SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

2016 SUNSET REVIEW REPORT

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS, AND ECONOMIC DEVELOPMENT

DECEMBER 2016

Speech-Language Pathology & Audiology & Hearing Aid Dispensers

Board Members

Alison Grimes, Board Chair, Dispensing Audiologist

Rodney Diaz, Public Member, Otolaryngologist

Jaime Lee, Public Member

Deane Manning, Hearing Aid Dispenser

Dee Parker, Speech-Language Pathologist

Marcia Raggio, Dispensing Audiologist

Amnon Shalev, Hearing Aid Dispenser

Debbie Snow, Public Member

Patti Solomon-Rice, Speech-Language Pathologist

Paul Sanchez, Executive Officer

Speech-Language Pathology & Audiology
& Hearing Aid Dispensers Board
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CALIFORNIA SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

2016 SUNSET REVIEW REPORT
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SECTION 1 – BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSION

Provide a short explanation of the history and function of the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board). Describe the occupations/professions that are licensed and/or regulated by the Board (Practice Acts vs. Title Acts).

1. Describe the make-up and functions of each of the Board's committees.

History of the Hearing Aid Dispensers Examining Committee
In 1970, legislation was passed (Chapter 1514, Statutes of 1970) that added Section 651.4 to Division 2 of the Business & Professions Code to establish the Hearing Aid Dispensers Examining Committee (HADEC), under the jurisdiction of the Medical Board of California (MBC). The intent of the HADEC was to prepare, grade, and conduct examinations of applicants for a hearing aid dispenser's license. The MBC was responsible for the HADEC's enforcement program including any disciplinary actions.

In 1988, legislation was passed (SB 225, Chapter 1162, Statutes of 1988), which transferred authority from the MBC to the HADEC, to administer the enforcement program. The legislation also allowed hearing aid dispensers to use fictitious names for fitting and selling hearing aids but prohibited licensees from owning or having interest in a hearing aid dispensing business if their license had been suspended or revoked.

In 1996, SB 1592 (Chapter 441, Statutes of 1996) provided HADEC the authority to adopt, amend or repeal regulations related to the practice of fitting or selling hearing aid devices.

During the 1997-98 legislative session, the HADEC and the Speech-Language Pathology and Audiology Board (SLPAB) were reviewed by the Joint Legislative Sunset Review Committee (Joint Committee). The Joint Committee raised the issue of merging the two programs, but voted against the idea. Two bills were introduced in 1998 (SB 1982 and AB 2658) which would have extended the regulation of hearing aid dispensers. One proposal merged the HADEC with the SLPAB, while the other extended the sunset date of the Committee. Both bills failed and the HADEC was sunset.

In 1999, the Department of Consumer Affairs (DCA) assumed responsibility for regulating hearing aid dispensing.

In 2000, legislation was chaptered creating the Hearing Aid Dispensers Bureau within DCA and converted the former Commission to an Advisory Committee made up of professional members to provide input and recommendations regarding policy and regulatory issues to the DCA Director.

History of the Speech-Language Pathology and Audiology Board (SLPAB)
The SLPAB (formerly a Committee) was created in 1973 and enacted in 1974 under the jurisdiction of the MBC (Chapter 5.3, Statutes of 1974, Section 2530 et seq. of the Business & Professions Code). As recently as 2010, the Board regulated the speech-language pathology and audiology, which are two separate professions, each with individual scopes of practice, entry-level requirements, and descriptive titles.

On July 1, 1999, the SLPAB was sunsetted and became a program under DCA due to the failure of Senate Bill 1982 (merger bill referenced above). Subsequently, Assembly Bill 124, introduced in the 1998-99 legislative session, passed and restored the SLPAB as a Board effective January 1, 2000.

While the SLPAB had been operating as an independent Board for many years, the statutory amendment to remove references to the MBC was officially recorded in Section 2531 of the Business & Professions Code in 2003 (SB 2021).

Merger of the Hearing Aid Dispensers Bureau and the Speech-Language Pathology and Audiology Board

On October 11, 2009, Governor Schwarzenegger signed Assembly Bill 1535 which merged the Hearing Aid Dispensers Bureau into the Speech-Language Pathology and Audiology Board to create the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) (Business & Professions Code Section 2531), effective January 1, 2010. The newly merged Board was expanded to regulate the professions of speech-language pathology, audiology, and hearing aid dispensing.

Function of the Board

The Board serves to protect the public by licensing and regulating speech-language pathologists, audiologists, and hearing aid dispensers who provide speech and hearing services to California consumers. The Board sets entry-level licensing standards, which includes examination requirements that measure the licensees' professional knowledge and clinical abilities that are consistent with the demands of the current delivery systems. To ensure ongoing consumer protection, the Board enforces standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

The Board is charged with regulating Speech-Language Pathology, Audiology, and Hearing Aid Dispensing; three separate and distinct professions with their own scopes of practice, entry-level requirements, and professional settings. Speech-language pathologists mainly provide services to individuals with speech, voice or language disorders and swallowing disorders or impairments. Audiologists provide services to individuals with hearing, balance (vestibular), and related communication disorders. Most audiologists are also licensed to dispense hearing aids and are called Dispensing Audiologists. Hearing Aid Dispensers provide services to individuals with impaired hearing which include hearing tests for the purposes of fitting, selection, and adaptation of hearing aids.

To balance the professional expertise and public input on the Board, the governance structure of the Board consists of two speech-language pathologists; two audiologists, one of whom must be a dispensing audiologist; two hearing aid dispensers; and three public members, one of which who must be a licensed, Board certified physician and surgeon in otolaryngology. All of these members (except two public members) are appointed by the Governor. One public member seat is appointed by the Senate Rules Committee and one by the Speaker of the Assembly.

The Board is responsible for regulating the following license types and categories:

- Speech-Language Pathologist [2530.2(d)-(g)] – licensed to provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.

- Audiologist [2530.2(j)-(k)]- licensed to identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.

- Dispensing Audiologists [2530.2(l)] – licensed to perform the duties of an Audiologist as described above and authorized to sell hearing aids.

- Speech-Language Pathology Assistant (SLPA) [2530.2(i), 2538-2538.7] - registered paraprofessionals who complete formal education and training and serve under the direction of a licensed speech-language pathologist.

- Required Professional Experience Temporary License [2532.2(d), 2532.25, & 2532.7] - speech-language pathology and audiology applicants completing required professional experience to qualify for full licensure, practicing under the supervision of a licensed practitioner.

- Speech-Language Pathology Aide [2530.2(h)] – support personnel approved to work directly under the supervision of a speech-language pathologist. No requirement for formal education and training, but on-the-job training must be provided.

- Audiology Aide [2530.2(m)] - support personnel approved to work under the supervision of a licensed audiologist. No requirement for formal education and training, but on-the-job training must be provided.

- Speech-Language Pathology or Audiology Temporary License [2532.3] – speech-language pathologist or audiologist, licensed in another state, who qualifies for a six-month license while seeking permanent licensure.

- Hearing Aid Dispenser [2538.11] – licensed to fit and sell hearing aids, take ear mold impressions, post fitting procedures, and directly observe the ear and test hearing in connection with the fitting and selling hearing aids.

- Hearing Aid Dispenser Temporary License [2538.27] – hearing aid dispenser, licensed in another state, who qualifies for a 12 month temporary license while seeking permanent licensure.

- Hearing Aid Dispenser Trainee License [2538.28] – allows a hearing aid dispenser trainee applicant to work under the supervision of a licensed hearing aid dispenser for up to 18 months.

- Branch License- [2538.34] – licenses issued to hearing aid dispensers authorizing the dispenser to work at additional branch locations.

The Board is also responsible for the approval of the following:

- SLPA Training Program [2538.1] – Board-approved training/educational programs.

- Continuing Professional Development (CPD) Providers [2532.6] who offer CPD courses required for license renewal of speech-language pathology and audiology licensees.

- Continuing Education Courses (CE) [2538.18] – CE courses offered to Hearing Aid Dispensers required for license renewal.

The Board's licensing population is over 23,000 individuals and entities. According to the Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition;* by 2024, the Speech-Language Pathologist and Audiologist professions are expected to grow by 21 percent and 29 percent, respectively in the United States.

The growth rates for California have been higher than the U.S. rate in the past and are expected to continually increase. California's demand for speech-language pathologists, audiologists, and hearing aid dispensers will continue to grow in the coming years due to an aging population who will experience hearing loss, as well as those who will suffer strokes and other debilitating illnesses. In addition, there is a growing need for speech-language pathology services in California schools. This consumer demand will make the role of the Board even more critical to ensure the safety and efficacy of these professions.

The Board believes the level of education and experience required to secure a license assures the public that these licensees are well trained and able to deliver the appropriate level of service. At the same time, the potential for harm to consumers in these professions is significant as testing and evaluation involves the use of sound, air pressure, electricity and other physical stimuli in the ear and to the head. Speech-language pathology patients are at risk of aspiration of material into their lungs when undergoing evaluations that require the introduction of materials into the throat. Audiologists insert a variety of instruments into the ear canal, and there is a risk of physical harm such as punctures of the skin in the ear, ear canal, ear drum and allergic reactions by electrodes or electrode paste. Likewise, hearing aid consumers can suffer damage to their ears if dispensers are not qualified or trained properly to perform otoscopy or take ear impressions for hearing aids.

It is imperative that the Board balance its education, outreach, and enforcement efforts to ensure that the Board policies are current and consistent with the acceptable standard of care in each discipline.

Table 1a. Attendance			
Alison Grimes			
Date Appointed to Board:	March 22, 2010		
Term Expiration:	January 1, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	San Diego	Yes

Table 1a. Attendance			
Amnon Shalev			
Date Appointed to Board:	December 15, 2012		
Term Expiration:	January 1, 2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	No
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	San Diego	No

Table 1a. Attendance			
Carol Murphy			
Date Appointed to Board:	April 5, 2010		
Term Expiration:	January 1, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes

Table 1a. Attendance			
Deane Manning			
Date Appointed to Board:	December 27, 2010		
Term Expiration:	January 1, 2019		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	No
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	San Diego	No

Table 1a. Attendance			
Debbie Snow			
Date Appointed to Board:	November 30, 2013		
Term Expiration:	November 30, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	No
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	San Diego	Yes

Table 1a. Attendance			
Jaime Lee			
Date Appointed to Board:	May 11, 2011		
Term Expiration:	November 30, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	No
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	No
Board Meeting	December 22, 2015	Telephonic	No
Board Meeting	February 4-5, 2016	San Diego	No

Table 1a. Attendance			
Marcia Raggio			
Date Appointed to Board:	December 17, 2012		
Term Expiration:	January 1, 2019		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	January 10-11, 2013	San Francisco	No
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	San Diego	Yes

Table 1a. Attendance			
Margaret “Dee” Parker			
Date Appointed to Board:	August 16, 2013		
Term Expiration:	January 1, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	November 30, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	Sacramento	Yes

Table 1a. Attendance			
Monty Martin			
Date Appointed to Board:	January 13, 2010		
Term Expiration:	November 30, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	No
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes

Table 1a. Attendance			
Patti Solomon-Rice			
Date Appointed to Board:	September 8, 2012		
Term Expiration:	January 1, 2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	Yes
Board Meeting	February 7, 2014	Brisbane	Yes
Board Meeting	May 23, 2014	Sacramento	Yes
Board Meeting	August 21, 2014	Los Angeles	Yes
Board Meeting	November 7, 2014	San Diego	Yes
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	Yes
Board Meeting	August 20-21, 2015	Burlingame	Yes
Board Meeting	November 6, 2015	Sacramento	Yes
Board Meeting	December 22, 2015	Telephonic	Yes
Board Meeting	February 4-5, 2016	San Diego	Yes

Table 1a. Attendance			
Rodney Diaz			
Date Appointed to Board:	December 20, 2012		
Term Expiration:	January 1, 2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	No
Board Meeting	January 10-11, 2013	San Francisco	Yes
Board Meeting	March 12, 2013	Telephonic	Yes
Board Meeting	June 13, 2013	Sacramento	No
Board Meeting	September 11, 2013	Telephonic	Yes
Board Meeting	October 11, 2013	San Diego	Yes
Board Meeting	November 25, 2013	Telephonic	No
Board Meeting	February 7, 2014	Brisbane	No
Board Meeting	May 23, 2014	Sacramento	No
Board Meeting	August 21, 2014	Los Angeles	No
Board Meeting	November 7, 2014	San Diego	No
Board Meeting	February 23, 2015	Sacramento	Yes
Board Meeting	March 11, 2015	Sacramento	Yes
Board Meeting	June 19, 2015	Sacramento	No
Board Meeting	August 20-21, 2015	Burlingame	No
Board Meeting	November 6, 2015	Sacramento	No
Board Meeting	November 30, 2015	Sacramento	No
Board Meeting	December 22, 2015	Telephonic	No
Board Meeting	February 4-5, 2016	San Diego	No

Table 1a. Attendance			
Sandra Danz			
Date Appointed to Board:	April 5, 2010		
Term Expiration:	January 1, 2012		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Board Meeting	November 26, 2012	Telephonic	Yes

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type** (Public or Professional)
Alison Grimes	12/04/00	09/25/13	01/01/17	Governor	Professional
Amnon Shalev	12/15/12	01/06/16	01/01/20	Governor	Professional
Carol Murphy	04/29/05	04/05/10	01/01/13	Governor	Professional
Deane Manning	03/19/10	03/05/15	01/01/19	Governor	Professional
Debbie Snow	11/30/13	NA	11/30/17	Senate	Public
Jaime Lee	05/03/11	12/06/13	11/30/17	Assembly	Public
Marcia Raggio	12/12/12	01/08/15	01/01/19	Governor	Professional
Margaret "Dee" Parker	08/16/13	N/A	01/01/17	Governor	Professional
Monty Martin	01/13/10	N/A	11/30/13	Senate	Public
Patti Solomon-Rice	09/05/12	01/06/16	01/01/20	Governor	Professional
Rodney Diaz	04/05/10	01/06/16	01/01/20	Governor	Public

2. In the past four years, was the Board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

The Board has not experienced a lack of a quorum within the past four years.

3. Describe any major changes to the Board since the last Sunset Review, including, but not limited to:

- *Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)*
  In June of 2014, the Board appointed a new Executive Officer. In 2014 and 2015, the Board has experienced significant staffing turnover due to its most experienced staff retiring from state service, with a combined 50 years of experience with the Board. During this time of transition, management focused on retaining institutional knowledge, training new staff, the Board's workload and process improvements.

  In November of 2015, the Board adopted its Strategic Plan for 2016-2020. The plan was developed through the Board's collaboration with its stakeholders and strongly emphasizes consumer protection around five goal areas with objectives focused on improving services to consumers and licensees, increasing outreach to stakeholders, and enhancing the Board's enforcement program. Through interviews and surveys of its stakeholders, the Board identified challenges and opportunities in moving forward to build a foundation for the protection of, service to, and excellence in care of consumers with speech, language, and hearing impairments.

- *All legislation sponsored by the Board and affecting the Board since the last sunset review.*

Legislative Session	Bill	B&P Code Sections	Amendment	Operative Date
2015-2016	AB 2317	Added Article 4.6 (commencing with Section 66041) to Ch. 2 of Part 40 of Division 5	Authorizes the California State University to award the Doctor of Audiology degree.	January 1, 2017
2015-2016	AB 179 Bonilla	Amended 1601.1 Amended 1616.5	Provides that sexual abuse and misconduct statute does not apply to consensual relationships between healing arts licensees and their spouses or domestic partners.	January 1, 2016
2013-2014	SB 1466	Amended 27, 2089.5, 2240, 2530.5, 2532.2, 2532.7, 4021.5, 4053, 4980, 4980.36-37, 4980.399, 4980.41, 4980.43, 4980.55 4980.72, 4980.78, 4987.5, 4992.09, 4996.23, 4998, 4999.55,4999.58, 4999.59, 4999.60, 4999.123	Requires a physician or audiologist employed by a hearing aid dispenser to be licensed to dispense hearing aids. Deleting the requirement of an applicant for licensure as a speech-language pathology or audiology to submit transcripts from a Board-approved education institution as evidence of completion of specified coursework. Authorizes the Board to increase the required number of clock hours of supervised clinical practice.	January 1, 2015
2013-2014	SB 1326 Roth	Added 2530.7	Amending Song-Beverly Consumer Warranty Act stating that hearing aids can be refunded within 45 days of the initial date of delivery to the buyer. Clarified warranty terms.	January 1, 2015
2013-2014	SB 305 Lieu	Amended 2450, 2450.3, 3685, 3686 3710, 3716	Extended the sunset date of the Board until January 1, 2018.	January 1, 2014
2013-2014	SB 129 Wright	Amended 2881	Extended surcharge by the PUC until January 1, 2020 and report requirements until January 1, 2021.	January 1, 2014
2011-2012	SB 933 Runner	Amended 2530, 2530.1, 2531.02, 2531.06, 2533, 2533.3, 2534, 2539.1,2539.14	Merged and consolidated the relevant practice acts for speech-language pathologists, audiologists, and hearing aid dispensers	January 1, 2012

- *All regulation changes approved by the Board since the last sunset review. Include the status of each regulatory change approved by the Board.*

Section	Title	Status
CCR 1399.110, 1399.130, 1399.130.1, 1399.131, 1399.150.3, 1399.151, 1399.155, 1399.156, 1399.156.5	Enforcement Program Enhancements - CPEI	Operative 7/1/13
CCR 1399.100 - 1399.102, 1399.105, 1399.111, 1399.113 - 1399.122, 1399.126, 1399.127, 1399.132 -1399.144, 1399.150.1 - 1399.150.3, 1399.151, 1399.151.1, 1399.152 - 1399.152.3, 1399.153, 1399.153.2 - 1399.153.4, 1399.153.8, 1399.153.9, 1399.154 - 1399.154.5, 1399.155, 1399.156, 1399.156.2, 1399.156.3, 1399.156.5, 1399.157.2, 1399.159, 1399.159.01, 1399.159.1 -1399.159.3, 1399.160.1 - 1399.160.3, 1399.160.7 - 1399.160.10, 1399.160.12, 1399.170.15, 1399.170.18, 1399.180, 1399.182.	Speech-Language Pathology, Audiology, Hearing Aid Dispensers Non-substantive Changes	Operative 10/28/15
CCR 1399.140, 1399.140.1, 1399.141 – 1399.144	Hearing Aid Dispenser Continuing Education	Statutory Deadline 9/20/16
CCR 1399.152.2, 1399.153, 1399.170, 1399.170.4, 1399.170.6, 1399.170.10, 1399.170.11, 1399.170.15	Speech-Language Pathology Assistant/ Supervised Clinical Experience Clock Hours	Statutory Deadline 10/8/16
CCR 1399.129	Fees: Hearing Aid Dispensers	Statutory Deadline 10/8/16
CCR 1399.152.2	Supervised Clinical Experience Clock Hours	Approved by the Board 2/4-5/16 Combined with Speech-Language Pathology Assistant Rulemaking File

Section	Title	Status
CCR 1399.157 1399.170.13 – 1399.170.14	Fees: Speech-Language Pathology and Audiology	Approved by the Board 6/19/15 Initial DCA Legal Review 8/1/16
CCR 1399.127	Hearing Aid Dispenser Advertising Guidelines	Approved by the Board 5/12-13/16
CCR 1399.160, 1399.160.1 – 1399.160.4, 1399.160.7	Speech-Language Pathology and Audiology Self-study Hours	Approved by the Board 11/6/15
CCR 1399.131 1399.155	Disciplinary Guidelines and Uniform Standards Related to Substance Abuse	Approved by the Board 2/4-5/16 Initial DCA Legal Review 8/15/16

4. Describe any major studies conducted by the Board (cf. Section 12, Attachment C).

2014 Occupational Analysis for Speech-Language Pathologists
California Business & Professions Code Section 139 and DCA policy require that California state licensing Boards conduct regular occupational analyses of the professions as a fundamental part of each licensure program. In addition, Business & Professions Code Section 139 and DCA policy also requires a review of any national examination program used by a California licensing Board as part of its licensure program. The Board held four workshops in 2014 to complete the occupational analysis. The workshops consisted of eight to ten licensees.

The Board utilizes the ETS Praxis speech-language pathology examination which is based on the American Speech-Language-Hearing Association's (ASHA's) occupational analysis (OA). In preparing for the OA, the Board requested the assistance of licensees in providing to the Office of Professional Examination Services (OPES) the results of ASHA's most recent national occupational analysis including:

- Process used to develop OA survey;
- Demographic items and their results;
- The rating scales employed in the OA survey;
- List of tasks and knowledge statements with their respective ratings;
- Information (group demographics) regarding the initial and final respondent samples;
- Method used to link test plan to occupational analysis;
- Process used to determine relative weights of the test plan.

Following completion of the OA, the list of task and knowledge statements is the most pertinent aspect. The additional information is utilized for the required review of the national examination program for speech-language pathology.

It is important for OPES to review the task and knowledge statements from the national occupational analysis. For examination publishers that consider this proprietary information, a model security agreement is available as a basis upon which to build a custom security agreement.

2015-2016 Workload Analysis
During FY 2015-16, the Board contracted with the Cooperative Personnel Services dba CPS HR Consulting (CPS) to conduct a workload study and independent review of the Board. The goal of the review was to identify areas of improvement in business processes, streamline workload tasks and determine appropriate staffing levels in order to meet current program requirements and future operations.

5. List the status of all national associations to which the Board belongs.

The Board is a member of the National Council of State Boards (NCSB) of Examiners in Speech-Language Pathology and Audiology, which is a national professional organization for state licensing Boards to network and discuss practice issues. Topics include licensing and examination changes, enforcement trends and consumer protection issues, expansion of scopes of practice, and general health care evolution.

- *Does the Board's membership include voting privileges?*

  The Board is a voting member of the NCSB.

- *List committees, workshops, working groups, task forces, etc., on which the Board participates.*

  N/A

- *How many meetings did Board representative(s) attend? When and where?*

  Travel restrictions have limited the Board's ability to participate in the NCSB Annual Conferences. Until 2010, the Board participated in the annual conference of the NCSB and either the Executive Officer and/or the Board Chair served on the Board of Directors, assisting with conference planning and presenting on topics such as, reciprocity between states, judiciary responsibilities of Board members, regulation of paraprofessionals, and transitions in education and training.

- *If the Board is using a national exam, how is the Board involved in its development, scoring, analysis, and administration?*

  The Board accepts two national examinations, the Praxis Examination for both speech-language pathology and audiology, both administered by the Educational Testing Service (ETS). While the Board is not directly involved with the development, scoring, and administration of the examination, the Board does conduct periodic audits through examination validation studies. These studies review the content and rigor of each examination to ensure that the scope of the examination and passing scores reflect the minimum standards of practice and entry-level requirements for licensure in California. The last audit conducted by the Board, with the facilitation of the Department's Office of Professional Examination Services (OPES), was completed in 2016 for the speech-language pathology examination program, and in 2009 for audiology.

  The American Speech-Language-Hearing Association commissions the Educational Testing Service (ETS) to conduct job analysis studies which are linked to the examination validation process. The Board reviews the ETS studies during its

examination validation, and audit process, to determine whether the current professional expectations and job standards for speech-language pathology and audiology are congruent to those in California.

SECTION 2 – PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS

6. Provide each quarterly and annual performance measure report for the Board as published on the DCA website.

Please refer to *Attachment 1: Enforcement Measures.*

7. Provide results for each question in the Board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

The Board has been consistent in achieving fair ratings in its Customer Satisfaction Surveys during the past four years. Negative reviews have been mostly regarding licensing cycle times. In 2015, the Board made significant changes to its processes and utilized temporary staff to reduce licensing cycle times. In 2016, the Board received funding for an additional position in licensing. As a result of improvements in the Board's licensing program and reduced cycle times, the Board has been receiving more positive feedback from applicants.

Beginning in FY 2016-17, the Board implemented a revised survey that is more concentrated and specific regarding the participants contact with Board staff. The Board expects that during the next year, the survey results will positively reflect the changes discussed above and the improvements to the Board's licensing program.

There are five categories for ranking customer satisfaction:
1 – Unacceptable 2 – Poor 3 – Fair 4 – Good 5 – Excellent

Customer Satisfaction Survey				
Category	**FY 12/13**	**FY 13/14**	**FY 14/15**	**FY 15/16**
Courtesy	3.2	3.5	3.9	3
Responsiveness	2.6	3.3	3.1	2.7
Knowledge	2.7	3.5	3.6	2.8
Accessible	2.6	3.0	2.4	2.3
Overall Rating	2.4	3.2	3.3	2.1
No. of Responses	23	31	40	29

SECTION 3 – FISCAL AND STAFF

Fiscal Issues

8. Is the Board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

The Board's fund is not continuously appropriated.

9. Describe the Board's current reserve level, spending, and if a statutory reserve level exists.

During the past four budget years, the Board's reserve level has ranged from 6.1 months to its current level of 11.2 months. At the end of FY 2016-17, the Board is projected to have a balance $1.8 million or 10.7 months of reserve, in its fund.

There is no reserve level mandated by statute for the Board; however, the DCA Budget Office has historically recommended that smaller programs maintain a contingency fund slightly above the standard three to six months of reserve, which is typically recommended for agencies with moderate to larger budgets. Maintaining an adequate reserve of at least six months provides for a reasonable contingency fund so that the Board has the fiscal resources to absorb any unforeseen costs, such as costly enforcement actions or other unexpected client service costs.

10. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the Board.

Due to the growing licensee population in most licensing categories, the Board's expenditures have steadily increased during the past four budget years. While the Board maintained a healthy fund condition for the past four years, it was anticipated that 2016-17 expenditures would be greater than projected revenue. In 2015, DCA Budget Office recommended a fee increase to prevent a fiscal structural imbalance and the Board approved a proposal to increase its licensing fees in certain categories. The most recent projections do not project insolvency in the near future. The Board is working with DCA's Budget Office to closely monitor its revenue and fee structure for the purpose of finalizing the proposed fee increase, if necessary.

Table 2. Fund Condition (Dollars in Thousands)						
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Beginning Balance	860	796	1,177	1,547	1,860	1,818
Revenues and Transfers	1,590	1,974	2,241	2,416	1,958	1,958
Total Revenue	1,590	1,674	1,841	1,966	1,958	1,958
Budget Authority	1,863	1,885	1,961	2,236	1,997	2,037
Expenditures	1,643	1,546	1,890	2,099	1,997	2,037
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	3	6	8	-	-
Loans Repaid From General Fund	-	300	400	450	-	-
Fund Balance	780	1,215	1,526	1,860	1,818	1,739
Months in Reserve	6.1	7.7	8.7	11.2	10.7	10.0

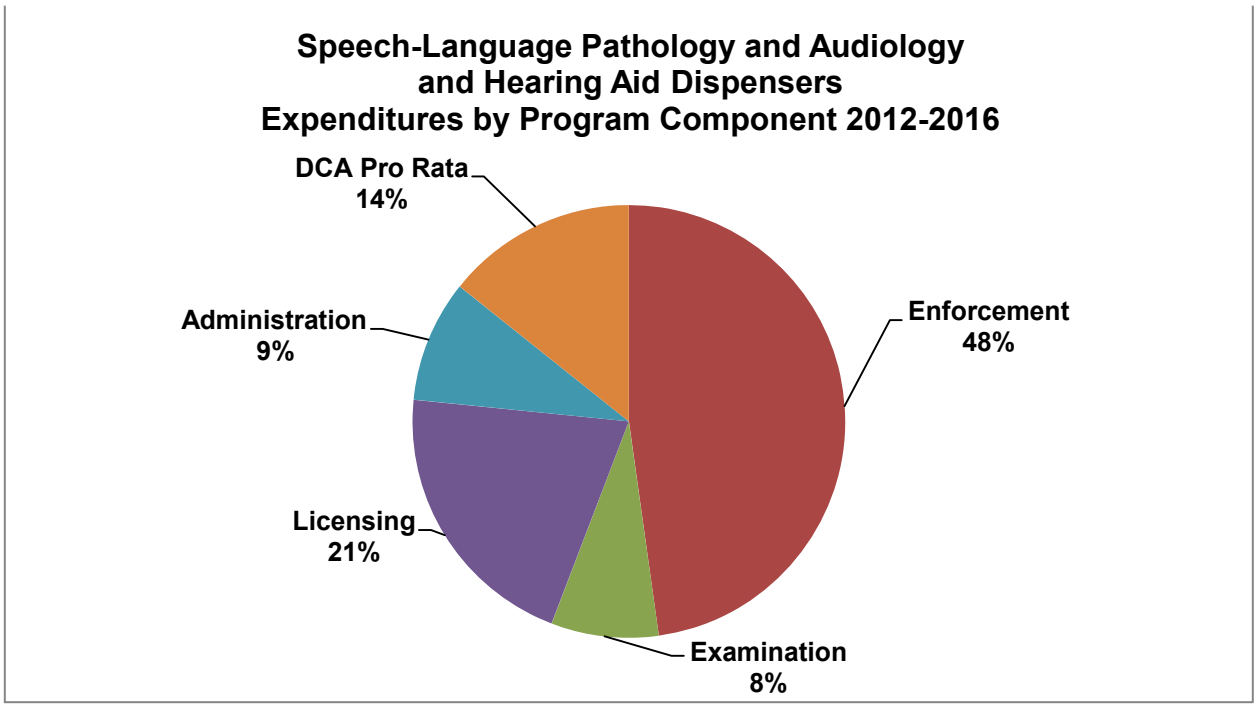
11. Describe the history of general fund loans. When were the loans made? When have payments been made to the Board? Has interest been paid? What is the remaining balance?

The Board loaned the general fund $1.150 million in FY 2011-12. The table below shows when repayments were received and the amount of interest earned by the Board. The loan was paid in full in budget year 2015-16.

Fiscal Year	Loan repayment	Interest earned
2013-2014	$300,000	$3,064
2014-2015	$400,000	$5,625
2015-2016	$450,000	$8,084
Total:	$1,500,000	$16,773

12. Describe the amounts and percentages of expenditures by program component. Use Table 3. Expenditures by Program Component to provide a breakdown of the expenditures by the Board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

The Board operates on an annual budget of $2.1 million, with approximately 48 percent of its budget devoted to enforcement, 21 percent to licensing, 14 percent to DCA pro rata, 9 percent to administration, and 8 percent to examinations (see following chart).



The Board's enforcement budget includes expenditures for services from other agencies that contribute to the investigative and disciplinary processes, such as the Office of the Attorney General, the Office of Administrative Hearings, and the Department of Consumer Affairs' Division of Investigation. In addition, the Department of Consumer Affairs is paid pro rata to provide support in areas that include human resources, accounting, information technology, and other administrative services.

Table 3. Expenditures by Program Component

(list dollars in thousands)

	FY 2012/13		FY 2013/14		FY 2014/15		FY 2015/16	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$288,000	$510,000	$265,000	$451,000	$326,000	$596,000	$358,000	$724,000
Examination	$57,000	$64,000	$52,000	$62,000	$68,000	$89,000	$71,000	$128,000
Licensing	$248,000	$114,000	$228,000	$101,000	$281,000	$119,000	$308,000	$132,000
Administration	$96,000	$57,000	$88,000	$52,000	$109,000	$67,000	$119,000	$84,000
DCA Pro Rata	N/A	$247,000	N/A	$300,000	N/A	$266,000	N/A	$238,000
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	$689,000	$992,000	$633,000	$966,000	$784,000	$1,137,000	$856,000	$1,306,000

13. Describe the amount the Board has contributed to the BreEZe program. What are the anticipated BreEZe costs the Board has received from DCA?

The chart below shows the Board's past and future anticipated costs from FYs 2009-10 through 2018-19.

BreEZe Funding Needs										
Fiscal Year	**09/10 Actual**	**10/11 Actual**	**11/12 Actual**	**12/13 Actual**	**13/14 Actual**	**14/15 Actual**	**15/16 Actual**	**16/17 Actual**	**17/18 Actual**	**18/19 Actual**
Board	2,523	8,508	33,233	25,820	57,740	29,959	29,271	70,740	56,000	51,000
Total Costs	427,051	1,495,409	5,349,979	6,753,387	14,825,159	16,657,910	27,468,154	23,497,00	22,456,000	21,531,000
Redirected Resources	427,051	1,495,409	3,196,486	4,818,002	5,806,881	7,405,427	7,430,456	2,080,000	2,080,000	2,080,000
Total BreEZe BCP	-	-	-	1,935,385	9,018,278	9,252,483	20,037,698	21,417,000	20,376,000	19,451,000

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business & Professions Code and California Code of Regulations citation) for each fee charged by the Board.

Speech-language pathologists, speech-language pathology assistants, non-dispensing audiologists, and continuing professional development providers' licenses all renew biennially, expiring on the last day of the licensees' birth month. All hearing aid dispensers' and dispensing audiologists' licenses renew annually.

In 2010, the Board proposed a fee increase for the hearing aid written and practical examinations. After conducting an analysis of actual examination costs (including staff time and salaries, examination development, occupational analysis and actual costs to administer the examination), the Board's fees of $100 for the written examination and $285 for the practical examination were not adequate to fund the Board's administration program. It was determined that the Board would need to increase the written examination fee from $100 to $225 and the practical examination fee from $285 to $500. The examination fees were not set by statute or regulation, but were set by resolution of the Board. At the January 27, 2011, the Board unanimously resolved that the fees for the written and practical examinations be increased to the recommended amounts, effective immediately.

The fees established for the hearing aid dispensers are set in statute and are currently at the maximum level. The Board is in the process of promulgating regulations increasing the fees collected from speech-language pathology and audiology applicants and licensees.

Speech-Language Pathology & Non-Dispensing Audiology

Table 4. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	B&P Code/CCR	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
125600 - Other Regulatory Fee								%
License Certification Letter	$10	$25	2534.2(j) 1399.157(g)	$5	$5	$6	$6	1%
Duplicate License	$25	$25	2534.2(g)	$7	$8	$9	$9	1%
Cite & Fine	Various	$5,000	125.9 1399.159.1	$7	$0	$2	$3	0%
125700 - Licenses & Permits								%
CPD Provider App	$200	$200	1399.157	$2	$4	$5	$5	0%
SLPA App Fee	$50	$150	2534.2(f) 1399.170.13(b)	$21	$20	$29	$31	3%
App Fee/SP	$60	$150	2534.2(a) 1399.157(a)	$39	$40	$46	$53	5%
Initial License Fee – SP	$60	$150	2534.2(a) 1399.157(a)	$29	$28	$32	$36	3%
App Fee/AU	$60	$150	2534.2(a) 1399.157(a)	$3	$3	$3	$3	0%
Initial License Fee – Au	$60	$150	2534.2(a) 1399.157(a)	$2	$2	$2	$2	0%
Aide Registration	$10	$30	2534.2(d) 1399.157(e)	$1	$1	$1	$1	0%
Over/Short Fees				-	-	-	1	0%
125800 - Renewal Fees								%
Biennial SP	$110	$150	2524.2(a) 1399.157(c)	$617	$682	$663	$734	71%
Biennial AU	$110	$150	2524.2(a) 1399.157(c)	$68	$29	$61	$30	5%
CPD Renewal	$200	$200	1399.157	$12	$13	$11	$12	1%
Biennial SLPA	$75	$150	2534.2(f) 1399.170.14	$54	$56	$69	$75	7%
Delinquent Fees								%
Delinquent Renewal – SP	$25	$25	2534.2(b)	$12	$12	$13	$14	1%
Delinquent Renewal – AU	$25	$25	2534.2(b)	$1	$1	$1	-	0%
Delinquent Renewal - SLPA	$25	$25	2534.2(b)	$3	$2	$3	$2	0%
Income from Surplus Money Investments				$3	$2	$3	$7	0%
Revenue Cancelled Warrants				$1	$1	$1	$1	0%
Dishonored Check Fee				$1	$1	-	-	0%

Hearing Aid Dispensers & Dispensing Audiologist

Table 4. Fee Schedule and Revenue								
Fee	Current Fee Amount	Statutory Limit	B&P Code/CCR	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
Other Regulatory Fee								**%**
License Certification Letter	$15	$15	2538.57	-	$1	$2	$1	0%
Duplicate License	$25	$25	2538.57	$1	$1	$1	$2	0%
Cite & Fine	Various	$2,500	125.9 1399.136	$10	$9	$8	$7	1%
Licenses & Permits								**%**
HAD App	$75	$75	2538.57(a)	$11	$18	$20	$22	2%
DAU License Fee	$280	$280	2534.2(a)(2) 1399.157(b)	-	$5	$1	$1	0%
HAD Initial License Fee	$280	$280	2538.57(d)	$24	$6	$31	$47	3%
Practical Exam*	$500	$500	2538.57(b)	$60	$36	$115	$166	12%
Written Exam*	$225	$225	2538.57(b)	$65	$80	$81	$88	10%
Temporary License	$100	$100	2538.57(c)	$1	$1	$2	$2	0%
Branch License	$25	$25	2538.57(e)	$4	$7	$11	$20	1%
Trainee License	$100	$100	2538.57(c)	$1	$16	$17	$17	2%
CE Provider	$50	$50	2538.57(h)	$27	$26	$26	$25	3%
Renewal Fees								**%**
Temporary License	$100	$100	2538.57(b)	$10	$12	$19	$19	2%
HAD License	$280	$280	2538.57(d)	$245	$254	$247	$244	30%
Biennial Renewal DAU License	$280	$280	2534.2(a)(2) 1399.157(d)	$36	$51	$54	$47	6%
Annual Renewal DAU License	$280	$280	2534.2(a)(2) 1399.157(d)	$183	$222	$224	$219	26%

Table 4. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	B&P Code/CCR	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	FY 2015/16 Revenue	% of Total Revenue
Branch License	$25	$25	2538.57(e)	$13	$13	$15	$16	2%
Delinquent Fees								%
HAD License	$25	$25	2538.57(f)	$2	$2	$2	$2	0%
DAU License	$25	$25	2534.2(b)	$1	$1	$1	$1	0%
Branch License	$25	$25	2538.57(f)	$1	$1	$1	$1	0%
Revenue Cancelled Warrants				-	$1	-	$1	0%

*HAD Examination Fees are established by resolution of the Board. The fees listed in this table have been in effect since February 1, 2011.

15. Describe Budget Change Proposals (BCPs) submitted by the Board in the past four fiscal years.

The Board submitted one BCP in 2015-16 for additional staff to address its licensing workload and maintain shorter licensing application cycle times. The BCP was approved for the 2016-17 fiscal year.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-027-BCP-BR-2016-GB	15/16	Additional Licensing Staff	1.0 staff services analyst	1.0 staff services analyst	$75,000	$75,000	$15,000	$15,000

Staffing Issues

16. Describe any Board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board office is funded for only 9.6 positions yet is responsible for the oversight of over 23,000 licensees. This responsibility includes all aspects of licensing, examinations, enforcement, development of regulations, continuing education provider approval and licensee continuing education audits. With such a small number of staff, the loss or addition of even one member can have a great impact. In FY 2014-15, the Board lost three staff members due to retirement. The retired staff had over 50 years of combined experience working with the previous Bureau and current Board offices. The negative impact was mitigated by hiring temporary personnel and borrowing Call Center Technicians from DCA.

In FY 2015-16, the Board utilized the services of Cooperative Personnel Services (CPS) HR Consulting to analyze the Board's current workforce, workload trends, and staffing needs. The Board plans to use the findings and data of the report to make future changes and improvements in staffing levels and organizational structure.

17. Describe the Board's staff development efforts and how much is spent annually on staff development.

All staff is encouraged to take courses related to their job, broaden their knowledge base, and better prepare for advancement opportunities. Cross-training is encouraged for further development and allows our small Board to function at a higher level. In addition to the training available, staff is given the opportunity to work on special assignments and projects.

During the past four years, the Board has spent approximately $600-800 annually on staff development. Almost all training courses attended by staff are provided by DCA's SOLID training office and are included in pro rata costs. In the past four years staff has attended the following courses:

- Office Technician – Excellent Customer Service, Effective Business Writing
- Staff Service Analysts – Managing Time and Workload, Completed Staff Work, Effective Business Writing
- Associate Government Program Analysts – Enforcement Academy, Investigative Subpoena Preparation Training, Legislative Bill Analysis, Regulations Training: The Rulemaking Process, Regulatory Investigative Techniques, Rulemaking Under the Administrative Procedures Act, Introduction to Records Management
- Enforcement Coordinator – Enforcement Academy, Investigative Subpoena Preparation Training, National Certified Investigator/Inspector Basic Training

SECTION 4 – LICENSING PROGRAM

18. What are the Board's performance targets/expectations for its licensing program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

In December 2015, the Board established more rigorous performance targets for all license types and began an automated tracking of application processing times. This automated report was effective March 2016, therefore the data collection represents the last four months of FY 2015-16. Prior to this time the Board had to rely on manual counts for reporting.

The following table reflects the Board's performance target and current processing times:

LICENSE TYPE	COMPLETE APPLICATION TARGET	CURRENT PROCESSING TIMES
Audiology	30 Days	15
Speech-Language Pathology	30 Days	21
Required Professional Experience	30 Days	18
Speech-Language Pathology Assistant	30 Days	29
Speech-Language Pathology Aide/Audiology Aide	30 Days	30
Hearing Aid Dispenser Permanent	21 Days	12
Hearing Aid Dispenser Temporary Trainee License	21 Days	22
Hearing Aid Dispenser Temporary	21 Days	22
Hearing Aide Dispenser Exam Only	21 Days	10

19. Describe any increase or decrease in the Board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the Board to address them? What are the performance barriers and what improvement plans are in place? What has the Board done and what is the Board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

In December 2014, the Board took steps to address a growing licensing backlog and lengthy licensing application cycle times. To address the backlog and address short-term issues, the Board was able to obtain assistance from DCA, i.e. staffing loan and personnel expediting transactions; hiring temporary help, and working overtime.

To address the long-term workload issues, the Board implemented continued improvements to the Board's licensing processes including enhanced systems for tracking and processing documents. The changes resulted in an elimination of the licensing backlog and a 60 percent reduction of the licensing application processing times (from receipt of the application to issuance of the license). The improvements allowed the Board to accomplish its objective of reducing licensing processing times to better meet consumer and professional needs. In FY 2015-16, the Board submitted a BCP and was successful in obtaining approval and funding for an additional position (beginning July 1, 2016) to assist with the Board's increased licensing workload.

Since the last Sunset Review, the Board has seen a substantial 28 percent increase in its licensee population, a result of the growing demand for the practitioners it regulates. The increase in the number of licenses issued by the Board is even more significant and directly affects the workload of staff.

Licensee Population Growth						
Fiscal Year	2011-12	2012-13	2013-14	2014-15	2015-16	% increase
Licenses Issued	2,234	2,522	2,285	2,892	3,222	44%
Total Licensee Population	18,343	19,397	20,458	20,794	23,532	28%

One of the Board's strategic plan objectives is to evaluate licensing and examination requirements for all disciplines to ensure fairness in the licensing processes. Another desired outcome of the Board's objective is to simplify the licensing processes. To

accomplish the objective, improve processes, and handle the workload of an increasing licensee population; the Board will seek additional positions through the budget process in the coming years.

20. How many licenses or registrations does the Board issue each year? How many renewals does the Board issue each year?

In FY 2015-16, the Board issued 3,222 licenses and registrations. During the past four fiscal years, the average number of licenses and registrations issued by the Board was 2,730.

In FY 2015-16, the Board renewed 10,393 licenses and registrations. During the past four fiscal years, the average number of licenses and registrations renewed by the Board was 9,989.

Table 6. Licensee Population[1]

License Category	Status	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Audiologist	Active	609	584	612	556
	Out-of-State	124	135	157	155
	Out-of-Country	5	6	6	6
	Delinquent	235	226	236	263
Dispensing Audiologist	Active	942	971	988	1,045
	Out-of-State	*	*	*	*
	Out-of-Country	*	*	*	*
	Delinquent	UA	UA	UA	UA
Speech-Language Pathologist	Active	12,696	13,285	13,967	14,860
	Out-of-State	1,272	1,357	1,443	1,730
	Out-of-Country	32	29	39	44
	Delinquent	1,757	1,791	1,890	1,971
Speech-Language Pathologist Assistant	Active	1,724	1,969	2,343	2,795
	Out-of-State	31	32	44	63
	Out-of-Country	0	0	0	0
	Delinquent	374	454	551	599
Speech-Language Pathology/Audiology Required Professional Experience	Active	682	768	802	806
	Out-of-State	56	83	91	113
	Out-of-Country	3	5	4	0
	Delinquent	26	63	71	164
Aide	Active	120	119	124	133
	Out-of-State	2	2	2	0
	Out-of-Country	0	0	0	0
	Delinquent	61	47	71	92
Continuing Professional Development Provider	Active	156	153	150	160
	Out-of-State	17	18	21	21
	Out-of-Country	1	1	1	1
	Delinquent	0	2	1	1
Hearing Aid Dispenser	Active	946	913	948	996
	Out-of-State	48	47	45	49
	Out-of-Country	0	0	0	0
	Delinquent	112	104	111	112
Hearing Aid Dispenser Temporary Trainee	Active	95	145	160	158
	Out-of-State	1	0	0	0
	Out-of-Country	0	0	0	0
	Delinquent	12	4	15	56
Hearing Aid Dispenser Temporary	Active	9	8	7	18
	Out-of-State	0	0	0	5
	Out-of-Country	0	0	0	0
	Delinquent	3	0	3	5
Hearing Aid Dispenser Branch License	Active	653	710	821	963
	Out-of-State	0	0	0	0
	Out-of-Country	0	0	0	0
	Delinquent	145	152	261	395

* = Data included with Audiologist out of state/country data
UA = Unavailable

[1] The term "license" in this document includes a license, certificate, or registration.

7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	Combined, IF unable to separate out
FY 2013/14	EXAMS										
	HAD Written	251	251	103	N/A	#	#	#	#	#	21
	HAD Practical	70	70	44	N/A	#	#	#	#	#	21
	LICENSES										
	AU	81	54	3	58	870	775	95	-	-	237
	DAU	UA	UA	UA	UA	UA	UA	UA	-	-	UA
	SLP	943	961	0	964	11270	10634	636	-	-	326
	SLPA	337	327	1	327	1871	1678	193	-	-	68
	RPE	734	694	4	694	2178	2073	105	-	-	60
	AIDE	34	42	2	41	238	115	133	-	-	162
	CPD	22	22	-	22	-	-	-	-	-	96
	HAD	17	21	0	49	2486	2473	13	-	-	495
	HAD Trainee	142	140	0	141	240	166	74	-	-	13
	HAD Temp (Out of State)	2	7	0	11	38	14	24	-	-	230
	HAD Branch	282	282	-	282	-	#	#	-	-	N/A
	RENEWALS	*Board		*Board		*Board					*Board
	AU	1,252	#	-	1,252	-	#	#	#	#	7
	DAU	973	#	-	973	-	#	#	#	#	7
	SLP	6,055	#	-	6,055	-	#	#	#	#	7
	SLPA	730	#	-	730	-	#	#	#	#	7
	CPD Provider	59	#	-	59	-	#	#	#	#	7
	HAD	884	#	-	884	-	#	#	#	#	7
	HAD Branch	520	#	-	520	-	#	#	#	#	7
	HAD Branch	520	#	-	520	-	#	#	#	#	7

# = Data not tracked by Board
NA = Not Applicable
*Board = Renewal applications processed by Board
UA = Unavailable

7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2014/15	EXAMS										
	HAD Written	290	290	165	N/A	#	#	#	#	#	21
	HAD Practical	119	119	82	N/A	#	#	#	#	#	21
	LICENSES										
	AU	59	84	17	87	999	905	94	-	-	294
	DAU	UA	UA	UA	UA	UA	UA	UA	-	-	UA
	SLP	1043	1137	72	1140	11929	11344	585	-	-	318
	SLPA	470	551	44	551	1949	1735	214	-	-	71
	RPE	876	823	32	823	2944	2816	128	-	-	59
	AIDE	38	49	8	49	163	115	48	-	-	243
	CPD	19	#	#	17	#	#	#	-	-	39
	HAD	100	90	0	91	2531	2518	13	-	-	584
	HAD Trainee	161	142	2	142	368	294	74	-	-	12
	HAD Temp (Out of State)	3	9	0	9	55	24	31	-	-	53
	HAD Branch	223	#	#	426	#	#	#	-	-	N/A
	RENEWALS	*Board		*Board		*Board					*Board
	AU	1,213	#	-	1,213	-	#	#	#	#	7
	DAU	UA	UA	-	UA	-	#	#	#	#	7
	SLP	6,292	#	-	6,292	-	#	#	#	#	7
	SLPA	915	#	-	915	-	#	#	#	#	7
	CPD Provider	58	#	-	58	-	#	#	#	#	7
	HAD	849	#	-	849	-	#	#	#	#	7
	HAD Branch	585	#	-	585	-	#	#	#	#	7

# = Data not tracked by Board
NA = Not Applicable
*Board = Renewal applications processed by Board
UA = Unavailable

7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2015/16	EXAMS										
	HAD Written	289	289	162	N/A	#	#	#	#	#	21
	HAD Practical	306	306	174	N/A	#	#	#	#	#	21
	LICENSES										
	AU	79	67	1	68	985	880	105	-	-	276
	DAU	UA	UA	UA	UA	UA	UA	UA	-	-	UA
	SLP	1235	1332	34	1336	13089	12201	888	-	-	273
	SLPA	550	601	17	602	1896	1612	284	-	-	55
	RPE	932	836	46	836	3251	3008	245	-	-	45
	AIDE	46	44	1	44	216	172	44	-	-	52
	CPD	22	#	#	22	#	#	#	-	-	214
	HAD	136	133	0	142	2689	2488	201	-	-	557
	HAD Trainee	173	177	1	177	437	341	96	-	-	18
	HAD Temp (Out of State)	6	17	1	17	49	12	37	-	-	50
	HAD Branch	407	#	#	407	#	#	#	-	-	
	RENEWALS	*Board		*Board		*Board					*Board
	AU	1,240	#	-	1,240	-	#	#	#	#	7
	DAU		#	-		-	#	#	#	#	7
	SLP	6,645	#	-	6,645	-	#	#	#	#	7
	SLPA	1,007	#	-	1,007	-	#	#	#	#	7
	CPD Provider	62	#	-	62	-	#	#	#	#	7
	HAD	852	#	-	852	-	#	#	#	#	7
	HAD Branch	587	#	-	587	-	#	#	#	#	7

# = Data not tracked by Board
NA = Not Applicable
*Board = Renewal applications processed by Board
UA = Unavailable

Table 7b. Total Licensing Data			
	FY 2013/14	FY 2014/15	FY 2015/16
Initial Licensing Data:			
Initial License Applications Received	2,290	2,750	3,157
Initial License Applications Approved	2,246	2,885	3,207
Initial License Applications Closed	10	175	101
License Issued	2,285	2,892	3,222
Initial Exam Applications Received	321	409	595
Initial Exam Applications Approved *(Practical Exam Only)*	70	119	306
Initial Exam Applications Closed	147	247	336
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	19,191	20,938	22,612
Pending Applications (outside of Board control)*	17,928	19,751	20,712
Pending Applications (within the Board control)*	1,273	1,187	1,900
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	#	#	#
Average Days to Application Approval (Incomplete Applications)*	#	#	#
Average Days to Application Approval (Complete Applications)*	#	#	#
Average Days to Exam Approval (All-Complete/Incomplete)	#	#	#
License Renewal Data:			
License Renewed	10,473	9,912	10,393
# = Date not tracked by Board			

21. How does the Board verify information provided by the applicant?

The Board requires primary source documentation for all educational transcripts, clinical experience records, license verifications from other states, national examination scores, and professional certifications. These documents must be submitted to the Board by the originating source and must bear an official seal or authenticating stamp. In addition, applicants for licensure as a speech-language pathologist or audiologist must complete an externship or required professional experience (RPE). This experience is completed under a temporary license which enables the individual to work under limited supervision. The externship is recorded on the Board's RPE Verification form which is completed by an approved licensed supervisor. The RPE supervisor is responsible for certifying the completion of the requisite hours of experience, as well as determining whether the RPE temporary licensee is competent to practice independently.

Applicants are required to declare, under penalty of perjury, whether they have ever been convicted of, pled guilty to or pled nolo contendere to, any misdemeanor or felony. Applicants must also declare, under penalty of perjury, whether they have been denied a professional license or had license privileges suspended, revoked or disciplined or if they have ever voluntarily surrendered a professional license in California or any other state. If an applicant reports such an act, the Board requires the applicant to provide a written explanation, documentation relating to the conviction or disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences.

a. What process does the Board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

Aside from the mandatory fingerprinting described below, applicants are required to self-report prior convictions and discipline on the license application. The Board provides applicants with a standardized reporting form that must be submitted with the application should the applicant have a reportable action. Reportable actions include: any pending or prior disciplinary action taken, investigations, or charges filed against a speech-language pathologist, audiologist, or hearing aid dispenser, or other healing arts licensee by a state or federal government entity; the denial of a license to practice in a healing arts profession; surrendering of a healing arts license; or been convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any state, the U.S. or a foreign country, (except violations of traffic laws resulting in fines of $300 or less). The reporting form provides instructions for the applicant to include an explanation of the incident/action, and to include any relevant court documents, arrest records, disciplinary documents, and compliance records. In addition the Board receives reports from other state agencies, malpractice insurers, and hospitals regarding non-compliance and standard of care issues.

b. Does the Board fingerprint all applicants?

Yes, all applicants are required to submit fingerprints to the Department of Justice and to the Federal Bureau of Investigation.

c. Have all current licensees been fingerprinted?

Yes, all current licensees have been fingerprinted.

d. Is there a national databank relating to disciplinary actions? Does the Board check the national data bank prior to issuing a license? Renewing a license?

Yes. The National Practitioner Data Bank (NPDB) is the national databank for reporting discipline on healthcare professionals. Information contained in the databank is provided by state regulatory agencies and other entities that are required to report disciplinary information. The Board reports disciplinary actions taken against its licensees to NPDB. However, not all entities consistently comply with the reporting requirement. Therefore, the information may be either non-existent or out of date. The Board or the applicant is required to pay a fee for each query prior to receiving a response. Currently, the Board does not query the NPDB prior to issuing or renewing a license because of the fiscal impact.

In 2012, the Board discussed using the national databank as an additional tool to verify an applicant's background. The Board examined the limitations and the fees associated with the databank. The Board has pending regulations to increase the applicant and renewal fees and subsequently will look into obtaining a report from those applicants who indicate they hold, or previously held, a health care license in another state.

The Board verifies an out-of-state applicant's licensure status through other state regulatory Boards. This verification process also provides any disciplinary history, if it exists. For verification of in-state licensure status the Board can check for prior disciplinary actions through the Commission on Teacher Credentialing (CTC), and the

Consumer Affairs System (CAS). At each renewal, all licensees and registrants are required to report to the Board any conviction or disciplinary action taken against their license or registration during the last renewal cycle. The Board also receives subsequent conviction information on its licensees from DOJ/FBI via email notification. Once notified of the conviction or disciplinary action, the Board requests all relevant documentation to determine if any action by the Board is necessary.

e. Does the Board require primary source documentation?

The Board requires primary source documentation for all educational transcripts, clinical experience records, license verifications from other states, national examination scores, and professional certifications. These documents must be submitted to the Board by the originating source and must bear an official seal or authenticating stamp.

22. Describe the Board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Hearing Aid Dispensers
Pursuant to Business & Professions Code Section 2538.27, applicants applying for a license in California and who possess a valid license in another state (or states) for two or more years may apply for a temporary license. To attain full licensure as a hearing aid dispenser in California, temporary license applicants are required to pass the written and practical examinations. The temporary license is valid for up to 12 months and allows applicants to immediately begin practice in California while preparing for the written and practical examinations.

Currently, there are no legal provisions for granting a license or temporary license to an individual who has practiced as a hearing aid dispenser in another country.

Speech-Language Pathologist/Audiologist
Business & Professions (B&P) Code Section 2532.3 allows an individual who holds an unrestricted license in another state or territory of the United States to obtain a temporary license for a period of six months. The temporary license authorizes the out-of-state applicant to begin work almost immediately while all other required documents and supporting information are being transmitted to the Board for review. Once all licensing information has been submitted, reviewed, and approved, the individual is eligible for a permanent license. The statute authorizes the Board to renew the temporary license one time if an extenuating circumstance exists, surrounding the individual's ability to complete the license application.

