



Clinicians in Child Welfare

Telehealth White Paper

Accomplishments of Telehealth within
New York's Child Welfare System: An Exploratory Survey

Executive Summary

The COVID-19 pandemic exacerbated the mental health inequities and the digital divide that exists in our society. The emergency regulations that allowed for the implementation and expansion of telehealth services during the pandemic has helped improve mental health equity by increasing access to and utilization of needed mental health and behavioral health support services.

Clinicians in Child Welfare, CCW, established in 1984, is where psychologists, psychiatrists, social workers, pediatricians, nurses and Mental Health and Medical administrators in voluntary childcare agencies in New York come together to share information, promote best practice and advocate to enhance the delivery of services in the child welfare system and is committed to the principles of diversity, equity, inclusion and belonging. In response to the increased utilization of telehealth, Clinicians in Child Welfare thought it would be critical to survey participants to hear directly from the families and youth about how they experienced telehealth.

Two hundred and forty-seven people responded to the survey, most self-identified as Black or Latinx (which is reflective of the overrepresentation of children of color in foster care). The overwhelming majority of participants indicated that telehealth services had been beneficial to them. The key findings include that the majority of children and families reported telehealth is helping to meet treatment goals and develop or continue

the therapeutic alliance in the comfort and safety of their own home without travel time and cost. Impressively, 76% of participants stated that they were able to connect to additional supports that were not accessible prior to telehealth. Further, participants identified safety, convenience, and ease of making and keeping appointments as areas improved through telehealth. Most noted that they were able to maintain or grow the connection with their therapist, service provider or care coordinator and were better able to work together to accomplish their treatment goals. However, the lack of technological infrastructure was a challenge.

CCW supports Governor Cuomo's initiative to make the current emergency regulatory changes for telehealth permanent and recommends the following in support of that initiative:

- Ensure families have sufficient and capable devices to access needed services.
Provide technology and equipment to accommodate telehealth services.
- Ensure that families receive critical training and technical support.
- Allow flexibility and reimbursement for providers providing telehealth services with respect to format, unit lengths, and provider and client location.

In addition, CCW recommends a fund be established to support a learning collaborative which would improve outcomes for participants through provider support and engagement as well as resources to assist the therapeutic processes for younger children who need more tactile involvement.

The results of this survey demonstrate that client experiences of telehealth have been, for the most part, extremely positive. Some barriers remain regarding access to technology and connectivity that must be rectified in order to increase health equity and improve outcomes for children and youth in child welfare as well as other populations insured through Medicaid.

Introduction

The COVID-19 pandemic exacerbated the mental health inequities and the digital divide that exist in our society. The implementation and expansion of telehealth services during the pandemic has helped improve mental health equity by increasing access to and utilization of needed mental health and behavioral health support services. As the safety of public transportation came into question and social distancing regulations were put in place, in-person therapy quickly translated into telehealth. Rapid, innovative solutions for providing electronic equipment and internet service were devised, and these continue to be explored. Many foster care agencies, Article 31 Clinics, and other social service agencies coordinated with schools or directly provided devices and Wi-Fi connectivity (through the blending of government funding, private grants and donations) so that children and youth in care would receive uninterrupted mental health services.

In response to the COVID-19 pandemic, New York State's Department of Health (NYSDOH), Office of Mental Health (NYSOMH), and Office for Children and Family Services (NYSOCFS) worked with Governor Cuomo to enact sweeping, albeit temporary, service provision waivers to ensure that physical, mental, and behavioral health services would continue to be available to New York State's most vulnerable populations primarily via telehealth. Telehealth was defined as interactive, real time (synchronous) technologies that deliver physical, mental and behavioral health services (including video conference and phone services). These waivers allowed providers to remain physically distant, while they also expanded the use of telehealth as the primary means by which these services were provided. Since the beginning of the pandemic, the waivers have been extended every thirty days and Governor Cuomo announced in the 2021 State of the State address his intention to permanently expand and improve access to telehealth for all New Yorkers.

Established in 1984, Clinicians in Child Welfare (CCW) includes medical and mental health providers and administrators in voluntary childcare agencies in New York City. The goals of CCW are to share information among member agencies, promote best practice standards through workshops and conferences, and advocate for the enhanced delivery of physical, mental and behavioral health services to children and families in New York City's child welfare system. Diversity, Equity, Inclusion, and Belonging (DEIB), with a focus on access to and utilization of quality mental and behavioral health care, have always been the guiding principles for CCW.

Telehealth is an important aspect of CCW's advocacy for health equity. While private practitioners and private pay clients have successfully used telehealth services for years, NY State regulations prior to COVID-19 hindered the use of telehealth services for Medicaid recipients or the under-insured by limiting billable services, allowable technology, accepted providers, and locations of providers/clients. These restrictions, coupled with low or no reimbursement rates, resulted in very few safety-net providers using telehealth to deliver services, thus exacerbating already limited access to services amongst NY's most vulnerable populations.

The State's emergency revocation of many regulatory restrictions allowed providers to ensure uninterrupted services as well as increased access to services by children and families in need of treatment. In May 2020, a subgroup of CCW came together to better understand clients' experiences with telehealth by developing and distributing a survey to participants and analyzing resultant data. The survey was distributed through downstate members of the Council of Family and Child Caring Agencies (COFCCA) in June and July of 2020.

Both youth and parents/caregivers found telehealth beneficial and convenient, while also improving compliance with scheduled appointments. In this report, we will share and discuss the results of the survey as well as provide recommendations for the continued use of telehealth to meet the mental and behavioral health needs of these most vulnerable children and youth.

