

# Snapshot of the New Landscape: COVID-19 and Substance Use Services

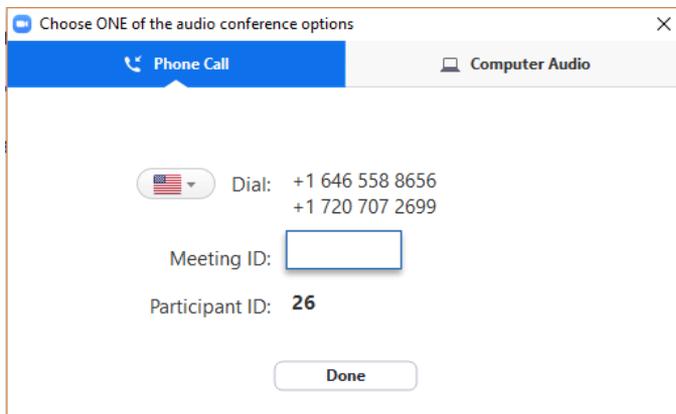
*Social Workers on the Front Line of the Opioid Epidemic*  
Learning Collaborative

## Spring 2020 Webinar Series

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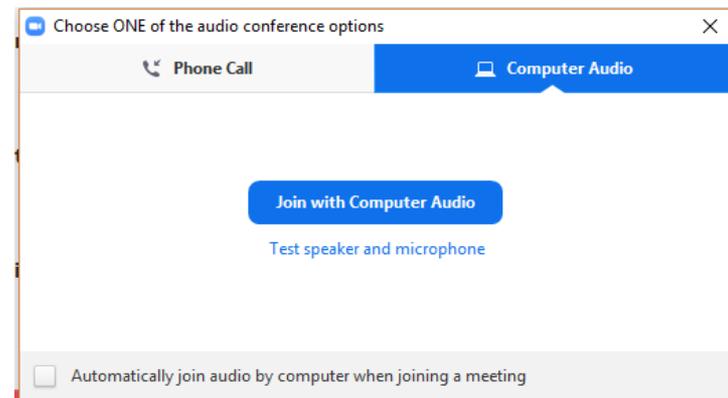
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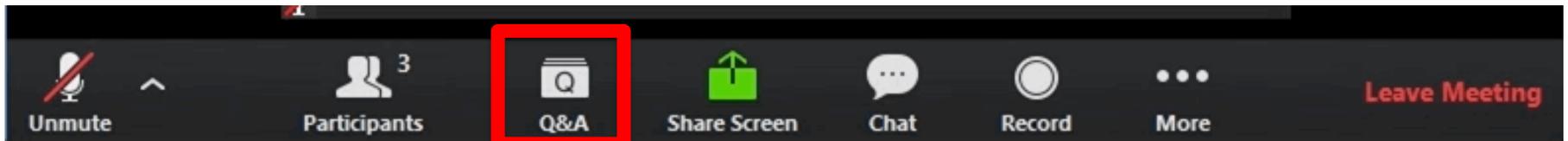
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## Ask a Question

Submit any questions using the Q&A function at the bottom of your screen.



# Today's Presenter



**Tom Hill, MSW**

Senior Advisor, Practice Improvement  
National Council for Behavioral Health



# Snapshot of the New Landscape: COVID-19 and Substance Use Services

Tom Hill, MSW  
National Council for Behavioral Health  
April 2020

# Learning Objectives

- Review federal and state policy changes as a result of COVID-19
- Underscore COVID-susceptibility to people using substances, people in recovery, and special populations
- Highlight changes in practice and other considerations across various service disciplines



# *Framing the Dialogue*

- Predicted behavioral health effects of extended stay-at-home policies and economic downturn: depression, anxiety, substance use, relapse
- We are facing TWO public health crises: COVID-19 and the combined addiction and overdose epidemics. AND they will intersect.
- Reduced access due to COVID: EMTs, Emergency Departments, and general hospitals
- People who use drugs and people in recovery from SUDs more susceptible to COVID and at higher risk for complications, due to comorbidities and compromised immune systems
- Vast policy, program, and practice changes, taking place in treatment, harm reduction, and recovery services, as well as those in corrections and homeless populations.

