



Testimony on Special Education for the Committee on Education and Workforce Development

Julie Sommer, MSOT, OTR/L – Clinic Director at JS Therapies - May 9, 2025

Overview of JS Therapies' mission:

We provide pediatric occupational, speech-language, physical therapy and related support services with the aim of enhancing quality of life for children with special needs and their families in the Virgin Islands.

Demographics served and programs offered:

We serve children from birth through 21, providing individualized pediatric therapy and related services including:

- Occupational Therapy
- Aquatic Therapy
- Nutrition Support Services
- Speech-Language Therapy
- Lactation Support
- Academic Tutoring
- Physical Therapy
- Feeding Therapy

We have outpatient clinics in St. Croix & St. Thomas and serve children in private schools and daycares on both islands.

Data on the total population served, including a breakdown by type of disability:

We currently provide services to over 500 children/families in St. Croix & St. Thomas. Over the past 5 years, we have served over 1,200 children/families. **Top 5 Diagnoses:** Autism, Expressive/Receptive Language Disorders, Global Developmental Delays, Learning Disabilities, and Phonological Disorders (speech delays). Our population also includes infants/mothers with breast- or bottle-feeding difficulties, children with feeding difficulties, neurological disorders, Down Syndrome, and a variety of physical disabilities.

Note: We have become a well-known provider for autistic children, and our primary referral sources consistently send those families to us. We have the capacity to serve children with many other diagnoses, especially in early intervention (torticollis, plagiocephaly, physical disabilities, orthopedic conditions), but receive fewer referrals for these services despite knowing that these diagnoses are affecting Virgin Islands children.

Trends and demographic changes in our program over the past 5 years:

JS Therapies has experienced a 20% year-over-year increase in services provided (and families served). We have seen a steady increase in the percentage of clients with MAP each year since we started accepting MAP in 2021 (though we recently had to stop accepting new MAP clients due to excessive administrative barriers and payment delays). We have seen an increase in the diversity of our referral sources (a wider variety of pediatricians & educators), though direct parent inquiry has continued to be one of the top ways that families initiate services with us. With every new program we have offered (lactation support, feeding therapy, nutrition), we have seen an increase in clients with related diagnoses who otherwise had limited or no access to these services on-island. We are currently receiving 30-40 new referrals *each month*.

Strategies that have proven effective in supporting student success within our programs:

- Family-centered care (involving parents in the evaluation & treatment planning process; parent education as part of the therapy process).
- Play-based therapeutic approach (child-led & neurodiversity-affirming approach to optimize engagement/motivation).

Existing collaboration with public schools, government agencies, or other community partners that support students and their families:

- Provide contracted OT/SLP services at Coral Reef Academy (via DOE).
- Provide contracted OT/PT/SLP services via DOH Infants & Toddlers Program.
- Provide direct private therapy services on campus to private schools and daycares, including but not limited to: Antilles, Coral Reef Academy, Free Will Baptist School, GHCDs, Happy Faces Academy, Little People Daycare, New Testament Academy, Paradise Learning Academy, Rattan Montessori, Star Apple Montessori, STX Montessori, Sunbeam Preschool, Tenacious Toddlers, Tropical Behavioral Services, UVI Daycare.
- Collaborate with St. Croix Christian Church on the annual Night to Shine special needs prom event.

We have been fortunate that these organizations welcome us to provide services on-site as this enables us to serve more children, both for transportation reasons and limited availability of after-school appointments.

Policy recommendations or reforms to improve special education services in the territory:

This is a huge issue that I would love to expand on, but for the purpose of this testimony will limit it to a few suggestions for *low/no cost measures for maximum immediate impact for VI children, families, and educational staff*.

Expand School-Based Therapy Access

- Require all public schools to allow licensed therapists to provide private services on campus with parent permission.
- Allocate designated space within schools for therapy sessions (private providers to supply the treatment materials).

Particularly when special education resources are limited for any reason, allowing private service providers to support children in the public school system could have an immediate positive impact for students and ideally lessen the demands on teaching staff. The ability to collaborate with public school staff would maximize the impact of private therapy and ideally provide the support children need to be more successful in the school environment.

Facilitate Early Intervention Services

- Promote developmental screenings at pediatric appointments and streamline the referral/intake process at the DOH Infants & Toddlers Program to ensure that all children referred are seen as soon as possible or promptly referred to private providers. The current paper referral and records system are a huge barrier to effective service provision (JS Therapies would be happy to volunteer time to support this effort). EARLY INTERVENTION is CRITICAL for minimizing later impact of developmental delays and disabilities and subsequent drain on the special education system.

- Medical Assistance Program: *IMMEDIATELY* remove the barriers to accessing care for children under age 5. Allow direct access for therapy services with a signed referral from any pediatrician in the VI, suspend the authorization process, extend the timeline for submitting reauthorization of services to a minimum of 6 months (preferably 1 year),

and remove the requirement for submitting documentation with each and every date of service. This would have the added benefit of decreasing workload for MAP staff as well so the program could run more efficiently.

A preview of our bigger dreams:

Improve Interagency Collaboration

Create formalized pathways for DOE, DOH, and MAP to collaborate with each other & private providers and share data efficiently (with parent consent).

Support Special Education Workforce Development in the Virgin Islands

Develop partnerships with U.S.-based universities to offer programming at the University of the Virgin Islands for speech-language and occupational therapy assistant degrees (JS Therapies would be open to being a resource for clinical education). This could be a win-win-win scenario: creates a pipeline for *local* therapy providers in public and private sectors so that we can serve more children, provides an option for local students to pursue a rewarding and in-demand profession, with a bonus of increasing racial diversity in the fields of speech-language pathology and occupational therapy (which are currently 75-85% white).

Accessibility of speech therapy, occupational therapy, and behavioral therapy for students in need:

We can only speak to the current availability of private therapy services. We have seen a huge growth in available services over the past several years (from our understanding, we were the *only* private pediatric occupational therapy clinic in the territory when we started in St. Croix in 2011 and in St. Thomas in 2018; we added speech-language therapy in 2016 in St. Croix and in 2020 in St. Thomas). Currently, there are at least four other private therapy clinics in the VI.

Challenges in providing therapy to students with special needs in schools

As private service providers, we see mostly *opportunities* rather than challenges when it comes to providing therapy in schools. We would love to have the ability to collaborate with special education to provide more comprehensive support for our children, especially in scenarios where their public special education services may be limited due to staffing or other constraints. Nationally, there appears to be a shortage of pediatric occupational therapists and speech-language pathologists as the need for services is on the rise across the country.

Success stories or community impact resulting from advocacy for the delivery of services:

This is another huge question, and I will limit myself to saying that I am immensely grateful to be part of this community and to see the tremendous growth over the past 17 years in the Virgin Islands in terms of awareness, acceptance, and resources for children with special needs. Please consider taking a quick scan of the JS Therapies Virgin Islands Facebook page to see photos that tell the story of a community that is dedicated to supporting all children in the most loving possible way. Recently established annual community events such as Night to Shine special needs prom night and Neurodiversity Day are a testament to the impact that special education advocacy is having in the territory.

Thank you for the opportunity to share our insights & opinions with you, please feel free to contact me with any questions or to continue this discussion.

Respectfully,



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