Another form of reciprocity for out-of-state applicants is equivalence through national certification. B&P Code Section 2532.8 was written to expedite licensure and provide reciprocity to applicants who hold a national Certificate of Clinical Competence (CCC) in audiology, issued by the American Speech-Language-Hearing Association (ASHA). This law deems that a person has met the educational and experience requirements identified in B&P Code Section 2532.2 if the individual holds the national Certificate of Clinical Competence (CCC) in speech-language pathology or audiology, issued by the American Speech-Language-Hearing Association (ASHA).

In January 2010, B&P Code Section 2532.25 was added which changed audiology licensure qualifications requiring that an audiology applicant possess a clinical doctoral degree (AuD) in audiology. B&P Code Section 2532.8 does not reference Section 2532.25 and therefore does not apply to current audiology applicants. B&P 2532.8 should be amended to deem applicants who hold the national Certificate of Clinical Competence (CCC) in audiology, issued by the American Speech-Language-Hearing Association (ASHA) to have met the educational and experience set forth in Section 2532.25.

The American Academy of Audiology (AAA), which has over 12,000 members, issues the American Board of Audiology certification which has requirements that are similar to the ASHA audiology certification requirements. Including AAA's American Board of Audiology certification in Section 2532.8 would provide greater reciprocity for audiologists who have obtained AAA certification.

Out-of-Country Applicants
Business & Professions Code Section 2532.2 and California Code of Regulations Code Section 1399.152.1 includes an equivalency pathway for foreign-trained applicants. The regulations require that in lieu of a master's degree from an accredited university, an applicant may submit evidence of completion of at least 30 semester units acceptable toward a master's degree while registered in a degree program in speech-language pathology or audiology. The foreign-trained applicant must have their educational transcripts evaluated by an approved transcript evaluation service. The service provides the Board with a detailed course-by-course description of the courses taken and the academic units and clinical hours earned. The report also provides a conversion of the foreign grading scale and credit system into the U.S. grading scale, and an equivalency of the degree conferred at the international institution to that which would be earned in the U.S.

The following services are recognized by the Board:

- A2Z Evaluations, LLC
- Center for Applied Research, Evaluation, and Education, Inc.
- Educational Records Evaluation Service, Inc.
- International Education Research Foundation,

Once the Board receives an application and the transcript evaluation report, the transcripts and the evaluation report are sent to a Board-appointed expert reviewer. The expert-reviewer must determine whether the course content is consistent with that offered in an U.S. accredited speech-language pathology/audiology program, and whether the minimum numbers of graduate units or upper-division courses have been obtained. If the education and clinical training is deemed equivalent, the applicant may apply for a temporary Required Professional Experience (RPE) license, and complete the requisite 36-weeks (full-time) or 72-weeks (part-time) professional experience under the supervision of a licensed speech-language pathologist or audiologist. The applicant must also take and pass the required national professional examination in order to be eligible for a permanent license.

As mentioned throughout this report, the Board has seen a steady increase in its application volume. A notable contributing factor is an increase in foreign-trained applicants applying for licensure as a speech-language pathologist [it should be noted, that pursuant to the changes in entry-level licensing requirements for audiologists, that

being doctoral education (Business & Professions Code Section 2532.25), the Board is not aware of any international audiology training programs that offer equivalent training. Due to the distinctive roles speech-language pathologist play in the assessment, diagnosis and remediation of speech-language disorders across environments and ages; foreign-trained speech-language pathologist must have the equivalent training and English language proficiency of nationally trained licensees that have graduated from an nationally accredited university. After receiving complaints regarding professional competency issues of foreign-trained licensees, the Board examined its licensing process for evaluating foreign-trained applicants and determined that a more thorough and consistent review of the academic training should be performed by experts within the profession. The Board utilizes subject matter experts to carefully evaluate the academic and clinical training of foreign-trained applicants. The Board requires applicants to provide evidence of academic and clinical training that is the equivalent to a U.S. trained speech-language pathology applicant. There is no statute that allows the licensing Board to assess the foreign-trained speech-language pathology applicant's comprehension of English, verbal or written product of English or English speech intelligibility to assure fluency in English or in the applicant's primary language.

To provide speech and language services, the speech-language pathologist must be fluent and intelligible in the primary language of the person served, whether it is English, Spanish or any other language. If the speech-language pathologist is not fluent in the primary language of the person served, then a professional, trained interpreter must be utilized who is fluent in both English and the consumer's primary language. To be an effective speech-language pathologist in California, the pathologist must be proficient in understanding English, speaking English, speaking English intelligibly, reading English and writing English.

23. Describe the Board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the Board identify or track applicants who are veterans? If not, when does the Board expect to be compliant with BPC § 114.5?

Since January 1, 2015, the Board has expedited four licensing applications because of an applicant's service as an active duty member of the Armed Forces of the United States and/or was honorably discharged.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the Board?

To date the Board has not received an application in which military education, training or experience was submitted toward the licensing requirements.

c. What regulatory changes has the Board made to bring it into conformance with BPC § 35?

There does not appear to be a need for the Board to propose any regulatory changes at this time. Currently, if an applicant had military education and experience, the Board would conduct an expedited review to determine whether or not it was substantially

equivalent to current licensing requirements. This would be done on a case by case basis, depending on the specific characteristics of the individual's education, training, and experience.

d. How many licensees has the Board waived fees or requirements for pursuant to BPC §114.3 and what has the impact been on Board revenues?

Pursuant to Business & Professions Code Section 114.3, the Board has waived the renewal requirements and fees for three licensees called to active duty as a member of the United States Armed Forces or California National Guard. The impact to the Board's revenue was minimal ($330).

e. How many applications has the Board expedited pursuant to BPC § 115.5?

Pursuant to Business & Professions Code Section 115.5, the Board has expedited two applications for military spouses who hold a current license in another state.

24. Does the Board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

The Board submits No Longer Interested (NLI) notifications to the DOJ when a license status is canceled, deceased, revoked or surrendered, and when an application is deemed abandoned. The automated NLI process was suspended in 2011, since DCA's data did not match the DOJ's records. The DOJ provides a fax number for submittal of NLI notifications; however, the Board has been unsuccessful in faxing NLI documents due to the fax number's high volume of usage, NLI notifications are typically mailed to the DOJ.

Following the major turnover of Board staff in 2014-15, it had been realized that not all new staff were submitting NLI notices under each license status indicated above. To correct this issue, various reports were generated as a tool to aid assigned staff in identifying licenses needing the submission of NLI notifications. There is no current backlog in this area.

Examinations

Table 8. Examination Data

California Examination (include multiple language) if any:

	License Type	**HAD**			**HAD**
	Exam Title	**WRITTEN**			**PRACTICAL**
FY 2012/13	# of 1st Time Candidates *(pre 04/01/2014)	71	FY 2012/13	# of 1st Time Candidates	53
	Pass % *(pre 04/01/2014)	29.71		Pass %	45
FY 2013/14	# of 1st Time Candidates *(pre 04/01/2014)	40	FY 2013/14		
	Pass % *(pre 04/01/2014)	22.35		# of 1st Time Candidates	20
	# of 1st Time Candidates *(pre 05/01/2015)	27		Pass %	53
	Pass % *(pre 05/01/2015)	32.93			
FY 2014/15	# of 1st Time Candidates *(pre 05/01/2015)	106	FY 2014/15		
	Pass % *(pre 05/01/2015)	45.11		# of 1st Time Candidates	103
	# of 1st Time Candidates *(pre 05/01/2016)	22		Pass %	63.11
	Pass % *(pre 05/01/2016)	31.43			
FY 2015/16	# of 1st time Candidates	17	FY 2015/16		
	Pass %	28.81		# of 1st Time Candidates	185
	# of 1st time Candidates *(pre 05/1/2016)	97		Pass %	55.13
	Pass % *(pre 05/01/2016)	37.74			
	Date of Last OA	2012		Date of Last OA	2012
	Name of OA Developer	OPES/Board		Name of OA Developer	OPES/Board
	Target OA Date	2017		Target OA Date	2017

National Examination (include multiple language) if any:

	License Type	**SLP**	**AU**
	Exam Title	**PRAXIS**	**PRAXIS**
FY 2012/13	# of 1st Time Candidates	717	38
	Pass %	99.58%	94.74%
FY 2013/14	# of 1st Time Candidates	811	44
	Pass %	99.14%	95.45%
FY 2014/15	# of 1st Time Candidates	723	42
	Pass %	99.03%	100%
FY 2015/16	# of 1st time Candidates	684	57
	Pass %	98.10%	92.98
	Date of Last OA	August 2014	2008
	Name of OA Developer	ETS	ETS
	Target OA Date	Unknown	Unknown

25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Hearing Aid Dispensers
Written and practical examinations are developed, maintained and evaluated with facilitation by Office of Professional Examination Services (OPES) and in collaboration with licensed and practicing, hearing aid dispensers and dispensing audiologists.

The hearing aid dispenser's written examination is administered by the exam contractor PSI and assesses an applicant's knowledge and abilities as follows:

- Evaluating and interpreting audiometric test results
- Assessing client history and hearing ability (through audiometric testing)
- Selecting and evaluation of hearing aids
- Fitting a hearing aid and providing the instructions on care and use
- Troubleshooting and evaluating hearing aids.

The Board provides an English-only version of the written examination for administration under our computer-based testing contract.

The practical examination is required by law to be administered a minimum of two times per year. Typically, the Board administers the examination three to four times per year to accommodate applicants interested in entering the field. The practical examination includes some components of the written examination, but requires actual demonstration of the knowledge and techniques for using instruments and equipment necessary for the fitting and selling of hearing aids.

OPES facilitates ongoing examination development workshops where subject matter experts (licensed hearing aid dispensers and dispensing audiologists) review and update both the written and practical examinations. Approximately every five years, an occupational analysis is conducted by OPES, on behalf of the Board. The most recent study was completed in 2012.

Speech-Language Pathologists/Audiologists
The Board does not administer a state licensing examination for speech-language pathologists or audiologists. Rather a national examination, the Praxis Series Test in Speech-Language Pathology, and the Praxis Series Test in Audiology, are administered by the Educational Testing Service (ETS), are reviewed and validated by the DCA's OPES (see validation information under question #5 regarding the use of a national examination).

OPES has worked with both ETS and American Speech-Language-Hearing Association (ASHA) regarding ongoing examination development and modification. ASHA representatives have stated that they are continually working with ETS to update the national examinations' content to reflect the evolving practices of speech-language pathology and audiology.

ETS only provides an English version of the Praxis exam. However, ETS does offer examinees needing Primary Language Not English (PLNE) accommodations. If English is not the examinee's primary language, they may be eligible for extended testing times.

PLNE accommodations are available on all test dates and at all established test centers. Examinees' who meet ETS requirements will be allowed 50 percent additional testing time.

Examinees are required to register for PLNE accommodations by completing the following:

- Complete the Certification of Documentation Form. An embossed school seal must be affixed over the signature on the certification of documentation form or the signature must be notarized. ETS has the right to request further verification, if needed, of the professional's credentials and expertise relevant to the certification of documentation form;
- Complete the Eligibility Form for Examinees Whose Primary Language Is Not English;
- Complete the Test Authorization Voucher Request Form;
- Mail the completed Test Authorization Voucher Request Form, the Certification of Documentation Form and the Eligibility Form with payment to the appropriate address.

Once the accommodation request is approved, ETS contacts the examinee with a voucher number that is used to register for a test appointment.

26. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data) Are pass rates collected for examinations offered in a language other than English?

Hearing Aid Dispenser Written Exam							
Fiscal Year	**2012/13**	**2013/14** pre 04/01/14	**2013/14** pre 05/01/15	**2014/15** pre 05/01/15	**2014/15** pre 05/01/16	**2015/16**	**2015/16** pre 05/01/16
First Time	71	40	27	106	22	17	97
Pass %	29.71	22.35	32.93	45.11	31.43	28.81	37.74
Retake	30	22	17	31	11	7	42
Pass %	12.55	12.29	20.73	13.19	15.71	11.86	16.34

Examinations are not offered in a language other than English.

27. Is the Board using computer based testing? If so, which tests? Describe how it works. Where is it available? How often are tests administered?

Hearing Aid Dispensers

As of May 2000, the hearing aid dispenser's written examination is administered as a computer based test. The Board currently contracts with the examination administrator, PSI. PSI handles the registration, scheduling, candidate handbook, eligibility notification, exam administration, and scoring examinations for the Board. There are 13 test centers located throughout the state and computer based tests are administered six days per week, with the exception of specified holidays.

Speech-Language Pathology & Audiology
The ETS does offer the Praxis Series Test for speech-language pathology and audiology as a computer based test. The test is administered during specific testing windows where there are typically five-day periods, either every month or every other month at 35 different testing centers throughout the state.

28. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

The Board is in the process of reviewing and updating statutes and regulations that create roadblocks to licensure by identifying confusing or obsolete sections that are not relevant to current training, education or technologies. The Board is looking closely at its hearing aid dispensing examination administration regulatory requirements (California Code of Regulations Section 1399.120) that are restrictive to Board staff in managing applications in a more timely manner.

With a shortage of speech-language pathologists and audiologists in California, the Board is considering the license reciprocity options for applicants who hold a clear and valid license in another state. Currently, these applicants may apply for a six-month temporary license and submit a letter of good standing from the state of origin, and attain DOJ/FBI fingerprint clearance. However, the temporary license holder must produce all other requisite academic/clinical supporting documents in order to be issued a permanent license.

The Board is aware of differences in the licensing requirements of other states and there is concern with regard to how other states collect and verify information received by its applicants. Further research is necessary in order for the Board to consider a blanket reciprocity provision.

School approvals

29. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Board work with BPPE in the school approval process?

California Code of Regulations Section 1399.152 defines Board approved institutions. The Board has the authority to approve the professional training programs awarding graduate or doctorate degrees in speech-language pathology or audiology; however, it does not exercise such authority as the Board does not have the expertise or staff resources to serve as an accrediting body for professional training programs. Instead, the Board recognizes the accreditation of two professional accrediting organizations, the Council of Academic Accreditation, which is a subsidiary of American Speech-Language-Hearing Association and accredits both speech-language pathology and audiology programs, and the relatively new accrediting body, the Accreditation Commission for Audiology Education (ACAE) which accredits professional doctoral programs in audiology.

The Board independently reviews speech-language pathology assistant training programs. These programs are Associate of Arts or Science programs. Individuals with an undergraduate degree in Communication Disorders and Sciences may qualify for speech-language pathology assistant registration; however, the undergraduate program

does not require independent review and approval by the Board. California Code of Regulations Sections 1399.170.4-1399.170.10 provide for the institutional and program requirements that must be met in order for the program to be awarded Board approval. The Board utilizes the services of subject matter experts to review applications and supporting documentation for speech-language pathology assistant programs and make recommendations to Board staff regarding program approval.

The BBPE does not approve the professional training programs for speech-language pathologists or audiologists.

30. How many schools are approved by the Board? How often are approved schools reviewed? Can the Board remove its approval of a school?

The Board has approved seven speech-language pathology assistant programs which are offered at community colleges and can be found throughout the State. These programs must be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges. The speech-language pathology assistant programs may be reviewed or audited at any time; however, the Board only conducts subsequent site reviews for an approved school if there are concerns raised regarding the administration of the speech-language pathology assistant program. If a program fails to comply with the requirements for approval as set forth in California Code of Regulations 1399.170.4-1399.170.10, the Board can remove its approval of a speech-language pathology assistant program.

31. What are the Board's legal requirements regarding approval of international schools?

There are no specific legal requirements for the Board to approve international schools.

Continuing Education/Competency Requirements

32. Describe the Board's continuing education/competency requirements, if any. Describe any changes made by the Board since the last review.

Speech-Language Pathologists, Audiologists, Dispensing Audiologists, & Speech-Language Pathology Assistants

Licensed speech-language pathologists and non-dispensing audiologists are required to complete 24 hours of CPD/CE from a Board-approved provider during their preceding two-year license renewal cycle. The term "Board-approved providers" refers to entities directly approved by the Board and entities explicitly recognized in statute because of their comprehensive educational review program for the respective professions. Dispensing audiologists are required to obtain 12 hours for each renewal with at least 50 percent of the CPD/CE in hearing aid related course work and the other 50 percent in courses directly relevant to the practice of audiology. Speech-language pathology assistants are also required to complete CPD/CE every two years; however, the 12 hours required of speech-language pathology assistants do not have to be obtained by Board-approved providers. Instead, the speech-language pathology assistant supervisor serves as a professional development coordinator for the speech-language pathology assistant and assists the paraprofessional in developing a plan to complete the required hours through attendance at state or regional conferences, workshops or formal in-service presentations.

CPD/CE requirements allow for a specified number of self-study courses, related coursework which may include more general medical or educational course offerings, and indirect client care courses which cover legal or ethical issues, managed care issues, consultation, etc.

Hearing Aid Dispensers
Hearing aid dispensers are required to complete at least nine hours of CE annually. At a minimum, six hours of CE must be related to the practice of dispensing and fitting hearing aids, while the remaining three hours may be in courses related to ethics or business practices.

CE providers must have their courses approved by the Board. Board staff reviews the content of each course, along with the instructor's qualifications, and issues approval. If Board staff is unfamiliar with the subject area, an outside expert may be consulted.

In 2012, the Board approved a regulatory amendment increasing the CE requirement for hearing aid dispensers to 12 hours annually, and eliminating the 12-month grace period currently in regulation which allows licensees an additional year to make-up deficiencies in CE.

a. How does the Board verify CE or other competency requirements?

Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Subsequent random audits are performed by the Board wherein actual course completion documents are requested of the licensees to verify the statements of compliance.

b. Does the Board conduct CE audits of licensees? Describe the Board's policy on CE audits.

The Board's goal is to conduct random audit of five percent of its licensees annually in order to ensure compliance with CE requirements for license renewal. Due to staffing and resource issues, the Board was unable to conduct CE audits from 2010-14. In 2014-15 the Board conducted an audit of five percent of its licensees. The Board was unable to complete a CE audit in 2015-16, but plans to resume annual CE audits in 2016-17. The next CE audit will be completed by June 30, 2017.

Licensees, as a condition of renewal, must certify that they have met the CE requirements specified in regulation for their license type. During a CE audit, the Board notifies licensees of their selection and request course completion documents for the renewal cycle being audited. The course completion documents are reviewed by Board staff to determine compliance with the CE requirements in terms of total number of hours obtained, approved provider status, and whether the course content is applicable to the profession.

California Code of Regulations Section 1399.160.12 requires licensees to maintain records of course completion for a period of at least two years from the date of license renewal for which the course was completed.

c. *What are consequences for failing a CE audit?*

Certification of completion of the required CPD/CE is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Failure by the licensee to produce the requested documentation can result in the Board issuing a citation and fine against the licensee.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

Due to staffing and resource issues, the Board was unable to conduct CE audits from 2010-14. In 2014-15, the Board conducted an audit of five percent of its licensees. In 2015-16, the Board directed its licensing resources toward eliminating the licensing backlog and reducing cycle times and was unable to conduct an audit. In 2016, the Board was successful in obtaining an additional position in licensing that will allow the Board to continue CE audits in 2016-17 and ongoing.

Past audit results show a compliance rate of over 92 percent. Of the seven and a half percent who failed the initial audit, all came into compliance and five resulted in citations.

e. What is the Board's course approval policy?

Board staff reviews and approves CE courses submitted by approved providers, unless a subject matter expert is necessary to provide expert guidance.

f. Who approves CE providers? Who approves CE courses? If the Board approves them, what is the Board application review process?

Staff reviews and approves applications for both CE providers and courses. Subject matter experts are used if the course content is unfamiliar to staff or requires expert review by a licensed professional in order to determine the practice relevance of the course.

g. How many applications for CE providers and CE courses were received? How many were approved?

Over the last four fiscal years the Board received 1,681 hearing aid dispensing CE provider applications and approved 1,650. The Board received 63 speech-language pathology and/or audiology CPD/CE course applications and approved 61.

h. Does the Board audit CE providers? If so, describe the Board's policy and process.

The Board's goal is to conduct random audits of five percent of its providers. A letter is sent to the provider notifying them of the audit and requesting the following information to be submitted to the Board within 30 days:

- Course syllabi;
- Information regarding the time and location of the course offering;
- Course advertisements;
- Course instructor resumes or vitas;

- Attendance rosters including names and license numbers of the attendees;
- Records of course completion.

Staff reviews the provider documentation and consults with the Board's Executive Officer if a compliance issue is noted. The Board may revoke a provider approval for failing to comply with the continuing professional development program requirements (California Code of Regulations Section 1399.160.8).

i. Describe the Board's effort, if any, to review its CE policy for the purpose of moving toward performance based assessments of the licensee's continuing competence.

At this time the Board is not moving toward performance based assessments of its licensees.

SECTION 5 – ENFORCEMENT PROGRAM

33. What are the Board's performance targets/expectations for its enforcement program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

DCA established standard performance measures (PM) for each Board and Bureau, and set an overall goal of 12-18 months to complete consumer complaints. Each Board or Bureau was responsible for determining its performance target for each PM to achieve the 12-18 month goal.

In 2014, the Board experienced staff turnover due to transfers and retirements. Two new enforcement staff members were hired in late 2014, and an additional enforcement staff member was hired in April 2015. There was an anticipated learning curve with the transition to all new enforcement staff. This learning curve is partially reflected in the PMs below. Enforcement staff is now fully trained and has made great strides in their ability to accurately enter appropriate data codes, investigate complaints, refer cases for discipline, and monitor probationers.

Some of the data in the chart below may vary slightly from PM charts generated by DCA that are included with this Sunset Report. After some of the reports had been finalized, it was discovered that relevant data was unknowingly omitted, an inaccurate code was entered, or a code was entered each time a case was reassigned, thereby skewing the data. This mainly impacted PMs 2 and 3, and has been corrected in the system. In addition, staff has been sufficiently trained on the appropriate data codes.

The Board has worked to reduce the amount of time for PM 4 by ensuring regular and consistent follow-up with the Office of the Attorney General on cases referred for discipline, by proactively engaging in early settlement negotiations when deemed appropriate, and by limiting the amount of time given to a respondent during settlement negotiations. This data shows a significant decrease from fiscal year 2014-15 to 2015-16, and the Board is closer to reaching the target for this PM. However, there are several time factors that are outside of the Board's control with regard to PM 4, including the case processing done by the by the Office of the Attorney General and the Office of Administrative Hearings. The data for PM 4 (average number of days to complete the entire enforcement process for cases resulting in formal discipline), reflects higher than

average results. In part, this is attributed to the Board's long-term investigation into violations of a systemic nature involving numerous licensees within one company. These cases required in-depth investigations by the Division of Investigations. Between late 2015 to mid-2016, the majority of these cases were referred to the Office of the Attorney General and are currently pending potential disciplinary action, further extending the number of days that the cases are open.

As shown in the chart below, the volume of complaints/convictions received has increased, while the number of days to close an investigation (not referred for formal discipline) has decreased.

The Board's performance targets are noted in the chart below.

Performance Measure (PM)	Definition
PM 1 - Volume	Number of complaints/convictions received.
PM 2 - Intake	Average number of days from complaint receipt, to the date the complaint was assigned to an investigator.
PM 3 - Intake & Investigation	Average number of days from complaint receipt to closure of the investigation process for cases not transmitted to the AG. (Includes intake and investigation).
PM 4 - Formal Discipline	Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome).
PM 5 - Costs	Average costs of intake and investigation for complaints not resulting in formal discipline.
PM 6 - Customer Satisfaction	Consumer satisfaction with the service received during the enforcement process.
PM 7 – Probation-Initial Contact	Average number of days from monitor assignment, to the date the monitor first makes contact with the probationer.
PM 8 - Probation Violation	Average number of days from time a violation is reported against a probationer to the time the monitor responds.

Performance Measures	Target	2013-14	2014-15	2015-16
PM 1 - Volume	*	165	129	202
PM 2 - Intake	5 Days	2	5.5	2
PM 3 - Intake & Investigation	90 Days	312	287	94.5
PM 4 - Formal Discipline	540 Days	655	1052	712
PM 5 - Costs	**			
PM 6 - Customer Satisfaction	***			
PM 7 - Probation – Initial Contact	14 Days	5	3	6
PM 8 - Probation Violation	21 Days	4	0	8

* Complaint volume is counted and is not considered a performance measure.
** Current systems do not capture this data.
*** Reporting data from DCA is limited:
FY 2013/14 – four responses received – rated satisfied to very satisfied.
FYs 2014/15 & 2015/16 – DCA changed reporting questions based on a 2014 focus group. Data obtained from DCA for both fiscal years. Five responses are combined and includes 2016-17 data.

34. Explain trends in enforcement data and the Board's efforts to address any increasing volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the Board done and what is the Board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board's enforcement has increased in the past few years. In FY 2015-16, the Board received 202 arrest/conviction cases, a 22 percent increase from FY 2013-14, and a 57 percent increase from FY 2014-15 (see Table 9a and 9b). There has been a decrease in the number of hearing aid complaints since changes in the Song-Beverly Consumer Warranty Act (effective January 1, 2015) and the Board's efforts to educate hearing aid dispensers on the consumer notification requirements and increased timeframe for refunds. The increase in consumer complaints may be attributed to the increase in the total population of licensees and registrants in the last several years, and a greater public awareness of the Board and its enforcement responsibilities.

There have been performance barriers faced by the Board in recent years. As stated earlier, the entire enforcement staff consists of employees who started with the Board between August 2014 and April 2015. As expected, it took some time for the new staff to become proficient in their assignments. One staff member was assigned as the point of contact with the Office of the Attorney General on all disciplinary matters. This has led to improved monitoring, oversight, and continuity.

The enforcement staff is reviewing all statutes and regulations for clarity, effectiveness, efficiency, and making recommendations for additions and amendments to the Board. In October 2014, an enforcement analyst was hired, with a part of the analyst's duties to include regulatory work. Due to the large number of pending regulatory changes

necessary, the Board is currently working to seek approval for a full-time legislative position through the BCP process.

Table 9a. Enforcement Statistics			
	FY 2013/14	FY 2014/15	FY 2015/16
COMPLAINT			
Intake			
Received	130	98	117
Closed	0	0	0
Referred to INV	128	100	117
Average Time to Close	4	15	4
Pending (close of FY)	2	0	0
Source of Complaint			
Public	85	53	66
Licensee/Professional Groups	18	20	17
Governmental Agencies	47	27	13
Other	14	29	106
Conviction / Arrest			
CONV Received	35	31	85
CONV Closed	34	32	85
Average Time to Close	6	20	3
CONV Pending (close of FY)	1	0	0
LICENSE DENIAL			
License Applications Denied	0	1	2
SOIs Filed	0	0	2
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	0	0	0
ACCUSATION			
Accusations Filed	9	10	21
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	4	1	0
Average Days Accusations	2497	2187	1593
Pending (close of FY)	22	26	34

Table 9b. Enforcement Statistics (continued)			
	FY 2013/14	FY 2014/15	FY 2015/16
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	1	2	3
Stipulations	2	3	6
Average Days to Complete	2497	2187	1593
AG Cases Initiated	15	17	37
AG Cases Pending (close of FY)	22	26	34
Disciplinary Outcomes			
Revocation	1	4	3
Voluntary Surrender	2	1	1
Suspension	0	0	0
Probation with Suspension	0	0	1
Probation	8	4	5
Probationary License Issued	0	0	0
Other	0	1	2
PROBATION			
New Probationers	8	4	7
Probations Successfully Completed	2	1	1
Probationers (close of FY)	23	22	20
Petitions to Revoke Probation	0	0	0
Probations Revoked	0	0	0
Probations Modified	0	0	1
Probations Extended	0	0	0
Probationers Subject to Drug Testing	3	4	7
Drug Tests Ordered *	87	104	180
Positive Drug Tests	0	1	0
Petition for Reinstatement Granted	0	0	1
DIVERSION			
New Participants	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A
Terminations	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A
* Data obtained from Phamatech & FirstLab			

Table 9c. Enforcement Statistics (continued)			
	FY 2013/14	FY 2014/15	FY 2015/16
INVESTIGATION			
All Investigations			
First Assigned	162	132	202
Closed	169	153	239
Average days to close	627	644	160
Pending (close of FY)	134	114	77
Desk Investigations	161	132	202
Closed	144	136	231
Average days to close	590	579	245
Pending (close of FY)	114	103	72
Non-Sworn Investigation	0	0	0
Closed	1	0	0
Average days to close	905	0	0
Pending (close of FY)	1	0	0
Sworn Investigation	23	9	23
Closed	25	17	8
Average days to close	954	1249	774
Pending (close of FY)	21	11	5
COMPLIANCE ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	0
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	9	6	1
Referred for Diversion	0	0	0
Compel Examination	0	0	0
CITATION AND FINE			
Citations Issued	11	11	9
Average Days to Complete	785	480	500
Amount of Fines Assessed	$12,250	$6,750	$8,350
Reduced, Withdrawn, Dismissed	3	4	5
Amount Collected	$7,950	$5,850	$1,850
CRIMINAL ACTION			
Referred for Criminal Prosecution	0	0	0

Table 10. Enforcement Aging						
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year		0	0	1	1	7.7%
2 Years		1	1	3	5	3.8%
3 Years		1	3	0	4	3%
4 Years		0	1	1	3	2.3%
Over 4 Years		0	0	0	0	0
Total Cases Closed		2	5	5	13	
Investigations (Average %)						
Closed Within:						
90 Days		48	31	146	225	40%
180 Days		24	20	39	83	14.8%
1 Year		35	34	22	91	16.2%
2 Years		33	58	27	118	21%
3 Years		27	9	5	41	7.3%
Over 3 Years		3	1	0	4	0.7%
Total Cases Closed		170	153	239	562	

35. What do overall statistics show as to increases or decreases in disciplinary action since last review?

The number of accusations filed by the Board has increased by 54 percent since the last review (from 23 to 40). There is little change in other disciplinary actions since the last review.

36. How are cases prioritized? What is the Board's complaint prioritization policy? Is it different from DCA's Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009)? If so, explain why.

The Board prioritizes cases as urgent, high, or routine in accordance with DCA's August 2009 memorandum, "Complaint Prioritization for Health Care Agencies." Each case is reviewed and expedited according to the alleged violations. The Board takes immediate action to involve the Division of Investigations and/or the Office of the Attorney General when a complaint alleges any activity in which the probability of public harm is imminent.

37. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the Board actions taken against a licensee. Are there problems with the Board receiving the required reports? If so, what could be done to correct the problems?

The Board is included in the Business & Professions Code Section 800 series which, among other reporting requirements, requires professional liability insurers to notify the Board of situations involving professional negligence or incompetence by licensed speech-language pathologists and audiologists, including any relevant settlement reports, arbitration awards, and judgments against the licensee. Business & Professions Code Section 803 requires the courts to report any acts of negligence, errors or omissions in practice by a licensee where death or personal injury resulted in a judgment for an amount exceeding $30,000.

While there is no specific statutory requirement for reporting, other state licensing Boards, governmental agencies, rehabilitation facilities, etc., send disciplinary reports, audit findings, and personnel action reports to the Board for review.

There are no other laws in the Board's specific practice act(s) which require other professionals to report misconduct by a licensee; however, professionals are encouraged to report any acts of unprofessional conduct and/or matters that pose a risk to the public. The Board typically receives very few reportings, and is not aware of any problems with receiving the required reports.

a. What is the dollar threshold for settlement reports received by the Board?

The maximum settlement reported to the Board was $80,000.

b. What is the average dollar amount of settlements reported to the Board?

The average dollar amount of settlements reported to the Board is $80,000.

38. Describe settlements the Board, and Office of the Attorney General on behalf of the Board, enter into with licensees.

The Board refers cases to the Office of the Attorney General for disciplinary action, and considers many factors when settling cases. Settlements are based on the Board's Disciplinary Guidelines and recommendations by the Office of the Attorney General. The Board considers the seriousness of the violations pled in the accusation, consumer harm, rehabilitation factors, and licensee complaint history when considering a settlement. In addition, the Board considers the costs and length of an administrative hearing versus the benefit of reaching a settlement and the likely outcome.

a. What is the number of cases, pre-accusation, that the Board settled for the past four years, compared to the number that resulted in a hearing?

Decision Type Outcome	Case Count 7/1/2012 to 6/30/2016
Stipulations Pre-Accusation	5
Hearing Decisions	11
Default Decisions*	5

*Default Decisions are included as they represent another potential method through which a disciplinary action can be taken.

b. What is the number of cases, post-accusation, that the Board settled for the past four years, compared to the number that resulted in a hearing?

Decision Type Outcome	Case Count 7/1/2012 to 6/30/2016
Stipulations Post-Accusation	19
Hearing Decisions	11
Default Decisions*	5

*Default Decisions are included as they represent another potential method through which a disciplinary action can be taken.

c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

During this time period, a total of 29 cases were settled (including default decisions) versus 11 cases that resulted in a hearing. This equates to 72 percent of cases that settled rather than resulting in a hearing.

Decision Type Outcome	Case Count 7/1/2012 to 6/30/2016
Stipulations	60%
Hearing Decisions	28%
Default Decisions*	12%

*Default Decisions are included as they represent another potential method through which a disciplinary action can be taken.

39. Does the Board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the Board's policy on statute of limitations?

The Board does not operate with a specific statute of limitations, however, the Office of the Attorney General has communicated the following statute of limitations criteria they follow which is used by many other healing arts Boards (including Medical Board, Board of Psychology, etc.):
Accusations shall be filed within three years after the Board discovers the act or omission alleged as the grounds for disciplinary action, or within seven years after the act or omission alleged as the grounds for disciplinary action occurs, whichever occurs first. Exceptions in which there is no statute of limitations: accusations filed against a licensee alleging procurement of a license by fraud or misrepresentation; certain circumstances alleging unprofessional conduct based on incompetence; gross negligence; repeated negligent acts of the licensee. An accusation filed against a licensee on or after January 1, 2002 alleging sexual misconduct shall be filed within three years after the Board discovers the act or omission alleged as the ground for disciplinary action, or within 10 years after the act occurs, whichever occurs first. Additionally, if an alleged act or omission involves a minor, the seven-year limitation period from when the alleged act occurred, and the 10-year limitation period from when the alleged act occurred shall be tolled until the minor reaches the age of majority .

40. Describe the Board's efforts to address unlicensed activity and the underground economy.

All allegations of unlicensed activity are handled with high or urgent priority. Several cases of unlicensed activity by individuals not licensed by the Board are currently under investigation and may result in citations and/or referral to the local District Attorney's office for review and possible filing of criminal charges. There is currently one case of unlicensed activity pending criminal action at the local District Attorney's office. There has been discussion at recent Board meetings regarding potential unlicensed activity within the school districts, and unlicensed activity of hearing aid dispenser trainees who continue to work when their trainee licenses are suspended or have expired. The Board addressed these issues in its Strategic Plan 2016-2020.

Many of the Board's unlicensed activity cases involve previously licensed practitioners who allow their license to become delinquent by failing to renew timely, or support personnel who fail to file the appropriate licensing paperwork timely in order to practice

under supervision. These cases typically result in the issuance of a citation and fine to the unlicensed individual, and depending upon the circumstance, to the responsible supervisor for aiding and abetting unlicensed practice. Currently, there are two cases of unlicensed activity (performing duties outside of the scope of their current license type) pending disciplinary action at the Office of the Attorney General. In addition, in 2016, two licensees were placed on probation for actions which included unlicensed practice (working with expired licenses).

During this reporting period, there have been three citations issued for unlicensed practice.

Cite and Fine

41. Discuss the extent to which the Board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the Board increased its maximum fines to the $5000 statutory limit?

The Board is authorized by Business & Professions Code section 125.9 to issue citations which may contain an order of abatement and an order to pay an administrative fine. The Board issues citations for minor violations of the laws and regulations governing the practices of speech-language pathology, audiology, and hearing aid dispensing which do not warrant formal discipline.

In 2006, regulatory language in California Code of Regulations Section1399.159 was amended to increase the maximum allowable fine from $2,500 to $5,000 in certain, exceptional circumstances which would warrant maximum penalties. The Board has discussed making similar regulatory changes to hearing aid dispenser regulation California Code of Regulations Section1399.136, as a future agenda item, but no action has been taken to date.

42. How is cite and fine used? What types of violations are the basis for citation and fine?

Citations and fines are issued for minor infractions of the laws and regulation, e.g. advertising violations, failure to renew a license prior to the expiration, failure to keep updated records with the Board, failure to appropriately register support personnel or trainees prior to employing the personnel to provide services, continuing education compliance issues, etc.

43. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

The Board scheduled and conducted twelve informal conferences/office mediations in the last four years and rendered decisions on five written appeals in lieu of conducting the informal conference. The Board does not have an established Disciplinary Review Committee. The Executive Officer and an enforcement analyst conduct the informal conferences/office mediations. Two licensees requested a formal hearing to dispute their citations, but later withdrew the requests and paid the fines.

44. What are the 5 most common violations for which citations are issued?

The five most common violations for which citations are issued are:

- Unlicensed Practice
- False/Misleading Advertising
- Aiding and Abetting Unlicensed Practice
- Failure to Maintain Appropriate Records
- Failure to Cooperate (with the Board's request for information pursuant to a complaint)

45. What is average fine pre- and post- appeal?

The average pre-appeal fine is $1,319 and post-appeal fine is $658.

46. Describe the Board's use of Franchise Tax Board intercepts to collect outstanding fines.

When a fine is not paid within the required time, the licensee or non-licensee's information is forwarded to DCA for referral to Franchise Tax Board for collection through its Offset Program. Since July 2014, the Board has referred eight unpaid fines totaling $5,250. The Board so far has received $250.

Cost Recovery and Restitution

47. Describe the Board's efforts to obtain cost recovery. Discuss any changes from the last review.

There have been no changes in this policy since the last review.

In cases that proceed to an administrative hearing, the Board would seek full cost recovery for all investigation and prosecution costs, including costs to prepare for the hearing. However, the administrative law judge may reduce or dismiss cost recovery in a proposed decision. Business & Professions Code section 125.3 indicates, in part, that the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. Cost recovery is a standard term and condition specified in the Board's disciplinary guidelines for all proposed decisions and stipulations. Cost recovery amounts may be negotiated when entering into a stipulated settlement if such agreement encourages the respondent to settle the case with appropriate discipline and avoids further costs and delays associated with the administrative hearing process.

There have been no changes in this policy since the last review.

48. How many and how much is ordered by the Board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

There is no specific amount of cost recovery ordered for revocations, surrenders, and probations. Each disciplinary case has its own amount of cost recovery ordered depending on the investigation and prosecution costs incurred. Probationers may request a payment plan to reimburse the Board and final payments are generally due within six months prior to the termination of probation. In some instances where the cost recovery amount is lower, it may be negotiated that cost recovery be paid in full within the first or second year of probation.

Cases of revocations and surrenders are typically uncollectable as the former licensee has no motivation to pay the ordered cost, either because the individual relocates to another state or changes professions. In revocation cases where cost recovery is ordered but not collected, the Board will transmit the case to the Franchise Tax Board for collection. (See Table 11)

49. Are there cases for which the Board does not seek cost recovery? Why?

The Board cannot order cost recovery for cases that are categorized as "Default Decisions." Default Decisions are cases where an accusation has been filed and the respondent fails to file a Notice of Defense or fails to appear at the scheduled administrative hearing. Additionally, the Board does not have authority to seek cost recovery in cases where it has denied a license or registration and a Statement of Issues has been filed, since cost recovery is applicable to licensees and not license applicants.

50. Describe the Board's use of Franchise Tax Board intercepts to collect cost recovery.

In 2016, the Board began utilizing the Franchise Tax Board to collect outstanding monies owed. Three cases have been forwarded, and to date, there has been no monetary intercept.

51. Describe the Board's efforts to obtain restitution for individual consumers, any formal or informal Board restitution policy, and the types of restitution that the Board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the Board may seek restitution from the licensee to a harmed consumer.

The Board seeks monetary restitution for consumers in cases regarding hearing aid returns and refunds, pursuant to the provisions of the Song-Beverly Consumer Warranty Act (SBCWA). If initial attempts at restitution by the Board are unsuccessful, the Board will order the hearing aid dispenser to pay restitution in full to the consumer by means of an administrative order, stipulated settlement or in less egregious cases, through citation and fine. Payment to the consumer must be made within a specified period of time, typically not more than 30 days, and is tracked by the Board to ensure the consumer is made whole. Additionally, the Board can order restitution in cases involving Medi-Cal fraud, insurance fraud or in cases where a patient or client paid for services that were never provided.

Table 11. Cost Recovery (list dollars in thousands)				
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Total Enforcement Expenditures	$798	$716	$922	$1,100
Potential Cases for Recovery*	4	9	10	13
Cases Recovery Ordered	4	5	6	10
Amount of Cost Recovery Ordered	$15	$20	$44	$72
Amount Collected	$14	$12	$11	$32

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on a violation of the license practice act.

Table 12. Restitution (list dollars in thousands)				
	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Amount Ordered	$33	$6	0	0
Amount Collected	$40	$1	$5	0

SECTION 6 – PUBLIC INFORMATION POLICIES

52. How does the Board use the internet to keep the public informed of Board activities? Does the Board post Board meeting materials online? When are they posted? How long do they remain on the Board's website? When are draft meeting minutes posted online? When does the Board post final meeting minutes? How long do meeting minutes remain available online?

The Board's website went through a major overhaul in August 2012, in order to make it easier for consumers, applicants, and licensees to navigate. The website features, among other items; license verification, consumer complaint information, links to licensing applications and checklists, the Board's laws and regulations, publications, and customer satisfaction surveys. The Board Activity page includes the Board's history; biographies and photos of our Board members; a listing of our committees, committee functions and members; and opportunities for public participation. During the strategic planning session, the Board members created a new mission and vision statement, and identified the key values of the Board. The website has been updated to reflect these attributes.

All Board and committee meeting agendas, materials, and minutes are posted online. Agendas are posted at least 10 days in advance of the meeting in accordance with the Bagley-Keene Open Meeting Act (Government Code section 11120-11132). Since 2008, agendas and approved meeting minutes are on the web site; since 2009, meeting materials are available on the website. Draft meeting minutes from the previous meeting are included as an agenda item for approval in subsequent meetings. Once edits to the minutes are completed, the approved meeting minutes are posted on the website. The Board has no plans to remove or limit accessibility to its past meeting minutes or materials.

53. Does the Board webcast its meetings? What is the Board's plan to webcast future Board and committee meetings? How long do webcast meetings remain available online?

The Board webcasts both Board and committee meetings when DCA's webcasting services are available. Webcasting began in July 2012, and the links to view these meetings are on the Board Activity page on the website. The Board plans to continue webcasting its meetings.

54. Does the Board establish an annual meeting calendar, and post it on the Board's website?

The Board has an established meeting calendar that lists important dates during the fiscal year. Information included on the calendar reflects the dates of Board and committee meetings, national and state association convention dates, and state holidays. The calendar is updated throughout the year to reflect any change to the information. The website includes calendars for the current and upcoming fiscal year.

55. Is the Board's complaint disclosure policy consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure? Does the Board post accusations and disciplinary actions consistent with DCA's Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010)?

The Board's regulations (California Code of Regulations Sections 1399.180 - 1399.187) governing the disclosure of information are consistent with DCA's Recommended Standards for Consumer Complaint Disclosure as well as the Department's Web Site Posting of Accusations and Disciplinary Actions.

56. What information does the Board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

California Code of Regulations Sections 1399.182 through 1399.187 provides, upon request, information disclosed includes the identity and date of all undergraduate and graduate degrees awarded, summaries of any disciplinary actions taken at a health care facility that result in the termination or revocation of staff privileges for medical or disciplinary cause or reason, the date, nature, and disposition of complaints on file which have been investigated and referred to the Office of the Attorney General for legal action, civil actions against a licensee in the amount of $30,000 or more as recovery of damages for death or personal injury caused by professional negligence. The public may access a licensee's record through the Board's website. The following information is provided on the Board's website: the licensee's name, license number, license status, issue date of license, expiration date of license, address of record, citations issued, and pending and final disciplinary actions.

Also, subject to limitations set forth in the Information Practices Act and the California Constitution regarding personal privacy, information contained in the licensee's file may be disclosed to the public upon request.

California's travel restrictions limit much of the outreach that can be conducted by Board staff. The Executive Officer can attend meetings where either enforcement issues must be resolved or for auditing purposes. In addition, the Board has developed presentations to share with university training programs regarding licensing requirements. The Board has also has developed presentations regarding legislative, regulatory, and policy updates to share with professional associations where the presentation can be uploaded and shared with attendees.

The most convenient and cost-effective platform for the Board to educate consumers, applicants, and licensees is through the use of its website. The Board has made concerted efforts to redesign its website for easier navigation and to carefully update the information posted. Anyone can enroll in the Board's "Interested Parties" list and receive regular notifications of various public Board functions. The Board is looking into the use of social media to provide updates to consumers, applicants, licensees, and other stakeholders.

Section 7 – Online Practice Issues

58. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the Board regulate online practice? Does the Board have any plans to regulate internet business practices or believe there is a need to do so?

The Board receives and investigates few cases regarding unlicensed activity occurring through online practice.

Telehealth

Treatment for both speech and hearing disorders may be effectively delivered via telehealth which includes some form of online interaction between the patient and the provider. In an effort to provide guidance to its licensees, the Board provides the following practice guideline on its website:

In California, telehealth is viewed as a mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of speech-language pathology, audiology or hearing aid dispensing as long as the practice is done by a California licensee. Telehealth is not a telephone conversation, e-mail/instant messaging conversation or fax; it typically involves the application of videoconferencing or stores and forwards technology to provide or support health care delivery.

The standard of care is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care. Licensees need not reside in California, as long as they have a valid, current California license.

The laws govern the practice of speech-language pathology, audiology, and hearing aid dispensing, and no matter how communication is performed, the standards of care are no more or less.

California Licensed Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers Practicing Medicine in Other States

Licensees intending to practice via telemedicine technology to treat patients outside of California should check with other state licensing Boards. Most states require practitioners to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration for interstate practice.

Online Business Practices

The remote acquisition of hearing aids has become a common business transaction as more companies market devices to consumers via the Internet with claims of one-size fits all or the ability to remotely adapt the hearing aid to fit the purchaser's needs.

Business & Professions Code Section 2538.23 governs the sale of hearing aids by catalog or direct mail. While this section does not specifically include the term "Internet" sales, the intent of the section is to regulate similar business transactions.

Regulation of hearing aid devices fall under the Federal Drug Administration (FDA), and FDA provisions do not specifically restrict the sale of hearing aids via the Internet. Further, federal rule provides that no state may establish any requirement which is different from, or in addition to, the federal provisions unless the state is granted an exemption from the federal government to enforce more restrictive regulations. There is no record of a federal exemption being granted for Section 2538.23; however, for well over a decade California has been effectively regulating the sale of hearing aids acquired by mail order.

California law requires examination of the consumer's ear canal by a licensed physician, audiologist, or a hearing aid dispenser, and medical referral under certain conditions. Eliminating these requirements places the consumer at risk if underlying medical conditions are undetected and result in hearing loss which may require medical or surgical procedure. The Board believes it is vitally important to continue to regulate the remote acquisition of hearing aids and require an examination of a consumer's ear canal and medical clearance.

On May 30, 2012, the Board sent an exemption request to the FDA. To date, the Board has not received a response from the FDA.

SECTION 8 – WORKFORCE DEVELOPMENT AND JOB CREATION

59. What actions has the Board taken in terms of workforce development?

The Board strives to meet its mandate of timely and efficient licensing, examinations, and enforcement processes to reduce any negative impact to California's businesses and economy. The Board continues to adopt procedures to ensure more streamlined internal processes in an effort to license or register qualified applicants to enter California's workforce in speech-language pathology, audiology, and hearing aid dispensing. The Board monitors licensing timeframes weekly and reviews the timeframes at its quarterly meetings to address process issues to ensure the most efficient processes and positively contribute to workforce development in the state.

During the past two years, the Board has reduced its licensing times significantly while increasing the number of hearing aid dispenser practical examinations.
When promulgating regulations, the Board considers the impact of the regulatory changes, as well as the overall fiscal and economic impact on small businesses.

Audiologists Shortage
California has only one public university audiology doctoral degree program, a joint program between San Diego State University and UC San Diego, housed at San Diego State. That program, in operation since 2003, has high demand but very limited capacity, and produces between five and ten audiologists per year, far below the needs of the state. Typically, as many as 200 students apply to the joint San Diego State Audiology Program annually. In 2015, the University of Pacific initiated a new audiology doctoral program at its San Francisco campus, which hopes to graduate approximately 20 audiologists per year by 2018. Experts indicate that California will need approximately 750 more audiologists to meet the needs of California's hearing impaired residents by 2030.

To address the growing need for audiologists in the state, the Board supported AB 2317 (Mullin) which was signed into law by Governor Brown on September 9, 2016. This bill authorizes the CSU system to award the Doctor of Audiology degree. The changes that resulted from AB 2317 open the possibility of the CSU system offering the Doctor of Audiology degree. This will significantly increase the number of audiologists graduating and applying for licensure in California, and consequently ease the shortage of audiologists. However, time for building and opening new programs, and the four years of education required to achieve the doctoral degree (AuD), suggests that the shortage of audiologists will likely continue for the next 4-6 years.

Speech-Language Pathologists Shortage
The demand for speech-language pathologist in California far exceeds the supply. This demand for speech-language pathologist is exemplified by the shortage of these professionals working in school settings, which comprise 53 percent of speech-language pathology positions. During FY 2012-13, 646 new speech-language pathology credentials were issued in California, consisting of both in-state and out-of-state graduates and experienced out-of-state speech-language pathologists moving to California. There was a 44 percent increase in credentials issued between FYs 2008-09 and 2012-13. Given that 47 percent of speech-language pathologists do not work in schools, and that approximately 570 students graduate in California each year, it is clear that demand for speech-language pathologists far exceeds supply.

Currently, there are 19 speech-language pathology master's level programs in California: 13 CSU programs and six private university programs. The 19 master's programs graduate an average of 30 students per year which results in approximately 570 new speech-language pathology graduates annually. The average number of 30 graduates per university is impacted by national certification and state licensure clinical requirements for completion of clinical hours across the lifespan and types of communication disorders.

The programs would prefer to graduate more students annually; however, the lack of available experiences in medical settings greatly limits the ability to enroll a larger number of students in graduate programs. During the past five years, four new California graduate programs have opened in speech-language pathology, three in private universities and

one in the CSU system. As a result, the number of students graduating has increased by more than 100 annually over the past five years.

The Board is discussing ways to address the speech-language pathology shortage in California and will collaborate with stakeholders to address the growing needs of the state.

60. Describe any assessment the Board has conducted on the impact of licensing delays.

In FY 2014-15, the Board conducted an assessment of its licensing delays. The assessment included a workload study and an overhaul of all licensing application processes. As a result of the assessment, the Board was able to obtain an additional position through the budget process. In addition, the Board worked with DCA to obtain temporary staff to reduce and eliminate the existing application backlog.

The Board understands the growing demand for speech-language pathologists and audiologists in California and will continue to focus on reduced licensing delays through continuous improvements.

61. Describe the Board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Executive Officer and Board members have developed presentations to share with university training programs regarding licensing requirements. In addition to making presentations directly to the universities, the Executive Officer and a Board member attend meetings of the California Council of Academic Programs in Communication Sciences and Disorders, a group composed of the state's university chairs and directors of Communication Science and Disorders Programs.

62. Describe any barriers to licensure and/or employment the Board believes exist.

As discussed in this report, there are not enough speech-language pathology masters programs and audiology doctoral programs in California. This is a barrier to increasing the licensing populations that would meet the demand for speech-language pathology and audiology services in the state. The Board has expedited licensing processes, expanded the number of examinations offered to hearing aid dispensing candidates, and has supported legislation to authorize the CSU system to award Doctor of Audiology degrees. The Board is discussing ways to address the speech-language pathology and audiologist shortage in California and will collaborate with stakeholders to address the growing needs of the state.

63. Provide any workforce development data collected by the Board, such as:

a. Workforce shortages

Neither the Board nor DCA have collected data regarding workforce shortages in the recent decade.

b. Successful training programs

Neither the Board nor DCA have collected data regarding successful training programs in the recent decade.

SECTION 9 – CURRENT ISSUES

64. What is the status of the Board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board approved proposed language incorporating the Uniform Standards for Substance Abusing Licensees into its Disciplinary Guidelines at its July 26-27, 2012 Board meeting. The Executive Officer transferred to another Board in December 2013, prior to filing regulatory documents with the Office of Administrative Law. The current Executive Officer started with the Board in June 2014. Board staff revisited the Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees in 2015, and brought revised text to the Board at its February 4-5, 2016 Board meeting, which the Board approved. Board staff is working with legal counsel to finalize the necessary regulatory documents in order to file the proposed rulemaking file with the Office of Administrative Law.

65. What is the status of the Board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

In March 2013, the Board adopted the following regulatory changes pursuant to the goals set forth in the CPEI regulations:

ADOPTED
California Code of Regulations (CCR) Section1399.110 was adopted to further consumer protection by requiring a hearing aid dispenser to undergo an examination by a physician or psychologist, whose ability to practice safely may be impaired due to mental or physical illness affecting competency.

Similarly, CCR 1399.151 was amended to reflect these changes for speech-language pathologists and audiologists.

CCR 1399.130 was adopted to further consumer protection by requiring a hearing aid dispenser to self-report all arrests, indictments, convictions, or disciplinary actions by other licensing or government entities within specified time frames. This regulation also sets time frames for licensees to provide requested documents to the Board, and requires a licensee to cooperate in any Board investigation pending against their license. Similarly, CCR 1399.156 was amended to reflect these changes for speech-language pathologists and audiologists.

CCR 1399.130.1 and CCR 1399.156.5 were adopted to further consumer protection by outlining the procedures for denying an applicant who is registered as a sex offender pursuant to Section 290 of the Penal Code.

AMENDED
CCR 1399.131 and CCR 1399.155 were amended to further consumer protection by outlining the disciplinary provisions for revocation of a hearing aid dispenser, speech-language pathologist or audiologist's license for specified sex offenses.
CCR 1399.150.3 was amended to allow the Board's Executive Officer the ability to accept default decisions and approve settlement agreements for the revocation, surrender or interim suspension of a license.

In addition, the Board has filled the enforcement position received as a result of the CPEI. As a result, the Board has noticed a reduction in the time to process complaints and administrative actions.

66. Describe how the Board is participating in development of BreEZe and any other secondary IT issues affecting the Board.

a. Is the Board utilizing BreEZe? What Release was the Board included in? What is the status of the Board's change requests?

The Board was part of Release 3 and is not currently using the BreEZe system.

b. If the Board is not utilizing BreEZe, what is the Board's plan for future IT needs? What discussions has the Board had with DCA about IT needs and options? What is the Board's understanding of Release 3 Boards? Is the Board currently using a bridge or workaround system?

A 2014 audit conducted by the Bureau of State Audits (BSA), found that DCA programs not included in the first two releases of the BreEZe effort, must perform a cost benefit analysis to determine if BreEZe is a cost effective solution for each entity. This requirement significantly changed all initial assumptions regarding IT platform alternatives and schedules for DCA programs formerly included in Release 3. The following new strategy concept has been discussed with affected programs at executive information sessions and individual IT update meetings.

All programs formerly included in Release 3 will, based on current strategy, follow the below steps to determine the near term road map for an IT platform replacement effort:

1. Per BSA 2014 findings, all programs will perform thorough business planning to determine and document a platform's functional requirements specific to each program, and not from a departmental perspective. The business planning will include:

    a. Inventory all business processes
    b. Document Business Process Diagrams (BPD) for each business process
    c. Document "use cases" for each BPD
    d. Develop a functional requirement specification

2. Follow the Project Approval Lifecycle (PAL) required by the California Department of Technology (CDT) for all IT efforts. The PAL process includes four stages outlined by SIMM 19. The PAL process will navigate business justification, cost benefit analysis, alternatives analysis, and fiscal analysis. This effort will facilitate the decisions around the program's IT platform choice.

