

To: House Committee on Education
From: Sarah Harris Vazquez, CCC-SLP, Portland Public Schools
RE: Support for HB 2959

Chair and members of the committee:

My name is Sarah Harris Vazquez, and I am here today as a speech-language pathologist serving as a member of Portland Public Schools Feeding and Swallowing Team where I have served for 7 years. My specific area of expertise is in pediatric feeding and swallowing disorders and I serve on a multi-disciplinary team with occupational therapists, speech-language pathologists and a registered nurse. As a licensed and certified healthcare provider in the education system, I am here to express my support for House Bill 2959.

I am also a proud Oregonian, mother of a school-aged child, and member of the queer, disabled community.

I am a professional with a unique knowledge base and experience, and I am gravely concerned about what is happening in my district- namely staffing cuts to my team (thereby increasing caseload and workload). In addition, we have administrators with a lack of knowledge base who continue to make unilateral decisions that directly compromise the safety of the most vulnerable students, decisions that ultimately create liability for the students, staff who feed them, and the district.

My team provides assessment and intervention for students with feeding or swallowing disorders who are at risk for aspiration (when food enters the airway), choking, or other risk factors such as pneumonia from aspiration, or undernutrition from selective eating habits. We assess and determine the risk factors and best practices for all safe eating activities at school and implement individual mealtime support systems.

Some unique aspects of our workload pertaining to our scopes are as follows:

- We Evaluate and serve students with a wide variety of diagnoses which may result in a feeding or swallowing disorder (think cerebral palsy, autism spectrum disorder, down syndrome, and the like)
- We Provide training for staff in the school building to feed these students safely while keeping the staff and districts safe from liability.
- We Collaborate and care coordinate with Medical providers, and a large part of this is education and advocacy
- We Attend of dysphagia-related medical appointments for students with more complex needs or families with psychosocial barriers to accessing care
- We travel daily between district sites
- We Provide in-services for paraprofessionals, school teams including administration, and building speech language pathologist
- We have led a learning community through our Regional and Statewide Services for the Orthopedically Impaired (RSOI) with local and regional school feeding teams across the state to discuss best practices, research and service delivery

This is not a comprehensive list.

Regarding our caseload and safety, Since the inception of the PPS Feeding Team, the breadth and depth of our responsibilities has broadened with minimal FTE support. Children who are severely impacted and medically-fragile are surviving their medical complexities due to advances in medical technology; AND, they require a greater amount of services, training, case management and support. In addition, students with traumatic and diverse backgrounds continue to present with more profound needs. Further, the

COVID-19 pandemic has had catastrophic effects on this population as they were not able to access medical care in the community, and many have not reintegrated into feeding and swallowing specialty care. This has caused severe regression in many children and complicated our workload due to their increased needs. *(While many families are leaving Portland due to lack of affordable housing, Families with children who have complex medical needs that can receive specialty services at one of the four major medical systems in Portland are moving TO the Portland metro area. And it should also be noted that students whose families do not have economic freedom of movement to leave Portland remain here).*

One of the most important roles of the Feeding Team is to prevent life-threatening events for our students. This necessitates that we be available in a timely manner. But we are buried under an avalanche of caseload and workload. Students are choking at school and we cannot get to them. This is not sustainable. And the moral injury is high.

In addition to work that is untenable, we are medical professionals whose clinical judgment is often undermined or disregarded by administrators with zero knowledge base or experience in the medical professions, let alone pediatric feeding and swallowing.

Administrative decisions continue to put our students at risk. With less than a lay understanding of pediatric feeding and swallowing, these decisions are negligent and have far-reaching impacts on my students and their families.

Some examples of decisions include:

- Denial of overtime or extended hours
- Requiring in-person meetings with administrators when virtual meetings would improve our efficiency for student-facing service
- Disagreeing with Feeding Team members about which students have dysphagia,
- Rating our students based on their feeding severity in order to make decisions about staffing
- Removing feeding services and IEP modifications against our clinical judgment
- Reducing my small team of 5 by 36% this year alone due to budget considerations

These decisions did not include the full scope of the work required to support all of the existing and potential student needs, based on services/workload, and delineation of roles on the Feeding Team. And they were made without stakeholder knowledge or input.

I would venture to guess that the corpus of feeding and swallowing experts (OTs, SLPS and RNs) throughout the state of Oregon who work in schools have not been included in their district's global or micro-managed decision-making when it comes to feeding and swallowing.

Competence in dysphagia should *also* be a prerequisite for the supervision and administration of feeding specialists within a school district. The same goes for school-based speech-language pathologists and other health care professionals. Competence should be a prerequisite for administrators.

Most Portland Public Schools families do not have to worry about every bite of snack or lunch that their student enjoys during the school day. For approximately 150 PPS families, though, each bite of food can have serious consequences such as choking, aspiration (food or liquid into the airway or lungs), or restricted eating, all of which could cause serious harm to their child.

For those students vulnerable to feeding or swallowing harm, our families rely on the expert support from the PPS Feeding Team – a team whose experience and training, no other professionals in the district have.

But we are tired. We are tired and we have advocated for these students and our scopes of practice ad nauseam with our school district. Health care professionals who work in schools deserve better, because our students deserve better.

I believe that a task-force to assess issues that myself and other medical professionals working in the schools face is a step in the right direction. I am hopeful for change that will decrease caseloads for medical professionals and increase positive outcomes for students. I am hopeful for change that requires administrators to stand by our experienced clinical judgment. And I am hopeful for change that will allow me to tell families whose children are impacted by feeding and swallowing challenges, that their children are safe when they eat at school.

I encourage the committee to vote YES on HB 2959, and hereby volunteer my time and experience.

Thank you,
Sarah Harris Vazquez
Speech Language Pathologist & Feeding Specialist
Portland, OR