



BOARD OF DIRECTORS
STATE CHAPTER RESPONSES REGARDING
COVID-19 (AUGUST 2020)

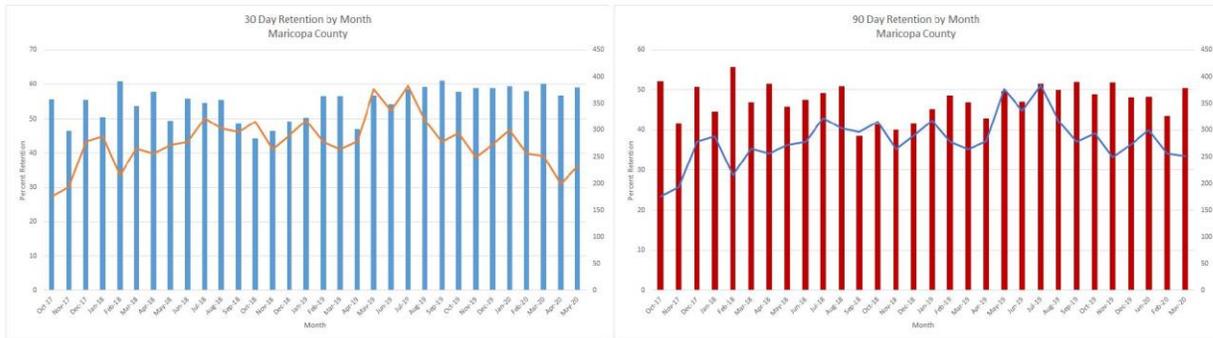
1. *Arizona*



Consolidated COVID Information
8/11/2020



Retention Rates-Maricopa County Only

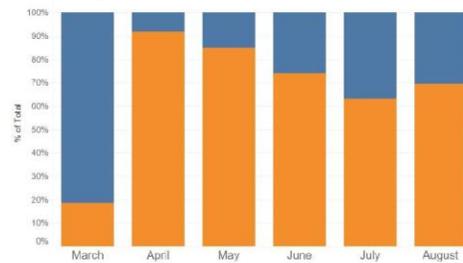


Connecting Recovery | Healing Communities

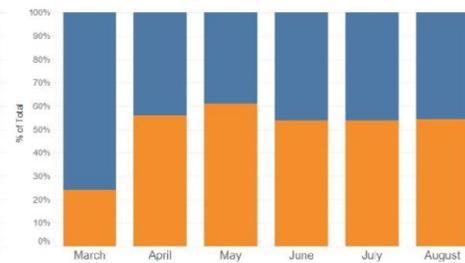
COVID Operational Snapshot

COVID-19 Operational Impacts

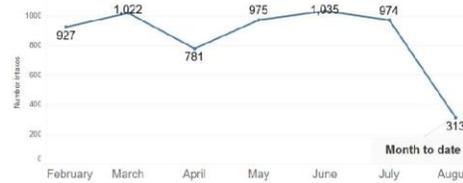
Percent change between in-person and tele BH



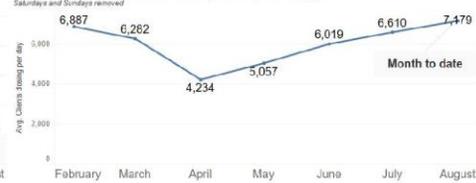
Percent change between in-person and tele PH



Intakes since COVID

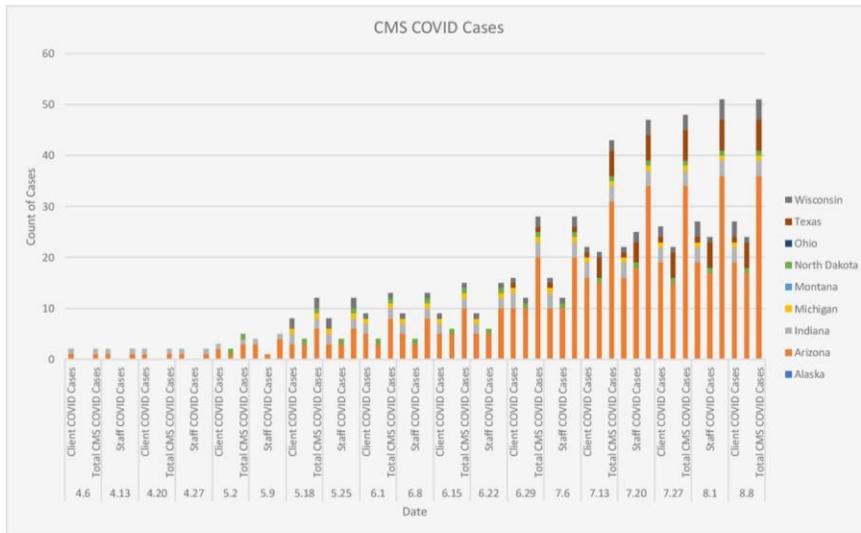


Daily In-Clinic Patient Volume (Monthly Average)

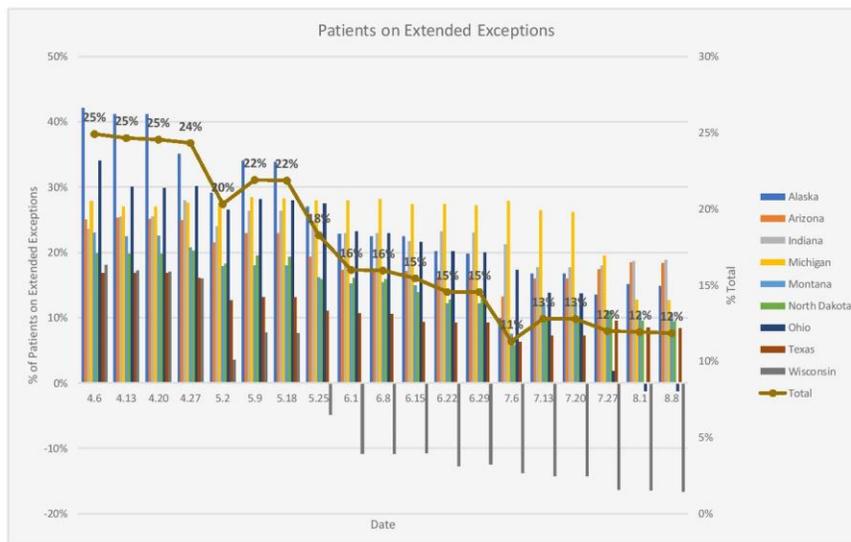


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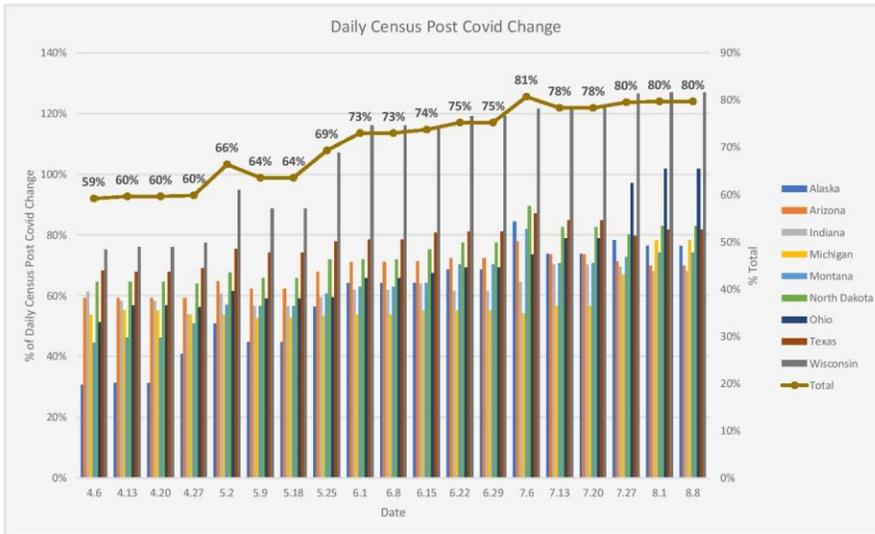
Positive COVID Cases



