From Vision to Virtual: Building a Telehealth Clinic
Rogers Behavioral Health
(Wisconsin, Illinois, Tennessee, Minnesota, Colorado, Florida)
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ROGERS
Behavioral Health

ORGANIZATIONAL OVERVIEW

Who We Are:
Founded in 1907, we're a nationally recognized, not-for-profit leader in mental health and addiction care.

What We Do:
We provide specialized treatment for:
• Anxiety, OCD, and depression
• Trauma and PTSD
• Eating disorders
• Addiction recovery
With inpatient, residential, and outpatient programs.

Our Approach:
• Evidence-based therapies (CBT, ERP, DBT)
• Compassionate, interdisciplinary treatment teams

Our Mission:
"To help people reach their full potential for health and well-being."

Our Impact:
Thousands of lives changed each year through personalized care.

PROGRAM SPOTLIGHT – What & Why

• **Pre-Pandemic:** Limited telehealth use for provider visits; Polycom and Teams platforms supported coverage during provider time off.
• **COVID Pivot:** Rapid transition of PHP and IOP programs to virtual care, with Teams playing a key role.
• **Post-COVID:** Mixed delivery models emerged — in-person, hybrid, and fully virtual, creating inconsistency.
• **2023 Shift:** Launch of a dedicated Telehealth Division to build an evidence-based, high-quality virtual care model.
• **Virtual-First Focus:** Emphasis on virtual-first treatment to improve patient outcomes.

Splash Session

TELEHEALTH EVERYWHERE
Region's *Premier* Telehealth Conference
Hyatt Regency - Bloomington, MN
www.gptrac.org/conference
2025
April 22-23

Patient Satisfaction	Total Unique Zip Codes Served	Patients' Acceptance rate for Telehealth
4% higher than system average	385	93%

Reasons for Declined Telehealth
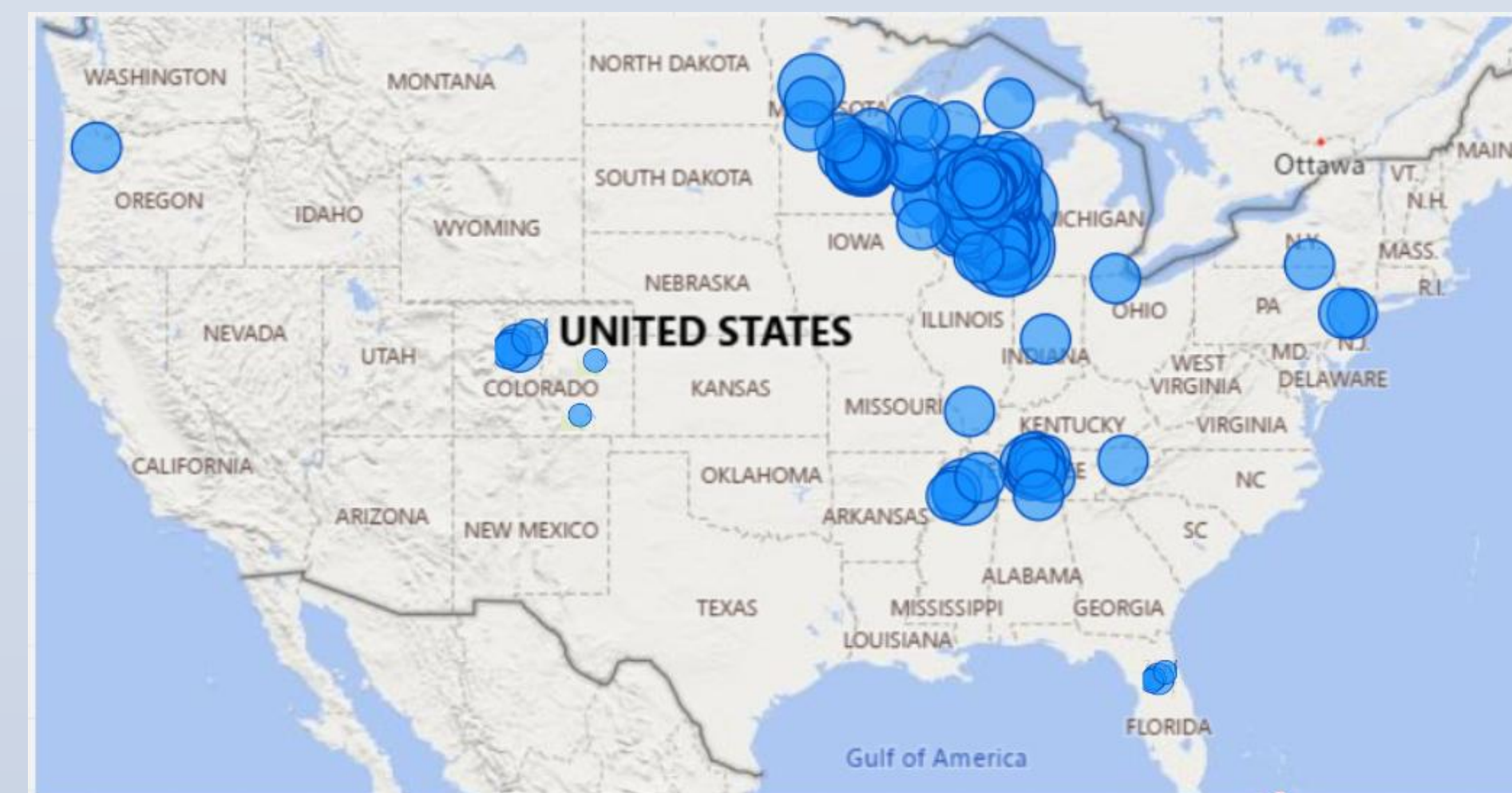
CONTACT INFORMATION

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Program Information

• Three levels of care available
• Core and elective groups, skills building, and individual therapy
• Evidence-based care: CBT, DBT, Exposure Therapy
• Treats depression, anxiety, mood disorders, OCD, and psychosis
• Multi-disciplinary team approach
• Flexible scheduling, including evenings
• Focus on cross-state licensure

What's Next?

Phase 1:
Continue building content in Class
Add additional symptom-specific groups (e.g., Trauma, Veterans)
Expand telehealth access to all RBH states
Implement Class enhancements

Phase 2:
Explore services for adolescent populations
Expand to evening and weekend hours
Increase individualization and course selection options