 - SLPs often work as part of a collaborative, interdisciplinary team, which may include teachers, physicians, audiologists, psychologists, social workers, physical and occupational therapists, and rehabilitation counselors.
- Highlight how you support culturally & linguistically diverse client needs. If you are a bilingual or multilingual SLP or SLPA, describe your work and that aspect.
- Highlight the SLP Workforce Shortage
 - Not enough SLPs to keep up with the increased demand for services in Early Start programs, schools and healthcare organizations.
 - Shortage can be tied to a number of factors – higher demand for services since pandemic, not enough graduate training programs, and SLPs leaving the workforce due to work environment and demanding workload with higher caseloads.

For more information on Speech Language Pathologist contact your local SLP or the California Speech Language Hearing Association (CSHA) at (916) 921-1568 or visit our website at <https://www.csha.org>

2025 Priorities & Positions

Addressing Unmanageable Caseloads for School-Based Speech-Language Pathologists

The Challenge: California’s school-based Speech-Language Pathologists (SLPs) are essential in supporting students with speech, language, and communication needs. However, unmanageable caseloads are crippling their ability to provide quality care. On average, SLPs in CA have caseloads 16-20% higher than Ed Code and CCR mandates. Alarming, some SLPs report caseloads of over 100 students.¹ These excessive numbers hinder intervention effectiveness and lead to adverse outcomes for both students and providers.

SLP caseloads are regulated—not codified in statute—and there does not appear to be any formal oversight or enforcement of caseload limits under the Education Code. Without accountability, students’ rights to equitable education and specialized support remain at risk. Additionally, unmanageable caseloads discourage entry into the profession, worsening provider shortages.

Impact on Students:

- Larger caseloads mean students may be placed into groups with a greater number of students, resulting in lower service dosage and slower progress toward communication goals.
- Timely identification under Child Find may be delayed, impacting access to early intervention and appropriate services.
- Extended time to dismissal from services hinders academic and social development and delays return to the Least Restrictive Environment—raising ethical concerns under IDEA.
- Limited capacity for collaboration with teachers and families undermines the holistic support essential to student progress.

Impact on SLPs:

- Burnout and occupational stress leading to high attrition rates.
- Challenges in recruiting qualified SLPs to public schools, exacerbating shortages.
- Excessive paperwork, Medi-Cal billing, and IEP-related responsibilities compound the workload.

Proposed Solutions:

- 1) **Set and Enforce Caseload Limits:** Mandate statewide accountability for Education Code - EDC § 56363.3 (maximum averages of 55 students for K-12 and maximum 40 students for preschool). Codify pro-rated caseloads for SLPs serving preschool and school-age students. Make SLP caseloads statutory rather than regulatory.
- 2) **Streamline Administrative Tasks:** Invest in support staff and technology to reduce paperwork and administrative burden.
- 3) **Monitor and Report Caseloads:** Establish state-level oversight to track and ensure compliance with caseload regulations.

CSHA Message to Legislators addressing Caseloads for School-Based Speech-Language Pathologists – CSHA supports ensuring a manageable workload which would allow SLPs to deliver high-quality, individualized support, improving student outcomes while preventing burnout and inefficiencies. CSHA is encouraging the state to commission a study and provide recommendations and a roadmap for state efforts to address the high caseloads of SLPs working in education settings.

Implementation of the Master Plan for Developmental Services, March 2025 – Early Intervention Services and rate reform - CSHA Supports

In 2024, the Governor directed Department of Developmental Services (DDS) to work with stakeholders to develop a Master Plan for Developmental Services in an effort to establish a more quality-driven and consumer-friendly experience for individuals and families receiving developmental services. The Master Plan was released in March 2025 and includes nearly 170 recommendations on ways to enhance and improve the current service delivery system. The Master Plan outlines shared goals for developing a system that is person-centered, equity-focused, and data-driven, while noting possible ways to increase regional center accountability and maximizing the effectiveness of recent investments to improve outcomes for consumers.

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CSHA appreciates the implementation of the rate reform in 2024 and 2025. We urge continued attention to the implementation. CSHA also urges DDS to improve consistency in use of the rate codes for the variety of services SLPs provide and for more coherence in the directives from DDS to the Regional Centers on rate codes and on the ability of SLPAs and required professional experience (RPE) license holders to provide services and to bill at the appropriate rate code.

CSHA Message to Legislators on the Master Plan for Developmental Services – CSHA supports the collaborative effort to develop the Master Plan for Developmental Services and we want to monitor this reform effort to ensure that advancements are made on the Master Plan recommendations, that stakeholder input is continued, and that the goals of standardizing procedures across the 21 regional centers in the State are upheld. These efforts will help with consumer access and provide a more consistent early intervention system. CSHA urges greater consistency in implementing the rate reform so that SLPs in different regions are provided with consistent reimbursement rates.

School-Age Traumatic Brain Injury (TBI) - Developing Parental & Community Awareness – CSHA Supports

Over the last 20 years, there has been a significant increase in the understanding of the mechanisms of Traumatic Brain Injury (TBI), the impact on developing children and adolescents, and long-term implications for cognitive, communication and social growth. Childhood Traumatic Brain Injury (TBI) is a growing area of service need and research due to the potential long-term issues in learning and development.

When a child is assessed for a TBI, in any setting, there is dramatic variability in diagnosis, parental education, discharge instructions, and referrals for follow-up services. Without consistent identification, tracking, and support, children can be lost in an educational system.

Patterns of deficits in children with TBI/concussion

- Impaired attention: sustained, selective, alternating, divided
- Impaired working memory, delayed memory (new information), prospective memory
- Impaired executive functions
- Reasoning and problem-solving deficits
- Social language issues
- Reading, Writing, and Math issues

The SLP as the Point Person

- Unique understanding and expertise in development, communication, social language, learning/cognition
- Able to screen, assess, intervene, advocate
- Establish the least restrictive environment for support
- School is where they need the support and intervention
- SLPs are key part of a service team & making referrals: OT, PT, Audiology

Unfortunately, California does not have consistent standards on how medical providers and educational systems address the needs of children with TBI. These inconsistencies can have a long-term impact on individuals.

CSHA Message to Legislators on School-Age Traumatic Brain Injury (TBI) – CSHA supports

- Development of coordinated state approaches to support local efforts across education, health and sports/athletic sectors to identify and treat TBI in children and youth.
- Better connections between hospital and education systems in supporting children and youth who experience TBI
- Parental education and awareness of TBI and its impact, how to treat and support recovery

ⁱ See 2025 report by Dr. Sherrie Reed Bennett, *A Closer Look at Caseloads*. Available [here](#)