



**Date: 2/3/2021**

**RE: Letter of Support for HB 2508**

Central City Concern supports passage of House Bill (HB) 2508 to maintain access and payment parity for tele-health services, particularly audio-only encounters.

Central City Concern (CCC) is a non-profit direct service organization that provides integrated primary and behavioral health care, supportive and affordable housing, and employment services to people impacted by homelessness in the Tri-County area. Central City Concern operates about 2,100 units of affordable housing, serves 9,000 patients annually through our 12 Federally Qualified Health Centers, makes 1,200 job placements annually and operates social services for the community justice programs in Multnomah and Clackamas counties. **Our programs and properties span Senate Districts 17, 18, 21, 22, 23, 24 and 25; and House Districts 33, 36, 42, 43, 44, 45, 46, 47, 48 and 50**

Prior to COVID-19, we did not offer tele-health appointments, we are now completing thousands of visits each month. Between primary care and behavioral health services, 30-50% of all health appointments are using tele-health connections and **90% of our tele-health visits are phone-only visits.**

Our providers put in the same time, care and follow-up for all patients regardless of how a patient connects with us. Whether through audio, video or in-person visit, our support services continue to be offered to all patients to address social determinates of health (housing, transportation, food, etc.). **It would be prohibitive and inequitable to approve only 2-way video visits and not include audio visits as well.** Our patient population lacks access to video capable devices and stable internet connection. Abandoning parity for audio-only visits directly removes a service option for patients with low incomes and those who experience homelessness.

**Comments of impact and necessity from our frontline and support staff:**

“Access to tele-health services has significantly reduced the barrier to care for many of my most vulnerable patients. Continued support of this is essential to enhance the level of care that we can provide to all Oregonians.” *Ryan Kane, Old Town Clinic, Resident Physician*

“As the Project Manager on the team that quickly stood up Tele-Health visits, I want to see this continue as a service CCC can provide. Our community needs this ease of service 365 days a year; not only during the pandemic, or during wildfires or snow day closures. Tele-Health options are the way of the future for many organizations, and for us they may save lives. We provided cell phones to targeted housing sites, so that residents who may not normally have access to a phone can complete a Tele-Health visit.” *Briana Stodola, Old Town Recovery Center / PMO, Sr. Project Manager*

“Aside from access issues, research indicates that phone is a more effective medium of communication than Zoom and similar platforms because it does not have the audio/visual incongruence and technical failures with which we have all become too familiar. At the least, it



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should be considered on par and a supported form of communication for providing and accessing health care.” *Katherine Stansbury, Blackburn, CADCI*

“By expanding services to allow for telephonic visits, we have dramatically increased access to Hepatitis C treatment in the Portland metro area. We are also working on expanding a study and then implementation project of telehealth Hepatitis C treatment in rural areas, where there is virtually no access to treatment for this disease. Without preservation of telephonic and telemedicine visit reimbursements, all of this is for nothing, and access will return to its previous, dismal state.” *Andrew Seaman, Central City Concern Hepatitis C Program, Clinical Director HCV Services*

“Hi my name is Cruz McIntire when I first arrived here in the state of Oregon I had no clue where to begin with getting my life back together until I've met with some people who had gone through the programs and had gotten their lives back successful on track especially for being a recovering addict and I believe that this is something that can help a lot of people who are struggling with addictions and unmanageable lives as well as mental health and programs like what central City Concern has helps provide an all-around service for anyone who is wanting to find and learn a better way to live life on life's terms and be able to have a more manageable way of living so I support anything that central City Concern is trying to accomplish cause it's for the good of our society and being there for one another.” *Cruz McIntire, Social enterprises on-call, Front desk/ janitorial*

“I feel like we have found an absolutely crucial resource across the healthcare spectrum. Why would we discontinue something that is providing a service to those who have difficulty accessing providers.” *Daniel Epting, Blackburn SUDS, Peer Support Specialist*

“I have clients who have never been successful in substance use disorder services before; they get to attend groups where they get support emotionally, they are able to process daily stressors, get resources from other group members, laugh with peers. So often our clients are hurting, anxiety debilitating, this eases them in, they establish rapport, they begin to feel safe, some are able to feel confident to leave the house. I have a mom who doesn't/can't leave her house due to phobias, fears social anxiety, ask to have an in-person groups added to her treatment plan. WOW!!!!” *Mandy Putnam, Blackburn Center, SUDs Program Coordinator/CADC Group Facilitator, Counselor*

“I place major emphasis on the fact that those that lack internet service via a tablet, pc tower or a lap top are the people that should have priority. Additionally, we should have people actual canvassing the streets to provide informational handouts which help to explain the seriousness of this pandemic.” *Willie Amos Jones Jr., Stabilization to Treatment Program, Medford Apartment building. Supportive Housing, Peer Support Specialist III*

