HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 3 – PRESERVE TELEHEALTH ACCESS ACT OF 2021

Senate Finance Committee
January 27, 2021

Health Care for the Homeless strongly supports SB 3, which would make permanent a number of telehealth expansions that have existed under the public health emergency. Among the changes enumerated in the bill are, for Medicaid, effectively removing originating and distant site provisions so both the provider and patient may be off-site for a clinical setting, and requiring reimbursement for audio-only services.

Audio-only telehealth is lifesaving

Telehealth has immensely increased access to care for people experiencing homeless. While this increased access occurred during the public health emergency, the benefits are so concrete that we strongly believe increasing access to telehealth permanently is critical. **Make no mistake: the ability to provide phone-only services to our clients is lifesaving**. While we support the bill in its entirety, we would like to focus our testimony on the most vital aspects of the bill: maintaining access to audio-only services.

A collection of case studies based on interviews with staff at 17 Health Care for the Homeless programs throughout the country about their experience implementing telehealth demonstrates why increasing access to telehealth permanently is beneficial. Cases specific to Health Care for the Homeless in Maryland are highlighted below.

Contrary to prior belief, telehealth, particularly audio-only telehealth, works well for people experiencing homelessness. With our client population, we have generally found that phones are ubiquitous and inexpensive. Conversely, high speed internet access and video screens are exceedingly inaccessible. Allowing patients to receive services via audio-only telephones can make up for the lack of broadband access in many parts of the State and the lack of affordable internet and computer technology among lower-income families.

Currently 60% of our visits are through telehealth and 97% of those telehealth visits are phone only. Since implementing audio-only telehealth, we found our missed appointment rate, which was previously around 30%, fell in the first two months of use to 10%.[1] We widely attribute this to the fact that we are meeting our clients where they are and breaking

[1] While our missed appointment rate has increased slightly to slightly over 15%. However, this rate represents nearly half of our pre-telehealth missed appointment rate.

down barriers to care, such as an onerous public transportation system. Importantly, keeping our clients connected to care is pivotal.

Some clients experiencing homelessness report that telehealth feels safer and more accessible. Policies related to reimbursements and ongoing ability to conduct audio-only visits are likely to determine the ongoing use of telehealth. In other words, phone-only telehealth is the only type of telehealth accessible to the vast majority of our clients. If the ability to conduct phone-only visits goes away, so will our ability to provide any level of lifesaving telehealth care.

Audio-only telehealth is just a tool to deliver health care; all clinical standards and expectations still apply.

We believe there are widespread misconceptions about audio-only telehealth. At its core, audio is just another tool for delivering the same type of and level health care. No clinical or medical requirements, regulations, or standards have changed under audio-only telehealth. We provide the same quality therapeutic and medical services as we always have – whether in person, on video or by phone. The requirements to meet billable standards are robust and nothing about the way we practice is relaxed just because they are over the phone. As highlighted in the examples below, checking in with clients by phone on various issues is a valuable service but not always a *billable* service. There continues to be a distinct set of criteria for a service to be billable. The distinctions between what is a billable phone telehealth visit versus a non-billable phone call are exemplified below.

We urge a favorable report on Senate Bill 3.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

Real-life examples from Health Care for the Homeless staff of utilizing audio for both billable and non-billable services

Testimonial of Audrey Kelly, LCSW-C, Health Care for the Homeless Therapist Case Manager

Billable audio-only telehealth visits:

- *A client with mobility difficulties diligently attends our weekly teletherapy visits. During the past months, he has explored his trauma history, opened up about formative experiences, and reports feeling more integrated and capable in his daily life. I use similar interventions on the phone as I do in the office, including progressive muscle relaxation, guided imagery, and trauma-informed cognitive therapy approaches.*
- *One of my clients has a memory impairment and needs help scheduling transportation to and from his doctor's appointments. During a teletherapy visit, I helped this client to write down the important details for his appointment, role played calling to schedule a ride, and then helped him process his frustration and seek alternative solutions when it did not go as he expected. I use repetition and role play to build independent living skills during therapy visits. Being able to do this by phone has helped many of my clients to become more independent since the pandemic.*

Non-Billable Case Management:

- *After my client had a medical emergency at the clinic, I discovered that he had not been taking his medication regularly and one of his chronic conditions was not well controlled. The next day, I arranged a medication drop-off, helped him schedule appointments, and spoke with his medical providers to identify next steps in his care. Since then, I call him regularly to check in about medications, and am working with him on a plan to get better organized so that he attends all of his medical visits.*
- *After a new company started managing my client's apartment property, she started having numerous problems with pest control and appliance repair. Things were so bad that she considered moving. Her Peer Advocate and I were able to advocate to the property manager to address these issues. Since we were able to navigate this situation by phone, my client was able to stay home and stay safe during this pandemic. She says she feels more comfortable and confident in her apartment now*.

