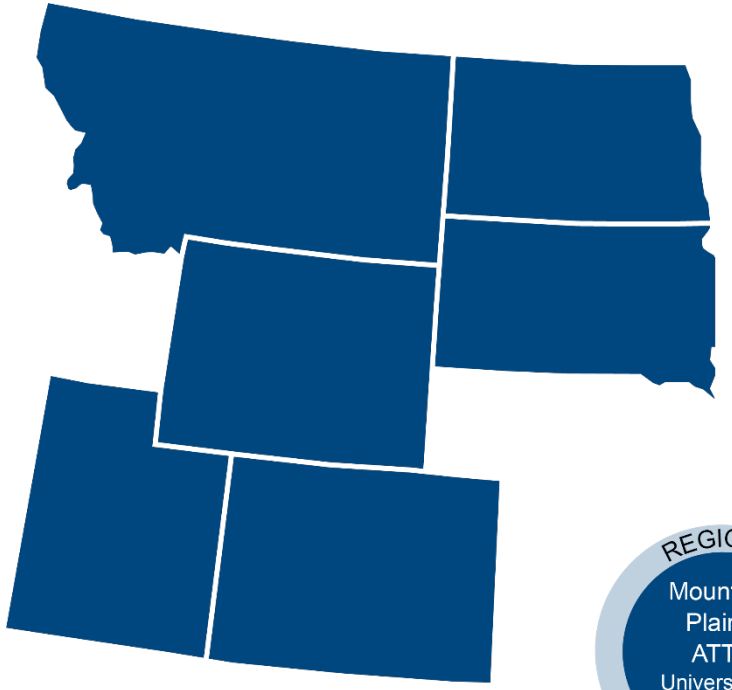
The Mountain Plains Addiction Technology Transfer Center

Provides training and technical assistance on evidence-based practices to providers offering substance use disorder in Region 8 (North Dakota, South Dakota, Montana, Wyoming, Colorado, and Utah). We are funded by the Substance Abuse and Mental Health Service Administration (SAMHSA)



REGION 8
Mountain Plains ATTC
University of North Dakota

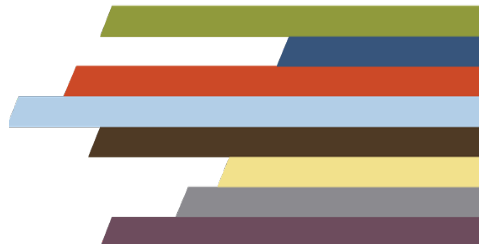
Mountain Plains ATTC (HHS Region 8)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

Disclaimer

This presentation was prepared for the Mountain Plains Addiction Technology Transfer Center (ATTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains Addiction Technology Transfer Center. For more information on obtaining copies of this presentation, call 701-777-6588.

At the time of this presentation, Elinore F. McCance-Katz, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Dr. Timothy Legg and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



Today's Presenter

Timothy Legg Ph.D., Psy.D., M.S.N., M.P.A., M.Sc., M.A.C., P.M.H.N.P.-B.C. is board-certified as both a geriatric and psychiatric mental health nurse practitioner and is also a licensed psychologist. In his private practice, he cares for individuals who struggle with substance use disorder and dual diagnosis. He holds doctoral degrees in health sciences and clinical psychology and is certified as a Master Addictions Counselor. He is also a Clinical Assistant Professor at the University of North Dakota.

Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

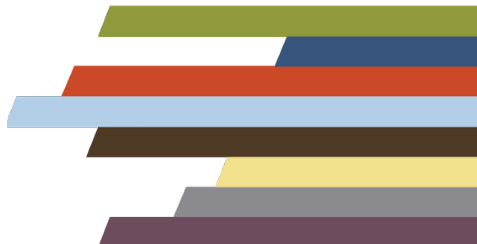
Best Practices in Supporting Recovery in a Pandemic

Presented by:

Timothy J. Legg, PhD, PsyD, MSN, MPA, MSc, MAC, PMHNP-BC

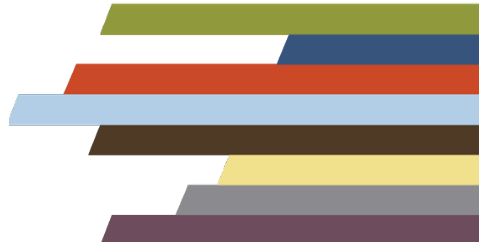
SAMHSA

Substance Abuse and Mental Health Services Administration



Objectives

- Upon completion of this session, you should be able to:
  - Define best practices and their relationship to “evidence-based” practice
  - Discuss challenges to existing best practices which have resulted from the COVID-19 pandemic
  - Consider evolving best practices that have the potential to meet client needs during the current and future pandemics

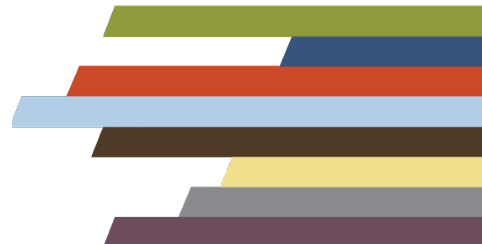


What are “Best Practices?”

- “A procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption” (Merriam Webster, 2020).

