

**Strategic Plan for the Speech and Hearing Research Center
Communication Sciences and Disorders
University of South Carolina**

2008-2012

I. Executive Summary

The USC Speech and Hearing Research Center describes its general purpose to be one of clinical training for master's level graduate students in the comprehensive assessment and (re)habilitation of individuals with communication disorders while providing needed services to the community. The Center is staffed by highly qualified and well-trained speech-language pathologists and audiologists, who exhibit a strong allegiance to the Arnold School of Public Health and who desire to work collaboratively with the department in its research and academic missions.

An earlier goal by the University's Strategic Directions and Initiatives Committee (1/10/02) regarding Centers is that they "become financially self-supporting within five years, make substantial contributions to scholarship in their disciplines and enhance, where appropriate, their role linking the University to the community". Following extensive internal and external assessments, the Center realized its potential to meet the recommendations made in 2002 and embraced the challenge to extend its focus both in program development and fiscal responsibility. The Center has made significant strides over the past five years in becoming financially self-supporting but needs to continue its effort in this area. The Center has exceeded its role in the areas of scholarship and community service and has become a state and regionally recognized in the following areas:

- Stroke Recovery
- Cochlear Implants/Auditory-Verbal therapy/Parent training
- Hispanic Initiative (working with individuals from linguistically and culturally diverse backgrounds)
- Evaluations for augmentative/alternative communication systems
- Voice disorders
- Childhood apraxia of speech
- Prevention (local and state-wide speech-language-hearing screening program)
- Fluency
- Child language disorders
- Literacy

The Center continues to recognize its potential to further impact the community, state and region through continued commitments to these programs as well as to the development of new and innovative programs.

A brief history/overview of the Center and an organizational chart are included in Appendix A. The Center works closely with the department in both clinical training and research needs in all three graduate degrees (MSP, MCD, Ph.D.). The Center is primarily responsible for providing clinical training in evidence-based practices to graduate students while maintaining and often

exceeding certification requirements regarding supervision. The clinical faculty maintain one of the highest clinical caseloads of all university faculty in the southeast. The Center oversees the requirements for implementation of the two specialization areas in the masters degree program (the Neurogenic area and the Auditory-Verbal/Cochlear Implant area) and for the clinical training needs of doctoral candidates seeking certification while in the program (Clinical Fellows). The clinical faculty serve as second readers on thesis and as clinical faculty advisors on research projects in the masters program given every opportunity.

The Center has received a strong level of administrative and budgetary support with oversight primarily by the department. The Center increased its income by 62% over the past five years primarily due to increased clinical caseloads and to more efficient billing procedures. Third party reimbursement, overhead due to rented space (facility and parking) and limited success in receiving external funding to support clinical programs have challenged the Center in becoming financially independent to the level recommended by the University's Strategic Directions and Initiatives Committee (1/10/02).

The Center continues to demonstrate a dedicated, talented and energetic group of faculty and staff. To further support current programs, the clinical training needs of an increasing student body, and the development of future programs, a part-time audiologist and a full-time speech-language pathologist have been added to the professional staff (June and July, 2007, respectively).

Several strengths within the Center have been identified. These strengths include: 1a) an outstanding clinical training program that complies with certification standards set forth by Council for Clinical Certification (CFCC) and 1b) a record of outstanding clinical teaching; 2) a collaborative clinical faculty with independent yet related programs of clinical teaching in speech pathology and audiology meeting the Council on Academic Accreditation standards; 3) two specialization areas for advanced academic and clinical training; 4) a consistently strong referral base from community and state resources, contributing to an increase in Center revenues; 5) opportunities for community outreach and service (screening program); 6) maintenance of a diverse training population with regards to age and culturally/linguistically diverse backgrounds; 7) One (1) of two (2) Cochlear Implant programs in the state.

Several weaknesses regarding the Center have been identified. These weaknesses include: 1) a shortage of well-maintained clinical space preventing expansion and development of current and new clinical programs; 2) high clinical caseloads preventing an active program of clinical research and grant writing for support of clinical programs; 3) limited technological resources for more efficient data management at the Center, including managing patient files and student records; 4) resistance of third party payers to reimburse services at the southeast regional average; and 5) limited incentive programs to retain highly qualified professional and administrative staff (the department cannot consistently reward

clinical faculty at a level reflective of productivity and excellence in teaching, service and research due to budgetary constraints). This strategic plan seeks to identify the current state of the Center and to recommend changes necessary to develop a program that reflects the goals of the University, School, the Department and the Center.

The recommended strategic goals are as follows: 1) Maintain high quality training standards through ongoing self assessment; 2) Explore options for more advance technology to improve Center administrative operations moving towards a paperless records system; 3) Maintain the diverse client base at the Center (disorders, age groups and cultural diversity) while exploring alternate service delivery models; 4) Continue development of outreach sites for student training and community service; 5) Increase external funding to support program development; 6) Increase clinical research activities; 7) Enhance the stature of the Center through continued scholarly productivity; and 8) Explore and implement innovative ways to retain current clinical faculty and recruit additional clinical faculty.

