



ASSOCIATION OF OREGON
COMMUNITY MENTAL
HEALTH PROGRAMS

March 17, 2020

Oregon's Joint Special Committee on Coronavirus Response

Dear Chairs Roblan and Holvey, and Members of the Committee:

The behavioral health system was underfunded, facing workforce shortages, unable to scale capacity to meet demand, maxing out waitlists, and seeing individuals become boarded in crowded emergency rooms – before the Coronavirus ever hit Oregon.

Now the most vulnerable Oregonians are being stressed further. Addiction and mental illness are diseases that are *exacerbated* in times of crisis. **The spread of Coronavirus does put acute behavioral health needs on pause, in fact it has and will compound illnesses.**

Many of our behavioral health providers are the primary point of contact a vulnerable individual has with the healthcare system. Perhaps most urgently, our residential providers are solely responsible for the health and safety of the Oregonians and their families seeking behavioral health treatment in communal settings.

We are not a secondary health service during a time of crisis – we are on the front lines. We disproportionately serve the most vulnerable Oregonians including those experiencing homelessness, those in poverty, and those with co-morbidities that put them most at risk of COVID-19.

At a time when healthcare resources need to be reserved for the most critically ill, we are struggling to continue serving Oregonians most appropriately – outside the hospital.

COVID-19 will devastate a behavioral health system previously hanging on by a thread.

This crisis and its implications on our state's addiction and mental health systems are still evolving. We do not yet fully understand what will be needed to effectively respond. At this time, we recommend the following actions be taken to immediately stabilize the behavioral health arm of our integrated healthcare system:

RESOURCES:

- \$15.3 M to fund Certified Community Behavioral Health Clinics (CCBHCs) drawing down \$62 M in federal resources.
 - The pillars of this program include workforce stabilization and the screening, assessment, and management of physical health issues for those with the most acute behavioral health needs.
- \$9 M to restore funds for Community Mental Health Programs (CMHPs) for providing critical safety net services to prevent hospitalization and incarceration and help people transition from institutional care to community-based settings.
- Grant OHA funds to assist residential and safety net providers who face COVID-19 outbreaks.
- Distribute PPE supplies to residential and safety net providers with COVID-19 outbreaks and to those who are required to deliver to high-risk populations in-person (e.g. mobile crisis, pre-commitment services, intensive community treatment).
- Grant OHA emergency funds to support programs that are facing workforce and referral shortages to prevent closures.

- Grant OHA emergency funds to assist residential behavioral health providers managing intake of new individuals entering care. (e.g. help financing the temporary quarantine of an individual referred to a Coronavirus-free facility).
- Grant OHA emergency funds to support temporary housing for people not admitted to acute care or to the Oregon State Hospital due to temporary restrictions on admissions.
- Distribute emergency funding for paid leave if staff
 - Is employed by a program holding a State Letter of Certificate (SLOC) or community mental health center facing quarantines
 - Is sick or a member of a vulnerable population
- Expand reimbursable services to include home visits and other non-traditional modalities utilized during social distancing.

DIRECT OHA TO ADDRESS REGULATORY BARRIERS:

- Allow asynchronous and synchronous (phone and video) telehealth to be reimbursed and provided by the range of behavioral health providers, from peers to doctors.
- Allow telehealth to cover a broader scope of services including intake assessments.
- Provide reasonable flexibility to licensed providers to safely practice outside their limited scope.
- Grant guidance to Opioid Treatment Providers and those delivering Medication Assisted Treatment (MAT) to comply with social distancing, including opportunities to remotely prescribe MAT.
- Allow automatic reauthorization of behavioral health services and forgiveness on the timeliness reauthorization for behavioral health treatment.
- Grant guidance to residential and community behavioral health providers transitioning new individuals into a Coronavirus-free facility.
- Grant guidance for detox facility operation.
- Grant suspension of rules to allow the community behavioral health system and the substance use disorder and mental health provider network to focus on essential services during this critical phase of the COVID-19 response.

We are doing our best to keep people facing acute behavioral health crises out of our emergency departments and jails. Thank you for your partnership in this work.

Sincerely,

Heather Jefferis, MA
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