



Public Testimony
Assembly Health Hearing on the DHCS Telehealth Proposal
February 22, 2021

Thank you, Mr. Chair, and members of the Assembly Health Committee. My name is Claudia Page and I am providing testimony today on behalf of the California Children's Trust (CCT). The Trust is an initiative with over 400 coalition members working to address the mental health crisis facing our children and youth.

Evidence of the crisis is staggering:

- Over the past decade, California has seen a steady and alarming increase in inpatient visits for suicide, suicidal ideation, and self-injury—with a 151% increase for children ages 10-14.
- The number of kids with suicide attempts coming to the emergency room at UCSF Benioff Children's Hospital Oakland in the fall of 2020 was double the number in the fall of 2019.
- And California ranks in the lowest 10% of states for providing critical early behavioral, social, and developmental screenings to young people in Medi-Cal.

The Trust and colleagues are strong supporters of expanding telehealth, including telephonic care and text messaging communication, post the COVID-19 pandemic.

Telehealth modalities, including audio-only telephone and text messaging, are critical components of a comprehensive solution to addressing existing health disparities. These care modalities decrease barriers, increase access to care for patients, and reduce no-show rates significantly.

And for young people, any solution that excludes text and phone is missing the PRIMARY ways in which youth communicate and stay connected – especially when it comes to their mental health.

When youth are in crisis, they text. When youth want to check-in, they text. Whether it's a friend, a trained peer, or their therapists and counselors, youth text when they need to reach out, and they respond to incoming texts, usually within minutes. It is up to policymakers and stakeholders to offer all the viable options to youth and to engage them in the decision-making about what modalities to use, and when.

This quote, from a [CCT report](#) on sustaining the mental health safety net during COVID, captures the importance of phone and text in providing mental health services to young people:

“As school-based health providers, we are using text, phone and video in new ways and we need funding to support their ongoing use. Before COVID-19 we only used texting for scheduling and reminders. Now it

is a vital life-line to young people—a therapist’s intervention in response to a text potentially saved a life the first week of shelter- in-place.”

(Saun-Toy Trotter, LMFT Program Director UCSF Benioff Children’s Hospital Oakland / Children’s Teen Clinic Youth Uprising Castlemont Health Center.)

Another CCT report, [No Going Back](#), puts a spotlight on provider’s experience in providing youth mental health services, reinforcing the value of texting:

“I can’t think of any young person in my caseload who I haven’t kept in contact with via text.” (Mental Health Lead, UCSF Benioff Children’s Hospital Oakland and Youth Uprising/Castlemont Health Center)

And finally, a report which will be out in the next couple of weeks puts the spotlight on the youth experience with receiving mental health services via telehealth, providing even more evidence:

“If I’m struggling on any particular day with my issues, I reach out to my therapist first via text because I know she’ll get back to me as soon as she can. She will text with me and stay on the thread as long as I need to get stable and go on with my day.”

(G, Oakland, 20 years old)

“If I can’t talk to her the moment I need her then it feels like I have no one. I get anxious and I’ve got PTSD and I feel alone and then the person I need isn’t responding. My counselor always responds faster with text than phone or email.”

(R, Los Angeles, 14 years old)

The California Children’s Trust is greatly concerned with the discriminatory effect the Administration’s telehealth proposal will have on the 7.4 Medi-Cal beneficiaries who receive care at health centers and who rely on phone and text communication. We are also concerned about the effect on school-based health centers, a main source of mental health services for youth, whose providers will not be reimbursed for using audio and text.

There is a well-documented mental health crisis facing our children and youth. Any proposal that does not provide the full range of modalities to support patients and providers turns a blind eye on the crisis. This is a moment to be using every possible channel to help our youth -- not to be taking away tools. We are looking forward to working with the legislature and the administration to do the right thing and make telehealth flexibilities permanent for the health of our youth, families, communities, and our state.