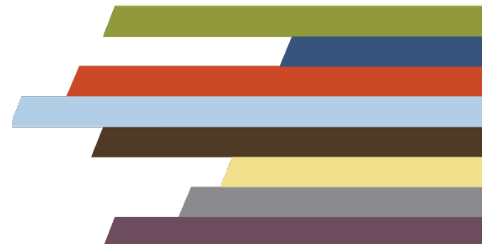
Evidence-Based Practice vs. Best Practices

- Evidence-based practice is “research-based”
  - Demonstrated efficacy via rigorous scientific evaluation
  - Studied using appropriate scientific methodology
  - Subject to replication studies demonstrating consistency in results using more than one practice location/setting in more than one geographic area
  - Reported in at least one (preferably more) scholarly, peer-reviewed journal
  - Accompanied by developed implementation guidelines



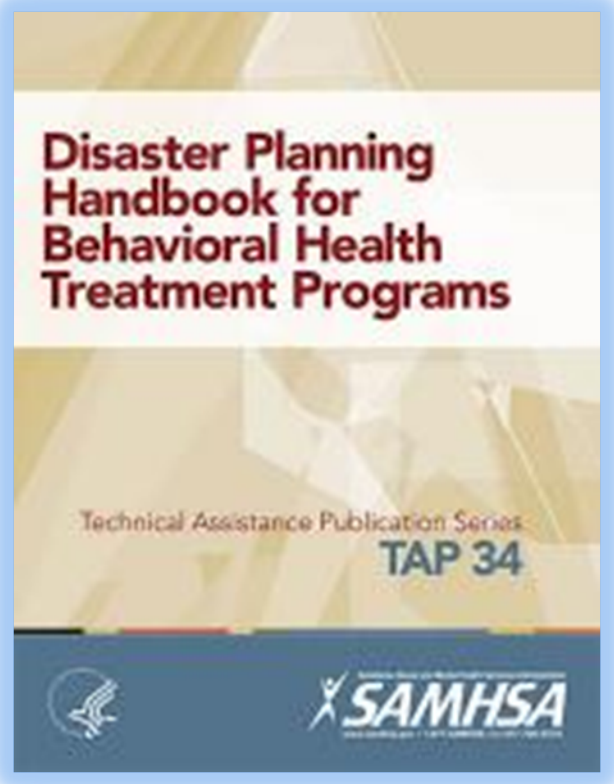
Evidence-Based Practice vs. Best Practices

- Best Practices more experientially based
  - Don’t undergo same rigorous scientific evaluation as EBP
  - Typically accepted:
    - Standardized techniques
    - Standardized methods or processes
    - Proven themselves over time
- Why does this matter?
  - Because they lack the complex evaluation process of EBPs, *people often are slow to adapt to*, and adopt best practices



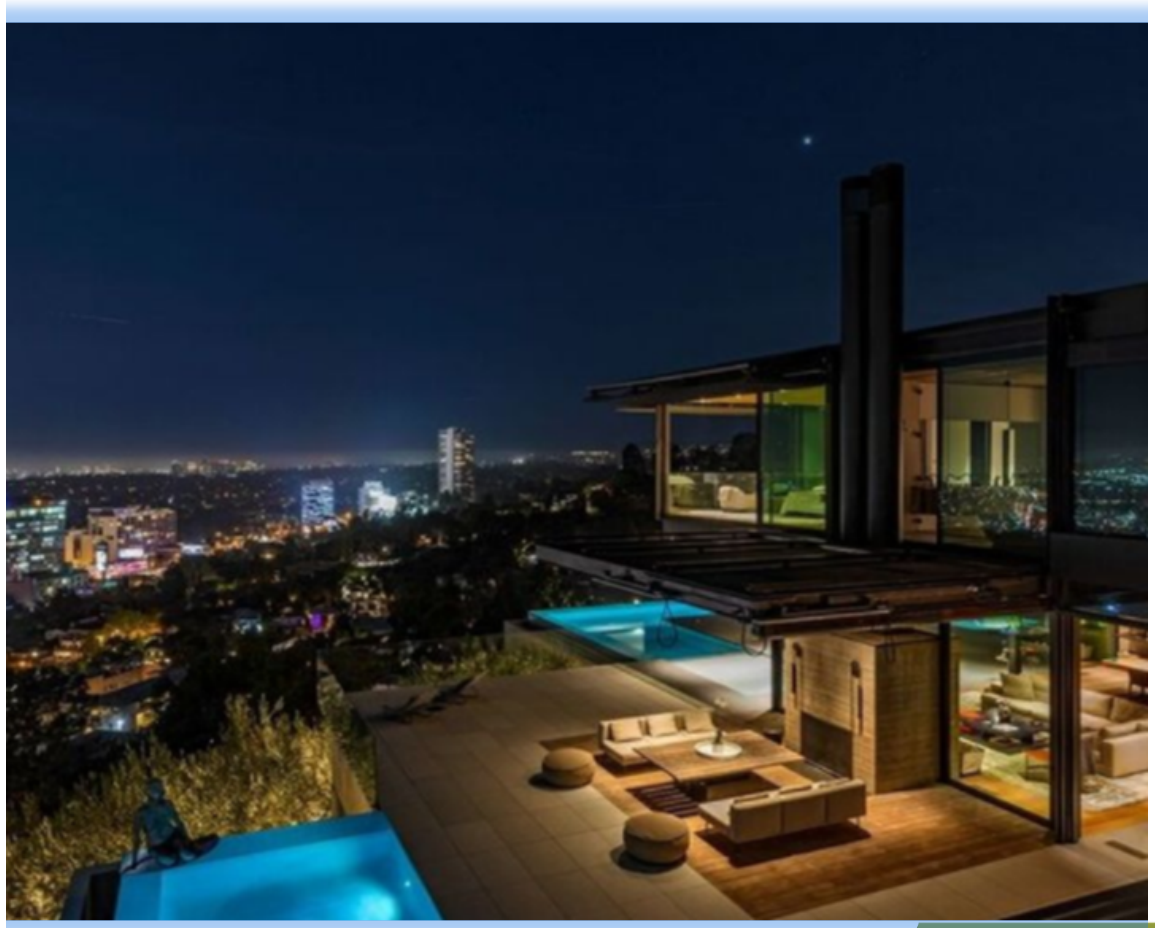
Are we Really Slow to Adopt Best Practices?