Extended Exceptions



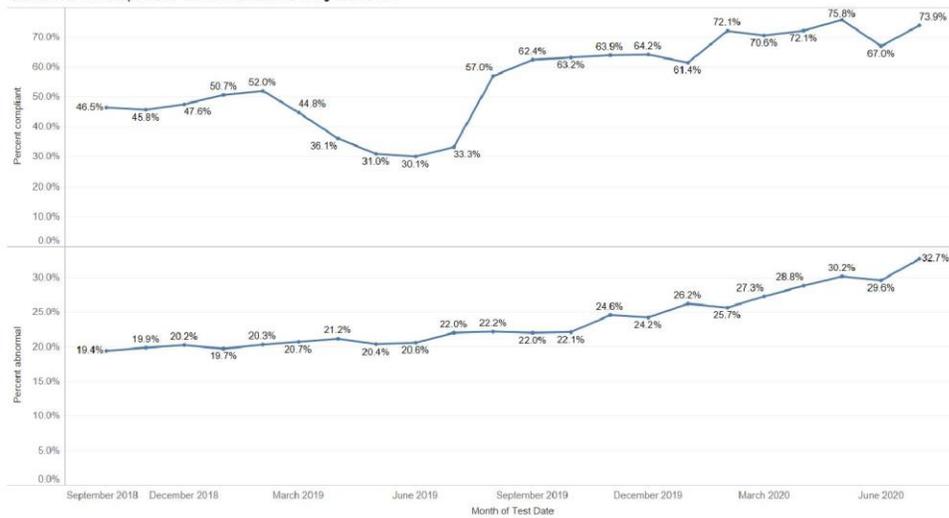
Daily In-Clinic Census Changes



For clarity: 80% would mean if pre-COVID, the daily census in a clinic was 100, post-COVID daily census would be 80

What the Impact of COVID Been on Drug Screens

What has the impact of COVID been on drug screens?



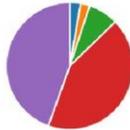
* This may not be accurate as they've developed newer, more accurate fentanyl assays so we're seeing an increase in positive fentanyl tests which may just be due to more accurate tests

Internal Survey Results on Patient Preferences for Telehealth

I am able to meet my recovery goals by using telehealth/telephonic services

[More Details](#)

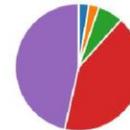
Strongly disagree	130
Disagree	110
Neutral	358
Agree	2007
Strongly Agree	2088



My treatment team (counselor, doctor, etc) can meet my needs using telehealth/telephonic services.

[More Details](#)

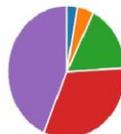
Strongly disagree	123
Disagree	122
Neutral	303
Agree	1966
Strongly agree	2179



It is more convenient for me to meet with my treatment team by telehealth/telephone.

[More Details](#)

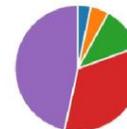
Strongly disagree	137
Disagree	214
Neutral	780
Agree	1518
Strongly agree	2044



I would continue to meet with my treatment team by telehealth/telephone in the future if I could.

[More Details](#)

Strongly disagree	157
Disagree	220
Neutral	540
Agree	1591
Strongly agree	2185



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2. California

Generally, the flexibilities have been extremely important for implementing social distancing protocols required during the state of emergency. There are two categories of flexibilities upon which we'll comment: telehealth and take homes.

1. Telehealth. The ability to conduct counseling via telephone has been critical in continuing to deliver much-needed supportive services to our patients during this emergency. While some providers report increased satisfaction and convenience of telephone counseling, some providers report decreased counseling time and engagement. For example:
 - a. At BayMark, our internal research group looked at a random sample of 1,259 patient records to compare services and outcomes from December through May. They found that 87.2% attended scheduled counseling sessions in person but in March-May, when most counseling was by telephone, our compliance rate was 80.5%.
 - b. HAART reported clients accessing more counseling and (anecdotally) reporting high quality to clinic management.
 - c. At Aegis, after an initial period of adjustment, clinics were able to achieve the same levels of patient compliance and satisfaction, and counselor productivity and engagement, as pre COVID;
2. Take homes (THs). Similarly, the ability to use blanket exceptions was critical to sustaining operations. And again, the convenience was valuable to many. Still, outcomes seem to have diminished:

- a. BayMark reported a 6.6-fold increase in May compared to May 2019 in potential diversion incidents (failed call-backs, patients losing or having THs stolen, etc);
- b. Unfavorable (illicit drug positive) drug screens increased by 20% from December 2019 to May 2020;
- c. Percentage of patients with a missed dose averaged 24% in December, increasing to 29.3% in May.
- d. Aegis reports that their Medical Directors have concerns about granting THs to many of their unstable patients;
- e. Western Pacific reports the following:
 - i. Comparing April and May of 2019 to April and May of 2020;
 - ii. In 2019, we had no incidents of diversion for April or May. In 2020, we had 42 incidents of potential diversion for April and May;
 - iii. Our absentee rate has more than slightly doubled;
 - iv. Our positive for illicit drugs in UAs has also slightly more than doubled. We have a significant number of take-home patients (no longer take-home patients) coming back with negative methadone/metabolite. I don't have final numbers on that one, yet. It should be noted that all of our MDs are conservative when considering a patient for take home privileges;

In sum, we agree that, “telehealth is [not] the right answer for all, but rather increasing openness to the idea that video and telephone visits should be routinely offered as a choice.” The option should be guided by clinician discretion based on several factors including adherence to evidence-based treatment standards.

There are conflicting opinions on the ability to do telehealth (video) intakes for buprenorphine. Again, the convenience may be useful for some in remote areas, but in denser areas with access to MAT services, the lack of any structure or oversight can't be justified given the evidence of increased diversion and reduced length of stay.

With respect to THs, we suggest SAMHSA continue to enforce the pre-COVID regulatory requirements, phasing them back in slowly over a period of months, to ensure providers adhere to evidence-based practices that result in the best outcomes.

3. Colorado

- Several programs are decreasing numbers of take homes as patients are testing positive or showing other signs of instability.
- Several programs never did give the allowed number (14 and 28) of take homes and were more conservative to begin with as they were concerned about diversion or overdoses.
- In some programs, there seemed to be an increase in COVID cases in both staff and patients in June.
 - The delay in receiving COVID test results has been frustrating as staff need to have medical clearance before they can return to work

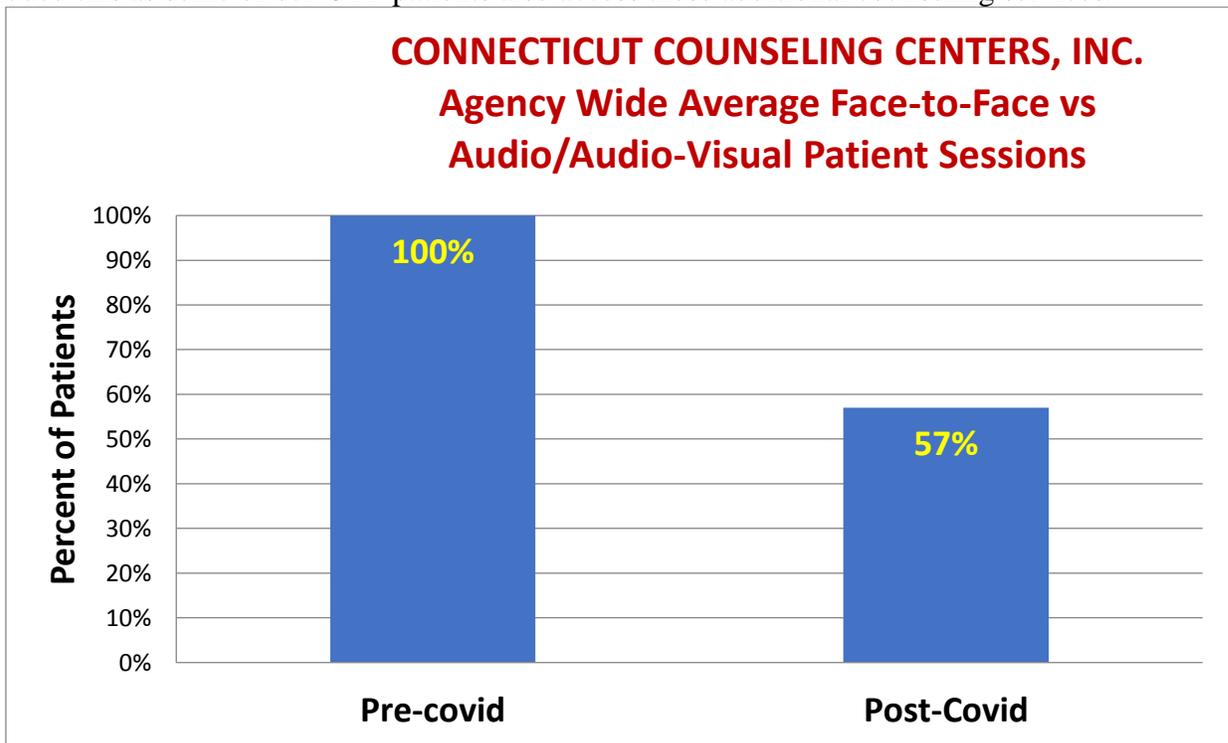
- One program reported that they had quite a few discharges in May as patients seemed to have disengaged. However, their admissions for July are higher than any other month this year.
- Other program admissions and discharges have fluctuated but overall are showing an uptick.
- The programs have reported that patients have benefitted from telephonic counseling and have become more compliant. A couple of programs also reported that counselors were actually performing better with telephonic counseling.
- One program reported that 3 Narcan kits they had given out were used to reverse separate overdoses of people who were not their patients. Two of those were reversed by one of their patients.
- No one reported any concern about PPE at this time.