3. Execute an IT project per the details and approvals resulting from the PAL process, and implement the chosen IT platform.

SECTION 10 – BOARD ACTION AND RESPONSE TO PRIOR SUNSET ISSUES

Include the following:

1. Background information concerning the issue as it pertains to the Board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the Board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the Board has for dealing with the issue, if appropriate.

ISSUE #1 from November 1, 2012: Long term fund condition

Staff Recommendation
The Board should advise the Committee of its long-term expectation for its Fund. Is there a loan payback schedule? When does the Board expect the loan to be repaid? How long does the Board project that it can remain solvent if the loan is paid back? What are the Board's plans to remain solvent when all of those reserves are exhausted?

Background
At the time the 2012 sunset review report was written, the Board had not prepared a detailed, estimated revenue projection for FY 2013-14 and beyond. After the 2012 sunset review, the Board worked closely with DCA's budget staff to forecast revenue projections and determined that it would remain solvent through FY 2013-14 without the GF loan repayment. The Board worked closely with DCA regarding the GF loan repayment and coordinated communication with the DOF. At the time of the report, there was no official repayment schedule.

Update
The GF loan has been paid in full. The Board received repayment of the GF loan in FY 2013-14 and 2014-15 and a final repayment in 2015-16. With the repayment of the GF loan, the Board's fund was at 11.2 months at the end of FY 2015-16.

LICENSING ISSUES

ISSUE #2 from November 1, 2012: Licensing timeframes – Does the Board need more staff in order to meet its performance goals.

Staff Recommendation
The Board should advise the Committee the extent of the current licensing backlogs, and tell the Committee of its short-term plans to reduce those backlogs. A budget augmentation should be considered in the near future to enable the Board to reduce its licensing backlogs.

Background
At the time the Board's sunset report was written, application processing cycle times were averaging 8-10 weeks due to a staff vacancy and the reported increase in volume of applications received and licenses issued.

Update
Application processing times averaged from 8-10 weeks with delays continuing through 2014. In 2014-15, the Board conducted an assessment of its licensing delays. The assessment included a workload study and an overhaul of all licensing application processes. As a result of the assessment, the Board was able to obtain an additional licensing position through the budget process worked with DCA to obtain temporary staff to reduce and eliminate the existing application backlog.

ISSUE #3 from November 1, 2012: Should the Board develop a training manual for hearing aid dispenser trainees and supervisors?

Staff Recommendation
The Board should develop a training manual to provide hearing aid trainee supervisors with a structure and guidance to consistently train hearing aid dispensers for entry into independent practice. The Board should utilize its advisory Hearing Aid Dispensing Committee to develop the training manual.

Background
The Board agreed with the staff's recommendation and delegated the development of the training manual to the Hearing Aid Dispensing Committee in 2013.

Update
In 2013, the Hearing Aid Dispensers Committee became aware of the development of national guidelines by the International Hearing Society (IHS). The development of the training manual was put on hold while the IHS guidelines were being developed. In 2015, IHS received certification, by the U.S. Department of Labor, for the National Guidelines for Apprenticeship Standards (National Guideline Standards). The progress of this work was recently slowed by a serious illness of one of the HAD Committee members. The Board plans to address this issue again and the potential need for trainee or apprenticeship standards for hearing aid dispensing that are aligned with national standards that were developed by IHS and certified by the U.S. Department of Labor. The potential benefits of apprenticeship standards include an alignment with standardized training across the country for the practice of hearing aid dispensing and the preparation of stronger candidates for examinations and licensure.

ISSUE #4 from November 1, 2012: Background Information on Applicants/Licensees-NPDB.

Staff Recommendation
Recommend legislation should be enacted to amend BPC §§ 2532.1 and 2538.24 to require applicants who hold or has previously held a health care license in another state to produce to the Board a disciplinary data bank report.

Background
The Board concurred with the recommendation to enact legislation to require an applicant who holds or has previously held, a health care license in another state, to furnish the Board

with an *information disclosure* report at the time of initial application. The Board requested the Committee's assistance with amending BPC 2532.1 as outlined in the Board's sunset report.

Update
The proposed legislation was not approved due to the additional costs to the applicant. The Board approved language for a fee increase in 2015-16. The proposed fee increase would allow the Board to cover the cost of the disciplinary data bank report.

ISSUE #5 from November 1, 2012: Approving individual speech-language and audiology CE courses and providers.

Staff Recommendation
The Board should tell the Committee why it has not pursued the authority granted in 2004 to approve individual CE courses. Does the Board intend to pursue this authority? If the Board does not have plans to pursue regulations in this area, should this provision be amended out of the law?

Background
Courses for hearing aid dispensing and certain courses for dispensing audiologists are reviewed and approved by the Board to ensure that such courses focus on hearing health care and practice trends and are not geared toward the marketing and sale of specific hearing aid devices. The Board has not pursued the authority granted under Section 2532.6 for speech-language pathology and non-dispensing audiology courses. The authority in BPC 2532.6 enables the Board to promulgate regulations (California Code of Regulations Section 1399.160.6) which provides approval for courses related to the dispensing of hearing aids, as offered by hearing aid manufacturers or companies.

Update
The authority in BPC 2532.6 as it pertains to the Board's authority to approve courses is currently being utilized and is necessary.

ENFORCEMENT ISSUES

ISSUE #6 from November 1, 2012: Enforcement timeframes. Why are the Board's enforcement timeframes increasing?

Staff Recommendation
The Board should advise the Committee about where it believes the bottlenecks are in its investigation processes and disciplinary actions. What does the Board think are the causes of the delays? In the Board's opinion, what are viable solutions to the extensive timeframes in its enforcement processes?

Background
The Board's enforcement timelines increased dramatically in 2011-12. The primary reasons were complaint volume, limited staffing, and staff turnover at the Board.

Update
The Board has focused its efforts on reducing its enforcement timeframes through the following steps:

- The Board hired an Enforcement Coordinator to work as a single point of contact with the Attorney General's Office on all disciplinary cases. This has led to improved continuity and monitoring oversight;
- The Board works with DOI and meets periodically for case updates and escalates cases to DOI management when there are delays;
- In the past, enforcement staff specialized in cases by licensee type. The Board consolidated its enforcement efforts and distributed all types of cases among enforcement staff.

The volume of complaints/convictions received has increased, while the number of days to close an investigation (not referred for formal discipline) has decreased. The Board has worked to reduce the amount of time for Performance Measure 4 by ensuring regular and consistent follow-up with the Office of the Attorney General on cases referred for discipline, by proactively engaging in early settlement negotiations when deemed appropriate, and by limiting the amount of time given to a respondent during settlement negotiations. This data shows a significant decrease from fiscal year 2014-15 to 2015-16, and the Board is closer to reaching the target for this performance measure.

ISSUE #7 from November 1, 2012: (ADOPTION OF UNIFORM SUBSTANCE ABUSE STANDARDS.) What it the status of the regulations adopting the Uniform Standards developed by the Department of Consumer Affairs Substance Abuse Coordination Committee?

Staff Recommendation
The Board should update the Committee on the status of the regulations to implement the Uniform Standards.

Background
At the time of the last Sunset review, staff had not yet implemented the Uniform Standards and the Board was working toward a goal of noticing the regulatory proposal in June of 2013. The Executive Officer transferred to another Board in December 2013, prior to filing regulatory documents with the Office of Administrative Law.

Update
The Board revisited the Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees in 2015 and brought revised text to the Board at its February 4-5, 2016 Board meeting, which the Board approved. Staff is working with legal counsel to finalize the necessary regulatory documents in order to file the proposed rulemaking file with the Office of Administrative Law.

ISSUE #8 from November 1, 2012: (CPEI IMPLEMENTATION.) What is the status of the Board's CPEI regulations?

Staff Recommendation
The Board should update the Committee on the current status of the regulations to implement CPEI.

Background and update
The CPEI regulations were filed with OAL in 2012 and took effect in 2013.

ISSUE #9 from November 1, 2012: Advertising Requirements and "Fraud" Complaints.

Staff Recommendation
The Board should advise the Committee on the status of revising its advertising regulations to provide greater clarity and enforceability.

Background
The Hearing Aid Dispensers Committee proposed amended advertising language at its January 10, 2013 meeting as crafted by legal counsel. At the time of the last Sunset Review the Board's goal was to adopt language in June 2013.

Update
The rulemaking file progress was delayed by the change in Executive Officers. The Board approved revised language in May 2016 and is currently being reviewed by DCA.

The proposed language emphasizes the authority in B&P Code Section 651 which states that a licensee's advertisement should not promote the unnecessary or excessive use of goods or services and places the responsibility on the licensee for monitoring advertising which is within the licensee's control. The Hearing Aid Dispensers Committee is continuing to fine-tune the amended language to provide greater clarity to what constitutes false and misleading advertising and has requested Board staff to conduct research on the advertising provisions for dispensing opticians as reference material.

ISSUE #10 from November 1, 2012: Clarifying the provisions of the Song-Beverly Consumer Warranty Act (Song-Beverly)

Staff Recommendation
The Committee is supportive of the Board's willingness to pursue the amendments suggested by the Senate Judiciary Committee. As such, the Committee recommends that the Board work with the Senate Judiciary Committee and any other appropriate policy committee within the Legislature to craft language that will provide clarity regarding the consumer's right of return for hearing aid devices.

Background and Update
The Board worked with the California Hearing Health Care Providers and authors of Senate Bill 1326 to clarify the Song-Beverly provisions which were enacted in statute on January 1, 2015.

ISSUE #11 from November 1, 2012: Unprofessional Conduct

Staff Recommendation
Recommended legislation should be enacted to paragraph (l) to B&P Code § 2533 to authorize the Board to take disciplinary action for violation of a term or condition of a probationary order or of a license issued by the Board.

Background
The Board concurred with the staff recommendation to add a provision to B&P Code Section 2533 authorizing the Board to take disciplinary action against a licensee for violating a probationary order, or the terms of a license issued by the Board, and requested the Committee's assistance with amending B&P Code 2533 to include proposed subsection (l) as outlined in its Sunset Report.

Update
Senate Bill 305 was enacted in statute on January 1, 2013 which amended B&P Code Section 2533 authorizing the Board to take disciplinary action against a licensee for violating a probationary order, or the terms of a license issued by the Board.

TECHNOLOGY ISSUES

ISSUE #12 from November 1, 2012: What is the status of BreEZe implementation by the Board?

Staff Recommendation
The Board should update the Committee about the current status of its implementation of BreEZe. What have been the challenges to implementing this new system? What are the costs of implementing this system? Is the cost of BreEZe consistent with what the Board was told the project would cost?

Background
In early 2013, the Board was informed that its transition date to the new BreEZe system was moved from spring 2013 to sometime mid-year 2014.

Update
A 2014 audit conducted by the Bureau of State Audits (BSA), found that DCA programs not included in the first two releases of the BreEZe effort, must perform a cost benefit analysis to determine if BreEZe is a cost effective solution for each entity. This requirement significantly changed all initial assumptions regarding IT platform alternatives, and schedules, for DCA programs formerly included in Release 3. The following new strategy concept has been discussed with affected programs at executive information sessions and individual IT update meetings.

All programs formerly included in Release 3 will, based on current strategy, follow the below steps to determine the near term road map for an IT platform replacement effort:

1. Per BSA 2014 findings, all programs will perform thorough business planning to determine and document a platform's functional requirements specific to each program, and not from a departmental perspective. The business planning will include:

    a. Inventory all business processes
    b. Document Business Process Diagrams (BPD) for each business process
    c. Document use cases for each BPD
    d. Develop a functional requirement specification

2. Follow the Project Approval Lifecycle (PAL) required by the California Department of Technology (CDT) for all IT efforts. The PAL process includes four stages outlined by SIMM 19. The PAL process will navigate business justification, cost benefit analysis, alternatives analysis, and fiscal analysis. This effort will facilitate the decisions around the program's IT platform choice.

3. Execute an IT project per the details and approvals resulting from the PAL process, and implement the chosen IT platform.

ADMINISTRATIVE ISSUES

ISSUE #13 from November 1, 2012: Should the name of the Board be changed?

Staff Recommendation
The Board should advise the Committee whether it thinks that it would be appropriate to rename the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to a more user-friendly name that describes the Board's regulatory jurisdiction. If the Board agrees, it should recommend a revised Board name to be changed through legislation.

Background
At the time of the previous Sunset Review, the Board felt the current name accurately reflected each separate and distinct profession regulated by the Board and that consumers researching speech-language pathology, audiology, or hearing aid dispensing services through website searches or other directories would be appropriately directed to the Board as its existing name encompasses all three professions. The Board discussed the cost associated with changing the Board name in terms of changing letterhead, forms, business cards, and website information. In researching the names of other states' licensing Boards where all three professions are regulated under one entity, the Board found that a majority of the Boards' names in other states were similar to California's.

Update
Options were discussed for renaming the Board. In the interest of consumers, the Board kept its name: Speech-Language Pathology and Audiology, and Hearing Aid Dispensers Board.

ISSUE #14 from November 1, 2012: Services provided by Regional Centers for Deaf/Hard of Hearing Impaired Children

Staff Recommendation
The Committee recognizes the importance of addressing the issues the Board has raised. However, solutions to address these issues are outside of the Committee's jurisdiction. As such, it is recommended that the Board contact the appropriate policy committee within the Legislature, e.g. the Health and Human Services Committee(s) and/or the Education Committee(s), that may be able to assist the Board in addressing these issues via convening a task force and/or drafting legislation.

Background
It was determined by the Sunset Committee that solutions to address these issues are outside of the Committee's jurisdiction.

Update
The Board has contacted the appropriate committees and initiated meetings with the Department of Developmental Services regarding consumer issues and will continue to work with their staff toward solutions in the future.

TECHNICAL CLEANUP

ISSUE #15 from November 1, 2012: Technical Cleanup

Background
Committee staff noted a cleanup provision that could be made in Business & Professions Code Section 2532.6(b). This section requires continuing education for licensees relating to speech-language pathology and audiology and establishes a phase in period beginning in 2001 and which was fully implemented by 2002.

Staff Recommendation
The Board should recommend cleanup amendments for Business & Professions Code Section 2532.6 to the Committee.

Update
The Board worked with Committee staff to amend Business & Professions Code Section 2532.6 as recommended.

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

ISSUE #16 from November 1, 2012: (Continued regulation by the Board)-Should the licensing and regulation of speech-language pathologists, audiologists, and hearing aid dispensers be continued and be regulated by the current Board membership?

Staff Recommendation
Recommend that the licensing and regulation of speech-language pathologists, audiologists, and hearing aid dispensers continue to be regulated by the current Board members to protect the interests of the public and be reviewed again in four years.

Background and Update
The health, safety, and welfare of consumers is protected by well-regulated speech-language pathology, audiology, and hearing aid dispensing professions. The Board has demonstrated over the years a strong commitment to improve Board's overall efficiency and has worked cooperatively with the Legislature and past Sunset Committees to bring about important and necessary changes.

SECTION 11 – NEW ISSUES

This is the opportunity for the Board to inform the Committees of solutions to issues identified by the Board and by the Committees. Provide a short discussion of each of the outstanding issues, and the Board's recommendation for action that could be taken by the Board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, and legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

All issues that were raised under prior Sunset Review have been addressed.

NEW ISSUES IDENTIFIED BY THE BOARD IN THIS REPORT.

1. Shortages in the Speech-Language Pathology Profession

Background

The demand for speech-language pathologists in California far exceeds the supply. The entry level degree to practice as a licensed speech-language pathology in California is the Master's degree. Currently there are 19 speech-language pathology master's level programs in California consisting of 13 California State University (CSU) programs and six private university programs. The California Master Plan for Higher Education does not allow for the University of California (UC) to provide master's degree programs in speech-language pathology.

The 19 master's programs graduate an average of 30 students per year which results in approximately 570 new speech-language pathology graduates annually. The average number of 30 graduates per university is impacted by national certification and state licensure clinical requirements for completion of clinical hours across the lifespan and types of communication disorders. The programs would prefer to graduate more students annually; however, the lack of available experiences in medical settings greatly impacts the ability to enroll a greater number of students in graduate programs. Billing and productivity are also of concern since outpatient services provided by students cannot be reimbursed by Medicare. Inpatient services provided by students can be reimbursed only when the speech-language pathology supervisor is providing direct supervision of the student. During the past five years, four new California graduate programs have opened in speech-language pathology, three private universities and one CSU. As a result, the number of students graduating has increased by more than 100 annually over the past five years.

The demand for speech-language pathologists is exemplified by the shortage of these professionals working in school settings, which comprise 53 percent of speech-language pathology positions. During 2012-13, 646 new speech-language pathology credentials were issued in California, consisting of both in-state and out-of-state graduates and experienced out-of-state speech-language pathologists moving to California. There was a 44 percent increase in credentials issued between 2008-09 and 2012-13. Given that 47 percent of speech-language pathologists do not work in schools, and that approximately 570 students graduate in California each year, it is clear that demand for speech-language pathologists far exceeds supply. Also, these numbers do not reflect the many speech-language pathologists who retire each year.

Of greater concern, in 2012-13, 399 Variable Term Waiver (VTW) speech-language pathology credentials were granted by the Commission on Teacher Credentialing. VTW speech-language pathology waivers are granted to individuals with bachelor's degrees who have not received graduate academic or clinical training in speech-language pathology, but demonstrate evidence of applying to speech-language pathology graduate programs. These individuals are allowed to provide the complete scope of practice of speech-language pathologists and are given waivers because the school districts have been unable to hire licensed and credentialed speech-language pathologists resulting from lack of supply.

Effect on Consumers

The shortage of speech-language pathologists affects all employment settings, but impacts children who are eligible to receive school based speech-language pathology services the most. Strong anecdotal evidence suggests that public school administrators ignore the

speech-language pathologist's scope of practice and encourage employees to provide speech-language pathology services for which they were not educated, trained, or adequately supervised. Specifically, licensed speech-language pathology assistants, are required [Business & Professions Code Section 2530.2 (i)] to be supervised by a speech-language pathologist, and are not to assess or create treatment plans. In school settings, some speech-language pathology assistants are encouraged to provide unsupervised services and misrepresent themselves as speech-language pathologists. Speech-language pathology aides, who have no education requirement for registration, are encouraged to act as speech-language pathology assistants or even speech-language pathologists. VTW speech-language pathologists with insufficient academic and clinical training are legally allowed to practice. The effect on the consumer is clear, as these individuals do not have the academic or clinical training to be speech-language pathologists, and in many instances do not have the academic standing to apply to speech-language pathology graduate programs.

Board Actions
Board actions have included reducing the licensing timeframe from graduation to enhance the ability of these individuals to be employed as a speech-language pathologist. In combination more speech-language pathologist need to graduate. Allowing speech-language pathology assistants and speech-language pathology aides to practice outside of their scope of practice is extremely damaging to the consumer and is not the answer.

Recommendations
1) Expand speech-language pathology programs at CSU campuses beyond the 13 current programs.
2) Educate school administrators in the differences between speech-language pathologists and speech-language pathology assistants' scope of practice and the damage to the student who is treated by the speech-language pathology assistant acting outside of their scope of practice.
3) Eliminate the speech-language pathology aide designation so that aides with no education or licensure can no longer practice as speech-language pathologists or speech-language pathology assistants.
4) Revise the Master Plan to allow UC to develop master's level programs in speech-language pathology, particularly at those UC campuses operating within medical centers.

2. Shortages in the Audiology Profession

Background
California has only one public university audiology doctoral degree program, a joint program between San Diego State University and UC San Diego, housed at San Diego State. That program, in operation since 2003, has high demand but very limited capacity and produces between five and ten audiologists per year, far below the needs of the state. Typically, as many as 200 students apply to the joint San Diego State Audiology Program annually.

In 2015, the University of Pacific initiated a new audiology doctoral program at its San Francisco campus, which hopes to graduate approximately 20 audiologists per year by 2018.

Experts indicate that California will need approximately 750 more audiologists to meet the needs of California's hearing impaired residents by 2030. California comprises approximately 10 percent of the licensed audiologists in the country yet we are not educating a sufficient number of audiologists in the state to fill the losses occurring by audiologists who either move out of state or cease practice (maternity leave, retirement).

To address the growing need for audiologists in the state, Governor Brown recently signed legislation (AB 2317) that authorizes the CSU system to award the Doctor of Audiology degree. The changes that resulted from AB 2317 opened the possibility of the CSU system offering the Doctor of Audiology degree. This will significantly increase the number of audiologists graduating and applying for licensure in California, and consequently ease the shortage of audiologists. However, time for building and opening new programs, and the four years of education required to achieve the doctoral degree (AuD), suggests that the shortage of audiologists will likely continue for the next four to six years.

Reciprocity for Out-of-State Applicants
Currently, most of California's audiology applicants come from another state. Business & Professions Code Section 2532.3 allows an individual who holds an unrestricted license in another state or territory of the United States to obtain a temporary license for a period of six months. The temporary license authorizes the out-of-state applicant to begin work while all other required documents and supporting information are being transmitted to the Board for review prior to full licensure.

Another form of reciprocity is through national certification. Business & Professions Code Section 2532.8 was written to expedite licensure and provide reciprocity to applicants who hold a national Certificate of Clinical Competence (CCC) in audiology, issued by the American Speech-Language-Hearing Association (ASHA). This law deems that a person has met the educational and experience requirements identified in Business & Professions Code Section 2532.2 if the individual holds the national Certificate of Clinical Competence (CCC) in speech-language pathology or audiology, issued by the American Speech-Language-Hearing Association (ASHA). Unfortunately this law no longer applies to current audiology applicants.

In January 2010, Business & Professions Code Section 2532.25 was added to statutes requiring that an audiology applicant possess a clinical doctoral degree (AuD) in audiology to qualify for licensure. In January 2012, ASHA began requiring a doctoral degree in audiology in order to obtain a CCC in Audiology. Business & Professions Code Section 2532.8 was never updated to apply to current licensing requirements for audiologists as required in Business & Professions Code Section 2532.25.

Effect on Consumers
The shortage of audiologists will continue to grow and consumers could be harmed due to lack of services. The shortage is particularly acute for pediatric audiologists who provide follow-up services to infants who do not pass the state-mandated newborn hearing screening. The state mandates that all infants receive hearing screening at the time of birth, and those infants not passing the screening (approximately three percent of all infants) are required to be seen by healthcare personnel for rescreening (typically audiologists), and those not passing rescreening must see a pediatric audiologist for a diagnostic evaluation.

Board Actions
Board actions include reducing the licensing timeframe from graduation to the ability to be employed as an audiologist, and supporting AB 2317 which increases the potential for in-state audiology programs.

Recommendations

1) Business & Professions 2532.8 should be amended to deem applicants who hold the national Certificate of Clinical Competence (CCC) in speech-language pathology or audiology, issued by the American Speech-Language-Hearing Association (ASHA) to apply equivalence to the current requirements for audiology applicants referenced found in Business & Professions Code Section 2532.25.

2) The American Academy of Audiology (AAA), which has over 12,000 members, issues the American Board of Audiology certification which has requirements that are similar to the ASHA audiology certification requirements. Including AAA's American Board of Audiology certification in Section 2532.8 would provide for greater reciprocity for audiologists who have obtained AAA certification.

3. English Language Proficiency Requirements for Foreign-Trained Speech-Language Pathology Applicants

Background

Speech-language pathologists work with individuals from birth to death who have communication disorders for a wide variety of reasons. Individuals who benefit from speech and language therapy due to communication disorders include children with autism, children with intellectual disabilities, children with learning disabilities, children who are hard to understand due to articulation problems with /r/, /s/ and other combinations of sounds, adolescents with traumatic brain injuries from sports and automobile accidents, adults who stutter, adults with acquired communication problems from strokes and head injuries, and adults with degenerative disorders such as dementia and Parkinson's disease. Individuals receiving services from a speech-language pathologist are taught how to better understand what is said to them, and/or to produce more vocabulary and longer sentences, and/or to speak more clearly so others understand them, as well as many other areas. An individual's quality of life is greatly enhanced when he/she is able to communicate more effectively with others. To provide speech and language services, the speech-language pathologist must be fluent and intelligible in the primary language of the person served, be it English, Spanish or any other language. If the speech-language pathologist is not fluent in the primary language of the person served, then a professionally trained interpreter must be used who is fluent in both English and the consumer's primary language.

Whatever the primary language of the consumer, the speech-language pathologist must be fluent in understanding and using English, as well as highly intelligible in speaking English. In addition to providing speech and language therapy, the speech-language pathologist is required to administer numerous speech and language tests to assess the client, with instruction written in English at a college reading level. The speech-language pathologist writes numerous reports addressing the speech and language skills of the consumer for other professionals and insurance providers to read, and these reports are written in English. Thus, the speech-language pathologist must also be fluent in English reading comprehension and written English. It is clear that of all school-based and health-care related professions, language comprehension and language production proficiency, as well as intelligible speech, are at the core of the profession. This is what we teach our consumers.

English proficiency and intelligibility are more critical for speech-language pathologist than any other profession and set us apart from all other professions.

Effect on Consumers
To be an effective speech-language pathologist in California, the pathologist must be proficient in understanding English, speaking English, speaking English intelligibly, reading English, and writing English. Even when using a professional interpreter, the interpreter must be able to understand what the speech-language pathologist is saying. The consumer, be it a child or adult, has communication problems. It is much harder for them to understand a speech-language pathologist, who does not understand English, does not know English vocabulary or grammar and does not speak intelligibly and it is certainly much harder for the consumer to progress in speech and language therapy. While it is very important to have speech-language pathologist who are fluent in multiple languages, professional interpreters are available. It is far more critical for this specific profession, the profession that teaches communication skills, to be effective communicators in English and have access to professional interpreters if they are not fluent in the consumer's primary language.

Board Actions
The Board has modified application procedures for foreign-trained speech-language pathology applicants to provide evidence of academic and clinical training that is the equivalent of a U.S. trained speech-language pathology applicant. However, there is no statute that allows the licensing Board to assess the foreign-trained speech-language pathology applicant's English comprehension, English production or English speech intelligibility to assure fluency in both English as well as the speech-language pathologist primary language.

Recommendations
1) Amend statutes authorizing the Board to establish a minimum score in English proficiency testing for foreign-trained speech-language pathology license applicants to assure adequate English comprehension, English production and English speech intelligibility.
2) Waive the above requirement for applicants from English-speaking countries (Canada, United Kingdom, Ireland, Australia, and New Zealand).

NEW ISSUES NOT PREVIOUSLY DISCUSSED IN THIS REPORT

1. Elimination of Speech-Language Pathology Aide Registration Designation

Background
The speech-language pathology aide is defined in Business and Professions Codes 2530.2 (h) and in the following regulations:

- Section 1399.154 defines a speech-language pathology aide as a person who assists or facilitates a speech-language pathologist and is registered by the supervisor with the Board, which is approved by the Board.
- Section 1399.154.1 describes the process for speech-language pathology registration of a speech-language pathology aide.
- Section 1399.154.2 states a speech-language pathologist must be physically present when the aide is assisting with patients unless there is an alternative plan of supervision.
- Section 1399.154.3 states the maximum number of aides that can be supervised by a speech-language pathologist.
- Section 1399.154.4 states the supervising speech-language pathologist will instruct the aide in necessary skills, the aide must demonstrate their competences, and the supervising speech-language pathologist must instruct the aide in limitations imposed by the duties.

- Sections 1399.154.5 – 1399.154-7 state regulations for notice of termination, noncompliance with this article, and that aide experience is not applicable to the qualifications for licensure regarding supervised clinical experience and required professional experience.

Alternatively, speech-language pathology assistant regulations are as follows:

- Section 1399.170 defines a speech-language pathology assistant in great detail, including accountability of the speech-language pathology assistant, the type of supervision required, and who services can be provided to.
- Section 1399.170.1 describes the responsibilities, duties, and functions of the speech-language pathology assistant.
- Section 1399.170.2 describes the types of supervision required for duties performed by the speech-language pathology assistant.
- Section 1399.170.3 describes the activities, duties and functions outside of the scope of practice of an speech-language pathology assistant.
- Section 1399.170.4 describes the application for approval of speech-language pathology assistant training programs.
- Section 1399.170.5 describes the approval requirements for speech-language pathology assistant programs.
- Section 1399.170.6 describes the requirements of the sponsoring institution.
- Section 1399.170.7 describes the administration and organization of the speech-language pathology assistant program.
- Section 1399.170.8 describes the required field work experience to be a speech-language pathology assistant.
- Section 1399.170.9 describes site visit compliance for remaining a speech-language pathology assistant program.
- Section 1399.170.10 describes the required speech-language pathology assistant curriculum.
- Section 1399.170.11 describes the qualifications for registration as a speech-language pathology assistant.
- Section 1399.170.12 was deleted.
- Section 1399.170.13 describes the application and fees to be a speech-language pathology assistant.
- Section 1399.170.14 describes requirements for renewal of speech-language pathology assistant licensure.
- Section 1399.170.15 describes requirements for speech-language pathologist supervision of speech-language pathology assistants.
- Sections 1399.170.16 – 1399.170.18 describe the maximum number of support personnel supervised by a speech-language pathologist, regulations addressing when a speech-language pathology assistant has more than one speech-language pathology supervisor, and regulations addressing a notice of termination by a speech-language pathology supervisor.
- Section 1399.170.19 describes the actions that can result in discipline against a speech-language pathology assistant including denial of licensure or probation, suspension or termination of speech-language pathology assistant licensure.

Effect on Consumers

As can be seen by the above speech-language pathology aide regulations, there is no formal education, no licensure, no continuing education, and no disciplinary actions for maintaining registration as a speech-language pathology aide who is providing services for a consumer.

Alternatively, there are institutional educational requirements with an approval process for training speech-language pathology assistants, licensure is required to be an speech-language pathology assistant, there are continuing education renewal requirements to maintain the speech-language pathology assistant license, and there are disciplinary actions that can impact obtaining and renewing speech-language pathology assistant licensure for speech-language pathology assistants working with consumers.

In FY 2014-15, there were a total of 42 registered speech-language pathology aides in the entire state. Alternatively, in FY 2014-15 there were a total of 2,343 speech-language pathology assistants registered with the licensing Board. The speech-language pathology aide regulations are less stringent than the speech-language pathology assistant regulations as there are no educational or experience requirements and there are no continuing education or renewal requirements. There are far fewer registered speech-language pathology aides in comparison to licensed speech-language pathology assistants. The loss of the speech-language pathology aide designation would have minimal impact on reducing access to services for the consumer and would improve the quality of services provided to the consumer.

Recommendations

1) Enact a statute to eliminate the speech-language pathology aide designation as speech-language pathology assistant licensure provides far more consumer protection and serves the same role as the speech-language pathology Aide.

2. Consumers Locked Out of Hearing Aids

Background

Hearing aids are digital and require programming to optimize the acoustical fit for each individual patient (the size and shape of the ear impacts the amplification characteristics of the hearing aid). There is a movement among some dispensing outlets and group businesses to “lock” the software of hearing aids purchased through their company.

Effect on Consumer

For the consumer, this results in the inability to get subsequent servicing or reprograming for their hearing aid (that they have purchased for a substantial sum of money), unless the patient returns to the office from which the hearing aid was purchased, or another outlet of the same company. Consumers are harmed when they, often unknowingly, purchase hearing aids that cannot be serviced or managed in a wide geographic location. Essentially this renders the hearing aid unmanageable, unless the consumer can return to the office where it was originally purchased. In some cases, the office where the hearing aid was purchased goes out of business and the hearing aid user has no recourse except to purchase a new hearing aid. This results in consumer harm through lack of access to manage their devices.

Recommendations

1) Require that dispensing audiologists and hearing aid dispensers who sell hearing aids with locked software provide consumers a written disclosure that informs the consumer of limitations regarding adjustments to their hearing aid and other related services caused by the locked software.

3. Accessibility of Hearing Care and Hearing Aids to California's Consumers

Background

Hearing care is provided by two licensee types: audiologists and hearing aid dispensers. Most audiologists are also permitted to dispense hearing aids under their license, after taking and passing a hearing aid dispensing examination. There is geographic coverage for adult patients needing uncomplicated audiological diagnostic care and hearing aid purchases.

For children, the situation is different. Approximately half of children in California are covered by Medi-Cal and children on Medi-Cal who have hearing impairment are case-managed by California Child Services (CCS). There is a shortage of pediatric audiologists who participate in the Medi-Cal/CCS program. The shortage is particularly acute in rural areas, and also for audiologists needed to evaluate the hearing of newborns, infants and young children. Families with infants who did not pass their newborn hearing screening often have to travel significantly long distances to be seen by an infant/pediatric audiologist. As an example, infant/pediatric patients seen at UCLA Medical Center in Westwood frequently come from the High Desert, the San Luis Obispo/Santa Maria area, or the Central Valley (up to and including Bakersfield and Fresno).

For adult patients who need hearing aids, the typical pathway is self-referral or physician-referral to an audiologist or hearing aid dispenser. Hearing aids are purchased, typically, as "self-pay" although some health plans provide hearing aid coverage (e.g., Medi-Cal, some Managed Medicare plans). Recently there has been a movement to encourage over-the-counter (OTC) hearing aid sales. This was sparked in part by a report by the President's Council of Advisors on Science and Technology (PCAST) which endorsed over-the-counter hearing aids for adults with mild-moderate (presumably age-related) hearing loss.

PCAST Report

In October 2015, the PCAST recommended significant changes to the way in which older Americans can access hearing care in the United States. These recommendations, if implemented, could have a significant impact on the practices of audiology, hearing aid dispensing, and on the overall delivery of hearing care. The recommendations are designed to address the 30 million Americans who have a slowly progressive, bilateral mild-to-moderate hearing loss and the ability of the consumer to self-diagnose, self-treat, and self-monitor their hearing status.

The PCAST recommendations are summarized as follows:

a. Encourage the Food and Drug Administration (FDA) to create another class of hearing aids and hearing tests that can be sold over the counter and online for persons with mild-to-moderate hearing loss typically seen in aging. The FDA should exempt this class of hearing aids from the typical quality regulatory oversight of the agency, and instead adopt standards that are more closely aligned with the consumer electronics industry.
b. Ask the FDA to withdraw its draft guidance of personal sound amplification products (PSAPs). These devices should be for discretionary use by the consumer and can be used to augment or improve hearing.
c. Similar to optometrists, audiologists and dispensers should be required to provide a copy of hearing test results to the consumer to allow them to shop for the best value in

devices. These results should be provided at no additional cost to the consumer and must not be conditional upon the purchase of products.

d. The Federal Trade Commission (FTC) should define a process that would authorize hearing aid vendors (e.g., online) the right and ability to obtain a copy of the hearing test results at no additional cost to the consumer.

The PCAST believes these proposed changes will improve both access and affordability of hearing care in the United States. It must be recognized that these are only recommendations at this time, and not directives to the FDA or FTC to make changes. However, both the FDA and the FTC have the authority to make these changes, particularly upon the direction of the President or upon actions by Congress.

While the President has not (yet) acted on the PCAST report, there was a very recent bipartisan bill introduced in the U.S. Senate to permit OTC hearing aids nationwide without an audiologist being involved in the fitting or sale. Given the attention paid in the popular press to the "high cost" of hearing aids, it seems more than possible that this bill could be passed.

Although there are regulations prohibiting on-line hearing aid sales, consumers are able to purchase hearing aids (not custom-fitted) on-line. A quick Google search using the search term "hearing aid for sale" will turn up millions of online options for the consumer. While these hearing aids do not provide optimal amplification (because they are not custom-fitted), for many consumers, they are cost-effective and easily available. These factors in addition to a consumer's desire to be discreet and "hide" their hearing loss are undoubtedly drivers in this on-line activity.

The Board will monitor the progress these recommendations and any impact they may have on California consumers and has no recommendations for the Committee at this time.

SECTION 12 – ATTACHMENTS

Please provide the following attachments:

A. Board's administrative manual.

- Please see *Attachment 2: Board Member Manual*

B. Current organizational chart showing relationship of committees to the Board and membership of each committee (cf., Section 1, Question 1).

- Please see *Attachment 3: Board and Standing Committees*

C. Major studies, if any (cf., Section 1, Question 4).

- Please see *Attachment 4: Occupational Analysis Speech-Language Pathologist Profession*
- Please see *Attachment 5: Review of the Educational Testing Service Praxis Speech-Language Pathology Test*
- Please see *Attachment 6: CPS HR Consulting: Workload and Staffing Analysis Final Report*

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

- Please see *Attachment 7: Organizational Charts*

SECTION 13 – BOARD SPECIFIC ISSUES

THIS SECTION ONLY APPLIES TO SPECIFIC BOARDS, AS INDICATED BELOW.

Diversion

Discuss the Board's diversion program, the extent to which it is used, the outcomes of those who participate and the overall costs of the program compared with its successes.

Diversion Evaluation Committees (DEC) (for BRN and Osteo only)

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the Board use DEC? What is the value of a DEC?
2. What is the membership/makeup composition?
3. Did the Board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. How is DEC used? What types of cases are seen by the DECs?
11. How many DEC recommendations have been rejected by the Board in the past four fiscal years (broken down by year)?

ATTACHMENT 1

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

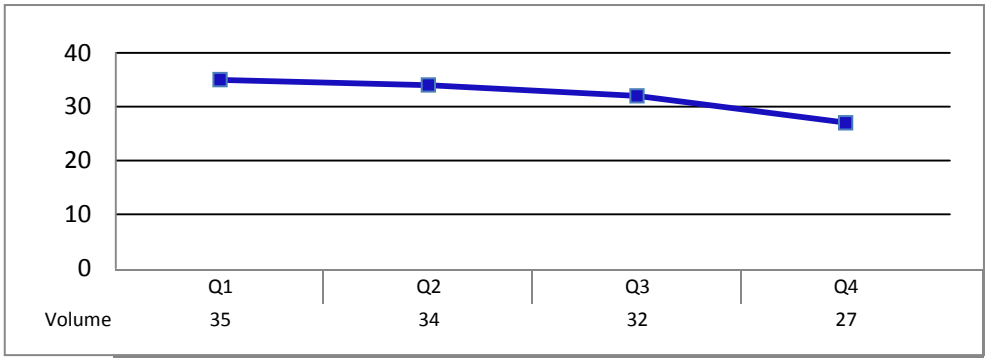
Performance Measures

Annual Report *(2013 – 2014 Fiscal Year)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

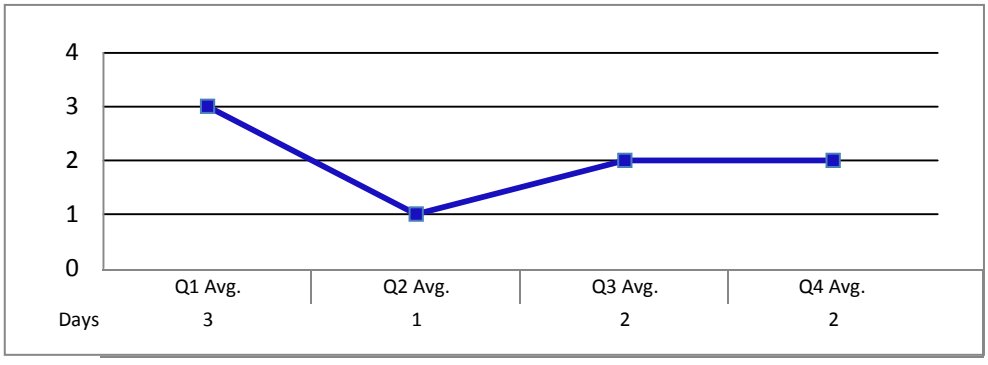
Number of complaints and convictions received.



Fiscal Year Total: 128

PM2 | Intake

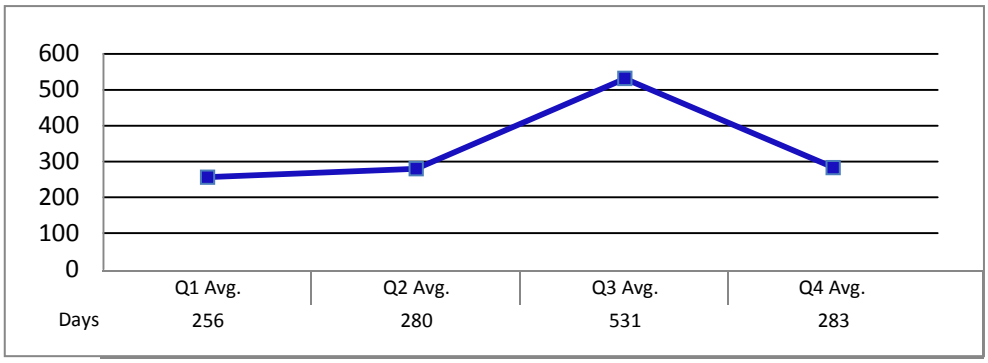
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days

PM3 | Intake & Investigation

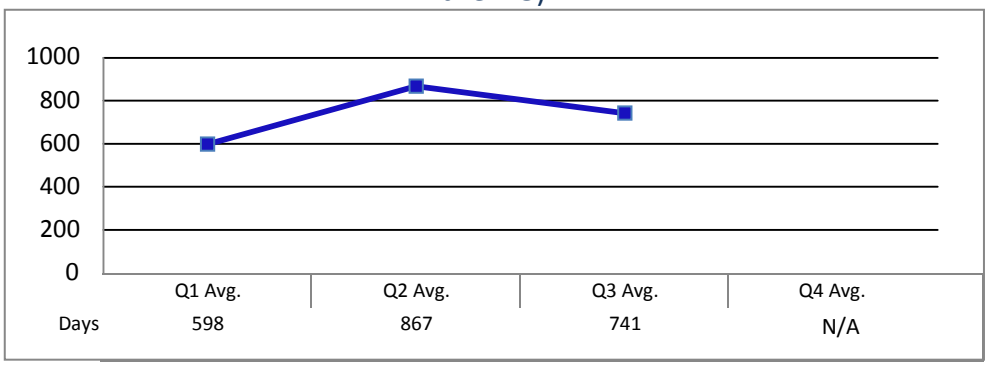
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 90 Days

PM4 | Formal Discipline

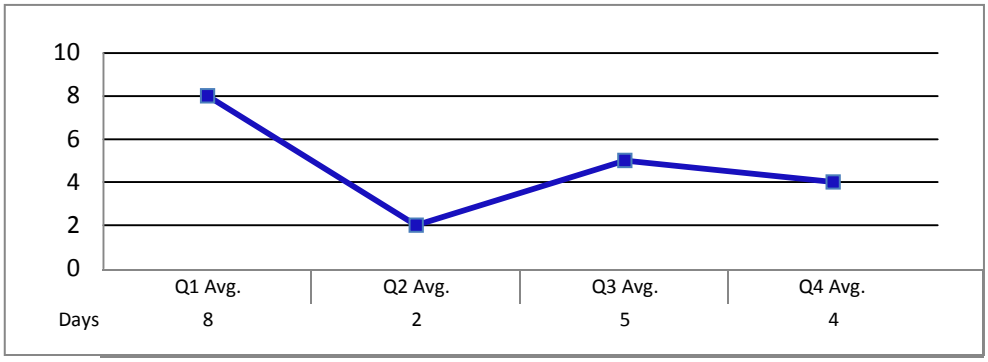
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days

PM7 |Probation Intake

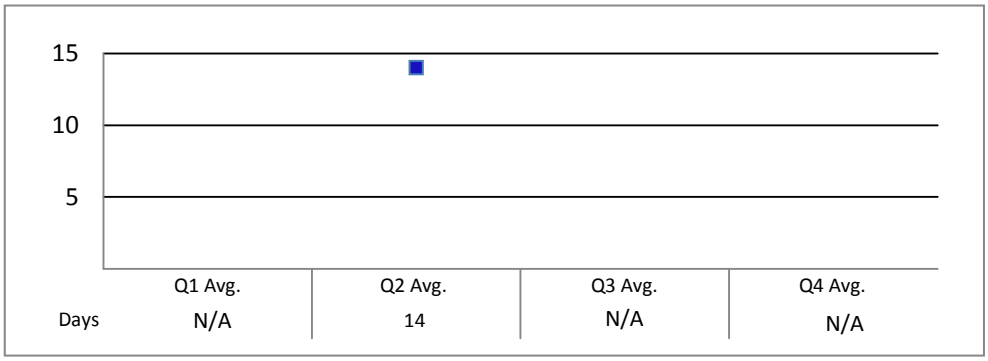
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 14 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 21 Days

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

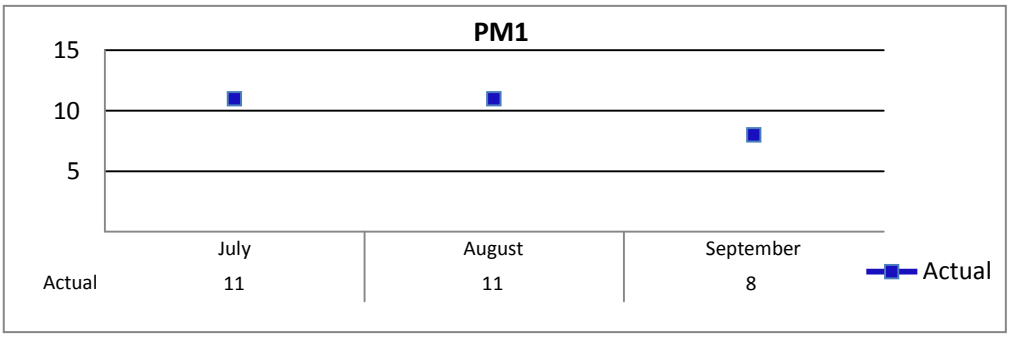
Performance Measures

Q1 Report *(July - September 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

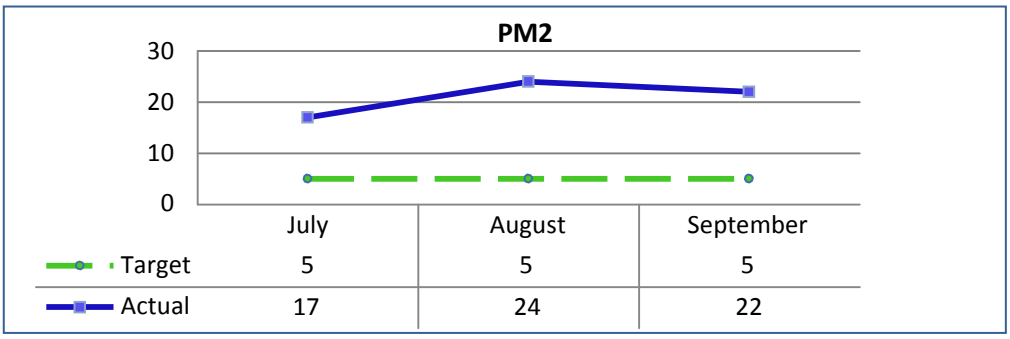


Total Received: 30 Monthly Average: 10

Complaints: 18 | **Convictions**: 12

PM2 | Intake

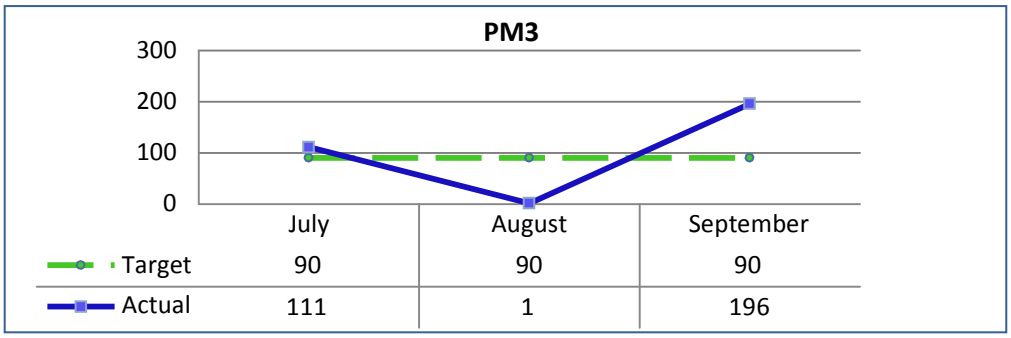
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 25 Days

PM3 | Intake & Investigation

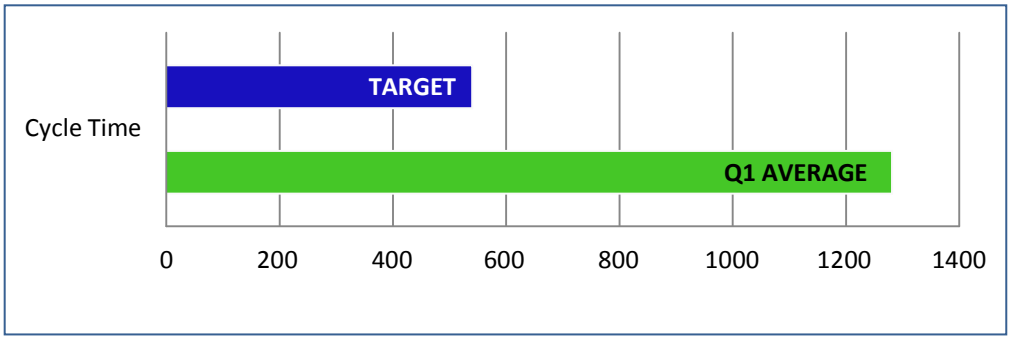
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 90 Days | **Actual Average:** 101 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,281 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 14 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not report any new probation violations this quarter.

Target Average: 21 Days | **Actual Average:** N/A

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

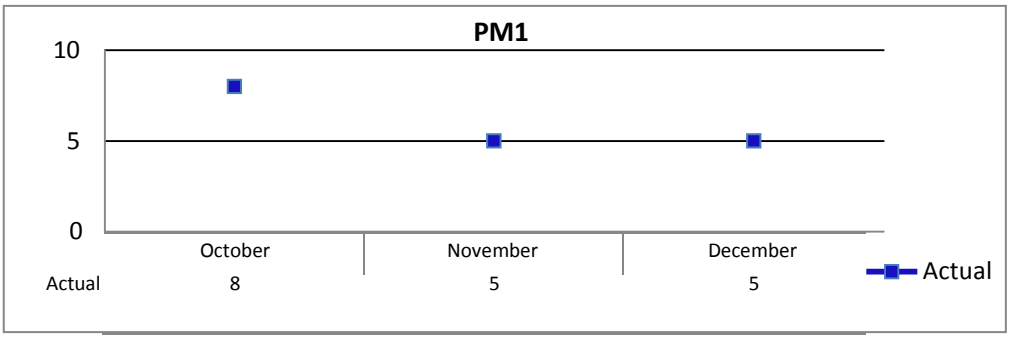
Performance Measures

Q2 Report *(October - December 2014)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

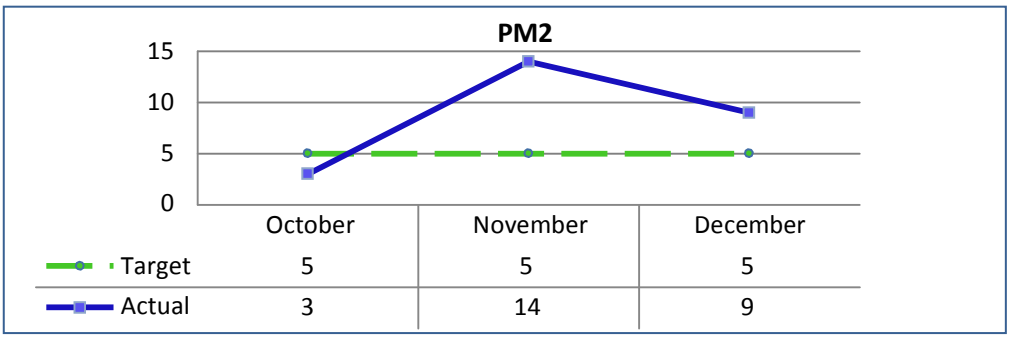


Total Received: 18 Monthly Average: 6

Complaints: 14 | **Convictions**: 4

PM2 | Intake

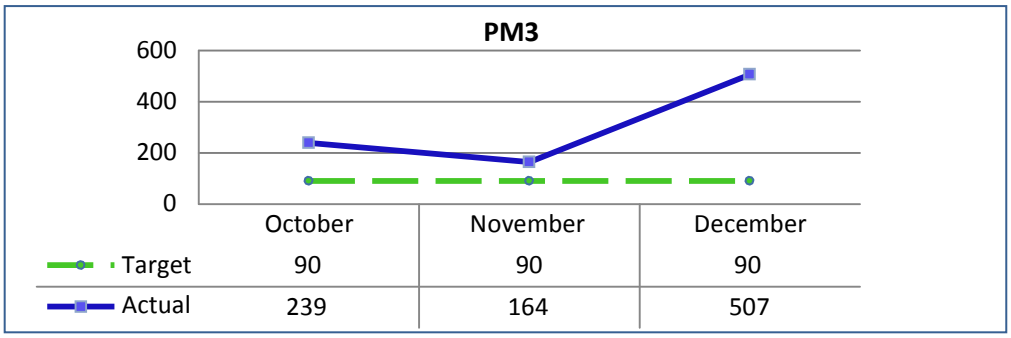
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 9 Days

PM3 | Intake & Investigation

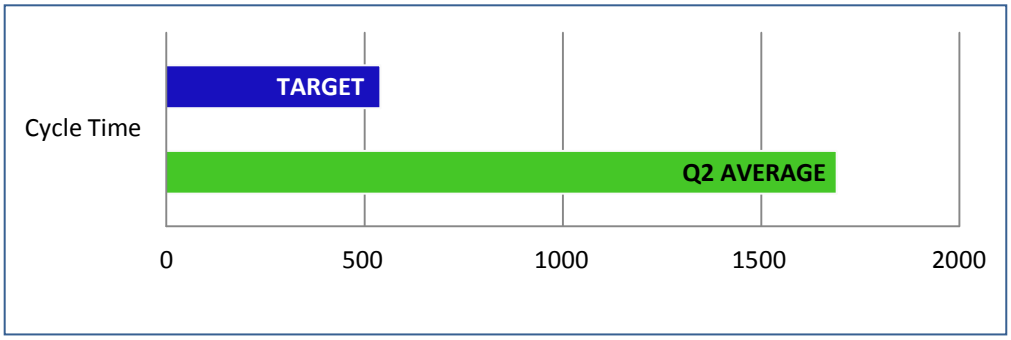
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 90 Days | **Actual Average:** 410 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,691 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 14 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not report any new probation violations this quarter.