- Chapter 6 deals with “Planning Issues for Pandemic Influenza”
- Printed in 2013
- Offers advice for:
  - Outpatient programs
  - Residential programs
  - Medically managed detox programs
  - Opioid treatment programs
  - Prevention programs

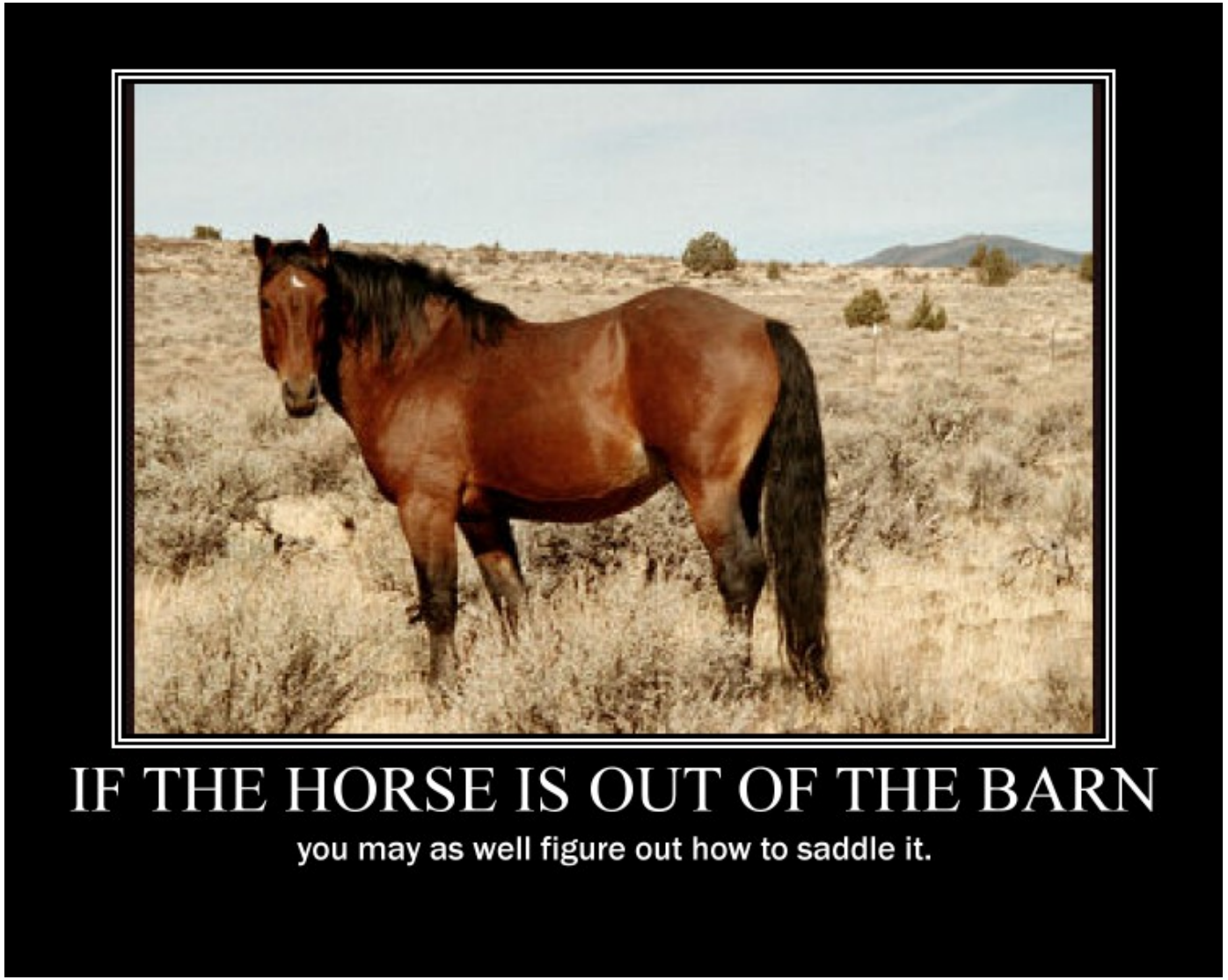


Best Practices- Not the ONLY Practices!

- Must take into consideration:
  - Client population
    - Older adults?
    - Teens/adolescents?
  - Practice/agency characteristics
  - Community resources
  - Skill sets of staff
  - AND→ Economics!



Horse already out of the barn?



