

# 2023 Presence Policy Agenda

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## ONGOING CHALLENGES

Three years after the start of the pandemic, our schools and students are still feeling the effects. Teachers and administration officials were confronted with compounded challenges of addressing learning loss, an increasing mental health crisis in our children and youth, and a severe workforce shortage affecting almost every education profession. While districts struggle to meet the burgeoning needs, they do so without an adequate number of staff to help.

At the beginning of the 2022-2023 school year, there was a shortage of nearly 300,000 teachers and staff across the United States,<sup>1</sup> with an even more pronounced need for special education and STEM teachers. Eighty percent of states reported special education shortages prior to the pandemic, with 48 out of 50 states reporting such shortages<sup>2</sup> in 2021. This problem is expected to get worse.

**The Bureau of Labor Statistics recently estimated the need for approximately 37,600 new special education teachers between 2020-2030 just to keep up with the increased demand.<sup>3</sup>**

The lack of qualified special education staff is significant. Federal law requires that students with disabilities have access to fully licensed special education teachers, so a shortage of professionals may create compliance issues for districts and states.

These same shortages extend to the professionals providing supplemental services to children with special needs such as speech-language pathology, occupational therapy, and behavioral and mental health counseling.

If the pandemic taught us anything, it's that technology, flexibility and innovation can make a difference. The use of technology can help; creating greater access to therapists and curriculum and allowing children to receive the services they need whenever they need them most.

As legislators and elected officials begin a new legislative session, they have the ability to pass policies that will directly impact the students they serve and begin to address the myriad of issues our children face today.

## NEW OPPORTUNITIES

If we want different outcomes for our students, we need different and more focused approaches. Policymakers and education leaders can take action to ease licensing and administrative barriers and to improve access to and funding for teletherapy services for kids.



## Address workforce shortages and ensure access to services through multi-state compacts and reciprocity agreements

Prior to the pandemic, there were existing shortages in many of the professions serving pediatric populations, including speech-language pathology and school psychologists. According to one 2018 Association of Speech Hearing Association (ASHA) provider survey, 54 percent of school-based SLPS indicated that there were more job opportunities than qualified job seekers.<sup>4</sup>

And at a time when the children's mental health needs are at a critical level, there are an insufficient number of school psychologists to help. The National Association of School Psychologists recommends a ratio of one school psychologist per 500 students yet current data shows a national ratio closer to 1: 1,211, with some districts as high as 1:5,000.<sup>5</sup>

While states look at more long-term approaches to solving the workforce shortage crisis such as "grow-your-own" or provider pipeline programs, teletherapy can help solve the immediate need. But individual state-by-state approaches to licensing creates administrative and financial barriers to providers seeking multi-state licensure thus limiting the pool of available clinicians.



Interstate compacts were designed to allow providers to practice in multiple states by creating a more streamlined and efficient process. Currently, **42 states have enacted professional compact agreements for various providers** including speech-language pathologists and audiologists, occupational therapists, physical therapists and nurses.<sup>6</sup>

We encourage state lawmakers to enact multi-state compacts or reciprocity agreements with border states to help ensure kids can receive services no matter where they, or their provider, live.



## Increase funding that prioritizes the mental and behavioral health needs of children

Before the pandemic, nearly one in five children had a diagnosable mental health condition; only half received proper medical care. The last few years have resulted in higher episodes of anxiety, depression, grief and suicide attempts and ideation, particularly for children of color and those from low-income communities. As a result, a coalition of the nation's pediatric experts came together last fall and deemed the current state of children's mental health a national crisis.<sup>7</sup> In response, state and federal lawmakers increased funding for mental health and released guidance prioritizing investment as well as the use of teletherapy to help ensure access to behavioral health services during clinician shortages.

While the increased funding and focus on children's mental health is helpful, much of it was in one-time funding or allowable expenses through the three COVID-19 related federal stimulus packages. There is still a long way to go to providing all the mental and behavioral health services children need. The most recent CDC Adolescent Behaviors and Experiences Survey (ABES) found roughly 44 percent of school students experienced poor mental health during the pandemic and nearly half of surveyed students felt persistently sad or hopeless.<sup>8</sup>

As lawmakers look to address the academic losses from the last two years, they must also recognize the persistent mental health needs of our kids.