Methods

An on-line survey was created (see Appendix A) to gauge the level of engagement, ease of use, and effectiveness of telehealth services that have been provided to families since March, 2020. The survey was distributed to downstate member agencies of the Council of Family and Child Caring Agencies (COFCCA) advocacy group. After receiving the survey from COFCCA, the downstate agencies e-mailed and texted the surveys to parents, foster parents and children/youth. Prospective participants included parents/caregivers, foster parents, and individuals receiving services. English and Spanish versions were provided to participants.

Demographics

The charts below provide a breakdown of participants' self-reported demographics. A total of 249 participants responded to the survey. Of these, 120 were parents/caregivers, 71 were foster parents, 51 were individuals receiving services, and 7 were unknown.

The demographic data indicates that participants were mainly from the five boroughs of New York City. Survey participants reported that the majority of service recipients identified as being Black or Latinx. Additionally, the age group served was mostly between 10 and 15 years old for this sample.

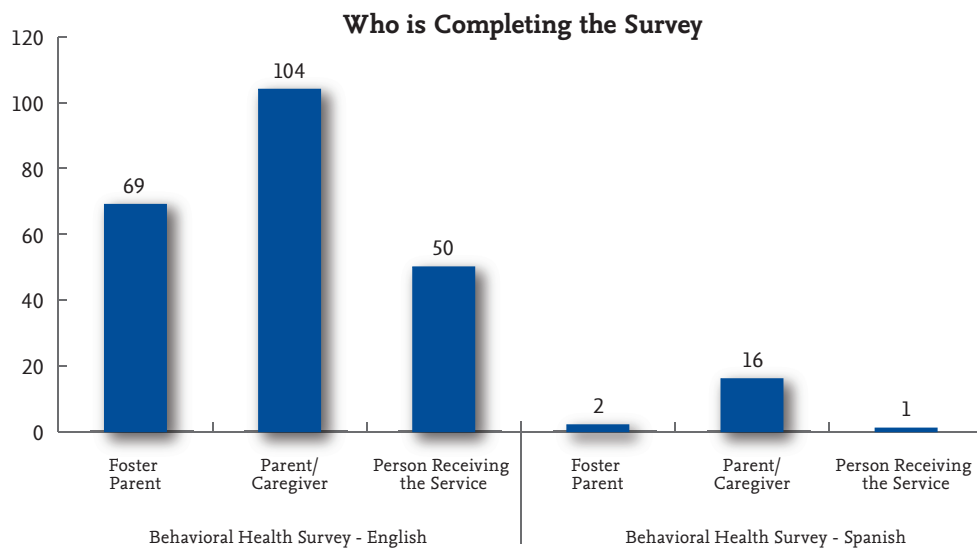


Table 1 – Breakdown of who completed the survey

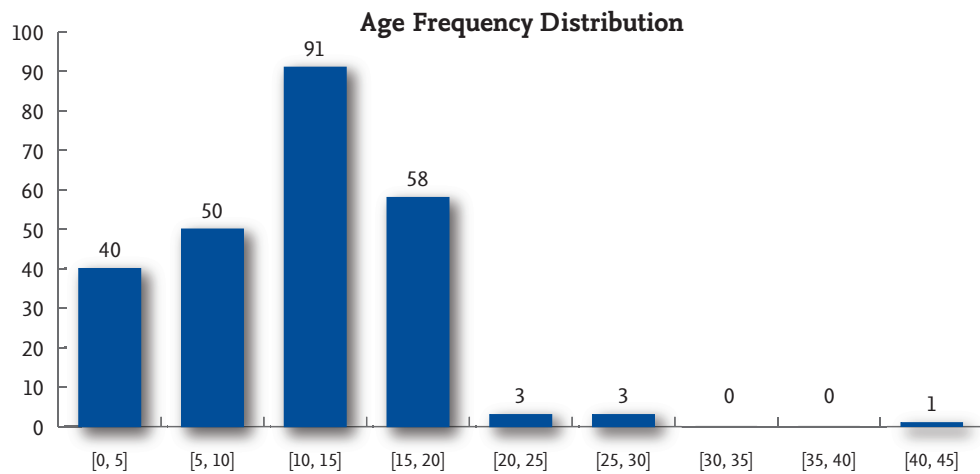


Table 2 – Age frequency of youth receiving services

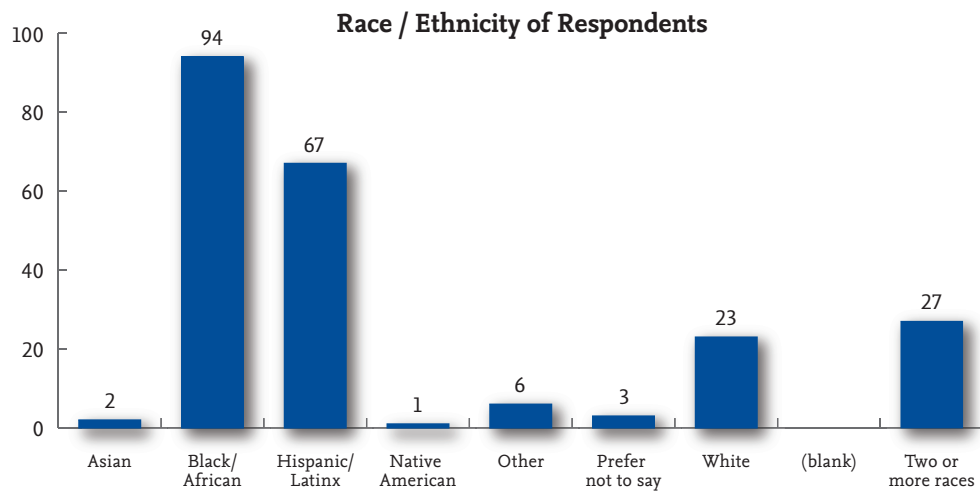


Table 3 – Reported race/ethnicity of youth receiving services

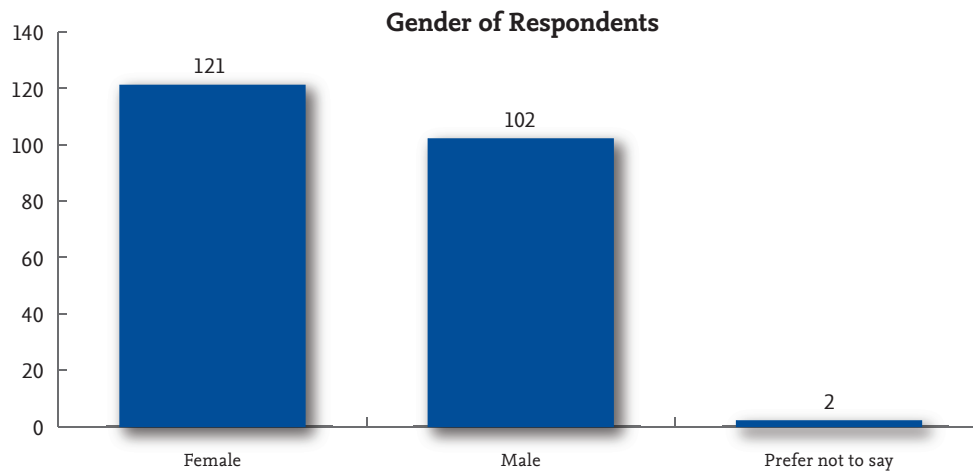


Table 4 – Identified gender of youth receiving services

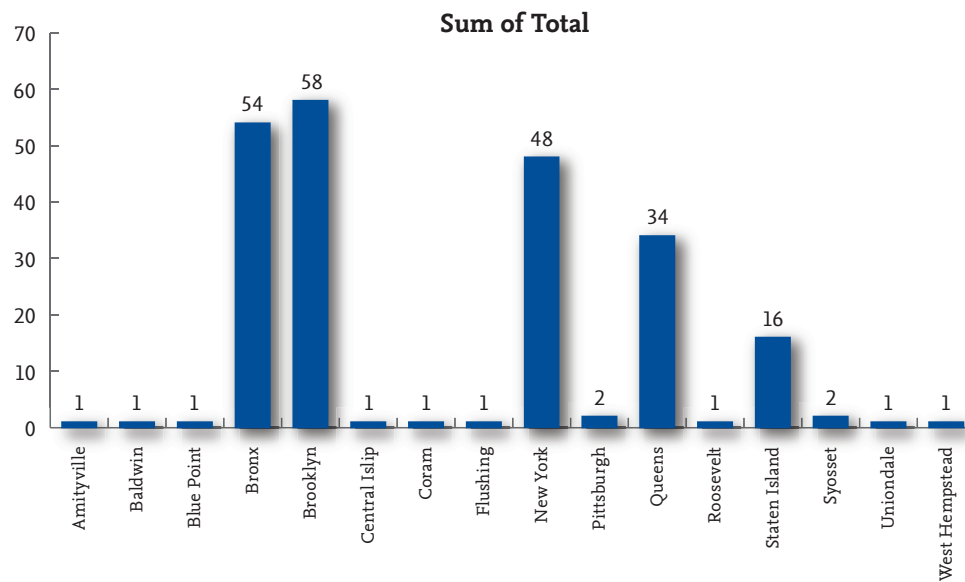


Table 5 – Location of youth receiving services

Method and Type of Services Received

The majority of participants indicated that they were receiving multiple services. Overall, most individuals receiving services were receiving Mental Health Counseling/Therapy (134), followed by Health Home Care Management services (191). Predominantly, participants were using their phones to receive services. However, the data does not identify whether they were using only audio services or if they were accessing video conferencing through their phones.