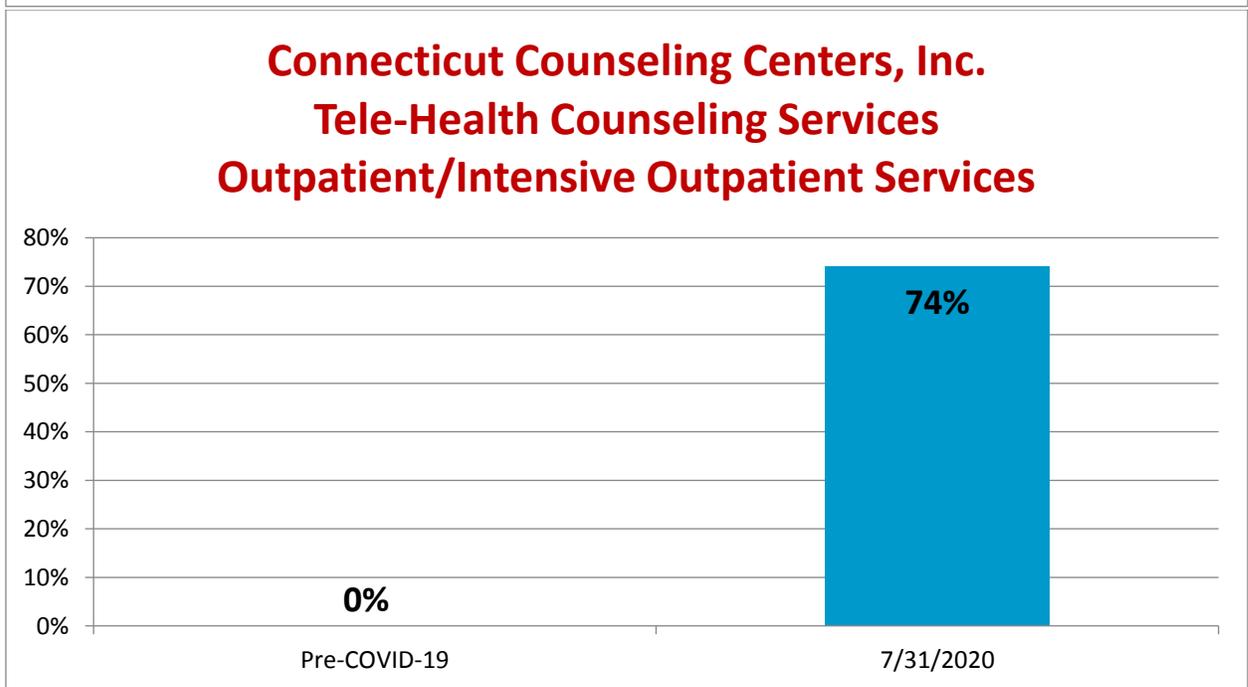
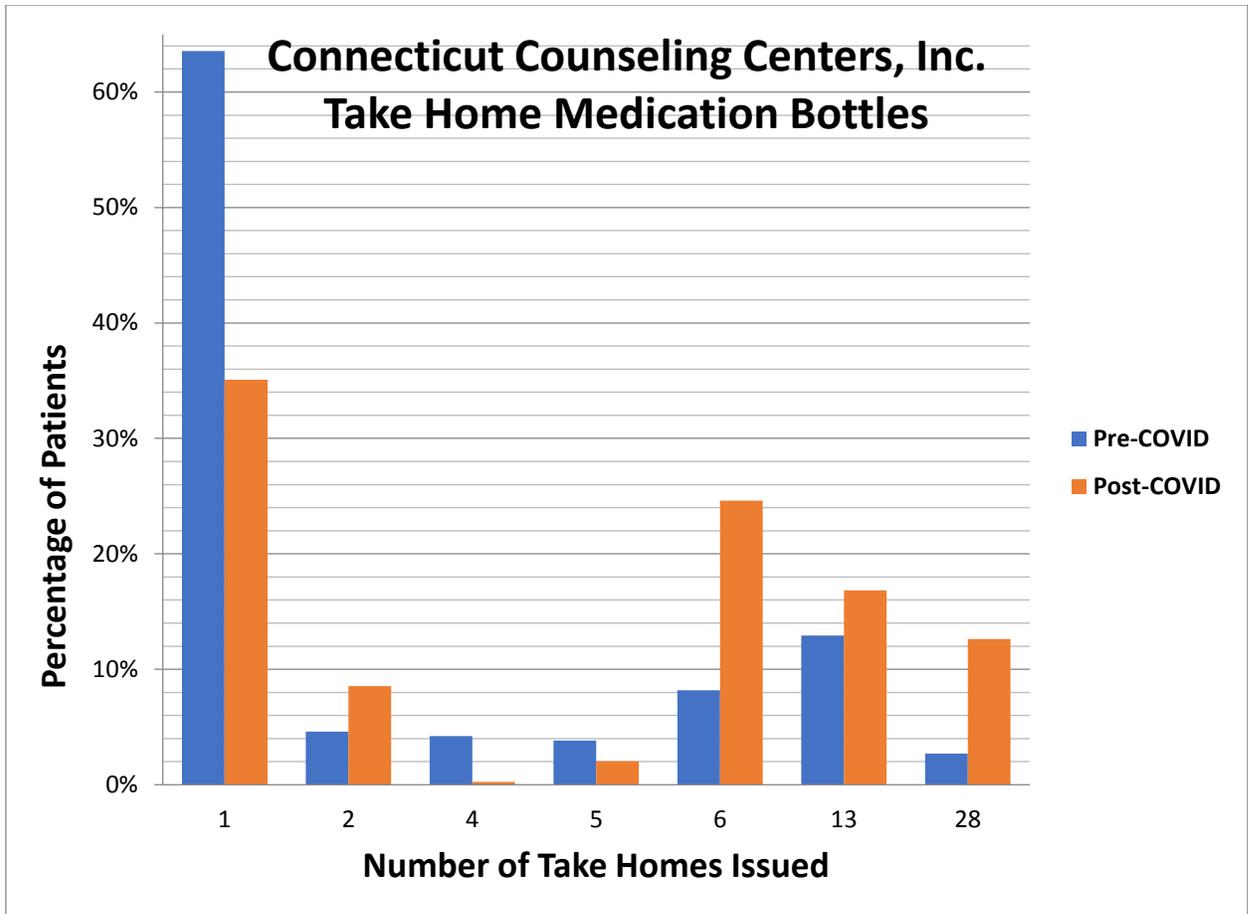
- OTPs are reporting more diversion so more patients are having to come more frequently.

- They are also reporting that initially the number of employees with COVID was fairly low but there has been a bit of an uptick either in infections or exposure.

4. Connecticut

These three graphs illustrate the effect of COVID-19 on OTP services. The first two focus exclusively on OTP services. These are the effect on in-person vs tele-health services and the effect on the frequency of THBs. The third is the effect of COVID on Tele-health services in our Outpatient Substance Use and Mental Health programs and Intensive Outpatient programs. I included this as some of our OTP patients also access these additional counseling services.