# Policy Changes

# Key Actions to Date

## Congressional Activity

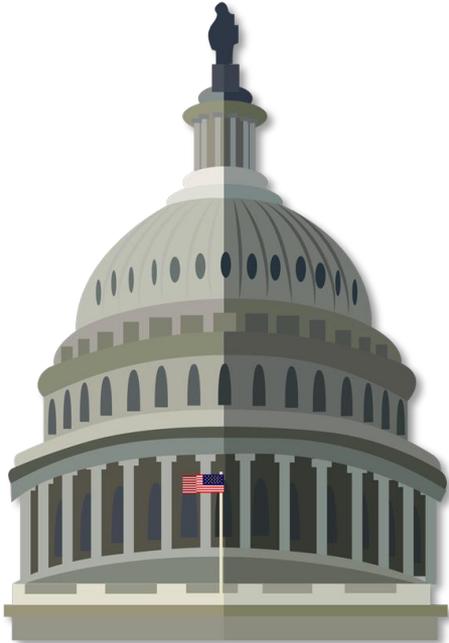
Coronavirus Preparedness and Response Supplemental Appropriations Act (March 4)

Families First Coronavirus Response Act (March 18)

Coronavirus Aid, Relief, and Economic Security (CARES) Act (March 27)

“3.5” package – supplemental interim support

A fourth COVID-19 relief package is reportedly in the works



## Regulatory Activity

CMS actions on telehealth, Medicare and Medicaid policies

FCC telehealth equipment fund

DEA changes to registration and telemedicine requirements

And much more...

# FCC COVID-19 Telehealth Program

- \$200 million available
- Applications accepted on a rolling basis
- Eligible providers include community behavioral health organizations
- Funds technology & equipment to bolster telehealth services
  - May include end-user devices such as smartphones or tablets
- Application portal:  
<https://www.fcc.gov/covid-19-telehealth-program>

FCC-related COVID-19 pandemic information is on our coronavirus and Keep Americans Connected web pages.

Federal Communications Commission

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## COVID-19 Telehealth Program

**Purpose:**

The COVID-19 Telehealth Program will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic. The Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's funds have been expended or the COVID-19 pandemic has ended.

Note that the COVID-19 Telehealth Program is limited to **nonprofit and public eligible health care providers** that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Act. For more information, see Question 8 of the [FAQs](#).

**Submit an Application:**

To improve the experience for applicants, an online application portal will make it easier to collect and submit the information necessary to evaluate your request. The Commission will review your request, may ask for additional information, and will issue a funding decision.

[- Submit an Application Online -](#)

**IF YOU HAVE ALREADY SUBMITTED A FILLABLE PDF APPLICATION, you DO NOT need to apply again.** Your application is already under consideration and we will contact you if we need any additional information.

# COVID-19 Office Hours and Activities

COVID-19 Office Hours	Medical Directors COVID-19 Discussion Series
<p>Join us every <b>Tuesday and Thursday at 3:00-4:00pm ET</b> for a session focused on different COVID-19 topic areas including, but not limited to:</p> <ul style="list-style-type: none"><li>• Self-Care and Compassion</li><li>• Telehealth</li><li>• Rural Health</li><li>• SUD Services</li><li>• Children, Youth, and Families</li><li>• Health Equity</li><li>• Peer Support</li></ul> <p>Messages will be sent out weekly sharing each week's Office Hour topics.</p>	<p><b>Upcoming Sessions:</b></p> <ul style="list-style-type: none"><li>• April 30, 11 a.m.-12 p.m.</li><li>• May 13, 2-4 p.m.</li></ul> <p>Stay tuned for upcoming messages sharing the registration links for these sessions. Questions? Please email <a href="mailto:LindsayL@thenationalcouncil.org">LindsayL@thenationalcouncil.org</a>.</p>
<p><b><a href="#">Check out recordings here</a> from previous sessions.</b></p> <p>Send us topics that you want to discuss! Email us at <a href="mailto:integration@thenationalcouncil.org">integration@thenationalcouncil.org</a></p>	

## Federal SUD Policy Changes: Brief Overview



- SAMHSA allows states to request blanket exceptions for all stable patients in OTP to receive 28 days take-home methadone doses (“less stable patients” may receive up to 14 days)
- SAMHSA still requires in-person medical assessment prior to admitting new methadone patients

# Federal SUD Policy Changes: Brief Overview



- DEA relaxed telehealth restrictions:
  - No initial in-person assessment required
  - X-waivered prescribers can prescribe via video or telephone
  - Providers can use less secure tech platforms (but not public-facing ones)
- *HIPAA* and *42 CFR, part 2* policies relaxed for telehealth
- Restrictions on Medicare reimbursements for telehealth waived
- Restrictions on receiving medications relaxed: Meds can be delivered by parties other than licensed clinicians and through indirect means like doorstep lockboxes



## State Policy Changes: Brief Overview

- Reimbursement for telephone-based services is authorized by many state Medicaid offices
- Emergency special enrollment periods for health insurance opened in some states
- Some states have paused housing foreclosures and evictions until further notice



# COVID-19 and Substance Use

# COVID-19 and Opioid Use



- The main life-threatening effect of opioid use is slowed or stopped breathing
- Chronic respiratory disease increases risk for fatal overdose. Slowed breathing decreases oxygen in the blood which can lead to cardiac, pulmonary and brain complications.
- Diminished lung capacity from COVID-19 could increase danger for opioid users
- Naloxone blocks the effects of opioids and reverses breathing difficulties caused by opioids, but does not impact breathing difficulties caused by COVID-19



# COVID-19 and Other Substance Use

## Smoking and vaping products

- Harms the lungs and diminishes the ability to respond to infection.

