



August 29, 2022

Autumn Boyle  
Deputy Director, Office of Strategic Partnerships  
Department of Health Care Services  
1501 Capitol Avenue, MS 4650  
Sacramento, CA 95814

Dear Deputy Director Boyle,

Thank you for the opportunity to serve as Think Tank members for the Behavioral Health Virtual Services and E-consult Platform (Virtual Platform). As leaders of our respective organizations, California Alliance of Child of Family Services, Seneca Family of Agencies, California Coalition of Youth (CCY), and Hazel Health, we are also individuals whose personal lives have been impacted by Medicaid services and support.

For over 30 years, our organizations have served as front doors to mental health care for millions of Californian children and families. In this field, we know that:

- 70% of children who receive mental health services access those services at school<sup>1</sup>.
- 2.3% of black and Hispanic children see a mental health provider compared to 5.7% of white children despite similar prevalence of need<sup>2</sup>.
- Nationwide, 43% percent of adults with household incomes less than \$30,000 (income limit for Medi-Cal for a three person household) do not have access to broadband services at home<sup>3</sup>.

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<sup>1</sup>[School-Based Health Alliance](#)

<sup>2</sup>[Racial Disparities in Mental Healthcare for Children and Young Adults: A National Study](#)

<sup>3</sup>[Pew Research Center](#)

Our organizations' school and community-based models, which integrate in-person and school-centered telemedicine practices, are pivotal to overcoming these access gaps and the digital divide. Not only do our teams provide quality clinical services, they also serve as trusted and credible messengers for families and community stakeholders that can inspire active engagement with new supports like the Virtual Platform.

Our three months together as Think Tank members illuminated the potential of the Virtual Platform and the importance of this moment in California history. The unprecedented commitment to ensuring access to all children and youth 0-25 is a vision we embrace. Our involvement in other Children And Youth Behavioral Health Initiative (CYBHI) efforts has painted a promising picture of how historically siloed systems might come together to respond to the current unmet behavioral health needs of children and youth. To ensure the immediate and sustainable impact of the Virtual Platform, we urge CalHHS and DHCS to take steps that create more direct and supported linkages between the platform, organizations like ours, and other CYBHI efforts. The following areas are among those that we think need to be explicitly addressed:

- **Formalize school and community-based services as a critical strategy for platform implementation:** As the Virtual Platform is developed, it is essential that it connects youth to programs that currently exist in their communities and schools. Integrating current telehealth platforms, like Hazel Health, existing crisis services, like the California Youth Crisis Line operated by CCY, as well as community-based organizations (CBOs) and school-linked service providers will ensure that we are using every resource to its fullest extent.
- **Allocate Virtual Platform budget and create incentives for school and community-based services to participate in platform implementation:** To ensure the linkage outlined above, it is important that the state offer active engagement opportunities and incentivize CBO participation in the implementation of the platform. Identifying the resources that CBOs need to assist in getting information to youth and families they serve will further support this effort. This will ensure that when the Virtual Platform goes live, there will be local support for it, and peer to peer, and provider to provider marketing.
- **Complete a full mapping of available CBO resources across the state:** As several of us noted in the Virtual Platform Think Tank meetings, we do not have a comprehensive understanding of all of the current programs and services available to children, youth and families across the state, which is ever evolving. Without this effort, the Virtual Platform may layer on services that do not meet the current gaps but rather duplicate or replace services that are currently available. This could result in a lack of local engagement in supporting the Virtual Platform,

and loss of culturally congruent services that exist, which may not be well-known at the state level but are trusted service providers.

- **Advance rate & documentation reform to ensure provider organizations can continue meeting high demand for services.** As the Virtual Platform offers information and referral to services, and we see (hopefully) an increase in youth that want to access services, the system must be prepared to meet the moment and expand available services. This cannot be realized under the current rates paid through MCPs and MHPs, and these must be increased across the state to ensure that Medi-Cal beneficiaries received needed services. CalHHS and DHCS must also continue to focus on reducing documentation burdens in the Medi-Cal system, particularly for EPSDT Medi-Cal services. This vision has not been realized at the provider level despite state efforts.
- **Alleviate the behavioral health workforce crisis by advancing policy reform to support credentialing efficiency and expanded allowance of clinical care by supervised interns.** A number of bills and budget requests have been approved by the Legislature and the Administration that work to increase and diversify the future behavioral health workforce. However, existing credentialing delays must be addressed or else providers will remain unnecessarily sidelined. Likewise, practice limitations on postgraduate clinical interns must be re-examined. We recommend policy reform that ensures all health plans allow care by qualified interns under supervision, and expands non-governmental agency exemptions to allow telehealth organizations to train and staff clinical interns through remote supervision. The Board of Behavioral Sciences processes must also be reviewed to ensure that barriers do not exist for qualified candidates to be registered and licensed expeditiously, including for clinicians who have moved to California from other states.
- **Create health equity outcome goals that the platform and participating vendors must meet:** To truly meet the goals of CYBHI and CalAIM, there must be primary focus on how the platform aligns with the state's health equity goals. This includes expansion of peer to peer services, advancing alternatives to current MediCal service components, and expanding the array of eligible service providers. Align these goals to existing policy advances such as the Family Therapy, Doula and Dyadic Benefits and peer certification efforts.

We appreciate the opportunity to provide suggestions and offer our continued partnership to deepen and broaden the impact of the Virtual Platform. Please reach out to us with any questions you may have about this feedback.

Sincerely,



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