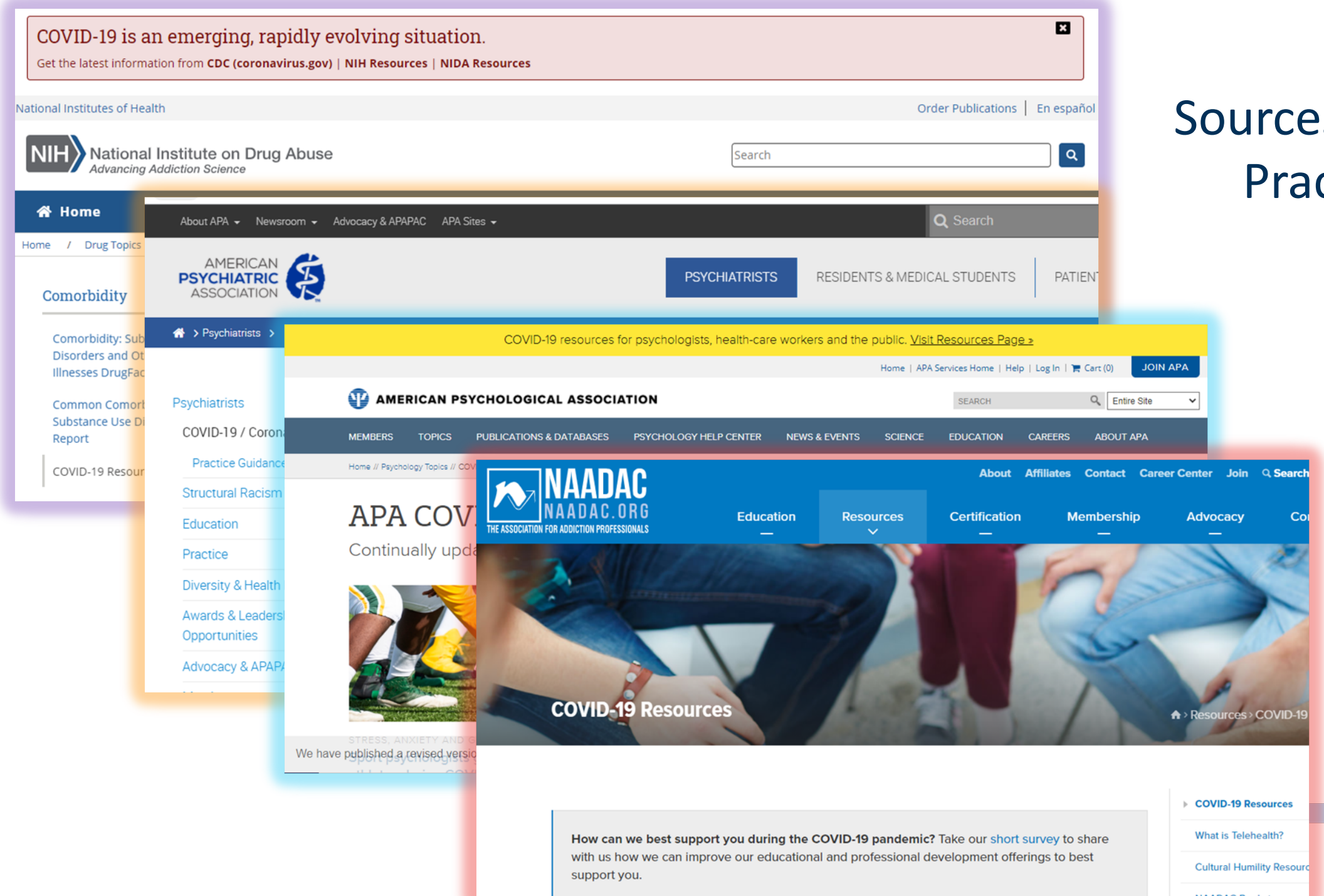
Sources of Best Practices?

https://attcnetwork.org/centers/global-attc/network-pandemic-resources

Sources of Best Practices?

https://www.asam.org/Quality-Science/covid-19-coronavirus

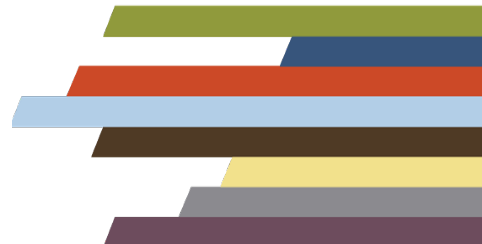
Sources of Best Practices



Where do we Begin?...
With What Changed!

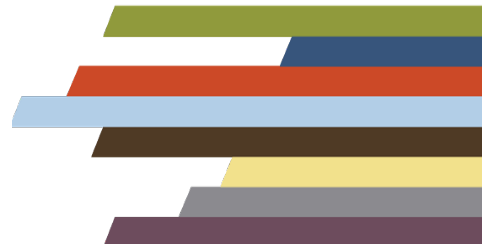
“Mutual Help” (a.k.a. support groups)

- **Pre-COVID-19:** AA/NA/GA, etc., meetings- everywhere!
- **Changes due to pandemic:** Face to face meetings ended!
- **Results:** Increased sense of isolation- diminution of support systems
  - Online meetings “not the same”
  - Digital divide- not everyone has computers!



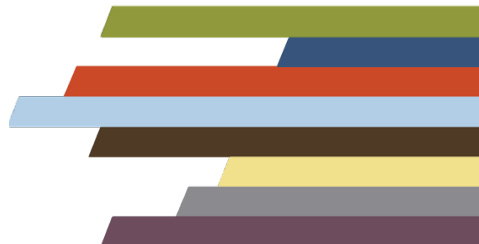
“Mutual Help” (a.k.a. support groups)

- **Possible Best Practices?**
  - Socially distant meetings? Being there- but not “on top” of one another.
    - 6 feet apart?
    - Hand sanitizer?
    - Face masks?
    - The challenge; being together while staying apart



What about the “digital divide?” Free Computers?

- Computers With Causes
- Computer Technology Assistance Corps (CTAC)
- Craigslist
- Everyone On
- Alliance for Technology Refurbishing and Reuse
- Freecycle
- The On It Foundation
- The World Computer Exchange
- PCs for People
- Interconnection
- The National Cristina Foundation
- Seattle Community Network
- Komputers 4 R Kids
- Microsoft Registered Refurbishers
- With Causes
- The Open Education Database
- Notebooks for Students
- Technology for the Future
- Disability.gov
- GiveTech
- Jim Mullen Foundation
- The Beaumont Foundation of America
- The Computer/Electronic Accommodations Program (CAP)



SAMHSA
Substance Abuse and Mental Health Services Administration

YOUR RECOVERY IS IMPORTANT: VIRTUAL RECOVERY RESOURCES

Introduction

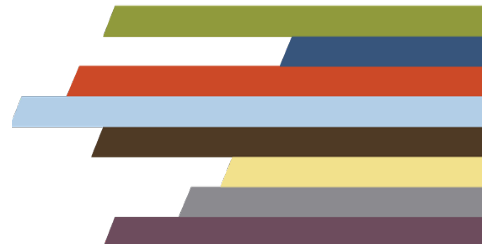
In an infectious disease outbreak, when social distancing and self-quarantine are needed to limit and control the spread of the disease, continued social connectedness to maintain recovery are critically important. Virtual resources can and should be used during this time.