II. Vision

The USC Speech and Hearing Research Center will be known as a Center that provides the highest quality clinical education and service delivery in communication disorders in the state and region. It will be a community and state resource of excellence, providing a variety of clinical programs to meet the needs of South Carolinians and their families. Through these educational and clinical activities, the Center will become a leader in the state and region in clinical research, networking with both public and private institutions to further advance clinical efficacy through evidence-based clinical teaching methods. *Distinct areas of current clinical programming and future clinical research will continue to be developed in the areas of adult neurogenic disorders, aural (re) habilitation/cochlear implants, and child language disorders.* Through clinical teaching, service and research, the Center faculty will create programs at the forefront of the fields of speech-language pathology and audiology that maximizes current technology to create a regionally recognized, financially sound, and well-managed program.

III. Mission

The mission of the USC Speech and Hearing Research Center is to advance knowledge and skill in nature, prevention, diagnosis, and treatment of communication disorders. Through excellence in instruction, research and service, the Center seeks to fulfill its mandate a leading treatment Center in communication disorders in South Carolina. The scope of programming addresses the needs of the diverse community at state, national, and international level.

IV. Internal Assessment of the Center

IV.1. Strengths of the Center

IV.1.1 An outstanding clinical training program that complies with and exceeds certification standards set forth by CFCC and which has an outstanding record of clinical teaching

IV.1.1.1. The Center offers an aggressive program of clinical training for graduate students enrolled in clinical practicum. All graduate students begin clinical practicum their first semester of graduate school. Based on clinical performance and achievement of skills outcomes identified for the semester, students may be placed in an outside practicum site their second semester, while continuing with several Center assignments as well. Students who remain in the Center for their second semester of clinical practicum are assigned more clients and often more advanced clinical cases. Students are assigned clinical practicum at the Center every semester until internship, with *skills outcomes* being identified by each clinical instructor they work with throughout the semester. This allows the clinical faculty to better monitor student progress towards becoming *eligible for certification upon graduation*. Students entering their internship generally have an average of 185 clinical practicum hours earned at the USC Speech & Hearing Research Center (See Appendix B).

The Center maintains a diverse clinical population across disorders, age groups and culturally/linguistically diverse populations (See Appendix C).

IV.1.1.2. Despite the strength of clinical training opportunities at the Center, the Director of the Center, the Director of External Practicum, and the clinical faculty continually evaluate the process of documenting student performance and achievement of skills outcomes. Monthly Center meetings and annual clinical faculty retreats have become routine in discussing areas of strength and those in need of improvement.

IV.1.1.3. Clinical teaching performance of all clinical faculty is reviewed by the director of the Center and the chair of the department. These evaluations are factored into the clinical

faculty's annual review which is submitted to the dean of the Arnold School of Public Health. Clinical faculty receive copies of their semester evaluations early the following semester. This allows them time to make any necessary modifications and in their clinical teaching for that semester. The average ratings of the clinical faculty are higher than the average ratings for the School as well as the University.

IV.1.1.4. The clinical faculty possess specialized skills in the evaluation and treatment of a variety of disorders to include:

- Articulation
- Accent Modification
- Augmentative/alternative communication
- Aural (re)habilitation, including auditory-verbal therapy for individuals of all age
- Bilingual speech/language services for the Latino population
- Central Auditory Processing
- Cochlear Implants
- Hearing disorders, including hearing aids
- Language disorders in children
- Literacy and pre-literacy
- Neurogenic speech disorders, including LSVT for individuals with Parkinson's disease and dysarthria
- Severe speech sound disorders, including childhood apraxia of speech
- Stroke Recovery
- Stuttering
- Voice

IV.1.2. A collaborative clinical faculty with independent yet related programs of clinical teaching in speech pathology and audiology.

IV.1.2.1. The clinical faculty work collaboratively on program development and on distribution of clinical assignments. Although each clinical faculty member has expertise in one or more areas, they maintain a diverse caseload in order to meet the needs of the community and of student training.

IV.1.2.2. The clinical faculty in speech pathology and audiology work collaboratively during the scheduling of clinical practicum in order to meet the needs and requests of the graduate

students. A number of existing programs have been developed and require faculty from each discipline to work together. These include the prevention/screening program for children, Cochlear implant consults, the adult screening program at Vocational Rehabilitation, consultations for auditory processing disorders, and the hearing clinics for children scheduled for a speech-language evaluation at the Center.

IV.1.2.3. The clinical faculty continue to explore additional options for collaboration. The desire to collaborate on clinical research is strong and efforts in this area are in the early stages of development.

IV.1.3. Two specialization areas for advanced clinical training.

IV.1.3.1. Students may apply to enter one of two specialization areas the second semester of their first year. The Center offers additional practicum experience for students accepted into the specialization areas. Students are required to be involved in additional community service activities and to attend monthly meetings. Specialized internships as well as clinical training needs required prior to the internship are planned one year in advance for these students. This requires coordination of efforts on the part of the student, the Director of External Practicum, and external practicum sites. In order to maintain the quality of training for all students in the program only eight (8) applicants per year are accepted in each specialization area.