**Mental health is physical health, so our kids must be healthy in order to learn and succeed.**

We encourage federal and state leaders to increase funding for children’s mental health services, including school-linked services, and ensure a stable and long-term funding source. We also encourage federal and state leaders to allow for the use of teletherapy in schools to provide mental and behavioral health and create access to services for kids that need them.



**Ensure a robust and comprehensive Medicaid system for kids and authorize funding for the delivery of all special education and mental health related services in schools, including those delivered via teletherapy**

Medicaid is the single largest insurer for kids. In fact, children make up half of all Medicaid recipients in the United States, many of whom receive their necessary health services in school. Under IDEA, schools are required to provide necessary services such as speech, occupational therapy, and mental and behavioral health to students with disabilities. School districts can then receive Medicaid reimbursement for the screening, diagnosis and treatment of students’ health problems.

**In order to adequately serve our children with special needs, we need to remove any reimbursement barriers that prevent students from getting the services and help they need.**

Some states have enacted “free-care” policy changes per the 2014 recommendation of the Center for Medicare and Medicaid Services (CMS). This change allows states the option to provide physical and behavioral health services to any student enrolled in Medicaid, with or without

an IEP. Those states may then qualify for federal reimbursement.

With the increasing need for behavioral health services, school districts are struggling to find both an adequate number of providers as well as a stable and long-term funding source. In August 2022, CMS released [guidance](#) that included a recommendation to consider telehealth options to increase access to care, including in school settings. Ensuring that state Medicaid programs allow for the use of telehealth services as well as coverage for behavioral and mental health services will go a long way in meeting the current need.

We encourage congressional and state leaders to provide Medicaid reimbursement for any school-based service, including mental health and teletherapy services identified in the student’s Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Healthcare Plan (IHP), Behavior Intervention Plan (BIP), or 504 plan as well as enact the free-care policy for all students enrolled in the Medicaid program.



**Fully fund the delivery of special education services under IDEA and Title 1**

According to a recent Kaiser Family Foundation report, there are an estimated 6.7 million children who currently have special education plans, over two-thirds of whom have special health care needs.<sup>9</sup>

Over the last few years, children with disabilities were disproportionately impacted by the COVID-19 pandemic. Many children with disabilities had their evaluations, assessments and therapies postponed or delayed. Without proper diagnostics and access to the services they needed, many students were left behind.

When Congress passed the Individuals with Disabilities Education Act (IDEA) in 1975, they promised to cover 40 percent of the extra costs

of special education. More than 45 years later, the federal government is only covering about 14.6 percent of the costs leaving states responsible for the majority of funding at a time when the number of students being served continues to grow.<sup>10</sup>



Last year, the American Rescue Plan (ARP) allocated \$3 billion to IDEA in the 2021 appropriation. However, Congress only provided a \$500 million increase over the annual FY 2021 level.

While we applaud the historic increase, it still does not meet the initial federal obligation and goal. If we truly want to regain the losses over the past few years and ensure our children with disabilities have access to the Free, Appropriate, Public Education (FAPE) they are entitled to, there must be continued and sustained public investment.

We encourage Congress to fully fund special education services provided under IDEA and Title I on a mandatory basis.

We encourage state elected officials to pursue new revenue sources to serve children with disabilities, eliminate assessment backlogs and provide the compensatory services many of them need.

## WHO WE ARE

Presence is unlocking the potential of schools and clinicians by removing traditional barriers to success through an elevated approach to teletherapy—addressing the national shortage of school clinicians.

As a trusted leader in teletherapy since 2009, Presence is innovating how schools assess and address student special education and mental health needs. By equipping the largest network of teletherapy providers with award-winning technology and end-to-end clinical support, Presence is meeting the needs of schools, students, and clinicians today—wherever they are. With over 6 million remote evaluations and teletherapy sessions conducted throughout the U.S., schools and teletherapists trust the experience and expertise of Presence, a pioneer in school-based teletherapy.

**Presence is teletherapy, elevated.**

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