Target Average: 21 Days | **Actual Average:** N/A

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

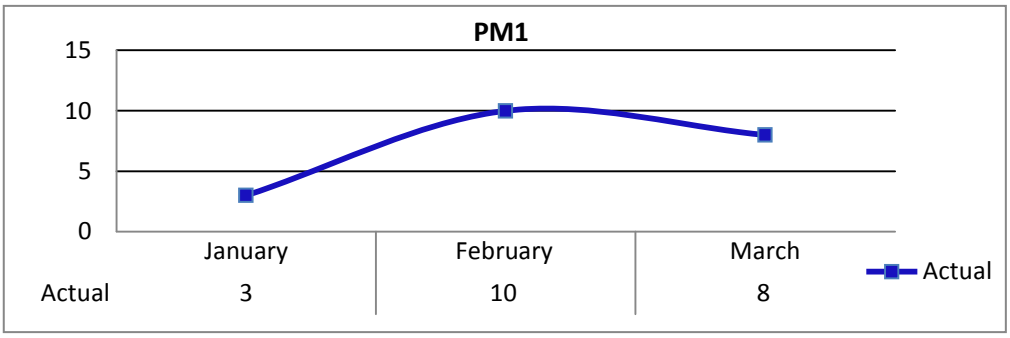
Performance Measures

Q3 Report *(January - March 2015)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

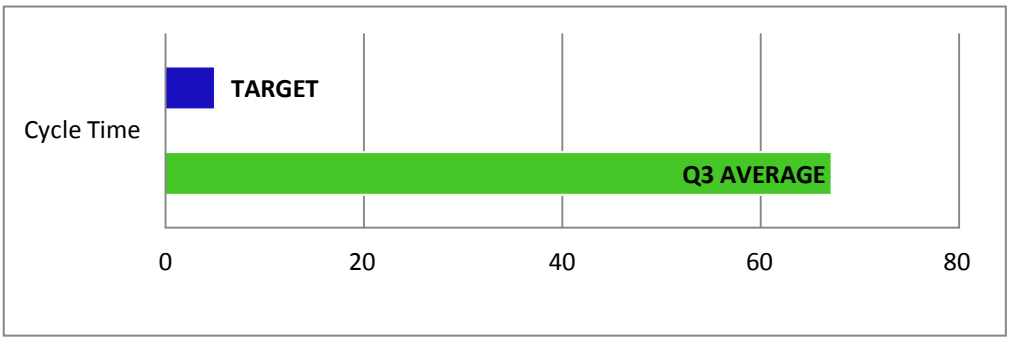


Total Received: 21 Monthly Average: 7

Complaints: 21 | **Convictions**: 0

PM2 | Intake

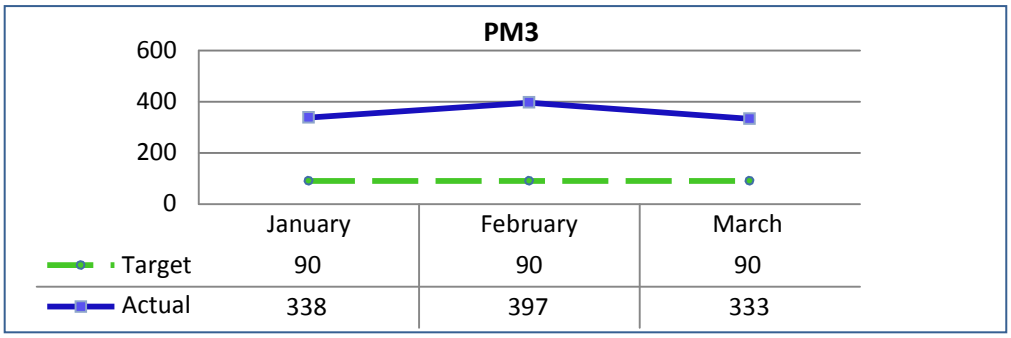
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 67 Days

PM3 | Intake & Investigation

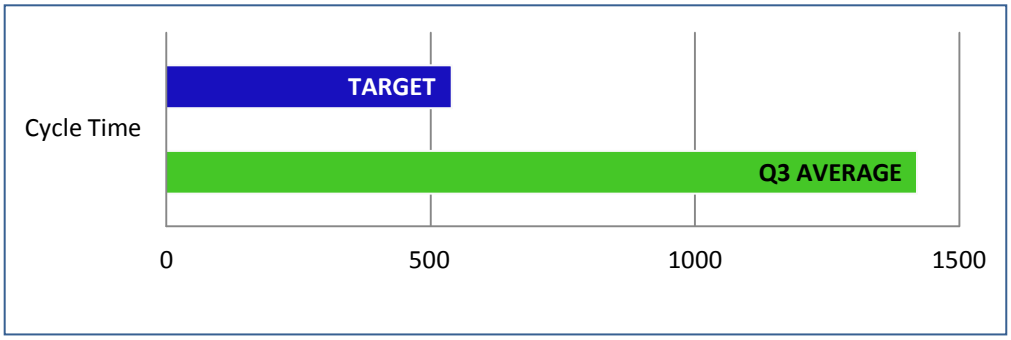
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 90 Days | **Actual Average:** 373 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | **Actual Average:** 1,420 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board did not contact any new probationers this quarter.

Target Average: 14 Days | **Actual Average:** N/A

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any new probation violations this quarter.

Target Average: 21 Days | **Actual Average:** N/A

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

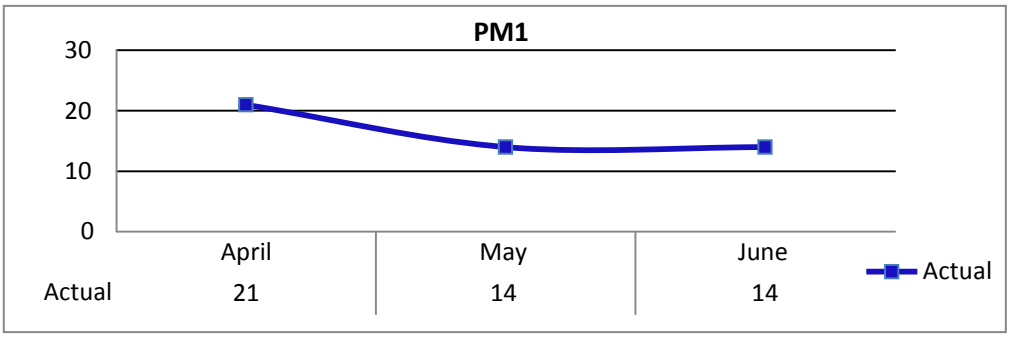
Performance Measures

Q4 Report *(April - June 2015)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

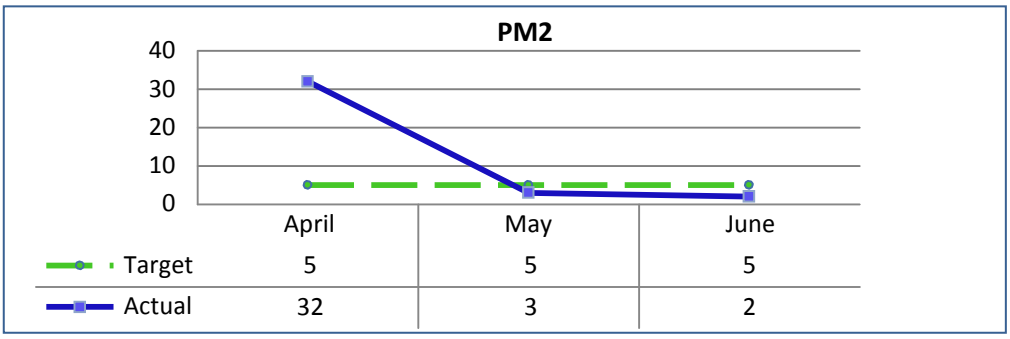


Total Received: 49 Monthly Average: 16

Complaints: 34 | **Convictions**: 15

PM2 | Intake

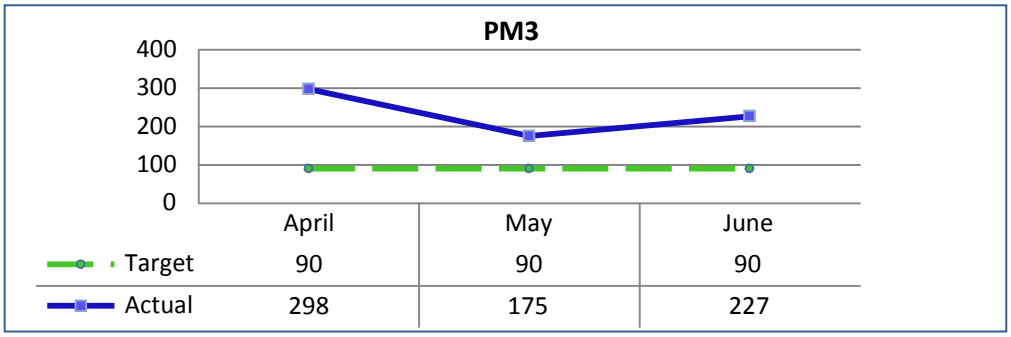
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 15 Days

PM3 | Intake & Investigation

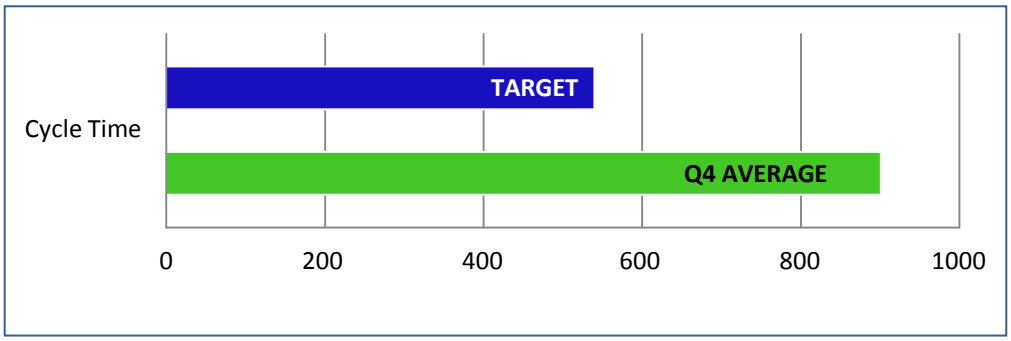
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 90 Days | **Actual Average:** 231 Days

PM4 | Formal Discipline

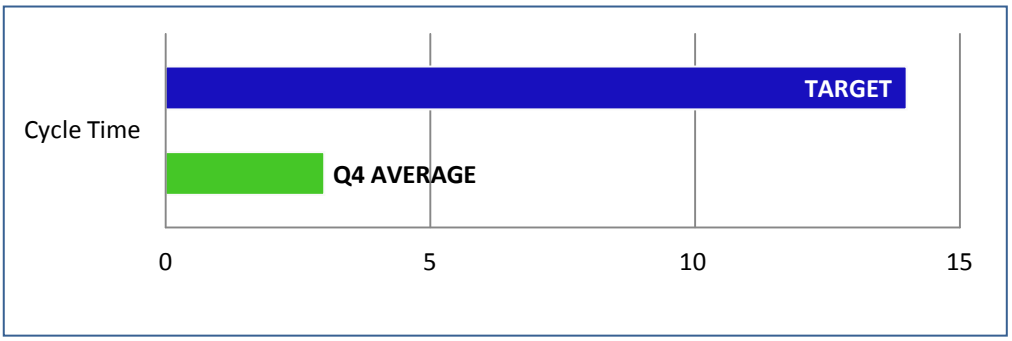
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | **Actual Average:** 901 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 14 Days | **Actual Average:** 3 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any new probation violations this quarter.

Target Average: 21 Days | **Actual Average:** N/A

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

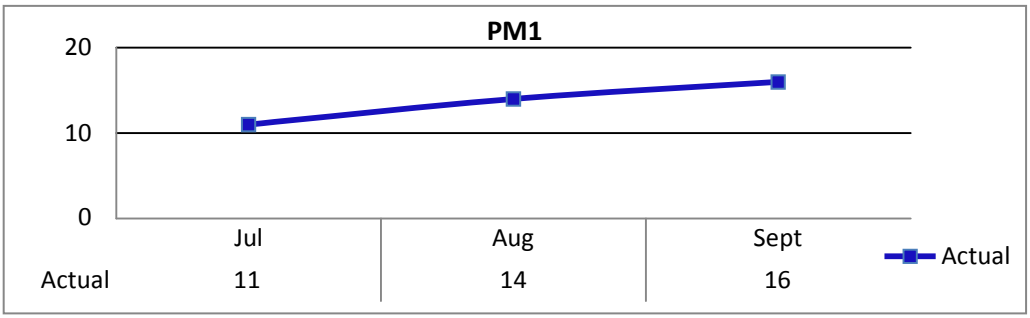
Performance Measures

Q1 Report *(July - September 2015)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

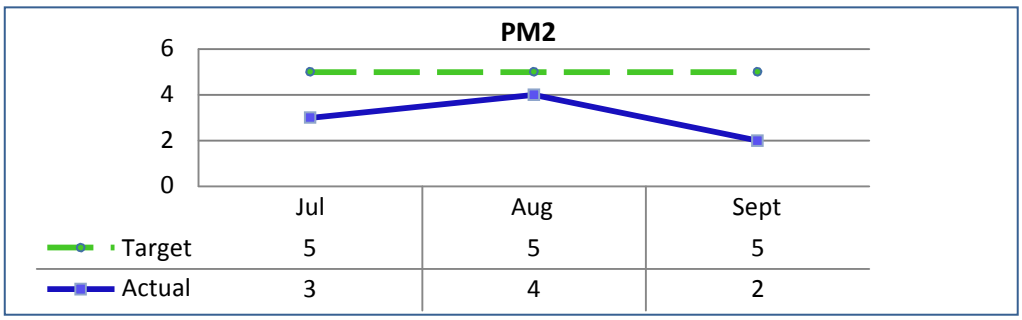


Total Received: 41 **Monthly Average**: 14

Complaints: 21 | **Convictions**: 20

PM2 | Intake

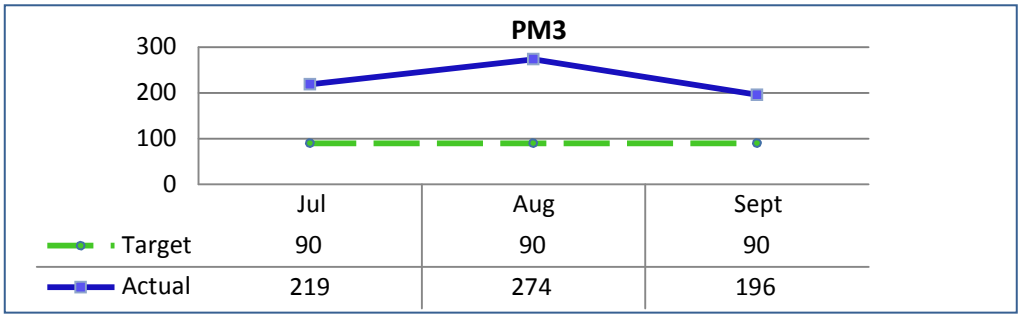
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 3 Days

PM3 | Intake & Investigation

Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)

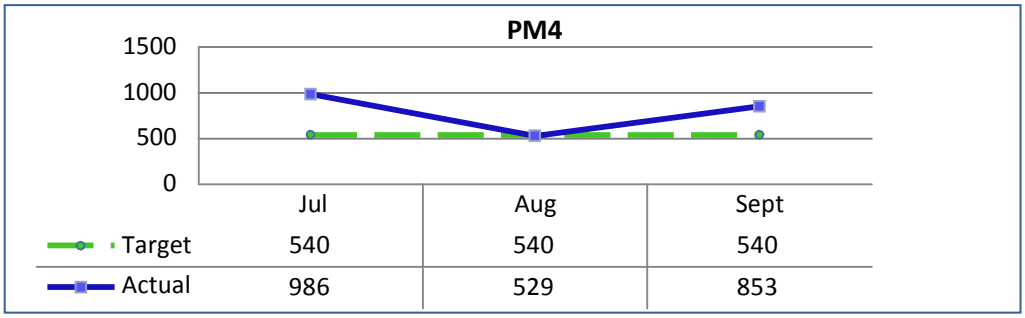


	Jul	Aug	Sept
Target	90	90	90
Actual	219	274	196

Target Average: 90 Days | **Actual Average:** 230 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)

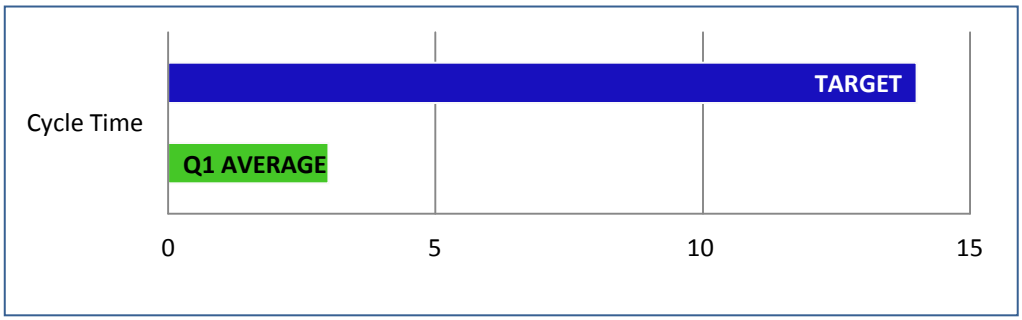


	Jul	Aug	Sept
Target	540	540	540
Actual	986	529	853

Target Average: 540 Days | **Actual Average:** 811 Days

PM7 |Probation Intake

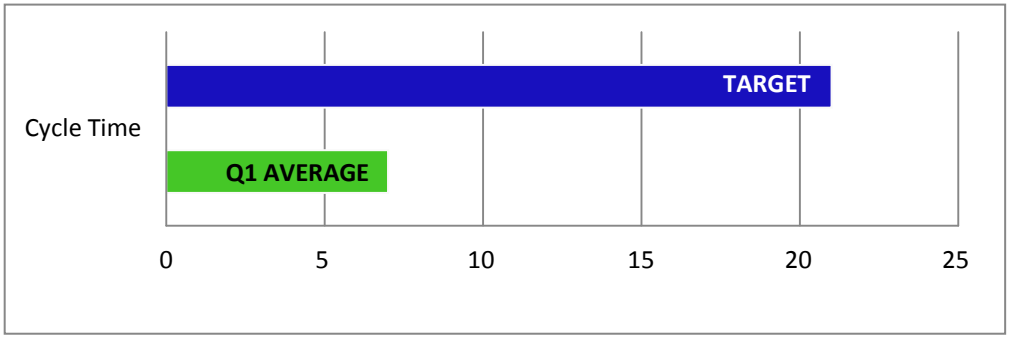
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 14 Days | **Actual Average:** 3 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 21 Days | **Actual Average:** 7 Days

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

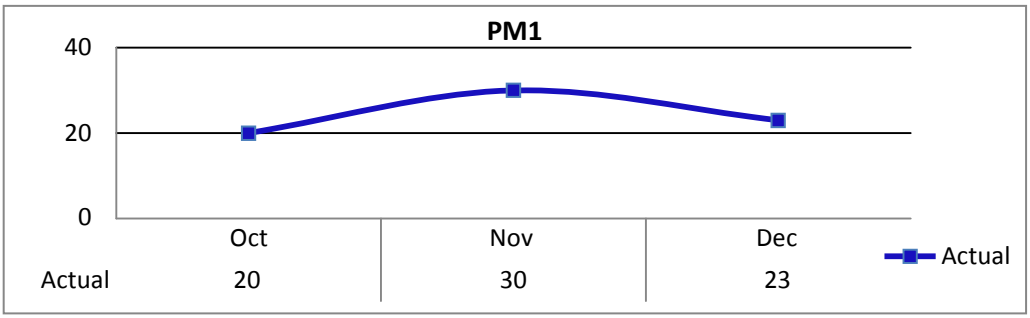
Performance Measures

Q2 Report *(October - December 2015)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

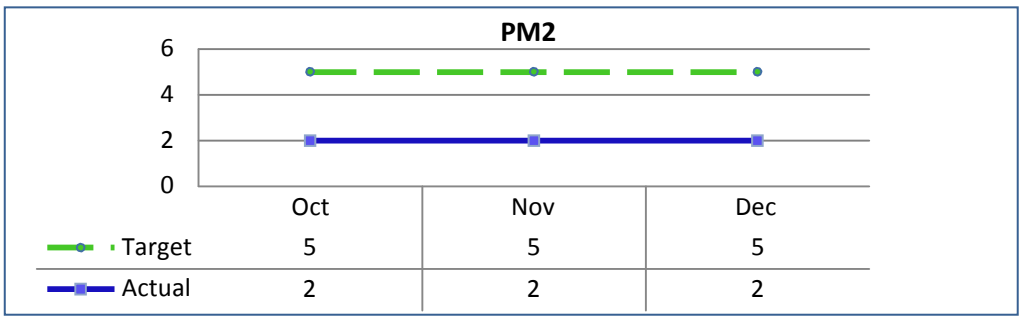


Total Received: 73 **Monthly Average**: 24

Complaints: 43 | **Convictions**: 27

PM2 | Intake

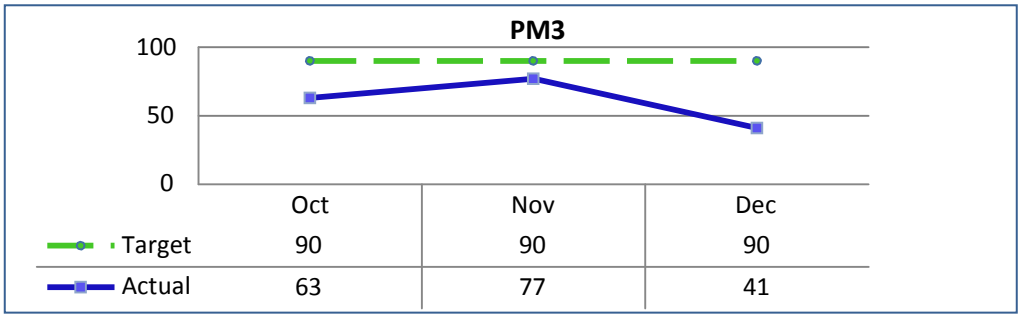
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 2 Days

PM3 | Intake & Investigation

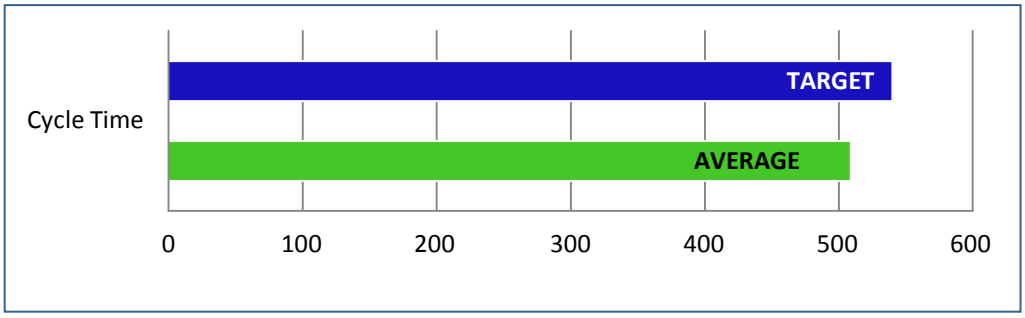
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 90 Days | **Actual Average:** 62 Days

PM4 | Formal Discipline

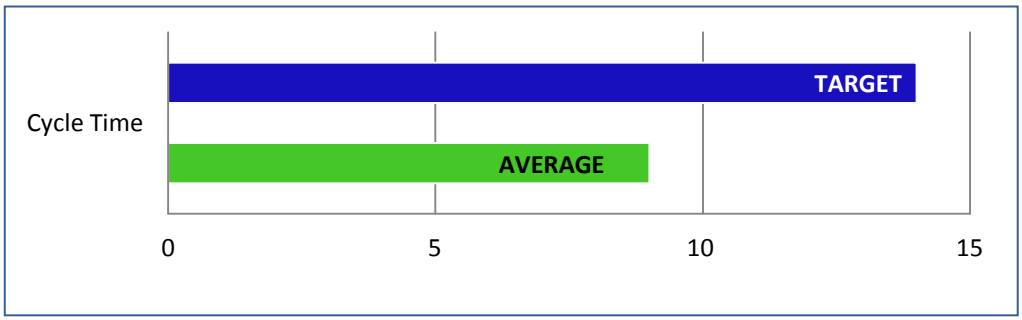
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | **Actual Average:** 509 Days

PM7 |Probation Intake

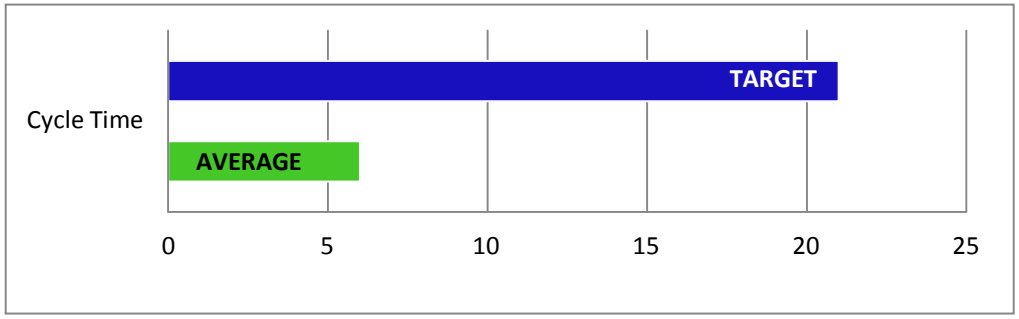
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 14 Days | **Actual Average:** 9 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 21 Days | **Actual Average:** 6 Days

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

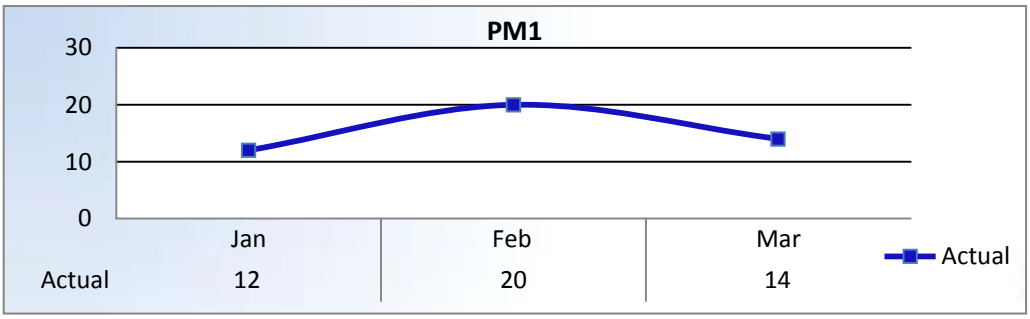
Performance Measures

Q3 Report *(January – March 2016)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

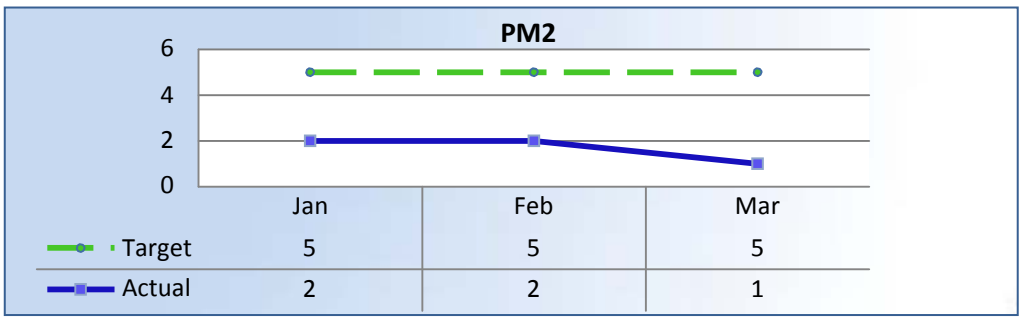


Total Received: 46 **Monthly Average**: 15

Complaints: 26 | **Convictions**: 20

PM2 | Intake

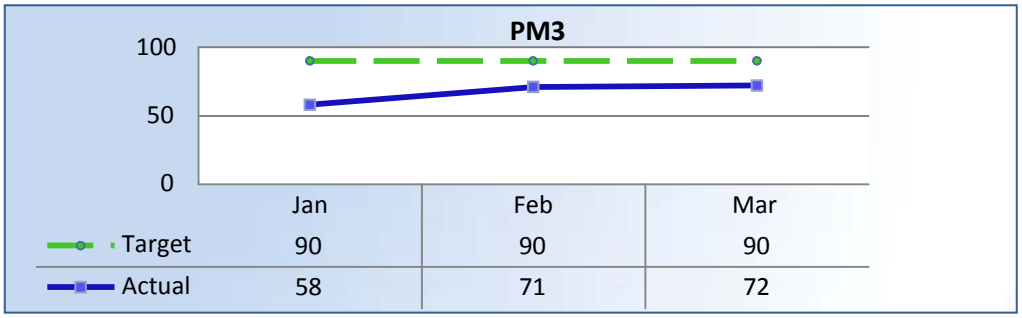
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 2 Days

PM3 | Intake & Investigation

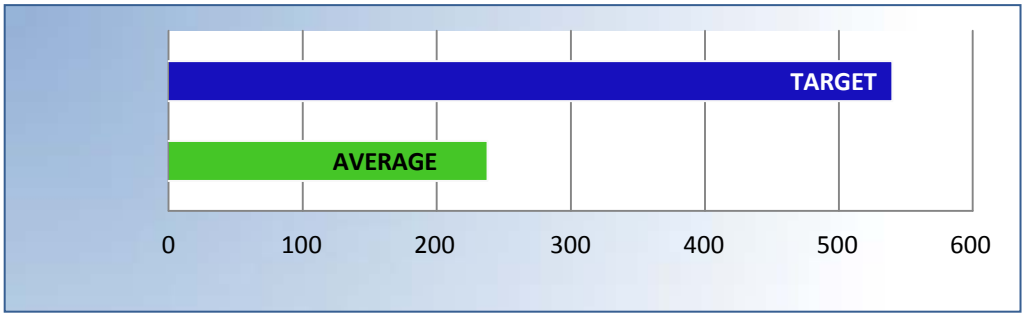
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 90 Days | **Actual Average:** 69 Days

PM4 | Formal Discipline

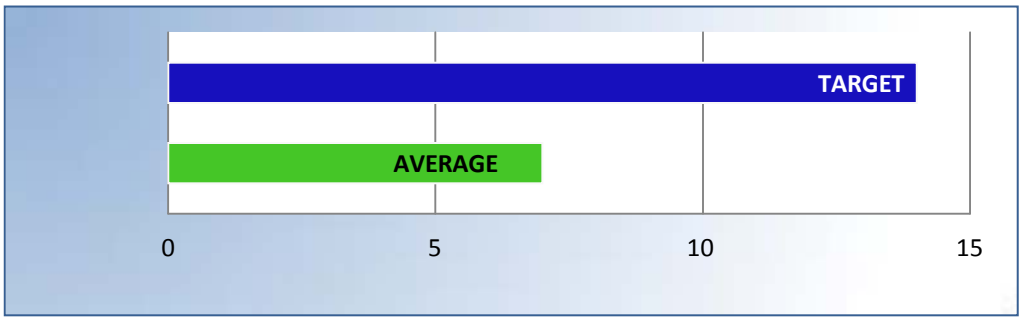
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | **Actual Average:** 238 Days

PM7 |Probation Intake

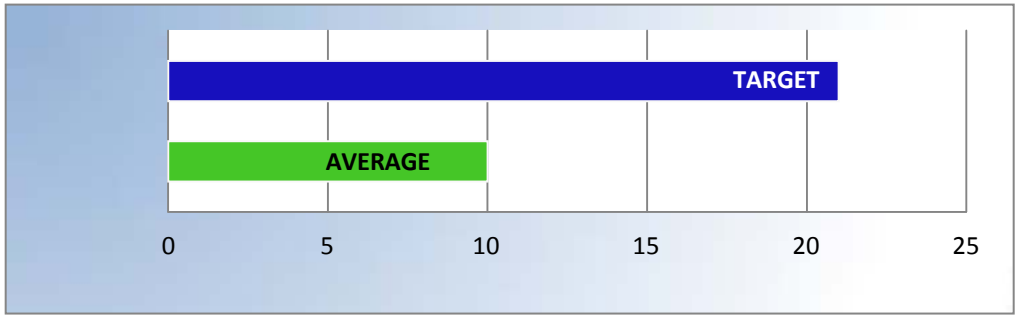
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 14 Days | **Actual Average:** 7 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 21 Days | **Actual Average:** 10 Days

Department of Consumer Affairs

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

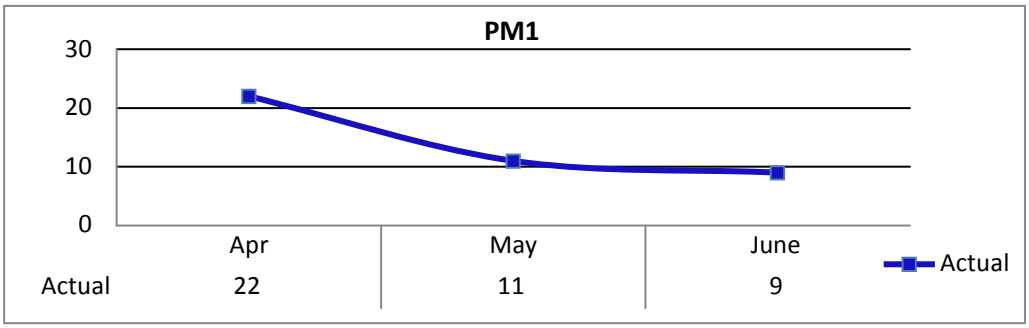
Performance Measures

Q4 Report *(April - June 2016)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

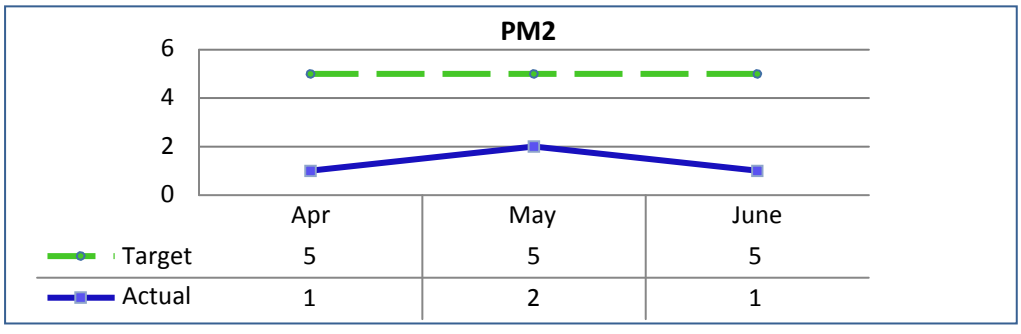


Total Received: 42 **Monthly Average**: 14

Complaints: 19 | **Convictions**: 23

PM2 | Intake

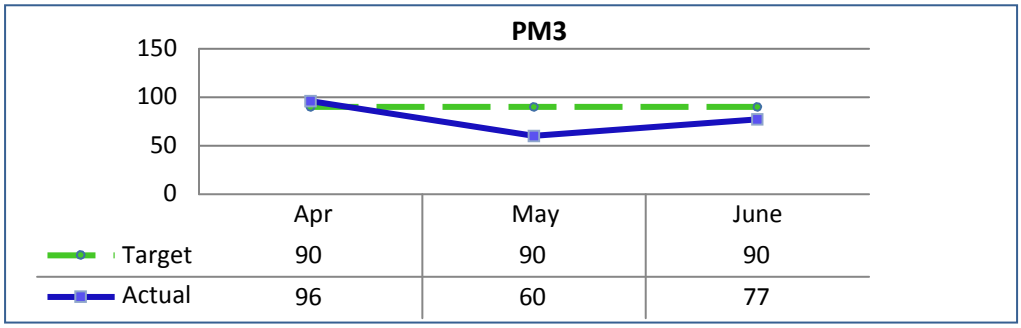
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 5 Days | **Actual Average:** 2 Days

PM3 | Intake & Investigation

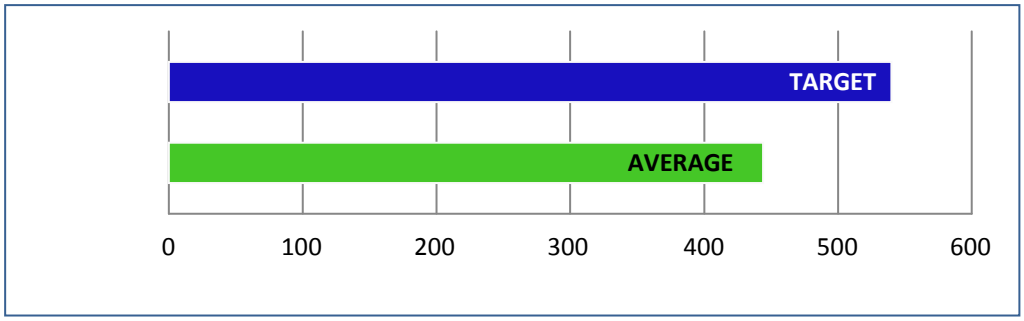
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 90 Days | **Actual Average:** 85 Days

PM4 | Formal Discipline

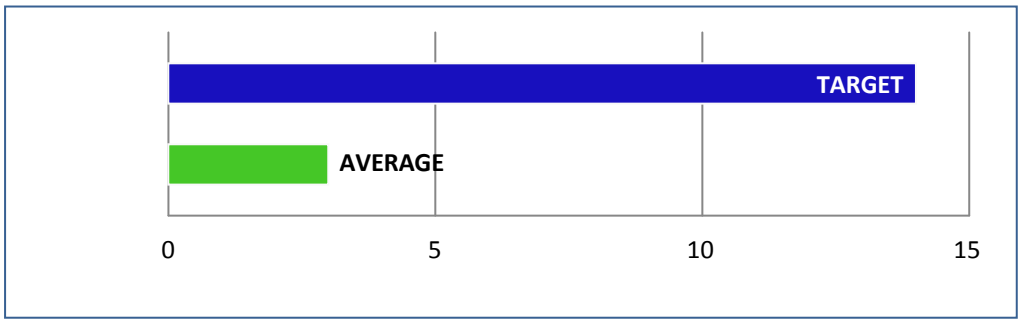
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | **Actual Average:** 444 Days

PM7 |Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 14 Days | **Actual Average:** 3 Days

PM8 |Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any probation violations this quarter.

Target Average: 21 Days | **Actual Average:** n/a

ATTACHMENT 2

Speech-Language Pathology and
Audiology and Hearing Aid Dispensers Board

Board Member Manual

Rev. 8/2016

TABLE OF CONTENTS

Chapter 7: Complaint Enforcement Process

1. Introduction

Overview

In 1973, the Legislature established the Speech-Language Pathology and Audiology Board (SLPAB) to protect the public from the unauthorized and unqualified practice of speech-language pathology and audiology. The SLPAB licensed speech-language pathologists (SLPs) and audiologists. A speech-language pathologist assesses and treats speech or communication disorders in children and disabled adults. An audiologist is a licensed health care professional who identifies, assesses, and manages disorders of the auditory, balance, and other neural systems. Audiologists evaluate, recommend, fit, dispense, and verify/validate hearing aids for patients ranging in age from newborns to the elderly.

In 2001, the Legislature created the Hearing Aid Dispensers Bureau (HADB) within the Department of Consumer Affairs as the licensing and regulatory agency for hearing aid dispensers, defined in statute as individuals engaged in the fitting or selling of hearing aids to an individual with impaired hearing. The HADB was charged with the education and protection of consumers in the purchase of hearing aids by ensuring the competency of hearing aid dispensers.

In 2010 (AB 1535 - Jones, Chapter 309, Statutes of 2009) the SLPAB and HADB were merged to create a new entity, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board). It also changed the governance structure of the Board to the following: two SLPs, two audiologists (one of whom must be a dispensing audiologist), and two hearing aid dispensers, all to be appointed by the Governor. The Governor also has the appointing authority for a public member seat to be occupied by a licensed physician and surgeon, certified in otolaryngology. Two other public member seats are to be appointed by the Senate Committee on Rules and the Speaker of the Assembly, respectively. Board Members may serve up to two, four-year terms. Board Members are paid $100 for each day actually spent in the discharge of official duties and are reimbursed travel expenses.

The Board is one of the Boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), part of the Business, Consumer Services and Housing Agency under the aegis of the Governor. DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While the DCA provides administrative oversight and support services, the Board has policy autonomy and sets its own policies, procedures, and initiates its own regulations.

Protection of the public is the highest priority for the Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Business and Professions Code (BPC) §2531.02

The purpose of this handbook is to provide guidance to Board Members regarding general processes and procedures involved with their position on the Board. It also serves as a useful source of information for new Board Members as part of the induction process.

General Rules of Conduct

The following rules of conduct detail expectations of Board Members. The Board is comprised of both public and professional members with the intention that, together, the Board can collectively protect the public and regulate the Speech-Language Pathology, Audiology and Hearing Aid Dispensing professions.

- Board Members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.
- Board Members shall recognize the equal role and responsibilities of all Board Members.
- Board Members shall adequately prepare for Board responsibilities.
- Board Members shall not speak or act for the Board without proper authorization.
- Board Members shall maintain the confidentiality of non-public documents and information.
- Board Members shall act fairly, be nonpartisan, impartial and unbiased in their role of protecting the public.
- Board Members shall treat all applicants and licensees in a fair and impartial manner.
- Board Members shall not use their positions on the Board for personal, familial or financial gain.

2. Board Meeting Procedures

All Healing Arts Boards under the DCA, including the Board must meet in accordance with the provisions set forth by the Bagley-Keene Open Meeting Act. The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

Open Meetings

The Bagley-Keene Act of 1967, officially known as the Bagley-Keene Open Meeting Act, implements a provision of the California Constitution which declares that "the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny", and explicitly mandates open meetings for California State agencies, Board s, and commissions. The act facilitates accountability and transparency of government activities and protects the rights of citizens to participate in State government deliberations. Similarly, California's Brown Act of 1953 protects citizen rights with regard to open meetings at the county and local government level.

The Bagley-Keene act stipulates that the Board is to provide adequate notice of meetings to be held to the public as well as provide an opportunity for public comment. The meeting is to be conducted in an open session, except where closed session is specifically noted. See **Attachment A** for the *Guide to the Bagley-Keene Open Meeting Act*.

Frequency of Meetings

The Board is mandated to hold one meeting annually (Business and Professions Code section 2531.7) but generally meets four times annually to make policy decisions and review committee recommendations. Additional meetings may be called by the Chair or by written request of any two members of the board. The Board endeavors to hold meetings in different geographic locations throughout the state when possible as a convenience to the public and licensees.

Board Member Attendance at Board Meetings

Board members must attend each meeting of the Board. If a member is unable to attend he/she is asked to contact the Board Chair or the Executive Officer and ask to be excused from the meeting for a specific reason.

Quorum

Five Board Members constitute a quorum of the Board for the transaction of business. Either having members in attendance or by teleconference, with proper notice, can meet the requirement for a quorum. The concurrence of a majority of those members

of the Board present and voting at a meeting duly held at which a quorum is present shall be necessary to constitute an act or decision of the Board.

Agenda Items

(GC § 11125 et seq.)

Any Board Member may submit items for a Board Meeting agenda to the Board Chair with a copy to the Executive Officer three to four weeks to the meeting. Members may also recommend agenda items during the meeting under Future Agenda Items. A motion and vote may be taken but is not necessary. The Board Chair will confer with the Executive Officer and Legal Counsel regarding the future agenda items. It will be a standing item to review the status of future agenda items that have been recommend by Board Members that may not have made the current Board Meeting agenda.

Staff maintains a list of action items to research and bring back to a future Board Meeting. Staff may recommend the issue be referred to a Committee first to be vetted. Prior to items being placed on the agenda, staff conducts research to determine if an item is appropriate for Board discussion. This research starts with identifying how the item meets our mandate to protect the health and safety of California consumers. In addition, staff researches potential benefits to the State, identifies the current professional trends and what other states are doing. For items requiring legislative and/or regulatory changes, staff identifies potential concerns by anticipating who would be in support of or in opposition to the bill/rulemaking.

No item shall be added to the agenda subsequent to the provision of the meeting notice.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Items not included on the agenda may not be discussed.

Notice of Meetings *(Government Code Section 11120 et seq.)*

The minutes are a summary, not a transcript, of each Board Meeting. They shall be prepared by Board staff and submitted for review by Board Members before the next Board Meeting. Board Minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting.

Recording *(Board Prolicy)*

The meetings may be recorded if determined necessary for staff purposes. Recordings may be disposed of upon Board approval of the minutes.

Use of Electronic Devices During Meetings

Members should not text or email each other during an open meeting on any matter within the Board's jurisdiction.

Use of electronic devices, including laptops, during the meetings is solely limited to access the Board Meeting materials that are in electronic format.

Making a Motion at Meetings

When new business is to be introduced or a decision or action is to be proposed, a Board

Member should make a motion to introduce a new piece of business or to propose a decision or action. All motions must reflect the content of the meeting's agenda – the Board cannot act on business that is not listed on the agenda.

Upon making a motion, Board Members must speak slowly and clearly as the motion is being voice and/or video recorded. Members who opt to second a motion must remember to repeat the motion in question. Additionally, it is important to remember that once a motion has been made and seconded, it is inappropriate to make a second motion until the initial one has been resolved.

The basic process of a motion is as follows:

- An agenda item has been thoroughly discussed and reviewed. If it is a new piece of business, see step 2.
- The Board Chair opens a forum for a Member to make a motion to adopt or reject the discussed item.
- A Member makes a motion before the

Board.

- Another Member seconds this motion.
- The Board Chair puts forth the motion to a vote.
- The Board Chair solicits additional comment from the Board and then the public.
- If it is a voice vote, those in favor of the motions say "aye" and those opposed say "no". Members may also vote to "abstain", meaning a non-vote or "recuse" meaning to disqualify from participation in a decision on grounds such as prejudice or personal involvement. Recusal is the proper response to a conflict of interest.
- The vote of each Board Member shall be recorded via roll call vote.
- Upon completion of the voting, the Chair will announce the result of the vote (e.g. "the ayes have it and the motion is adopted" or "the no's have it and the motion fails").

3. Travel & Salary Policies & Procedures

Travel Approval
(DCA Memorandum 96-01)

Board Members shall have Board Chair approval for travel except for regularly scheduled Board and Committee Meetings to which the Board Member is assigned.

Travel Arrangements (Board Policy)

Board staff will make travel arrangements for each Board Member as required.

Out-of-State Travel
(State Administrative Manual § 700 et seq.)

For out-of-state travel, Board Members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office.

Travel Claims
(State Administrative Manual § 700 et seq. and DCA Travel Guidelines)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. Board Members will be provided with completed travel claim forms submitted on their behalf. The Executive Officer's Assistant maintains these forms and completes them as needed. It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board Members shall follow the procedures contained in DCA Departmental Memoranda which are periodically disseminated by the Director and are provided to Board Members.

Salary Per Diem (BPC § 103)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board Members is regulated by BPC § 103.

In relevant part, this section provides for the payment of salary per diem for Board Members "for each day actually spent in the discharge of official duties," and provides that the Board Member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

For Board -specified work, Board Members will be compensated for time spent performing work authorized by the Board Chair. That work includes, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, and committee work. That work does not include preparation time for Board or Committee Meetings. Board Members cannot claim salary per diem for time spent traveling to and from a Board or Committee Meeting.

4. Selection of Officers and Committees

Officers of the Board

The Board shall elect from its members a Chair, Vice-Chair, to hold office for one year or until their successors are duly elected and qualified.

Roles and Responsibilities of Board Officers

Chair

- **Board Business:** Conducts the Board's business in a professional manner and with appropriate transparency, adhering to the highest ethical standards. Shall use Roberts Rules of Order as a guide and shall use the Bagley-Keene Act during all Board Meetings.
- **Board Vote:** Conducts roll call vote.
- **Board Affairs:** Ensures that Board matters are handled properly, including preparation of pre-meeting materials, committee functioning and orientation of new Board Members.
- **Governance:** Ensures the prevalence of Board governance policies and practices, acting as a representative of the Board as a whole.
- **Board Meeting Agendas:** Develops agendas for meetings with the Executive Officer and Legal Counsel. Presides at Board Meetings.
- **Executive Officer:** Establishes search and selection committee for hiring an Executive Officer. The committee will work with the DCA on the search. Convenes Board discussions for evaluating Executive Officer each fiscal year.
- **Board Committees:** Seeks volunteers for committees and coordinates individual Board Member assignments. Makes sure each committee has a chairperson, and stays in touch with chairpersons to be sure that their work is carried out. Obtains debrief from each Board Committee chairperson and reports committee progress and actions to Board at the Board Meeting.
- **Yearly Elections:** Solicits nominees not less than 45 days prior to open elections at Board Meeting.
- **Community and Professional Representation:** Represents the Board in the community on behalf of the organization (as does the Executive Officer and Public Outreach Committee).

Vice Chair

- **Board Business:** Performs the duties and responsibilities of the Chair when the Chair is absent.
- **Board Budget:** Serves as the Board's budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. Review budget change orders with staff.
- **Strategic Plan:** Serves as the Board's strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board.

- **Board Member On-Boarding:** Welcomes new members to the Board. Is available to answer questions, and understand role and responsibilities. May participate in on-Boarding meeting with staff and new members.

Election of Officers

The Board elects the officers at the last meeting of the fiscal year. Officers serve a term of one-year, beginning July 1 of the next fiscal year. All officers may be elected on one motion or ballot as a slate of officers unless more than one Board Member is running per office. An officer may be re-elected and serve for more than one term.

Officer Vacancies

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the Chair becomes vacant, the Vice Chair shall assume the office of the Chair until the election for Chair is held. Elected officers shall then serve the remainder of the term.

Committees and Creation of Committees (BPC 2531.05 and Board Policy)

BPC 2531.05 creates and requires The Hearing Aid Dispensing Committee. The Committee shall consist of two licensed audiologists; two licensed hearing aid dispensers; one public member; and one public member who is a licensed physician and surgeon and who is board certified in otolaryngology. This Committee is tasked with reviewing, researching, and advising the full Board on the practice of fitting or selling hearing aids.

The Chair shall establish committees, whether standing or special, as necessary.

The following committees have been created by the Board, and consist of Board Members, that meet on a regular basis, for the purpose of discussing specific issues in depth, and providing feedback and any recommendations to the full Board:

- Audiology Practice Committee
- Speech-Language Pathology Practice Committee
- Sunset Review Committee

Committee Appointments

The composition of the committees and the appointment of the members shall be determined by the Board Chair in consultation with the Vice Chair and the Executive Officer. In determining the composition of each committee, the Chair shall solicit interest from the Board Members during a public meeting. The Chair shall strive to give each Board Member an opportunity to serve on at least one committee. Appointment of non-Board Members to a committee is subject to the approval of the Board.

5. Board Administration and Staff

Board Administration

Board Members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board Members to become involved in the details of program delivery. Strategies for the day-to-day management of programs, operations and staff shall be the responsibility of the Executive Officer. Board Members should not interfere with day-to-day operations, which are under the authority of the Executive Officer.

Board Staff

The Board's essential functions are comprised of ensuring speech-language pathologists, audiologist, and hearing aid dispensers licensed in the State of California meet professional examination requirements and follow legal, legislative and regulatory mandates. The Board is also responsible for enforcement of State of California requirements and regulations as they pertain to the profession.

Appointment of Executive Officer

The Board shall employ an Executive Officer and other necessary assistance in the carrying out of the provisions of the Board's Practice Act.

The Executive Officer serves at the pleasure of the Board Members who provide direction to the Executive Officer in the areas of program administration, budget, strategic planning, and coordination of meetings. The Executive Officer's salary is based on pay scales set by Cal HR. The Executive Officer shall be entitled to traveling and other necessary expenses in the performance of his/her duties as approved by the Board.

Executive Officer Evaluation

Board Members shall evaluate the performance of the Executive Officer on an annual basis.

Legal Counsel

The Board's legal counsel provides "in-house" counsel.

Strategic Planning

The Board should update the strategic plan periodically every three to five years, with the option to use a facilitator to conduct the plan update. At the end of the fiscal year, an annual review conducted by the Board will evaluate the progress toward goal achievement as stated in the strategic plan and identify any areas that may require amending.

Legislation

In the event time constraints preclude Board action, the Board delegates to the Executive Officer and the Board Chair and Vice Chair the authority to take action on legislation that would affect the Board. The Board shall be notified of such action as soon as possible.

6. Other Policies and Procedures

Board Member Orientation and Training (BPC § 453)

Newly appointed and re-appointed members shall complete a training and orientation program provided by DCA within one year of assuming office. This one-day class will discuss Board Member obligations and responsibilities.

Newly appointed and re-appointed Board Members shall complete provided by the Department of Consumer Affairs (complete within one (1) year of assuming office).

(GC § 11121.9, GC § 12950.1)

All Board Members shall complete all required training and submit compliance documentation, including but not limited to, the documents specified below:

- Board Member Orientation Training provided by the DCA (complete within one (1) year of assuming office).
- Ethics Orientation Training (complete within first six (6) months of assuming office) and every two (2) years thereafter.
- Conflict of Interest, Form 700 (submit annually) and within 30 days of assuming office.
- Sexual Harassment Prevention Training (complete within first six (6) months of assuming office) and every two (2) years thereafter.

Upon assuming office, members will also receive a copy of the Bagley-Keene Open Meeting Act, which lists public meeting laws that provide the guidelines for Board Meetings. The current version of this Act can also be found at the following:

Additional Board Member resources can be found at www.dcaBoard members.ca.gov. Business cards will be provided to each Board Member with the Board's name, address, telephone and fax number, and website address. A Board Member's business address, telephone and fax number, and email address may be listed on the card at the member's request.

Board Member Disciplinary Actions

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner. The Chair of the Board shall sit as chair of the hearing unless the censure involves the Chair's own actions, in which case the Vice Chair of the Board shall sit as chair. In accordance with the Public Meetings Act, the censure hearing shall be conducted in open session.

Removal of Board Members (BPC §§ 106 and 106.5)

The Governor has the power to remove from office at any time any member of any Board appointed by him or her for continued neglect of duties required by law or for

incompetence or unprofessional or dishonorable conduct. The Governor may also remove from office a Board Member who directly or indirectly discloses examination questions to an applicant for examination for licensure.

Resignation of Board Members (GC § 1750)

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the director of DCA, the Board Chair, and the Executive Officer.

Conflict of Interest (GC § 87100)

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board Member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Contact with Candidates, Applicants and Licensees

Board Members should not intervene on behalf of a candidate or an applicant for licensure for any reason. Nor should they intervene on behalf of a licensee. All inquiries regarding licenses, applications and enforcement matters should be referred to the Executive Officer.

Communication with Other Organizations and Individuals

Any and all representations made on behalf of the Board or Board Policy must be made by the Executive Officer or Board Chair, unless approved otherwise. All correspondence shall be issued on the Board's standard letterhead and will be created and disseminated by the Executive Officer's Office.

Gifts from Candidates

Gifts of any kind to Board Members or the staff from candidates for licensure with the Board is not permitted.

Request for Records Access

Board Member may not access the file of a licensee or candidate without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the Board's Office.

Ex Parte Communications (GC § 11430.10 et seq.)

The Government Code contains provisions prohibiting *ex parte* communications. An *ex parte* communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of § 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board Members are prohibited from an *ex parte* communication with Board enforcement staff while a proceeding is pending. Occasionally an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members.

If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer.

If a Board Member receives a telephone call form an applicant or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, he or she should be told that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful *ex parte* communication, he or she should contact the Board's legal counsel.

7. Complaint and Disciplinary Process

The Board conducts disciplinary proceedings in accordance with the Administrative Procedure Act, GC § 11370, and those sections that follow. The Board conducts investigations and hearings pursuant to Government Code §§ 11180 through 11191. The Board also uses its Uniform Standards Related to Substance Abuse and Disciplinary Guidelines as a guide when determining appropriate levels of discipline.

Disciplinary Options

The Board has two options available to impose discipline against a licensee. In cases in which the violations do not warrant the revocation of a license, a citation and fine is issued. In cases in which the violations are egregious and warrant revocation of the license, the Board forwards the matter to the Attorney Generals' (AG) office to pursue formal disciplinary action. Each decision is made in consultation with the Executive Officer.

Citation and Fine

A citation and fine issued to the licensee is considered a disciplinary action and is subject to public disclosure. The fines range from $100 to a maximum of $2,500 for each investigation. In specified circumstances, a fine up to a maximum of $5,000 may be issued. All citation and fines issued include an order of abatement in which the licensee must provide information or documentation that the violation has been corrected. The licensee is afforded the opportunity to appeal the issuance of the citation and fine.

Formal Disciplinary Actions

If after the completion of an investigation, evidence substantiates gross negligence, incompetence, or unprofessional conduct, the enforcement analyst, in consultation with the Enforcement Manager and Executive Officer, determines whether the case should be forwarded to the AG's Office for disciplinary action.

Attorney General Role

The Attorney General's Office is responsible for prosecuting the administrative case against licensees and registrants (respondents). A respondent might be suspended from practice or have her or his license revoked, or an applicant may be denied licensure or licensed with probation. A Deputy Attorney General (DAG) in the AG's Licensing Unit is assigned to these cases. The DAGs work with the Board's enforcement staff to determine whether the necessary evidence exists for a successful prosecution. The burden of proof in these matters is clear and convincing evidence. Based on the evidence, the DAG makes recommendations regarding prosecution. Although the Board generally takes the advice of counsel, the Board has the discretion to take other action.