This tip sheet describes resources that can be used to virtually support recovery from mental/substance use disorders . It also provides resources to help local recovery

- **Narcotics Anonymous:** Offers a variety of online and skype meeting options https://www.na.org/meetingsearch/
- **Reddit Recovery:** Offers a virtual hang out and support during recovery https://www.reddit.com/r/REDDITORSINRECOVERY/
- **Refuge Recovery:** Provides online and virtual support http://bit.ly/refuge-recovery1
- **Self-Management and Recovery Training (SMART) Recovery:** Offers

M.A.T.: Methadone Clinics

- **Pre-COVID-19:** Group meetings, 1:1 counseling, daily dispensing
- **Changes due to pandemic:** Procedures that make no sense to clients- if groups at methadone clinics suspended, why do clients have to show up daily and stand in line for their doses?
- **Results:** Clients feel like they are being treated unfairly- erosion of client/clinician relationship



M.A.T.: Methadone Clinics

- **Possible Best Practices:**
  - Federal government has loosened rules for methadone dispensing during pandemic
  - Clinics have been slow to adopt the new rules
  - Why?

DEA COVID-19 Page

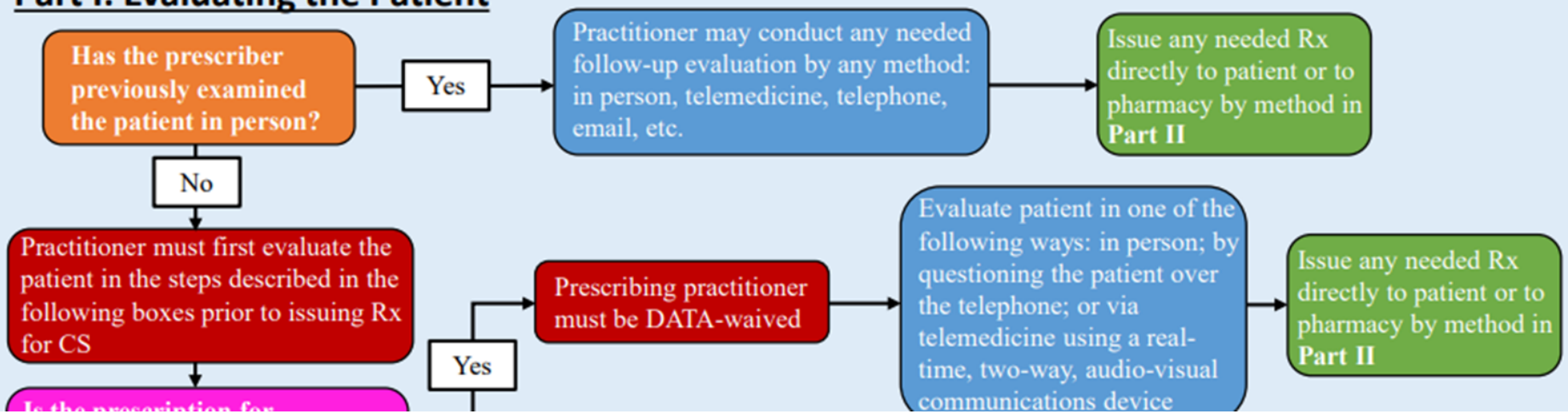
How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. This chart only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals. **These policies are effective beginning March 31, 2020, and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date.**

This decision tree merely summarizes the policies for quick reference and does not provide a complete description of all requirements. Full details are on DEA's COVID-19 website (https://www.deadiversion.usdoj.gov/coronavirus.html), and codified in relevant law and regulations.

Under federal law, all controlled substance prescriptions must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. 21 CFR 1306.04(a). In all circumstances when prescribing a controlled substance, including those summarized below, the practitioner must use his/her sound judgment to determine that s/he has sufficient information to conclude that the issuance of the prescription is for a bona fide medical purpose. Practitioners must also comply with applicable state law.

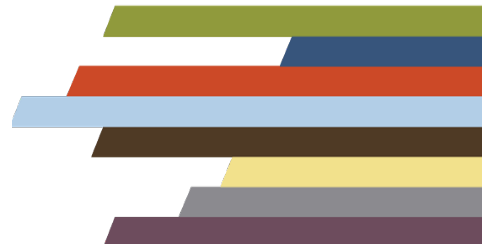
Part I: Evaluating the Patient



Clients Still Actively Using (Struggling to Maintain Sobriety)

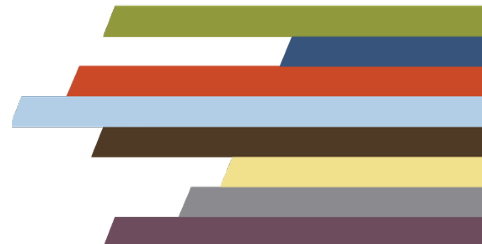
- **Pre-COVID-19:** Group meetings, 1:1 counseling, daily dispensing (if in program)
- **Changes due to pandemic:** Increased isolation
- **Results:** Increased risk for fatal overdose

- More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state (American Medical Association, 2020).

