

Oregon Senate Mental Health Committee

June 2, 2020

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Central Oregon

BestCare Treatment Services description

BestCare Treatment Services is a 501(c)(3) non-profit behavioral health agency with about 250 employees that provides services in **Jefferson, Crook, Deschutes, and Klamath** counties. BestCare provides the Community Mental Health Program services in Jefferson and Crook, provides mental health respite in Redmond, detox services in Redmond and Klamath, SUD residential services in Madras, Redmond, and Klamath Falls, outpatient SUD and mental health services in Bend and Redmond, and outreach workers embedded in the four hospitals in Central Oregon. Throughout our system of care we specialize in people who combine high substance use needs, high mental health needs, and high medical burden.

How has COVID-19 impacted the provision of BH services?

On February 28, 2020, I implemented an agency-wide planning process, led by our Medical Director, to respond to the COVID-19 threat. Our highest risk programs, the **Detoxes and Mental Health Respite**, were the ones most important to keep open because they directly decrease the demand on Emergency Departments. These programs see a rapid turnover of people with lots of chronic illnesses and suppressed immune systems. We prioritized these programs for PPE, did extensive pre-admission screening, twice-daily temperature taking and symptom screening.

Our **SUD Residential Programs** implemented rigorous screening, daily monitoring, heightened cleaning, wide spread use of PPE, and decreased capacity by 25% to create space for social distancing.

Our **outpatient services** went almost entirely to a virtual setting, except for Mental Health Crisis response and a select number of very high need clients.

How has telehealth been utilized?

We suddenly live in a Zoom World. We extensively use telephone and videoconferencing throughout our system of care for traditional therapy, peer delivered services, care coordination, and system management.

The upsides of telehealth are:

- Increased ease of access for clients
- Increased the ability to provide the shorter/more frequent approach that many clients need
- Increased access for specialty services, such as psychiatry and pain management

- Improved coordination between levels of care.

The downside of telehealth are:

- It is insufficient for the clients who are of highest need
- We see questionable levels of engagement during group counseling
- Creates a digital divide for folks who do not have a computer and high-speed internet.

In the long run, telehealth should be supported as a much richer part of the menu of services we provide than has been true in the past.

How has this affected the financial stability of BH providers?

In mid-March, in response to significant loss in revenue throughout the agency, I implemented significant cost cutting measures, which included laying off 10% of our workforce. Twenty-five staff lost their jobs in this action. In these cuts, I permanently closed our Outpatient Substance Use Program in Klamath Falls. We had been providing good quality services there since 2008, but the program remained too small to survive the financial shock. Our SUD residential programs are down in their utilization and revenue by about 25% due to social distancing measures we have taken. We expect these reductions in revenue to continue for the foreseeable future. Our outpatient services initially experienced a collapse in utilization in late March, but we have been able to bring that utilization up to 90% of our pre-COVID level.

As an agency, we have had sharp cuts in revenue, and have made significant cuts in expenses to match our new reality. **As the Legislature contemplates necessary budget cuts, please note that COVID-19 has beaten you to the punch, already creating an eight percent cut in my agency's revenue.**

Are you projecting increased needs for BH services going forward?

Our highest need clients and our opiate addicts in the early phase of recovery have struggled the most. People with severe mental illnesses have become more isolated from the supports that stabilize them. People with severe addictions are relapsing at a much higher rate. People who need housing, in-person outreach and engagement, and in-home services are the ones who have been most gravely impacted.

What do you need to be able to meet increased needs?

1. Capacity and funding for **rapid testing at our facilities**, especially the Detox and Mental Health Respite. The Detox and Respite would be good places to be Sentinel Sites in monitoring outbreaks in the community.
2. Permanent rule changes to take advantage of all we have learned about virtual therapy. This is especially important in rural counties far from the 1-5 corridor.
3. Recognition that **COVID-19 is already creating budget cuts in behavioral health** field. We have a situation where we have rising need and falling revenue, with no foreseeable end in sight yet. The legislature needs to consider this dynamic when making hard budget decisions in the next few weeks and months.