

Kronkosky Charitable Foundation

Roundtable Discussions

Topic: Speech Impaired Discussion

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Participants

Invited Representatives

Tricia Legler	Director, Freedom Center	Children s Habilitation Center
Jackie Alexander	Dean, School of Education	Our Lady of the Lake University
Mary Ann Acevedo	Professor, Harry Jersig Center	Our Lady of the Lake University
Raynae Cubello	Case Manager	Children s Habilitation Center

Foundation Staff

Palmer Moe	Executive Director
Megan Kromer	Director of Program and Evaluation
Mike Bacon	Grants Manager
Mark Carmona	Grants Manager

Overview

School of Education, Our Lady of the Lake University

- Works with communications disorders and provides services through the Harry Jersig Center. Services are in therapy and speech language evaluation. Training is provided, but this is not a research institution.
- The student body is primarily from Texas (90%), and includes areas like San Antonio, El Paso, Houston, and the Valley.

Harry Jersig Center, Our Lady of the Lake University

- Trains students who work at the clinic on campus to serve mainly preschool age children and some school age children who need additional help. Severely language delayed kids use a language-based curriculum.

- Students see the clients on a sliding scale fee system.
- The Jersig Center has received a grant to increase the number of bilingual therapists because there is a particular need here in San Antonio. Currently, the Center works with Headstart to identify Spanish speaking children who need initial diagnostics and therapy for their speech/language impairments.
- Other programs at the Center include work with stroke victims, a Parkinson s Outreach program coordinated with the Medical Center, an Aphasia Group for post-stroke individuals who have language disorders associated with strokes.

Children s Habilitation Center (CHC)

A variety of programs are offered to serve children with special needs.

- Caseworkers at CHC have an individual caseload of at least 50 clients, 20 of whom are ongoing.
- CHC runs on a sliding scale fee system and government funding.
- The organization seeks funding for equipment for clients through public funding sources, all of which require waiting lists.
- 10-15% of the children are developmentally disabled.

Freedom Center

- Works with children with multiple disabilities by providing assistive technology and augmentative communications devices. Specialization is within the speech/language area. The focus is on communication tools for speech output.
- Helps people of all ages who cannot speak or even use their hands. In some cases, clients reside in nursing homes or rehabilitation centers.

Other Programs

- It s a Small World Learning Center for Children works with children with disabilities
- Wheelchair Seating Clinic--helps people of all ages to learn how to adapt to their wheelchairs
- Physical/Occupational/Speech Therapy, Sensory Integration Therapy for kids (ex: aquatics).

Definitions and Scope of Problem

- Speech impairment deals with those who have problems controlling their output and motor functions, e.g. stuttering. Language impairment entails those who have more cognitive and symbolic problems with their speech and are unable to figure out responses or decipher language.
- Speech/language impairments affect approximately 10% of the population. Given San Antonio's population of 1 million, at least 100,000 people are affected. Many are identified in early childhood, as every elementary school should have at least one full-time speech therapist on staff (not always the case). Those students who are high school aged are at a high risk for dropping out.
- If a child does not speak at all, he could have a language delay or impairment or he could be experiencing childhood aphasia.
- Speech impairments are an invisible disability. Hence, services are difficult to obtain. Further, fixing the problem is a process, not a product.

Funding

- There are limited funding sources for speech impairment in the San Antonio area.
 1. Federal Money
 - a. OSERS (Office of Special Education and Research Services)
 - b. NIH-MCH
 - c. Hill Burton
 2. Local Funds
 - a. United Way
 - b. Charity Ball Association
 - c. David Robinson Foundation (for small grant requests)
 3. Statewide Support
 - a. Hogg Foundation
 - b. Meadows Foundation
- Some funding comes from the Texas Rehabilitation Commission (TRC) through several programs, including the Medicaid Waiver Program and another entitled CLASS. There are very limited slots, but

once a person is covered, support continues indefinitely. Only a very small percentage of those in need get help.

