



March 14, 2020

The Honorable Jay Inslee  
Sue Birch, Health Care Authority Director  
MaryAnne Lindeblad, State Medicaid Director  
John Wiesman, Department of Health Director

REGARDING: COVID-19 RESPONSE AND THE COMMUNITY BEHAVIORAL HEALTH SYSTEM

Dear State Officials,

As our communities and state prepare for the peak of the coronavirus spread, where does the community behavioral health system fit, and how can it best be supported and connected as a vital component of the our health system response to the COVID-19 virus?

I write today as the CEO of the Washington Council for Behavioral Health, the statewide association of licensed community behavioral health agencies to suggest some beginning answers to this question. Never have our providers more acutely felt the overlap between physical and behavioral health as they fulfill their roles as front line healthcare providers. Our delivery system 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 potential first steps to be taken.

**Our top priority is maintaining access to care by keeping the doors open for essential health services**

- Licensed behavioral health agencies function as the first responders, crisis response system, acute care system, and primary healthcare care provider for many people with serious mental illness and/or addiction disorders;
- These clinics and residential treatment facilities **must** remain open, staffed, and viable;
- Most behavioral health agencies operate with extremely thin margins (Medicaid and philanthropy are their primary sources of revenue) and can only sustain operations for a month or two as revenues decline (Note: this is exacerbated by having operating reserves shrink as the markets crash); and
- We need immediate communication and action to keep the system intact as we are dealing with this public health crisis.

Behavioral health agencies are an essential component of the coronavirus response as part of the state's acute care system for people living with serious mental illness and/or substance use disorders and at risk of psychiatric crises. Our providers are on the front line, a critical and often

invisible component of the first responder system. They respond in-person, 24/7 to psychiatric crises and are experienced and skilled in outreach and community-based care.

***ACTION: Immediately identify a mechanism to ensure stable base funding for community behavioral health agencies over the next several months, allowing these providers to continue providing care, maintain operations and protect system infrastructure.***

#### **Prioritize smart use of overall healthcare system capacity to respond to surge in demand for coronavirus care**

- Behavioral health agencies have a crucial role to play in protecting capacity within the overall healthcare system. They help ensure that people with behavioral health needs receive care at the right time and in the right place, whenever possible in community settings, limiting demand on other critical acute care resources like 911, hospital emergency rooms, and hospital med-surgical beds needed for critical coronavirus care.
- Preserve use of psychiatric inpatient treatment beds in Evaluation and Treatment facilities and hospitals for those in need of acute and intensive psychiatric care, prioritizing those who are involuntarily committed.

***ACTION: In the short-term, don't take actions that will increase demand on psychiatric residential or inpatient treatment beds (e.g., consider a delay in implementation of SB 5720).***

#### **Prevent virus spread among populations at highest risk**

- Adults with serious mental illness and/or addiction disorders live with an extremely high incidence of underlying chronic health conditions (cardiovascular disease, COPD, diabetes and cancer), making them highly vulnerable to serious effects of a coronavirus infection.
- They are a health disparity population whose life expectancy is 10–30 years shorter than the average, often due to the high incidence of smoking in this population, which makes them particularly vulnerable to respiratory symptoms caused by COVID-19; let's take steps to ensure their physical health is protected.

***ACTION: Immediately include all behavioral health inpatient, outpatient, and residential treatment settings in policy guidance, training and distribution of critical protective supplies and equipment.***

#### **Provide support for behavioral health/healthcare workers to keep them well and available to continue working and provide care**

- Safety training and personal protective equipment available to community behavioral health agencies (our clinicians and Designated Crisis Responders can't work from home)
- On-site childcare
- Childcare stipends
- Extended sick leave/income security

***ACTION: Consider targeted workforce-related supports for these workers.***

**Identify and expand settings prepared to care for patients with behavioral health disorders who have been detained/committed and are known or presumed to have COVID-19.**

- Behavioral Health residential treatment facilities including E&Ts, crisis stabilization, long-term residential treatment suddenly find themselves facing an infection control and isolation role.
- These settings need training and support to determine how to isolate people in residential settings and protect direct service staff.
- Provide relief from continuing stay authorization barriers from MCOs.

***ACTION:** Consider development of designated regional isolation and/or quarantine facilities that are equipped to provide isolation and COVID-19 care as well as mental health and/or addiction treatment.*

**Expand the range of available access and treatment approaches, including more remote options, to maintain behavioral health treatment engagement and support**

- Implement HB 2099 **as soon as possible** to enable ITA assessments to be conducted via videoconference.
- Rapidly increase the number and types of treatment interventions that can be delivered and reimbursed via telemedicine/telephonic options (currently Medicare doesn't allow any remote options at all, but older adults are a high-risk population for developing complications due to coronavirus).
- Expand the range of services that can be delivered telephonically and will be reimbursed.
- Children, youth, and families receiving WISe services are particularly high-risk in terms of behavioral health decompensation and relapse if they become isolated; alternative mechanisms are urgently needed.

***ACTION:** Work with CMS, MCOs, and providers to fast-track implementation of telemedicine and telephonic interventions for behavioral health treatment as broadly as possible.*

**Provide other regulatory flexibility and relief**

- Longer response times; for example, Designated Crisis Responders need to take extra precautions when preparing for community-based visits.
- Flexibility regarding staffing requirements if/when we lose key staff due to illness/family needs/isolation etc. in order to maintain maximum capacity.
- Extension of time allowed to meet CE requirements to keep clinicians licensed and working.

***ACTION:** Work with provider associations and agencies to identify high impact regulatory barriers that could be eliminated via temporary relief and/or flexibility.*

**Language matters**

Include behavioral health in the prioritization and messaging related to coronavirus response and resources. What we are hearing is:

- Public health functions are essential and life-saving for all citizens of our state.
- Access to ER and hospital care must be preserved for those who will need care for COVID-19.

- Focus on safety in our long-term care facilities for seniors and people with disabilities serving our most vulnerable populations.
- We agree that all these priorities are essential, but the thinking, messaging, and priority list need to be expanded to explicitly include community behavioral health!

*ACTION: Immediately and proactively include sustainability of essential behavioral health services, access to community crisis intervention, stabilization, and treatment support for people with serious mental illness and addiction disorders (lack of attention here will exacerbate demand on EDs and acute care hospitals)*

*ACTION: Add these services and settings to the priority list of healthcare providers that urgently need relief and resources.*

**We stand ready to be part of the coronavirus response; we need access to tools and resources.**

- Community behavioral health providers are flexible, creative, innovative, community-based problem-solvers; this is who we are and what we do!
- The Council is here as a partner, convener, educator, and communication resource.

**Most importantly, during this time of crisis, we must keep the community behavioral health system infrastructure intact in order to keep our citizens and communities safe.** I cannot overstate the urgency of ensuring financial stability for our community behavioral provider system.

Thank you for your attention. I look forward to working with you, and can be reached at 206.628.4608, ext. 14.

Sincerely,



Ann Christian

Cc: Amber Leaders, Sr. Policy Advisor, Governor's Policy Office  
 Keri Waterland, Assistant Director, Division of Behavioral Health and Recovery  
 Michael Langer, Deputy Assistant Director, Division of Behavioral Health and Recovery  
 Senator Christine Rolfes  
 Senator Manka Dhingra  
 Senator Keith Wagoner  
 Representative Timm Ormsby  
 Representative Eileen Cody  
 Representative Joe Schmick  
 Representative Nicole Macri