IV.1.3.2. Despite being highly successful with the strategies employed to meet the clinical training needs of students enrolled in both of these specialization areas, the Director of External Practicum, the Center Director, and the clinical faculty advisors assigned to coordinate these specialization areas continually explore options for more efficient methods to meet training needs while maintaining the quality of the experience. Collaborations with local school districts, specialty clinics, and other community Centers have assisted in this effort for these students and for all graduate students in the program.

IV.1.4. Consistently strong referral base from community and state resources contributing to an increase in Center revenues

- IV.1.4.1.** The Center receives referrals primarily from area physicians based on our reputation for expertise in a variety of clinical areas. Additional referral sources include other area Centers such as Scottish Rite, school districts, private practitioners, and state-funded programs such as BabyNet and First Sound. A number of self-referrals are received every semester as well. The Center is able to maintain a high level of productivity based on these referrals. All services provided at the Center are fee-based.
- IV.1.4.2.** The Center is in-network with a number of insurance companies and also bills state-funded health programs such as Medicaid, Medicare, BabyNet and Children's Rehabilitative Services. This has contributed to an increase in referrals from physicians in the area over the past five years.
- IV.1.4.3.** The Center director and clinical faculty promote the Center and its services through marketing events such as speaking to service organizations (Sertoma, Kiwanis, etc) at least two times per year. This promotes our services and results in referrals as well.

IV.1.5. Opportunities for community outreach and service (screening program)

- IV.1.5.1.** The Center has a sixteen (16) year history of providing speech-language-hearing screenings to area preschools and daycares. This program provides a valuable service to children who may otherwise not have the opportunity for participation in such a program. It further provides an excellent training opportunity for graduate students in the early identification and prevention of communication and/or hearing problems. This is a fee for service program but is not considered cost-efficient.
- IV.1.5.2.** In addition to the preschool screening program, the Center has established an adult speech, language, cognitive, and hearing screening program with individuals receiving services through the S.C. Vocational Rehabilitation program. This program, in existence since 1993, provides valuable clinical training in the area of adult neurogenics. Additional research

and possible funding opportunities have recently been identified. This is not a fee for service program.

- IV.1.5.3.** In November, 2007 a previous exploratory relationship with the USC School of Business came to fruition and a plan to provide services to USC students from culturally and linguistically diverse backgrounds was initiated. This is a fee for service program.

IV.1.6. An active history of self-evaluation

IV.1.6.1 Strategic Plan (2002 through 2007)

A strategic plan for the Center was developed for the first time for 2002-2007. A review of the progress made in the past five years revealed a number of strengths to include patient growth across disorders and age groups, an increase in revenue and improved Center operations. Several weaknesses were identified to include limited external funding to support clinical programs, sporadic public relations activities, and an inability to keep pace with modern technology for administrative purposes. These will be addressed in the next strategic plan (2008-20012).

IV.1.6.2. Formative Assessment

A department committee meets several times per year to review the current Formative Assessment plan used in academic and clinical teaching. Recommended changes are discussed, voted on, and scheduled for implementation for the next incoming class of students.

IV.1.6.3. Epidemiological Study

An epidemiological analysis of the prevalence of speech, voice and language disorders at the Center was conducted in 2006 as a thesis by a graduate student enrolled in our program. The study found no significant differences between prevalence of disorders at the Center when compared to national data.

IV.1.6.4. Peer Review

The Center has an active program of Peer Review of patient files. Ten (10) patient files in five (5) areas are pulled at random three (3) times per year. The five (5) areas include: speech-language evaluation, speech-language therapy, audiological evaluation,

mapping, and aural (re) habilitation. The clinical faculty rotate responsibility for reviewing patient files and follow a patient file guide developed for each area. Completed reviews in all five areas are submitted to an administrative staff member who maintains the paperwork in a Peer Review notebook. If there are noted deficiencies, the respective faculty member is notified to review the patient file and respond in writing to the notification. This response is written on the review form and maintained in the notebook as well.

IV.1.6.5. Health Insurance and Portability and Accountability Act

The Center maintains compliance with federal regulations on privacy and security, requiring routine evaluation of Center operations. A HIPAA privacy and security compliance report is submitted annually to the chair of the university's HIPAA Steering Committee. The report also requests an update of business associate contracts and any changes to the Center's policies and procedures.

IV.1.7. Clinical faculty have an active record of service in local, state, regional and national associations

IV.1.7.1. Examples (not inclusive):

Two clinical faculty serve on the state advisory board for special education.

Two clinical faculty have served as president of the SC Speech-Language-Hearing Association (SCSHA)

Several clinical faculty currently serve on the Executive Board of SCSHA

One clinical faculty member is a board member of the Hispanic Health Coalition and member of the SC Department of Education Steering Committee for bilingual education.

Several clinical faculty serve as chairs and/or members of SCSHA committees

One clinical faculty is active in the National Stuttering Association

One clinical faculty is administrator of Continuing Education for ASHA Special Interest Division 12

Several clinical faculty are active in the Southeastern Clinical Educators Conference (SEUCE).

