



March 24, 2020

Attn: Laurel Sakai, Sr. Health Policy Advisor  
The Honorable Patty Murray  
154 Russell Senate Office Building  
Washington, D.C. 20510

Re: COVID19 Response – Behavioral Health Implications in Washington State

Dear Senator Murray:

On behalf of the Washington Council for Behavioral Health (Washington Council), representing community mental health and substance use disorder providers across Washington State, I write today to request your support in protecting the community behavioral health system during the current healthcare crisis caused by the COVID19 pandemic.

The Washington Council is the professional association of licensed community behavioral health agencies—our state's safety-net providers. We represent more than forty agencies who serve over 190,000 very low-income individuals each year, primarily adults with serious mental illness and children or youth with severe emotional disturbances. The vast majority of clients served by our members receive health coverage through Medicaid, and many are living with physical health comorbidities such as cardiovascular disease, COPD, diabetes, and cancer, making them highly vulnerable to serious effects of a coronavirus infection. The delivery system that cares for this population brings unique resources to the current public health crisis, but it also possesses unique needs and challenges. I'd like to highlight key issues and concerns, and offer essential steps to be taken.

It's incredibly important to recognize that **behavioral health agencies act as first responders in their communities**. They function as the crisis response system, acute care system, and often the primary (or **only**) healthcare provider for many people with serious mental illness and/or addiction disorders. They also operate several different types of residential treatment facilities, including psychiatric hospitals, evaluation and treatment centers for persons committed under the Involuntary Treatment Act, crisis stabilization units, structured residential treatment, as well as long-term care facilities such as adult family homes and skilled nursing facilities. **These clinics and residential treatment facilities must remain open, staffed, and viable**. If they do not, the community behavioral health system will not be able to continue the crucial role it plays in protecting needed capacity within the overall healthcare system. Behavioral health agencies help ensure that people with behavioral health needs receive care at the right time and in the right place, whenever possible in community settings. **They limit demand on**

**other critical acute care resources like 911, hospital emergency rooms, and hospital med-surgical beds needed for critical coronavirus care.**

These community-based agencies function with very thin operating margins, often holding only 30 to 60 days of operating reserves. Their revenue flow is shrinking rapidly as communities respond to social distancing and shelter-in-place directives in our state, and some agencies are at imminent risk of financial insolvency. We cannot afford to lose behavioral health treatment capacity and treatment beds during this public health crisis.

There are several ways in which Congress can help support community behavioral health agencies to ensure they can continue to provide essential care during this time of uncertainty:

- **Target resources to the single state mental health/substance use disorder state agency to ensure additional funding flows to behavioral health agencies;**
- **Allow nonprofit organizations that receive Medicaid funding, including behavioral health agencies, to receive small business loans;**
- Pass the Mental Health Access Improvement Act, which would allow licensed marriage & family therapists and mental health counselors to bill Medicare and increase the capacity of our current workforce to treat one of the populations most at risk for COVID19 complications;
- Continue to expand reimbursement options for telehealth and telephonic options so patients can continue to receive essential behavioral and physical health services; and
- Require CMS to provide regulatory relief for behavioral health agencies from certain actuarial soundness rules and directed payments, to decrease the later impacts of reductions in utilization or encounters related to provider capacity.

Thank you for your leadership and commitment to Washington State, and we hope Congress will be able to act quickly to provide support. We look forward to working with you in the weeks ahead to protect our vulnerable patient population and preserve access to treatment. Please let us know how we can help.

Sincerely,



Ann Christian, CEO  
Washington Council for Behavioral Health