

Chris O'Brien

From: Bridget Bennett <BBennett@CommunityCareRI.org>
Sent: Tuesday, July 14, 2020 8:20 PM
To: Chris O'Brien
Subject: House bill #7171

Honorable Marvin Abney, Chair of House Finance

Dear Members of the House Finance Committee

I am writing to support House Bill# 7171. My name is Bridget Bennett, I am the Vice President of the Family Well-Being and Permanency division at Community Care Alliance in Woonsocket. I am an independently licensed clinical social worker and have been in the field of behavioral health for the last 35 years focused on children and families for most of those years. Currently I oversee 7 departments that range from child welfare programs to early childhood services to behavioral health outpatient services for adults and children, home and community based intensive services for children and 2 specialty health home teams. While the last 3 ½ months have challenged all of us to find ways to protect the health of our families, ourselves and our clients, we have also learned a great deal about adapting to meet the quickly changing environment.

In behavioral health, we have always adhered to the principle of safety first when dealing with psychiatric crisis, keeping everyone safe while addressing the stressors facing the individual. Safety first remained front and center for us as we adopted remote connections to our clients. Our workforce reflects society - staff with risk factors including vulnerable family members; parents of young and school age children suddenly left with no school or childcare. We found ways to provide technology to families for whom a lap top or smart phone was not previously available and for some staff, we learned along with our clients how to connect.

As technology became accepted and easier and sessions were not simply check-ins - progress towards treatment, improved outcomes (lessening of depressive symptoms, decreased isolation, increase in meaningful activity) became the norm.

We have been tracking "show rates" and in what would be traditional office-based work, a consistent 85-88% rate exceeded pre-covid rate (around 75%). Home based programs are traditionally more intensive with a population at higher risk maintained a rate in the 70 percentile. These show rates are one indicator of the acceptance of telehealth. When asked, our clients have consistently said that they want to continue to have the option of using telehealth. We had been exploring telehealth through some federal grant supported initiatives, but the pandemic necessitated amplifying that effort exponentially and we believe it should continue into the future.

In order to maintain our essential services, the rates for providing this service need to continue to mirror face to face encounters. Staff are no less trained, no less compensated and non-profits like CCA work with very high-risk vulnerable populations that depend on the deep array of services we provide.

The pandemic is not over. RI is doing an excellent job of managing but we must continue to support the people we serve by remaining a fiscally viable agency. To do that we must have the established rates in place, no matter the modality.

Thank you for your consideration.

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