



# BUREAU OF SUBSTANCE ADDICTION SERVICES COVID-19 RESPONSE

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# DPH/BSAS is aggressively maximizing access to SUD treatment during the COVID-19 pandemic and continuing the fight against the opiate crisis

- Increasing access to naloxone – from March to September **over 75 thousand naloxone kits** have been distributed to Opioid Treatment Providers (OTP), Syringe Service Programs, community health centers, hospital emergency departments, and county Houses of Correction.
- Obtaining a **blanket exception** from SAMHSA on behalf of Massachusetts Opioid Treatment Programs (OTP) for take home doses of MOUD. As of June 2020, **52% of OTP patients are receiving take home doses**, compared to the pre-COVID average of 15.6% in December 2019.
- Implementing the broad adoption of a DEA waiver allowing prescriptions for **buprenorphine and naltrexone to patients for whom providers have conducted telehealth sessions**, as well as induct patients on buprenorphine and naltrexone.
- Piloting reimbursement to contracted Office Based Opioid Treatment (OBOT) providers for **cell phones and data plans** to maintain patients' ability to keep in contact for telehealth, and exploring implementation of similar reimbursement frameworks for other types of SUD treatment providers.
- Working with programs to **prevent and mitigate the spread of COVID-19**, including distributing guidance on surveillance testing, screening and isolation of patients/staff, and increased flexibility in bed allocation between different service settings to accommodate changing patient needs at individual programs.



## DPH/BSAS is working diligently with providers and Communities of Color to address their COVID-19 and equity-related concerns

- Providing **extensive messaging and support** to providers on the implementation of telehealth in licensed/contracted facilities, including recurring calls between BSAS and congregate care bedded programs, OTPs, and infant/child serving programs to hear and address their concerns through technical assistance and recommended best practices for use of telehealth.
- Leveraging the second round of **State Opioid Response (SOR) funding** from SAMHSA to increase access in Massachusetts to all FDA-approved forms of MOUD, reduce unmet treatment needs, and reduce opioid/stimulant misuse and overdose.
- Expanding the **Black Addiction Counselor Education (BACE) and Latinx Addiction Counselor Education (LACE)** programs, which support highly affordable and flexible programming by providing 300 education hours and practicum required for licensure for individuals who identify as Black and Latinx.
- Initiating the **Recovery-Based Re-Entry Services for Black and Latino Men Pilot**, which will provide enhanced support to Black and Latino men at risk of fatal overdose following release from incarceration, including culturally-responsive, wrap-around, re-entry services both pre- and post-release.



# DPH/BSAS is developing and implementing a flexible action guide to continue to sustain equitable access to lifesaving care in the continuing response to the COVID-19 pandemic

- During the past several months, the COVID Response Team has engaged in a structured planning process to analyze and respond to **key challenges and risks**, including:
  - The increased **risk of overdose** due to social isolation, changes to the drug supply, underutilization of treatment for fear of infection, and the economic and mental health toll of the pandemic;
  - The risk of **program closures and/or reduced bed capacity** in SUD treatment programs, due to financial strain from low bed utilization and increased costs of operation, COVID outbreaks among patients and staff, and staffing shortages; and
  - Potential **barriers to access to treatment—and inequities in access—**due to program closures and/or reduced bed capacity, lack of care capacity for COVID+ individuals, and lack of access to the technology required to engage in telehealth.



# The BSAS COVID Response Action Plan builds on prior and ongoing initiatives to address these risks and challenges

Highlights of the Action Plan include:

## 1. COVID Technical Assistance to Individual Programs

- Strengthen internal systems and **medical capacity** to provide direct technical assistance to providers to implement infection control guidance and respond to outbreaks without closing

## 2. COVID+ Care Capacity & Access to Care

- Work with providers proactively to make a plan to address/prevent issues across the system, within each region, e.g., **training and technical assistance on COOP (Continuity of Operations Plans)**, including addressing staffing shortages; and planning for flexible **COVID+ care capacity** across service settings (levels of care)

## 3. Special Funding

- Fund specific initiatives, e.g., supplemental **payments for COVID+ units**; distributing additional **naloxone** across settings, **cell phones** (with data) and other **telehealth equipment**, and **lockboxes** for take-home methadone doses

## 4. Collaboration, Coordination & Communication Among Stakeholders

- Streamline & standardize systems to collaborate and **communicate important info with providers**; and expand communication platforms with provider groups to **solicit feedback and input** on guidance development and COVID support