Filing Formal Charges

Formal charges are almost always filed in cases in which the health and safety of the consumer has been compromised, and in which supporting evidence can be established. The Board's Executive Officer determines whether to file formal charges

for any violation of the Board's licensing laws. These formal charges are referred to as pleadings. In each pleading, the Executive Officer of the Board is the complainant.
Pleadings

A. Accusation: A written statement of charges against the holder of a license or privilege, to revoke, suspend or limit the license, specifying the statutes and rules allegedly violated and the acts or omissions comprising the alleged violations.

B. Statement of Issues: A written statement of the reasons for denial of an application for a license or privilege, specifying the statutes and rules allegedly violated and the acts or omissions comprising the alleged violations.

C. Petition for reinstatement or reduction of penalty: A person whose license was revoked, suspended or placed on probation can petition for that license to be reinstated, to have the penalty reduced, or for the probation to be terminated. Many boards have specific or regulations relating to these petitions. Hearings on these petitions usually take place before the Board itself at a scheduled board meeting, with an Administrative Law Judge (ALJ) presiding. The Board usually goes into executive session after the hearing to deliberate and decide the outcome. The ALJ usually prepares the Decision, for signature of the Board Chair. Some boards prefer to have the ALJ, sitting alone, hear petitions and render a proposed decision to the board. This may also happen when the Board does not have a quorum at a board meeting.

Actions Preceding an Administrative Hearing

Once an Accusation or Statement of Issues has been filed and the respondent has been served, the respondent may file a notice of defense and request an administrative hearing. All hearings are held before an ALJ from the Office of Administrative Hearings (OAH).
During this process, several outcomes may occur. The respondent may fail to respond to the accusation and file a notice of defense. The respondent may wish to settle the manner prior to a formal hearing. The case may proceed to a formal hearing.
At any stage of this process, the Board may withdraw the Accusation or Statement of Issues for any reason or enter into a stipulated settlement with the respondent. If the respondent fails to respond within 15 days of receiving the accusation or statement of issues, a Default Decision is issued. Defaults result in the revocation or denial of a license.

Stipulation (Negotiated Settlement)

The licensee/applicant and agency may decide to settle at any time during the administrative process. Usually, settlements are entered into before an administrative hearing is held to avoid the expense of the hearing. The settlement is reduced to a written stipulation and order which sets forth the settlement terms and proposed disciplinary order. The written stipulation and order is forwarded to the Board for its consideration.

During the settlement process the DAG has been advised by the Executive Officer or through enforcement staff regarding acceptable terms. The DAG may advocate before the Board for approval of the settlement. The Board may accept the settlement and issue its decision and order based on the settlement. If the Board rejects the settlement, the case will return to disciplinary process. A new settlement may be submitted to the Board at a later time or the case may proceed to an administrative hearing before an ALJ.

Stipulations prior to an administrative hearing eliminate the six months to one-year delay that may result from attempting to schedule a mutually agreeable hearing date. The public is often better served because the resolution time is reduced and lengthy appeals are avoided, and the Board and respondent save time and money. Further, a licensee on probation is monitored closely by the Board.

Determining Settlement Terms

Stipulations are negotiated and drafted by the DAG, the respondent, and the respondent's legal counsel. Stipulation terms are given to the DAG representing the Board by the enforcement staff with approval of the Executive Officer, utilizing the Board's disciplinary guidelines. In negotiating a stipulation, the DAG works closely with the Board's Executive Officer to arrive at a stipulation that will be acceptable to the Board.
The following factors are considered when settlement terms are proposed.

- Nature and severity of the act(s), offense(s), or crime(s),
- Actual or potential harm to any consumer or client,
- Prior disciplinary record,
- Number and/or variety of current violations,
- Mitigation evidence,
- Rehabilitation evidence,
- In the case of a criminal conviction, compliance with terms of sentence
- and/or court-ordered probation,
- Overall criminal record,
- Time elapsed since the act(s) or offense(s) occurred,
- Whether the respondent cooperated with the Board's investigation,
- other law enforcement or regulatory agencies, and/or the injured
- parties, and
- Recognition by respondent of her or his wrongdoing and demonstration
- of corrective action to prevent recurrence.

The disciplinary guidelines were established in an effort to provide consistency in determining penalties. Enforcement staff considers the disciplinary guidelines when determining whether to seek revocation, suspension, and/or probation of a license. Board members use them when considering cases during hearings. The guidelines are updated when necessary and are distributed to DAGs and ALJs who work on cases with the Board.

Pre-hearing conferences are a more formal method for developing a stipulated agreement. These hearings involve the EO, the respondent, respondent's attorney, and an ALJ.

Office of Administrative Hearings (formal hearing)

The Office of Administrative Hearings (OAH) consists of two divisions located is six regional offices at major population centers throughout the State. The General Jurisdiction Division conducts hearings, mediations, and settlement conferences for more than 1,000 state, local, and county agencies. This is the division that conducts the hearings for the Board. The Special Education Division conducts special education due process hearings and mediations for school districts and parents of children with special education needs throughout the State.

The ALJ presides over the hearing; an attorney (DAG) represents the Board and presents the case; and the respondent or the respondent's representative/attorney presents its

case. Testimony and evidence is presented and there is a transcript of the proceedings. Upon the conclusion of the administrative hearing, the ALJ will consider all of the testimony and evidence and will prepare a Proposed Decision. Once the hearing is finished, the ALJ has 30 days to prepare the proposed decision and send it to the Board. The Proposed Decision is submitted to the Board for consideration.
Board Review of Stipulations, Proposed Decisions, and Default Decisions.

The Board Members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a proposed decision. In all cases, the Board Member has the option to adopt, non-adopt, or hold for discussion (reject or modify the decision).

Board Review of Stipulations, Proposed Decisions, and Default Decisions

The Board Members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a proposed decision. In all cases, the Board Member has the option to adopt, non-adopt, or hold for discussion (reject or modify the decision).

Stipulations – Negotiated Settlements

• Adopt – If the decision of the Board is to adopt the terms proposed in the stipulation, the decision becomes effective within 30 days and the respondent is notified.

• Non-Adopt – If the Board decides to not adopt the stipulation, the respondent is notified and the matter resumes the process for a formal administrative hearing before an ALJ. A new settlement may be submitted to the Board at a later date.

• Hold for Discussion – A Board Member may be unable to decide due to concerns of the desire further clarification. (Note: A Board Member may seek procedural clarification from the Board's legal counsel.) In this situation, the Board Member may choose to hold the case for discussion. If one Board Member votes to hold the case for discussion, the case is discussed in the next available meeting during a closed session.

Proposed Decisions – Decision from the ALJ following a formal hearing:

• Adopt – If the decision of the Board is to adopt the proposed decicion, the decision becomes effective within 30 days and the respondent is notified.

• Reduce – The Board may reduce or mitigate the proposed penalty and adopt the rest of the proposed decision.

• Non-Adopt/Reject – If the Board decides to not adopt the proposed decision, the respondent is notified. Transcripts from the administrative hearing are requested. Board Members review the transcripts and evidence, and meet during a closed session to write their decision.

• Make technical or other minor changes – If the Board decides that there are technical changes or minor changes that do not affect the factual or legal base of the decision, they may make those changes and adopt the rest of the proposed decision.

The Board then has 100 days to take action to either adopt or non-adopt. If no action is taken within 100 days the proposed decision becomes effective by law.

Mail Ballot Procedure

Proposed Decisions, Proposed Stipulations, and Default Decisions are usually presented to the Board for its consideration by mail ballot. Mail ballot is done by electronic mail. Mail ballot packet materials are confidential and include the following:

- Memo from enforcement staff listing the cases for review and decision
- Ballot
- Legal documents (Proposed Decision, Proposed Stipulation or Default Decision,
- and Accusation or Statement of Issues)
- Memo from the assigned Deputy Attorney General (Proposed Stipulated
- Settlement cases only)

Deliberation and decision-making should be done independently and confidentially by each Board Member. Where the vote is done by mail, voting members may not communicate with each other, and may not contact the Deputy Attorney General, the respondent, anyone representing the respondent, any witnesses, the "complainant", the ALJ, or anyone else associated with the case.

Additionally, Board Members should not discuss pending cases with agency staff, except as to questions of procedure or to ask whether additional information is available, and whether the agency may properly consider such information. If a Board Member has any procedural questions not specific to evidence, or any question specifically related to the cases, the questions should be directed to the Board's DCA Legal Counsel.

Completed mail ballots are due at the Board office no later than the due date indicated in the mail ballot package. The due dates are established in accordance with the timelines indicated in Administrative Procedure Act. It may be your vote that is deciding vote in the outcome of a case. Therefore, it is critical that Board Members return their votes timely.

Mail ballot materials should be retained until notification by enforcement staff that the cases have been adopted. Once a decision is final, the mail ballot packet materials must be confidentially destroyed.

Mail Ballot Vote Definitions

A. Adopt/Accept: A vote to adopt the proposed action means that you agree with the action as written.

B. Non-Adopt/Reject: A vote to not adopt the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the Board's decision. However, a majority vote to adopt will prevail over a minority vote to not adopt.

C. Hold for Discussion: A vote to hold for discussion may be made if you wish to have some part of the action changed in some way (increase penalty, reduce penalty, etc.) For example, you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer. At least TWO votes in this category must be received to stop the process until the Board can consider the case in closed session at the board meeting.

Disqualification

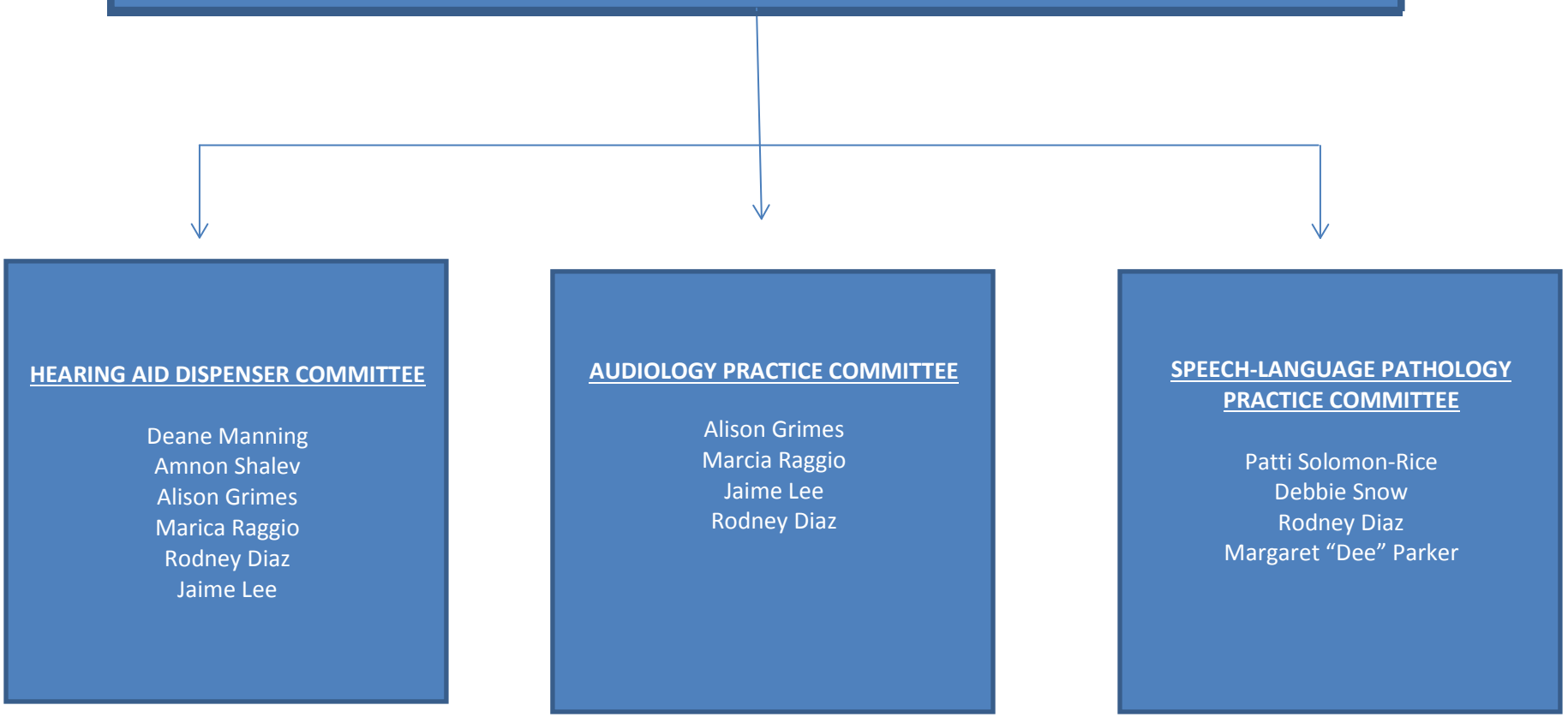
With some limited exception, a Board Member cannot decide a case if that Board Member investigated, prosecuted or advocated in the case or is subject to the authority of someone who investigated, prosecuted or advocated in the case. A Board Member may be disqualified for bias, prejudice, financial interest or other interest in the case.

ATTACHMENT 3

CALIFORNIA SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD AND STANDING COMMITTEES NOVEMBER 1, 2016

BOARD MEMBERS

NAME	POSITION	PROFESSION
Alison Grimes	Chair	DAU
Margaret "Dee" Parker	Member	SLP
Rodney Diaz	Member	ENT/Public
Deane Manning	Member	HAD
Amnon Shalev	Member	HAD
Debbie Snow	Member	Public
Patti Solomon-Rice	Member	SLP
Marcia Raggio	Member	AU



ATTACHMENT 4

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

August 2014

Heidi Lincer-Hill, Ph.D., Chief

Raul Villanueva, Personnel Selection Consultant

EXECUTIVE SUMMARY

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis of Speech-Language Pathologist practice in California. The purpose of the occupational analysis is to define practice for Speech-Language Pathologists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for determining the tasks and knowledge that make up the description of practice for the Speech-Language Pathology profession in California.

OPES test specialists began by researching the profession and conducting telephone interviews with seven Speech-Language Pathologists throughout California. The purpose of these interviews was to identify the tasks performed in Speech-Language Pathology practice, and the knowledge required to perform those tasks in a safe and competent manner. An initial focus group of practitioners and educators was held at OPES in January 2014 to review the results of the interviews, and to identify changes and trends in Speech-Language Pathology practice specific to California. A second focus group was later held with additional Speech-Language Pathology practitioners to review and refine the task and knowledge statements derived from the interviews and initial focus group. Practitioners in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation.

Upon completion of the first two focus groups, OPES developed a three-part questionnaire to be completed by Speech-Language Pathologists statewide. Development of the questionnaire included a pilot study which was conducted using a group of six licensees. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in April 2014.

In the first part of the questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, the licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

OPES developed a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with over-sampling of licensees licensed 0 to 5 years. The Board sent notification letters to the sample of 3,595 Speech-Language Pathologists (out of 11,596 total licensees) inviting them to complete the questionnaire online. Fourteen percent of

the licensed Speech-Language Pathologists in the sample (500) responded by accessing the Web-based survey. The final sample size included in the data analysis was 477, or 13 percent of the population that was invited to complete the questionnaire. This response rate reflects two adjustments, the details of which are described in the Response Rate section of this report. The demographic composition of the respondent sample is representative of the California Speech-Language Pathologist population.

OPES then performed data analyses on the task and knowledge rating responses. OPES combined the task ratings to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data had been analyzed, two additional focus groups were conducted with licensed Speech-Language Pathologists. The purpose of these focus groups was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The licensees in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights.

The content outline for Speech-Language Pathology is structured into five content areas weighted by criticality relative to the other content areas. The content outline specifies the job tasks and knowledge critical to safe and effective Speech-Language Pathology (SLP) practice in California at the time of licensure.

The content outline developed as a result of this occupational analysis serves as a basis for developing an examination for inclusion in the process of granting California Speech-Language Pathology licensure. Similarly, this content outline serves as a basis for evaluating the degree to which the content of any examination under consideration measures content critical to California Speech-Language Pathology practice.

At this time, California licensure as a Speech-Language Pathologist is granted by meeting the requisite education and training requirements and passing the national examination for Speech-Language Pathology (the Praxis). There is no additional requirement to pass a California-specific examination, i.e., an additional examination based on applicable California regulations and California-specific practice requirements.

OVERVIEW OF THE SPEECH-LANGUAGE PATHOLOGY CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. General Competencies	This area assesses the candidate's knowledge related to core areas of practice applicable across types of clients, disorders, and treatment settings.	14
II. Assessment	This area assesses the candidate's ability to identify, evaluate, and assess the development and disorders of speech, voice, language, or swallowing.	32
III. Diagnosis, Goal Setting, and Treatment Planning	This area assesses the candidate's ability to use assessment information to formulate an accurate diagnosis for developing a treatment plan and interventions.	20
IV. Treatment Interventions and Procedures	This area assesses the candidate's ability to develop culturally relevant treatment interventions based on assessment and diagnostic information that are measureable, objective, and consistent with the client's readiness and ability to engage in treatment.	25
V. Treatment Outcomes and Effectiveness	This area assesses the candidate's ability to evaluate client progress in relation to treatment goals and develop plans for continuation, remediation, or termination of treatment as appropriate.	9
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by licensed Speech-Language Pathologists. This occupational analysis was part of the Board's comprehensive review of Speech-Language Pathology practice in California. The purpose of the occupational analysis is to define practice for Speech-Language Pathologists in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for determining the tasks and knowledge that make up the description of practice for the Speech-Language Pathology profession in California.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by Speech-Language Pathologists in independent practice. The technical expertise of California-licensed Speech-Language Pathologists was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF EXPERTS

The Board selected Speech-Language Pathologists to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These Speech-Language Pathologists were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current Speech-Language Pathology practice during the development phase of the occupational analysis, and participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the results and finalize the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code, Section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code, Section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (1999), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The Speech-Language Pathologist occupation is described as follows in the California Business and Professions Code, Section 2530.2:

(c) A "speech-language pathologist" is a person who practices speech-language pathology.
(d) The practice of speech-language pathology partnership, corporation, limited liability company, or other organization or combination thereof, except that only individuals can be licensed under this chapter means all of the following:
(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing. (2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals. (3) Conducting hearing screenings. (4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of California-licensed Speech-Language Pathologists to contact for telephone interviews. During the semi-structured interviews, licensed Speech-Language Pathologists were asked to identify all of the activities performed that are specific to the Speech-Language Pathology profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES staff integrated the information gathered during the interviews and from prior studies of the profession and developed task and knowledge statements. The statements were then organized into the major content areas of practice.

In January and February 2014, OPES facilitated two focus groups of Speech-Language Pathologists to evaluate the task and knowledge statements for technical accuracy and comprehensiveness, and to assign each statement to the appropriate content area. The groups verified that the content areas were independent and non-overlapping, and performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

The finalized lists of task and knowledge statements were developed into an online questionnaire that was eventually completed and evaluated by a sample of Speech-Language Pathologists throughout California.

QUESTIONNAIRE DEVELOPMENT

OPES developed the online occupational analysis survey, a questionnaire soliciting the licensees' ratings of the job task and knowledge statements for analysis. The surveyed Speech-Language Pathologists were instructed to rate each job task in terms of how often they performed the task (FREQUENCY), and how important the task was to the performance of their current practice (IMPORTANCE). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The questionnaire can be found in Appendix E.

PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot survey. The pilot questionnaire was reviewed by the Board and a group of six SMEs for feedback about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES developed a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with over-sampling of licensees licensed 0 to 5 years. The Board sent notification letters to the sample of 3,595 Speech-Language Pathologists (out of 11,596 total licensees) inviting them to complete the questionnaire online. The online format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

Fourteen percent of the licensed Speech-Language Pathologists in the sample (500) responded by accessing the Web-based survey. The final sample size included in the data analysis was 477, or 13 percent of the population that was invited to complete the questionnaire. This response rate (13 percent) reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as Speech-Language Pathologists in California were excluded from analysis. And second, the reconciliation process removed surveys containing incomplete and unresponsive data. The respondent sample was representative of the population of California Speech-Language Pathologists based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 40 percent had been practicing as a Speech-Language Pathologist for 5 years or less, 41 percent had been practicing between 6 and 20 years, and 19 percent had been practicing for more than 20 years.

The respondents were asked to indicate all the settings where they provide services as a Speech-Language Pathologist. Work in public schools settings was reported by 59.3 percent of the sample, private practice by 19.7 percent, preschool and day care settings by 15.5 percent and skilled nursing/long-term care/subacute care settings by 15.5 percent of respondents.

The respondents were also asked to indicate all of the clients for whom they provide services. The respondents reported providing services to the following groups: Children (6-8 years of age) 64.7 percent, Preschool (3-5 years of age) 62.4 percent, and Children (9-11 years of age) 62.2 percent. Services to Toddlers were reported by 26.7 percent of respondents. Approximately 30 percent of respondents reported providing services to the remaining age groups (Young Teens to Older Adults).

When describing the majority of their responsibilities as a Speech-Language Pathologist, 79 percent of respondents selected “Clinical Services Provider” and 11.3 percent selected “Special Education Teacher.” Across treatment settings and types of clients, respondents reported working 31 to 40 hours per week (56.5 percent) and 18.8 percent reported working over 40 hours per week.

The respondents reported that, on the average, 49 percent of their time was spent in direct client care (screening, assessment, treatment, etc.), 14.3 percent performing client documentation and reports, and 10.7 percent of their time participating in client case meetings (IDT, IEP, etc.).

The majority of respondents reported having Speech-Language Pathology specialization in the areas of speech sound disorders (64.6 percent), developmental language delays (62.6 percent), autism and related disorders (55.6 percent), phonological disorders (50.8 percent), language-based learning (47.3 percent), early intervention (42.4 percent), and developmental disabilities (41.3 percent).

The demographic information from the respondents can be found in Tables 1 through 10.

TABLE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A SPEECH-LANGUAGE PATHOLOGIST

YEARS	N	PERCENT
0 to 5	186	39.0
6 to 10	99	20.8
11 to 20	91	19.1
21 to 29	45	9.4
30 or more	43	9.0
Missing	13	2.7
Total	477	100%

FIGURE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A SPEECH-LANGUAGE PATHOLOGIST

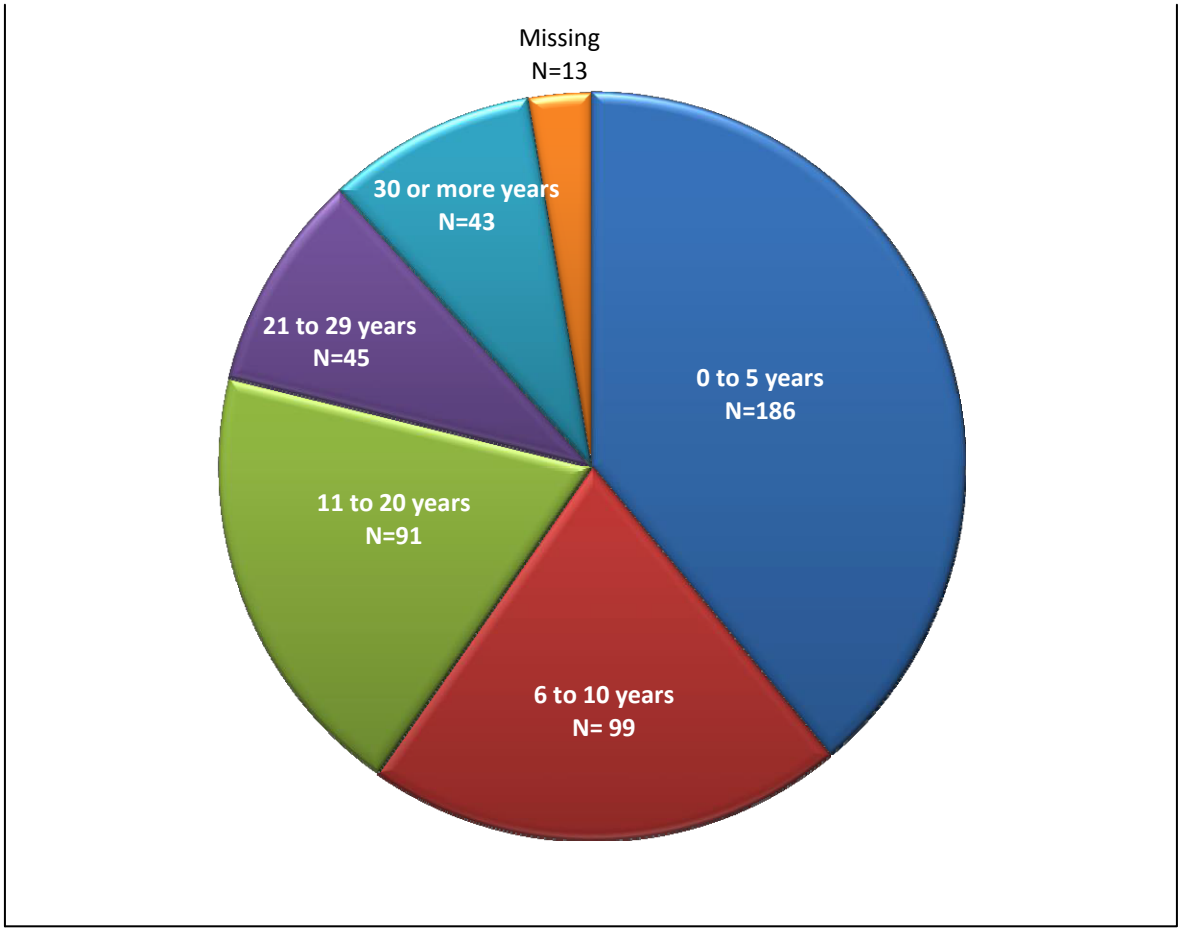

TABLE 2 – NUMBER OF HOURS WORKED PER WEEK

HOURS WORKED	N	PERCENT
10 or less	29	6.1
11 to 20	34	7.1
21 to 30	52	10.9
31 to 40	262	54.9
41 or more	87	18.2
Missing	13	2.7
Total	477	100%

NOTE: Total may not add to 100% due to rounding.

FIGURE 2 – NUMBER OF HOURS WORKED PER WEEK

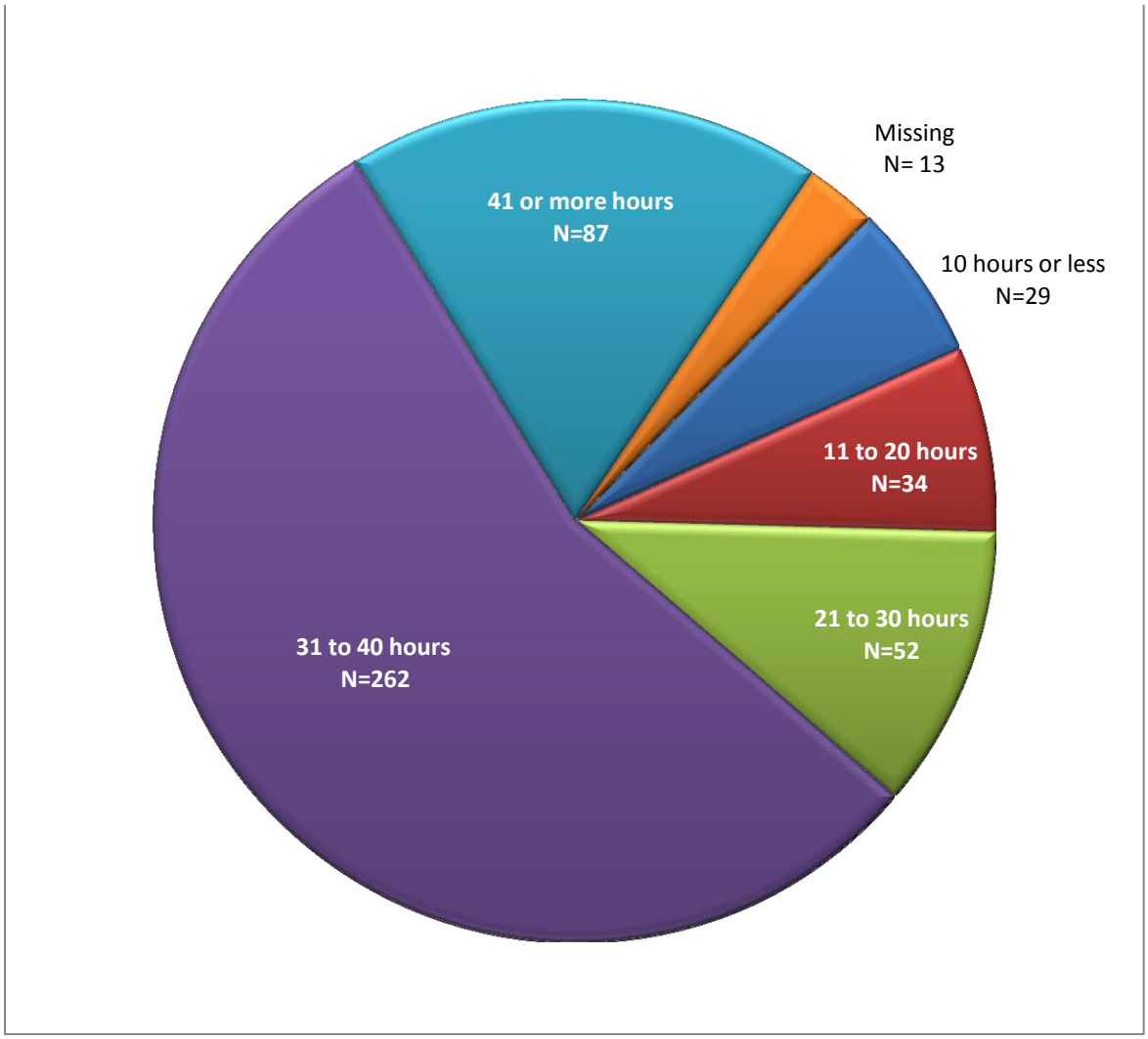

TABLE 3 – HIGHEST LEVEL OF EDUCATION

LEVEL OF EDUCATION	N	PERCENT
Master's degree in speech-language pathology or communication	455	95.4
Other formal education	7	1.5
Doctorate in speech-language pathology or communication	2	.4
Missing	13	2.7
Total	477	100%

FIGURE 3 – HIGHEST LEVEL OF EDUCATION

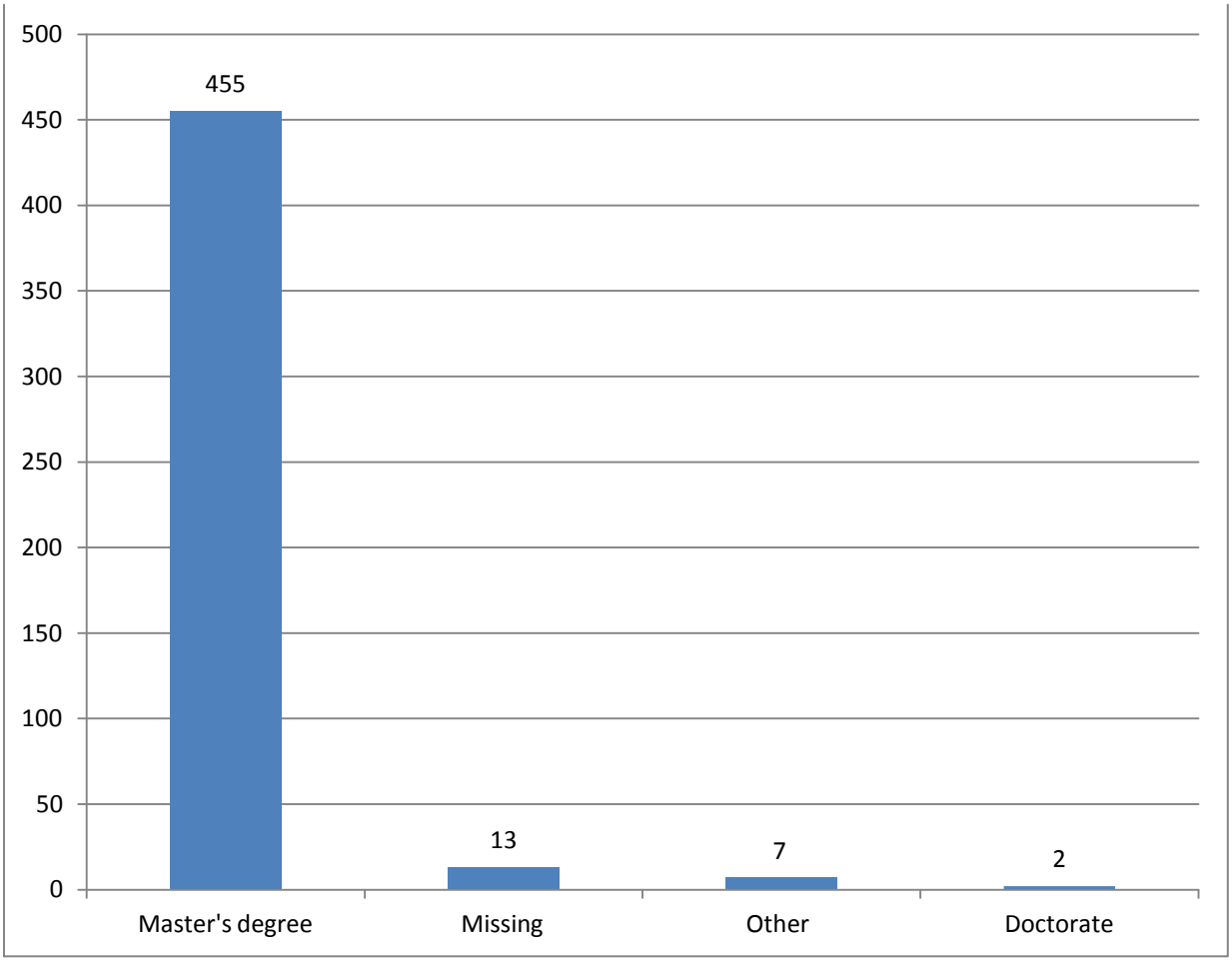

TABLE 4 – MAJORITY OF RESPONSIBILITIES AS A SPEECH LANGUAGE PATHOLOGIST

RESPONSIBILITIES	N	PERCENT
Clinical services provider	377	79
Special Education teacher	54	11.4
Missing	15	3.1
Supervisor of clinicians	11	2.3
Director/supervisor of a clinical program	8	1.7
Consultant	6	1.3
College/University professor/instructor	4	0.8
CEU Provider	2	0.4
Total	477	100%

FIGURE 4 – MAJORITY OF RESPONSIBILITIES AS A SPEECH LANGUAGE PATHOLOGIST

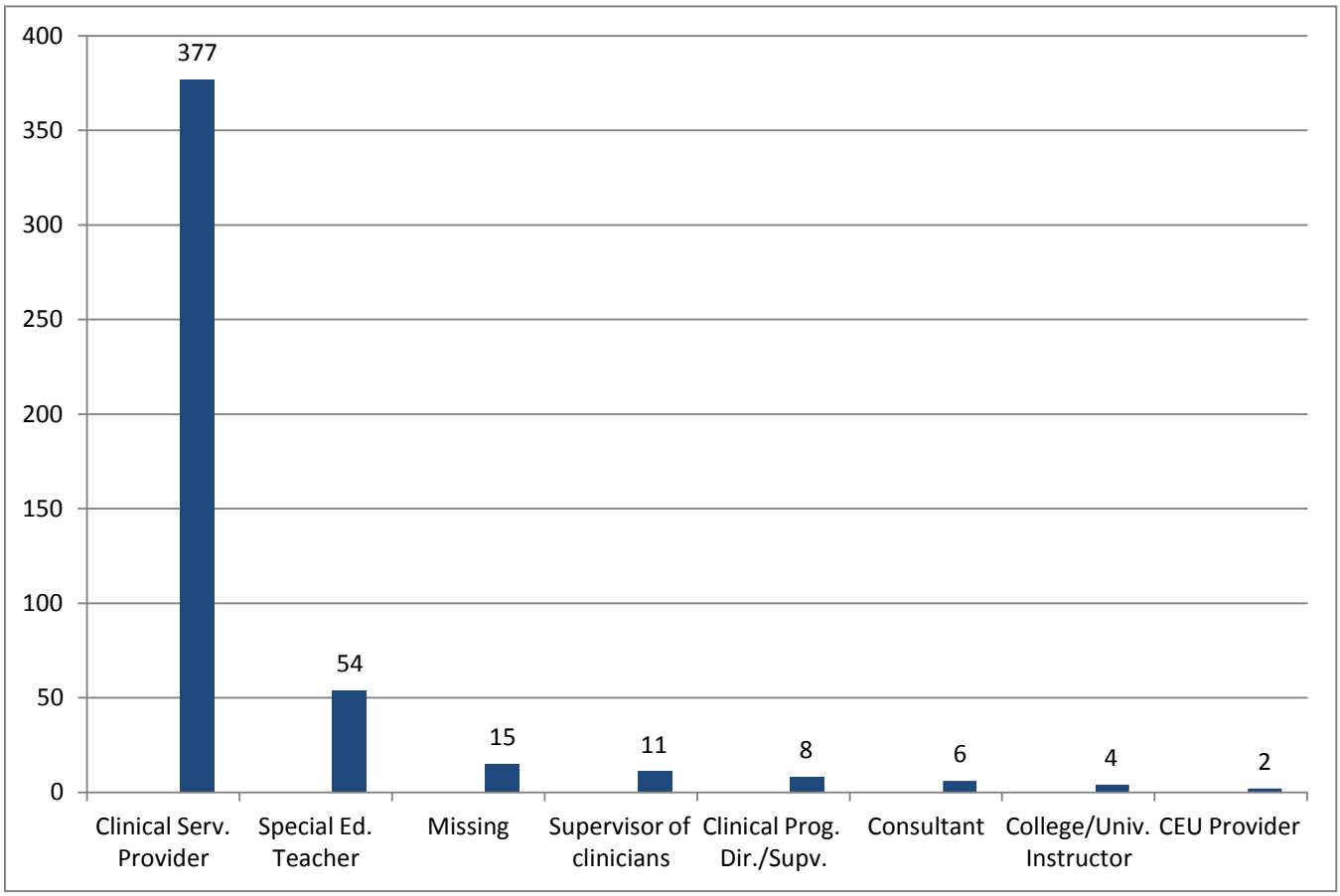

TABLE 5 – WORK SETTINGS WHERE SERVICES ARE PROVIDED

WORK SETTING	N	PERCENT
Public School	271	59.3
Private Practice	90	19.7
Preschool/Day Care	71	15.5
Skilled Nursing/Long-Term Care	71	15.5
Hospital-based	65	14.2
Speech and Language Clinic	43	9.4
Home Health	39	8.5
Regional Center	37	8.1
Non-Public School (NPS)	14	3.1
University/University Clinic	14	3.1
Web-based Treatment/Telepractice	8	1.8
Correctional facility	2	0.4
Group Home/Sheltered Workshop	1	0.2
Other (please specify)	38	8.3

NOTE: Respondents were asked to check "All that Apply."

FIGURE 5 – WORK SETTINGS WHERE SERVICES ARE PROVIDED

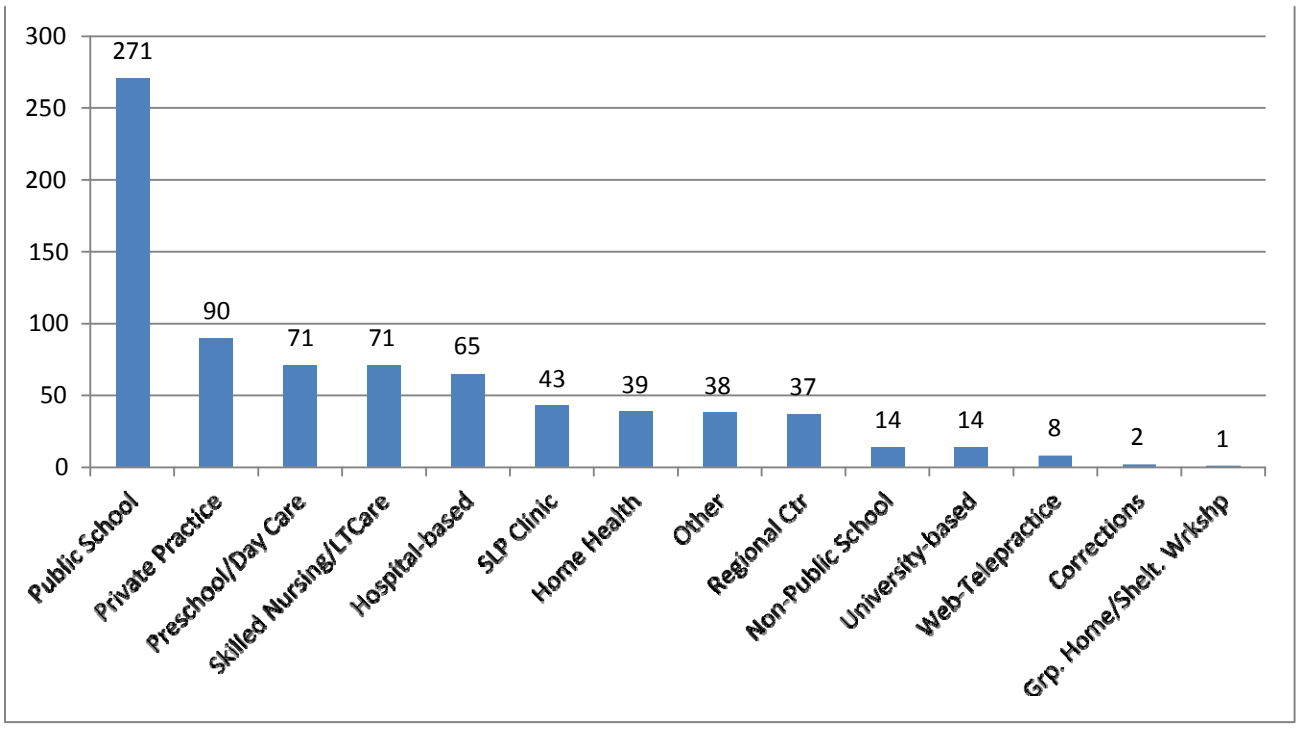

TABLE 6 – TYPES OF CLIENTS CURRENTLY RECEIVING SERVICES

CLIENT	N	PERCENT
Children (6-8 years)	301	64.7
Preschool (3-5 years)	290	62.4
Children (9-11 years)	289	62.2
Young Teens (12-14 years)	182	39.1
Teenagers (15-17 years)	136	29.2
Adults (23-70 years)	135	29.0
Older Adults (71+ years)	128	27.5
Toddlers (1-2 years)	128	27.5
Young Adults (18-22 years)	124	26.7
Infants (0-12 months)	45	9.7

NOTE: Respondents were asked to check "All that Apply."

FIGURE 6 – TYPES OF CLIENTS CURRENTLY RECEIVING SERVICES

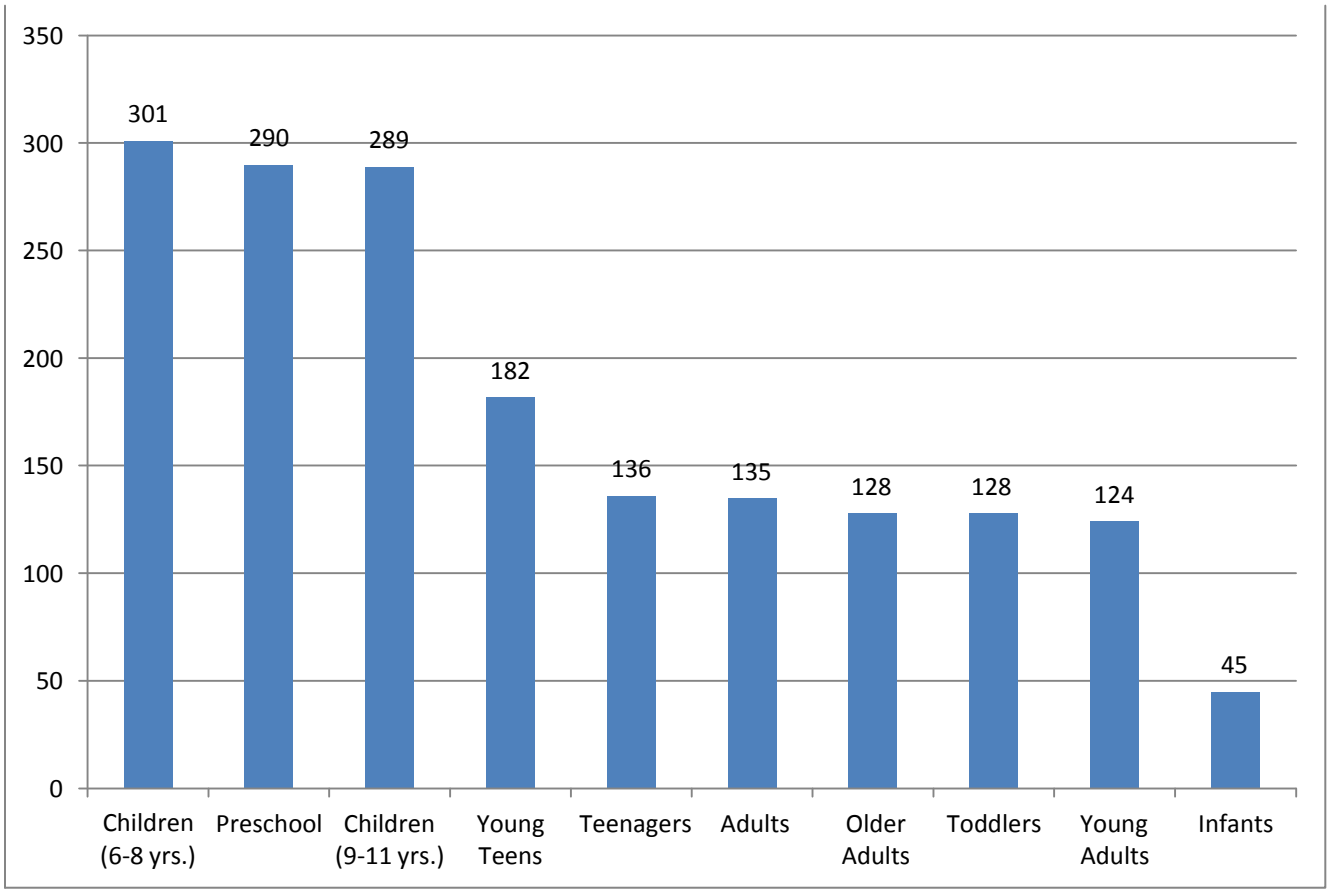

TABLE 7 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS

WORK TASK	N	PERCENT
Direct Client Care (screen, assess, treatment)	451	48.9
Client Documentation/Reports	444	14.3
Client IEP (IDT, case meetings)	363	10.7
Treatment Planning/Preparation	406	7.2
Family/Caregiver Contact/Counseling	368	6.5
Collaborations/Consultation (professional staff, teachers)	354	5.3
Teaching/Training (staff, students, parents)	263	5.0
Case Management (referrals, intake, follow-up)	309	4.6
Administrative (scheduling, staffing, HR, meetings)	312	4.3
Supervision (SLP-related staff, support staff)	275	4.2
Professional Development	315	3.2
Pre-referral Interventions	246	2.2
Research / Grant writing	202	0.3

NOTE: Percentage reported is average across the endorsing respondents.

FIGURE 7 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS

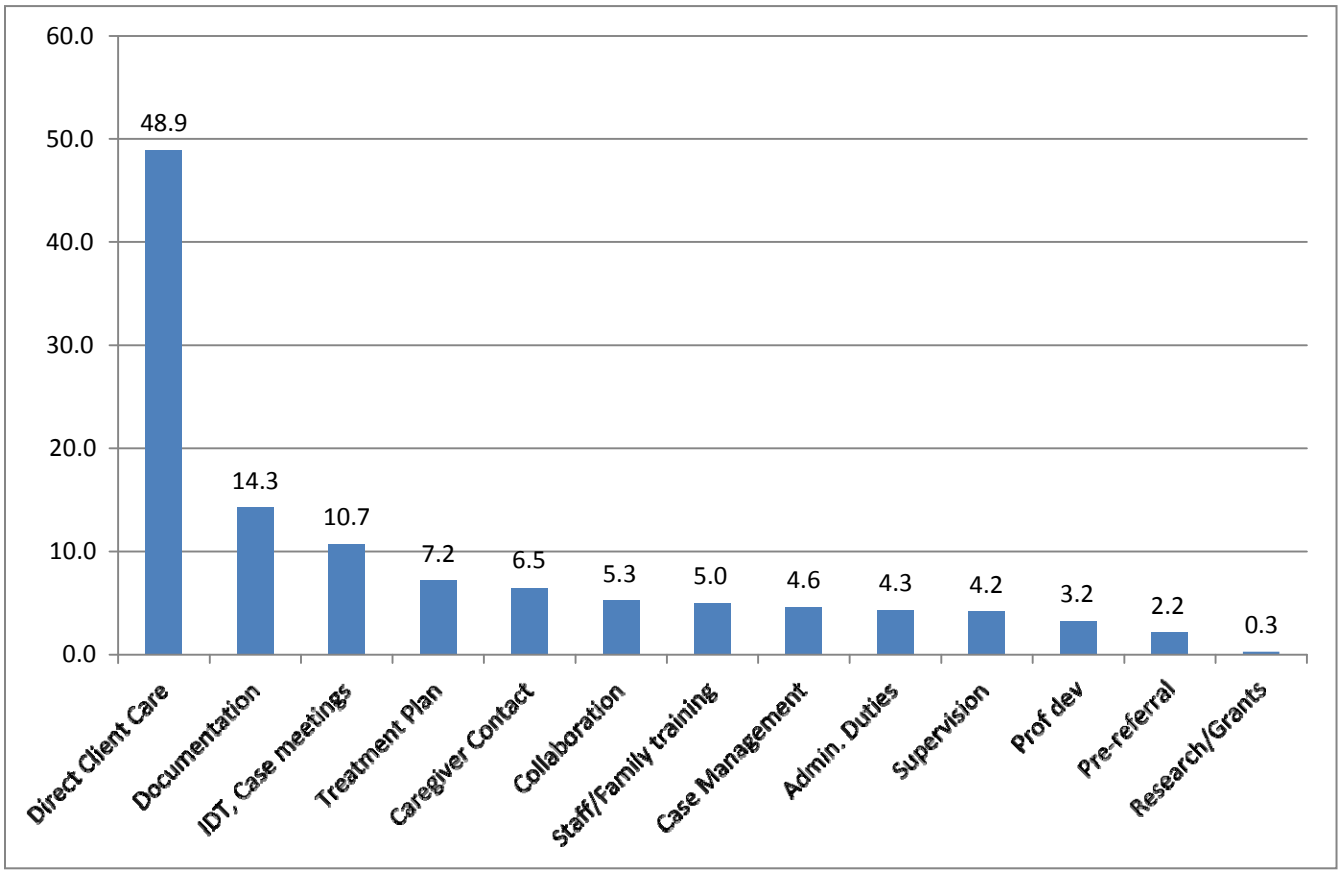

TABLE 8 – AREAS OF PRACTICE SPECIALIZATION REPORTED BY RESPONDENTS

SPECIALIZATION	N	PERCENT
Speech Sound Disorders	294	64.6
Developmental Language Delays	285	62.6
Autism and Related Disorders	253	55.6
Phonological Disorders	231	50.8
Language-based Learning	215	47.3
Early Intervention	193	42.4
Developmental Disabilities	188	41.3
Fluency and Fluency Disorders	131	28.8
Neurophysiological/neurogenic speech and language Disorders	130	28.6
Feeding and swallowing Disorders	127	27.9
Augmentative and Alternative Communication	114	25.1
Voice and Voice Disorders	76	16.7
Gerontology	47	10.3
Hearing and Hearing Disorders	40	8.8
Orofacial Disorders	36	7.9
Aural Rehabilitation	23	5.1
Alaryngeal Speech	7	1.5
Telepractice	6	1.3
Other (please specify)	30	

NOTE: Percentage reported is average across the endorsing respondents.

FIGURE 8- AREAS OF PRACTICE SPECIALIZATION REPORTED BY RESPONDENTS

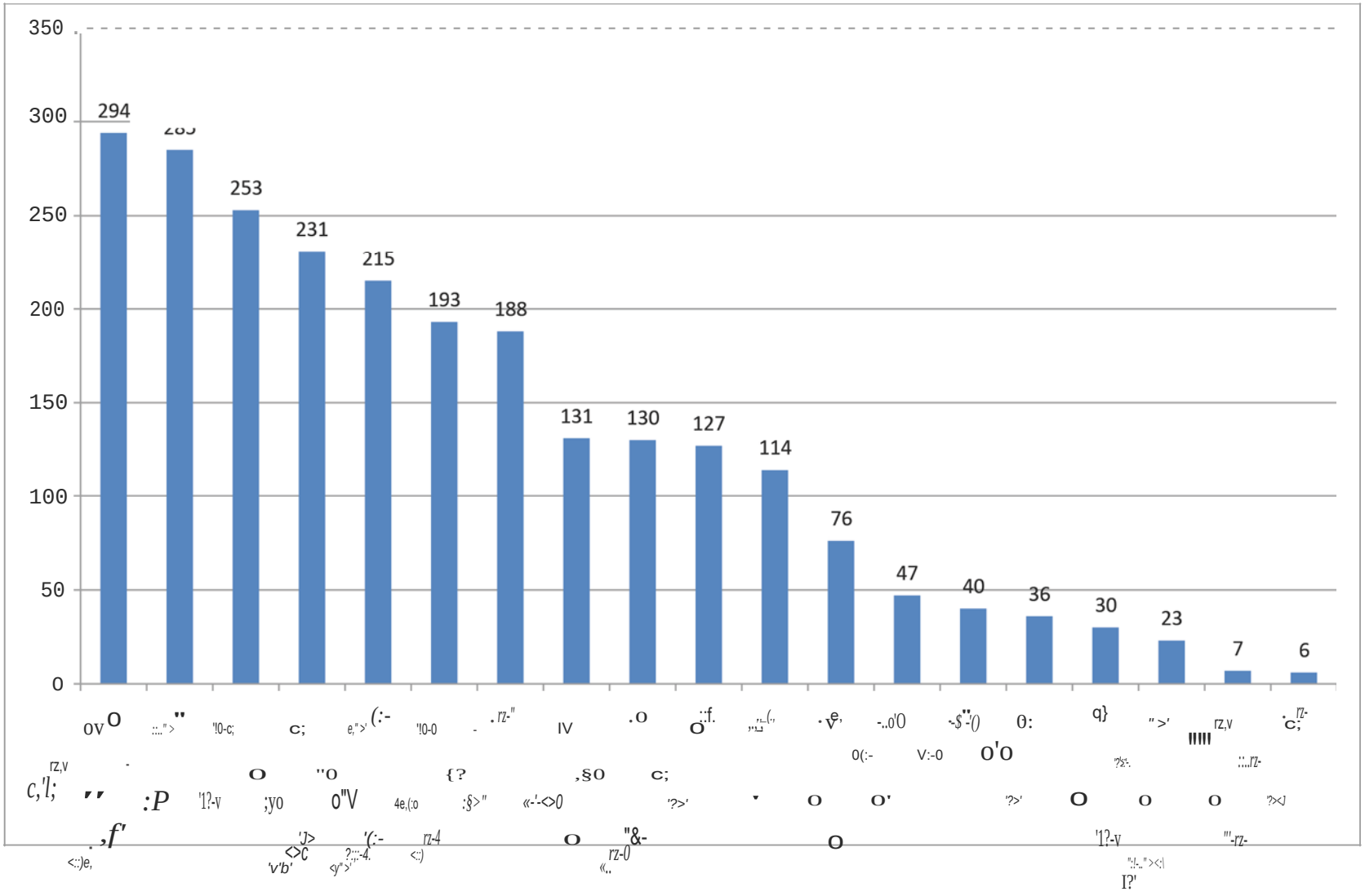

TABLE 9 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

CERTIFICATES	N	PERCENT
None	241	63.6
Teaching Credential	110	29.0
Other	78	20.6
Special Education	32	8.4
Administrative	15	4.0
Applied Behavior Analysis	4	1.1
Resource Specialist	2	0.5

NOTE: Percentage reported is average across endorsing respondents.