## Methamphetamine

- Constricts blood vessels which contributes to pulmonary damage and pulmonary hypertension.

## Alcohol

- Excessive alcohol consumption can have immune-related health effects, such as susceptibility to pneumonia
- Alcohol can impair the body's ability to defend against infection, contribute to organ damage associated with alcohol consumption, and impede recovery from tissue injury.
- Individuals with AUD are more likely to develop pneumonia, tuberculosis, RSV infection, and acute respiratory distress syndrome.



NIDA. (2020, March 24). COVID-19: Potential Implications for Individuals with Substance Use Disorders. Retrieved from <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders> on 2020, March 24

# COVID-19 Implications for People Who Use Drugs

- For those with no place to stay
  - No consistent access to hand sanitation and general hygiene
  - Social distancing difficult in shelters and encampments
- Those that are housed may be in unsafe situations
- Previous best practice is to not use alone; others may need someone to prepare or inject drugs
- Users already at higher risk of other health concerns
- Users already at higher risk of arrest and incarceration
- Disruption of supply chain is not limited to legal products. As illicit substances (and in some states, alcohol) become harder or more expensive to acquire, users will face withdrawal or move to riskier sources



# General Recommendations for Public COVID-19 Prevention



## **Question:**

*How do you follow these recommendations if you do not have a place to stay or you are living in group settings and crowded conditions?*

- Limit contact in the community.
- Practice social distancing (or physical distancing).
- Stay at home if you are sick.
- Call your health care provider in advance of a visit or in the event you think you may have COVID-19.
- Develop workplace plans that include liberal leave and telework/work from home policies.
- Wash your hands and ensure the practice of good hygiene.
- Reduce, postpone, or cancel large gatherings.
- Avoid touching your face—eyes, nose, and mouth

Source: World Health Organization. (2020). *Coronavirus disease (COVID-19) advice for the public*.  
Author. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

# Implications for Substance Use Services

# COVID-19 Implications for Corrections

*Those incarcerated in correctional facilities face greater risk of infection, and even death, due to close quarters and higher rates of underlying health conditions, such as heart disease, cancer, and liver disease. Guidance on how to manage incarcerated populations in a pandemic has been limited.*



## Advocates calling for:

- Deprioritize law enforcement efforts that focus on drug possession, loitering, prostitution or solicitation, trespassing, and other non-violent offenses.
- Suspended admittance of convictions of low-level crimes
- Release people who are currently detained in order to reduce crowding in detention facilities and coordinate with existing services to ensure the safety of those who are released.
- Improved conditions for those who remain incarcerated
- Improved conditions for corrections staff

# COVID-19 Implications for Corrections

## From the American Medical Association (AMA):

Correctional and justice settings should:

- temporarily waive strict requirements for submitting drug tests, in-person counseling and “check-ins” and similar requirements
- suspend consequences for failure to meet strict reporting, counseling and testing requirements, including removal from public housing, loss of public benefits, and return to jail or prison.
- Additional efforts must be made to ensure people receiving MAT in criminal justice settings receive help in transitioning to care after release.



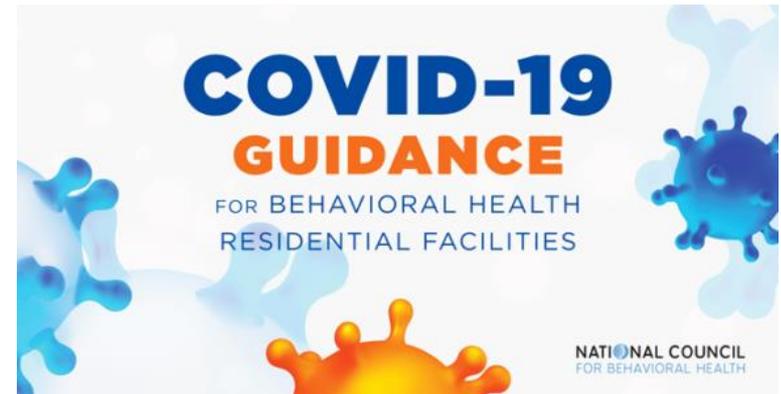
# COVID-19 Implications for Outpatient Treatment



