

To: Senate Committee on Health Care
From: Kolpia Counseling
RE: Support HB 2508 A

Chair Patterson, Vice Chair Knopp, Members of the Committee,

My name is Cynthia Levesque and I'm the director for Kolpia Counseling, an outpatient mental health and substance treatment provider in Ashland, OR. We provide services to clients throughout southern Oregon, including rural areas such as Butte Falls, Shady Cove, Klamath Falls, White City, Eagle Point, Ruch, and the remote rural areas surrounding Ashland and Medford.

Kolpia Counseling is also a state certified DUI provider. We serve a spectrum of clients ranging from clients stepping down from residential substance treatment services into a lower level of care, to self-referred outpatient clients, to legally mandated clients. We provide access to high quality, integrated services for clients struggling with addiction and mental health. Kolpia is a member of the statewide behavioral health provider association, Oregon Council for Behavioral Health and we are supportive of HB 2508 A.

In March 2020, when the pandemic transformed our work, we were able to quickly and effectively transition our services to telehealth to ensure the individuals we serve maintained access to behavioral health supports. Within a period of about 48 hours we transitioned 100% of our clients to telehealth as our community was required to shelter in place – successfully preventing any lapse in services for the majority of our clients. Kolpia serves about 500 clients per year, and typically has about 120-150 active clients at any given time. We have been told by countless number of clients that our continued services provided what has felt like their only lifeline as COVID, and more recently wildfires have turned their lives upside down. For many of our clients, our ability to continue their services has been their only connection to other people, which they regularly report to us has helped them to avoid relapse and support their ongoing mental health and wellbeing. In 2020, we served more clients than at any time in our recent history, in large part due to the increased need of our community, and the reduced barriers of being able to participate in treatment with the availability of telehealth. Telehealth has proved to be an invaluable resource in reaching clients we would otherwise not be able to reach. In addition to providing a safe alternative to meeting in person in the middle of a pandemic, it has removed myriad other barriers to participating in treatment such as travel time, childcare, transportation, and allowed us to serve clients who may not otherwise access treatment due to conditions such as agoraphobia, social anxiety, or physical health issues that make it difficult to or prevent them from leaving the house.

Our clients' safety and security are our first priority, and we've therefore taken the following measures when implementing and expanding telehealth services. Although telehealth requirements were relaxed as our communities scrambled to continue serving clients, Kolpia determined right out of the gate that we wanted to continue to provide the highest level of assurances for safety and confidentiality. Our team identified HIPAA compliant platforms, put telehealth informed consent agreements into place, trained staff, and created policies to protect clients. We also put procedures into place to ensure the participants are who they say they are and address any potential for deception such as mandated clients not appropriately participating or attempting to use insurance not assigned to the client. For mandated clients, we require them to participate by video for groups, and work with them to problem solve solutions to barriers, and then allow them to participate in their individual sessions by phone if needed.

We've found that telehealth pay parity has allowed Kolpia Counseling and our fellow behavioral health providers to serve more people, with greater continuity of care and fewer no shows. This is because receiving behavioral health services now fits better into the complex lives of the individuals we serve. One recent example of this that stands out is a client that lost everything in the fires. They had also lost employment prior to that because of COVID and have been struggling financially. They have no home and no reliable income as a result of these compounding traumas. Reliable internet was hard to come by, and prior to the more recent COVID surge, we had the client coming to the office to join session by video, but when the order came to limit clients in buildings, this client went back to struggling to be able to participate even by video. Payment parity allows us to continue serving them, as anytime their internet connection is unstable we switch to phone. This client has multiple recent traumas and is at high risk for relapse as such, so our ability to continue treatment, even via phone, provides a much needed and very important lifeline to them.

Two aspects of this bill that are critical to our work is the ability to receive pay parity for telephone visits in addition to video and the ability to initiate care via telehealth. When we provide services via telephone, it is often the case that the choice is not between video and telephone, but rather between telephone and nothing, as the example I provided demonstrates. Many rural clients lack access to reliable internet. Some clients have intense anxiety over participating via video from their home for a variety of reasons, some that involve feeling shame in regard to their living environment or not being able to have a private space for video participation, but phone lending itself more so to being able to obtain a private space. It is critical to the stability of those we serve and the positive outcomes we seek that we are able to engage with consumers through whatever means possible for them, meeting them where they are.

Further, being able to initiate care via telehealth is also incredibly important, as there are clients who would otherwise not be able to engage at all. An example would be a client that received a DUI and has to participate in mandated treatment, but is unable to drive to the office, or have access to other resources to help get them there. Often, when folks are involved in our criminal justice system, we make demands that create additional barriers for them (i.e. requiring them to attend treatment but they've lost their license and are too far out to have access to other means to get to treatment), essentially setting them up for failure before they've even started. Allowing clients to establish services via telehealth even outside of our current crises helps us to remove barriers and support clients in meeting the requirements of fulfilling legal mandates, when the nature of their charges effectively prevents them from being able to successfully follow through on their requirements.

Thank you for your time and for considering this meaningful step toward improving access to behavioral health. I urge your support of HB 2508 A.

Cynthia Levesque
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