Several clinical faculty have been keynote speakers at Sertoma and other civic organizations

One faculty member is a professional advisor – PALCO and SHHH organizations

Support of prevention activities at the Catawba Indian Reservation in Rock Hill, South Carolina

Sponsorship of the Buddy Walk and the American Heart Association Walk

One faculty member coordinates the Columbia area Laryngectomee Support Group

Two faculty members coordinate local Teen Time Support Group and CIGAR support group

A number of clinical faculty have been invited speakers, facilitators and coordinators at state and national conferences (A.G. Bell, CAPCSD and NSA)

One clinical faculty member serves as treasurer for the CSAP.

One clinical faculty member serves as newsletter editor for the International Cluttering Association (ICA)

Several clinical faculty have been advocates for relevant professional issues during SCSHA Legislative Day.

IV.1.8. Clinical faculty present at state, regional and national associations (not inclusive).

IV.1.8.1. Examples:

Adams, C. & Scarborough, S. “Novel” Approach for Treatment of Acquired Dyslexia. 4th Annual Aging Research Day, April, 2007, Columbia, S.C

Tetnowski, J., **Adams, C.**, & Trichon, M.: *Planning for NSA Family Days.* National Stuttering Association Annual Conference, June, 2007, Atlanta, GA.

Farley, A., & **Adams, C.**: *Color Me Fluent.* National Stuttering Association Annual Conference, June, 2007, Atlanta, GA .

Floyd, S., **Crosby-Quinatoa, G.**, Greenville DLA Team (June and July, 2007) Podium Presentation, South Carolina Department of Education Summer Research to Practice, *English Language Learners (ELL) Training.*

Hoole, W., Crosby-Quinatoa, G. and Rogers, C. *Getting the Most out of Your Hearing Aids and/or Cochlear Implants.* Southeast Regional Institute on Deafness. September, 2007. Greenville, South Carolina

Rogers, C., Potts, W., Burrows, N. and Crosby-Quinatoa, G. Teach Them to Fish: Clinical Training in Auditory-Verbal Therapy. AG Bell Association for the Deaf and Hard of Hearing Convention. June, 2006. Pittsburg, Pennsylvania.

O’Day, C. and **Scarborough, S.** (AAC-Selecting the Best System. South Carolina Speech-Language-Hearing Association Conference. February, 2007. Myrtle Beach, South Carolina.

O'Day, C. and **Sarah Scarborough**. "The Best-Laid Plans Can Work! Selecting the Best System for AAC: Protocols for AAC Assessments, strategies for symbol system assessment." SC Assistive Technology Expo. March 2007

Varnedoe, D.R. Professional Partners Series: Update on Evaluation and Treatment of Phonologic Disorders. Department of Communication Sciences & Disorders. May 15, 2007. Columbia, South Carolina.

Varnedoe, D.R. and Murphree-Holden, Crystal. Beyond Feedback: Handling Difficult Clinical Situations in Student Training. South Carolina Speech-Language-Hearing Association. February 9, 2007. Hilton Head, South Carolina.

IV.1.9. Clinical faculty have publications

IV.1.9.1. Examples:

Evans, M., **Rogers, C. and Herrod, N.** (2006). *AVT specialization program at the University of South Carolina*. *Volta Voices*, Volume 12, Issue 4.

Rogers, C.F. (1), Healy, E.W., & Montgomery, A.A. (2006). Sensitivity to isolated and concurrent intensity and fundamental frequency increments by cochlear implant users under natural listening conditions. *Journal of the Acoustical Society of America* 119(4).

Healy, E.W., **Rogers, C.F.** (1), & Montgomery, A.A. (2005). Sensitivity to combined amplitude and frequency speech cues by cochlear implant users. *Journal of the Acoustical Society of America*, 117, 2600.

IV.1.10. Clinical faculty have made a strong commitment to implementing evidence-based research in clinical teaching

IV.1.10.1. Graduate students are required to search the literature to find evidence to support diagnostic findings and/or clinical protocols used in treatment and to cite this research in diagnostic reports, treatment plans, progress reports and lesson plans.

IV.1.10.2. Clinical faculty have designed treatment protocols based on current research findings in the area of pre-literacy/literacy and communication disorders. Treatment outcomes are reviewed and recommendations for change/improvement are made. Future funding based on treatment outcomes is anticipated.

IV.2. Emerging Strengths

IV.2.1. Clinical faculty have made a noticeable commitment to collaborate on clinical research.

IV.2.1.1. Clinical faculty have actively participated in research activities with students and other faculty and as part of COMD 790 Research course. Examples:

Adams, C. – Faculty Advisor for COMD 791 Research Study: Stedman, R., Syfan, J., Daughtry, S. Quantitative and qualitative measures of fluency: does a class in stuttering make a difference?