As a result of the COVID-19 pandemic, the percentage of Tele-health counseling services provided agency wide increased 74%.

5. Florida

8 confirmed patient positives, fair number of "presumptive + and testing going on, 8 staff reported + no reported deaths.

6. Georgia

Many providers in Georgia have reported increased retention and attendance due to patients having the ability to receive take-home medication. There are anecdotal reports from patients at many clinics that they struggle to find transportation to the clinic daily, so increased take-home medication has allowed them to have a daily dose of medication. Patients are also reporting more financial problems due to unemployment running out and the general lack of employment. While there have been many positive reports in relation to clinics being able to provide extra take-home medication, ability to complete counseling either by telephone or secure video platforms, and the ability to create spaces where social distancing is a reality, one area of concern has remained for Georgia providers and patients. Medicaid reimbursement for medication received as a take-home is only being paid for if the patient is able to complete a video telehealth session with a nurse to ingest their medication under observation. While states like New York bundled services to be able to assist in patients being provided take-home medication and clinics being reimbursed for this service, Georgia has not chosen to go this route. The current reimbursement discriminates against indigent patients who do not have access to devices and/or service plans that allow for video telehealth sessions. Since many patients on Medicaid are indigent, clinics have found that only about 10% of their Medicaid enrolled patients benefit, and the other 90% who cannot afford to pay for take-home medication must still attend the clinic daily. Also, there have been multiple clinics that report COVID positives in patients and staff. There are not solid numbers to provide because no one has been gathering the data in a systematic fashion. At most clinics, patients exhibiting symptoms are dosed in the car and/or issued take homes. Same is done for people who report being exposed or having a positive test. It has been reported that staff positive cases have created an issue of being understaffed at times in some programs.

7. Indiana

Generally, the results have been re-affirming for most patients who already had some level of take home phase. They have appreciated and benefited from the increased take home status.

Patients normally not eligible for take homes but are granted some level of take homes under the Indiana exception guidelines have essentially continued to remain technically ineligible. There are ongoing discussions with these patients at various programs re: motivation to be legitimately eligible for take homes. In a couple of programs, this has actually been achieved in a small number of cases.

Consuming multiple take home doses and not properly managing the extra take homes has happened throughout the state. However, proper use and positive benefits have far outnumbered the problems. No deaths have been discussed at this point

8. *Kentucky*

NTPs in Kentucky are reporting that overall medication no shows, AMAs, and non-compliance with treatment has remained very low. Patients report that they appreciate the tele-counseling offered, because it allows them more flexibility in attending their sessions, without the rush to “catch a ride” or “get to work”. Counselors report that while some patients are difficult to reach via telephone or video, for the most part patients are appreciative of this option. We have continued to work closely with the Office of Drug Control Policy here in KY, Department for Medicaid Services, DBHDD and our SOTA, who just last week extended our emergency order for extended take-homes to January of 2021. This is a great relief to us in the trenches as we feared there would be an abrupt removal of take homes and allowance for tele-counseling. KY is exploring the continuance of tele-counseling, but may have more stringent rules on platforms allowed for Medicaid reimbursement, which could become a barrier for patients. All clinics continue to monitor their patients closely and restrict newer or less stable patients to daily or staggered attendance. Call backs and all components of our diversion control plans have continued so that patients are held accountable. Admissions during this COVID crisis have been more of a challenge since tele-medicine is not approved for a methadone admission and only a Buprenorphine admission. We would appreciate the consideration to this, since many of OTP physicians across the country are in high risk categories for COVID 19.

9. *Maine*

We have also not experienced any issues with COVID in relation to take-home medication or toxicology testing.

10. *Massachusetts*

The relaxation of the federal OTP regulations have been crucial for allowing continued access to medication for opioid use disorder and implementing social distancing protocols required during the state of emergency in Massachusetts due to the pandemic. Massachusetts OTPs received the federal and state blanket waiver for increased take homes which empowered many patients to receive the benefits of take home medication and telehealth.

Take Home Medication

- As of June 2020, 52% of Opioid Treatment Program (OTP) patients (roughly 12 thousand people) are receiving take home doses. Prior to Massachusetts’ COVID-19 pandemic state of emergency declared in March 2020 the average percentage of OTP patients receiving take-home doses was 15.6%.

Telehealth

- Starting March 12, 2020 MassHealth began covering telehealth services, including services provided over the phone or live video, for all medically necessary and clinically appropriate care. Governor Charlie Baker subsequently required that all commercial insurers also cover telehealth for medically necessary, clinically appropriate care. Patients receiving methadone continue to receive in-person initial exams/assessments.
- The Massachusetts Department of Public Health Bureau of Substance Addiction Services has provided extensive messaging and support for the implementation of telehealth in licensed/contracted facilities, including counseling, group support services, and referral across the substance use disorder treatment spectrum.

Overdose Prevention

- Overdose prevention efforts include the increased use of telehealth and other barrier reduction of access to medication for opioid use disorder, increased harm reduction activity, and expansive naloxone distribution initiatives through opioid treatment programs, houses of correction and hospital emergency departments. Through these programs, the Massachusetts Department of Public Health Bureau of Substance Addiction Services has helped distribute in excess of 22,000 naloxone kits to OTPs to prevent opioid related overdose fatalities.

Support

- The Massachusetts Department of Public Health Bureau of Substance Addiction Services (DPH BSAS) reimbursed OTPs for lockable containers, take home bottles/caps/labels, and reimbursement for medication, including buprenorphine and naltrexone, for patients without insurance to ensure patients had access to their medication assisted treatment.
- DPH/BSAS hosted calls with OTP leadership in order to hear concerns and provide updates on federal/state waiver changes and best practices.

DPH/BSAS is continuing to collect data/comments from OTPs to identify the positive effects of the SAMHSA waivers, and expects to submit that information in the future.

11. Michigan

We have been fortunate and actually have not had any significant problems in regard to COVID-19.

12. Missouri

We have experienced some issues since Covid. We doubled up on take home doses but have had to bring unstable patients back to daily dosing. We have found an increase in illicit drug usage. We have had 2 patients overdose but they survived. at the beginning of the pandemic we had 7 staff members positive for Covid and 1 volunteer who passed away. We have had 3 patients that were confirmed positive. We are adjusting to telephonic counseling and telehealth.

13. New Jersey



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NJATOD MEMBERS

AMERICAN HABITARE & COUNSELING
 ARS OF RIO GRANDE
 ARS OF SOMERS POINT
 BURLINGTON COUNSELING (NBCCC)
 CAMDEN TREATMENT ASSOCIATES
 CROSSROADS TREATMENT CENTER – TOMS RIVER
 EAST ORANGE SATP
 HABIT OPCO – CENTRAL JERSEY CTC
 INTEGRITY HOUSE
 INTERCOUNTY COUNCIL ON D&A
 JOHN BROOKS RECOVERY
 JSAS HEALTHCARE, INC.
 KHALEIDOSCOPE H.P.C. INC.
 MORRIS COUNTY AFTERCARE
 NEW BRUNSWICK COUNSELING CENTER
 NEW HORIZON TREATMENT SERVICES
 NORTH EAST LIFE SKILLS
 ORGANIZATION FOR RECOVERY
 PATERSON COUNSELING CENTER
 PINNACLE TREATMENT CENTERS
 SOMERSET TREATMENT SERVICES
 SOUTH JERSEY DRUG TREATMENT
 SPECTRUM HEALTHCARE
 SUNRISE CLINICAL SERVICES
 THE LENNARD CLINIC
 TRENTON TREATMENT CENTER
 URBAN TREATMENT ASSOCIATES

August 8, 2020

2020 COVID-19 Impact on OTPs Survey

The COVID-19 pandemic presents unique challenges for people with substance use disorders (SUDs) and people in recovery. To address the urgency of this rapidly evolving situation, NJATOD solicited feedback through an online survey of its member providers in an effort of collecting information on the impacts COVID-19 has had on their agency. The survey was designed to measure both direct and indirect impacts COVID-19 has had on the agency and to identify issues, problems and opportunities for improvement from the providers' perspective. With this information, it is our intent to ensure we can continue to provide services to the people who need us the most as well as the people who are providing care to the most vulnerable members of our community.