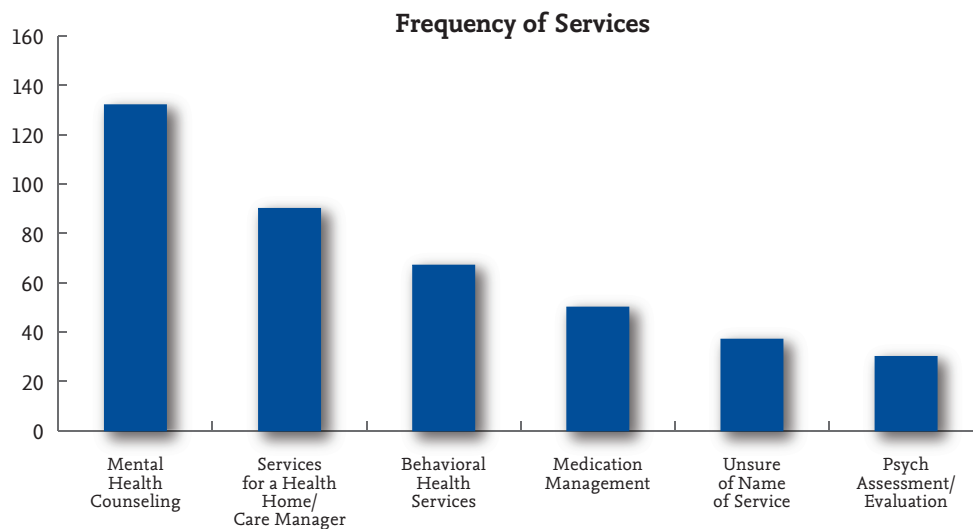


Table 6- Number of youth receiving service by type

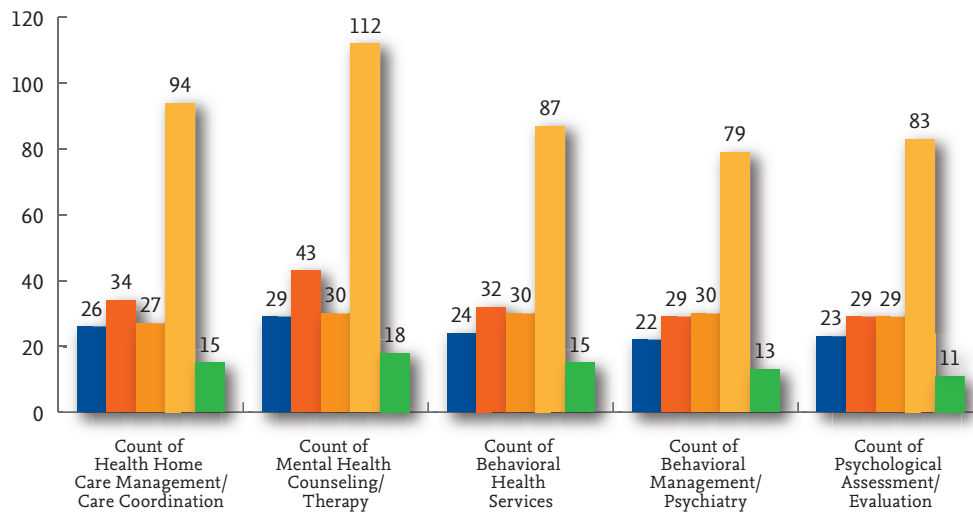


Table 7 – Medium of service by type of services received

Quality of Services

The majority of participants (139) indicated that they received the same frequency of services as they had prior to the pandemic. Service frequency increased after moving to telehealth for 54 participants. The majority of participants indicated that service quality was high, and that they and/or their child were able to continue working on their mental health goals (total of 176 participants ranked a 4 or 5). Participants also indicated that they were able to have privacy (total of 210 participants ranked a 4 or 5) while conducting telehealth sessions in their homes. Although some of the narrative responses indicated challenges with technology, the large majority of participants (total of 224 participants ranked a 4 or 5) responded that they were able to navigate technology related to telehealth successfully. Overall, most participants (total of 203 participants ranked a 4 or 5) indicated that telehealth services helped them adapt to the pandemic by reducing travel concerns, thereby making them feel safer.

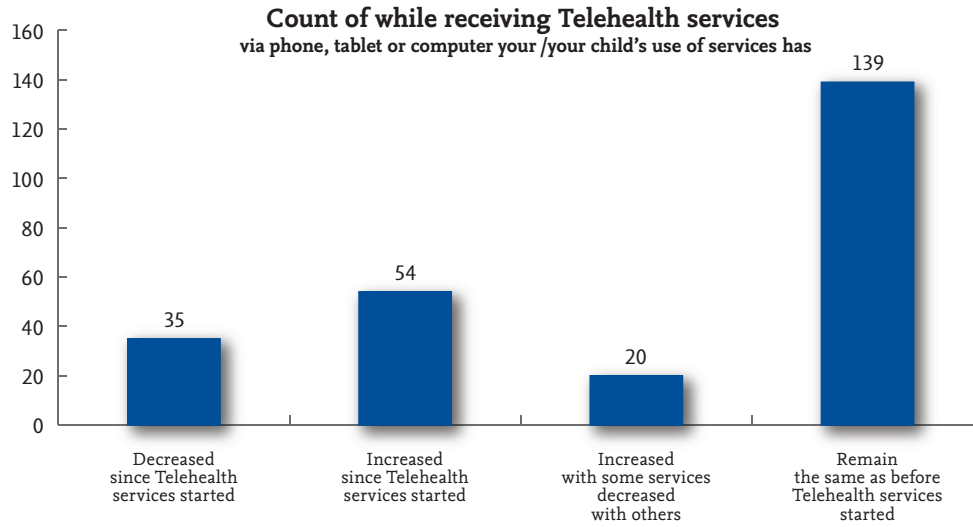


Table 8 – Frequency of Telehealth services as compared to in-person service delivery