FIGURE 9 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

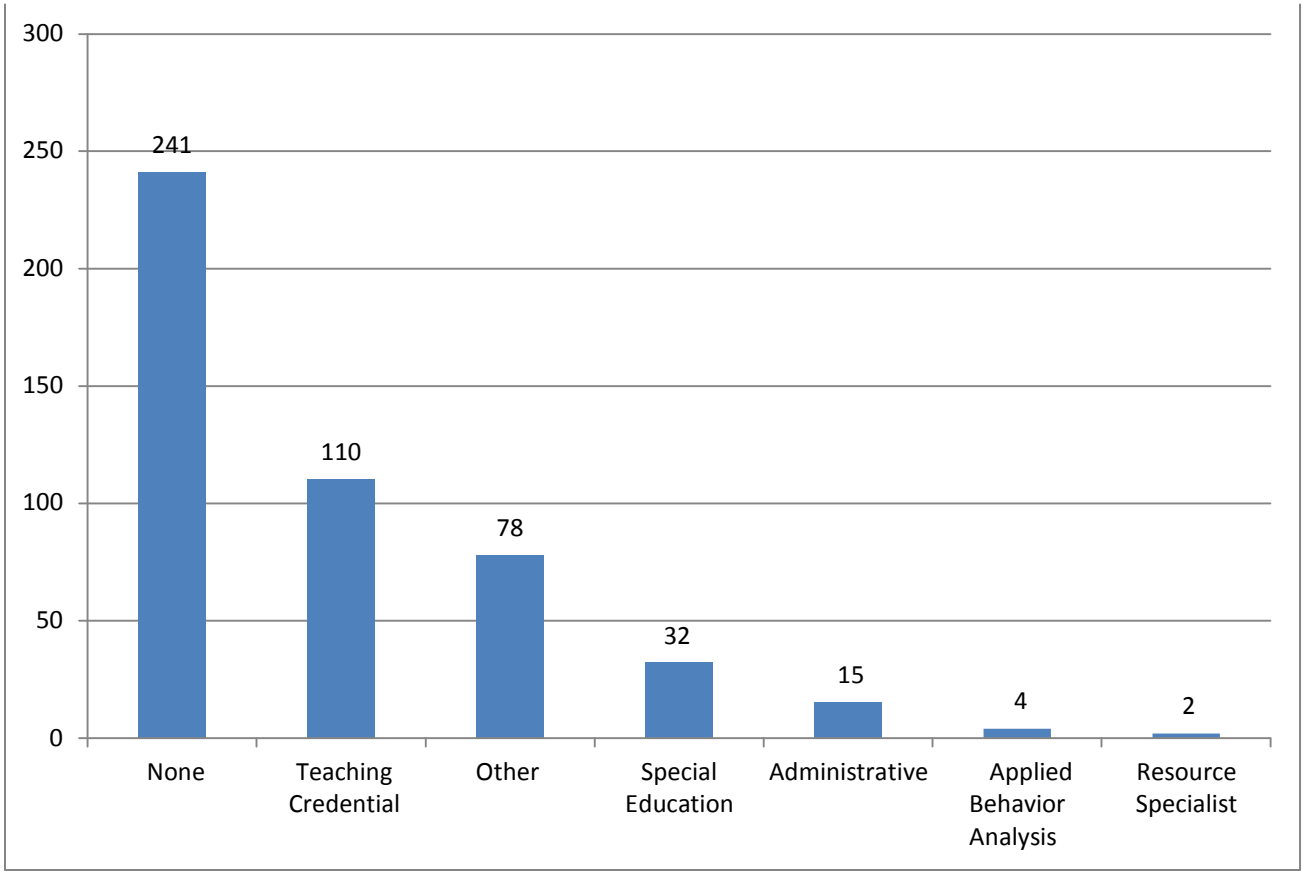

TABLE 10 – RESPONDENTS BY REGION

Region	Region Name	Frequency	Percent
1	Los Angeles and Vicinity	163	34.2
2	San Francisco Bay Area	99	20.8
3	San Joaquin Valley	43	9.0
4	Sacramento Valley	46	9.6
5	San Diego and Vicinity	40	8.4
6	Shasta Cascade	6	1.3
7	Riverside – San Bernardino	32	6.7
8	Sierra Mountain	12	2.5
9	North Coast	5	1.0
10	South/Central Coast	16	3.4
	Missing	15	3.1
	Total	477	100%

Note: Appendix A shows a more detailed breakdown of the frequencies by region.

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained by the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α). Coefficient alpha is an estimate of the internal-consistency of the respondents' ratings of job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .96) and task importance (α = .96) across content areas were highly reliable. Table 12 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .98) across content areas were highly reliable. These results indicate that the responding Speech Language Pathologists rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
I. General Competencies	18	.92	.93
II. Assessment	28	.96	.96
III. Diagnosis, Goal Setting, and Treatment Planning	7	.87	.86
IV. Treatment Interventions and Procedures	22	.94	.94
V. Treatment Outcomes and Effectiveness	7	.88	.89
Total	82	.96	.96

TABLE 12 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
I. General Competencies	17	.87
II. Assessment	42	.94
III. Diagnosis, Goal Setting, and Treatment Planning	20	.92
IV. Treatment Interventions and Procedures	26	.93
V. Treatment Outcomes and Effectiveness	6	.86
Total	111	.98

TASK CRITICAL VALUES

Focus groups of licensed Speech-Language Pathologists were convened at OPES in January and February 2014 to review the average frequency and importance ratings, as well as the criticality indices of all task and knowledge statements. The purpose of these workshops was to identify the essential tasks and knowledge required for safe and effective Speech-Language Pathologist practice at the time of licensure. The licensees reviewed the task frequency, importance, and criticality indices for all task statements.

In order to determine the critical values (criticality) of the task statements, the frequency rating (Fi) and the importance rating (Ii) for each task were multiplied for each respondent, and the products averaged across respondents.

Critical task index = mean [(Fi) X (Ii)]

The task statements were then ranked according to the tasks' critical values. The task statements and their mean ratings and associated critical values are presented in Appendix B.

The January 2014 focus group of SMEs evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that no cutoff value should be set, based on their view of the relative importance of all tasks to Speech-Language Pathologist practice. The February 2014 focus group of SMEs performed an independent review of the same data, and arrived at the same conclusion, that no cutoff value should be set and that all tasks should be retained.

KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix C.

The January 2014 focus group of SMEs that evaluated the task critical values also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to Speech-Language Pathology practice, they determined that no cutoff value should be established and all knowledge statements were retained. The February 2014 focus group of SMEs independently reviewed the same data, arrived at the same conclusion, that no cutoff value should be set and that all knowledge statements should be retained.

CHAPTER 5. EXAMINATION PLAN

CALIFORNIA-SPECIFIC PRACTICE

The January 2014 focus group reviewed the preliminary assignments of the task and knowledge statements to content areas and verified the linkage between the tasks and knowledge. The content areas were developed so that they were non-overlapping and described major areas of practice. The February 2014 focus group of SMEs reviewed the first group's results, including the task and knowledge linkage, and agreed with the outcome.

The two focus groups of SMEs were also asked to independently identify the tasks and knowledge that best described California-specific practice, i.e., those areas of Speech-Language Pathology practice unique to California.

As part of this process, both groups of SMEs reviewed the Speech-Language Pathology scope of practice and other California state regulations applicable to their practice. In addition, both groups reviewed the ethical standards for the profession promulgated by the national organization, the American Speech-Language-Hearing Association (ASHA), as well as the regulatory requirements for Speech-Language Pathology practice in both educational and hospital (medical) settings.

Both groups of SMEs independently reviewed the tasks in each content area and identified the tasks that were descriptive of California-specific Speech-Language Pathology practice. These tasks were marked. Each group then identified the knowledge related to the tasks marked as California-specific. Both groups were in complete agreement except for one task statement and the one knowledge statement related to it:

Task #17, Advocate for programs, policies, personnel, facilities, equipment, and materials that ensure quality client care; and
Knowledge #17, Knowledge of available resources (e.g., self-help groups, support groups, information sources) for client and client's family/care-givers to support client treatment.

After review and discussion, the second group decided to exclude these two items from the California-specific tasks and knowledge. This decision was based on the group's determination that the knowledge of area-specific resources and their applicability to supporting the client's treatment is relevant and appropriate to Speech-Language pathology practice beyond California and not specific to California practice.

The task and knowledge statements identified by the focus groups as describing California-specific areas of practice are listed in Table 13 on the following page,

TABLE 13 – CALIFORNIA-SPECIFIC TASK AND KNOWLEDGE STATEMENTS

Task Statement	Knowledge Statement
1 Practice in a manner consistent with professional and ethical standards to provide best plan of care to client 2 Maintain client confidentiality and security of documentation in compliance with relevant federal and State regulations 3 Apply procedures for control of disease and client/worker safety 7 Supervise Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential to ensure appropriate delivery of services and quality client care	2 Knowledge of State and federal agencies whose regulations impact the Speech-Language Pathologist's practice (e.g., Centers for Medicare and Medicaid Services, CA Department of Education) 3 Knowledge of standards of ethical conduct 4 Knowledge of laws and practices related to client and worker health and safety, including universal precautions 5 Knowledge of State and federal laws related to clients' rights and legal protections (e.g., ADA, IDEA, HIPAA) 11 Knowledge of California regulations regarding supervision of Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential 12 Knowledge of methods and procedures for mentoring and training CFs, Speech-Language Pathology Assistants (SLPA) or Aides, and RPEs 13 Knowledge of methods and procedures for supervising graduate students engaged in acquiring SLP training and/or pursuing a Speech-Language Pathology Services credential

Tasks 1, 2, and 3 were identified because of their linkage with Knowledge 2, 3, 4, and 5, which pertain to specific California law and regulations (ethical conduct by Speech-Language Pathologists is covered under provisions of the California Business and Professions Code). Similarly, Task 7 was found to be linked to Knowledge 11, 12, and 13, which pertain to specific areas of California law and regulations.

Both groups of SMEs were in agreement that the remaining task and knowledge statements were both representative of the description of Speech-Language Pathology practice in California and of Speech-Language Pathology practice in other states. As such, they were retained as part of the description of Speech-Language Pathology practice in California, but not described as "California-specific."

CONTENT AREAS AND WEIGHTS

In order for the February 2014 group of SMEs to determine the relative weights of the content areas, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below. The content area weights based on the task critical values are presented in Table 14.

$$\frac{\textit{Sum of Critical Values for Tasks in Content Area}}{\textit{Sum of Critical Values for All Tasks}} = \textit{Percent Weight of Content Area}$$

In reviewing the preliminary weights based solely on the task critical values (TCV Prelim. Wts.), the SMEs determined that these weights did not reflect the relative importance of the content areas to Speech-Language Pathology practice in California. The SMEs were then presented with values based on the knowledge importance (KImp) ratings for each content area (KImp Prelim. Wts.). These values were calculated by dividing the sum of the knowledge importance for a content area by the overall sum of the knowledge importance ratings for all knowledge, as shown below. The content area weights based on the KImp values are presented in Table 14.

$$\frac{\textit{Sum of K(Imp) for Knowledge in Content Area}}{\textit{Sum of K(Imp) for All Knowledge}} = \textit{Percent Weight of Content Area}$$

In determining the final weighting of the content areas, the February 2014 group of SMEs, looked at the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to Speech-Language Pathology practice in California. The results of their evaluation are depicted in Table 14, below. The content outline for the Speech-Language Pathology content outline is presented in Table 15.

TABLE 14 – CONTENT AREA WEIGHTS

Content Area	TCV Prelim. Wts.	KImp Prelim. Wts.	Final Weights
I. General Competencies	26.8	16.6	14
II. Assessment	32.4	36	32
III. Diagnosis, Goal Setting, and Treatment Planning	11.2	18.5	20
IV. Treatment Interventions and Procedures	20.3	22.8	25
V. Treatment Outcomes and Effectiveness	9.3	6.1	9
Total	100	100	100

TABLE 15 – CONTENT OUTLINE: SPEECH-LANGUAGE PATHOLOGIST

I. GENERAL COMPETENCIES (14%): This area assesses the candidate's knowledge related to core areas of practice applicable across types of clients, disorders, and treatment settings.

Task Statements	Knowledge Statements
1 Practice in a manner consistent with professional and ethical standards to provide best plan of care to client.	1 Knowledge of professional guidelines and standards (i.e., ASHA, CSHA) related to speech-language pathology practice.
2 Maintain client confidentiality and security of documentation in compliance with relevant federal and State regulations.	2 Knowledge of State and federal agencies whose regulations impact the Speech-Language Pathologist's practice (e.g., Centers for Medicare and Medicaid Services, Department of Education).
3 Apply procedures for control of disease and client/worker safety.	3 Knowledge of standards of ethical conduct.
4 Provide culturally and linguistically appropriate services by integrating the values and beliefs of the client and client's community into assessment and treatment decisions.	4 Knowledge of laws and practices related to client and worker health and safety, including universal precautions.
5 Identify and collaborate with appropriate treatment and service providers to provide culturally and linguistically appropriate services.	5 Knowledge of State and federal laws related to clients' rights and legal protections (e.g., ADA, IDEA, HIPAA).
6 Determine and make referrals to other professionals or agencies based on the Speech-Language Pathologist's competency and the client's needs.	6 Knowledge of methods for performing client advocacy.
7 Supervise Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential to ensure appropriate delivery of services and quality client care.	7 Knowledge of procedures for developing collaborative relationships with client, client's family/caregivers, and other professionals to support client's care and treatment.
8 Ensure that clinical support personnel involved with providing client treatment follow treatment protocols.	8 Knowledge of cultural differences and issues that affect the interviewing and counseling process with diverse client populations and their families/caregivers.
	9 Knowledge of methods and procedures for communicating information regarding client's condition, care, and treatment to client, client's family/caregivers, and other professionals.
	10 Knowledge of methods and procedures for counseling and educating client, client's family/caregivers, and other professionals in client's care and treatment.

I. GENERAL COMPETENCIES (continued)

Task Statements	Knowledge Statements
9 Communicate relevant clinical information orally and in writing to client, client's family/relevant others, and other professionals to provide best plan of care to client. 10 Educate and train client, client's family, and relevant others in techniques and strategies to support client's treatment plan. 11 Collaborate with other professionals to provide best plan of care to client. 12 Review, understand, and integrate diagnostic and treatment reports, treatment plans, and professional correspondence. 13 Develop diagnostic and treatment reports, treatment plans, and professional correspondence that clearly communicate the client's needs. 14 Document client care and treatment activities consistent with institutional and organizational requirements and professional standards. 15 Access, critically review, and apply research findings/technical reports to ensure quality client care (i.e., evidence-based practice). 16 Provide information to the public that increases awareness of communication and swallowing disorders. 17 Advocate for programs, policies, personnel, facilities, equipment, and materials that ensure quality client care. 18 Incorporate effective methods for working with interpreters and translators for non-English speaking clients.	11 Knowledge of California regulations regarding supervision of Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential. 12 Knowledge of methods and procedures for mentoring and training CFs, Speech-Language Pathology Assistants (SLPA) or Aides, and RPEs. 13 Knowledge of methods and procedures for supervising graduate students engaged in acquiring SLP training and/or pursuing a Speech-Language Pathology Services credential. 14 Knowledge of conventions and professional standards of written communication for different clinical purposes and settings (e.g., medical, governmental, educational). 15 Knowledge of procedures for applying research methodology and the scientific method to clinical practice. 16 Knowledge of methods and procedures for integrating research outcomes into evidence-based clinical practice. 17 Knowledge of available resources (e.g., self-help groups, support groups, information sources) for client and client's family/care-givers to support client treatment.

II. ASSESSMENT (32%): This area assesses the candidate's ability to identify, evaluate, and assess the development and disorders of speech, voice, language, or swallowing.

Task Statements		Knowledge Statements	
19	Identify individuals and groups at risk for swallowing and communication disorders.	18	Knowledge of the effects of cognitive, behavioral, and cultural factors on communication and feeding/swallowing behavior.
20	Screen for the presence of speech and language disorders involving voice, resonance, and fluency.	19	Knowledge of screening procedures for social communication disorders.
21	Screen for presence of feeding and swallowing disorders.	20	Knowledge of screening procedures for feeding and swallowing disorders.
22	Screen for presence of hearing impairments.	21	Knowledge of screening procedures for hearing impairments.
23	Screen for presence of cognitive-linguistic impairments.	22	Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.
24	Screen for presence of social communication deficits.	23	Knowledge of screening procedures for cognitive-linguistic impairments.
25	Screen for presence of language-based learning disabilities.	24	Knowledge of screening procedures for language-based learning disabilities.
26	Recognize indicators that prompt further assessment and/or referral.	25	Knowledge of typical cognitive, psychological, motor, and sensory development and functioning.
27	Utilize client history to identify potential causal factors and correlates relating to client's past and present communication and swallowing status.	26	Knowledge of the anatomy, physiology, and neurology of normal speech, language, hearing, and functional swallowing.
28	Determine communication function of client behaviors and emotions that impact assessment or treatment (e.g., attention, aggression, self-injury, hyperactivity, withdrawal).	27	Knowledge of the physical characteristics of speech, including acoustics, aerodynamics, and articulatory movements.
29	Select assessment instruments, procedures, settings, and materials appropriate to characteristics of client, (e.g. age, primary language background, cognitive/physical limitations, culture).	28	Knowledge of the phonologic, morphologic, syntactic, semantic, and pragmatic aspects of typical human communication and its development.
30	Assess client's voice and resonance.	29	Knowledge of social communication development with autism spectrum disorders.
31	Assess client's speech fluency.	30	Knowledge of the effects of communication and swallowing impairments on client behavior, emotional adjustment, and health status, as well as on client academic, vocational, and social success.
32	Assess client's speech production and intelligibility.	31	Knowledge of methods and procedures for obtaining client case history and performing client assessment.

II. ASSESSMENT (continued)

Task Statements	Knowledge Statements
33 Assess client's language (comprehension and expression).	32 Knowledge of the effects of medical conditions, procedures, and treatments on communication and swallowing.
34 Assess client's cognitive-linguistic functioning.	33 Knowledge of the psychosocial impact of communication and swallowing disorders across the life span.
35 Assess client's feeding and swallowing.	34 Knowledge of the epidemiology of communication and swallowing impairments.
36 Assess client's social (pragmatic) communication.	35 Knowledge of the effects of neurotoxins and drugs on communication and swallowing.
37 Assess client's language-based learning.	36 Knowledge of methods and procedures for conducting an objective assessment.
38 Assess client's communication skills related to possible hearing loss.	37 Knowledge of procedures for assessing speech sound production (articulation) including perceptual characteristics, oral/physiological structure, motor planning, and execution.
39 Assess client's options for communication without a larynx.	38 Knowledge of procedures for assessing resonance including oral structure and function, nasal structure, and velopharyngeal structure and function.
40 Assess impact of client's communication impairment on academic, social, and vocational functioning.	39 Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and function.
41 Assess functional communication using standardized and non-standardized assessments (e.g., observation, sampling, rating scales, dynamic assessment).	40 Knowledge of procedures for assessing alaryngeal speech.
42 Determine appropriateness of behavioral, prosthetic, alternative and augmentative management.	41 Knowledge of procedures for assessing language/communication (comprehension and expression) including phonology, morphology, syntax, semantics, pragmatics, language aspects of literacy, and prelinguistic communication.
43 Conduct instrumentation-based assessment of respiratory, supralaryngeal, laryngeal, and pharyngeal subsystems.	42 Knowledge of procedures for assessing cognition including attention, memory, sequencing, problem solving, and executive functioning.
44 Determine functional level of primary language in individuals who speak a language other than English.	3 Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oral/pharyngeal/esophageal deficits and their effects on client's feeding and swallowing.
45 Assess English language skills in individuals who speak a language other than English.	

II. ASSESSMENT (continued)

Task Statements	Knowledge Statements
46 Utilize effective interpersonal skills in clearly communicating assessment results to client, client's family/relevant others, other professionals, and referral sources in order to set a positive tone for collaboration, collaborative problem-solving, and mutual support and agreement.	44 Knowledge of procedures for assessing auditory processing. 45 Knowledge of procedures for assessing client's ability to use and benefit from alternative and augmentative communication. 46 Knowledge of procedures for assessing orofacial myofunctional disorders (including tongue thrust). 47 Knowledge of procedures for performing curriculum-based assessment for school populations. 48 Knowledge of strategies for managing client's challenging behaviors during assessment. 49 Knowledge of motivational strategies for engaging client and client's family/relevant others in the assessment process. 10 Knowledge of typical progression and development of the acquisition of a second language during childhood. 51 Knowledge of sociolinguistic, familial, and cultural influences on communication. 52 Knowledge of procedures for interpretation of audiograms. 53 Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures using imaging (e.g., radiographic procedures, endoscopic visualization). 54 Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures using aerodynamic analysis (e.g., air volume, air pressure, airflow). 55 Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, or electromyography (EMG). 56 Knowledge of principles and procedures for calibration and operation of instrumentation. 57 Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective features.

II. ASSESSMENT (continued)

Task Statements	Knowledge Statements
	58 Knowledge of methods and procedures for performing and interpreting client screening and assessment for clients using AAC (augmentative and alternative communication) and prosthetic communication devices. 59 Knowledge of the potential impacts on the client-family/caregiver relationships arising from the client's communication impairment.

III. DIAGNOSIS, GOAL SETTING, AND TREATMENT PLANNING (20%): This area assesses the candidate's ability to use assessment information to formulate an accurate diagnosis for developing a treatment plan and interventions.

Task Statements	Knowledge Statements
47 Review assessment results, including considering of etiology, to identify and prioritize client's communication and/or swallowing deficits that require treatment.	60 Knowledge of the effects of genetic disorders on communication, swallowing and feeding.
48 Review assessment results to identify and prioritize aspects of client's environment that may require modification.	61 Knowledge of the effects of neonatal risk factors on communication and swallowing.
49 Synthesize and document the results of the evaluation process to develop a comprehensive description of the client's communication strengths and weaknesses.	62 Knowledge of interventions and procedures using aided/unaided AAC applications in diagnosis and treatment.
50 Develop treatment plan that includes goals and objectives, interventions, modes of service delivery, and necessary referrals, supports, and resources based on client needs.	63 Knowledge of conventions and professional standards for writing/documenting assessment results and treatment recommendations.
51 Consider evidence-based outcomes in the formulation of the treatment plan.	64 Knowledge of methods and techniques for identifying and modifying the demands of the linguistic, cognitive, and social environments to improve client's communication.
52 Determine the appropriateness of specific augmentative and alternative communication systems.	65 Knowledge of the effects of developmental disabilities on communication, swallowing, and feeding.
53 Utilize effective interpersonal skills in clearly communicating assessment results and treatment recommendations to client, family/relevant others, other professionals, and referral sources in order to set a positive tone for gaining consensus, support for treatment plan, and collaborative problem-solving.	66 Knowledge of the effects of auditory deficits on client's communication, academic, social, and vocational skills.
	67 Knowledge of the effects of oral, pharyngeal, and laryngeal anomalies on communication, swallowing, and feeding.
	68 Knowledge of the effects of respiratory compromise on communication, swallowing, and feeding.
	69 Knowledge of the effects of neurological disease/dysfunction on communication, swallowing, and feeding.
	70 Knowledge of the effects of psychiatric disorders on communication, swallowing, and feeding.
	71 Knowledge of the effects of gastrointestinal disorders (e.g., reflux, food allergy-related) on communication, swallowing, and feeding.
	72 Knowledge of methods for developing and defining treatment goals, service delivery options, treatment supports, and resources.

III. DIAGNOSIS, GOAL SETTING, AND TREATMENT PLANNING (continued)

Task Statements	Knowledge Statements
	73 Knowledge of communication techniques for building consensus and support with client and family regarding options for treatment and treatment plan. 74 Knowledge of the components of a diagnostic assessment report necessary to provide a comprehensive description of client's communication, swallowing, and feeding. 75 Knowledge of procedures for determining and applying criteria for initiating treatment and prioritizing treatment targets. 76 Knowledge of methods for determining the optimal treatment setting based on assessment results. 77 Knowledge of methods and procedures for applying evidence-based outcomes to differential diagnosis. 78 Knowledge of the effects of sensory processing and behavioral disorders on communication, swallowing, and feeding. 79 Knowledge of methods for addressing family/caregiver factors that impact client care and treatment (e.g. caregiver fatigue, attachment, family dynamics).

IV. TREATMENT INTERVENTIONS AND PROCEDURES (25%): This area assesses the candidate's ability to develop culturally relevant treatment interventions based on assessment and diagnostic information that are measureable, objective, and consistent with the client's readiness and ability to engage in treatment.

Task Statements	Knowledge Statements
54 Provide treatment interventions for improving client's speech sound production.	80 Knowledge of interventions and procedures for treating speech sound disorders, including perceptual characteristics and physiological structure and function.
55 Provide treatment interventions for improving client's resonance.	81 Knowledge of interventions and procedures for treating neurogenic speech disorders.
56 Provide treatment interventions for improving client's voice.	82 Knowledge of interventions and procedures for treating resonance impairments, including those related to oral structure and function, nasal structure, and velopharyngeal structure and function.
57 Provide treatment interventions for improving client's fluency.	83 Knowledge of interventions and procedures for treating voice impairments including those related to respiratory, supralaryngeal , and laryngeal structure and function.
58 Provide treatment interventions for improving client's language (comprehension and expression).	84 Knowledge of interventions and procedures for treating impairments involving alaryngeal speech.
59 Provide treatment interventions for addressing client's cognitive-linguistic deficits.	85 Knowledge of interventions and procedures for treating language and communication impairments in the areas of phonology, morphology, syntax, semantics, pragmatics, language aspects of literacy, and prelinguistic communication.
60 Provide treatment interventions for improving client's feeding and swallowing.	86 Knowledge of interventions and procedures for treating cognition in the areas of attention, memory, sequencing, problem solving, and executive functioning.
61 Provide treatment interventions in the area of accent modification to improve client's speech proficiency.	87 Knowledge of interventions and procedures for treating feeding and swallowing impairments including those related to oral, pharyngeal, laryngeal, and esophageal structure and function.
62 Provide treatment interventions in the area of care and improvement of the voice for clients involved with performance and singing.	88 Knowledge of interventions and procedures for treating feeding and swallowing impairments including those related to nutritional status, sensory issues, and behavioral aspects.
63 Provide treatment interventions in the area of transgender voice to improve client's speech and communication effectiveness.	89 Knowledge of interventions and procedures for treating clients diagnosed with autism or related social pragmatic disorders.
64 Provide treatment interventions in the area of personal/professional communication to improve client's language proficiency and communication effectiveness.	
65 Provide treatment interventions for improving client's social (pragmatic) communication.	

IV. TREATMENT INTERVENTIONS AND PROCEDURES (continued)

Task Statements	Knowledge Statements
66 Provide treatment interventions for improving client's language-based learning skills.	90 Knowledge of interventions and procedures for treating orofacial myofunctional impairments including those related to tongue thrust.
67 Provide treatment interventions for improving client's communication skills related to hearing loss/deafness.	91 Knowledge of the phonemic repertoire of the English language and its grammatical structure sufficient to discriminate and produce acoustically correct models for client.
68 Provide treatment interventions that build on client's intellectual strengths and physical capabilities.	92 Knowledge of interventions and procedures using aided/unaided AAC applications in treatment.
69 Provide treatment interventions that consider client's age, primary language background, cognitive/physical abilities, emotional and behavioral status, and culture.	93 Knowledge of procedures for selecting AAC applications that meet client's treatment needs.
70 Provide treatment interventions that strengthen communication between client and family/caregivers.	94 Knowledge of methods and techniques for training family, caregivers, and support personnel in the programming and use of the client's AAC.
71 Provide support to family/caregivers to address feelings of loss, blame, guilt, and/or grief surrounding client and client's presenting issues.	95 Knowledge of interventions and procedures for modifying the demands of client's linguistic, cognitive, and social environments to improve client's communication.
72 Provide training to family/caregivers to support client's treatment (e.g., intervention and reinforcement techniques, nonverbal interaction).	96 Knowledge of instructional and learning strategies for improving client's learning environment.
73 Produce acoustically correct model for targeted phonemes, grammatical features, or other aspects of speech and language that characterize client's particular problem.	97 Knowledge of motivational strategies for maintaining client involvement in the treatment program.
74 Provide treatment interventions for alaryngeal speech.	98 Knowledge of strategies for managing client's challenging behavior.
75 Select and implement alternative and augmentative communication (AACs) that meet the immediate and ongoing treatment needs of client.	99 Knowledge of interventions and procedures for modification of speech, language, and voice in the absence of impairment (e.g., dialect, accent).
	100 Knowledge of group facilitation and management techniques
	101 Knowledge of interventions and procedures for treating fluency impairments, including types of dysfluency, concomitant behaviors, and cognitive-affective features.
	102 Knowledge of strategies and resources for addressing the psychological and emotional reactions of the client's family/caregivers to client's presenting issues.

IV. TREATMENT INTERVENTIONS AND PROCEDURES (continued)

Task Statements	Knowledge Statements
	103 Knowledge of strategies and supports for addressing the family/caregiver issues related to parent-child attachment and engagement. 104 Knowledge of interventions and procedures for treating communication impairments in the area of auditory processing 105 Knowledge of interventions and procedures for treating impairments related to hearing loss in the areas of specific factors and equipment for aural rehabilitation.

V. TREATMENT OUTCOMES AND EFFECTIVENESS (9%): This area assesses the candidate's ability to evaluate client progress in relation to treatment goals and develop plans for continuing, remediation, or termination as appropriate.

Task Statements	Knowledge Statements
76 Establish methods for ongoing monitoring of treatment progress and outcomes to evaluate efficacy of treatment plan through discharge/dismissal.	106 Knowledge of methods of data collection and analysis for assessing status, evaluating progress, and/or modifying the treatment plan.
77 Collect treatment outcome data in a routine manner to measure client's functional gains and the efficacy of targeted environmental modifications.	107 Knowledge of methods for developing and applying criteria for dismissal/discharge from treatment.
78 Use data to modify assessment and/or treatment as appropriate, including dismissal/discharge from treatment.	108 Knowledge of communication techniques for building consensus and support with client and family/caregivers regarding post-treatment decisions.
79 Follow up on post-treatment and skills maintenance recommendations.	109 Knowledge of methods for evaluating the effectiveness of specific treatment strategies.
80 Write progress notes and/or discharge summary to document client's progress and level of functioning as related to focus of treatment.	110 Knowledge of components of progress notes and discharge summary necessary to provide a report of client's post-treatment status and recommendations for follow-up.
81 Provide recommendations to client/family at completion of treatment to collaboratively plan options for follow-up as necessary.	111 Knowledge of conventions and professional standards of written communication regarding client progress notes and discharge summary reports.
82 Collect data to assess treatment outcomes for purposes of quality assurance and program evaluation.	

CHAPTER 6. CONCLUSION

The occupational analysis of the Speech-Language Pathologist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Speech-Language Pathologists. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Speech-Language Pathologist content outline contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A. RESPONDENTS BY REGION

LOS ANGELES VICINITY

County of Practice	Frequency
Los Angeles	142
Orange	110
TOTAL	252

SAN FRANCISCO AREA

County of Practice	Frequency
Alameda	58
Contra Costa	18
Marin	18
Napa	8
San Francisco	68
San Mateo	19
Santa Clara	45
Santa Cruz	15
Solano	2
TOTAL	251

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	11
Kern	9
Mariposa	1
San Joaquin	9
Stanislaus	3
Tulare	3
TOTAL	36

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	3
Sacramento	62
Yolo	9
Yuba	2
TOTAL	76

SAN DIEGO AND VICINITY

County of Practice	Frequency
San Diego	90
Inyo	1
TOTAL	91

SHASTA/CASCADE

County of Practice	Frequency
Shasta	2
Siskiyou	1
TOTAL	3

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	35
San Bernardino	22
TOTAL	57

SIERRA MOUNTAIN

County of Practice	Frequency
El Dorado	5
Nevada	8
Placer	16
Tuolumne	2
TOTAL	31

NORTH COAST

County of Practice	Frequency
Humboldt	1
Sonoma	17
TOTAL	18

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	17
San Luis Obispo	14
Santa Barbara	17
Ventura	20
TOTAL	68

APPENDIX B. CRITICALITY INDICES FOR ALL TASKS

CA	Task #	Task Statement	Mean TFreq	Mean TImpt	Mean TCV
1	1	Practice in a manner consistent with professional and ethical standards to provide best plan of care to client.	4.77	3.81	18.3
1	2	Maintain client confidentiality and security of documentation in compliance with relevant federal and State regulations.	3.72	3.76	14.16
1	3	Apply procedures for control of disease and client/worker safety.	2.50	3.21	8.64
1	4	Provide culturally and linguistically appropriate services by integrating the values and beliefs of the client and client's community into assessment and treatment decisions.	2.92	3.15	9.73
1	5	Identify and collaborate with treatment and service providers that can provide culturally and linguistically appropriate services.	2.25	2.96	7.36
1	6	Determine and make referrals to other professionals or agencies based on the Speech-Language Pathologist's competency and the client's needs.	1.96	2.93	6.31
1	7	Supervise delivery of client services by Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential to ensure quality client care.	1.15	2.85	3.64
1	8	Ensure that clinical support personnel involved with providing client treatment follow treatment protocols.	1.73	3.18	5.91
1	9	Communicate relevant clinical information orally and in writing to client, client's family/relevant others, and other professionals to provide best plan of care to client.	3.07	3.30	10.68
1	10	Educate and train client, client's family, and relevant others in techniques and strategies to support client's treatment plan.	2.75	3.25	9.64
1	11	Collaborate with other professionals to provide best plan of care to client.	2.76	3.13	9.16
1	12	Review, understand, and integrate diagnostic and treatment reports, treatment plans, and professional correspondence.	2.92	3.19	9.88
1	13	Develop diagnostic and treatment reports, treatment plans, and professional correspondence that clearly communicate the client's needs.	3.32	3.44	11.76
1	14	Document client care and treatment activities consistent with institutional and organizational requirements and professional standards.	3.33	3.33	11.48
1	15	Access, critically review, and apply research findings/technical reports to ensure quality client care (i.e., evidence-based practice).	2.34	2.94	7.48
1	16	Provide information to the public that increases awareness of communication and swallowing disorders.	0.79	2.26	2.07

CA	Task #	Task Statement	Mean TFreq	Mean TImpt	Mean TCV
1	17	Advocate for programs, policies, personnel, facilities, equipment, and materials that ensure quality client care.	1.39	2.53	4.16
1	18	Incorporate effective methods for working with interpreters and translators for non-English speaking clients.	1.55	2.89	4.98
2	19	Identify individuals and groups at risk for swallowing and communication disorders.	1.71	3.04	5.74
2	20	Screen for the presence of speech and language disorders involving voice, resonance, and fluency.	1.65	2.68	5.05
2	21	Screen for presence of feeding and swallowing disorders.	1.04	3.16	3.65
2	22	Screen for presence of hearing impairments.	0.86	2.93	2.77
2	23	Screen for presence of cognitive-linguistic impairments.	1.92	2.98	6.3
2	24	Screen for presence of social communication deficits.	2.19	2.94	7.05
2	25	Screen for presence of language-based learning disabilities.	2.07	3.10	6.92
2	26	Recognize indicators that prompt further assessment and/or referral.	2.80	3.18	9.34
2	27	Utilize client history to identify potential causal factors and correlates relating to client's past and present communication and swallowing status.	2.68	3.10	8.9
2	28	Determine communication function of client behaviors and emotions that impact assessment or treatment (e.g., attention, aggression, self-injury, hyperactivity, withdrawal).	2.78	3.07	9.23
2	29	Select assessment instruments, procedures, settings, and materials matched to client characteristics (e.g., age, primary language background, cognitive/physical limitations, culture).	3.29	3.43	11.73
2	30	Assess client's voice and resonance using standardized and non-standardized assessments.	1.28	2.61	3.77
2	31	Assess client's speech fluency using standardized and non-standardized assessments.	1.52	2.70	4.6
2	32	Assess client's speech production and intelligibility using standardized and informal assessments.	3.13	3.17	10.33
2	33	Assess client's language (comprehension and expression) standardized and non-standardized assessments.	3.45	3.39	11.97
2	34	Assess client's cognitive-linguistic functioning standardized and non-standardized assessments.	2.26	3.11	7.56
2	35	Assess client's feeding and swallowing standardized and non-standardized assessments.	1.18	3.35	4.3
2	36	Assess client's social (pragmatic) communication standardized and non-standardized assessments.	2.59	3.03	8.45
2	37	Assess client's language-based learning standardized and non-standardized assessments.	2.31	3.09	7.64

CA	Task #	Task Statement	Mean TFreq	Mean TImpt	Mean TCV
2	38	Assess client's communication skills related to possible hearing loss standardized and non-standardized assessments.	1.07	2.86	3.53
2	39	Assess client's options for communication without a larynx.	0.14	3.19	0.43
2	40	Assess impact of client's communication impairment on academic, social, and vocational functioning.	2.60	3.24	8.97
2	41	Assess functional communication using standardized and non-standardized assessments (e.g., observation, sampling, rating scales, dynamic assessment).	2.75	3.22	9.49
2	42	Determine if behavior management, prosthetics, and/or alternative and augmentative communication is needed to support client's training.	1.60	2.88	5.17
2	43	Conduct instrumentation-based assessment of respiratory, supralaryngeal, laryngeal and pharyngeal subsystems.	0.29	2.84	0.93
2	44	Determine functional level of primary language in individuals who speak a language other than English.	1.65	3.11	5.58
2	45	Assess English language skills in individuals who speak a language other than English.	1.71	2.91	5.49
2	46	Utilize effective interpersonal skills in communicating assessment results to client, client's family/relevant others, other professionals, and referral sources to set a positive tone for collaboration, mutual support, and agreement.	3.46	3.55	12.62
3	47	Review assessment results, including considering of etiology, to identify and prioritize client's communication and/or swallowing deficits that require treatment.	2.83	3.35	9.92
3	48	Review assessment results to identify and prioritize aspects of client's environment that may require modification.	2.29	2.97	7.51
3	49	Synthesize and document the results of the evaluation process to develop a comprehensive description of the client's communication strengths and weaknesses.	3.12	3.26	10.69
3	50	Develop treatment plan that includes goals and objectives, interventions, modes of service delivery, and necessary referrals, supports, and resources based on client needs.	3.53	3.61	13
3	51	Consider evidence-based outcomes in the formulation of the treatment plan.	2.62	2.99	8.47
3	52	Determine the appropriateness of specific augmentative and alternative communication systems.	1.19	2.82	3.81
3	53	Utilize effective interpersonal skills in communicating treatment recommendations to client, family/relevant others, other professionals, and referral sources to set a positive tone for gaining consensus and support for the treatment plan.	3.26	3.36	11.34
4	54	Provide treatment interventions for improving client's speech sound production.	3.06	3.23	10.39

CA	Task #	Task Statement	Mean TFreq	Mean TImpt	Mean TCV
4	55	Provide treatment interventions for improving client's resonance.	0.60	2.58	1.83
4	56	Provide treatment interventions for improving client's voice.	0.74	2.65	2.22
4	57	Provide treatment interventions for improving client's fluency.	1.23	2.81	3.89
4	58	Provide treatment interventions for improving client's language (comprehension and expression).	3.38	3.46	12.03
4	59	Provide treatment interventions for addressing client's cognitive-linguistic deficits.	2.30	3.14	7.75
4	60	Provide treatment interventions for improving client's feeding and swallowing.	1.11	3.50	4.18
4	61	Provide treatment interventions in the area of accent modification to improve client's speech proficiency.	0.32	2.71	1.03
4	62	Provide treatment interventions in the area of care and improvement of the voice for clients involved with performance and singing.	0.16	2.72	0.56
4	63	Provide treatment interventions in the area of transgender voice to improve client's speech and communication effectiveness.	0.10	2.62	0.36
4	64	Provide treatment interventions in the area of personal/professional communication to improve client's language proficiency and communication effectiveness.	0.98	2.93	3.24
4	65	Provide treatment interventions for improving client's social (pragmatic) communication.	2.52	3.10	8.51
4	66	Provide treatment interventions for improving client's language-based learning skills.	2.47	3.19	8.38
4	67	Provide treatment interventions for improving client's communication skills related to hearing loss/deafness.	0.84	2.93	2.77
4	68	Provide treatment interventions that build on client's intellectual strengths and physical capabilities.	1.99	2.92	6.46
4	69	Provide treatment interventions that consider client's age, primary language background, cognitive/physical abilities, emotional and behavioral status, and culture.	3.04	3.27	10.49
4	70	Provide treatment interventions that strengthen communication between client and family/caregivers.	2.52	3.13	8.5
4	71	Provide support to family/caregivers to address feelings of loss, blame, guilt, and/or grief surrounding client and client's presenting issues.	1.34	2.82	4.36
4	72	Provide training to family/caregivers to support client's treatment (e.g., intervention and reinforcement techniques, nonverbal interaction).	2.28	3.10	7.69
4	73	Produce acoustically correct model for targeted phonemes, grammatical features, or other aspects of speech and language that characterize client's particular problem.	2.69	3.16	9.08

CA	Task #	Task Statement	Mean TFreq	Mean TImpt	Mean TCV
4	74	Provide treatment interventions for alaryngeal speech.	0.13	3.03	0.45
4	75	Select and implement alternative and augmentative communication (AACs) that meet the immediate and ongoing treatment needs of client.	1.00	2.94	3.28
5	76	Establish methods for ongoing monitoring of treatment progress and outcomes to evaluate efficacy of treatment plan through discharge/dismissal.	2.72	3.15	9.11
5	77	Collect treatment outcome data to measure client's functional gains and the efficacy of targeted environmental modifications.	2.52	3.03	8.24
5	78	Use outcome data in determining need for client reassessment, treatment modification, and dismissal/discharge from treatment.	2.73	3.10	9.03
5	79	Follow up on post-treatment and skills maintenance recommendations.	1.37	2.55	4.11
5	80	Write progress notes and/or discharge summary to document client's progress and level of functioning as related to focus of treatment.	3.12	3.05	10.02
5	81	Provide recommendations to client/family at completion of treatment to collaboratively plan options for follow-up as necessary.	2.27	2.86	7.3
5	82	Collect and analyze treatment outcomes data for purposes of quality assurance and program evaluation.	1.44	3.32	5.72

APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS

CA	K Num	Knowledge Statement	Mean KImpt
1	1	Knowledge of professional guidelines and standards (i.e., ASHA, CSHA) related to speech-language pathology practice.	4.24
1	2	Knowledge of State and federal agencies whose regulations impact the Speech-Language Pathologist's practice (e.g., Centers for Medicare and Medicaid Services, Department of Education).	3.73
1	3	Knowledge of standards of ethical conduct.	4.46
1	4	Knowledge of laws and practices related to client and worker health and safety, including universal precautions.	3.78
1	5	Knowledge of State and federal laws related to clients' rights and legal protections (e.g., ADA, IDEA, HIPAA).	4.27
1	6	Knowledge of methods for performing client advocacy.	3.15
1	7	Knowledge of procedures for developing collaborative relationships with client, client's family/caregivers, and other professionals to support client's care and treatment.	3.97
1	8	Knowledge of cultural differences and issues that affect the interviewing and counseling process with diverse client populations and their families/caregivers.	3.82
1	9	Knowledge of methods and procedures for communicating information regarding client's condition, care, and treatment to client, client's family/caregivers, and other professionals.	4.02
1	10	Knowledge of methods and procedures for counseling and educating client, client's family/caregivers, and other professionals in client's care and treatment.	3.77
1	11	Knowledge of California regulations regarding supervision of Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential.	2.77
1	12	Knowledge of methods and procedures for mentoring and training CFs, Speech-Language Pathology Assistants (SLPA) or Aides, and RPEs.	2.62
1	13	Knowledge of methods and procedures for supervising graduate students engaged in acquiring SLP training and/or pursuing a Speech-Language Pathology Services credential.	2.36
1	14	Knowledge of conventions and professional standards of written communication for different clinical purposes and settings (e.g., medical, governmental, educational).	3.02
1	15	Knowledge of procedures for applying research methodology and the scientific method to clinical practice.	2.58
1	16	Knowledge of methods and procedures for integrating research outcomes into evidence-based clinical practice.	3.10
1	17	Knowledge of available resources (e.g., self-help groups, support groups, information sources) for client and client's family/care-givers to support client treatment.	3.11

CA	K Num	Knowledge Statement	Mean KImpt
2	18	Knowledge of the effects of cognitive, behavioral, and cultural factors on communication and feeding/swallowing behavior.	3.29
2	19	Knowledge of screening procedures for social communication disorders.	3.49
2	20	Knowledge of screening procedures for feeding and swallowing disorders.	2.07
2	21	Knowledge of screening procedures for hearing impairments.	2.30
2	22	Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	3.25
2	23	Knowledge of screening procedures for cognitive-linguistic impairments.	3.38
2	24	Knowledge of screening procedures for language-based learning disabilities.	3.37
2	25	Knowledge of typical cognitive, psychological, motor, and sensory development and functioning.	3.74
2	26	Knowledge of the anatomy, physiology, and neurology of normal speech, language, hearing, and functional swallowing.	3.95
2	27	Knowledge of the physical characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	3.77
2	28	Knowledge of the phonologic, morphologic, syntactic, semantic, and pragmatic aspects of typical human communication and its development.	4.23
2	29	Knowledge of social communication development with autism spectrum disorders.	3.70
2	30	Knowledge of the effects of communication and swallowing impairments on client behavior, emotional adjustment, and health status, as well as on client academic, vocational, and social success.	3.50
2	31	Knowledge of methods and procedures for obtaining client case history and performing client assessment.	4.19
2	32	Knowledge of the effects of medical conditions, procedures, and treatments on communication and swallowing.	3.63
2	33	Knowledge of the psychosocial impact of communication and swallowing disorders across the life span.	3.04
2	34	Knowledge of the epidemiology of communication and swallowing impairments.	2.97
2	35	Knowledge of the effects of neurotoxins and drugs on communication and swallowing.	2.68
2	36	Knowledge of methods and procedures for conducting an objective assessment.	4.33
2	37	Knowledge of procedures for assessing speech sound production (articulation) including perceptual characteristics, oral/physiological structure, motor planning, and execution.	4.24

CA	K Num	Knowledge Statement	Mean KImpt
2	38	Knowledge of procedures for assessing resonance including oral structure and function, nasal structure, and velopharyngeal structure and function.	2.93
2	39	Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and function.	2.60
2	40	Knowledge of procedures for assessing alaryngeal speech.	1.06
2	41	Knowledge of procedures for assessing language/communication (comprehension and expression) including phonology, morphology, syntax, semantics, pragmatics, language aspects of literacy, and prelinguistic communication.	4.26
2	42	Knowledge of procedures for assessing cognition including attention, memory, sequencing, problem solving, and executive functioning.	3.72
2	43	Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oral/pharyngeal/esophageal deficits and their effects on client's feeding and swallowing.	2.25
2	44	Knowledge of procedures for assessing auditory processing.	2.96
2	45	Knowledge of procedures for assessing client's ability to use and benefit from alternative and augmentative communication.	3.15
2	46	Knowledge of procedures for assessing orofacial myofunctional disorders (including tongue thrust).	2.26
2	47	Knowledge of procedures for performing curriculum-based assessment for school populations.	2.66
2	48	Knowledge of strategies for managing client's challenging behaviors during assessment.	3.88
2	49	Knowledge of motivational strategies for engaging client and client's family/relevant others in the assessment process.	3.88
2	50	Knowledge of typical progression and development of the acquisition of a second language during childhood.	3.25
2	51	Knowledge of sociolinguistic, familial, and cultural influences on communication.	3.59
2	52	Knowledge of procedures for interpretation of audiograms.	2.12
2	53	Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures using imaging (e.g., radiographic procedures, endoscopic visualization).	1.47
2	54	Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures using aerodynamic analysis (e.g., air volume, air pressure, airflow).	1.10
2	55	Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, or electromyography (EMG).	0.90
2	56	Knowledge of principles and procedures for calibration and operation of instrumentation.	0.94

CA	K Num	Knowledge Statement	Mean KImpt
2	57	Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective features.	3.04
2	58	Knowledge of methods and procedures for performing and interpreting client screening and assessment for clients using AAC (augmentative and alternative communication) and prosthetic communication devices.	2.68
2	59	Knowledge of the potential impacts on the client-family/caregiver relationships arising from the client's communication impairment.	3.58
3	60	Knowledge of the effects of genetic disorders on communication, swallowing and feeding.	2.70
3	61	Knowledge of the effects of neonatal risk factors on communication and swallowing.	2.00
3	62	Knowledge of interventions and procedures using aided/unaided AAC applications in diagnosis and treatment.	2.66
3	63	Knowledge of conventions and professional standards for writing/documenting assessment results and treatment recommendations.	4.22
3	64	Knowledge of methods and techniques for identifying and modifying the demands of the linguistic, cognitive, and social environments to improve client's communication.	3.83
3	65	Knowledge of the effects of developmental disabilities on communication, swallowing, and feeding.	3.34
3	66	Knowledge of the effects of auditory deficits on client's communication, academic, social, and vocational skills.	3.39
3	67	Knowledge of the effects of oral, pharyngeal, and laryngeal anomalies on communication, swallowing, and feeding.	2.95
3	68	Knowledge of the effects of respiratory compromise on communication, swallowing, and feeding.	2.75
3	69	Knowledge of the effects of neurological disease/dysfunction on communication, swallowing, and feeding.	2.99
3	70	Knowledge of the effects of psychiatric disorders on communication, swallowing, and feeding.	2.47
3	71	Knowledge of the effects of gastrointestinal disorders (e.g., reflux, food allergy-related) on communication, swallowing, and feeding.	2.32
3	72	Knowledge of methods for developing and defining treatment goals, service delivery options, treatment supports, and resources.	4.29
3	73	Knowledge of communication techniques for building consensus and support with client and family regarding options for treatment and treatment plan.	3.97
3	74	Knowledge of the components of a diagnostic assessment report necessary to provide a comprehensive description of client's communication, swallowing, and feeding.	3.92
3	75	Knowledge of procedures for determining and applying criteria for initiating treatment and prioritizing treatment targets.	4.23

CA	K Num	Knowledge Statement	Mean KImpt
3	76	Knowledge of methods for determining the optimal treatment setting based on assessment results.	3.61
3	77	Knowledge of methods and procedures for applying evidence-based outcomes to differential diagnosis.	3.64
3	78	Knowledge of the effects of sensory processing and behavioral disorders on communication, swallowing, and feeding.	3.17
3	79	Knowledge of methods for addressing family/caregiver factors that impact client care and treatment (e.g. caregiver fatigue, attachment, family dynamics).	3.18
4	80	Knowledge of interventions and procedures for treating speech sound disorders, including those related to perceptual characteristics and physiological structure and function.	3.53
4	81	Knowledge of interventions and procedures for treating neurogenic speech disorders.	2.81
4	82	Knowledge of interventions and procedures for treating resonance impairments, including those related to oral structure and function, nasal structure, and velopharyngeal structure and function.	2.28
4	83	Knowledge of interventions and procedures for treating voice impairments including those related to respiratory, supralaryngeal , and laryngeal structure and function.	2.20
4	84	Knowledge of interventions and procedures for treating impairments involving alaryngeal speech.	1.00
4	85	Knowledge of interventions and procedures for treating language and communication impairments in the areas of phonology, morphology, syntax, semantics, pragmatics, language aspects of literacy, and prelinguistic communication.	4.02
4	86	Knowledge of interventions and procedures for treating cognition in the areas of attention, memory, sequencing, problem solving, and executive functioning.	3.60
4	87	Knowledge of interventions and procedures for treating feeding and swallowing impairments including those related to oral, pharyngeal, laryngeal, and esophageal structure and function.	2.08
4	88	Knowledge of interventions and procedures for treating feeding and swallowing impairments including those related to nutritional status, sensory issues, and behavioral aspects.	1.91
4	89	Knowledge of interventions and procedures for treating clients diagnosed with autism or related social pragmatic disorders.	3.66
4	90	Knowledge of interventions and procedures for treating orofacial myofunctional impairments including those related to tongue thrust.	1.99
4	91	Knowledge of the phonemic repertoire of the English language and its grammatical structure sufficient to discriminate and produce acoustically correct models for client.	3.67
4	92	Knowledge of interventions and procedures using aided/unaided AAC applications in treatment.	2.77

CA	K Num	Knowledge Statement	Mean KImpt
4	93	Knowledge of procedures for selecting AAC applications that meet client's treatment needs.	2.68
4	94	Knowledge of methods and techniques for training family, caregivers, and support personnel in the programming and use of the client's AAC.	2.70
4	95	Knowledge of interventions and procedures for modifying the demands of client's linguistic, cognitive, and social environments to improve client's communication.	3.60
4	96	Knowledge of instructional and learning strategies for improving client's learning environment.	3.50
4	97	Knowledge of motivational strategies for maintaining client involvement in the treatment program.	4.04
4	98	Knowledge of strategies for managing client's challenging behavior.	4.01
4	99	Knowledge of interventions and procedures for modification of speech, language, and voice in the absence of impairment (e.g., dialect, accent).	1.48
4	100	Knowledge of group facilitation and management techniques.	2.99
4	101	Knowledge of interventions and procedures for treating fluency impairments, including types of dysfluency, concomitant behaviors, and cognitive-affective features.	4.24
4	102	Knowledge of strategies and resources for addressing the psychological and emotional reactions of the client's family/caregivers to client's presenting issues.	3.73
4	103	Knowledge of strategies and supports for addressing the family/caregiver issues related to parent-child attachment and engagement.	4.46
4	104	Knowledge of interventions and procedures for treating communication impairments in the area of auditory processing.	3.78
4	105	Knowledge of interventions and procedures for treating impairments related to hearing loss in the areas of specific factors and equipment for aural rehabilitation.	4.27
5	106	Knowledge of methods of data collection and analysis for assessing status, evaluating progress, and/or modifying the treatment plan.	3.15
5	107	Knowledge of methods for developing and applying criteria for dismissal/discharge from treatment.	3.97
5	108	Knowledge of communication techniques for building consensus and support with client and family/caregivers regarding post-treatment decisions.	3.82
5	109	Knowledge of methods for evaluating the effectiveness of specific treatment strategies.	4.02
5	110	Knowledge of components of progress notes and discharge summary necessary to provide a report of client's post-treatment status and recommendations for follow-up.	3.77

CA	K Num	Knowledge Statement	Mean KImpt
5	111	Knowledge of conventions and professional standards of written communication regarding client progress notes and discharge summary reports.	2.77

APPENDIX D. LETTER TO PRACTITIONERS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
Telephone: (916) 263-2666 Fax: (916) 263-0505
TDD No. (916) 322-1700 Website: www.speechandhearing.ca.gov

April 21, 2014

FirstName LastName 5D_Code
Address1
City, State Zip

Dear Speech-Language Pathologist,

The Board is inviting you to participate in the 2014 Occupational Analysis (OA) regarding the Speech-Language Pathologist practice and we would like to award you 2 CE hours for helping us out on this very important project!

As you know, the Board is responsible for developing examinations to test applicant's skills for licensure in California. The development of an examination begins with an occupational analysis which is a method for identifying the tasks performed in a profession and the knowledge, skills, and abilities required to perform that job. The OA is only conducted every five to seven years and the results are very important to the development of the written and practical exams.

Several workshops with speech-language pathologists have been held in Sacramento, conducted by the Office of Professional Examination Services (OPES). As a result of their efforts, a survey questionnaire has been developed and we invite you to participate in evaluating the 2014 OA as it relates to the current practice of speech-language pathology in California. Your responses will be combined with responses of other speech-language pathologists to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

The survey will be available from **April 24 – May 9, 2014,** 24 hours a day, 7 days a week. It will take approximately two hours to complete the online survey questionnaire. For your convenience, you may begin the survey questionnaire and exit to return at a later time, as long as it is from the same computer. Certificates for 2 CE hours will be mailed to those participants completing the entire survey.