The survey covered 6 categories:

- COVID-19 Infections
- COVID-19 Testing
- Personal Protective Equipment
- Medical Operations
- Use of Telehealth/Telecommunications
- Revenue and Cost Impacts

The online survey was conducted in late May, early June by a total of twelve (12) provider agencies which represents approximately 50% of the total number of member providers. Only one (1) survey per organization was required to be completed.



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Highlights from the survey regarding key challenges OTPs face due to the COVID-19 pandemic include:

- Program and Patient Impact:** A great number of respondents reported not providing COVID-19 testing onsite with only 16.7% having the capability to provide on-site testing to patients and staff. 33.7% of respondents indicated limited testing availability in the area with cost of testing for both employees and patients being a factor. 91.7% of respondents reported integrating telehealth/telecommunications in their service provision yet reported barriers and challenges exist such as connectivity issues, equipment limitations and cost concerns. An overwhelming number of respondents reported using telehealth/telecommunications for pre-admissions/screening, individual counseling, treatment planning, case management and clinical supervision with 41.7% using telehealth/telecommunications for more than 75% of services. 50% reports between 50-75% of their patient population adhere to telehealth/telecommunications services. Yet, respondents indicate the greatest needs to achieve program goals using telehealth are patient access to software (i.e. internet) at 100% and patient access to hardware (i.e. smartphones) at 91.7%. The greatest reported challenges with implementing telehealth/telecommunications are patient buy-in (50%) and State licensing requirements (41.7%). Despite the challenges and barriers of telehealth/telecommunication services, respondents reported the most favorable results with: Increased quality of care and access, increased continuity of care, treatment was initiated earlier, increased treatment adherence and increased timely patient access to appointments.
- Employment Impact:** Majority of respondents indicated increased payroll expenses as a result of the pandemic with nursing staff reported as the most critical position for hire
- Personal Protective Equipment (PPE):** 58.3% of respondents indicated they were able to obtain PPE however the majority reported difficulty obtaining masks (i.e. N95, medical surgical masks), gowns and disinfectant supplies such as Clorox wipes.
- Resilience:** Despite the great challenges and barriers impacting OTPs throughout this pandemic, the invaluable, essential services have been available to the critical population in need of the services. Yet, revenue and cost implications of the pandemic have impacted the sustainability of programs. A majority of respondents indicated moderate loss to Medicaid revenues as a result of the pandemic with increased direct and indirect costs having the greatest impact. Pandemic-related expenses such as technology costs (i.e. telehealth platforms, computers, cameras, microphones & speakers), PPE (i.e. masks, gowns, cleaning supplies & services), increased medical supplies & equipment (i.e. bottles and caps, labels), and increased payroll expenses (i.e. additional nursing staff) have driven up expenses that providers would not have otherwise experienced, if not for the pandemic.



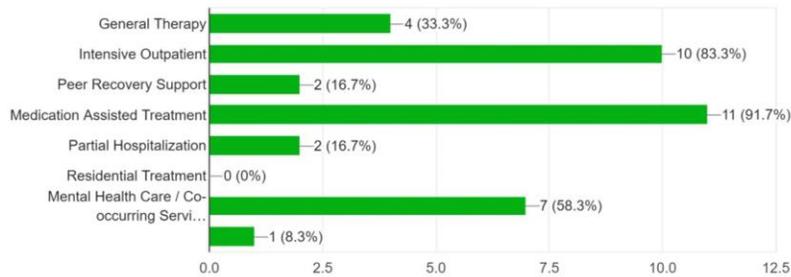
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Participation by Provider Type

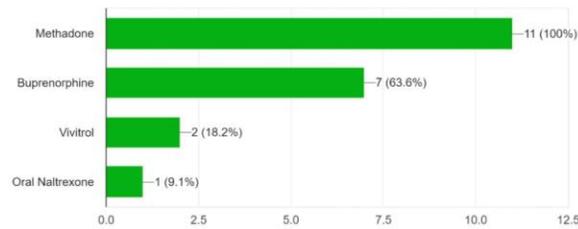
Please indicate the service represented (check all that apply)

12 responses



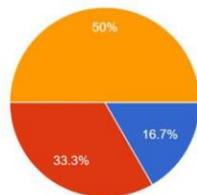
For agencies providing MAT, select the type of medication offered (check all that apply)

11 responses



Provider Size

12 responses



- Large group or Treatment Center (greater than 100 employees)
- Medium group or Treatment Center (between 50 - 99 employees)
- Small group or Treatment Center (fewer than 50 employees)



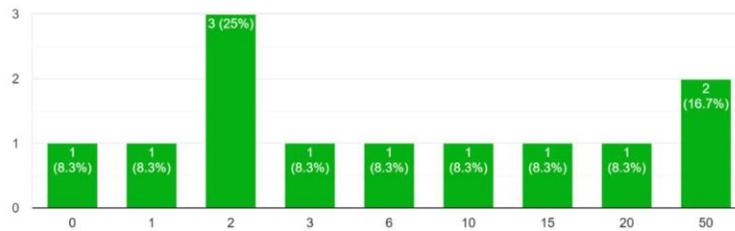
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COVID-19 Infections

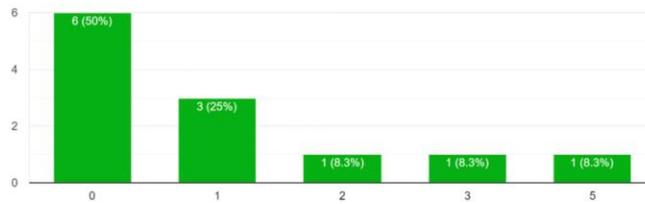
What is the number of COVID-19 suspected or confirmed patient infections as of May 15, 2020? If none, answer 0.

12 responses



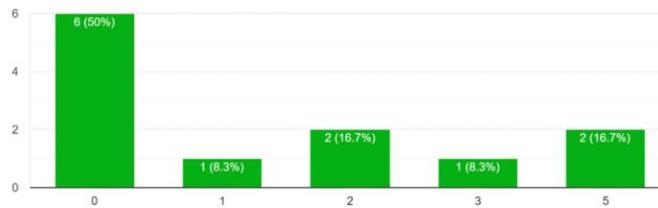
What is the number of COVID-19 suspected or confirmed patient deaths as of May 15, 2020? If none, answer 0.

12 responses



What is the number of confirmed COVID-19 staff infections as of May 15, 2020? If none, answer 0.

12 responses



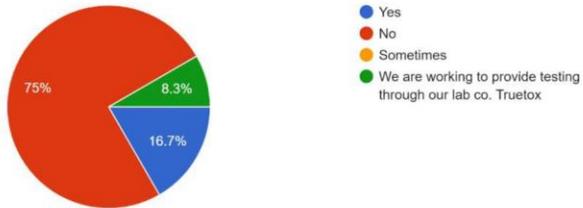


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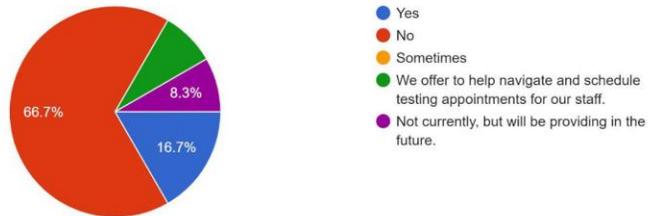
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COVID-19 Testing

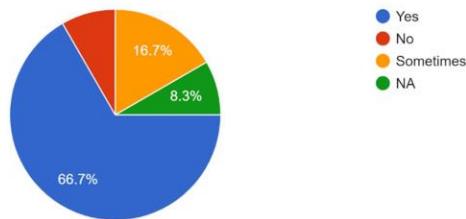
Does your agency provide testing for patients?
12 responses



Does your agency provide testing for employees?
12 responses



If your agency does not provide testing for patients or employees, do you have access to testing?
12 responses



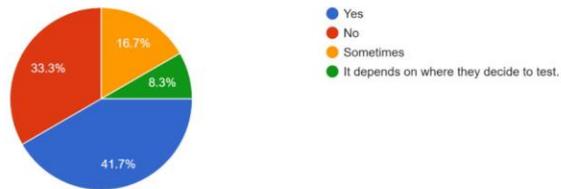


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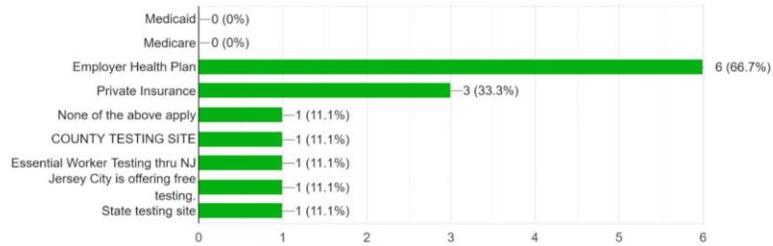
If your employees have access to testing, is it free?

