

Statewide Drug Court Coordinators Webinar: Supporting Drug Court Participants and Staff During COVID-19

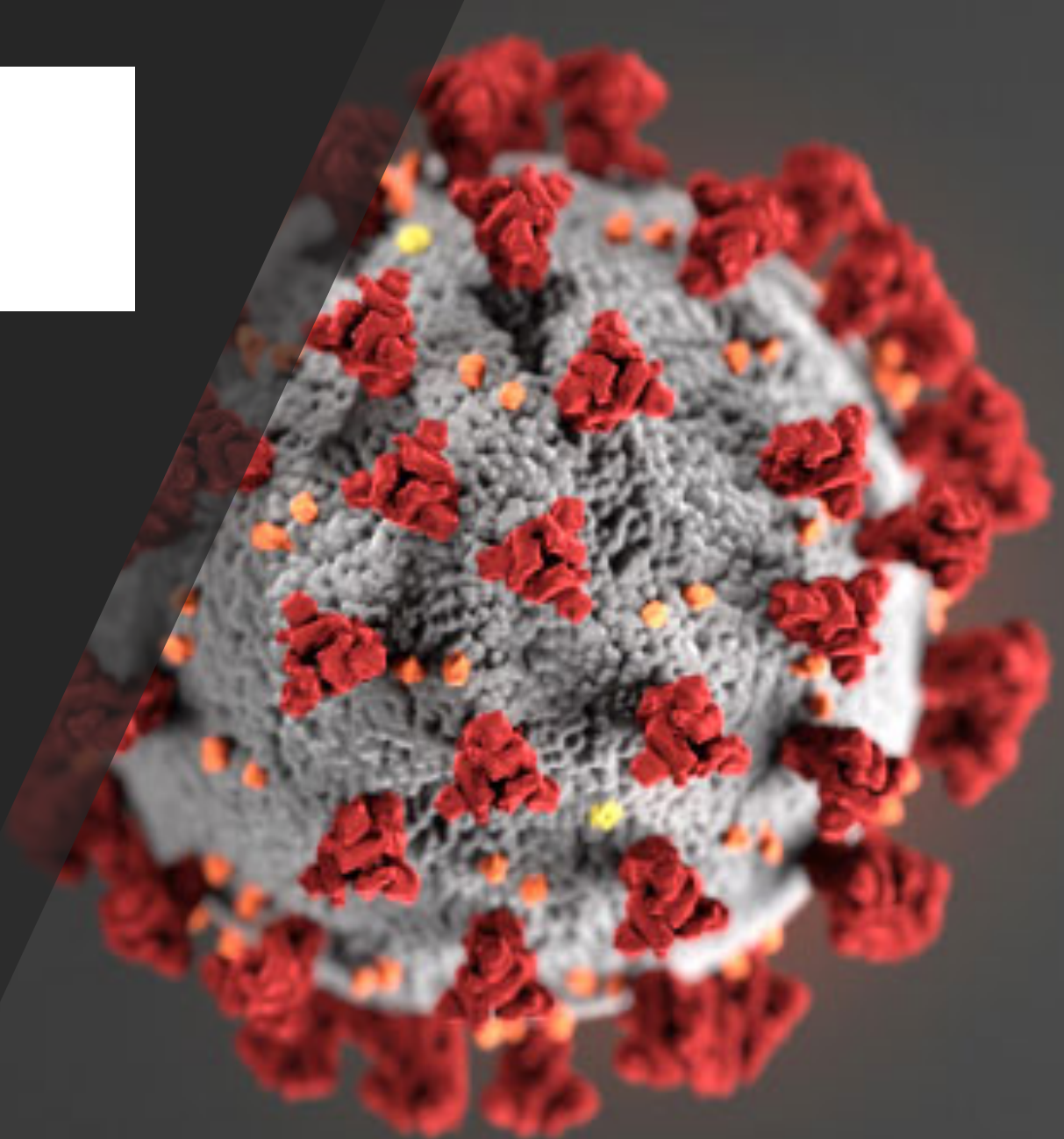
March 17th, 2020

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Overview

- Health risk factors for participants
- Social risk factors for participants
- MOUD/MAT guidance
- Staying connected
- Telehealth options
- Staff health and wellness



Physical risk factors for people with SUDs and COVID-19

- Compromised immune systems (Hep C, HIV, cirrhosis)
- Poor respiratory, cardiovascular, or pulmonary health (COPD)
- Opioid use disorder (OUD) as it slows breathing; restricts oxygen
- Stimulant use disorder (SUM) constricts blood vessels; hypertension
- Long-time smokers especially high risk
- Chronic pain or SMI/psychiatric; access to medications

<https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

Social risk factors for people with SUDs and COVID-19

- Homelessness / shelters / SRO-hotels
- Recent experience with incarceration
- Daily reliance on community-based services
- Income insecurity
- Food insecurity
- Using alone = increased OD risk
- Elderly
- Socially isolated
- Isolating in an abusive relationship
- Lower income
- Newcomer status
- Reduced access to harm reduction (e.g., sterile supplies, naloxone)

Participants using medications for OUD (MAT/MOUD)

- Opioid Treatment Programs have been given COVID guidance for offering take-home MOUD (carries instead of daily visits) 14-28 days
- Some OTPs are suspending urine tests & mandated counseling sessions
- SAMHSA is providing national guidance (and exemption application forms): <https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>
- ASAM has some state-level guidance here: <https://www.asam.org/advocacy/practice-resources/coronavirus-resources>
- DEA [https://www.dea.gov/diversion.usdoj.gov/coronavirus.html](https://www.dea.gov/diversion/usdoj.gov/coronavirus.html)

Participants using medications for OUD (MAT/MOUD)

