

## **VINLAND:**

- Residential - Bed Capacity – 61 beds, current census 52 (eight beds are reserved for quarantine, so capacity at this time is 53)
- Outpatient – Capacity 60, current census 60
- Census has been lower throughout the waves of COVID for a variety of reasons. While we have not experienced a client outbreak of COVID at either of our facilities, we have experienced staff outbreaks which at times has affected Intake.
- No severity trends of clients with COVID (we are now testing at intake).
- We have seen a large amount of clients not showing up when scheduled for intake or pick-up and other clients needing detox before they are admitted.

## **HOPE HOUSE:**

- Bed Capacity – 40    Amount Utilized – Average (March, 2020 – January, 2022) – 47%
- Outpatient Program – N/A
- We have had more than a 50% reduction in bed utilization (consistently) since last March (start of COVID precautions/lockdown).
- While our clients are typically referred to us by other agencies, and we have had several self-referrals call and literally beg to be admitted because their use during the pandemic has become so severe they are afraid they will die.
- Our recidivism rate has been higher than average since last March. Clients discharged during the pandemic (usually ASA), have been returning because the lack of social interaction and isolation within their community has triggered their relapse.

## **NUWAY:**

- Residential bed capacity: 81% (inclusive of NUWAY®'s three residential, Cochran and The Gables), normally runs 98.5%
- Outpatient program capacity: at capacity with room to grow
- Capacity trends experienced during waves of COVID: until Oct. 2020, residential was at our typical capacity (98.5%) but since Oct. we've had at many periods of admission holds due to active COVID in facilities

## **NEW LIFE TREATMENT CENTER:**

- Bed Capacity- 21 Residential/7 Detox    Amount Being Utilized - 21 Residential/ 2 Detox
- Outpatient Program Capacity - 44 / Amount Being Utilized - 24
- Capacity trends experienced during the waves of COVID - Our numbers were down dramatically through most of 2020. We began to see numbers rebound in mid-December. It was harder to get people to come to treatment during COVID and more difficult to keep them in treatment
- Severity trends of clients presenting experienced during the waves of COVID - We have definitely seen an increase in the severity of our clients. Definitely more severe mental health issues.

## **RECOVERING HOPE**

We currently have 108 beds available (74 women and 30 children). We currently have 58 women and 16 children in house.

We have no cap on our outpatient and I will put the average census in 2020 for both residential and outpatient below.

In regards to trends, we saw

- An increase in our against staff advice discharges due to not being able to allow visiting
- Having to provide access to client phones while allowed them to make contact with people to pick them up for services
- Not being able to attend passes
- Having to quarantine clients without being able to provide quality services
- Having to use telehealth in residential services to provide group in order to limit group sizes.
- Having no direction from DHS for COVID precautions and not requiring that we have a policy or plan until June that was not required to be reviewed by any public health official so we lost clients due to clients choosing to go to programs that were not following CDC recommendations.
- Having contradiction COVID recommendations from DHS, CDC, local hospitals and local public health officials.
- And most importantly not being able to bill for services if a client needed to be quarantined or was too sick to attend group and not being able to discharge them for the same reason ethically.

Our average census:

Month	Residential	Outpatient
January	58	5
February	62	6
March	61	5
April	46	9
May	46	8
June	47	6
July	42	8
August	44	7
September	56	8
October	54	10
November	58	7
December	61	10

### **Range Treatment Center/ Detox**

- Residential Inpatient: Capacity= 16, Being used= 12 max because we had to shut down a room for quarantine, currently serving 7 clients.
- We have seen a trend in people not admitting on time to inpatient because they must receive their COVID results before admitting.
- Also, if we have a client go AWOL, we cannot fill that bed until we get a negative COVID result.
- We have Had COVID in our facility, and housed people who could not do groups via telehealth because they were too sick. In this case we were not able to bill or fill the beds. We have had to train all staff in

Submission to Behavioral Health Policy Division by MN Alliance of Rural Addiction Treatment Programs, 1/26/21  
being infectious disease workers and asked them to do work that is dangerous and puts them at risk of infection.

- This has led to staff quitting and being understaffed.
- Detox Capacity= 12, Being used=6 because we had to adjust for proper spacing/separation due to COVID, currently serving 5 clients. We are only able to house 6 clients in detox.
- This is putting a strain on our emergency room at Essentia. Law enforcement is without options due to us being at capacity most days. People are not getting the services they need because those beds are shut down. We have had to train all staff in being infectious disease workers and asked them to do work that is dangerous and puts them at risk of infection. This has led to staff quitting and being understaffed.
- Outpatient= 64 total clients. Currently serving 36.
- We have switched over to telehealth in our outpatient services. This presents its own risks and rewards.
- We can serve a broader population, being rural. It is hard to determine if clients are using, technology problems, or lack of technology, confidentiality issues.