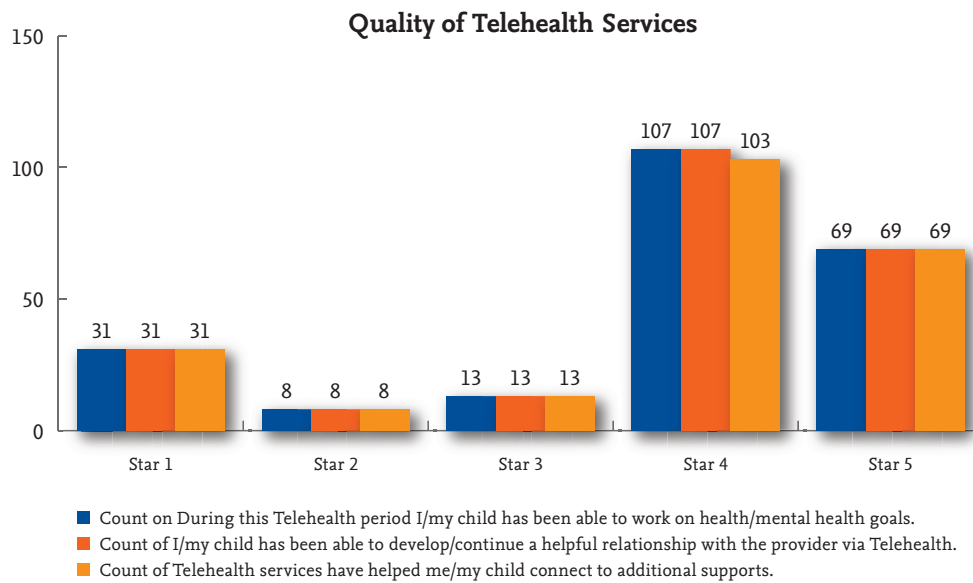


Table 9 – Quality of telehealth services

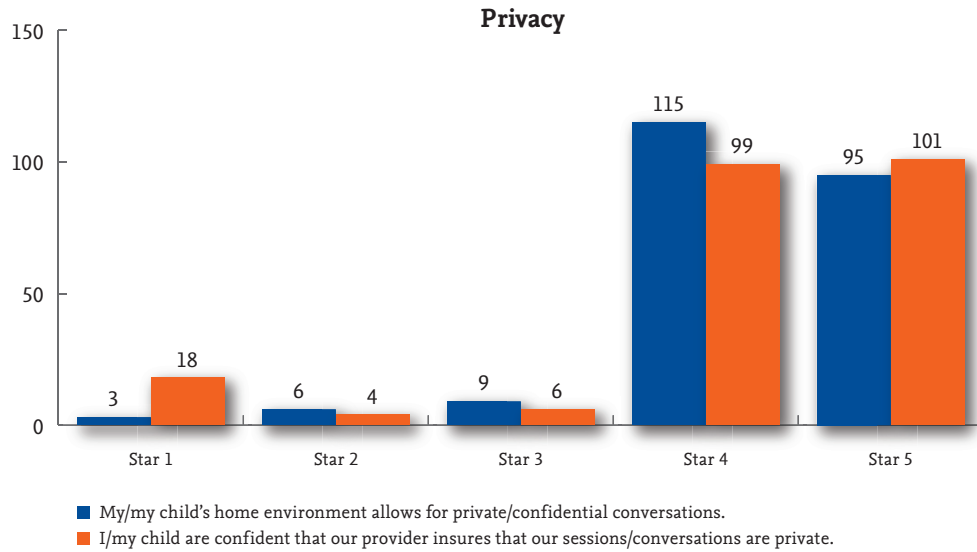


Table 10 – Privacy and telehealth

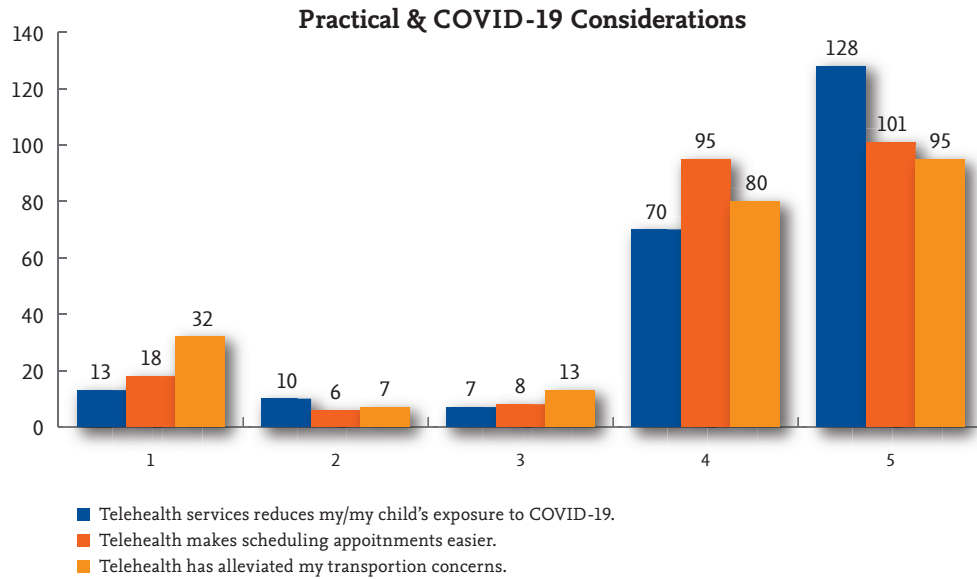


Table 11 – Telehealth accommodations

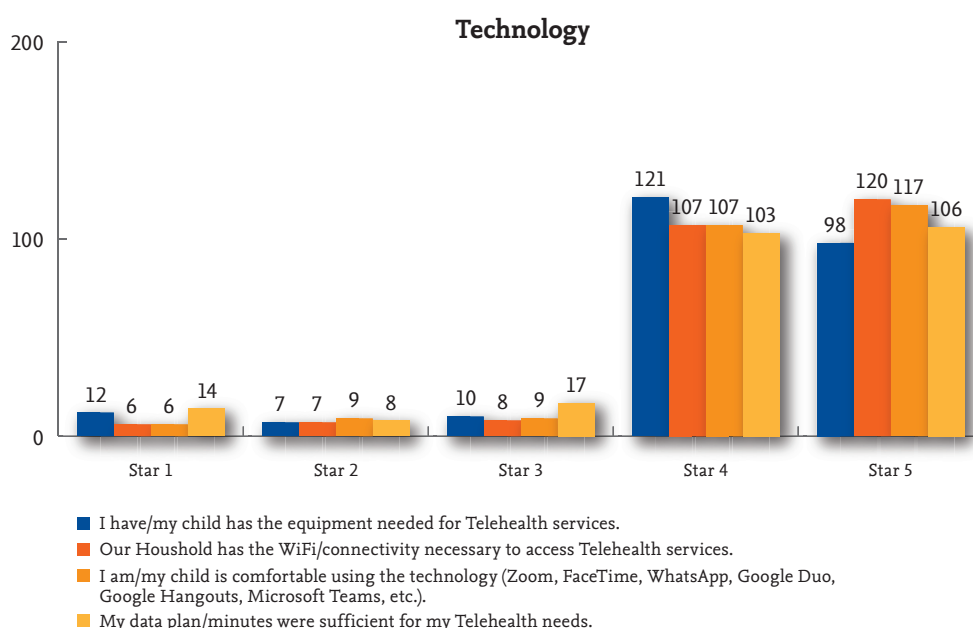


Table 12 – Telehealth and technology

Qualitative Analysis of Narrative Responses

The survey sought to enhance family and youth voice by offering participants the option of providing narrative responses to the following two questions:

- What did you/your child like about telehealth services?
- What did you/your child dislike about telehealth services?

These questions produced 227 responses in English and 20 responses in Spanish. A thematic analysis of these responses revealed that the vast majority of individuals who completed the narrative questions identified that telehealth visits were helpful to them or their family, citing the following reasons:

- Safety (Not having to travel to offices or have individuals in their home during a pandemic)
- Convenience (Not having to commute back and forth to an office location; being able to accomplish other things in their home while a child was in session such as making dinner or helping other children with homework)
- Ease of scheduling appointments
- Ease of keeping appointments

Participants generally responded positively when asked what they or their children disliked about telehealth services, stating that they disliked “nothing.” However, a few participants provided feedback regarding the following areas:

- Lack of connection (Not feeling as connected to their worker when doing telehealth)
- Technology issues (Not having appropriate technology or technology skills to participate in telehealth services)
- Attention span of children (Children did not have the attention span or necessary focus to make telehealth effective or beneficial)

Discussion / Findings

Telehealth and attention to the need for health equity have been a silver lining during the COVID-19 pandemic, increasing access to and utilization of needed mental health and behavioral health support services. The quick response of the NYS Governor’s Office, NYSOCFS, NYSOMH, and NYSDOH to relax regulations for telehealth has resulted in a continuity of services that would not otherwise have occurred during the pandemic. Human Service providers and Mental Health clinics, with the aid of foundations and government and private grants, were able to help bridge the technology gap with devices and WiFi connections, thereby allowing clients to have uninterrupted mental and behavioral health services. In fact, over 75% of participants in the CCW survey reported that the frequency of services increased or remained the same after telehealth began.

The purpose of this survey was to gain understanding of clients’ experiences with telehealth in the wake of the COVID-19 pandemic. A total of 249 children, youth, and caregivers responded to the survey. Of these, 120 were parents/caregivers, 71 were foster parents, 51 were clients receiving the services, and 7 did not respond to this question.