March 16, 2020



<https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>

- Opioid Treatment Program (OTP) Guidance
- SAMHSA recognizes the evolving issues surrounding COVID-19 and the emerging needs OTPs continue to face.
- SAMHSA affirms its commitment to supporting OTPs in any way possible during this time. As such, we are expanding our previous guidance to provide increased flexibility.
- FOR ALL STATES WITH DECLARED STATES OF EMERGENCY
- The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder.
- The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.
- FOR STATES WITHOUT A DECLARED EMERGENCY
- Each OTP can provide a blanket exemption request for its clinic per the guidance above (i.e., up to 28 days for stable patients and up to 15 days for less stable patients).
- These requests do not have to be submitted on a per-patient basis. Programs and states should use appropriate clinical judgment and existing procedures to identify stable patients. Please note an increased medication supply will likely accompany these requests. Therefore OTPs and states must ensure that there is enough medication ordered and on hand to meet patient needs.

Stay connected: Material needs

- Provide COVID-19 list of “Do’s and Don’ts”
- Food bank/pantry lists; takeaway meals
- Tips on buying non-perishables, freezing produce
- Local housing updates (e.g. eviction freezes or rent support)
- Disability supports
- Emergency numbers (OD, intimate partner violence)
- Nicotine replacement therapies (take-home supply)
- Support w/ cellphone/internet expenses
- Naloxone or testing strips (if available/indicated)
- Waive/suspend program fees?



Stay connected: Treatment

- Develop plans re: prescription access and pickup
- Provide lists of online treatment options
- Maintain program structure by establishing:
 - Firm check-in times (court, probation)
 - Open door meeting times (counsellors, case managers)
 - After hours available (if applicable)
- Video/text message, blasts from judge/staff to clients with encouraging words, program updates
- Addiction treatment, life skills workbooks
- Journals, art supplies, coloring books



Stay connected: Treatment cont.

Drug testing / UAs:

- Complicated issue but simple if following the Fed/CDC directive on social distancing
- Testing for medical reasons (MAT induction) or therapeutic (monitoring)?
- What else is available to observe client progress?
- Is it worth the risk to clients and staff?
- Will we still be testing 2 weeks from now?



Stay connected: Program functions

**Court sessions, jail sanctions,
community service, home visits,
treatment groups, staffing:**

- Follow CDC directives on social distancing
- Assume community 'lockdown' is a possibility
- Stay home and use teleservices



Stay connected: Expectations & Communication

- Be patient and flexible with clients as they adjust
- Basic needs and safety > strict compliance monitoring
- Clients may experience recovery setbacks
- Clients may experience heightened anxiety, PTSD
- Clients may re-connect with old, unsafe relationships
- Clients may suddenly feel apathetic about their recovery, depressed, or lonely

This is an opportunity for drug court staff to find new ways to strengthen their therapeutic alliances with clients. Keeping the lines of communication open is essential.



Staff wellness

Front-line staff may experience higher levels of burnout, frustration or compassion fatigue over the coming weeks or months. Some ways to mitigate this might include:

- Maintaining healthy staff/client boundaries
- Maintaining 'personal/sick day' staff protocols
- Encouraging staff take breaks from phone or video-chat availability
- Restricting after-hours availability
- Connecting with role-specific mentors or supervisors
- Joining online professional support groups or discussion boards
- Practicing self-care: good nutrition, plenty of rest, exercise and talking to your pets more than usual



Stay connected: Teleservices

- **Alcoholics Anonymous Online Intergroup:** online meetings (<http://aa-intergroup.org/>)
- **A-CHESS: Comprehensive Health Enhancement Support System:** free app provides relapse prevention; peer connection; content and support (www.chess.health)
- **LifeRing:** secular recovery providing online support communities as well as email support groups (www.lifering.org)
- **In the Rooms:** offer a sober online community with online meetings. Members have access to over 130 live online meetings with many fellowships (<https://www.intherooms.com/>)



Stay connected: Teleservices

- **Step Away iPhone app:** guides users through cravings and high-risk situations (<http://stepaway.biz/>)
- **SMART Recovery:** in-person and online meetings (<http://www.smartrecovery.org/>)
- **MyStrength:** “Health Club for Your Mind” helps people manage depression, anxiety, and substance use disorders (<https://www.mystrength.com/>)
- **Centerstone Military Services:** online classes and support groups for veterans (<https://centerstone.org/locations/military-services/>)
- **WeConnect + Unity Recovery:** Offering online recovery support groups which will be available four times **daily** at 9AM, 12PM, 3PM, and 9PM EST. All recovery meetings are non-denominational, agnostic to any specific recovery pathway, and are open to anyone. (<https://unityrecovery.org/digital-recovery-meetings>)



Stay connected: Teleservices

- **TeleHealth Suite:** offering free use of virtual platform, can provide demos to anybody interested

Contact: Matthew Rumbaugh

Email: Matthew@telehealthsuite.com

Phone: (412) 425-7676

- **ReConnect, Inc:** offering free use of platform until June

Contact: support@reconnect.io

Center for Connected Health Policy:

Telehealth policy changes made in the face of addressing COVID-19 have been rapidly developing and changing on an almost daily basis. <https://www.cchpca.org/>



Stay connected: Teleservices

If your court is still operational,
using technology for:

- Remote court appearances
- Individual clinical check ins
- Staffing participation
- Interventions
- Screening/assessment to treatment

Search for providers using telemedicine
through: www.findtreatment.gov



Group Discussion



- What have your programs been doing to support participants in this difficult time?
- What have your programs been doing to support staff in this difficult time?
- How have your programs been maintaining supervision and treatment while courts are closed/on a reduced schedule?