IV.2.2. Clinical faculty have made a noticeable commitment to secure Funding to support positions and/or program development (under \$25,000)

IV.2.1.1. Examples:

1. Adams, C. “Hewlett Foundation Curriculum Development Grant, Methods of Inquiry, 2005, \$3500.
2. Burrows, H.N. & Potts, W.B. “AG Bell 2007 Cochlear Implant Fellowship, 8/1/07, \$15,000.
3. Rogers, C., “AG Bell 2006 Cochlear Implant Fellowship, 8/1/05, \$15,000.

IV.2.3. Commitment from the administration for a new facility to house the the Speech & Hearing Research Center with the entire department.

IV.3. Weaknesses in the Center

IV.3.1. Deterioration of current leased property while awaiting a new facility

IV.3.2. Limited access to technology for improved administrative documentation and Center operations.

IV.3.3. Limited service delivery models.

IV.3.4. Limited grant funding over \$15,000 for program development and professional staff support.

IV.3.5. Limited clinical research activity

IV.3.5a. Under-utilization of the clinical population in both department and clinical research activities.

IV.3.5b. Under-utilization of the existing research data obtained through outreach activities.

IV.3.6. Limited incentive for recruitment and retention of non-tenure clinical faculty.

IV.4. Opportunities Available

IV.4.1. Continued Outreach Opportunities for Clinical Training

Private schools and preschools, state-funded agencies (Vocational Rehabilitation, Catawba Head Start) daycare centers, and private non-profit agencies (e.g. Jubilee and Columbia Free Clinic) are interested in the Center providing prevention, evaluation and treatment programs. Contracts to provide services at additional sites is a possibility.

IV.4.2. Collaboration with State Agencies and Associations

Low reimbursement rates for hearing and hearing related services has prompted collaborative efforts on the part of the clinical faculty, state agencies and state associations to increase these rates and ultimately better serve individuals with hearing loss. Opportunities for education and training of teachers of the hearing impaired, speech-language pathologists and other educational specialists has recently been funded by the State Department of Education.

IV.4.3. Increase in Center revenue

- A hearing aid dispensing program (currently underway);
- Higher insurance reimbursement rates through contract re-negotiations.
- Medicaid reimbursement for speech services (increased in November, 2007);
- Provide intensive, short-term intervention services at an increased tuition rate (private pay).
- Service provider contracts
- Grant activity

IV.4.4. Leader in the state for clinical research and evidence-based practices (external funding) as part of graduate student education and training

- Interest areas: Aphasia, literacy, child language (including monolingual and bilingual preschoolers of Latino origin), and auditory-verbal therapy.
- Funding: Literacy (e.g. US Department of Labor – Center for For Faith-Based & Community Initiatives)

IV.5. Threats and Anticipated Constraints

IV.5.1. Shortage of certified and licensed professionals available for full-time employment

IV.5.2. Competitive salaries due to budgetary constraints.

IV.5.3. Budgetary constraints to support scholarly productivity.

IV.5.4. Outdated technology for administrative documentation and center operations.

IV.5.5. Current economic climate.

IV.6. Strategic Goals

IV.6.1. Maintain high quality training standards through ongoing self assessment.

IV.6.2. Explore options for more advance technology to improve administrative documentation and Center operations.

IV.6.3.. Maintain diverse client base at the center (disorders, age groups and cultural diversity)

IV.6.4. Explore alternate methods of intervention based on research support (e.g. (intensive, short-term therapy vs. less intensive, longer duration)

IV.6.5. Continue development of outreach sites for student training and community service

IV.6.6.. Increase revenues through new program development, external funding (grants) and contracts.

IV.6.7. Increase clinical research activities and enhance the stature of the Center through scholarly productivity (e.g. presentations, research, publications)

IV.6.8. Explore and implement innovative ways to retain current clinical faculty and recruit additional clinical faculty.

TACTICAL GOALS FOR 2008 THROUGH 20012

I. Administrative Goals and Objectives	Status	Plan for 2008-2012	Person Responsible
A. Budget			
A.1. The center will continue to maintain a balanced account for the five year period.	a. Budget is currently balanced.	a. Balance budget annually b. Develop budget annually	Varndoe Chandler
A.2. The center budget will increase by the following revenue changes			
A.2.1. Increase revenue from additional clinical activities, insurance reimbursement rates, alternate methods of treatment, and off-site program contracts.	1a) Hearing aid dispensing program has been initiated; 1b) An additional outreach site at the USC Business School was cultivated in Fall, 2007; b. Negotiation of higher reimbursement rates with Blue Cross/Blue Shield has been initiated; c. Discussion on offering intensive treatment programs on a tuition-basis has occurred; d. Discussions on options for contracts has occurred. e. Sporadic PR program	1a) Begin dispensing program by August 1, 2008. 1b) Review revenues generated from course offered to students at Business School in SS '08 to determine future potential. b. Re-negotiate BC/BS contracts (s). c. Offer first intensive treatment program for aphasia, language/literacy and fluency by Summer, 2010. d. Increase professional staff by one (1) in order to provide contractual services. e. Develop consistent PR	Varndoe Clinical Faculty