12 responses



If the testing is free, please indicate payer source.

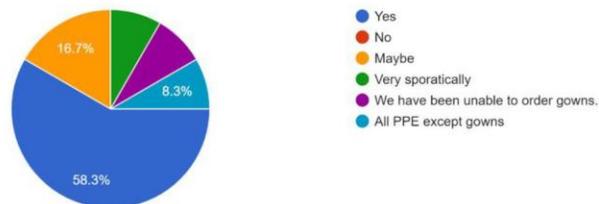
9 responses



Personal Protective Equipment (PPE)

Are you able to obtain PPE (personal protective equipment) as of May 15, 2020?

12 responses





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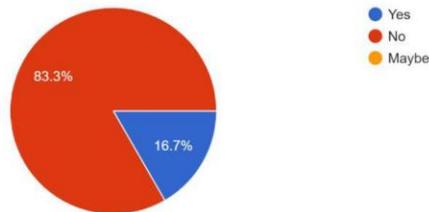
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If you are not getting essential PPE (personal protective equipment), what is it that you need? If does not apply, answer N/A. 12 responses

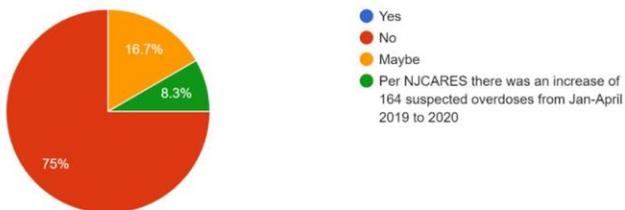
- Med Surgical Masks
- N-95 Masks
- Gloves
- Hand Sanitizer
- Clorox Wipes
- Gowns

Medical Operations

Are your programs encountering any difficulty in providing extended take-home?
12 responses



Illustratively, have there been any reported overdoses or other incidents?
12 responses



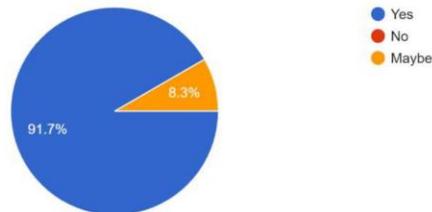


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Telehealth/Telecommunications

Does your agency use telehealth or telecommunications?
12 responses



If your agency is not currently or sometimes using telehealth/telecommunications, what are the reasons? Select all that apply.

12 responses



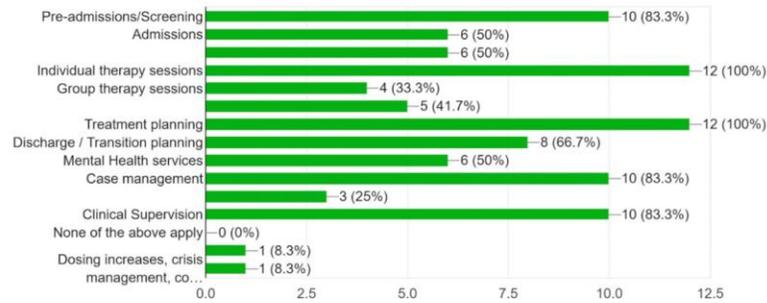


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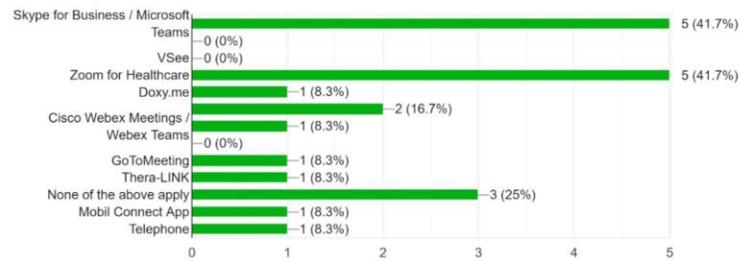
How are you using telehealth/telecommunications? Select all that apply.

12 responses



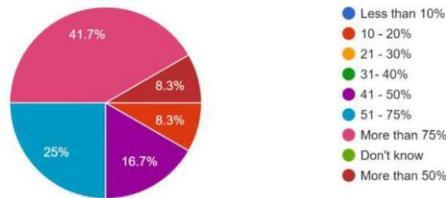
What IT platform do you use? Select all that apply.

12 responses



What proportion of your services are currently done using telehealth or telecommunications?

12 responses

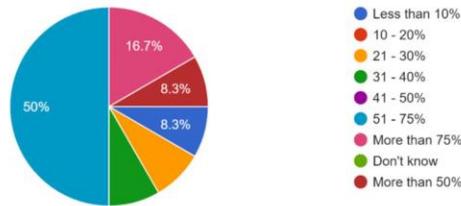




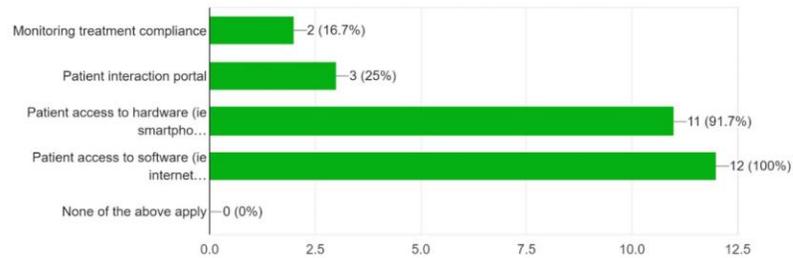
NJATOD

NJ Association for the Treatment of Opioid Dependence

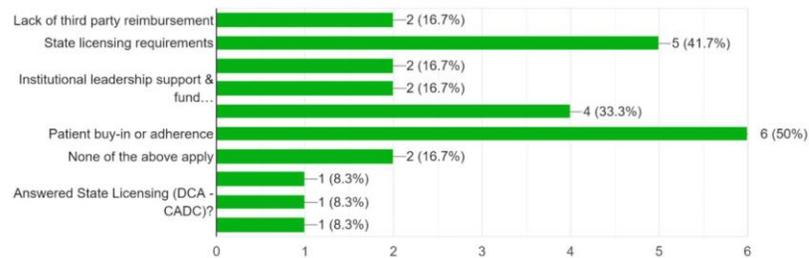
What percentage of your patient population adhere to treatment services using telehealth or telecommunications?
12 responses



In which area(s) does your agency need hardware or software assistance to achieve its goals?
Select all that apply
12 responses



Which of the following has been a challenge to implementing telehealth/telecommunication practices in your agency? Select all that apply.
12 responses