## **NORTHLAND RECOVERY CENTER**

- We have 52 beds 3 different sites in Grand Rapids.
- All adult men's and women's programs. 6 detox beds.
- Prior to Covid our census was way up with waiting list for treatment. Now this past 10 mos our Referrals are cut in half. Everyone afraid of getting COVID not making people attend treatment. With the courts shut down/ changing over to zoom and probation not working at full capacity due to COVID it has also affected referrals of clients. Getting the clients tested for COVID, transporting them to the testing site waiting 3 to 7 days for test results is also an added cost for the programs.
- All Out Patient programs had to go to zoom and that added cost for computers had to be absorbed by the programs. Thankfully the clients like zoom and it has allowed clients to have OT pt treatment during a very stressful time.
- It is very clear that our rates are not enough to keep program's open. With the staff needs and program needs, the level of care the client's need because of COVID and all its risk has proved very hard to get the required 30 hours of treatment in a week during COVID.

## **LAKEPLACE RETREAT CENTER**

- -Bed Capacity / Amount Being Utilized – 48 capacity; 40 beds currently filled
- -Outpatient Program Capacity / Amount Being Utilized – same as above

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- **Description**

- -Capacity trends experienced during the waves of COVID – initially at the beginning of the pandemic we only were admitting new clients that were transferring from another COVID-free environment (i.e. another treatment center), but then had to institute quarantine units for new clients to reside until they receive a negative COVID test. We definitely saw a big dip when COVID hit due to uncertainty of everything. It has been very difficult to come close to our capacity – 42 has been the highest count we've had in 12 months. Of our 48 beds we have designated 5 of them to be quarantine units, so we actually can't get above 43 clients now.

-Severity trends of clients presenting experienced during the waves of COVID- I don't know that I see an increase in the severity of the substance use but I feel that we are seeing a pretty dramatic increase in the numbers of people with comorbid disorders including both mental and physical health issues. I think that many of our clients feel the stress of all the covid related uncertainty that we are all experiencing. People with great coping skills are stressed and acting out. What do we expect from people who have lousy coping skills? They are only going to act out in even more dramatic fashion.

## **MAPLE LAKE RECOVERY CENTER:**

A rural non-profit adolescent residential facility licensed under Rule 2960 (CRF) serving Minnesota adolescent males & females ages 13-18 from across the state (22 years) including some of Minnesota's most vulnerable and resistant clients.

### **Numbers:**

Bed Capacity:

24 adolescent beds in two separate facilities

### **Current Capacity:**

We are currently below 50% utilization, our lowest in our 22-year history.

### **Capacity Trends During COVID:**

Throughout our 22-year history we have run at between 70% and 100% of capacity. We were full 2 days before the executive orders and have had steadily declining utilization ever since.

### **Severity of Trends During COVID:**

Our client acuity remains stable - it is *access* to our services that has fluctuated only downward. With schools, correctional facilities, courts, and government agencies being only partially staffed, fully closed, or virtually staffed, many clients were/have not been being seen in person by county and state government workers, and so have been literally "running wild" with little or no external control and with outpatient telehealth not a clinically effective alternative to the direct care experience.

### **Additional Comments:**

We now know that the statewide closing of the public educational, judicial, and social service systems in response to COVID manifested unprecedented opportunity costs across the state. In many communities and programs it led to cutting off many from access and referrals to needed care, all clearly reflected in the rising population markers for addiction, self-harm, anxiety, and depression. And the COVID response has burdened and imperiled much of the rural private/nonprofit sector workforce, those having to function without any of the protections of their public sector counterparts. Today there are few workers to hire, no licensed professionals, and private sector salary scales have gone up in some cases by 50% in the last 60 months – unsustainable trends forming way prior to COVID and all items we have talked about solving over many years in collaboration with state agencies, and all of which have been only amplified and exacerbated by COVID.

Many smaller community "prevention" programs like ours have closed during COVID for good, particularly in rural areas wherein barriers to help like poverty and care access, equal or excel those in disproportionately weighted metro counties. We know it is the private sector small businesses bearing the brunt of the economic impact of current policies. Today it is now getting worse and not better. If the situation does not change quickly and the economy/public sector does not open up, it will may be too late for many programs; we are not anywhere near bottom, and even with Federal assistance, programs cannot sustain their current operating margins indefinitely. We care about our mission, our clients, employees, and our community, and we are committed to helping people get well and our hope is we can continue to do so in the future!

Dr. David Smith