A.2.2. Increase revenue through grant activity.	Grant funding increase of 30% by 20012.	a. Maintain focus on strategic plan. b. Target grants over \$25,000 c. Write one (1) grant in the area of literacy	Varnedoe Angela McLeod Sarah Scarborough Gina Crosby-Quinatoa
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B. Center Operations	Status	Plan for 2008-20012	Person(s) Responsible
B.1. Purchase a more efficient and comprehensive client management and billing system	a. Business manager is currently reviewing a variety of client management systems typically used in medical settings (Misus, Misus Tiger & Notebook) b. Interested in system that includes electronic patient files.	a. Make on-site visits to various medical offices for demonstration of client management systems b. Implementation plan in effect by 1/1/2009 c. Operational by 1/1/2010	Office Manager Center Staff Center Director
B.2. Locate to a new facility with a) adequate treatment space and b) an infrastructure to handle new technology.	a. Locations for a new location are currently underway.	a. Move to a new facility by 1/1/2012.	Department Chair All faculty
B.3. Review policies and procedures in an effort to reduce paperwork.	a. Increase efforts to go paperless have been initiated.	a. Currently posting more information regarding practicum on Bb (COMD 772); b. Implement electronic patient files.	Center Director Business Manager Clinical Faculty

II. Clinical Training	Status	Plan for 2008-2012	Person(s) Responsible
A.1. Continue with periodic reviews of formative assessment procedures	a. Currently have a thorough Formative Assessment plan which is in compliance with the 2006 certification standards. b. Formative Assessment committee meets several times a year to review the outcomes and recommend changes.	a. Continue with routine reviews of the Formative Assessment plan, adjusting skills outcomes to reflect current, best practices as defined by ASHA.	Center Director Director of External Practicum Director of Distance Education
A.2. Maintain diverse client base at the Center to meet clinical training needs of students.	a. Center currently has a diverse client base across disorders, age-groups and cultures (See Appendix B). b. High cancellation rate due to transportation issues	a. Explore outreach options to provide services to individuals from culturally and linguistically diverse backgrounds b. Review feasibility of maintaining a program at the Business School.	Center Director Gina Crosby-Quinatoa
A.3. Explore additional outreach sites	a. Center currently has three (3) outreach sites (Vocational Rehabilitation, Jubilee Academy, USC Moore School of Business.	a. Maintain the current two (2) outreach sites if financially able b. Increase outreach sites through the Hispanic Initiative and contracts.	Center Director Gina Crosby-Quinatoa Charley Adams Angela McLeod

III. Increase Clinical Research Activities	Status	Plan for 2008-2012	Person Responsible
A.1. Utilize existing data from outreach prevention sites (preschool screenings and Vocational Rehabilitation)	a. Discussion with clinical faculty initiated in 2008.	a. Review feasibility of using the data; b. Make recommendations for use; c. Make recommendations for protocol changes, if warranted d. Use data for epidemiological study which may lead to a grant	Adams Scarborough McLeod Crosby-Quinatoa
A.2. Improve access to patient database through improved technology.	a. Current patient management system has limited input capacity. b. See B – Center Operations	a. Review current data input capabilities. b. Improve patient management system.	Center Director Business Manager
A.3. Increase grant activity	a. Current patient loads limited time to spend on grant writing. b. Activity to date has resulted in funding ranging from \$8,000 to \$20,000.	a. Review feasibility of reducing caseloads by patient numbers but maintain current level of client contact (more intensive therapy for fewer clients)	Center Director Clinical Faculty

VI. Faculty Retention/Recruitment	Status	Plan for 2008-2012	Person Responsible
A.1. Continue to pay for continuing education activities and certification dues as the budget permits	a. Currently provide \$600.00 per year in CE money; b. Provide \$500.00 to present at South Carolina Speech and Hearing Association convention; c. Other scholarly presentations (e.g. ASHA) are submitted to the department for approval. d. Provide six (6) days of professional leave for CE activity.	a. Increase this level of support by 10% per year. b. Maintain level of support at the budget permits c. Maintain level of support from the department as the budget permits. d) Consider an increase in professional leave days.	Center Director Department Chair
A.2. Consider alternate work week schedule.	Currently work five, 7.5 hour days per week (37.5).	Review feasibility for a four (4) day, 9.5 hour days per week.	Center Director Director of External Practicum
A.3. Pursue salary increases	Currently pay increases range from 1-3% based primarily on merit	Review salary supplements based on productivity.	Center Director Department Chair
A.4. Explore alternate models of service delivery to allow for scholarly productivity (research and grants)	Current caseloads with respect to the number of clients restrict additional scholarly productivity.	Explore options to maintain the same number of client contact hours but with fewer clients who come more frequently to therapy.	Center Director Clinical Faculty