- Chronic disorders are less popular than rehabilitative programs and consequently support is difficult to obtain. Moreover, insurance companies are less likely to cover chronic care.
- Charity care is a real issue — who will pay for patients in need? In many instances, for-profit centers pass clients on to non-profits when their insurance runs out.
 1. For example, at the Children's Development Center, 50% of clientele only have Medicare coverage, which reimburses facilities 20% of the cost of services.
 2. Almost everyone who uses the service only pays from 0 — 25% of the cost involved.

School Related Issues

- Schools tend to focus on motor problems rather than learning impairments or other causes of speech difficulty.
- Families become involved in therapy when therapists teach parents how to teach their own children ongoing skills that can be used at home. There is counseling available and much work is done through the school systems.
- Interestingly, there is a high correlation between illiteracy and speech impairment. Schools are not well equipped to deal with severe disabilities.
- Inclusion and mainstreaming:
 1. Inclusion means placing students with handicapping conditions in classrooms alongside those without disabilities during the school day. Inclusion is preferred as part of a continuum of services.
 2. Mainstreaming means placing students with handicapping conditions in classrooms with unimpaired students for the entire day. One of the problems is that regular education teachers are not trained to deal with these children. Yet, the parents are demanding that their child be put in mainstreamed classrooms. Apparently, such decisions are best made on an individual basis.
- When families meet with school districts, they are often unaware of the particular services for which they qualify. Unfortunately, districts are not always forthcoming with that information. Referrals more often come only if funding is available or the family is able to afford treatment.

- It was suggested that Region 20 might be a good location to coordinate the services offered, as there is such a variety among the seventeen school districts.
- How do children with speech impediments get identified in San Antonio? Brighter children tend to develop coping skills early on and are difficult to identify. They struggle through the system until the workload becomes too difficult and then tend to be at-risk for dropping out. Reading specialists are not present in most schools. High school speech therapy programs are very weak. Children do not outgrow these disorders. There is no quick fix here. Insurance generally only covers needs for a period, not ongoing needs.

Topics of Concern

- Finding out about the many services available to those with speech impairments is a very complex process. It is important to know about counseling for the extended family, transportation issues and opportunities, and other services, but to get this information one must traverse a maze of bureaucracy both at the state level and at differing levels of the school district.
- Representatives present pointed out the difficulty in collaboration efforts. Their experience has been that such work is incredibly time consuming and slow to reach fruition. Informal collaboration does occur, with referrals among organizations.
- Technology makes a tremendous impact in this area but it is very expensive. Each person must have his or her own system configured to meet unique needs. Insurance does not always cover purchases of equipment. Medicare does not cover equipment because it is considered too long-term. A good synthesizer system costs between \$6,000 and \$7,000.
- The need for Spanish-speaking case managers is clear. The number of Spanish-speaking patients is growing with the city's population. Clinicians, schools, and doctors are unable to cope.
- Adults have very different needs in this area than children. In some instances, funding is easier to receive for adult speech impairment programs. On the other hand a more extensive array of services are needed to deal with emotional problems, family issues, potential impact on vocation, and social issues.

Frustration and Gaps in the system

- How to continue offering families and children services when their funding runs out.

- There is rarely any funding for experiments on hunches by trying new models without proven track records. (Ex: parent training, agency coordination project)
- Services are based on where the funding is rather than what the needs are.
- After a particular period of time, services and case management is no longer offered.
- Field initiated projects are rare.
- There is a gap in the availability of case management in this field. No source funds this type of program; consequently, it is not widely available.

Ideas for Systematic Change

- Transportation needs to be addressed, there are restrictions on the use of VIA Trans that prevent some from making use of it and consequently making use of available services.
- Money is needed to pay for planning a project at the front end, without the expectation of immediate results (same year). More planning would give nonprofits a chance to get some perspective on their issues rather than dealing with day-to-day crises.
- Support groups for parents and families are too few.
- Equipment is always needed. Longer hours for available services needed.
- Teachers must be taught how to work with children who have speech impairments.
- Day care workers must know how to identify children with speech impairments — they are often the first people outside the parents to be in a position to detect a problem. The earlier that problem is identified, the better off the child eventually can be because of the array of services brought to bear at an early age.