If you are interested in helping us out with this important project, please:

Record the 5 digits after your name (above): ___ ___ ___ ___ ___

Your Password: clarity (all lower case)

Use the following link to access the survey:
https://www.surveymonkey.com/s/NL9Z6CS?c=#####
In place of the #####, please type in the 5 digits located after your name (above).

Again, we appreciate your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

Sincerely,

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

APPENDIX E. QUESTIONNAIRE

SLP OA Questionnaire

1. Welcome Speech-Language Pathologists

Dear Licensee:

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) is conducting an occupational analysis of the Speech-Language Pathology profession. The purpose of the occupational analysis is to identify the important tasks performed by Speech-Language Pathologists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the Speech-Language Pathologist description of practice.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project. Licensees completing the survey in its entirety will earn 2 CE credits for their participation.

Your individual responses will be kept confidential. Your responses will be combined with responses of other Speech-Language Pathologists and only group trends will be reported.

In order to progress through this survey, please use the following navigation buttons:

- Click the Next button to continue to the next page.
- Click the Prev button to return to the previous page.
- Click the Exit this survey button to exit the survey and return to it at a later time.
- Click the Done/Submit button to submit your survey as completed.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

PleaseNote: Once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited. For your convenience, the weblink is available 24 hours a day 7 days a week.

Please submit the completed survey questionnaire by May 16, 2014.

If you have any questions about completing this survey, please contact Tim Yang of the Board at (916) 263-2625. The Board welcomes your participation in this project and thanks you for your time.

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Speech-Language Pathologist practice as represented by the respondents to the questionnaire. Pleasenotethe instructionsforeachitembeforemarkingyourresponseasseveralpermitmultipleresponses.

INSTRUCTIONS FOR RATING TASK AND KNOWLEDGE STATEMENTS

This part of the questionnaire contains a list of tasks and knowledge descriptive of Speech-Language Pathologist practice in a variety of settings. Pleasenotethatsomeofthetasksorknowledgemaynotapplytoyoursetting.

For each task, you will be asked to answer two questions: how often you perform the task (Frequency) and how important the task is in the performance of your current practice (Importance). For each knowledge, you will be asked to answer one question: how important the knowledge is in the performance of your current practice (Importance).

SLP OA Questionnaire

Please rate each task and knowledge as it relates to your current practice as a licensed Speech-Language Pathologist. Do not respond based on what you believe all Speech-Language Pathologists should be expected to know or be able to do.

SLP OA Questionnaire

2. Intro Page

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Section 1798 et seq.) and will be used soley for analyzing the ratings from this questionnaire.

*1. Are you currentlypracticing in California as a licensed Speech-Language Pathologist?

- YES - I am currently licensed and practicing in California as a Speech-Language Pathologist
- NO - I am currently licensed but not practing in California as a Speech-Language Pathologist

SLP OA Questionnaire

3. Part I - Personal Information

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Speech-Language Pathologist practice as represented by the respondents to the questionnaire. Pleasenotethe instructionsforeachitembeforemarkingyourresponseasseveralpermitmultipleresponses.

2. Please provide the board with an email address. An email will be sent to you to confirm your initiating the survey and to confirm that you completed the survey as required, to receive the CE credits.

3. How many years have you been licensed as a Speech-Language Pathologist in California?

- 0 to 5 Years
- 6 to 10 Years
- 11 to 20 Years
- 21 to 29 Years
- 30 or more Years

4. How many hours per week do you work as a licensed Speech-Langauge Pathologist?

- 10 hours or less
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- 41 or more hours

5. What is the highest level of education you have achieved?

- Master's degree in speech-language pathology or communication
- Doctorate in speech-language pathology or communication
- Other formal education (please specify)

SLP OA Questionnaire

6. How would you classify the majority of your responsibilities as a licensed Speech-Language Pathologist?

- Clinical services provider
- College/University professor/instructor
- Consultant
- Director/chair of an education program
- Director/supervisor of a clinical program
- Special Education Teacher
- Supervisor of clinicians
- CEU Provider

7. On the average, what percent of your time is spent performing the following activities in the course of your practice? (the total should add to 100%)

Client IEP (IDT, Case meetings)	
Client Documentation / Reports	
Family / Caregiver Contact / counseling	
Direct Client Care (scr, assess, Treatment)	
Treatment Planning / Preparation	
Collaborations / Consultation (professional staff, teachers)	
Supervision (SLP-related staff, support staff)	
Research / Grant writing	
Teaching / training (staff, students, parents)	
Case Management (Referrals, intake, follow-up)	
Pre-referral interventions	
Administrative (scheduling, staffing, HR, meetings)	
Professional development	

SLP OA Questionnaire

8. In which of the following work settings do you currently provide services? (check all that apply)

- Correctional facility
- Group Home/Sheltered Workshop
- Home Health
- Hospital-based
- Non-Public School (NPS)
- Preschool/Day Care
- Private Practice
- Public School
- Regional Center
- Skilled Nursing / Long-Term Care / Subacute Care
- Speech and Language Clinic
- University/University Clinic
- Web-based Treatment /Telepractice

Other (please specify)

9. For which of the following clients do you currently provide services? (check all that apply)

- Older Adults (71+ years of age)
- Adults (23-70 years of age)
- Young Adults (18-22 years of age)
- Teenagers (15-17 years of age)
- Young Teens (12-14 years f age)
- Children (9-11years of age)
- Children (6-8 years of age)
- Preschool (3-5 years of age)
- Toddlers (1-2 years of age)
- Infants (0-12 months of age)

10. How would you describe your area(s) of specialization? (Check all that apply)

- Alaryngeal Speech
- Augmentative and Alternative Communication
- Aural Rehabilitation
- Autism and related disorders
- Developmental Disabilities
- Developmental Language Delays
- Early Intervention
- Feeding and swallowing Disorders
- Fluency and Fluency Disorders
- Gerontology
- Hearing and Hearing Disorders
- Language-based Learning
- Neurophysiological/neurogenic speech and language Disorders
- Orofacial Disorders
- Phonological Disorders
- Speech sound disorders
- Telepractice
- Voice and Voice Disorders

Other (please specify)

11. What other state-issued licenses do you hold? (check all that apply)

- None
- Audiologist
- Hearing Aide Dispenser
- Occupational Therapist
- Physical Therapist

Other (please specify)

12. What other certificates/credentials do you possess? (check all that apply)

- None
- Special Education
- Administrative
- Applied Behavior Analysis
- Teaching Credential
- Resource Specialist

Other (please specify)

SLP OA Questionnaire

4. California Counties

Location of Speech-Langauge Pathologist Services

13. In what California county do you perform the majority of your work as a speech-language pathologist?

- 01 - Alameda
- 02 - Alpine
- 03 - Amador
- 04 - Butte
- 05 - Calaveras
- 06 - Colusa
- 07 - Contra Costa
- 08 - Del Norte
- 09 - El Dorado
- 10 - Fresno
- 11 - Glenn
- 12 - Humboldt
- 13 - Imperial
- 14 - Inyo
- 15 - Kern
- 16 - Kings
- 17 - Lake
- 18 - Lassen
- 19 - Los Angeles
- 20 - Madera
- 21 - Marin
- 22 - Mariposa
- 23 - Mendocino
- 24 - Merced
- 25 - Modoc
- 26 - Mono
- 27 - Monterey
- 28 - Napa
- 29 - Nevada
- 30 - Orange
- 31 - Placer
- 32 - Plumas
- 33 - Riverside
- 34 - Sacramento
- 35 - San Benito
- 36 - San Bernardino
- 37 - San Diego
- 38 - San Francisco
- 39 - San Joaquin
- 40 - San Luis Obispo
- 41 - San Mateo
- 42 - Santa Barbara
- 43 - Santa Clara
- 44 - Santa Cruz
- 45 - Shasta
- 46 - Sierra
- 47 - Siskiyou
- 48 - Solano
- 49 - Sonoma
- 50 - Stanislaus
- 51 - Sutter
- 52 - Tehama
- 53 - Trinity
- 54 - Tulare
- 55 - Tuolumne
- 56 - Ventura
- 57 - Yolo
- 58 - Yuba

SLP OA Questionnaire

5. Part II - TASK RATINGS

In this part of the questionnaire, please rate each task as it relates to your current practice as a Speech-Language Pathologist.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign from one rating scale should not influence the ratings that you assign from the other rating scale.

If the task is NOT part of your current practice, rate the task “0“ (zero) Frequency and “0” (zero) Importance.

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current job.

FREQUENCY RATING How often are these tasks performed in your current job? Use the following scale to make your rating.

- 0 - DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my job.
  1 - RARELY. This task is one of the tasks I perform least often in my practice relative to other tasks I perform.
  2 - SELDOM. This task is performed less often relative to other tasks I perform in my practice.
  3 - REGULARLY. This task is performed as often as other tasks I perform in my practice.
  4 - OFTEN. This task is performed more often than most other tasks I perform in my practice.
  5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice.

IMPORTANCE RATING HOW IMPORTANT are these tasks in the performance of your current practice? Use the following scale to make your ratings.

- 0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my practice.
  1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.
  2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; it does not have the priority of most other tasks I perform in my current practice.
  3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current job.
  4 - VERY IMPORTANT. This task is very important for performance in my practice; it has a higher degree of priority than most other tasks I perform in my current practice.
  5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform in practice; it has the highest degree of priority of all the tasks I perform in my current practice.

SLP OA Questionnaire

6. Part II - TASK RATINGS (1 through 25)

14. TASK STATEMENTS

	FREQUENCY	IMPORTANCE
1. Practice in a manner consistent with professional and ethical standards to provide best plan of care to client	6	6
2. Maintain client confidentiality and security of documentation in compliance with relevant federal and State regulations	6	6
3. Apply procedures for control of disease and client/worker safety	6	6
4. Provide culturally and linguistically appropriate services by integrating the values and beliefs of the client and client's community into assessment and treatment decisions	6	6
5. Identify and collaborate with treatment and service providers that can provide culturally and linguistically appropriate services	6	6
6. Determine and make referrals to other professionals or agencies based on the Speech-Language Pathologist's competency and the client's needs	6	6
7. Supervise delivery of client services by Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential to ensure quality client care	6	6
8. Ensure that clinical support personnel involved with providing client treatment follow treatment protocols	6	6
9. Communicate relevant clinical information orally and in writing to client, client's family/relevant others, and other professionals to provide best plan of care to client	6	6
10. Educate and train client, client's family, and relevant others in techniques and strategies to support client's treatment plan	6	6
11. Collaborate with other professionals to provide best plan of care to client	6	6
12. Review, understand, and integrate diagnostic and treatment reports, treatment plans, and professional correspondence	6	6
13. Develop diagnostic and treatment reports, treatment plans, and professional correspondence that clearly communicate the client's needs	6	6
14. Document client care and treatment activities consistent with institutional and organizational requirements and professional standards	6	6
15. Access, critically review, and apply research findings/technical reports to ensure quality client care (i.e., evidence-based practice)	6	6
16. Provide information to the public that increases awareness of communication and swallowing disorders	6	6
17. Advocate for programs, policies, personnel, facilities, equipment, and materials that ensure quality client care	6	6
18. Incorporate effective methods for working with interpreters and translators for non-English speaking clients	6	6
19. Identify individuals and groups at risk for swallowing and communication disorders	6	6
20. Screen for the presence of speech and language disorders involving voice, resonance, and fluency	6	6
21. Screen for presence of feeding and swallowing disorders	6	6
22. Screen for presence of hearing impairments	6	6

SLP OA Questionnaire

23. Screen for presence of cognitive-linguistic impairments
24. Screen for presence of social communication deficits
25. Screen for presence of language-based learning disabilities

SLP OA Questionnaire

7. Part II - TASK RATINGS (26 through 50)

15. TASK STATEMENTS

	FREQUENCY	IMPORTANCE
26. Recognize indicators that prompt further assessment and/or referral		
27. Utilize client history to identify potential causal factors and correlates relating to client's past and present communication and swallowing status		
28. Determine communication function of client behaviors and emotions that impact assessment or treatment (e.g., attention, aggression, self-injury, hyperactivity, withdrawal)		
29. Select assessment instruments, procedures, settings, and materials matched to client characteristics (e.g., age, primary language background, cognitive/physical limitations, culture)		
30. Assess client's voice and resonance using standardized and non-standardized assessments		
31. Assess client's speech fluency using standardized and non-standardized assessments		
32. Assess client's speech production and intelligibility using standardized and informal assessments		
33. Assess client's language (comprehension and expression) standardized and non-standardized assessments		
34. Assess client's cognitive-linguistic functioning standardized and non-standardized assessments		
35. Assess client's feeding and swallowing standardized and non-standardized assessments		
36. Assess client's social (pragmatic) communication standardized and non-standardized assessments		
37. Assess client's language-based learning standardized and non-standardized assessments		
38. Assess client's communication skills related to possible hearing loss standardized and non-standardized assessments		
39. Assess client's options for communication without a larynx		
40. Assess impact of client's communication impairment on academic, social, and vocational functioning		
41. Assess functional communication using standardized and non-standardized assessments (e.g., observation, sampling, rating scales, dynamic assessment)		
42. Determine if behavior management, prosthetics, and/or alternative and augmentative communication is needed to support client's training		
43. Conduct instrumentation-based assessment of respiratory, supralaryngeal, laryngeal and pharyngeal subsystems		
44. Determine functional level of primary language in individuals who speak a language other than English		
45. Assess English language skills in individuals who speak a language other than English		

SLP OA Questionnaire

46. Utilize effective interpersonal skills in communicating assessment results to client, client 's family/relevant others, other professionals, and referral sources to set a positive tone for collaboration, mutual support, and agreement	6	6
47. Review assessment results, including considering of etiology, to identify and prioritize client's communication and/or swallowing deficits that require treatment	6	6
48. Review assessment results to identify and prioritize aspects of client's environment that may require modification	6	6
49. Synthesize and document the results of the evaluation process to develop a comprehensive description of the client's communication strengths and weaknesses	6	6
50. Develop treatment plan that includes goals and objectives, interventions, modes of service delivery, and necessary referrals, supports, and resources based on client needs	6	6

8. Part II - TASK RATINGS (51 through 82)

16. TASK STATEMENTS

	FREQUENCY	IMPORTANCE
51. Consider evidence-based outcomes in the formulation of the treatment plan	6	6
52. Determine the appropriateness of specific augmentative and alternative communication systems	6	6
53. Utilize effective interpersonal skills in communicating treatment recommendations to client, family/relevant others, other professionals, and referral sources to set a positive tone for gaining consensus and support for the treatment plan	6	6
54. Provide treatment interventions for improving client's speech sound production	6	6
55. Provide treatment interventions for improving client's resonance	6	6
56. Provide treatment interventions for improving client's voice	6	6
57. Provide treatment interventions for improving client's fluency	6	6
58. Provide treatment interventions for improving client's language (comprehension and expression)	6	6
59. Provide treatment interventions for addressing client's cognitive-linguistic deficits	6	6
60. Provide treatment interventions for improving client's feeding and swallowing	6	6
61. Provide treatment interventions in the area of accent modification to improve client's speech proficiency	6	6
62. Provide treatment interventions in the area of care and improvement of the voice for clients involved with performance and singing	6	6
63. Provide treatment interventions in the area of transgender voice to improve client's speech and communication effectiveness	6	6
64. Provide treatment interventions in the area of personal/professional communication to improve client's language proficiency and communication effectiveness	6	6
65. Provide treatment interventions for improving client's social (pragmatic) communication	6	6
66. Provide treatment interventions for improving client's language-based learning skills	6	6
67. Provide treatment interventions for improving client's communication skills related to hearing loss/deafness	6	6
68. Provide treatment interventions that build on client's intellectual strengths and physical capabilities	6	6
69. Provide treatment interventions that consider client's age, primary language background, cognitive/physical abilities, emotional and behavioral status, and culture	6	6
70. Provide treatment interventions that strengthens communication between client and family/caregivers	6	6
71. Provide support to family/caregivers to address feelings of loss, blame, guilt, and/or grief surrounding client and client's presenting issues	6	6
72. Provide training to family/caregivers to support client's treatment (e.g., intervention and reinforcement techniques, nonverbal interaction)	6	6

SLP OA Questionnaire

73. Produce acoustically correct model for targeted phonemes, grammatical features, or other aspects of speech and language that characterize client's particular problem	6	6
74. Provide treatment interventions for alaryngeal speech	6	6
75. Select and implement alternative and augmentative communication (AACs) that meet the immediate and ongoing treatment needs of client	6	6
76. Establish methods for ongoing monitoring of treatment progress and outcomes to evaluate efficacy of treatment plan through discharge/dismissal	6	6
77. Collect treatment outcome data to measure client's functional gains and the efficacy of targeted environmental modifications	6	6
78. Use outcome data in determining need for client reassessment, treatment modification, and dismissal/discharge from treatment	6	6
79. Follow up on post-treatment and skills maintenance recommendations	6	6
80. Write progress notes and/or discharge summary to document client's progress and level of functioning as related to focus of treatment	6	6
81. Provide recommendations to client/family at completion of treatment to collaboratively plan options for follow-up as necessary	6	6
82. Collect and analyze treatment outcomes data for purposes of quality assurance and program evaluation	6	6

SLP OA Questionnaire

9. Part III - KNOWLEDGE RATINGS

In this part of the questionnaire, rate each of the knowledge statements based on how important the knowledge is to successful performance in your practice. If a knowledge statement is NOT part of your job, then rate it "0" (zero) for Importance.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for the list to see the ratings. Then select the rating based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to make your ratings.

- 0 DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED; this knowledge is not required to perform in my practice.

  1 OF MINOR IMPORTANCE; this knowledge is of minor importance for performance of my practice relative to all other knowledge.

  2 FAIRLY IMPORTANT; this knowledge is fairly important for performance of my practice relative to all other knowledge.

  3 MODERATELY IMPORTANT; this knowledge is moderately important for performance of my practice relative to all other knowledge.

  4 VERY IMPORTANT; this knowledge is very important for performance of my practice relative to all other knowledge.

  5 CRITICALLY IMPORTANT; this knowledge is essential for performance of my practice relative to all other knowledge.

10. Part III - KNOWLEDGE RATINGS (1 through 25)

17. (Part III) Knowledge Statements

	IMPORTANCE
1. Knowledge of professional guidelines and standards (i.e., ASHA, CSHA) related to speech-language pathology practice	6
2. Knowledge of State and federal agencies whose regulations impact the Speech-Language Pathologist's practice (e.g., Centers for Medicare and Medicaid Services, Department of Education)	6
3. Knowledge of standards of ethical conduct	6
4. Knowledge of laws and practices related to client and worker health and safety, including universal precautions	6
5. Knowledge of State and federal laws related to clients' rights and legal protections (e.g., ADA, IDEA, HIPAA)	6
6. Knowledge of methods for performing client advocacy	6
7. Knowledge of procedures for developing collaborative relationships with client, client's family/caregivers, and other professionals to support client's care and treatment	6
8. Knowledge of cultural differences and issues that affect the interviewing and counseling process with diverse client populations and their families/caregivers	6
9. Knowledge of methods and procedures for communicating information regarding client's condition, care, and treatment to client, client's family/caregivers, and other professionals	6
10. Knowledge of methods and procedures for counseling and educating client, client's family/caregivers, and other professionals in client's care and treatment	6
11. Knowledge of California regulations regarding supervision of Clinical Fellows (CF), Speech-Language Pathology Assistants (SLPA) or Aides, required professional experience temporary license holders (RPE), and individuals acquiring a Speech-Language Pathology Services credential	6
12. Knowledge of methods and procedures for mentoring and training CFs, Speech-Language Pathology Assistants (SLPA) or Aides, and RPEs	6
13. Knowledge of methods and procedures for supervising graduate students engaged in acquiring SLP training and/or pursuing a Speech-Language Pathology Services credential	6
14. Knowledge of conventions and professional standards of written communication for different clinical purposes and settings (e.g., medical, governmental, educational)	6
15. Knowledge of procedures for applying research methodology and the scientific method to clinical practice	6
16. Knowledge of methods and procedures for integrating research outcomes into evidence-based clinical practice	6
17. Knowledge of available resources (e.g., self-help groups, support groups, information sources) for client and client's family/care-givers to support client treatment	6
18. Knowledge of the effects of cognitive, behavioral, and cultural factors on communication and feeding/swallowing behavior	6
19. Knowledge of screening procedures for social communication disorders	6
20. Knowledge of screening procedures for feeding and swallowing disorders	6
21. Knowledge of screening procedures for hearing impairments	6
22. Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency	6

23. Knowledge of screening procedures for cognitive-linguistic impairments

24. Knowledge of screening procedures for language-based learning disabilities

25. Knowledge of typical cognitive, psychological, motor, and sensory development and functioning

11. Part III - KNOWLEDGE RATINGS (26 through 50)

18. (Part III) Knowledge Statements

	IMPORTANCE
26. Knowledge of the anatomy, physiology, and neurology of normal speech, language, hearing, and functional swallowing	6
27. Knowledge of the physical characteristics of speech, including acoustics, aerodynamics, and articulatory movements	6
28. Knowledge of the phonologic, morphologic, syntactic, semantic, and pragmatic aspects of typical human communication and its development	6
29. Knowledge of social communication development with autism spectrum disorders	6
30. Knowledge of the effects of communication and swallowing impairments on client behavior, emotional adjustment, and health status, as well as on client academic, vocational, and social success	6
31. Knowledge of methods and procedures for obtaining client case history and performing client assessment	6
32. Knowledge of the effects of medical conditions, procedures, and treatments on communication and swallowing	6
33. Knowledge of the psychosocial impact of communication and swallowing disorders across the life span	6
34. Knowledge of the epidemiology of communication and swallowing impairments	6
35. Knowledge of the effects of neurotoxins and drugs on communication and swallowing	6
36. Knowledge of methods and procedures for conducting an objective assessment	6
37. Knowledge of procedures for assessing speech sound production (articulation) including perceptual characteristics, oral/physiological structure, motor planning, and execution	6
38. Knowledge of procedures for assessing resonance including oral structure and function, nasal structure, and velopharyngeal structure and function	6
39. Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and function	6
40. Knowledge of procedures for assessing alaryngeal speech	6
41. Knowledge of procedures for assessing language/communication (comprehension and expression) including phonology, morphology, syntax, semantics, pragmatics, language aspects of literacy, and prelinguistic communication	6
42. Knowledge of procedures for assessing cognition including attention, memory, sequencing, problem solving, and executive functioning	6
43. Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oral/pharyngeal/esophageal deficits and their effects on client's feeding and swallowing	6
44. Knowledge of procedures for assessing auditory processing	6
45. Knowledge of procedures for assessing client's ability to use and benefit from alternative and augmentative communication	6
46. Knowledge of procedures for assessing orofacial myofunctional disorders (including tongue thrust)	6
47. Knowledge of procedures for performing curriculum-based assessment for school populations	6

48. Knowledge of strategies for managing client's challenging behaviors during assessment

49. Knowledge of motivational strategies for engaging client and client's family/relevant others in the assessment process

50. Knowledge of typical progression and development of the acquisition of a second language during childhood

12. Part III - KNOWLEDGE RATINGS (51 through 75)

19. (Part III) Knowledge Statements

	IMPORTANCE
51. Knowledge of sociolinguistic, familial, and cultural influences on communication	6
52. Knowledge of procedures for interpretation of audiograms	6
53. Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures using imaging (e.g., radiographic procedures, endoscopic visualization)	6
54. Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures using aerodynamic analysis (e.g., air volume, air pressure, airflow)	6
55. Knowledge of principles and procedures for assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, or electromyography (EMG)	6
56. Knowledge of principles and procedures for calibration and operation of instrumentation	6
57. Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective features	6
58. Knowledge of methods and procedures for performing and interpreting client screening and assessment for clients using AAC (augmentative and alternative communication) and prosthetic communication devices	6
59. Knowledge of the potential impacts on the client-family/caregiver relationships arising from the client's communication impairment	6
60. Knowledge of the effects of genetic disorders on communication, swallowing and feeding	6
61. Knowledge of the effects of neonatal risk factors on communication and swallowing	6
62. Knowledge of interventions and procedures using aided/unaided AAC applications in diagnosis and treatment	6
63. Knowledge of conventions and professional standards for writing/documenting assessment results and treatment recommendations	6
64. Knowledge of methods and techniques for identifying and modifying the demands of the linguistic, cognitive, and social environments to improve client's communication	6
65. Knowledge of the effects of developmental disabilities on communication, swallowing, and feeding	6
66. Knowledge of the effects of auditory deficits on client's communication, academic, social, and vocational skills	6
67. Knowledge of the effects of oral, pharyngeal, and laryngeal anomalies on communication, swallowing, and feeding	6
68. Knowledge of the effects of respiratory compromise on communication, swallowing, and feeding	6
69. Knowledge of the effects of neurological disease/dysfunction on communication, swallowing, and feeding	6
70. Knowledge of the effects of psychiatric disorders on communication, swallowing, and feeding	6
71. Knowledge of the effects of gastrointestinal disorders (e.g., reflux, food allergy-related) on communication, swallowing, and feeding	6
72. Knowledge of methods for developing and defining treatment goals, service delivery options, treatment supports, and resources	6

73. Knowledge of communication techniques for building consensus and support with client and family regarding options for treatment and treatment plan	6
74. Knowledge of the components of a diagnostic assessment report necessary to provide a comprehensive description of client's communication, swallowing, and feeding	6
75. Knowledge of procedures for determining and applying criteria for initiating treatment and prioritizing treatment targets	6

13. Part III - KNOWLEDGE RATINGS (76 through 111)

20. (Part III) Knowledge Statements

	IMPORTANCE
76. Knowledge of methods for determining the optimal treatment setting based on assessment results	6
77. Knowledge of methods and procedures for applying evidence-based outcomes to differential diagnosis	6
78. Knowledge of the effects of sensory processing and behavioral disorders on communication, swallowing, and feeding	6
79. Knowledge of methods for addressing family/caregiver factors that impact client care and treatment (e.g. caregiver fatigue, attachment, family dynamics)	6
80. Knowledge of interventions and procedures for treating speech sound disorders, including those related to perceptual characteristics and physiological structure and function	6
81. Knowledge of interventions and procedures for treating neurogenic speech disorders	6
82. Knowledge of interventions and procedures for treating resonance impairments, including those related to oral structure and function, nasal structure, and velopharyngeal structure and function	6
83. Knowledge of interventions and procedures for treating voice impairments including those related to respiratory, supralaryngeal , and laryngeal structure and function	6
84. Knowledge of interventions and procedures for treating impairments involving alaryngeal speech	6
85. Knowledge of interventions and procedures for treating language and communication impairments in the areas of phonology, morphology, syntax, semantics, pragmatics, language aspects of literacy, and prelinguistic communication	6
86. Knowledge of interventions and procedures for treating cognition in the areas of attention, memory, sequencing, problem solving, and executive functioning	6
87. Knowledge of interventions and procedures for treating feeding and swallowing impairments including those related to oral, pharyngeal, laryngeal, and esophageal structure and function	6
88. Knowledge of interventions and procedures for treating feeding and swallowing impairments including those related to nutritional status, sensory issues, and behavioral aspects	6
89. Knowledge of interventions and procedures for treating clients diagnosed with autism or related social pragmatic disorders	6
90. Knowledge of interventions and procedures for treating orofacial myofunctional impairments including those related to tongue thrust	6
91. Knowledge of the phonemic repertoire of the English language and its grammatical structure sufficient to discriminate and produce acoustically correct models for client	6
92. Knowledge of interventions and procedures using aided/unaided AAC applications in treatment	6
93. Knowledge of procedures for selecting AAC applications that meet client's treatment needs	6
94. Knowledge of methods and techniques for training family, caregivers, and support personnel in the programming and use of the client's AAC	6
95. Knowledge of interventions and procedures for modifying the demands of client's linguistic, cognitive, and social environments to improve client's communication	6
96. Knowledge of instructional and learning strategies for improving client's learning environment	6
97. Knowledge of motivational strategies for maintaining client involvement in the treatment program	6

98. Knowledge of strategies for managing client's challenging behavior	6
99. Knowledge of interventions and procedures for modification of speech, language, and voice in the absence of impairment (e.g., dialect, accent)	6
100. Knowledge of group facilitation and management techniques	6
101. Knowledge of interventions and procedures for treating fluency impairments, including types of dysfluency, concomitant behaviors, and cognitive-affective features	6
102. Knowledge of strategies and resources for addressing the psychological and emotional reactions of the client's family/caregivers to client's presenting issues	6
103. Knowledge of strategies and supports for addressing the family/caregiver issues related to parent-child attachment and engagement	6
104. Knowledge of interventions and procedures for treating communication impairments in the area of auditory processing	6
105. Knowledge of interventions and procedures for treating impairments related to hearing loss in the areas of specific factors and equipment for aural rehabilitation	6
106. Knowledge of methods of data collection and analysis for assessing status, evaluating progress, and/or modifying the treatment plan	6
107. Knowledge of methods for developing and applying criteria for dismissal/discharge from treatment	6
108. Knowledge of communication techniques for building consensus and support with client and family/caregivers regarding post-treatment decisions	6
109. Knowledge of methods for evaluating the effectiveness of specific treatment strategies	6
110. Knowledge of components of progress notes and discharge summary necessary to provide a report of client's post-treatment status and recommendations for follow-up	6
111. Knowledge of conventions and professional standards of written communication regarding client progress notes and discharge summary reports	6

SLP OA Questionnaire

14. Finished!

Thank you for participating in the 2014 Speech-Language Pathologist Occupational Analysis project.

Once the completeness of your survey has been verified you will receive a letter from the Board confirming the CE credits for your records.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

ATTACHMENT 5

CALIFORNIA
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

REVIEW OF THE EDUCATIONAL TESTING SERVICE PRAXIS SPEECH-LANGUAGE PATHOLOGY TEST

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

CALIFORNIA
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

REVIEW OF THE EDUCATIONAL TESTING SERVICE PRAXIS SPEECH-LANGUAGE PATHOLOGY TEST

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

March 2016

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Amy Welch Gandy, M.A., Personnel Selection Consultant

EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs being used in the California licensure process comply with psychometric and legal standards. The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Educational Testing Service (ETS) Praxis Speech-Language Pathology examination program. The purpose of the OPES review was to evaluate the suitability of the Praxis Speech-Language Pathology (SLP) test for continued use in California.

OPES received and reviewed documents provided by ETS. Follow-up e-mail and phone communications were conducted in order to clarify the procedures and practices used to validate and develop the Praxis SLP test. A comprehensive evaluation of the documents was made to determine whether (a) occupational analysis, (b) examination development, (c) passing scores, (d) test administration, (e) examination performance, and (f) test security procedures met professional guidelines and technical standards. OPES found that the procedures used to establish and support the validity and defensibility of the Praxis SLP test program components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)* and the California Business and Professions Code section 139.

OPES convened a panel of licensed California Speech-Language Pathologists to serve as subject matter experts (SMEs) to review the content of the Praxis SLP test and to compare this content with the description of practice for California Speech-Language Pathology as based on the 2014 California Speech-Language Pathologist Occupational Analysis (OA), or the 2014 California SLP OA, performed by OPES. The SMEs were selected by the Board based on their geographic location, experience, and practice specialty.

The SMEs performed a comparison between the examination content outline of the Praxis SLP test and the 2014 California Speech-Language Pathologist description of practice, and they concluded that the content measured by the Praxis SLP test is congruent in assessing the general knowledge required for entry-level Speech-Language Pathology practice in California.

The Praxis SLP task and knowledge statements are from the American Speech-Language-Hearing Association's (ASHA) *A Practice and Curriculum Analysis for the Profession of Speech-Language Pathology*. The SMEs were also asked to link these job task and knowledge statements used to inform the Praxis SLP test with the task and knowledge statements that make up the 2014 California examination plan for the Speech-Language Pathologist profession. This linkage was performed to identify if there were areas of California Speech-Language Pathology practice not covered by the Praxis SLP test.

The results of the linkage study indicate that there are no areas of California Speech-Language Pathology practice not covered by content tested by the Praxis SLP test which a California Speech-Language Pathologist is expected to have mastered at the time of licensure.

The content categories for the Praxis SLP test and the content areas for the 2014 Speech-Language Pathologist California examination plan are provided in Tables 1 and 2.

TABLE 1 – CONTENT CATEGORIES OF THE PRAXIS SPEECH-LANGUAGE PATHOLOGY TEST

Content Categories	Subarea Weights per Section
I. Foundations and Professional Practice	33.3%
II. Screening, Assessment, Evaluation, and Diagnosis	33.3%
III. Planning, Implementation, and Evaluation of Treatment	33.3%
Total	**100%***

*Total is an approximation.

TABLE 2 – CONTENT AREAS OF THE 2014 SPEECH-LANGUAGE PATHOLOGIST CALIFORNIA EXAMINATION PLAN

Content Area	Content Area Description	Percent Weight
I. General Competencies	This area assesses the candidate's knowledge related to core areas of practice applicable across types of clients, disorders, and treatment settings.	14%
II. Assessment	This area assesses the candidate's ability to identify, evaluate, and assess the development and disorders of speech, voice, language, or swallowing.	32%
III. Diagnosis, Goal Setting, and Treatment Planning	This area assesses the candidate's ability to use assessment information to formulate an accurate diagnosis for developing a treatment plan and interventions.	20%
IV. Treatment Interventions and Procedures	This area assesses the candidate's ability to develop culturally relevant treatment interventions based on assessment and diagnostic information that are measureable, objective, and consistent with the client's readiness and ability to engage in treatment.	25%
V. Treatment Outcomes and Effectiveness	This area assesses the candidate's ability to evaluate client progress in relation to treatment goals and develop plans for continuation, remediation, or termination of treatment as appropriate.	9%
	Total	**100%**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the respective profession.

The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Educational Testing Service (ETS) Praxis Speech-Language Pathology (SLP) test program. The purpose of the OPES review was to evaluate the suitability of the Praxis SLP test for continued use in California. Another purpose of the review was to determine whether the examination meets the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)* and the California Business and Professions (B&P) Code section 139. In addition to the review, OPES was asked to identify if there are areas of the Praxis SLP test not covered by California Speech-Language Pathology practice.

OPES, in collaboration with the Board, requested documentation from ETS to determine whether (a) occupational analysis,[1] (b) examination development, (c) passing scores,[2] (d) test administration, (e) examination performance, and (f) test security procedures met professional guidelines and technical standards outlined in the *Standards* and B&P Code section 139.

Michael Rosenfeld of Rosenfeld and Associates (consultant), the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), and the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), on behalf of the American Speech-Language-Hearing Association (ASHA), conducted the occupational analysis (OA) of the Speech-Language Pathologist profession used to inform the ETS Praxis SLP test. The published report of this OA, *A Practice and Curriculum Analysis for the Profession of Speech-Language Pathology* (2010), is used in this review.

Following completion of ASHA's 2010 OA, ETS convened the SLP National Advisory Committee (NAC) to develop the test specifications and relative weighting of the Praxis SLP test (ETS, 2015, p.2).[3] Administration of the PRAXIS SLP test is performed by ETS Certified Test Administration Sites.

[1] An occupational analysis is also known as a job analysis, practice analysis, or task analysis.
[2] A passing score is also known as a pass point or cut score.
[3] "ETS" refers to ETS written correspondence, July 21, 2015.

CHAPTER 2. OCCUPATIONAL ANALYSIS

STANDARDS

The most relevant standard relating to occupational analyses, as applied by the *Standards* (2014) to credentialing or licensing examinations, is:

> **Standard 11.13**
> The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the certification program was instituted. (p. 181)

The comment following Standard 11.13 emphasizes its relevance:

> *Comment:* Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice. In tests used for licensure, skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included. (p. 182)

California B&P Code section 139 requires that each California licensure board, bureau, commission, and program reports annually on the frequency of its occupational analysis and the validation and development of its examinations. DCA's Examination Validation Policy states:

> Occupational analyses and/or validations should be conducted every three to seven years, with a recommended standard of five years, unless the board, program, bureau, or division can provide verifiable evidence through subject matter experts or similar procedure that the existing occupational analysis continues to represent current practice standards, tasks, and technology. (p. 4)

FINDINGS

ASHA conducted the OA for the Praxis SLP test. The results of the study are documented in ASHA's 2010 report, *A Practice and Curriculum Analysis for the Profession of Speech-Language Pathology*.

Occupational Analysis – Mechanism and Timeframe

The purpose of the OA was to "conduct a practice and curriculum analysis, to inform the weighting of the national Praxis examination used as part of the ASHA certification process and licensure in most states" (ASHA, 2010, p.1). The mechanism used to conduct the OA study was three Web-based surveys that were developed under the guidance of ASHA's consultant and staff and subject matter experts (SME). The resulting surveys were completed by ASHA-certified speech-language pathologists practicing throughout the United States, U.S. territories, and Canada. Additionally, surveys were sent to academic program directors of Council on Academic Accreditation (CAA)-accredited speech-language pathology programs.

> Finding 1. The occupational analysis study was conducted within a time frame considered to be current and legally defensible. The study began in 2009 and was completed in 2010.

Occupational Analysis – Development of Survey Instrument and Sampling Plan

Under the guidance of ASHA's consultant and staff, an SME panel of 12 experienced ASHA-certified SLPs worked together to develop the three surveys used in the OA. These SLPs were from various specialties, practice settings, geographic locations, and ethnic and gender groups.

The SME panel was charged with editing, revising, updating, and developing tasks and knowledge statements relevant to newly certified SLPs in general practice. Several steps were taken to ensure a comprehensive list of tasks and knowledge statements were developed. First, the SMEs were provided with the previous OA for the Praxis SLP test and a list of questions to use in evaluating the OA. Next, conference calls were held with ASHA's consultant and staff and the SMEs to discuss findings and to answer any questions about the previous OA and/or the process used to conduct it. Lastly, a meeting was held at ASHA's national office with their consultant and staff and the SMEs to finalize the task and knowledge statements.

During the meeting, the ASHA staff and SME panel finalized the rating scales and demographic items used in the survey. They also "agreed to administer the survey via the Web" (ASHA, 2010, p. 17). The survey consisted of 73 tasks and 151 knowledge statements, and it used an importance rating scale and a "where should be learned" rating scale for both the task and knowledge statements. A pilot study consisting of 70 participants was conducted for the survey. Based on the results of this pilot study, refinements were made to the survey.

The ASHA staff and SME panel then agreed to divide the survey into three parts to implement three surveys rather than one in order to decrease the time required to complete the survey.

> Finding 2. The mechanism used by ASHA to develop the survey instrument meets professional guidelines and technical standards.

Sampling Plan

The sampling plan for the study consisted of sending survey invitations to 9,904 ASHA-certified speech-language pathologists throughout the United States, U.S. territories, and Canada and to 201 academic program directors of CAA-accredited speech-language pathology programs. As such, a total of 10,105 surveys were sent out.

In response to these efforts, a total of 1,541 surveys were returned as complete and usable (an initial response rate of 15.2%). Of the 1,541 completed questionnaires, 1,486 were retained for analysis, and 240 of the original email invitations were returned as undeliverable, bringing the response rate to 15.7%. Approximately 15.2% of the survey respondents were from the western United States. The exact number from California is unknown.

> Finding 3. The intent of the sampling plan was reasonable and meets professional standards. Practicing SLPs in the western United States, which includes California, comprised a sufficient proportion of the final respondent sample (15.2%).

Occupational Analysis – Survey Results

After administering the survey, ASHA's consultant and staff collected the data and analyzed the survey results.

> Finding 4. The respondents consisted of practicing SLPs from throughout the United States. Approximately 28% of the respondents had been practicing less than six years and 81% worked full-time as an SLP. Of the total respondents, 42% categorized their primary employment as clinical service provider, 12% as professor/instructor, 12% as supervisors, 8% as directors/chairs of educational programs, 5% as special education teachers, and 0.5% as consultants.

> Finding 5. OPES facilitated a focus group of SMEs to review the findings of ASHA's *A Practice and Curriculum Analysis for the Profession of Speech-Language Pathology*. The focus group reviewed the tasks and knowledge statements included in the survey and the results of the survey, and they compared the results with those of the 2014 California SLP OA. The group concluded that the results from ASHA's 2010 OA were consistent with SLP practice in California.

Occupational Analysis – Final Examination Plans/Specifications (Praxis SLP test)

Following completion of ASHA's 2010 OA, "ETS convened the SLP National Advisory Committee (NAC) to develop the test specifications based on the findings. The NAC is comprised of 10-12 Certification of Clinical Competence (CCC)-SLPs including academic faculty, clinical educators and practitioners who serve a three-year term supporting the test. At the meeting, members translated the knowledge and skill statements into evidence statements that reflected the knowledge and skills necessary to perform the job. The NAC also used the findings of the job survey to determine the relative weighting of the content areas that the test would cover." (ETS, 2015, p. 2)

Finding 6. The linkage between the critical tasks required by entry-level SLPs and the major content areas of the Praxis SLP test demonstrates a sufficient level of validity, thereby meeting professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the occupational analysis conducted by ASHA meets professional guidelines and technical standards. Additionally, the ETS SLP NAC's development of the test specifications for the Praxis SLP test is based on the results of the OA and meets professional guidelines and technical standards.

CHAPTER 3. EXAMINATION DEVELOPMENT

STANDARDS

Examination development includes many steps within an examination program, from the development of an examination content outline to scoring and analyzing items following the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include item writing, linking items to the examination content outline, and developing the scoring criteria and examination forms.

The standards most relevant to examination development, as applied by the *Standards* (2014) to credentialing or licensing examinations, are:

> **Standard 4.7**
> The procedures used to develop, review, and try out items and to select items from the item pool should be documented. (p. 87)
>
> **Standard 4.12**
> Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications. (p. 89)

FINDINGS

Item development for the Praxis SLP test is performed by subject matter experts (SMEs) who are licensed SLPs from various settings working as clinical educators, academic faculty, and practitioners. As item writers, these SMEs are first trained and given an "overview of the item development process, which includes a thorough grounding in the *ETS Standards for Quality and Fairness*" (ETS, 2015, p.3). This training provides example items and covers the different item types SME item writers will be expected to produce. Throughout the process, ETS assessment specialists provide feedback to the SME item writers to keep them aligned with writing fair items that measure the intended standards.

Newly written items are then sent through a rigorous review process. The items are reviewed by "assessment experts, fairness reviewers, and test editors, as well as, external experts" to ensure they measure the intended knowledge or skill, test important concepts, reflect current practice, and present content that is free from bias (ETS, 2015, p.3). Following a review of the items, the items are then classified according to the test specifications and entered into the secure item bank.

> Finding 7. The criteria used to select SMEs for item and test development are consistent with professional guidelines and technical standards.
>
> Finding 8. SMEs participating in item and test development are required to sign confidentiality agreements and are instructed about examination security, which is consistent with professional guidelines and technical standards.

Examination Development – Linkage to Examination Content Outline

Linkage to the respective examination content outline is performed by providing item writers with the examination content outline of the Praxis SLP test and ensuring that the item writers consult it before specifying the content of each of the items. Verification of the item-content area linkage is performed as a routine part of the item review process for every item. All items go through multiple reviews.

> Finding 9. The SME item writers are instructed in the use of the examination content outline to determine the proper item content that should be developed. Assignment of an item to a content area is reviewed by the review panel as a routine part of the item review process. The steps taken to link the examination's items to their appropriate content area are consistent with professional guidelines and technical standards.

Examination Development – Item Field Testing and Calibration

All scored test items have first been field tested as part of the regular test administrations. Field test items make up roughly 18% of the test.

After pretesting, all items are analyzed using classical item analysis. Based on this analysis, items are promoted to operational status, becoming what is known as scorable items, retired due to poor performance, or flagged for further committee review due to marginal performance (ETS, 2016, p.1).

> Finding 10. The procedures used to develop, review, and try out items and to select items from the item pool meet professional guidelines and technical standards.

Examination Development – Examination Forms

Praxis SLP test forms are constructed by an assessment specialist who selects approved items in accordance with the examination content outline. Items are selected based on statistical specifications for reliability and difficulty, representation of people and groups, and entry level practice. After selecting items that meet these criteria, a second assessment specialist reviews each test form to further verify that it meets statistical and content specifications.

An independent external review of each test form is then conducted by NAC members. Each test form is reviewed to verify that it reflects a coherent assessment of the relevant skills and abilities represented in the test specifications and that each item is free from error and ambiguity. During this review, entry level practice for SLPs is verified, and it is confirmed that the assembled form measures knowledge and skills deemed relevant and important by the field. This review documents additional evidence that the test is fair and appropriate for its intended purpose (ETS, 2015, p.3). Finally, ETS statistical analysis staff verifies that statistical specifications for reliability and difficulty, in addition to equating guidelines, have been met. Test editors review each test form as a whole, checking items for issues of style, grammar, and structure. Then ETS staff reviews each form online within their Internet-based test delivery system to check that the items display and perform

correctly on screen. Items that must be revised or replaced are once again sent through the review process prior to being placed back on the test form (ETS, 2015, p.3).

> Finding 11. The criteria applied to create new exam forms meet professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the examination development activities conducted by ETS meet professional guidelines and technical standards.

CHAPTER 4. PASSING SCORES

STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The standards most relevant to passing scores, cut points, or cut scores, as applied by the *Standards* (2014) to credentialing or licensing examinations, are:

> **Standard 5.21**
> When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly. (p. 107)
>
> **Standard 11.16**
> The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test. (p. 182)

The supporting commentary on passing or cut scores for Chapter 5 of the *Standards* (2014), "Scores, Scales, Norms, Score Linking, and Cut Scores," states that the standard-setting process used should be clearly documented and defensible. The qualifications and the process of selection of the judges involved should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow. (p.101)

In addition, the supporting commentary for Chapter 11 of the *Standards* (2014), "Testing in Professional and Occupational Credentialing," states that the focus of tests used in credentialing is on "the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice.)" (p. 175). It further states, "Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting" (2014, p. 176).

FINDINGS

<u>Passing Scores – Process, Use of Subject Matter Experts, and Methodology</u>

The process of establishing passing scores for licensure exams relies upon the expertise and judgment of SMEs.

ETS begins their standard-setting process by having 16 SMEs review and discuss the test in terms of the content that is covered and those areas entry-level SLPs may find

challenging. The SMEs then describe the "just-qualified candidate" and identify the knowledge and skills this candidate has that differentiate him or her from a not quite-qualified candidate. This description of the just-qualified candidate is used during the standard-setting process (ETS Licensure and Credentialing Research, 2014, p.6)[4].

ETS uses the probability-based modified Angoff method of standard setting as the basis for establishing the passing score for the Praxis SLP test. This method requires each SME to make a judgment about each item on the likelihood (probability or chance) that the just-qualified candidate would answer the item correctly. The SMEs make initial judgments based on whether they believe a just-qualified candidate would find the item difficult, easy, or moderately difficult/easy. The judgments are then discussed, and item-level data is provided. Based on this information, the SMEs are allowed to refine their judgments (ETS Licensure and Credentialing Research, 2014, p.7).

In the final evaluation of the passing score, the SMEs are asked to complete an evaluation of the standard-setting process as a means of providing validity evidence. They are then asked how comfortable they are with the recommended passing score and to rate it as being either too high, too low, or about right. All of this information is taken into consideration in determining the final passing score (ETS Licensure and Credentialing Research, 2014, p.10).

> Finding 12. The number of SMEs (16) used in the passing score studies meets professional guidelines and technical standards.
>
> Finding 13a. The Praxis SLP test incorporates the minimum competency standards that the just-qualified candidate should have as objective criteria by which candidate performance can be evaluated. This practice meets professional guidelines and technical standards.
>
> Finding 13b. The training of the SMEs and the application of the probability-based modified Angoff method is consistent with professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the passing score studies conducted by ETS demonstrate a sufficient degree of validity meeting professional guidelines and technical standards.

[4] ETS Licensure and Credentialing Research" *refers* to the following report - ETS Licensure and Credentialing Research (2014). *Multistate Standard-Setting Technical Report PRAXIS™ SPEECH-LANGUAGE PATHOLOGY (5331).* Princeton, NJ.

CHAPTER 5. TEST ADMINISTRATION

STANDARDS

The standards most relevant to test administration, as applied by the *Standards* (2014) to credentialing or licensing examinations, are:

Standard 6.1
Test administrators should follow carefully the standardized procedures for administration and scoring. (p. 114)

Standard 6.2
When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing. (p. 115)

Standard 6.6
Reasonable efforts should be made to assure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent means. (p. 116)

Standard 8.2
Test takers should be provided, in advance, as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores. (pp. 134)

FINDINGS

The Praxis SLP test is administered via computer-based testing at ETS Certified Test Administration Sites throughout the United States. Test administration is accompanied by scripted instructions and protocols to ensure standardized administration of the tests. ETS provides a wide variety of information concerning the Praxis SLP test to candidates and prospective candidates through its Web site at www.ETS.org.

Test Administration – Test Centers

All test centers where the Praxis SLP test is administered are run by Test Center Administrators (TCA) who must complete a comprehensive training program. The program focuses on "key security enforcement processes," including "standardization of test administration, test security, verification of candidate identification, pre-administration procedures, test-day procedures, post-administration procedures, handling and reporting of testing irregularities, testing room requirements, and operation of the various equipment" (ETS, 2015, p.7).

Finding 14. ETS provides candidates access to test centers across the United States with trained proctors and controlled testing conditions.

Test Administration – Registration of Candidates

ETS has a detailed registration process that can be found on its Web site at www.ets .org/praxis. Through this Web site, candidates are able to directly obtain the required registration forms. They can also establish an online *My Praxis* account which allows them to register for the test, view current test scores, order score reports, and update contact information. There is also *The Praxis Series Information Bulletin* that can be found on the ETS Web site and provides detailed information on registration and test administration.

Finding 15. The ETS registration process appears straightforward. The information available to candidates is detailed and thorough, clearly stating ETS policies where necessary. The candidate registration process appears to meet professional guidelines and technical standards.

Test Administration – Special Accommodations and Arrangements

ETS requires that requests for special accommodations be made to, and approved by, ETS Disability Services prior to scheduling an examination. In these instances, ETS approves any necessary accommodations under the Americans with Disabilities Act. Candidates requesting special accommodations must request the accommodation by mail directly to ETS Disability Services.

Finding 16. The special accommodation procedure appears to meet professional guidelines and technical standards.

Test Administration – Exam Security

ETS, through its internal test administration and security protocols, provides a robust framework of test site and exam security policies and procedures (*Certified Test Administration Site: Policies, Procedures and Practices Manual*, 2015). In addition, ETS's *The Praxis Series Information Bulletin* describes what constitutes improper acts and unethical conduct on the part of candidates and the consequences of such actions.

Finding 17. The exam security protocols pertaining to test administration appear to meet professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the test administration protocols put in place by ETS appear to meet professional guidelines and technical standards.

CHAPTER 6. EXAMINATION SCORING AND PERFORMANCE

STANDARDS

The most relevant standards relating to the scoring and performance of credentialing or licensing examinations, as applied by the *Standards* (2014), are:

> **Standard 2.3**
> For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported. (p. 43)
>
> **Standard 4.10**
> When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for item screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented. (pp. 88-89)

FINDINGS

Examination Performance – Scoring of the Praxis SLP test

The Praxis SLP test consists of selected response items that are scored as either correct or incorrect. Candidate performance is scored by computer, and raw scores are converted to scaled scores. The purpose of scaled scores is to account for form difficulty and to ensure that scores across forms hold the same meaning. Scaled scores are used to determine the candidates' pass or fail test results (ETS, 2015, "Understanding Your Praxis Scores").

Within the first week of administration of a new test form, ETS test developers perform classical item analysis to identify any problem items or irregularities within the test. Items identified as problematic are typically not scored. Additionally, Differential Item Functioning (DIF) analyses are performed to "inform fairness reviews" by identifying items that may be more difficult for testing subgroups. Candidate comments are also taken into consideration in the review of problematic items as part of the comprehensive review of the test's performance (ETS, 2015, "Technical Manual for the Praxis Series," pp.28-33).

Forms equating is performed post-administration using the Non-Equivalent groups' Anchor Test (NEAT) design. The NEAT design uses anchor items across groups of test takers to help determine the raw-score-to-scaled-score conversion line or scaled score needed to pass the test (ETS, 2015, "Technical Manual for the Praxis Series," pp. 33-36).

Finding 18. Scoring of the Praxis SLP test adheres to the professional guidelines and technical standards.

Finding 19. Descriptive test statistics (e.g., mean, standard deviation, standard error of measurement, test reliability, and decision consistency reliability about the cut score) are calculated. The resulting statistics indicate adequate performance for licensure examinations.

Finding 20. The decision accuracy and consistency is evaluated using the Livingston-Lewis method. Internal consistency is evaluated using coefficient Alpha. The resulting reported values indicate adequate performance for licensure examinations.

Finding 21. The application of the NEAT design for forms equating is appropriate based on the number and types of items in the test forms and the candidate numbers (sample sizes) for which it is used.

CONCLUSIONS

The steps taken by ETS to score the Praxis SLP test provide for a fair and objective evaluation of candidate performance. The steps taken by ETS to evaluate examination performance are valid and legally defensible, meeting professional guidelines and technical standards.

CHAPTER 7. INFORMATION AVAILABLE TO CANDIDATES

STANDARDS

The most relevant standards relating to the information communicated to candidates by a test developer, as applied by the *Standards* (2014) to credentialing or licensing examinations, are:

> **Standard 6.5**
> Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance. (p. 116)
>
> **Standard 8.1**
> Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats. (p. 133)
>
> **Standard 8.2**
> Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores. (p. 134)

FINDINGS

The ETS Web site at www.ets.org/praxis is a rich source of information regarding the policies and procedures of the Praxis SLP test. Candidates have the opportunity to download all required documents directly from the Web site or to request them from ETS.

Candidates can locate extensive information on the ETS Web site about the Praxis SLP test for online reading or downloading.

The following information is available for candidates:

- State Testing Requirements: General information concerning the requirements for licensure in each state
- About the Tests: General information about the Praxis Series
- Register for a Test: Step-by-step directions and links for registering to take the Praxis SLP test
- Test Centers and Dates: Test center locations and directions and testing date windows
- Prepare for a Test: Links to the Test Preparation Flyer, interactive practice tests, video resources including the Computer-Delivered Testing Demonstration, the Study Companion, strategies and tips, test prep webinars, and other online resources

- On Test Day: List of important things to do on the day of the test, including what to bring and wear at the test center
- Scores: Links to obtaining scores, sending scores to licensing agencies, understanding scores, scoring methods, scoring policies, and statistical reports
- Accommodations for Test Takers with Disabilities or Health-related Needs: Information on how to request accommodations, available accommodations, accommodation request forms, and the Bulletin Supplement for Test Takers with Disabilities or Health-related Needs.

In addition, ETS makes available informational publications that can be downloaded from their Web site. These publications include links to extensive information about the Praxis SLP test.

> Finding 22. The ETS Web site provides extensive information to candidates regarding all aspects of the examination and testing process.

CONCLUSIONS

Given the findings, the information provided to candidates about the Praxis SLP test program is comprehensive and meets professional guidelines.

CHAPTER 8. TEST SECURITY

STANDARDS

The most relevant standards relating to the test security of credentialing or licensing examinations, as applied by the *Standards* (2014), are:

> **Standard 6.6**
> Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent means or deceptive means. (p. 116)

> **Standard 6.7**
> Test users have the responsibility of protecting the security of test materials at all times. (p. 117)

FINDINGS

ETS, through its internal test administration and security protocols, provides a robust framework of test site and exam security policies and procedures. In addition, the ETS Web site outlines for candidates what constitutes improper and unethical conduct on the part of candidates and the consequences of such actions.