Findings from the survey analysis are as follows:

1. Telehealth services have been beneficial to the participants during the pandemic.

The majority (77%) of participants indicated that telehealth services were high quality and therefore beneficial to them during the pandemic. Participants identified that safety, convenience, and the ease of making and keeping appointments have all increased due to telehealth.

2. Telehealth services increased connection between client and provider.

Telehealth allowed participants to maintain or grow their connection to their therapist, service provider, or care coordination. Over 76% of participants said that telehealth helped clients connect to additional supports that were not accessible prior to telehealth.

3. Telehealth enabled participants to accomplish treatment goals.

Many participants (176) noted that because they and their children were able to maintain or grow their connection to their therapist, service provider, or care coordinator, they were better able to work together to accomplish treatment goals.

4. Telehealth improved many participants' ability to make and keep appointments.

Participants (196) indicated that telehealth enabled them to easily make and keep appointments. They particularly noted the ability to have sessions without travelling. Participants reported:

[I] can get appointments quicker than you can in person, there is no wait time,
[I] do not have to leave my home and travel for a visit that is only 10-20 mins long,
[I] have not missed any therapy sessions because of being late due to delayed transportation, [I] feel safer if [I] can stay home.
[b]eing home was very comfortable for my child
[t]he therapy my child receives is so important and appreciated it [sic] has been a great help to her.

5. Lack of privacy, familiarity with technology, devices and Wi-Fi were reported as impediments to successful telehealth services. Some participants indicated in their narrative responses that they were challenged by the need for technology, devices, and Wi-Fi connectivity. This hampered their ability to effectively use telehealth services. Additionally, participants reported concerns that they did not have privacy when accessing telehealth sessions.

6. Telehealth will never completely replace in-person services.

Participants (12) indicated that some children do not have sufficient focus to benefit from telehealth sessions while “zoom fatigue” also makes concentrating difficult. Others stated that they missed in-person connections. One respondent commented: “[I had] difficulty managing the kid’s behavior [while trying] to attend to another

child.” Another reported: “After being on the computer all day [the children] were tired to use it again with their therapist.”

The results of this survey demonstrate that client experiences of telehealth have been, for the most part, extremely positive. Some barriers remain regarding access to technology and connectivity that must be rectified in order to increase health equity and improve outcomes for children and youth in child welfare as well as other populations insured through Medicaid.