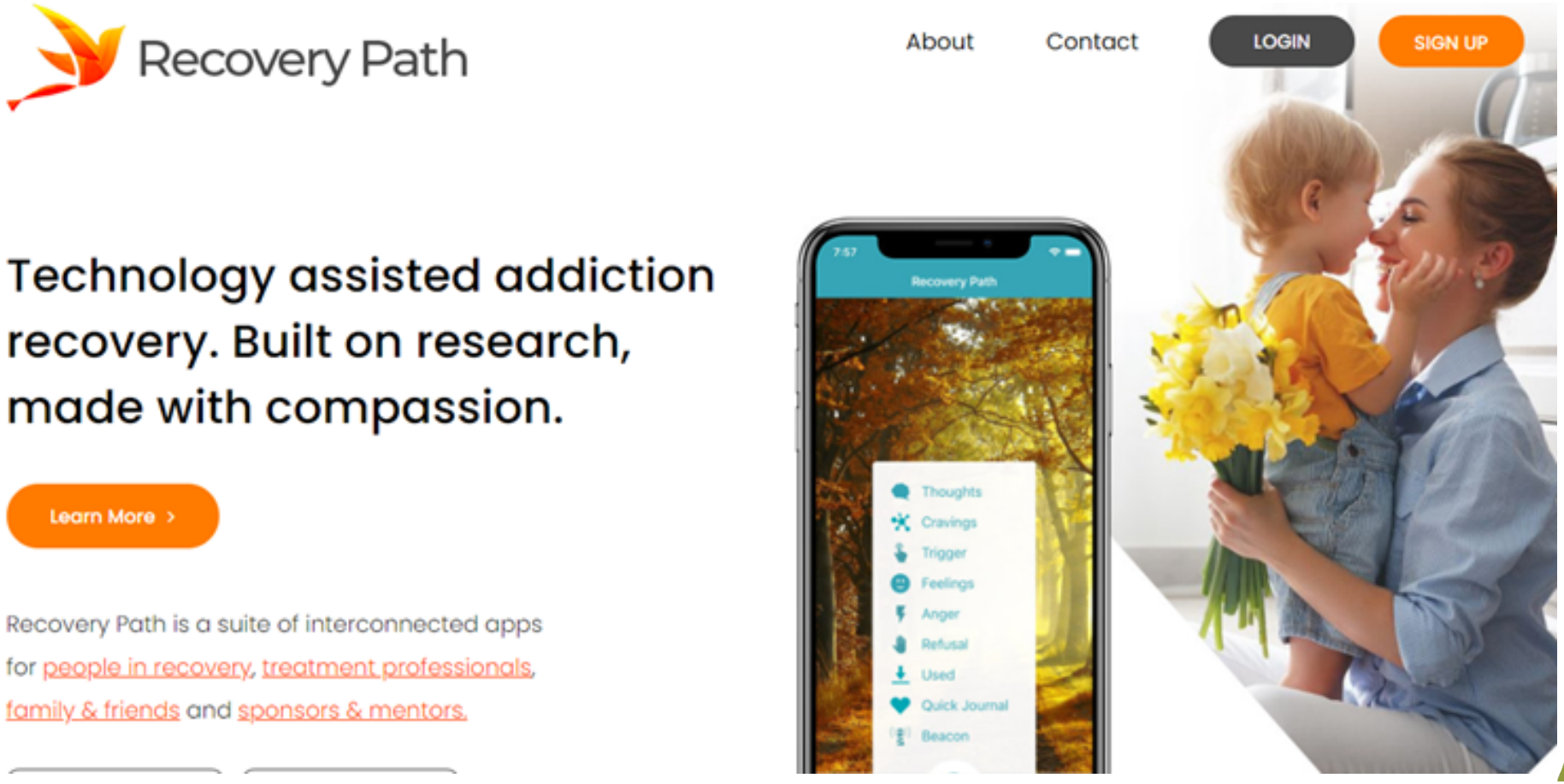


Clients Still Actively Using (Struggling to Maintain Sobriety)

- **Possible Best Practices:**
  - Daily check-ins?
  - Text messages?
  - Emails?
  - Communicating with trusted friend before use?
  - Optimizing Technology?
    - Are we even familiar with technology to help us with clients struggling to maintain abstinence? →



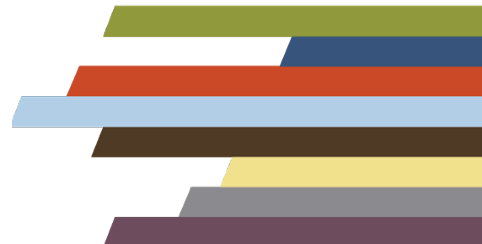
Speaking of Technology…



https://www.recoverypath.com/

Incarceration

- **Pre-COVID-19:** …
- **Changes due to pandemic:** …
- **Results:**
  - Clients at risk for overdose after period of forced abstinence
  - New trauma related to incarceration?
  - Increased desire to use?
  - BUT- decreased tolerance

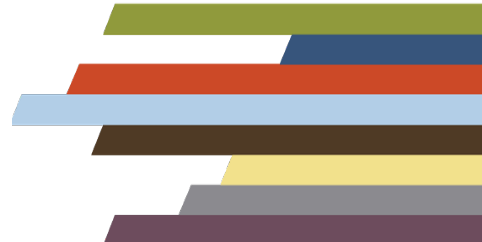


Incarceration

- **Possible Best Practices:**
  - Provide naloxone upon release & instructions on how to use it!
  - If not possible, can prisons work with local or state health departments? Local pharmacies?
  - Connect to treatment in the community

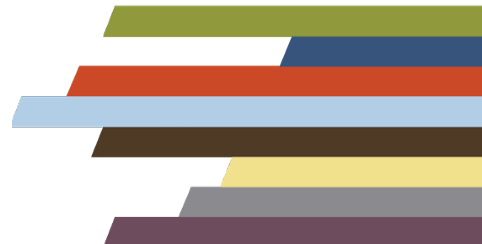
Individuals who are Dually Diagnosed

- **Pre-COVID-19:** Group meetings, 1:1 counseling, appointments with psychiatric provider, partial hospitalization programs & inpatient hospitalization (as indicated)
- **Changes due to pandemic:** Meetings ended, “telepsych” sessions- facilities operating at reduced capacity
- **Results:** (same as with mutual-help organizations) PLUS- Difficulty getting into treatment (no bed; no services), challenges with discharge (in case of homelessness- many with SPMI are homeless- shelters are struggling)



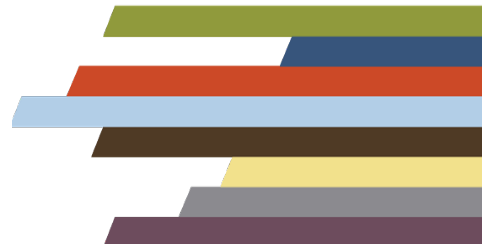
Individuals who are Dually Diagnosed

- **Possible Best Practices:**
  - Daily check-ins (symptoms? Medication management?)
    - via phone call?
    - Text messages?
    - Emails?
    - Optimizing Technology?
  - If indicated (and depending on payment source), home health visits?
  - If client insured- did you reach out to insurer to find out if they are offering outreach services?



