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Maryland Coalition of Families provides family peer support and navigation services to parents of children with behavioral health challenges, and to family members of a loved one with a substance use or gambling problem.

Along with offering peer support, our 60 or so Family Peer Support Specialists across the state work directly with families helping them to secure resources, navigate systems, and advocate for their child or other loved one. During the pandemic, many of these Family Peer Support Specialists reported that they were working with families that were struggling to get their child to successfully utilize telehealth services. I contacted a few of these families. None were able to testify in person, but I interviewed them and can relate some of their experiences.

All the families that I spoke with had young children (ages 8, 7 and 5). One child had a diagnosis of autism spectrum disorder, one child was in the process of trying to be evaluated for autism spectrum disorder and was receiving speech and occupational therapy, and the third had ADHD. There was universal agreement among the families that telehealth appointments were significantly more convenient than in-person appointments. There was no need for a lengthy and time-consuming commute. In addition, one child had an aversion to doctor's offices and would have a meltdown whenever he was brought in for an appointment. With telehealth, there was none of that.

Despite these benefits, all reported that for the most part telehealth had been a failure. None of the children were able to engage with their doctor or therapist over the computer.

The mother of the child with ADHD said that her son liked to see the picture of himself on the computer. During appointments, he would make funny faces into the camera, but after that he would lose interest and would leave – his therapist could not engage him to participate in the appointment and she had found no way to force him to interact with the therapist.

The mother of the child with autism reported that she was trying to follow her child around the house with a laptop so that the therapist could view him and his behavior. This turned out to be unworkable and they have put things on hold until they can meet in-person.

The mother who was trying to have her 5 year old son evaluated for autism spectrum disorder said that it had not been a good experience. The doctor could not observe the child, and the child would not interact. Consequently, the doctor said that she couldn't give a diagnosis – they would have to wait to be seen in person. In the meantime her child was supposed to be receiving speech and occupational

therapy, but this too had been unsuccessful. The child simply would not interact with the therapists, despite the mother being there and trying to keep her child focused on task.

Many children (particularly young children) with various special needs must be seen in-person in order for there to be any successful therapy or definitive diagnosis. Telehealth simply has not worked for a number of families, who have had to put everything on hold during the pandemic while waiting for the resumption of in-person appointments.

Delays in evaluation or treatment for young children can be especially harmful. Loss of critical developmental time, loss of academic progress, and loss of opportunities to access services can be the consequences of delays. For example, the mother who was waiting for her child to receive a diagnosis of autism spectrum disorder has missed opportunities to apply for services and funding through the Developmental Disabilities Administration, which require a documented diagnosis. In-person appointments that meet set time and distance metrics must continue to be made available.