- Seismic shift in entire field: from in-person to telehealth treatment
- Building organizational capacity for telehealth:
  - Infrastructure
  - practice
  - financing
  - workforce development
  - policies and procedures, etc.
- Potential workload increase with increased access and influx of new clients
- Updated telephone technology must be addressed for access by certain populations (e.g., homeless, rural, senior citizens)

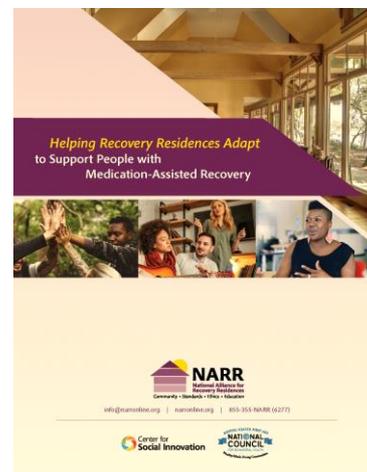
# COVID-19 Implications for Residential Treatment

- Decisions on residential treatment should be made by clinicians using ASAM criteria (despite SMAHSA's advice to the contrary)
- Outpatient not an option for patients who do not have homes or stable living conditions
- It is essential that doors are kept open and beds made available for patients that need them
- The National Council's *COVID-19 Guidance for Behavioral Health Residential Facilities* should be widely distributed and used
- Despite the guidance, shortages of cleaning supplies and PPE must be addressed
- Telehealth challenges and infrastructure needs are the same as across all BH settings



# COVID-19 Implications for Recovery Residences

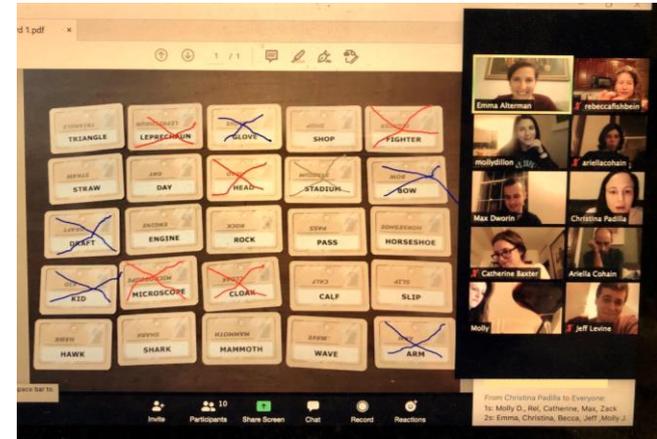
- Many houses are unsure about whether or how to screen and admit new residents
- Space difficulties in addressing sequestration of COVID-exposed residents and social distancing
- Questions regarding relapse during sequestration
- Decreasing employment and earning opportunities for residents
- NARR issued COVID guidelines, as well as using the National Council's COVID guidelines for BH Residential Facilities
- Difficulties obtaining cleaning supplies and PPE
- Ensuring staff safety for Levels 3 and 4 houses



# COVID-19 Implications for Recovery Programs\* and Peer Support Workers

- Infrastructure and capacity to move from in-person to online and telehealth supports
- Creative ways to engage peers
- Difficulties in conducting street outreach
- Impossibility of peers working in jail and prisons, emergency departments
- Admitting new program members proving difficult or not possible
- Staff layoffs and volunteer inactivity
- Threat of program shutdowns
- Access to computers and smart phones can be limited
- Difficulties obtaining cleaning supplies and PPE

*\*Includes Recovery Community Centers, Collegiate and High School Recovery Programs, Peer Recovery Programs*



# COVID-19 Implications for Harm Reduction Programs



- Many harm reduction programs are reducing services or suspending altogether
- Some programs experiencing difficulties in keeping a consistent supply or naloxone, safe injecting supplies, etc.
- Barriers to access during shelter-in-place policies
- Workers experiencing difficulties maintaining social distance while distributing supplies
- Workers experiencing difficulties building conversation and relationship with face covered
- Need for designation of harm reduction as essential services to prioritize steady flow of supplies and PPE for workers



# COVID-19 Implications for Mutual Aid Groups

- Most in-person 12-step and other mutual aid groups stopped during stay-at-home and social distancing policies
- Almost EVERY former in-person meeting transferred to phone or ZOOM format
- Most issues regarding anonymity and interloping have been addressed
- In addition, a proliferation of regularly scheduled All Recovery Meetings happen daily and involve participants across the globe