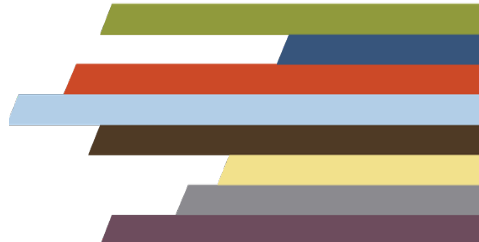
Homelessness

- **Pre-COVID-19:** Inadequate resources (though some geographic areas better than others)
  - Some people were “marginally” housed
- **Changes due to pandemic:** Scarcer resources- decreased budgets
  - Facing eviction due to loss of income due to shutdowns
  - PLUS! Some homeless persons being fined/sanctioned for violating “stay at home” orders in some geographic areas!
- **Results:** Depending on source of statistic- minimal changes to substantial inability to meet needs



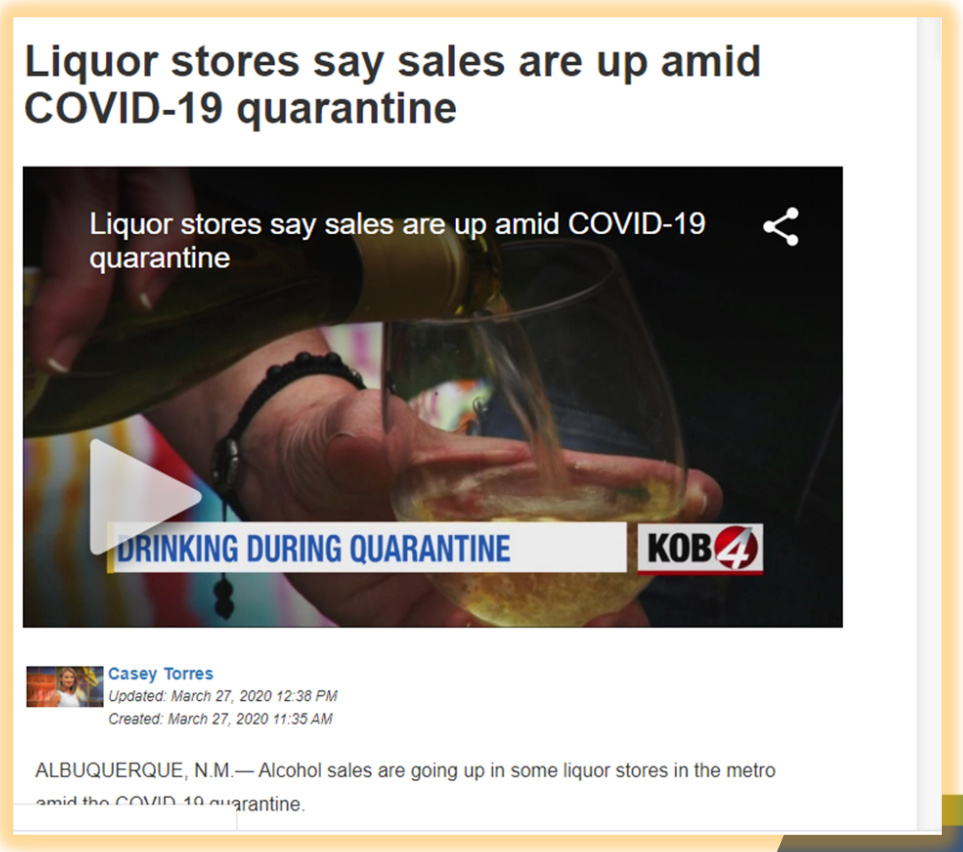
Homelessness

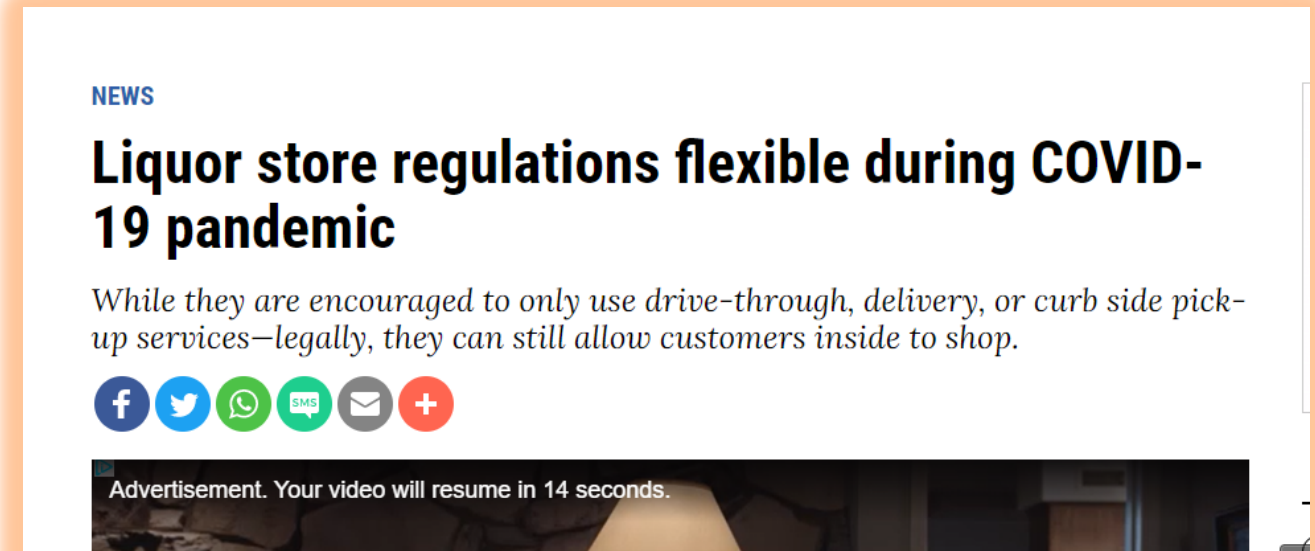
- **Possible Best Practices:**
  - According to CDC:
  - *Homeless shelters serve a critical function in our communities. Shelters should stay open unless homeless service providers, health departments, and housing authorities have determined together that a shelter needs to close.*
  - Legal aid for those facing eviction
  - National Low-Income Housing Coalition: https://nlihc.org/



