

Viewpoint: State leaders must put together stronger behavioral health plan

By Lisa Steele – CEO and managing director, Cedar Hills Hospital

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Early in my career, I quickly learned that it takes a village to help individuals live with mental illness and prioritize mental wellness.

Historically, businesses have pushed aside the mental wellness of their employees, prioritizing the “bottom line.” Yet given what we know now, a healthy bottom line means employing a physically and mentally healthy workforce. Many reports highlight that the “Great Resignation” is a result of employees having time during Covid to reflect on their needs.

In fact, reports suggest that depression is estimated to cause 200 million lost workdays annually, potentially costing employers billions. As the CEO and Managing Director of Cedar Hills Hospital, I know that treatment centers and psychiatric facilities play an essential role for those in crisis. However, most of us simply need access to a therapist, the ability to take mental health days and communal acceptance that mental health care is health care.

The Mental Health Parity and Addiction Equity Act of 2008 was signed into law over a decade ago. It revolutionized mental health care by requiring insurers to cover and treat mental health and substance use services equally to physical health services.

Tragically, that’s still not the case, and I believe that it’s time that our state, local and business leaders take action. Oregonians deserve better. Investing in a psychologically healthy workforce brings great returns on investments; reduction in turnover, reduced training costs and increased productivity. In fact, the American Psychiatric Association reports that over 80% of employees who receive treatment for mental illness report higher levels of workplace efficacy and productivity.

State and local leaders have yet to put together a comprehensive, long-term plan that encompasses innovative policies that, with proper leadership, could move the parity ball forward.

There are opportunities before us to pave the way for integrated treatment. For instance, at Cedar Hills Hospital, we regularly operate at capacity, yet state law makes it difficult to open cost efficient facilities that serve more than 16 patients at a time. This is due to improper implementation of the “IMD Exclusion” policy.

Currently, federal law only offers Medicaid reimbursement to substance use and residential treatment facilities that limit the number of residents to 16. However, states can request a waiver to bypass this decades-old rule and other rules to increase access to treatment for thousands of patients, paving the way for mental health and substance use parity.

Thankfully, Oregon has requested and received this waiver. It just went into effect Jan. 1, but the waiver depends on the coordinated care model to deliver care, making it nearly impossible for new independent behavioral health providers to participate in the exclusive provider model.

Oregon’s communities are in desperate need of reliable and consistent access to behavioral health services, as evidenced by our state sadly ranking 50th in the nation in access to mental health care and addiction treatment.

Oregonians recently learned we are set to receive over \$300 million from the recent opioid settlement to fight the state’s substance use and addiction crisis. This could help support hospitals that specifically treat opioid addiction.

Another upcoming opportunity would address the ongoing workforce shortage. This short session will introduce a bill I’m particularly supportive of, HB 4004, which would require the Oregon Health Authority to distribute grants to behavioral health treatment providers for staff compensation and workforce retention and recruitment.

How will our leaders knit these opportunities together to best work for Oregonians? These sources of funding and pieces of legislation cannot exist in a vacuum. These three policy pieces are part of a large, complex puzzle that needs to work together to achieve parity. They need to work together to help save Oregonians.

I am fortunate to lead a hospital that cares for some of Oregon’s most vulnerable. I also have a role in creating an environment that attends to the psychological wellbeing of my staff. Psychologically healthy hospital staff means that we will continue to provide the quality care for patients who bring us so much pride.

All businesses carry the same responsibility: to provide a psychologically healthy community for Oregonians to live in and thrive. Businesses can help bring parity to the forefront by engaging directly with health plans to work toward mental health parity compliance. We have the option to hold both our elected leaders and each other accountable. Let’s do it together.

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