# Action Steps and Resources

## There's Plenty More to Do

- Advocate for continuation of temporary federal policies and identify current sticking points (e.g., required in-person medical assessment for methadone, removing cap on x-waiver limits, mis-guidance about residential treatment, corrections reform)
- Widen breadth of “essential services” to include recovery housing, peer supports, harm reduction; equip with supplies and PPE; collect data on innovative practices that are emerging
- Support telehealth infrastructure and reimbursement for peer supports and harm reduction
- Address barriers to phone telehealth: updated phones, data plans or limited minutes
- Identify opportunities and strategies for treatment engagement, community reentry resources, health inequities



# Resources for **COVID-19**

<https://www.thenationalcouncil.org/covid19/>

**Goal:** Help members during COVID-19 by creating a regularly updated repository of internal and external resources.

- Deliver the latest COVID-19 news
- Connect providers with new tools and resources
- Share available learning opportunities

# Other COVID-19 Resources

## AATOD and Partners Release COVID-19 FAQs for OTPs

To streamline and clarify resources and information, the American Association for the Treatment of Opioid Dependence (AATOD) teamed up with the American Academy of Addiction Psychiatry, the University of Missouri/Kansas City and others to produce this [helpful document](#). All of your questions for operating, staffing and accessing services in an Opioid Treatment Program (OTP) during COVID-19 are answered in detail, with useful links to tools and resources included.

## COVID-19 Guidelines for Behavioral Health Residential Facilities

Addressing COVID-19 safety and social distancing in residential quarters poses significant challenges to administration, staff and residents. This National Council [document](#) provides guidance for residential treatment agencies, recovery homes and other facilities in which people are living in close quarters.

## NASTAD Site for Harm-Reduction Resources

People who use drugs, along with harm-reduction organizations and staff that serve and support them, have been hard hit by COVID-19; many are vulnerable to the virus. There are a number of harm-reduction resources out there for you to explore. The National Alliance of State and Territorial AIDS Directors (NASTAD) has a regularly updated [repository](#) to help you get started.

## National Alliance to End Homelessness Site for Homelessness Resources

People who are living on the streets or in shelters have a range of challenges that include aligning with shelter-in-place and social distancing policies; getting hygiene, cleaning supplies, and PPE; accessing harm reduction and healthcare services. <https://endhomelessness.org/coronavirus-and-homelessness/>



# COVID-19 Learning Opportunities

## Provider Clinical Support Systems (PCSS) Discussion and Roundtable Series

This [SAMHSA-sponsored initiative](#), hosted by the American Academy of Addiction Psychiatry, offers clinicians of multiple disciplines access to resources that move toward best practices when it comes to offering medication to people with OUDs. This discussion and roundtable series covers general and COVID-19-related topics.

## The ATTC and Partners' Telehealth Learning Series

The National Addiction Technology Transfer Center (ATTC) has teamed up with partners to create a [weekly learning series](#) in which participants can meet up with experts to discuss, ask questions and become informed about using telehealth in their practices.

## CADCA Webinar Wednesdays Opportunity

The Community Anti-Drug Coalitions of America (CADCA) hosts a [weekly learning series](#) through June 17, covering a range of topics, many centering on prevention activities during COVID-19.

# COVID-19 Recovery Resources

<https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

- Virtual Recovery Programs
- Recovery Resources and Supports
- Tips for setting up a virtual recovery meeting
- Hotlines

# Questions?



## Next Webinar – April 30



**Pam Pietruszewski, MA**

Integrated Health Consultant,  
National Council for  
Behavioral Health

### **Extending Screening, Brief Intervention and Referral to Treatment (SBIRT) Using Principles of Motivational Interviewing**

Thursday, April 30, 2020  
11:30 - 12:45 pm ET

[Register here \(link\)](#)

# Webinar Series

Visit the [webinar series website \(link\)](#) to view the schedule, descriptions, and registration links to each webinar.

- **Extending Screening, Brief Intervention and Referral to Treatment (SBIRT) Using Principles of Motivational Interviewing**
  - Thursday, April 30, 2020, 11:30 - 12:30 pm ET
- **Suicide Prevention and Management**
  - Tuesday, May 5, 2020, 3:30 - 4:30 pm ET
- **Integrated Health Care Policy & Practice**
  - Thursday, May 7, 2020, 4 - 5 pm ET
- **Policy Landscape for Substance Use Treatment and Prevention**
  - Monday, May 11, 2020, 4 - 5 pm ET
- **Trauma Informed Care**
  - Thursday, May 14, 2020, 1 - 2 pm ET