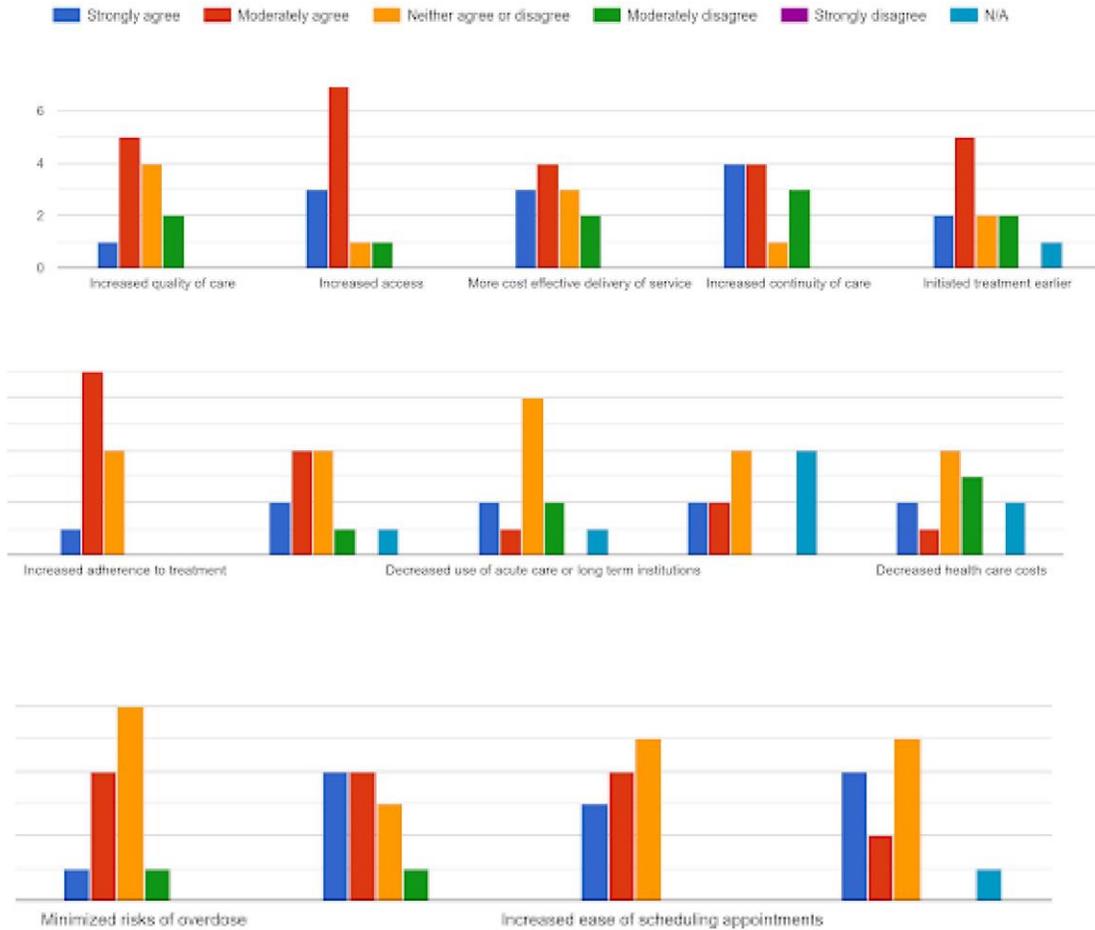




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Thinking about your own experiences with Telehealth/Telecommunications, indicate the extent to which you agree or disagree with the following statements. The Telehealth/ Telecommunications Program has:



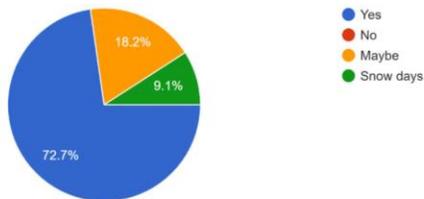


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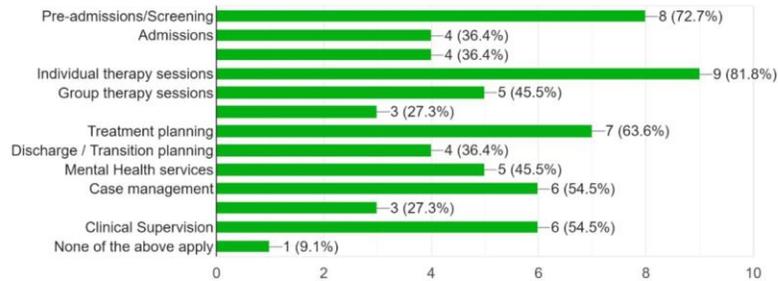
If permitted, would you consider continuing to use telehealth for some of your services in the future?

11 responses



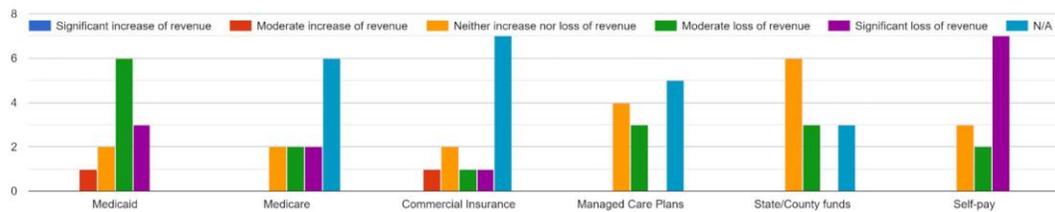
If you answered YES to the above question, which services would you utilize via telehealth? (Select all that apply)

11 responses



Revenue and Cost Impacts

Revenue trends - Measured by your daily or weekly billings in month, indicate impact to each payer source

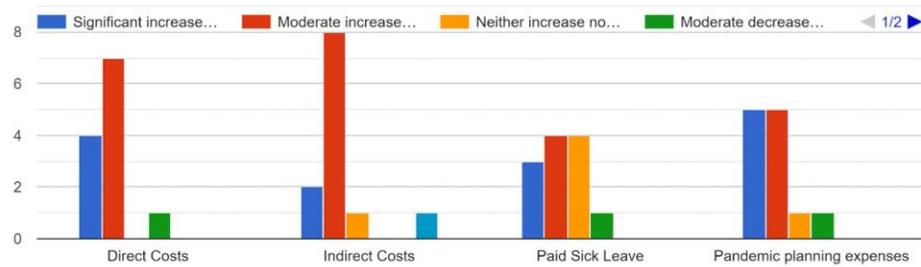




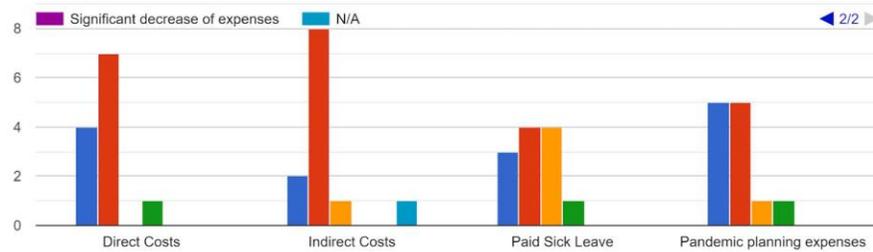
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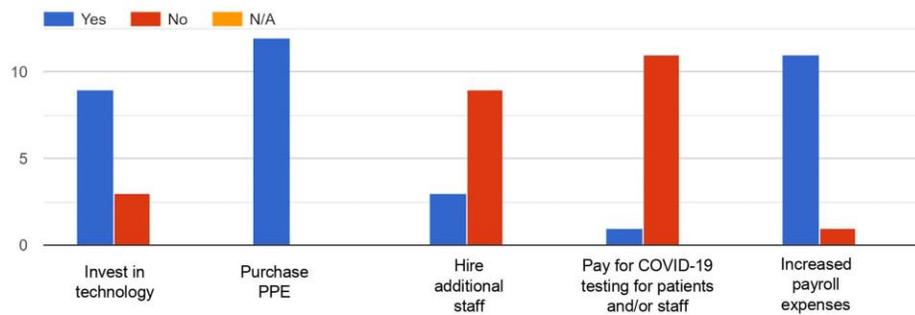
COVID-19 Financial Impact



COVID-19 Financial Impact



Have you experienced added costs resulting from the COVID crisis? Answer Yes or No.



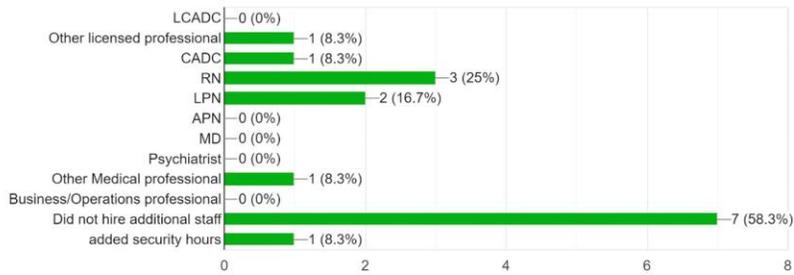


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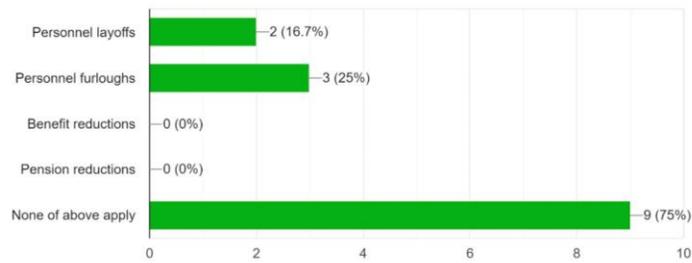
Have hired additional staff as a result of the COVID-19? If yes, identify the type of staff you hired.

