

OREGON SENATE MENTAL HEALTH COMMITTEE

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Lane County

DESCRIPTION OF WILLAMETTE FAMILY SERVICES

Willamette Family has provided addiction treatment and support services in Lane County since 1964, expanding its services to meet the emerging needs of our community and obtaining our mental health license in 2010. We have 250 staff and 7 clinics located in Eugene, Springfield, and Cottage Grove. We offer the following programs and services to our clients:

- Buckley Sobering & Medical Detox
- Rapid Access Center
- Residential Treatment
- Outpatient Treatment
- Family Services
- Dads Treatment Program
- Child Development Center
- Health Clinic
- Peer Support Program
- Housing

WHO DO WE SERVE?

- Fall below poverty level
- Poor behavioral and physical health conditions
- Involved with child welfare & criminal justice system
- Under-educated and have minimal to no job skills

WHAT IS THE COVID RISK TO THOSE WE SERVE?

- They often live in crowded conditions or are unsheltered, and lack the ability to follow prevention guidelines related to hygiene, or to obtain and wear masks, and socially distance.
- Their compromised health conditions further place them at risk for COVID, and their reliance upon emergency departments for medical care results in episodic and costly treatment related only to the presenting issue.
- They frequently are “fired” from many community-based clinics due to their behaviors and difficulty in keeping appointments; this stigma adds to their inability to access appropriate treatment, as well as with their ability to trust and to engage in treatment without intensive outreach and supportive services. As such, they may remain in the community as “super spreaders” of the virus.

HOW HAS COVID CHANGED THE WAY YOU PROVIDE SERVICES?

Since early March, the COVID emergency has impacted EVERY aspect of our services. We developed health and prevention protocols immediately, and continue to practice them to ensure the safety of our clients and our staff in every location. Below are some of the impacts:

- Temporary suspension of our Sobering Center due to the limitations and layout of our facility

- Fewer beds for detox and stricter protocols to minimize virus spread
- Reduced access to residential treatment
- Telehealth is a big help
- Staff risk of COVID-19 exposure

HOW HAS THIS CRISIS IMPACTED THE FINANCIAL STABILITY OF PROVIDERS?

- Revenues dropped by 34% in 3 weeks; furloughed 33 staff
- Difficulty hiring qualified staff
- Telehealth has helped to stabilize revenues, but still below budget

RESIDENTIAL TREATMENT IS A ESSENTIAL SERVICE AND CONTINUES TO OPERATE IN SIGNIFICANT DEFICIT WHICH WILL RESULT IN LACK OF ACCESS IN THE MIDST OF THE OPIOID AND METHAMPHETAMINE EPIDEMICS. IMPACTS OF THIS COVID CRISIS INCLUDES:

- Low census due to increased admission protocols
- Additional positions required to ensure ongoing compliance with CDC and OHA guidelines
- Extraordinary Service Benefits (aka “hazard pay”)
- Equipment costs: PPE for staff and clients; Extra cleaning supplies, additional IT & telehealth equipment
- Necessary physical infrastructure changes to assure access and to comply with social distancing; upgraded air filtering system

POSSIBLE ROLL-BACK CHALLENGES

Behavioral health providers were already dealing with an overwhelming opioid and methamphetamine crisis before COVID emerged, and we struggled with recruitment of qualified staff to provide these essential health services. The rate increases provided in the last legislative session significantly improved our ability to recruit, train, and retain credentialed staff. However, the anticipated budget cut will take that away. IF qualified professional staff wages fall back to the previous levels that were comparable to what employees at retail stores or fast-food establishments earn, the blow to our ability to provide essential treatment and access will be severe. We’ve already cut positions and to recruit qualified staff who will be responsible for providing evidence-based treatment to address critical health needs of those they serve in an environment in which a deadly virus poses a daily risk will be extremely difficult and will limit access to treatment when it is most needed. Most of us are non-profits, and by definition have slim margins to operate on, and limited options to build new revenue streams.

I despair at our ability to rebuild our capacity if rates are rolled back, and especially if residential treatment resources are cut. And mostly, I despair for the health and safety of those we serve.

There is no reason to expect that COVID will quickly disappear, in fact, we are planning for a surge in the Fall as anticipated by the CDC. We have no reason to believe that the opioid and methamphetamine epidemics will decrease, as all indicators show they continue. We know that alcohol sales have increased 50% since this emergency started.

We also know that COVID has devastated our economy. We all believe it will rebound, but it is a complicated situation and may take months and years. We know that steps must be taken now to be stabilize to this situation.

IN LIGHT OF THAT, THE FOLLOWING RECOMMENDATIONS ARE OFFERED FOR YOUR CONSIDERATION;

- Prioritization of spending cuts, not across-the-board reductions.
 - Substance Use and Mental Health Disorders are on the front lines of healthcare providers and we serve the most vulnerable individuals who also are homeless, are poor, lack resources and are in environments that place them at highest risk for COVID
 - Substance Use and Mental Health Disorders are ESSENTIAL HEALTH SERVICES that are life-saving and reduce the overall cost of care in multiple Departments
- Maintain the rate increases provided by the last session to stabilize the work force in behavioral health allowing us to increase access to meet the growing demand and reduce waitlists
- Provide reimbursement and sustainability funding for residential treatment. Residential treatment is the highest level of care just below hospitalization and are in peril due to this COVID crisis. They must be maintained for those needing this intensive treatment. To rebuild this system in the future, would be extremely difficult if not impossible.
- Behavioral health provides an avenue to maximize Federal participation in funding which should not be lost.