



March 18, 2020

Oregon Legislature, 2020 Interim
[Joint Special Committee On Coronavirus Response](#)

Subject: AOC Testimony Coronavirus/COVID-19 and the Social Safety Net

Dear Co-Chair Holvey, Co-Chair Roblan and Members of the Committee:

As the Executive Director of the Association of Oregon Counties, I am writing on behalf of the state's 120 locally elected County Judges, Chairs and Commissioners in the state's 36 counties.

AOC believes that the growing COVID-19 crisis in Oregon is not only a public health emergency but is also an immediate and serious threat to our already strained social safety net. Oregon state and local government partners must act now to protect our most vulnerable citizens.

Our State must take immediate steps that were not completed in the 2020 Short Session to shore up front-line human services, behavioral health services, physical health services, housing services and other key safety net programs. Every county in Oregon is already coping with a housing and homelessness crisis, and now faces a public health crisis and a wave of new economic shocks that will hit low-income Oregonians the hardest. Our social safety net is remarkably at risk amidst these new realities. While addressing the economic and social impacts of this pandemic will require a massive and effective intervention from the federal government, the success of the on the ground, day-to-day management of this challenge will depend on the strength of our state-county partnership.

AOC strongly believes that the following immediate actions are warranted by Special Session on Coronavirus/COVID-19:

1. Appropriate \$600,000 of funding to support six COVID-19 Safety Net Coordinators to serve each Region of the State including: the Oregon Coast; the Willamette Valley; the Columbia Gorge; Central Oregon; Eastern Oregon; and Southern Oregon. This funding would be on an emergency basis for a one-year period and be provided to counties through the Association of Oregon Counties. These Coordinators will each serve a group of counties to help align different state services with the work of public health, CCO's, social service providers and the community.
2. Immediately release the \$9 million 2019 Special Appropriation as contained in HB 5204 (2020 Short Session) for Community Mental Health Programs;
3. Appropriate \$15.3 million of General Funds as contained in SB 1552 (2020 Short Session) to receive an approximate \$65 million matching of federal funds to maintain the current service level of Certified Community Behavioral Health Centers (CCBHCs); and
4. Appropriate \$5 million for Intellectual/Developmental Disabilities services contained in HB 5204 (2020 Short Session); this investment is expected to help build needed case management capacity, increase safety, improve health monitoring, and prevent crisis situations for I/DD services.

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The most vulnerable in our communities, who rely on the safety net, will be disproportionately impacted by increased social isolation, reduced access to services, possible higher healthcare risks related to suffering from and/or spreading the virus, higher risks of eviction and homelessness, vulnerability to spikes in the need for access to mental health and addictions services, closures of public spaces/libraries/court systems/schools, limited access to food & food banks, and even further reduced transportation options. The people most at risk include the following groups:

- Children and adults with intellectual/developmental disabilities (I/DD)
- People with physical disabilities
- Seniors who live alone
- Populations with high opiate abuse rates
- People suffering from severe and persistent mental illness
- Children and youth in the child welfare system
- Juveniles and adults cycling out of county jails & into the community corrections system
- Veterans
- The 6% of population that is uninsured/has limited access to primary healthcare
- Homeless families with school aged children
- Homeless adults with co-occurring mental health and addictions needs.

In addition to shoring up current services and supporting the safety net, the state-county partnership must also involve an effort to maximize and coordinate the effectiveness of the various array of particular services and funding that all come together at the actual point of service delivery. We must have capacity at the local level to coordinate the multiple efforts of the Department of Human Services (DHS), the Oregon Health Authority (OHA), the Oregon Housing and Community Services (OHCS), Oregon Department of Veterans Affairs (ODVA), and other agencies to provide local services.

In the big picture, county commissioners can provide needed leadership in order to stabilize, strengthen and activate the safety net on an emergency basis to address the COVID-19 challenge. To do this, commissioners need staff support to convene, connect and coordinate the different parts of the safety net in unified action to support our vulnerable citizens. This task is different in each region and county of the state, given unique alignments of services, non-profit organizations and businesses at the local level. This is why we are proposing the deployment of six COVID-19 Safety Net Coordinators at the regional level around the state on an emergency basis. These Coordinators will support county commissioners who have the convening authority to help strengthen the safety net by ensuring our various governmental programs are connected and offering multi-faceted solutions for vulnerable people. These Coordinators will also help connect the private and civic sector investments in each community to address this emergency.

Counties are the front lines of our public health crisis response and in serving the most vulnerable in our communities. Our safety net is likely about to be strained in a way it has never been before --- our seniors, veterans, foster youth, mentally ill and others --- may soon be facing new levels of daily life trauma, behavioral needs, housing risks, criminal justice involvement, social isolation, and serious physical and behavioral health needs. Counties and the State need to partner in this work. County commissioners are in unique positions to coordinate efforts with

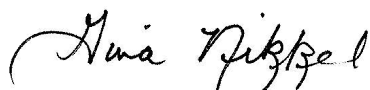
CCO's and the \$6 billion of annual healthcare related expenditures made through the Oregon Health Plan.

Businesses and foundations are also part of the solution in supporting the local safety net. These two sectors in Oregon make investments for different reasons and in different ways but their investments can compliment government programs when their resources are invested in a strategic and coordinated way. Public and private partnerships can be a very important part of an overall safety net in Oregon's Communities. County commissioners can help develop this capacity.

We need to do everything we can to foster and build up trust and local ownership in meeting these challenges. A central aspect of managing through this challenge is the State's commitment to engaging and supporting our communities. The strongest asset we have is leadership at the community level through trusted messengers—elected officials who can help ensure that people know they are not alone and how they can help and support one another. Our commissioners stand ready to serve shoulder to shoulder as partners with the State in this work.

Thank you for the opportunity to testify.

Regards,



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Cc:

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Kelly Fitzpatrick, Oregon Department of Veterans Affairs
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