

To: House Committee on Education

From: *Colleen Douglas, CCC-SLP, Multnomah Early Childhood Program*

RE: Support for HB 2959

Chair Neron, Vice-Chairs Wright and Hudson and members of the committee—

My name is Colleen Douglas, and I am here today as a Speech Language Pathologist of 8 years, 7 serving as an early childhood special educator, speech language pathologist. I am here to express my support for House Bill 2959.

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I presented the information below during the “live stream” event, but I had a follow up based on a comment after my testimony from Chair Neron about how the “Mental Health” committee met the previous day. I don't think it is useful to try and segment the issues challenging schools, students, teachers and medical professionals - they are all related and the same foundational changes are needed to improve the experiences for all the aforementioned parties. Students are having mental/emotional/social challenges that are grossly unsupported by schools - this leads to too many “hard kids” in classes, it leads to overidentification of Special Education kids, it leads to services being misaligned (e.g. SLPs helping teach emotional literacy, instead of a student receiving quality counseling), it leads to teacher burnout and issues with staffing. The same solutions can help ALL of these issues - increase mental health support, decrease class size, hire more teachers and aids and medical professionals and pay them better.

No matter what the issue is, foundational improvements in the system will lead to improvements. As a citizen, watching the House/Senate form committees to “make a plan to talk about a plan” is so unsatisfying, when we know there need to be core changes/improvements made for teachers, medical professionals, but above all for our students.

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As a trained healthcare professional in the education system, I am a licensed SLP and practice within the unique educational setting of Early Childhood. Specifically, I drive around East Multnomah County to provide specialized instruction for children with recognized Communication Disorders. I serve children within their “natural environments”, which most often means a preschool or daycare setting, or in a child’s home.

I wear two hats at all times - an educator and a speech-language pathologist. My ultimate goal is to help the children on my caseload thrive within their education environment. And like ALL educators, I believe our students deserve the best possible educational journey at every turn.

In the past few years, it has been hard to stay optimistic regarding the state of education in Oregon. I participate much less in “politics” because I have become so jaded by the struggle, the personal investment, and the lack of results. So I came here today somewhat skeptical. But as a proud Oregonian, an educator and a mother, I come before you today out of need, to request your assistance in making real improvements in the education system - for all educators, including medical professionals.

If it requires a task force to analyze the data and make recommendations, then so be it. But if you had been listening to educators since the Student Success Act in 2019, then you already know there were solutions identified, but Oregon politicians have not been able to make those solutions a reality.

However, our struggles as educators have not changed - we continue to be understaffed, underpaid, our caseloads and classroom sizes are too large and the student’s basic “well being” needs are too high for them to meet the academic achievements that educators are striving to provide.

You will hear, or you have already heard, from many Medical Professionals who struggle with caseload size and the impossible barriers to providing adequate services to students who have such a high need for support. Our

work requires us to fulfill ODE IFSP and IEP contracts and to maintain the high ethical and effective standards for our professional licensure. Medical professionals provide specialized support for students with communication, social, cognitive and/or motor needs for approximately 30-120 minutes per week (depending on the student) and we are required to maintain accurate logs, billing, and communication with a support team and families. This demands a caseload of approximately 20-40 students per medical professional - depending on their setting. I work in the Early Childhood setting in Multnomah County, so another element specific to my job, is to drive from place to place to serve students. Other school-based SLPs, OTs, and PTs often have to drive from campus to campus, within their district to support students for 10 minutes per visit - this can be illegal and is certainly not effective or ideal.

As “home visitors”, Early Interventionists go into student’s homes on a weekly basis. And if the family is unable to meet their basic needs, such as housing, hygiene, mental health, safety, finances, food/resource security - then we end up wearing the additional “hat” of social worker, and being faced with the impossible task of trying to help them find access to resources. This has become a necessity in our job, because if a family has needs that are so high, then they are truly not able to attend to their child’s unique special education needs. But, like teachers, we are not trained social workers.

One very specific reason that the Multnomah Early Childhood Program has 27 job vacancies and a 33% turnover rate for new hires, is that we are regularly tasked with being social workers and mental health counselors for a community in crisis. At MECP, we have access to 1 Mental health worker to support 2000+ families - and all he can possibly do is connect them to an outside agency with a massive waitlist or offer them limited crisis support.

The challenge for medical professionals in the Early Childhood setting is very relatable to the school-based setting. We are not funded adequately to support the student’s needs - our caseloads are too high, Medical Professionals and teachers are wearing too many hats, we are underpaid

and there are not enough of us. Additionally, the needs in our community are too high to serve with the outdated student-to-teacher ratios. When students are in crisis, as many in Oregon are, they need quality connections with adults they can trust and specialized attention.

I come today not just to share about the struggle, but also to offer simple solutions - ones that we all know will help solve the crisis' plaguing schools, educators, medical professionals, students and families.

It is my core belief that if the state reduces the Student to Teacher ratio, increases pay for all classified and certified educators, across all education environments, hires staff according to this plan, and increases access to mental health in all school settings, then the state of Oregon will see dramatic improvements in the reduction of "Teacher/staff burnout" and inadequate staffing. You will reduce the mental health and violent crises that are plaguing schools. These changes will decrease caseloads for medical professionals and increase positive outcomes for students such as, improve social skills, academic performance, graduation rates and improve the mental health for everyone involved - students and teachers alike.

Thank you for your time today and I encourage the committee to vote YES on HB 2959. And then please don't make a plan, to analyze data, and talk about a plan.... but instead take action immediately and reduce class sizes, increase pay, and hire more mental health supports to address the deterioration of Oregon's educational system. Education exists within an economy and there are basic steps politicians can take to improve the economics of the situation. So please don't abuse this power, but instead allocate resources appropriately and make real changes to support students, educators and schools!

*Colleen Douglas*  
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