



Native American Rehabilitation Association of the Northwest, Inc.

A Non-Profit Organization

To: House Health Care Committee
From: Jackie Mercer, NARA Northwest
Re: House Bill 2508
Date: February 4, 2021

Chair Prusak, Vice-Chairs Salinas and Hayden, and members of the committee:

Below please find stories, told by NARA employees, which detail the value of all telehealth modalities for the consumers we serve. You will see that telehealth parity has improved quality and access to behavioral health treatment.

Oyate Administration

1776 SW Madison St.
Portland, OR 97205
[p] 503-224-1044
[f] 503-274-4251

Residential Treatment Services

17645 NW St. Helens Hwy.
Portland, OR 97231
[p] 503-621-1069
[f] 503-621-0200

Outpatient Treatment Services

1631 SW Columbia St.
Portland, OR 97201
[p] 503-231-2641
[f] 503-231-1654

Tate' Topo

1310 SW 17th Ave.
Portland, OR 97201
[p] 503-231-2641
[f] 503-467-4077

Totem Lodge

1438 SE Division
Portland, OR 97202
[p] 503-548-0346
[f] 503-232-5959

Dental Clinic

12750 SE Stark St., Building E
Portland, OR 97233
[p] 971-347-3009
[f] 971-256-3277

Indian Health Clinic

15 N Morris St.
Portland, OR 97227
[p] 503-230-9875
[f] 503-230-9877

Wellness Center

12360 E. Burnside St. 2nd Floor
Portland, OR 97233
[p] 971-279-4800
[f] 971-279-2051

Child, Youth & Family Programs and Youth Residential Treatment Center

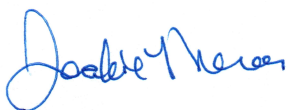
620 NE 2nd Street
Gresham, OR 97030
[p] 971-274-3757
[f] 503-921-5740

- When psychiatry clients call in who would like to be seen sooner than their next appointment we put them on a cancellation list so that they can be contacted if we have a no-show or a last-minute cancellation. This has allowed me to help out two clients while helping to maintain better productivity for the day. If this had all been in-person, these appointment slots would have not been utilized, and though I might have been able to contact these clients on the cancellation list, the appointments would not have been billable in pre-pandemic times. Honestly, I have had a cancellation list for the past several months, and it almost always allows clients to be served sooner than their next appointment. It wouldn't be possible in non-telehealth times, as nobody would be able to get to an in-person appointment that quickly.
- I have a youth client that has been experiencing homelessness. They have inconsistent places to stay, each with different rules, and different access to transportation. This youth has been able to engage consistently with telehealth because he doesn't have to figure out to access transportation. We have had sessions in parked cars, at friend's houses, while he was walking. Homeless youth struggle to access care and this has significantly improved his ability to access care
- Many of my youth clients are survivors of sex trafficking and do not feel safe using public transportation, due to potential to encounter traffickers or past "customers." These youth often also do not have access to other/consistent methods of transportation. These youth have been more successful in accessing telehealth.
- Telehealth has helped youth overcome systemic barriers. Youth that are on runaway status or warrant status are often afraid to access in-person services because they think they will be arrested or picked up by guardians. Telehealth has allowed me to continue to support them, when they choose, without them having the barrier of fear of incarceration.
- I have a client that lives geographically far from our building and her family has unreliable transportation and childcare barriers. She is actively and successfully engaged in wrap services, mental health, and alcohol and drug services virtually, which requires multiple appointments per week. Having the option of telehealth makes it possible for her and her family to get the support they need, which would likely be inconsistent or impossible without telehealth.

- I have a client that is responsible for caring for her younger sibling while her parents are at work as essential workers, as the family cannot afford childcare costs. She has been more consistently engaged in services over the course of telehealth than she was before telehealth was an option, because she can be in the home for her sibling and still access services.
- I have a client that must be supervised by a parent at all times due to pending legal charges, and he has to go to work with his dad every day because that is the only way they can supervise him and maintain adequate income. He has been able to attend telehealth sessions from the workplace (in confidential areas, of course).
- I have clients that are meeting with me on their lunch break from school, because they go to school all day and then work a job in the evenings. Telehealth has allowed them to engage more frequently without having to sacrifice other activities that support their recovery.
- I have a client that goes back and forth between living with her mom in Portland and going to spend weeks at a time with her grandparents to help them with their property and help take care of them physically. Without telehealth, she would not have been able to engage during the weeks that she is at her grandparents because they live in another part of the state.
- I did an assessment for a client that was living on the coast and didn't have access to services in his geographical area, but wanted to get an assessment so that he could go to residential treatment. I was able to do his assessment via telehealth and get him referred to the appropriate level of care. This instance is true for many clients that live in rural areas.
- I have a DHS involved youth that has gone from detention, to a BRS program, and then back to detention. Telehealth allowed me to maintain continuity of care. This kind of scenario happens all the time where youth are moved frequently by DHS, which frequently disrupts services. Youth clients with mental health/behavioral challenges are often placed in secure facilities across the state, and not all of those settings offer A&D treatment. Being able to continue to provide those services in tandem with addressing their mental and behavioral health needs allows these clients access to more holistic treatment.
- We had a client that was able to finish the ongoing group despite being pregnant and not feeling well enough to go places, and then giving birth and caring for a newborn. This would have been much more difficult for her if she had to travel out of her home for these vital trauma-recovery services.
- I had a client that went out of state for the summer to visit family and was able to continue services on her trip. Without telehealth, she would not have had access to services all summer.

Thank you for the opportunity to share these stories. We urge your support of HB 2508.

Jackie Mercer



CEO

Native American Rehabilitation Association of the Northwest (NARA)