Testimonial of Kellie Dress, LCSW-C, Health Care for the Homeless Lead Therapist Case Manager

In general:
It stands out to me particularly as I have developed my relationships with my HCH clients during the pandemic and this has been largely thanks to telehealth.

Billable tele-therapy experiences:

- *One of my clients recently gave birth in August. She has a history of post-partum depression (PPD) in a previous pregnancy that ultimately resulted in an inpatient psychiatric hospitalization. She struggled during this most recent pregnancy with significant anxiety—exacerbated by the pandemic and a demanding job working in a hospital. She was very concerned about symptoms worsening and becoming severe after birth. I started working with her in May 2020 and a lot of our work centered around addressing her anxiety and building a healthy set of coping skills to minimize her risk of PPD recurring. She ended up needing an emergency c-section at 36 weeks and, as a result, the birth experience was quite traumatic for her. Both the client and I appreciated the ease with which telehealth allowed me to be available to support her postpartum. Even without the extenuating circumstances of a pandemic, postpartum can be an isolating and challenging time for mothers and parents. Caring for newborn while recovering from delivery (c-section or vaginal) can be overwhelming and while women may be aware that they are experiencing symptoms of depression/anxiety/etc., it can often take a back seat to caring for their new baby and older children with minimal support. My client might have had difficulty getting out to see a mental health professional for an appointment in these circumstances. She may have even felt uncomfortable inviting someone into her home as she manages the challenges of physical recovery, fatigue, breast feeding etc. Both she and I felt my ability to call her and be present, even just virtually, was critical in helping to prevent a PPD episode. We were able to process her birth trauma and take a preemptive approach to her anxiety and depressive symptoms. Additionally, I was able to assess for and address more concrete needs—such as connecting her to WIC and Sharebaby to get items needed for the baby---this helped to circumvent potential triggers for stress. Overall the ability to do telehealth work with this client allowed me to be accessible to her during a particularly vulnerable time where she might otherwise have been overwhelmed, isolated, and suffering with significant mental health symptoms. A text sent after one of our teletherapy sessions:* ***“You’ve brung so much to the table being my case manager and therapist seriously.”***
- *I have a client who frequently cycles through depressive episodes. When he is having an episode he has a tendency to self-isolate—he will no-show appointments and become avoidant with his providers. The client has insight into this tendency—he acknowledges that the isolating behaviors exacerbate his depressive symptoms, prolong depressive episodes, and often create new problems (i/e missing needed doctor appts, benefits reconsideration, etc) which increase stressful circumstances that can trigger decompensation back into another episode even after overcoming a previous one. Despite insight into these consequences, the client historically has had difficulty interrupting the cycle. Additionally, his avoidance of his mental health providers has made it challenging for him to make best use of these supports. This client and I have utilized telehealth as a tool to try and overcome his avoidance. At times when the client may have avoided an in-person visit or found it challenging to even get out of bed he has found it slightly less challenging to answer his phone and engage in a teletherapy*

session. The client and I have processed making the choice to answer the phone and engage with me as his mental health provider. We have been able to simplify this small action as a larger tool to interrupt the cycle of his depression. Of course, he is able to and does still engage in avoidance. However, overall both he and I have noted an improvement and, markedly, he is appearing to experience a longer time between depressive episodes (his last one was approx. 4-5 months ago) which is allowing him to make increased progress toward stated goals (i/e getting his driver's license, looking into GED programs). A quote from a text sent after one of our teletherapy sessions: ***"Kellie.. I want you to know something.. I'm glad that I have you helping me. Thank you.."***

Two non-billable telehealth experiences:

