

Co-Chairs President Courtney and Speaker Kotek and members of the committee my name is Monta Knudson and I am the CEO of Bridges to Change.

Bridges to Change's mission is to strengthen individuals and families affected by addictions, mental health, poverty and homelessness. Our vision is creating hope through community.

## **What We Do**

Bridges to Change (BTC) is peer-run, non-profit provider of community-based housing, peer recovery mentoring and behavioral health treatment services to high risk populations in the State of Oregon.

## **Housing**

Bridges to Change provides transitional and permanent housing to individuals in five counties: Multnomah, Clackamas, Washington, Marion and Wasco. All housing is alcohol and drug free. BTC has many different housing models, unless otherwise noted, housing is paid for through county contracts.

- **Permanent:** Residents pay rent at below market rates, a house manager staffs the house in the evenings.
- **Transitional:** Residents are in partner programs for alcohol and drug treatment and typically stay in housing for 3-4 months before moving on to permanent housing.
- **Stabilization:** This housing is low barrier, residents may experience relapse or other issues, typically residents are in a treatment program and spend 1-2 months in this type of housing.
- **Mental health:** Residents are experiencing mental health issues and are referred by a PO for permanent housing options.
- **Supportive housing for treatment:** Residents are a part of Grounded Transitions treatment program. Includes live-in case manager and BTC recovery mentor.
- **Homeless to work:** Residents identify as homeless, they are not required to be in recovery but are not allowed to use substance while in housing. Residents have a mentor and pay a portion of rent once they become employed.

## **Mentors**

Bridges to Change offers mentor services in four counties. They work with individuals to meet basic needs, find resources, connect with recovery support, obtain employment, etc

## **Treatment**

Bridges to Change is licensed to provide substance use disorder treatment and mental health treatment in Multnomah, Clackamas and Washington county. Bridges to Change offers intensive outpatient treatment with supportive housing in the Grounded Transitions program. Services include counseling, mentors, housing, case management and job development.

I would like to offer my support of a few policy concepts you may all be considering for the special session from the perspective of a behavioral health provider.

Recently published data by the Washington State Department of Health details the behavioral health impacts of COVID-19 and the subsequent safety measures put in place by state and local governments:

- The disruption caused by the pandemic has triggered a surge in behavioral health symptoms across the state, which is a trend likely to continue.
- We house over 600 individuals in group living and over 200, most of which are unable to pay rent due to COVID-19 impacts. We are at risk of closing many homes because rental income is the main revenue source.
- Ongoing behavioral health impacts will likely be seen in phases, peaking around 6-9 months post initial outbreak.
- Approximately half of the individuals who experience a mental health diagnosis will develop a substance-related disorder, and vice versa
- As a result, we can expect substance-related symptoms and disorders to increase as mental health symptoms and disorders increase.
- Suicide rates are highly influenced by unemployment rates. (For every percentage point increase in unemployment rates (i.e., 1%), there is a 1.6% increase in suicide rates.)
- We can reasonably expect that 26-40% of Oregonians will experience behavioral health symptoms over the next three to six months. (Symptoms of depression will likely be the most common, followed by anxiety and acute stress. These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.)

This anticipated increase in demand is coming at a time when the behavioral health safety net is at its most fragile. With decreased utilization and increased costs, we are struggling to maintain the existing capacity, much less expand to meet this demand.

- Recent progress around telehealth has been a lifeline to providers seeking to maintain access and to consumers struggling in isolation. We are supportive of an extension of telehealth payment parity for all telehealth modalities, including phone calls, through July 2021. It is vital individuals in acute behavioral health crisis do not face disruptions in care. We cannot afford to exclude phone calls and thus exclude individuals who lack the appropriate technology or the bandwidth to operate video conferencing.
- Housing stability is key to the stability of those facing behavioral health challenges. Eviction prohibitions which keep individuals housed, reduce strain on our healthcare systems. Increased shelter capacity is also critical to this goal
- Liability protection for providers adhering to safety guidelines protects against costly blows to an already taxed behavioral health system

Lastly, while you consider budget savings, we ask that you consider increased costs to hospitals, human services programs, and correctional facilities when individuals' behavioral health needs go unmet. We need your support to meet these increasing needs for behavioral health treatment.

Thank you for your time.

Monta Knudson, CEO