Limitations

While this survey has provided insight into the experiences of telehealth clients, the analysis has several limitations. First, we focused on solely downstate agencies in New York. The findings, therefore, cannot be extrapolated to include clients who reside in other geographic areas. Client experiences in other locations may be different as a result of socioeconomic dynamics, population density, and other variables. Future inquiries should expand to include the experiences of upstate children and families who may be engaged in telehealth service. It will also be important in future endeavors to survey the staff regarding their experience with and effectiveness of telehealth services.

A second limitation of this study involves its sample size. Participating agencies serve over 500,000 clients collectively, and it is unknown how many of these clients were actively receiving telehealth service at the time of the survey’s distribution. We may therefore be capturing only a small percentage of the client population that has experienced telehealth services. Continued exploration of this phenomenon should include a more rigorous calculation of minimal sample size in order to ensure greater reliability of findings.

Lastly, several terms in the survey needed greater clarification. For example, it is unclear whether participants were using video conferencing or audio conferencing when they used their phones to participate in telehealth services. Clearly, a greater understanding of what technology was most accessible or helpful to clients would better inform what technology should be made more readily available to them.

Recommendations

Overall, participants indicated that telehealth services have been beneficial to them during the pandemic. Youth and families experience continuity of care when providers were able to transition to remote services. The majority reported that they were able to maintain or develop trusting relationships with their service providers, which in turn helped them accomplish their treatment goals. Some adolescents specifically appreciated the flexibility in service provision via technology with which they were familiar and comfortable. However, participants also reported challenges with technology, which negatively impacted their ability to access and utilize services sufficiently and effectively. The following recommendations could address those challenges, support DEIB, and improve access and utilization.

1. Bridge the Technology/Digital Divide

- Ensure families have sufficient and capable devices to access needed services. Families may need to be issued additional devices to meet the needs of multiple children who receive multiple services. While the New York City Department of Education did issue devices to school-aged children during the pandemic, many of these did not permit the user to access additional services needed for telehealth.
- Provide technology and equipment to accommodate telehealth services. In an era where society is increasingly reliant on the internet, it is also critical to ensure that families have sufficient Wi-Fi access or phone service with sufficient data plans to accommodate telehealth and other services.
- Ensure that families receive critical training and technical support. In addition to having the tools needed to access services remotely, families also need to increase their technology knowledge and skills to effectively access tele-mental health support and services. In order to enhance reunification efforts, we also recommend prioritizing children in foster care, their foster parents, and birth parents.

2. Expand Upon Regulatory Changes Made During the Pandemic

- Make the current emergency regulatory changes permanent. The regulatory changes issued by New York State government agencies allowed for flexibility in the delivery of telehealth services, including CFTSS, HCBS, Health Home Care

Management, and Article 31 services. This flexibility, in turn, permitted greater access to services and greater continuity of care for those in need.

- Allow flexibility and reimbursement for providers providing telehealth services. New York State can address common access barriers for children and families in child welfare by financing telehealth services that are available in the most convenient format, provider locations, and unit lengths children and families.
 - **Formats:** These formats include audio only and in the primary language of the participants. Ensure payment parity for audio only services as well as audio-video telehealth consistent with medical necessity and standards of care.
 - **Unit lengths:** Allow for shorter reimbursable telehealth units. Agencies and clients report that having more frequent, shorter sessions can be highly effective via telehealth by improving engagement and continuity of care.
 - **Provider locations:** The location of the provider should continue to be expanded to the provider's home or other remote locations as well as the most convenient location for the client (e.g. a teenager could call his or her therapist from work or school to assist with a crisis).
- 3. Privacy:** To avoid distractions, those delivering telehealth services should consider using appropriate virtual backgrounds.
- 4. Improve Outcomes for Participants Through Provider Support and Engagement:**
 - **Fund and Establish a Learning Collaborative.** Providers need to understand the ethical, legal, and regulatory concerns involved in delivering care remotely. While survey responses indicated that providers have been innovative in their use of telehealth services, they also need to gain greater proficiency in delivering care remotely. Creating a government funded learning collaborative for providers will improve service delivery and participant outcomes. This collaborative can help educate clinicians about best practices related to telehealth services and help them more readily adjust to this new modality of service provision. Members can increase their technical skills, learn how to best manage their "office" space, ensure the safety of clients on the other side of a camera/phone, practice self-care/boundaries in a remote environment. CCW has sponsored learning collaboratives for practitioners for over 35 years, and members indicate that these are particularly helpful to

learning and refining best practice approaches. Having a learning collaborative that focuses on telehealth can likewise prove helpful to providers, thereby improving outcomes for clients.

- **Provide Resources to Assist Therapeutic Processes for Younger Children.** Responses to the survey suggest that some younger children have trouble maintaining focus during telehealth sessions. As a result, practitioners may need to get more creative and may need additional items in order to engage these children successfully. Special consideration should be given to providing resources (e.g. toys, art supplies for play therapy) and suggestions on how to best engage younger children.

Conclusion

Telehealth services have been beneficial for families and youth. Interest in and implementation of telehealth for children in child welfare has expanded rapidly during the pandemic. Policymakers, insurers, and health systems have all recognized the power of telehealth to continue serving and benefitting clients while minimizing the risk of coronavirus transmission. The majority of children and families responding to the CCW survey report that telehealth is helping them meet treatment goals, connect to additional services, and maintain or grow the therapeutic alliance in the comfort and safety of their own home without travel time and cost. Participants also identified safety, convenience, and ease of making and keeping appointments as areas improved through telehealth. They want the option of telehealth to continue.