> Finding 23. The Certified Test Administration Site Policies, Procedures and Practices Manual addresses the following areas regarding security:
>
> - Candidate identification verification procedures
> - Test center proctoring policy
> - Secure test center configuration and monitoring
> - Maintaining security of test content
> - Prevention policies enforced at test centers

> Finding 24. ETS requires candidates to provide current and valid government-issued identification to sit for the test. The identification must match registration forms and include a photograph and signature. Prior to testing, candidates are digitally photographed and the photo is placed on the candidate's workstation screen so that proctors can easily verify the identity of the candidate. Candidates are prohibited from bringing any personal belongings into the testing rooms and are screened using a hand-held security wand at check-in to ensure cell phones or other electronic devices are not smuggled into the testing room.

CONCLUSIONS

Given the findings, the policies and procedures outlined in the Certified Test Administration Site Policies, Procedures and Practices Manual meet professional guidelines and technical standards.

CHAPTER 9. COMPARISON OF THE PRAXIS SLP TEST AND SPEECH-LANGUAGE PATHOLOGIST CALIFORNIA EXAMINATION CONTENT

UTILIZATION OF EXPERTS

A meeting was convened by OPES on June 26, 2015, to critically compare and evaluate the task and knowledge statements from ASHA's 2010 OA with the task and knowledge statements of the 2014 California SLP OA. The Board, with direction from OPES, recruited 6 SLP SMEs to participate in the meeting. The SMEs completed security agreements and personal data forms, which are on file with OPES and document additional SME information.

The SMEs represented both northern and southern California. Three of the SMEs had been licensed from 6-10 years, one from 11-20 years, and two had been licensed more than 20 years. All SMEs worked as SLPs in various settings.

An orientation provided by OPES stated the purpose of the meeting, the role of the SMEs, and the project background leading to the meeting. Once the SMEs understood the purpose of the meeting, they independently reviewed the task and knowledge statements from ASHA's 2010 OA and compared this content with the task and knowledge statements contained in the 2014 California SLP OA. This review was conducted to identify the extent to which the content of the task and knowledge statements used to inform the Praxis SLP test reflected general Speech-Language Pathology practice in California.

FINDINGS

Finding 25. The SMEs performed a comparison between the task and knowledge statements of ASHA's 2010 OA and the 2014 California SLP OA and concluded that the two sets of task and knowledge statements are congruent in assessing the general knowledge required for entry-level Speech-Language Pathology practice in California.

CONCLUSIONS

Given the findings, the content of the Praxis SLP test, which is informed by ASHA's 2010 OA, is congruent with general areas of entry-level California Speech-Language Pathology practice. It should be noted that the Praxis SLP test does not provide coverage of entry-level Speech-Language Pathology practice related to California-specific laws, rules, and regulations. However, the SMEs did not feel that this lack of coverage supported the development of a California-law examination.

CHAPTER 10. CONCLUSIONS

COMPREHENSIVE REVIEW OF ETS'S SLP PRAXIS TEST PROGRAM

OPES completed a comprehensive analysis and evaluation of the documents provided by ETS. The procedures used to establish and support the validity and defensibility of the SLP Praxis test (i.e., practice analysis, examination development, passing scores, test administration, examination performance, and test security) were found to meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* and Business & Professions Code section 139.

Given the findings regarding the SLP Praxis test, the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board should continue the use of the SLP Praxis test for licensure in California.

ATTACHMENT 6

CPS HR CONSULTING

Final Report

June 28, 2016

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

Workload and Staffing Analysis
Final Report

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ABOUT CPS HR CONSULTING

CPS HR Consulting is a Sacramento-based non-profit corporation, established as a California joint powers authority in 1985. Headquartered in Sacramento, CPS HR also has offices in Maryland and Texas. It is governed by a Board of Directors representing government agencies throughout the United States. With over 280 team members, CPS HR serves more than 1,200 public and nonprofit clients throughout the United States and Canada.

CPS HR helps its clients across a range of issues including classification and pay, organizational reviews, program review, workforce and succession planning, job analysis, testing, EEO and related investigations, and policy development.

ACKNOWLEDGMENT

CPS HR wishes to thank all staff at the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for their invaluable contributions and time.

Table of Contents

Executive Summary

As part of the Department of Consumer Affairs, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) protects the health and welfare of Californians by ensuring the qualifications and competency of providers of speech-language pathology, audiology and hearing aid dispensing services.

At the beginning of this project in June 2015, the Board had 8.6 authorized positions in the following program/operational units:

- Licensing Program
- Enforcement Program
- Administration Unit

Study Scope and Goals

The Board has existed since January 2010 in its current configuration. Prior to that date, the Hearing Aid Dispensers Bureau and the Speech-Language Pathology and Audiology Board were separate organizations. With the merger of the three professions into one regulatory board, the Board now regulates ten license types. At the time of the merger, staff from both entities were physically brought together but kept many of their separate processes and procedures. A new Executive Officer hired in 2014 requested an independent analysis by CPS HR Consulting of Board workload, staffing levels and efficiencies needed to best serve the public. The scope of the study included:

- Documentation of the existing workload of Board positions by identification of major tasks and the time needed to complete those tasks
- Identification of over and/or under staffing for existing workload
- Documentation of any work not getting done due to insufficient staffing or enhancements needed to meet future needs
- Comparison of Board staffing levels and performance measures to comparable DCA small Boards

Opportunities for Improvement

As a result of this study, CPS HR identified the following opportunities for improvement.

Summary of Major Workload Challenges and Recommendations
Administration
a) Office Technician workload is understaffed by at least 2.6 PY. Add to budget to increase staffing. b) Track OT workload regularly to ensure levels of support remain adequate in the future. c) Ensure OT tasks have backup. d) Review OT processes to ensure consistency in processes for similar work performed for HAD and SLP/AU and potential process efficiencies. e) Assess solutions to add capacity for regulatory, legislative and budget analysis as this work is currently done by the Executive Officer, enforcement staff or not getting done.
Licensing/Examination
a) Licensing workload is understaffed 0.87 PY when including the work not being performed to support the Continuing Professional Development Program. Add to budget to increase staffing. b) Identify cross training opportunities in licensing to ensure adequate back up. c) Assess viability of a regulation change to perform the review and approval of HAD continuing education courses every two years to align with SLP/AU continuing education provider renewals. d) Review application processing and examination processes for potential efficiencies.
Enforcement
a) Use temporary help to clear backlog in enforcement. b) Once backlog is cleared, reassess workload and distribute assignments accordingly. c) Review complaint investigation process to identify obstacles and improve efficiency.

Background and Purpose

As a part of the Department of Consumer Affairs, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB or Board) protects the health and welfare of Californians by ensuring the qualifications and competency of providers of speech-language pathology, audiology and hearing aid dispensing services. The Board has existed since January 2010 in its current configuration. Prior to that date, the Hearing Aid Dispensers (HAD) Bureau and the Speech-Language Pathology and Audiology (SLP/AU) Board were separate organizations. The merging of the two organizations resulted in the joining of three professions providing regulation to ten license types.

At the time of the merger, staff from both entities were physically brought together but kept many of their separate processes and procedures. Compounding the variability caused by different processes and procedures was staff turnover within the first few years. Several retirements from both the former HAD Bureau and the SLP/AU Board occurred in 2013 and 2014 and a new Executive Officer was hired in 2014. The Executive Officer identified the need to assess staffing and workload levels, align processes and procedures used by HAD and SLP/AU, and identify process improvements to best serve the public while meeting the Board's mission. CPS HR was hired to address these concerns through an independent analysis of the work environment. The scope of the study included:

- Documenting the existing workload of Board positions by identifying major tasks and the time needed to complete those tasks
- Identifying any over and/or under staffing for existing workload
- Documenting any work not getting done due to insufficient staffing or enhancements needed to meet future needs
- Comparing Board staffing levels and performance measures to similar DCA small Boards

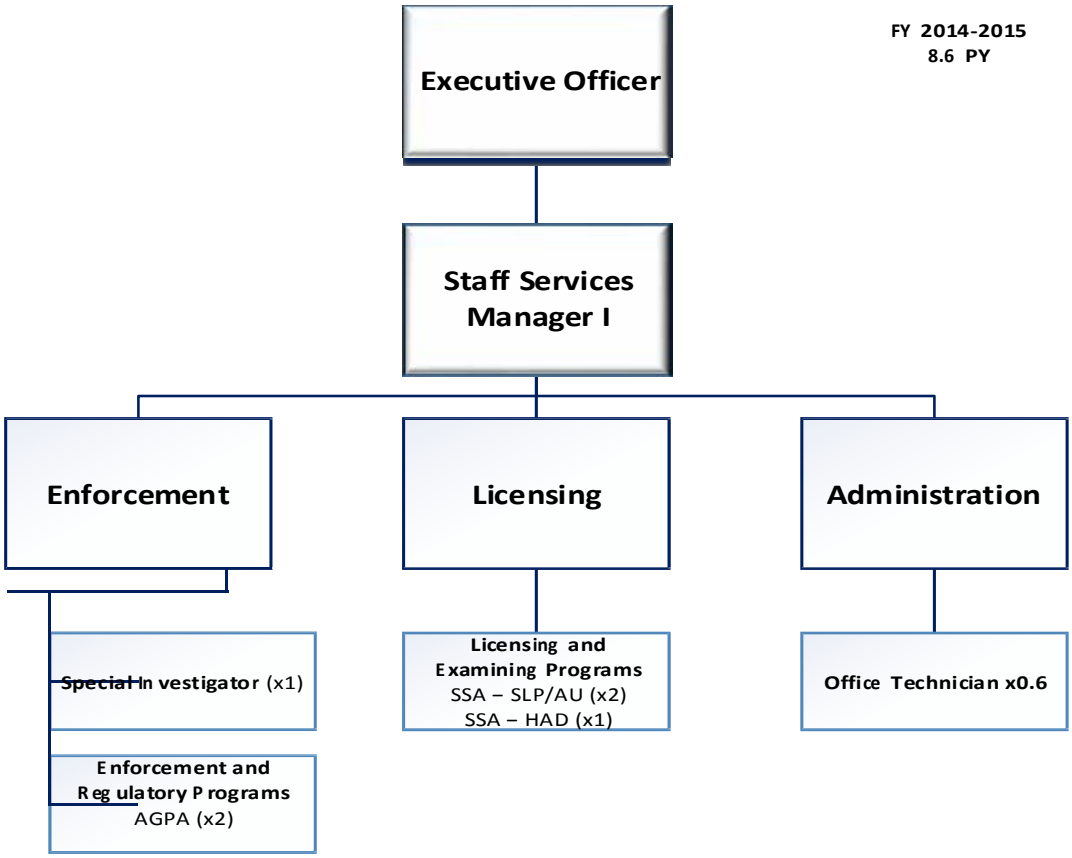
The following report documents the study methodology, findings and recommendations.

Assessment of Existing Workload

Existing Organizational Structure

SLPAHADB organizes its work into three units: 1) Enforcement, 2) Licensing and Examination, and 3) Administration. The organization is staffed with a Staff Services Manager I (SSM I) reporting directly to the Executive Officer and serving as the operations manager. The remaining staff, reporting directly to the SSM I, consists of two Associate Governmental Program Analysts (AGPA) and one Special Investigator in the Enforcement unit, three Staff Services Analysts (SSA) in the Licensing and Examination unit, and one Office Technician (OT)[1] providing support to all three units. The following organizational chart depicts the organizational structure for the budgeted positions as of May 2015. However, in recent years, both analyst and office technician staff have been supplemented from a variety of sources, including staffing loans from DCA and other temporary staff in order to reduce backlogged applications and complaints. Temporary staffing is not shown on the organization chart.

Figure 1
Board Organization Chart as of May 2015



[1] The office position is funded 0.6 through the budget and 0.4 through blanket funds.

Methodology

The methodology to develop an understanding of existing workload and staffing for SLPAHADB involved the following steps:

- Review of the SLPAHADB Sunset Review 2012
- Review of the SLPAHADB 2012-2015 Strategic Plan
- Review of the existing duty statements for each SLPAHADB staff member
- Conduct interviews and/or observations of each SLPAHADB staff member in order to complete workload spreadsheets which detail the tasks assigned to each job, the volume of work associated with each task, and the time needed to complete each task
- Conduct interviews with SLPAHADB management to verify data collected from staff
- Review duty statements, position description questionnaires, and workload summary documents from comparable DCA Boards to verify and supplement data
- Review DCA Annual Reports and Governor's Budget for DCA to compare workload, staffing and performance measures

Existing Workload Data Analysis

Methodology to Collect Workload Statistics

The data to define the tasks and the hours needed to perform them for a defined body of work and/or a specific position were gathered during June – August 2015 through interviews, observation, and documentation of work volume using a workload calculation spreadsheet (example shown in Appendix A). To validate the initial collection of tasks, volume, and hours to complete tasks, each workload spreadsheet was edited by the incumbents. There was a limitation to this method of data collection because many SLPAHADB incumbents had little tenure and experience in their current assignment at the time the data was collected. In some cases, an individual incumbent was not fully trained or had not yet had the opportunity to perform all the steps in a duty with a long cycle time. To mitigate this limitation, the workload tasks, volumes and completion time estimates collected via incumbent interviews and observations were supplemented and/or verified by comparison to similar data from comparable boards or by review from previous SLPAHADB incumbents. Multiple incumbent and management reviews occurred in late 2015 and 2016 before a final report was published. It is acknowledged that organizational and staffing changes which may have occurred during early 2016 are not be reflected in the data reported within this report.

The 2012 SLPAHADB Sunset Review Report, internal tracking reports maintained by management, reports from automated systems CAS/ATS, and manual logs and records kept by incumbents were used to verify numbers of applicants, licenses, complaints, and other items processed. The sources used are noted on the workload documents where applicable. A final

review and verification was conducted by Executive Officer and/or Staff Services Manager to identify any inconsistencies, duplication, and/or missing data.

Available Work Year Calculation

The available work year for SLPAHADB staff members for this study is consistent with the calculation used by most State of California agencies for budgeting purposes. It is calculated by taking the base work year (52 weeks per year and 40 hours per week – 2080 hours) and adjusting it to remove annual leave, vacation, and sick leave. This calculation equates to 1776 hours available in a work year for a full time personnel year (PY) and 888 hours for a half time position.

Results of Workload Data Collection

The remainder of this report summarizes the workload data collected. It also includes observations and comments related to existing workload and organizational structure gleaned from analysis of the data gathered and staff interviews.

Administration Workload Analysis

a. Administrative Support Existing Workload

The Administration Unit currently has a total of one part time (0.6 PY) Office Technician position who is responsible for providing a variety of administrative support activities and assisting with preliminary application review. The Board funds the remaining 0.4 PY using blanket funds to make it equivalent to 1 full time OT. Based on employee interviews, work logs, and available operational records, the workload for the Administration unit is approximately 3.3 PY – more than three times the workload of one full time OT and more than five times the 0.6 PY that is currently allocated by the budget. The workload in the Administration unit is at least triple the number of budgeted staff currently assigned to that unit. A summary of functions performed by the Administration unit include:

- Administrative Support including processing calls and mail
- Cashiering checks received with applications, renewals
- Purchasing/Contracts Specialists
- Personnel Support Duties including new employee folders, collecting/proofing timesheets
- Board Meeting Support including booking locations, assisting with travel plans/reimbursements, and preparing materials
- Initial application review for SLP/AU/HAD to verify completion, fingerprints, and identify deficiencies in submitted materials
- Review of Renewal applications to ensure completion

- Updating CAS/ATS systems with miscellaneous license updates such as license cancellations/replacements, supervisor responsibility statements for HAD licenses, and termination of HAD supervision requests

The workload data show that the amount of time needed to perform these support functions is 5,924 hours (3.3 PY) as shown in Table 1.1 but there is only 0.6 PY budgeted. Since FY 12-13, SLPAHADB has been supplementing the Office Technician staff through a series of temporary workers from various sources. For example, a temporary worker from the AARP program works approximately 800 hours a year assisting the Office Technicians mostly with mail processing and filing four days a week but occasionally with miscellaneous office support projects when available. Additionally, a second full time OT was hired as a temporary employee to provide assistance but that is only available as long as the budget has room to support it and cannot be relied upon. Additional Office Technician staffing is clearly needed at SLPAHADB.

Table 1.1: Existing Administration Workload

Existing Administration Workload		
Existing Hours of Workload	**Available Work Hours for Existing 0.6 PY**	**Additional Staffing Needed Above Budgeted Hours**
5,924 hours or 3.34 PY	1,066 hours or 0.6 PY	4,815 hours or 2.73 PY

b. Enhanced or New Administration Workload

There are additional administrative responsibilities related to legislative analysis and budget analysis that have not been assigned to staff. The current Executive Officer conveys that the former Executive Officer attempted to perform these responsibilities herself but there was often insufficient time to provide the focus needed. The time needed for these responsibilities increased after the merger of the HAD Bureau and the SLP/AU Board brought together two sets of regulations and multiple license types but no analytical staffing to support legislation, regulations and budgeting. A description of this work follows with a summary presented in Table 1.2.

Legislative Analysis: SLPAHADB has no analyst assigned to assist management to identify, analyze, track and monitor relevant legislation, prepare bill analysis, respond to request for position papers on the impact of new legislation or work with DCA legislative and legal departments when needed. Since this workload has not been assigned to staff at SLPAHADB, consultants compiled a typical list of tasks and time estimates to perform them from job descriptions of comparable boards. These estimates were then vetted and modified, as appropriate, by the Executive Officer. Based on tasks and time estimates

devoted to this function in similar boards, an additional 352 hours annually is needed at SLPAHADB.

Budget Analysis: Similarly, SLPAHADB has no one assigned to assist the Executive Officer with budget preparation or with the monthly monitoring and year end tracking. Job descriptions from other boards were again used, along with estimates from the Executive Officer who has been performing some of this work. It is estimated that an additional 183 hours annually is needed to support monitoring the Board's budget at a minimal level.

Table 1.2: Enhanced Administration Workload

Enhanced Workload Analytical Administrative Support		
Legislative Analysis	**Budget analysis**	**Total Additional Staffing Needed for New Work**
352 hours	183 hours	535 hours or +0.3 PY

The type of legislative and budget analysis work described is typically performed by AGPAs or SSAs in other boards. At SLPAHADB, critical legislative and/or budget tasks are currently being performed by the Executive Officer, the Staff Services Manager, enforcement staff, or not getting done. Once additional analyst staffing is secured, it is recommended that the Executive Officer use the workload spreadsheets which define the enhanced budget, regulatory and board support workload to determine the best job design and analyst assignments.

Licensing and Exam Workload Analysis

The Licensing and Exam unit consists of three Staff Services Analysts responsible for:

- Analyzing and processing application materials and issuing licenses for ten Speech Language Pathology and Audiology license types
- Analyzing and processing application materials for Hearing Aid Dispensers license types
- Administering practical licensing exam for Hearing Aid Dispensers and issuing licenses including processing exam applications, coordinating staffing/examiners, setting up and assisting on the day of exam administration.

a. Existing Workload

The SLP/AU licensing function is staffed by two Staff Services Analysts who receive, analyze and process materials for over 3,000 annual applicants for ten license types of Speech Language Pathologist and Audiologist professionals, assistants and aides. Professional examinations for SLP/AUs are administered by a national testing agency and therefore do not

add to the daily workload of these SSAs. Staffing for the SLP/AU licensing function is appropriate for the existing workload (see Table 1.3 for the Licensing and Examination workload summary).

The HAD Licensing and Examination unit consists of one Staff Services Analyst responsible for processing applications throughout the Hearing Aid Dispensers Examination and Licensure process. In 2014, this consisted of approximately 182 applications to take the Hearing Aid Dispensers Written Exam, 158 applications to take the Practical Examination, 104 new applicants for licensure after passing all examinations, and 190 applications for existing licensees to operate in a new location on an annual basis. In addition to processing applications, the analyst is responsible for coordinating Written Exam Development Sessions, processing written exam scores, and scheduling and assisting in the coordination and administration, of the Hearing Aid Dispensers Practical Exam.

The workload in HAD Licensing is approximately one-third more (.35 PY) than is currently allocated. Most of that overage can be attributed to tasks associated with approving courses to qualify for HAD Continuing Education Credit. At the time of data collection, SLPAHADB has been supplementing the HAD Licensing analyst through a temporary retired annuitant worker who works as needed to review the Continuing Education Credit approval applications. This duty is in the process of being shifted to the HAD Analyst and is included in the hours of existing workload shown in the licensing workload summary in Table 1.3.

b. Enhanced or New Workload

In addition to the existing workload described above, there are tasks associated with auditing the Continuing Professional Development program that have not been performed for several years due to unavailability of staffing. DCA Boards are responsible for verifying that professional development requirements are met by licensees but staff hours have not been devoted to this task in several years at SLPAHADB. The amount of staff time needed to enhance SLPAHADB's Continuing Professional Development Program is described in the following paragraphs.

Continuing Professional Development (CPD) Program: Statute[2] requires that all professionals registered by the SLPAHADB engage in continuing professional development and learning. The Board is charged with verifying this continuing education requirement before renewal[3]. Self-certification of completion of continuing education from an approved provider is documented by the licensee on the license renewal form. Random audits are to be performed by the Board to verify the licensees' statements of compliance. [4]

[2] CCR 1399.160- 1399.160.13

[3] Business and Professions Code Section 2532.6

[4] SLPAHADB Sunset Review Report, 2012, pg. 38

Both the former SLPA Board and the HAD Bureau conducted annual CPD audits in the past. However, due to staff reductions, technology and other changes, the audits have not been consistently performed in recent years. In 2013-2014, one audit sample of 3% of the active licensees was conducted but that was the only audit of the SLPA and HAD licensees since 2010 and 2006 respectively. [5]

To restore the annual CPD audit process for a sampling of 5% of the active licensee population of Audiologists, Dispensing Audiologists, Speech Language Pathologists, SLP Assistants and Hearing Aid Dispensers (approximately 925 sampled from a total pool of 18,500 licensees), an additional 950 hours of time is needed. This work would primarily be performed by a licensing analyst with some support from administration.

Another component of the CPD Program that needs to be enhanced relates to the providers of the professional courses. For HAD, continuing education providers must have their courses approved by the Board on an annual basis. This approval process reviews the course description including the number of topics, instructor biographies, and the inclusion of an end of course survey for students to complete. This review and approval is being conducted by SLPAHADB and is reflected in the following summary table of existing workload.

The education provider requirements and processes for Speech Language Pathologists and Audiologists differs from HAD. The providers for continuing education for the SLP/AUs apply for approved provider status. The application approval process entails a paper review of course syllabi, time and location of the course offering, course advertisements, course instructor resumes or vitas, and records of course completion. The SLP/AU education providers must renew their application every two years, but there is no follow up at the time of renewal or random auditing to ensure that courses and instructors continue to meet requirements once the provider application is approved. An audit process similar to that used to randomly audit licensees was used to audit providers in the past but was eliminated due to staff shortages prior to 2010. Consequently, providers for SLP/AU continuing education are not routinely audited or reviewed as long as they renew their provider status on time. An additional 20 hours of licensing analyst time would be needed to restore an annual audit process for a sampling of 10% SLPAU providers.

The tables below summarize SLPAHADB's workload needs for the Licensing and Examination unit's existing workload plus enhancing the CPD audit programs. There is a shortage of 0.87 PY, assuming the CPD audit programs are resumed.

[5] SLPAHADB Sunset Review Report, 2012, pgs. 39-40

Table 1.3: Existing Licensing/Exam Workload

Existing Licensing/Exam Workload		
Existing Hours of Workload	**Available Work Hours for Existing 3.0 PY**	**Hours Over/Under Existing Budgeted Hours**
SLP/AU: 3,509[6]	3,552 (2 PY)	-43
HAD: 2,396[7]	1,776 (1 PY)	+620
Total: 5,905 hours or 3.32 PY	Total: 5,328 hours or 3.0 PY	577 hours or .32 PY

Table 1.4: Enhanced Licensing/Exam Workload

Enhanced Licensing Workload		
CPD Provider Audits @ 10% rate	**CPD Licensee Audits @ 5% rate**	**Additional Staffing Needed for Enhanced Work**
20 hours	950 hours	970 hours or +.55 PY

Enforcement Workload Analysis

a. Existing Workload

Programs serviced by the Enforcement unit include:

- Enforcement Complaints & Investigations
- Citations and Fines
- Disciplinary Action through Attorney General's Office
- Probation Compliance.

Currently one incumbent in the Special Investigator classification coordinates the Enforcement program which includes Disciplinary Actions through the Attorney General's Office and Probation Compliance. Two AGPA's are established to perform the Enforcement Complaints/ Investigations and Citations and Fines workload. However, one AGPA performs the enforcement duties full time, while the second devotes approximately 30% time to

[6] Includes 3,414 hours to process licenses for SLP/AU practitioners plus 95 hours to process applications for providers of continuing education for the SLP/AU profession

[7] Includes 1,010 hours to process HAD licenses, 856 hours related to HAD exam development and administration, and 530 hours to review and process Continuing Education Credit Course approval applications. The 530 hours for CEC tasks has been performed by temporary staff.

enforcement. Due to a Board priority need for regulatory support, 70% of the time of the second Enforcement AGPA is devoted to preparing regulatory packages for Board consideration and other Board Support duties. This negatively impacts the Enforcement unit's ability to perform the workload.

In order to analyze the enforcement body of work plus the regulatory and board support work, the data is presented in several ways.

1. Enforcement complaints/investigations and cite and fines only (performed by 1 full time PY and 30% of another).
2. Disciplinary action and probation compliance only (performed by 1 full time PY).
3. Regulatory and board support workload only (approximately 70% of a PY).
4. Total workload enforcement and regulatory/board support (3 PY total in the unit).

Table 1.5: Existing Enforcement Workload

Existing Enforcement and Regulatory Support Workload				
Workload Analysis in Enforcement Unit of 3PYs	**Existing Hours of Workload**	**Available Budgeted Hours**	**PYs Assigned**	**Hours Over/ Under Available Budgeted Hours**
Complaints/Investigations, Cite & Fine	2,439	2,309[8]	1.3 PY	+130
Disciplinary Action & Probation Compliance	1,556	1,776	1 PY	-220
Regulatory and Board Support	1,197	1,243[9]	.7 PY	-46
Total Enforcement, Regulatory & Board Support	5,192	5,328	3.0 PY	-136

Based on the data collected, the Enforcement Unit is appropriately staffed. However, the workload statistics are calculated based on the time needed to process the number of new complaints and discipline filed annually. While this is a good measure of the Board's on-going needs in Enforcement, it may not reflect the Board's current reality. The SLPAHADB has had a backlog of Enforcement workload for several years and has not been meeting its performance measures (see the Comparisons to Other Boards section of this report). The current staff is now attempting to clear that backlog but they are working at less than optimal efficiency as they search and review old information or conduct more research to identify current status of dated complaints and discipline. This inefficiency cannot be removed until work becomes current.

[8] 1PY AGPA plus assigned 30% of a second PY AGPA
[9] Assigned 70% of 1PY AGPA

In addition, at the time the workload data was collected, the Enforcement Unit was in a state of transition with two incumbents having less than one year tenure and one with only two months tenure. The Executive Officer has identified additional duties he would like to assign to this unit when the staff members are fully trained.

Comparisons to Other Boards

To further analyze SLPAHADB's organization structure and workload, data were collected on a sampling of organizational metrics from other DCA Boards. It is recognized that each Board must tailor its operations to service its unique licensee populations so direct comparison among Boards is difficult. Nevertheless, it is useful information to observe the relative ratio of staff to licensees in a sampling of Boards as an indication of appropriate staffing levels. In order to compare like years, data shown in Table 1.6 on the next page were gathered from the most current published DCA annual reports at the time data was collected for this study.[10]

[10] California Department of Consumer Affairs, 2014-15 Annual Reports

Table 1.6: Licensing Comparisons

Licensing Descriptive Data for Comparable DCA Boards Source: DCA 2014/15 Board Annual Reports[11]								
Metric	**Osteopathic Medical**	**Psychology**	**Optometry**	**Veterinary Medicine**	**Respiratory Care**	**Acupuncture**	**Occupational Therapy**	**SLPAHAD**
Staffing PYs[12]	11.4	21.3	12.5	24.8	18.4	12.0	8.7	9
Number and Types of Licenses	1. Osteopathic Physicians & Surgeons 2. Fictitious Name Permit	1. Psychologist 2. Registered Psychologist 3. Psych. Assistant	1. Optometrist 2. Branch 3. Fictitious Name Permit 4. Therapeutic Pharmaceutical Agent 5. Lacrimal Irrigation & Dilation Certificate 6. Glaucoma Certification	1. Veterinarian 2. Vet. Tech 3. Hospital	1. Respiratory Care Practitioner	1. Acupuncture 2. Acupuncture Schools	1. Occupation Therapist 2. Occupation Therapy Assistant	1. RPE 2. Audiologist 3. Dispensing Audiologist 4. Branch 5. Hearing Aid 6. Speech Language Pathologist (SLP) 7. SLP Assist. 8. SLP Aide 9. Prof. Dev. Provider 10. Temp. Trainee
Total License Population	9,632	22,556	11,117	30,328	22,801	17,581	16,712	19,784
Ratio of Staff to License Population	1:845	1:1059	1:889	1:1223	1:1239	1:1465	1:1921	1:2198

[11] California Department of Consumer Affairs, 2014/15 Annual Report
[12] Civil Service and exempt positions approved in the state budget, California DCA, 2014/15 Annual Report

As can be seen by Table 1.6, SLPAHADB services its licensees and consumers with the fewest number of employees per licensee than any of the other Boards surveyed. Some boards have more than double the number of staff per licensee than found in SLPAHADB. In addition, SLPAHADB has the most license types of the boards surveyed.

Table 1.7: Enforcement Comparisons

Enforcement Performance Data for Comparable DCA Boards FY 2013-14[13]						
Metric	**Osteopathic Medical** **# Cases/ Avg days**	**Optometry** **# Cases/ Avg days**	**Occupational Therapy** **# Cases/ Avg days**	**Respiratory Care** **# Cases/ Avg days**	**SLPAHAD** **# Cases/ Avg days**	**SLPAHAD** **Target**
Intake Cycle Time – Avg days from receipt of complaint to date complaint assigned for investigation	368 Cases/ 12 days	240 Cases/ 3 days	749 Cases/ 1 day	808 Cases/ 2 days	161 Cases/ 2 days	5 days
Investigation Cases – Avg days from receipt of complaint to closure of investigation	185 Cases/ 235 days	251 Cases/ 177 days	619 Cases/ 97 days	765 Cases/ 108 days	154 Cases/ 344 days	90 days
Formal Discipline – Avg days to complete entire enforcement process for cases referred to AG's office	27 Cases/ 710 days	21 Cases/ 655 days	20 Cases/ 626 days	67 Cases/ 569 days	13 Cases/ 664 days	540 days

While SLPAHADB's performance measures related to intake cycle times meet standards and are similar to that of comparable boards, the time to investigate cases and process formal discipline does not meet standards. The time to investigate cases exceeds standards by almost 400% and is more than 100 days longer than the next best board. If backlog is defined as not meeting performance target, SLPAHADB has a significant backlog (344 days instead of 90 days). Prior to FY 14-15 Enforcement Analysts processed both investigation cases and formal discipline cases. At the beginning of FY 14-15, SLPAHADB hired an AGPA to focus on formal discipline, thereby freeing Enforcement Analysts to focus on investigation cases. However, the lag time on enforcement cases is so long that improvement will not be noted for some time.

[13] Performance Based Budget 2014-15, California Business, Consumer Services and Housing Agency

Workload Observations and Recommendations

The objective of component one of this study was to provide a review of the SLPAHDB staffing and workload to identify work currently being done and work currently not being done due to shortages of staff. This included identifying whether there were sufficient staff resources within each unit and making any corresponding recommendations for staff allocations or assignments. The primary observations and recommendations are presented in the following summary table.

Table 1.8: Observations, Challenges, and Recommendations

Summary of Observations, Challenges and Recommendations	
Administration	
Office Technician Staffing Levels	The current workload in the administration unit justifies 3.3 office technicians, but there is only one part time position (0.6 PY) allocated in the budget resulting in the unit being understaffed by 2.7 office technicians. This measurement was based on time estimates provided by staff and comes with a caveat given their short tenure. It is feasible that time estimates are inflated due to staff only having experience during the busier period of the year. However, even with this consideration, the Board has exhibited the need over several years to supplement the Administrative Unit with a part time AARP and full time temporary position for a total of 2.6 PY to meet current administrative needs. This supports the need for at least 2.6 additional OT's to remain current on existing work. Furthermore, work was identified that is currently being done by analysts or higher that can be allocated to the OT position.
OT Proactive Planning Future Needs	The current workload for the Office Technician is significantly higher than the allocated staff. In addition to supporting the workload in the other units, OT tasks include the processing of license cancellations, supervisory responsibility statements, and renewal applications. To avoid such a significant disparity in the future, it is recommended that the operations manager pull CAS/ATS reports for these transactional activities to monitor any increases or decreases in OT workload as a tool in projecting future staffing needs.
OT Inconsistent Procedures	The consultants observed some inconsistencies in processes remaining from the merger of the HAD Bureau and the SLP/AU Board. An example is the initial review of incoming applications that have deficient or missing information. When reviewing deficient licensing applications for Speech and Audiologists, the OT is instructed to copy the page that is deficient, send the original back through US mail and have the applicant complete the page and resubmit the corrected version. This delays the applicant receiving information and takes more OT time, but the applicant only has

Summary of Observations, Challenges and Recommendations	
Administration	
	to fix the deficient pages. While reviewing deficient Hearing Aid Dispensers applications the OT emails the applicant, notifying him/her of what is missing/incorrect with instructions to resubmit the entire paper application (minus the prints, picture if those are with the original). This more efficiently notifies the applicant, but then the applicant has to resubmit all the information. This discrepancy in this process is currently being addressed by the SSM I, however it would be prudent to examine the steps of other processes to identify any additional inconsistencies remaining from the merger of the HAD Bureau and the SLP/AU Board.
OT Cashiering	Cashiering to process application and renewal fees occurs twice per week with current regular and temporary staffing. The Executive Officer endorses processing monies more frequently as a good accounting practice and as recommended in the State Administrative Manual but there has been insufficient staffing to complete daily cashiering as well as manage the daily clerical support tasks. If OT staffing levels were increased as described above, these improvements could be realized.
Administrative Work Not Being Done	Legislative analysis and budget analysis is currently being done by the Executive Officer when required. The Executive Officer desires administrative support assigned to attend to these critical responsibilities. Based on tasks and time estimates devoted to this function in similar boards, an additional 352 hours is needed to perform legislative analysis and 183 hours for budget analysis (a total of .3 PY).

Summary of Observations, Challenges and Recommendations	
Licensing	
Licensing Staffing Levels	The licensing and examining functions are only slightly understaffed for processing license applications and renewals (0.32 PY understaffed). However, the Board has not met its obligation to audit continuing education requirements in several years. To adequately staff the licensing functions plus h the additional hours needed to maintain programs relating to continuing education, an additional 0.87 PY in the Licensing Unit would be justified. If the Board does not wish to add another analyst position, another option would be to evaluate if there are duties performed by the licensing analysts that could appropriately be performed by OTs and augment the OT request for additional budgeted positions accordingly. Regardless of the decisions related to additional staffing, the licensing and examination functions could benefit from a process improvement assessment. Since the licensing workload includes processing a high volume of applications, even small efficiencies in processes can equate to significant hours of work.
HAD Licensing & Exams Backup	One Staff Services Analyst is assigned the HAD Licensing and Examination responsibilities. The incumbent receives support from the Office Technicians for some licensing process steps and from the Staff Services Manager when examinations are administered. The daily functions, however, are performed by the one incumbent, leaving the organization vulnerable to turnover or extended absence. It is recommended that other staff member(s) be cross trained and/or assigned responsibility for a portion of these duties in order to have adequate backup for this function.
HAD CEC Course Approvals	Currently courses are required to renew approval on an annual basis. It is recommended that the Board pursue a modification to the regulation so it is required every two years as courses may not change substantially in a one year period. This would also align HAD with the two-year cycle for renewal of SLP/AU continuing providers.
Licensing Work Not Getting Done	As noted above continuing education provider audits and licensee audits for SLP/AU are not being done. An estimated additional 970 hours (0.55 PY) would be needed to routinely perform these audits at a minimal level.

Summary of Observations, Challenges and Recommendations	
Enforcement	
Enforcement Staffing Levels	Based on time estimates needed to process on-going workload, the Enforcement Unit appears to be staffed appropriately. However, there is an existing backlog of old cases which obscures analysis of staffing levels. The average time to close an investigation filed at SLPAHADB was 344 days in FY 13-14 (with a performance target of 90 days). The existing staff is not only processing the in-coming new complaints but also attempting to close old complaints. Completing old cases, delays the efficient processing of the current cases due to the need to re-review old information or conduct more research to identify current status of dated complaints. It is recommended that temporary staff from DCA be used to clear the old complaint cases which should then allow staff to efficiently process new complaints. It should be noted that as old cases are completed, the performance measures will actually get worse before they get better. The performance measure "time to close an investigation" is not tallied until a case is completed so clearing older cases will contribute to a higher average time to close during the time the backlog is being addressed.

Ancillary Observations

Duty statements inaccurate: The scope of this study did not include a classification review of all positions at SLPAHADB. However, during the review of the workload of each position, the CPS HR consultants noted that all duty statements could use minor updating of the description of duties and adjustments to the percent of time devoted to each function. In addition, there were a few duty statements needing major revisions. Those that need particular attention include:

a) **Special Investigator** – Existing duty statement is for Special Investigator. Some of the duties apply to the current job but a revision is needed.
b) **AGPA Enforcement and Regulatory** – Existing duty statement describes this position as primarily an enforcement analyst with 25% of time assigned to the regulatory program. Approximately 70% of the current job is devoted to the regulatory program.
c) **AGPA Enforcement Analyst** – Existing duty statement describes the discipline process rather than the complaint processing function. Complaint processing is the focus of this job. The discipline process is the responsibility of the Enforcement Coordinator (Special Investigator).
d) **HAD Staff Services Analyst** – Existing duty statement lists 15% of time to process licensing renewals. This is no longer a part of the HAD Analyst job and is now assigned to the Office Technician.

e) **Office Technician**– Existing duty statement indicates Personnel support duties (e.g., processing personnel transaction documents, updating Board orientation manual, reviewing staff timesheets) consume 15% of total time. However, current staff estimates indicate it is closer to 1-2%. Additionally, the current OT duty statement is missing the following key sections that had previously been the responsibility of other temporary and permanent staff but is considered a part of the OT workload calculation.

- From the Seasonal Clerk duty statement – the "Clerical Support" covering incoming and outgoing mail and the "Special Projects" covering the miscellaneous support.
- From the Seasonal Clerk duty statement – the "Licensing Documents – Filing and Review". This includes the responsibilities of reviewing the completion of licensing documents, sending out deficiency letters, updating licensee information, processing licensure verification requests, and filing licensing documents as needed.
- From the HAD Staff Services Analyst duty statement, the "Process License Renewals" as both the OT and the HAD Analyst acknowledged this is fully a part of the OT job responsibilities.

Appendix A: Sample Workload Calculation Sheet

DCA SLPAHAD								
WORKLOAD STUDY FY 2015								
(Job Title)								
	JOB TASKS		# Per Day	# Per Week	# Per Month	# Per Year	Hours Each	Hours Per Year
I.	**Job Function: (Overall Job Function, e.g., Process mail, Confirm Purchases)**							
	Duty:	**1. General Duty Statement**						
	Sources:	Employee interviews, work logs						
	Tasks:	Sub Task 1.1	1				0.75	198.00
		Sub Task 1.2	2				0.17	88.00
		Sub Task 1.3	5				1.00	1320.00
		Sub Task 1.4		1			4.00	206.40
	TOTAL JOB FUNCTION I:							1812.40
II.	**Job Function: (Overall Job Function, e.g., Process mail, Confirm Purchases)**							
	Duty:	**2. General Duty Statement**						
	Sources:	Employee interviews, work logs						
	Tasks:	Sub Task 2.1			1		2.00	24.00
		Sub Task 2.2		2			1.25	129.00
		Sub Task 2.3	6				0.25	396.00
	TOTAL JOB FUNCTION II:							549.00
	OVERALL HOURS ACROSS ALL JOB FUNCTIONS							2361.40
	OVERALL PY NEEDED TO COMPLETE JOB (based on 1,776 hours a year)							1.33

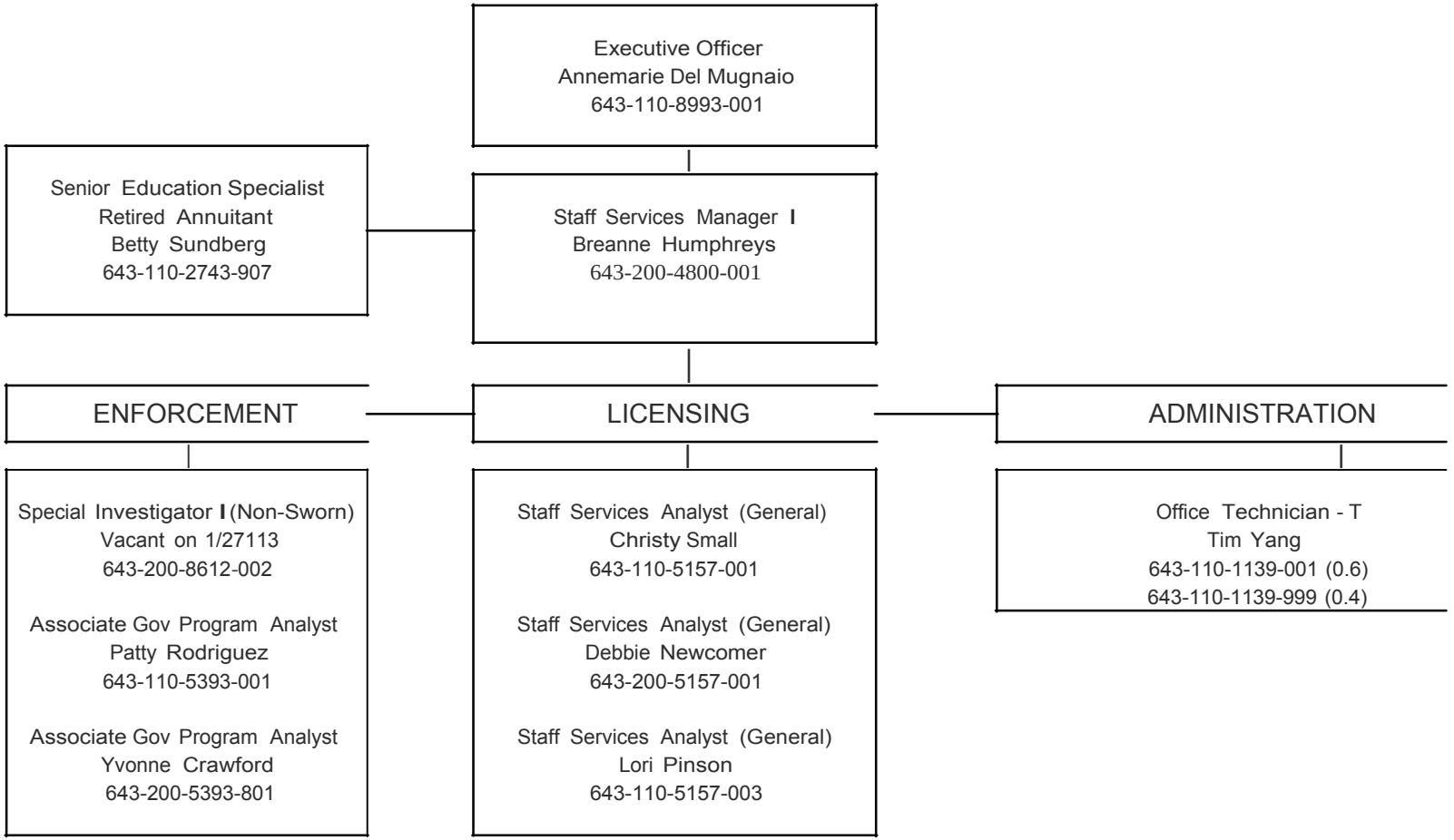
ATTACHMENT 7

DEPARTMENT OF CONSUMER AFFAIRS

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

July 1, 2013

Current
FY 2013-14
8.6 Positions
BL 12-03 (999 Blanket): 0.4



Annemarie Del Mugnaio, Executive Officer

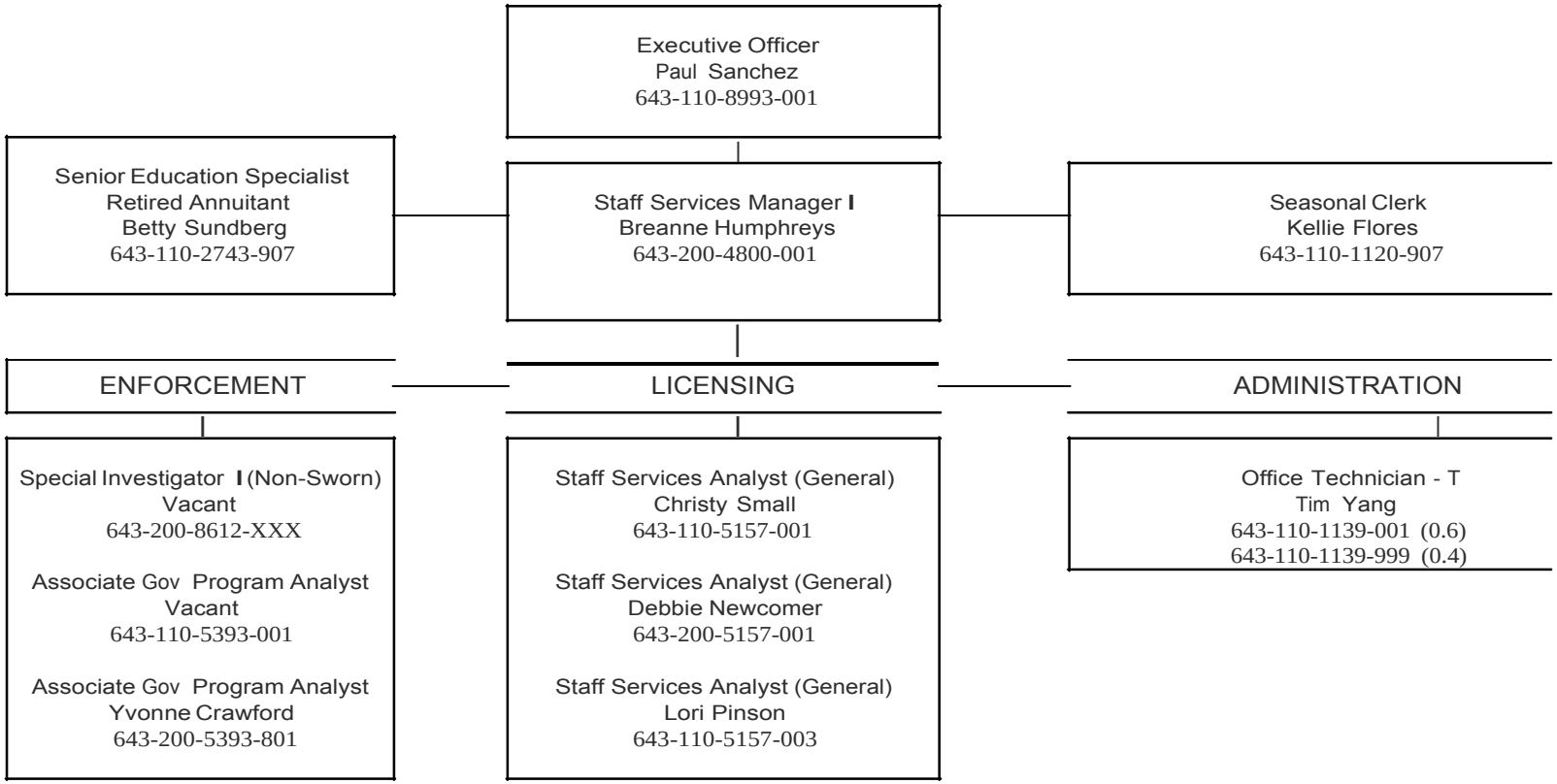
Personnel Analyst

DEPARTMENT OF CONSUMER AFFAIRS

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

July 1, 2014

FY 2014-15
8.6 Positions
BL 12-03 (999 Blanket): 0.4



Paul Sanchez, Executive Officer

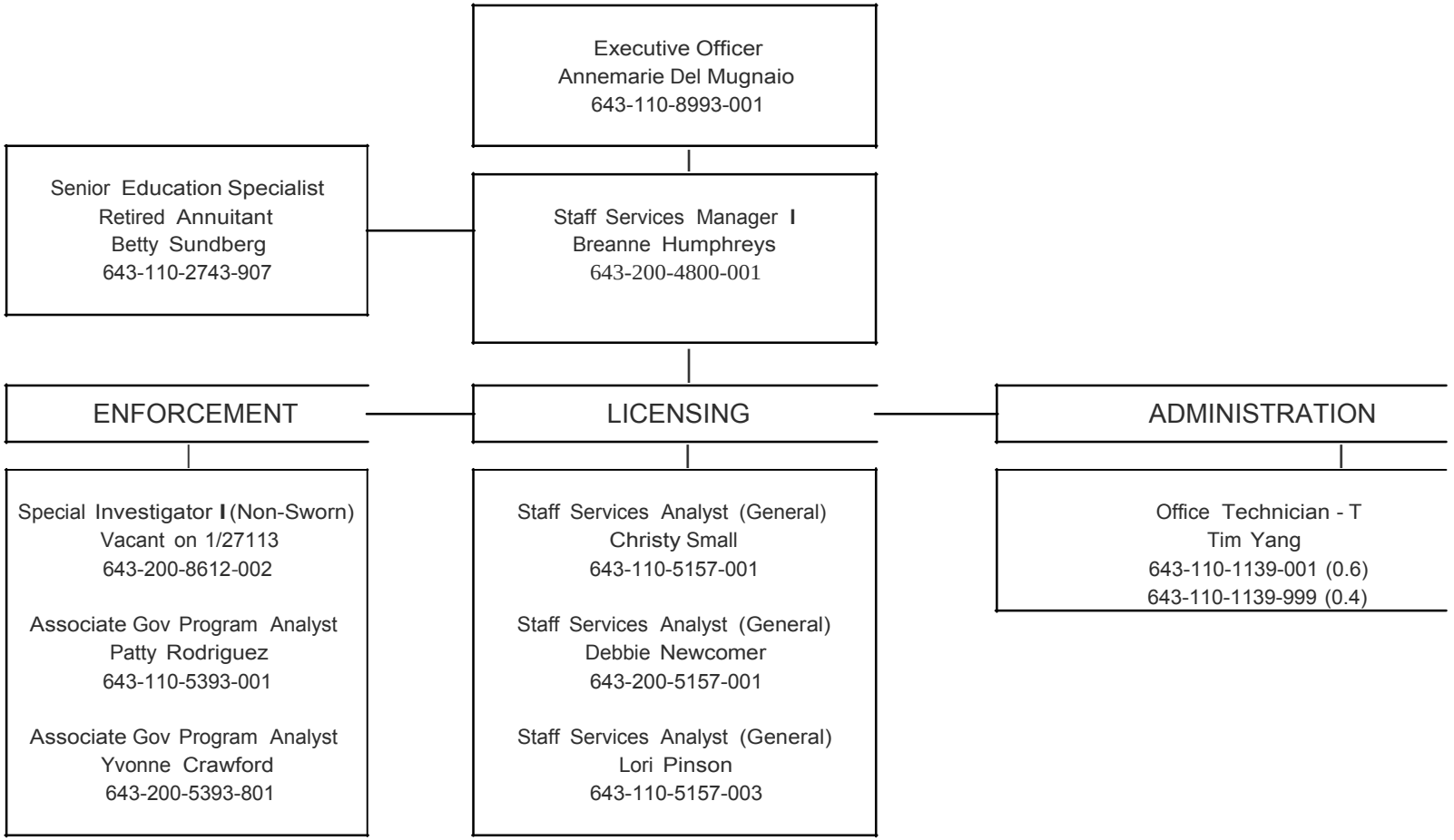
Personnel Analyst

DEPARTMENT OF CONSUMER AFFAIRS

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

July 1, 2013

Current
FY 2013-14
8.6 Positions
BL 12-03 (999 Blanket): 0.4



Annemarie Del Mugnaio, Executive Officer

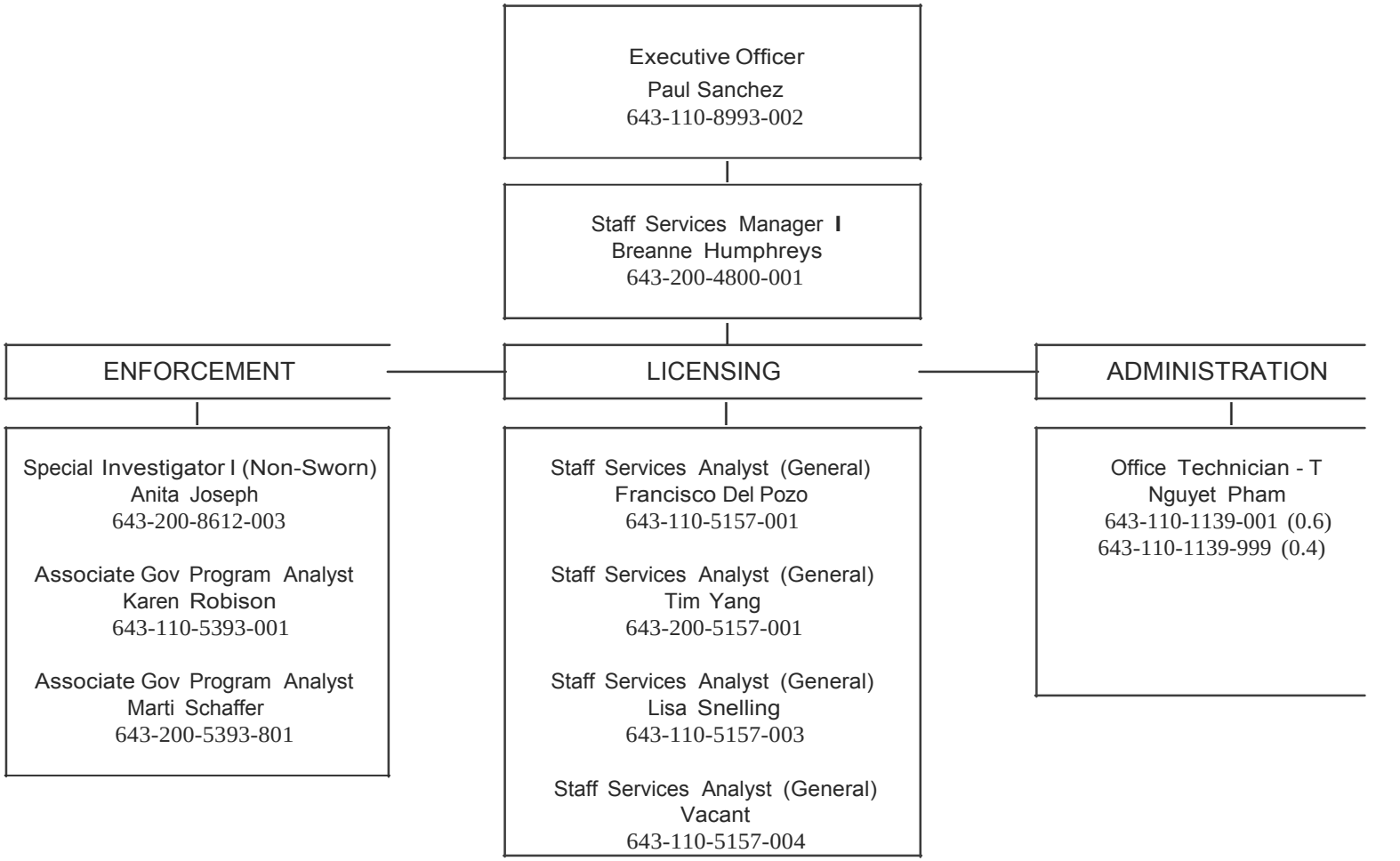
Personnel Analyst

DEPARTMENT OF CONSUMER AFFAIRS

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

July 1, 2016

FY 2016-17



Paul Sanchez, Executive Officer

Personnel Analyst