APPENDIX A

Overview of the Center
Organizational Chart

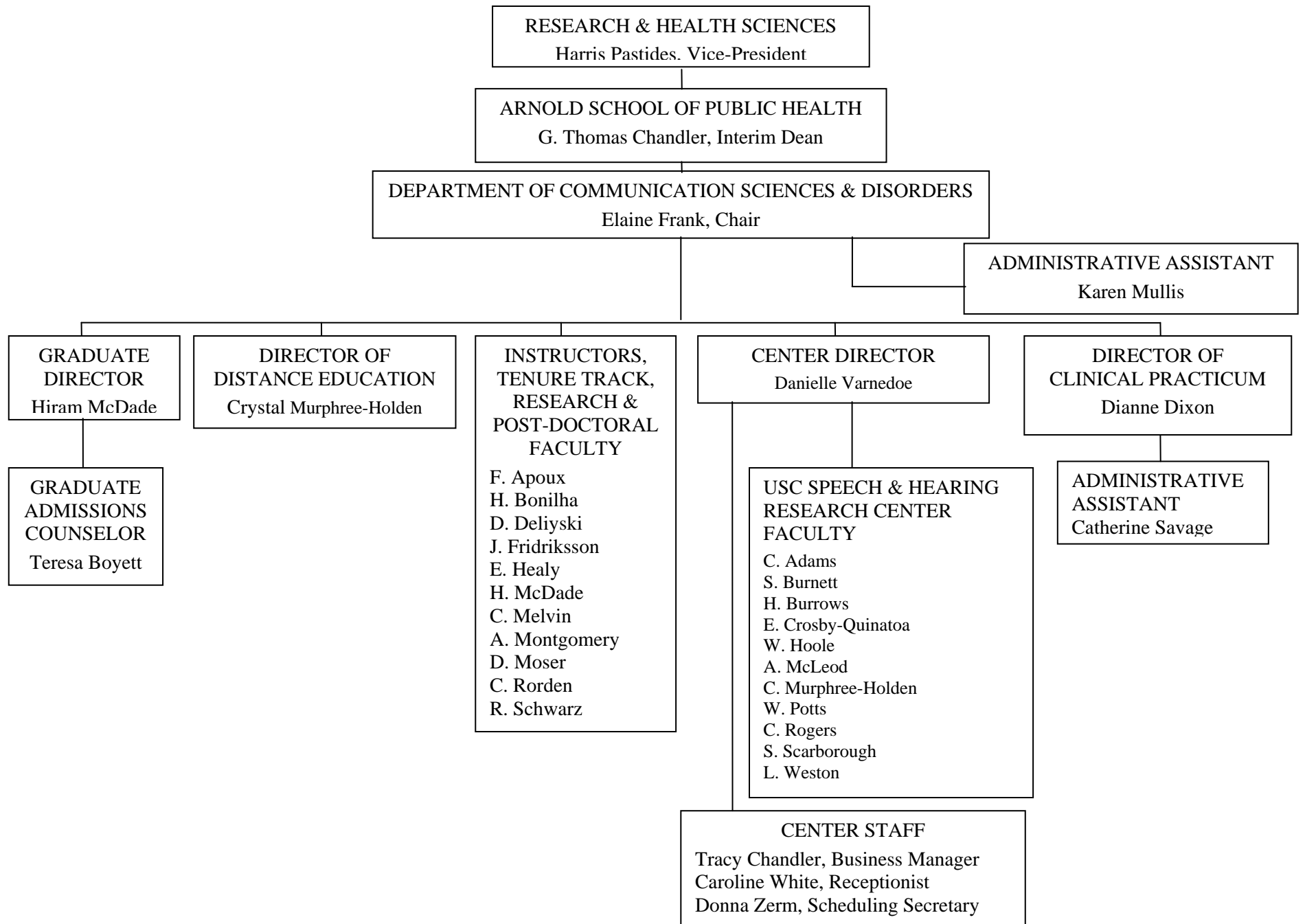
History of the Center

The University of South Carolina Speech and Hearing Center was established in 1969 as an integral part of the Department of Communication Sciences and Disorders (formerly known as the Department of Communication Disorders). In accordance with the mission of the training program at that time, the Center's purpose was three-fold: 1) to train Master's Degree students in the assessment and habilitation/rehabilitation of individuals with communication disorders; 2) to provide comprehensive services to individuals with communication disorders and 3) to provide needed services to the community. Since the Center's inception, the clinical faculty focused on program development in their area(s) of clinical expertise with an emphasis on 1:1 clinical instruction. The result was excellent training and service delivery in the areas of preschool language and speech, fluency, augmentative communication, dysphagia, and aural habilitation. Two specializations within the department, originally funded from federal grants, allowed for extensive program development in the areas of pediatric/adult traumatic brain injury and auditory-verbal therapy for cochlear implant recipients.

Program development, centered on a clinical faculty's expertise with little or no cross over to other disorders, was reviewed. This original focus, while providing comprehensive services to individuals with certain types of communication disorders, fell short in meeting all the training needs for graduate students and allows limited services for particular groups of communicatively impaired individuals in the community. Clinical training for students and service delivery for individuals in the areas of voice disorders, central auditory processing disorders and infant-toddler language disorders was negatively impacted by this model. Additionally, program development to meet the needs of a culturally and economically changing community was also affected. As a result, programs in English as a second language, accent modification, and bilingual assessment and intervention for the individuals of Latino decent were developed. Outreach services for economically disadvantage individuals or for individuals whose families are unable to arrange therapy services at the Center were also developed. These initiatives were significant in that they reflect cutting edge trends for service delivery both for a graduate student training facility and a community-based Center.