Emerging Mental Health Issues

- Issues that weren't there before- OR minimally present (sub-threshold):
  - Anxiety & Depression
  - Social isolation
  - Fear
  - NEW onset substance use disorders?
  - Ferenczi- most damaging aspect of trauma sense of "Traumatic Aloneness"





Social Isolation→ Suicide Risk

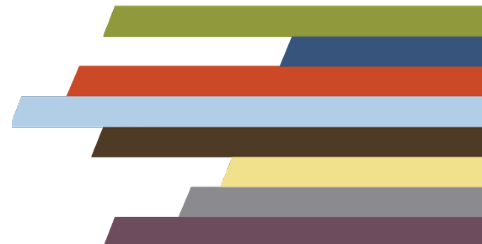
- Individuals with substance use disorder at higher risk for suicide
- Highest risk factor according to CDC is a relationship problem (2018)
- *Suicide Safe: A New Suicide Prevention App from SAMHSA* https://store.samhsa.gov/product/suicide-safe

Best Practices with Supervision…

- Don’t forget to actively involve students you maybe working with!
- Check with state boards
- “Socially distant” group supervision
- Skype/Doxy.me/etc.
- Next generation of therapists is needed!

When “Best Practice” Sounds Suspicious

- Living in uncertain times
- Want to do our best → family → friends → clients
- Some people become quite “entrepreneurial” during these times
- “Offers” via mail & email
  - “Certified” in telepsych or telemental health
  - “Certified” in COVID-19 trauma
  - “Certified” in XYZ
- Be careful- check continuing education contact hours, check with your licensing board/certification bodies

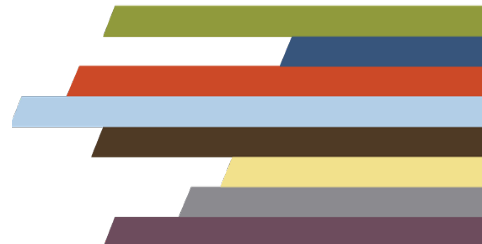


Final Best Practice- Future Preparation!

- Not “if” but “when”
- Another disaster is out there, and will be here before we know it…
- Does your organization have a disaster plan?
- Does it include client education?
  - What to expect?
  - How it would impact them?
  - Feedback from clients?
- When did you last test/revise it?

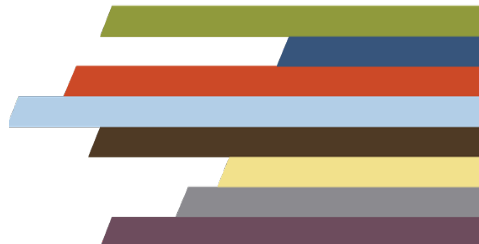
FINALLY- Best Practices for– US!

- Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation (Czeisler et al., 2020).
- What are YOU doing for YOU?
  - Exercise?
  - Connecting with friends/family?
  - Just taking time for you?

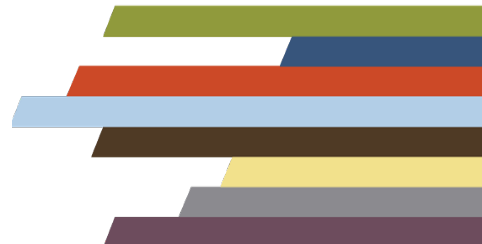


References & Resources

- American Medical Association. (2020, September 8). Issue brief: Reports of increases in opioid related overdose and other concerns during COVID pandemic. https://www.ama-assn.org/system/files/2020-09/issue-brief-increases-in-opioid-related-overdose.pdf
- American Psychiatric Association. (2020). How to prepare for a video appointment with your mental health clinician. https://smiadviser.org/wp-content/uploads/2020/04/How-to-Prepare-for-a-Video-Appointment.pdf
- Center for Disease Control and Prevention. (2018). CDC vital signs: Suicide. https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf
- Czeisler M.É., Lane, R. I., Petrosky, E. et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. *MMWR Morbidity Mortality Weekly Report, 69*, 1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1
- Department of Health and Human Services. (2020). Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA): Leveraging existing health and disease management programs to provide mental health and substance use disorder resources during the COVID-19 public health emergency (PHE). https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Mental-Health-Substance-Use-Disorder-Resources-COVID-19.pdf
- Driever, M. J. (2002). Are evidenced-based practice and best practice the same?. *Western Journal of Nursing Research, 24*(5), 591-597. doi:10.1177/019394502400446342
- Merriam Webster. (2020). Best practices. https://www.merriam-webster.com/dictionary/best%20practice
- Substance Abuse and Mental Health Services Administration. (n.d.). Virtual recovery resources. https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf



References & Resources

- Substance Abuse and Mental Health Services Administration. (n.d.). Training and technical assistance related to COVID-19. https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf
- Substance Abuse and Mental Health Services Administration. (n.d.). Considerations for outpatient mental and substance use disorder treatment settings. https://www.samhsa.gov/sites/default/files/considerations-outpatient-mental-substance-use-disorder-treatment-settings.pdf
- Substance Abuse and Mental Health Services Administration. (n.d.). Intimate partner violence and child abuse considerations during COVID-19. https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf
- Substance Abuse and Mental Health Services Administration (n.d.). Suicide Safe: A New Suicide Prevention App from SAMHSA https://store.samhsa.gov/product/suicide-safe
- Substance Abuse and Mental Health Services Administration. (2020, May 7). Considerations for the care and treatment of mental and substance use disorders in the COVID-19 epidemic: March 20, 2020. https://www.samhsa.gov/sites/default/files/considerations-care-treatment-mental-substance-use-disorders-covid19.pdf

Questions??