The COVID-19 pandemic has highlighted existing disparities in health and health care in the United States. Preliminary data reveals significantly higher rates of COVID-19 positive cases and fatalities in Black and Latinx communities, which are also overrepresented in the child welfare system. There is clear evidence that telehealth is one way of addressing the social determinants of health and increasing access to care. Families overwhelmingly reported in the CCW survey that telehealth made it easier to schedule appointments and reduced exposure to COVID-19 by alleviating transportation concerns.

Governor Cuomo's orders, the New York State Department of Health authorization of a temporary waiver of face-to-face requirements for Health Home providers and Home and Community Based Service, as well as the OMH and OCFS Self-Attestation of Compliance

to offer Telehealth & Telemental Health Services during the COVID-19 Declared Disaster Emergency allowed telehealth to be provided and increased access and utilization to one of the most vulnerable populations. Clients and providers do not want to revert back to old care models after experiencing the benefits of telehealth during the pandemic. Children in child welfare will continue to face barriers in terms of available technology, reliable internet coverage, and digital literacy training without the support of policy and telehealth reimbursement parity. Regulatory and State Policymakers must prioritize equity and support continued engagement with telehealth as a permanent option.

The following CCW members contributed to the preparation of this material:

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Appendix A

Survey Text

Telehealth is talking with a health or mental health provider, care manager or care coordinator by phone, tablet or computer. We have been able to provide these services in this way since March 15th, 2020.

We are seeking feedback on whether these services have been helpful and whether you and/or your child are/are not interested in continuing to receive telehealth services in the future.

About you:

1. Who is completing the survey: *

Answer Choices

Person receiving the service(s)

Parent/Caregiver

Foster Parent

The questions below are optional. We use this information to better understand the demographics of those receiving services.

Please answer for the person receiving services. If more than one child/youth is receiving services, please answer for the person who has received the MOST telehealth service since March 15, 2020.

Ethnicity Identification (check all that apply)

Answer Choices

Asian

Black/African

White

Hispanic/Latinx

Native American

Pacific Islander

Prefer not to say

Other

Ethnicity Identification (comments/other)

The questions below are optional. We use this information to better understand the demographics of those receiving services.

Please answer for the person receiving services. If more than one child/youth is receiving services, please answer for the person who has received the MOST telehealth service since March 15, 2020.

Gender Identification

Answer Choices

Female

Male

Nonbinary

Prefer not to say

Other

Transgender Identification

Answer Choices

Yes

No

Prefer not to say

Please answer for the person receiving services. If more than one child/youth is receiving services, please answer for the person who has received the MOST telehealth service since March 15, 2020.

Preferred Language

Zip Code *

The following service(s) have been provided since March 15th Check all that apply *

Answer Choices

Mental Health Counseling/ Therapy
Services from a Health Home Care Manager/ Care Coordinator
Behavioral Health Services (formerly delivered in your home)
Medication Management/Psychiatry
Psychological Assessment/Evaluation
I am not sure of the name of the service received
No service

“Mental Health Counseling /Therapy”

Answer Choices

Phone
Tablet
Computer
Combination
Not applicable

Health Home Care Management/Care Coordination

Answer Choices

Phone
Tablet
Computer
Combination
Not applicable

Behavioral Health Services

Answer Choices

Phone

Tablet
Computer
Combination
Not applicable

Medication Management / Psychiatry

Answer Choices
Phone
Tablet
Computer
Combination
Not applicable

Psychological Assessment / Evaluation

Answer Choices
Phone
Tablet
Computer
Combination
Not applicable

Even though we know it will take at least a year to get back to ‘normal’ we will still be able to deliver some services in-person, in the community, or in an office. In-person services will abide by all public health required protections including wearing masks and maintaining social distance.

How would you prefer to receive these services over the next 12 months? *

Answer Choices

In person (with masks and social distancing)

Via telehealth (phone tablet or computer)

In person AND via telehealth

While receiving telehealth services via phone, tablet or computer your /your child's use of services has: *

Answer Choices

Remained the same as before telehealth services started

Decreased since telehealth services started.

Increased since telehealth services started

Increased with some services decreased with others

Comments

If Services have stayed the same or increased, skip to the next page.

Services with my/my child's provider have decreased due to:

(Select all that apply)

Answer Choices

Provider Unavailable

Not comfortable with the technology

Connectivity problems

Concerned about confidentiality because of the technology

Did not want the service

Not comfortable with the provider

Lack of private space for sessions

Scheduling difficulty

None of the above

Additional Comments

Quality of Services

“During this telehealth period I/my child has been able to work on health/mental health goals *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

“I/my child has been able to develop/continue a helpful relationship with the provider via telehealth. *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

Telehealth services have helped me/my child connect to additional supports.

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

Technology

I have/my child has the equipment needed for telehealth services. *

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

“Our household has the WiFi/connectivity necessary to access telehealth services. *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

I am / my child is comfortable using the technology (Zoom, Facetime, WhatsApp, Google Duo, Google Hangouts, Microsoft teams, etc.). *

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

“My data plan/minutes were sufficient for my telehealth needs. *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

Privacy & Confidentiality

“My/my child’s home environment allows for private/confidential conversations. *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

“ I/my child are confident that our provider insures that our sessions/conversations are private. *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

“Telehealth services reduces my/my child’s exposure to COVID-19 *”

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

Telehealth makes scheduling appointments easier *

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

Telehealth has alleviated my transportation concerns *

Answer Options

1 Star 2 Stars 3 Stars 4 Stars 5 Stars

21. What did you/your child like about the telehealth services?

22. What did you/your child dislike about telehealth services?