“I work with CCC's Health Services Advisory Council, a group of consumers of CCC services who provide input into our health services. I have heard from several of these clients that CCC's ability to provide medical, mental health counseling, and other kinds of services via telephone is greatly appreciated. I know several of these clients, and many CCC clients, only have telephone access to telehealth, not computer or video access. These services are truly a lifeline in these difficult times, and CCC's ability to "meet clients where they are" and meet their needs will be greatly enhanced by continuing to include telephone visits as wrap-eligible.” *E.V. Armitage, Administration, Executive Coordinator*



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“It is critical that phone only visits still be an access point for clients, and that this results in full payment for the visits to the primary care home. I have a patient with severe COPD, on oxygen 24 hours a day, and has limited transportation. She does not have internet access, but does have a cell phone. We have been able to continue her care while not putting her at risk by using public transportation or being in a clinic when it is safer for her to stay home and receive care via phone. If needed, she could come in, but for her usual chronic disease management we are able to achieve this over the phone and keep her safe.” *Barbara Martin, Primary Care, Medical Director of Health Informatics*

“It's been very success for our patients that have some anxieties about the pandemic and not wanting to venture out to go to a doctor's appointment.”, *Amy Lopez, OTC /Summit Team, Care Team Manager*

“Many clients I move into housing have had very little if any health care and are wary of offices, including Doctor's offices. They are open to video and particularly telephone-only visits after initial exam and are grateful for the help. Not just one story but 15 years of interaction with individuals coming off the street. Please keep this option open. Those that have chronic conditions desperately need both 2-way video visits and telephone only visits. Thank you.” *Lois Patterson, Housing Administration, Lead Occupancy Specialist*

“Not only has tele-health been vital for my client's receiving healthcare during the pandemic, but there are many folks that for whatever reason are accessing healthcare via the phone, when pre-pandemic they were avoiding in person healthcare.” *John Paul Kelley, Supportive Housing, Supportive Housing Team Coordinator*

“People who have never been engaged due to barriers are finally getting care thru telehealth. A lot of my clients were minimally engaged in the past, but can have phone appointments on high anxiety days or when they stayed up all night due to insomnia, and this means that they're meeting more consistently.” *Deidre Gordon, Old Town Recovery Center, IHART Team, Mental Health Counselor*

“[Pass HB 2508] So that the clients can continue to get much needed care.” *Victoria Tolson, Golden West/ Housing Rapid Response, Administrative Assistant*

“Tele-health creates another road for people to access health and that is vital!” *Ryan Ernst, BEST Program, BEST Rep*

“Telehealth has been a life line for us to support our African American clients through a pandemic and social injustices” *Linda Hudson, CCC/Imani Center, Director*

“Tele-health is the future!” *Connor Lane, Pharmacy, Technician II*

“This has become an invaluable tool for many of our patients, especially those with significant physical disabilities. Having access to actual provider care reduces the time to care, allows for common problems to be addressed more quickly and seems to actually reduce the need to go to the emergency department. It has significantly improved access to health care!” *Pat Buckley, Central City Concern - Old Town Clinic, Physician Assistant - Certified, Naturopathic Doctor*



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“To the clients which make up the bulk of whom we deal with it is imperative that we maintain contact with our clients to help them when they require assistance. During the best of times this is difficult enough but during this time when face to face contact isn't possible video and phone are the only way to keep our clients connected to the life-giving care which we provide!!! Please helps up help our clients!!!” *Rob Gabrish, Estate-resident Services, Resident Services Support*