- *Most notable to me with regard to non-billable appts was my work with a client to get his driver's license. I was able to assist him over the phone in scheduling and rescheduling MVA appts to complete his written and driving skills tests. This client typically struggles with follow through toward identified goals so he has benefited from quick telehealth appts to assist with making appts and then reminding him and encouraging him to keep appts he may not have otherwise followed through with. This client successfully obtained his driver's license with assistance from myself and his PA. The impact of this achieved goal has been remarkable, particularly, for his self-esteem and overall mental health.*
- *I have a client who, prior to the pandemic, was largely disconnected from the program and his HCH providers. I believe he sometimes went multiple months without seeing or talking to his [case manager]. However, he has responded amazingly to telehealth check-ins and it has increased his engagement with [supportive housing]. Of note, he does not often engage long enough to complete full tele-therapy sessions. However, he has expressed appreciating my bi-weekly calls and has started to reach out for help when needed. We are establishing a good rapport and I am hopeful this will lead to even more openness and meaningful engagement. Most recently, I have been assisting him with navigating getting his ID and SS card back after his wallet was stolen.*

<u>Testimonial of Kyle Berkley, LMSW, Health Care for the Homeless Therapist Case Manager</u>

Examples of billable services:

- *I have had the privilege of working with a client, that identifies as transgender that moved to Baltimore from North Carolina. My client has a history of sexual trauma and abuse, dating back to being 6-years-old. Due to her history of sexual trauma, and complicated family challenges, my client moved to Baltimore City and lived briefly at a transitional house until she was housed. My client had a long history of not traveling beyond the corner store to purchase food for her apartment unit but had a desire to gain employment and continuing her education. My client's anxiety, PTSD, and depressive symptoms made it very difficult for her to travel for medical and mental health*

appointments. Telehealth created an opportunity to explore challenges and fears my client had, which included being in a violent relationship with her partner and being manipulated into sex work by her abuser. The telehealth visits also allowed my client and I to develop a safety plan and explore resources available to her.

- *The second story that affirms the benefits of telehealth visits includes a client with a history of adjustment disorder, PTSD, and memory issues. Prior to the pandemic, my client missed several therapy and case management appointments due to challenges with his memory. Once the opportunity for telehealth visits was made available, my client and I met every Thursday. During the public outcry in relation to the murder of George Floyd, my client and I were able to discuss how these events affected him, as a person that lived through the Civil Rights Era. In the sessions, my client and I discussed the challenges and trauma he endured, how he coped with the events, and alleviated a lot of stress that he has carried for multiple decades. Since the discussions of his past trauma, my client and I have evolved our discussions into PrEP treatment, engaging sexually with his new partner, overcoming his divorce and surviving cancer.*

<u>Testimonial of Rachel Gonzalez, LMSW, Health Care for the Homeless Therapist Case Manager</u>
Example of provision of both billable and non-billable services for client:

[Billable]: *I have a client who is currently 36 weeks pregnant. She has some cognitive impairments, other children not in her custody, CPS involvement, will be her second time giving birth in a year. She has a hard time keeping appointments, related to cognitive issues and general chaotic lifestyle, very poor support system. Basically, incredibly vulnerable. Last week we had an office appointment, for which she did not show. She called and said she was trying to come but was bleeding and didn't think she could make it. She had been to the hospital and they wanted to admit her, but she really wanted to keep her therapy appointment because she was so scared. She planned to come see me and then go back to the hospital, but when that proved to not be possible, we were able to do a telehealth phone only therapy session. This was particularly notable/beneficial because the client was in an extremely vulnerable/dangerous position and our ability to provide phone only services allowed her to meet all her needs at once; including medical care for her baby and therapeutic services and support from me.*

[Non-billable]: *Right now, she is stable and at home, resting. We've spoken on the phone briefly a couple of times since just to check in. It isn't safe for her to travel to the clinic right now because she is on bed rest until baby's arrival. It's also not wise for me to do home visits every few days considering I can't go in and she'd still have to get up and come to the door/outside. Also, not a great use of resources. But small, quick phone check-ins make her feel supported and giver her peace of mind. The client understandably has a very negative opinion of social workers due to lengthy CPS involvement. It's been hard work to gain the trust. Phone only telehealth has helped us keep that relationship going when she needs it most but it would also be easiest to lose.*