12 responses



Staff Impacts: Select any cuts/reductions ALREADY made in the following areas. Select all that apply.

12 responses



14. North Carolina

The NC SOTA has been meeting weekly or bi-weekly with all the NC OTPs since the start of the COVID-19 Pandemic in our state. This has allowed for communication and timely updates. OTPs submit their plans monthly to the SOTA on their handling of services during the Pandemic.

Take Homes – NC OTPs have a wide variety of experience and perspective from the blanket take home exceptions, with some reporting that patients are appreciating and using the take home medication to enhance safety measures, while others reporting that patients are not doing as well in terms of drug use, diversion of medication and overall recovery progress. NC has not seen an increase in OTP deaths as a result of the increases in take home medication during the Pandemic.

Teletherapy – OTPs have an overall good report on patients engaging in teletherapy, especially for the more stable portions of the patient populations, or for those for whom in-person services barriers exist (distance, transportation, childcare, work, etc.); there is another “section” of the patient population that has not engaged virtually, and they seem to need more in-person attention for a variety of reasons – but all needed to address basic recovery issues necessary for treatment to be effective.

15. Oklahoma

We have resumed drug screening monthly in all of our states and have obtained very useful yet troubling data. We have doubled opioid positive drug screens in many of our states. The rates of opioid relapse are alarming. Coincidentally, we have seen the least amount of increase in Oklahoma. But we did experience two patient opioid overdoses in Oklahoma, and fortunately both are stable.

16. South Carolina

Many OTPs are of the judgment that the increased take-homes available to patients have resulted in improved retention. Many felt that the ability to engage with patients via tele-health and telephone have improved engagement and monitoring. Others expressed a notable rise in positive toxicology screens. None reported any significant issues of diversion. As far as patient and staff COVID positives, the numbers remain low, but many acknowledged that they are starting to see more cases than they did nearer to the start of the pandemic. They reported an increase in having to implement curb-side dosing and alternative take-home arrangements. Regarding PPE supplies, all indicated that they felt they have adequate supplies now as well as for the foreseeable future.

17. Texas

We are seeing the highest increase in opioid relapse in the state of Texas. We are not attributing the relapse rates just to increase in take-outs. We also see many other contributing factors- stress, anxiety and other problematic mental health symptoms, unemployment, and lack of recovery

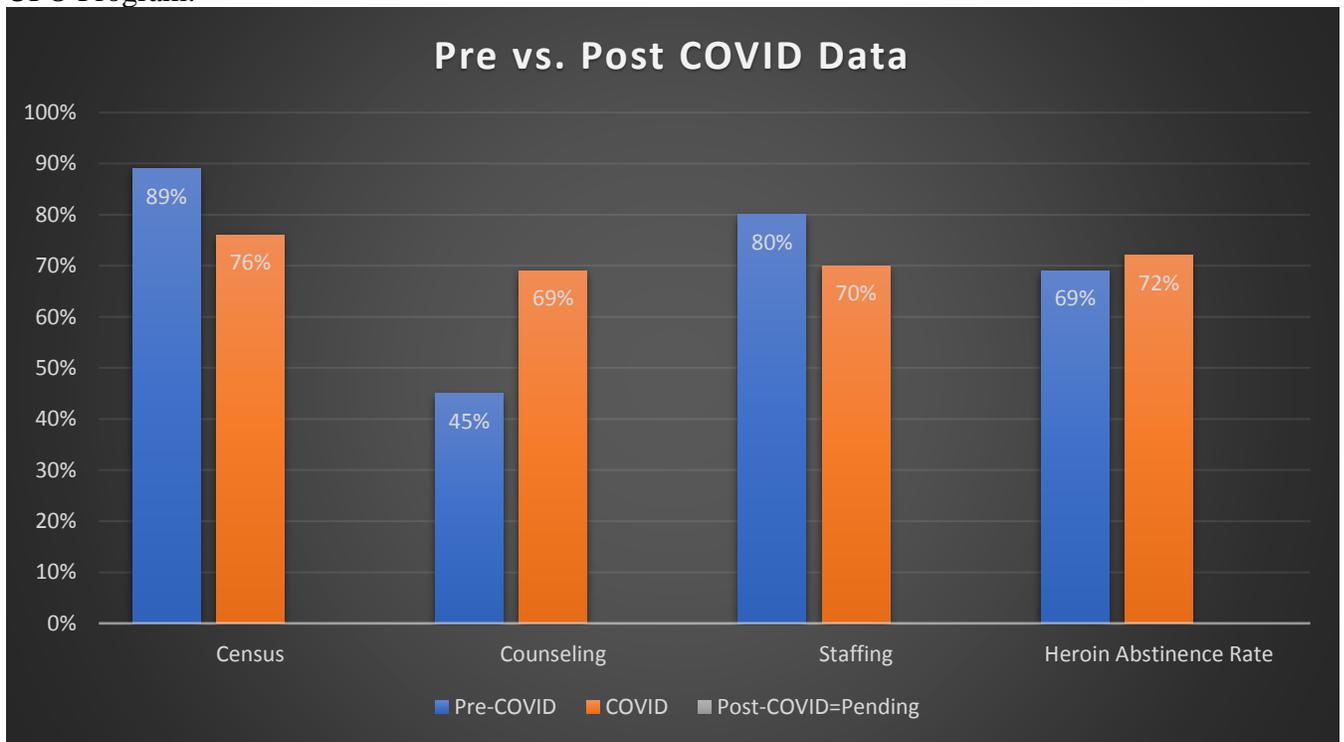
support for patients due to lack of in-person support meetings and isolation from other types of patient supports. In all of our states we are doing tele-counseling, and we see this as another contributing factor to the increase in relapse rates. Counselors are reporting to me that they are struggling to engage patients and are not having as much success as they achieve with in-person counseling. To remedy this we are working on implementing formal training for tele-counseling skills for all counselors and also are creating tele-counseling units inside all of our facilities so that the patients without internet access or proper technology at home can come to the OTP and receive tele-counseling on site while still being protected from COVID-19.

18. Washington, DC

PIDARC:

We have seen an increase in relapse over the past several months. Our patients continue to get take-homes granted through the exception process. They have been very thankful for the opportunity to receive the take-homes to help with social distancing. However, as a program we have noticed that patients that did not have take-homes have struggled with diversion. Our staff reports that telehealth was beneficial to themselves and the patients but it did not benefit everyone. Most felt that direct contact will continue to be the best way to engage the patients. PIDARC has not seen the decrease in admissions as the other programs in the city. As far as positive covid-19 tests. Our program has had approximately 9 patients and 4 staff test positive for Covid-19.

UPO Program:



Pre-COVID = 12/2019-3/2020
COVID = 4/2020 to Current
Post-COVID = TBD

The census decrease is due to patients walking away from treatment and the slow increase of new admissions. Admissions have slowed tremendously since April 2020 but has recently started to increase.

The increase in counseling is due to the telehealth option, which continues to be successful in methadone treatment.

The decrease in staffing is due to several staff retiring and resigning due to COVID and 1 staff death. Recruiting for vacant positions have been extremely difficult during COVID as there has not been much interest in working on the front line during COVID.

The decrease in Heroin use may be related to the increase of Fentanyl use as that number has increased significantly.

19. Wisconsin

We have had a handful of positive COVID and to my knowledge no deaths related to. Testing is becoming more readily available.

Social distancing and mask wearing is happening in all clinics. However, the number of people in the clinic is limited. We use “engage” software to check our patients in and this allows them to wait in their car.

Extended Take Homes: We doubled the take homes in the State. We had a “normal” rate of non-compliance and watched our patients carefully. I would like to see extended take homes explored. Minimal diversion, but yes it has occurred. There were a number of OTP Patient overdoses.

Specimen collection has resumed and continued since mid-May 2020.

Patient Engagement: we are fortunate in Wisconsin that Telehealth has been approved long term and will continue to be available to us. Patients are suffering from the lack of contact we are trying to train our counselors to continue this shift to video and no rely on the phone.