### **Additional co-signers in support of HB 2508:**

*Michael Leslie, Pharmacy Purchaser, Old Town Clinic Pharmacy*  
*Chase Bissett, Project Manager, Project Management Office*  
*Cameron Chambers, Administrative Specialist, Old Town Recovery Center*  
*Mandi Houston, Recruiter, Human Resources*  
*Jennifer Stein, Administrative Specialist, Supportive Housing*  
*Kayla Humphrey, Case Manager II, LEAD*  
*Wayne Haddad, Chief Information Technology Officer, Information Technology*  
*NatashaLei Nichols, Community Building Assistant, Martha Washington Apartments*  
*Sarina Benight, Clinical Mental Health Counselor, Old Town Recovery Center ICM/WAIT Team*  
*Taylor Davis, Clinic RN, Blackburn Primary Care*  
*Amanda Young, Insurance Specialist, Billing & Business Information Systems*  
*Kyalah, Community Building Assistant, Charlotte B Rutherford Housing*  
*Pat Buckley, Physician Assistant - Certified, Naturopathic Doctor, Old Town Clinic*  
*Andrew Nelson, Health Coordinator, Old Town Clinic/SUMMIT*  
*Gary Butler, Resident Service Coordinator, Supportive Housing*  
*Adrian Martinez, Shared Services Specialist, Human Resources*  
*Brianna Sustersic, MD, Senior Medical Director of Primary Care, Old Town Clinic*  
*Linda Hudson, Director, Imani Center*  
*Taryn Kahle, Medical Assistant, Blackburn Center*  
*Jesse Goedken, Certified Coder, Billing & Business Information Systems*  
*Brandy Sears, Front Desk Reception, Old Town Clinic*  
*Anna Geduldig, Hepatitis C Program Coordinator, Old Town Clinic*  
*Sarah Porter, Human Resource Business Partner, Human Resources*  
*Katherine Ouzounian, Nurse Practitioner, Old Town Clinic*  
*Cruz McIntire, Front desk/ janitorial, Social enterprises on-call*  
*Lisa Bonner Brown, Housing Specialist, Flip The Script*  
*Gary Cobb, Community Outreach Coordinator, Public Policy*  
*Travis Smith, Health Assistant, Old Town Clinic*  
*Scot Gudger, Interim Senior Director of Primary Care Operations and Clinics., Health Services*  
*Andrew Seaman, Clinical Director HCV Services, Hepatitis C Program*  
*Linda Peng, Addiction Medicine Fellow, Old Town Clinic*  
*Amy Lopez, Care Team Manager, Old Town Clinic /Summit Team*  
*Deidre Gordon, Mental Health Counselor, Old Town Recovery Center, IHART Team*  
*Lisselle Rulona, RN, Hooper Detoxification and Stabilization Center*  
*Barbara Martin, Medical Director of Health Informatics, Primary Care*  
*Abigail Graber, Family Mentor, Supportive Housing*  
*Willie Amos Jones Jr., Peer Support Specialist III, Stabilization to Treatment Program/Medford Apt.*



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*Rebecca Wood*, Mental health and addictions counselor, Old Town Recovery Center/ICM WAIT  
*Daniel Epting*, Peer Support Specialist, Blackburn SUDS  
*Katherine Stansbury*, CADCI, Blackburn  
*Mandy Putnam*, Program Coordinator/CADC II/Group Facilitator, Blackburn SUDS  
*Rob Gabrish*, Resident Services Support, Estate Apartments  
*Julie Sirabella*, Insurance Specialist, Billing & Business Information Systems  
*Cori McCrea*, Office Manager, Housing Administration  
*Samajea Bunn*, SUD CADCI Counselor, Hooper Detoxification and Stabilization Center  
*Lois Patterson*, Lead Occupancy Specialist, Housing Administration  
*Doug Middlemiss*, Billing Supervisor, Billing & Business Information Systems  
*Charlotte Garner*, Addictions Counselor, CCC Recovery Center  
*Maran Sheils*, Cook I, Hooper Detox + Letty Owings Center  
*Ryan Ernst*, BEST Rep, BEST Program  
*Connor Lane*, Technician II, Pharmacy  
*Tomecka Hill*, Resident Service Coordinator, Ankeny & Richard Harris Apartments  
*Briana Stodola*, Senior Project Manager, Old Town Recovery Center / PMO  
*Theo Pham*, Pharmacist, Old Town Clinic / Summit Team (Health Services/Pharmacy)  
*John Paul Kelley*, Team Coordinator, Supportive Housing  
*Malinda Brown*, Behavioral Health Assistant, Old Town Recovery Center/IOT  
*Ryan Kane*, Resident Physician, Old Town Clinic  
*Victoria Tolson*, Administrative Assistant, Golden West/ Housing Rapid Response  
*Mechelle Beam*, Medical Assistant, Old Town Clinic  
*Linda Golden*, Case Manager, Old Town Recovery Center/CORE 1  
*Denise Latscha*, Compliance Analyst, Administration  
*Lauren Land*, Associate Medical Director of Primary Care, Old Town Clinic  
*Brent Kepfer*, Admissions specialist, Hooper Detoxification and Stabilization Center  
*Cindy Ross*, Office Manager, Puentes  
*Melissa Vidovich*, Mental Health, Old Town Recovery Center  
*Holly Araujo*, Front desk/janitorial, Social enterprises on-call  
*Allison Neighbor*, Medicaid Outreach and Enrollment Specialist, Imani BEST  
*Vivian Ton*, Clinical Pharmacist lead, Old Town Clinic  
*Billy Anfield*, Advocacy Coordinator, Flip the Script  
*E.V. Armitage*, Executive Coordinator, Administration  
*Clarice Jordan*, Treatment Assistant, Letty Owings Center/SUDs  
*Karen Jones*, Revenue Cycle Manager, billing & Business Information Systems  
*LaFreda Ceaser*, Chief Organizational Development and Racial Equity Officer, Administrative