The Center has shown significant growth across disorders in the past five years (2002-2007). An increase in clinical programming in the area of stroke recovery, voice, laryngectomy, cochlear implant consults and mappings, bilingual evaluations and treatment (children) and hearing evaluations is noted. Growth in off-site *prevention* programs (child and adult speech and language screenings) and *treatment* programs (primarily child language and speech disorders) are also noted. *This has had a direct effect on student training, specifically hours accumulated at the Center by graduate students enrolled in practicum, on diversity of patients served and on Center revenue.*

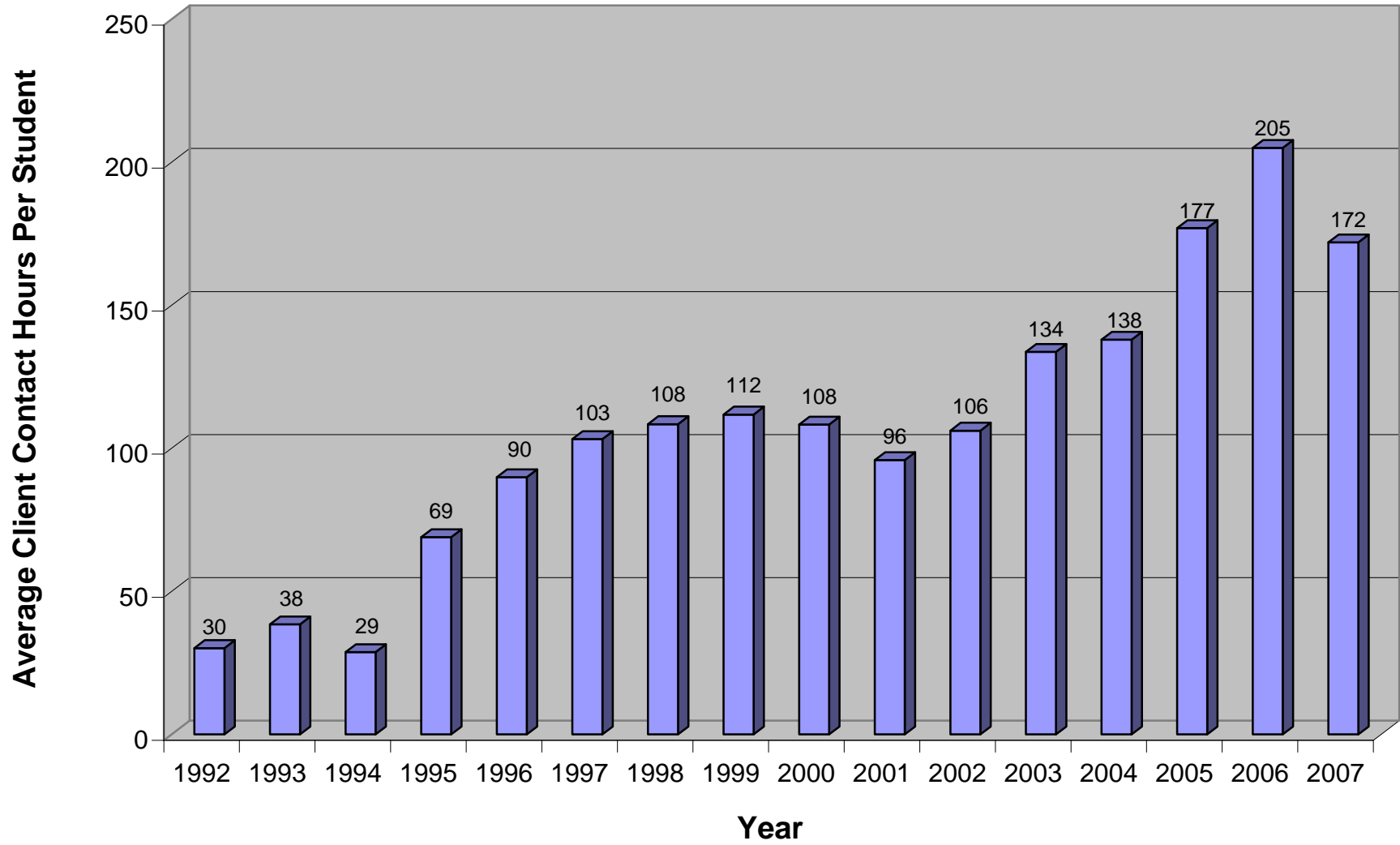
Organizational Chart



APPENDIX B

Average Clinical Hours Accumulated at the Center

**Sixteen Year Summary of the Average Number of Practicum Hours
Earned Per Student at the USC Speech & Hearing Center**



APPENDIX C

Diversity of Client Population

Diversity of Client Population - 2007

