





Recommendations for Prevention, Treatment & Recovery Operations during COVID-19

Center for Drug Policy & Enforcement
Washington/Baltimore HIDTA COVID-19 Substance Use Task Force

Opening Remarks

Tom Carr

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Dr. Roger Hartley

Dean of the College of Public Affairs, University of Baltimore







W/B HIDTA COVID-19 Substance Use Task Force

- 1. Tease out concepts involved in the problem.
- 2. Synthesize key messages within those concepts.
- 3. Develop complementary systems-level recommendations to support better preparedness moving forward.





% Change in Overdoses (March 1 – May 12)

W/B HIDTA Area (region, county, city, or town)	Total # ODs 2019/ # Fatal ODs	Total # ODs 2020/ # Fatal ODs	% change Total ODs	% change Fatal ODs
Anne Arundel County	163/34	143/28	↓ 12	↓ 18
Carroll County (March 1 – April 30)	59/10	49/6	↓ 17	↓ 40
Cecil County	164/16	122/23	↓ 25	↑ 44
Prince George's County	147/9	116/7	↓ 21	↓ 22
Virginia	•	ļ.	· ·	· ·
Arlington	9/1	13/4	↑ 44	↑ 300
Chesterfield County	85/9	119/12	↑ 40	↑ 33
Fairfax County **	33/NA***	43/NA	↑ 30	NA
Loudoun County	28/5	19/6	↓ 32	↑ 20
Northern Shenandoah Valley Region (Winchester City; Frederick, Shenandoah, Page, Warren, & Clarke counties; Towns of Front Royal and Strasburg)	34/8	52/14	↑ 53	个 75
Roanoke County***	8/0*	31/6	↑ 288	↑ 600
West Virginia			1	
Berkeley County	48/7*	166/16	个 245%	↑ 128%







W/B HIDTA COVID-19 Substance Use Task Force

- Lauren Cummings (Co-Chair), NSVSAC, VA
- Tim Czaja (Co-Chair), Berkeley County, WV
- Julia Mandeville, W/B HIDTA
- Lauren Whiteman, W/B HIDTA
- Haley Brockway, Winchester, VA
- Tracy Bushee, Prince George's County, MD

- Dr. O'Tilia Hunter, Prince George's County, MD
- Marie Jerome, CSOSA, Washington, DC
- Daniel Manza, Prince William County, VA
- Brad Martin, Berkeley County, WV
- Hugh McGee, Winchester, VA
- Stephanie Stout, Berkeley County, WV







External Review Committee

- Tom Carr, W/B HIDTA
- Jayme Delano, HIDTA
- Debbie Bonniwell, Blue Ridge Behavioral Healthcare, VA
- Dr. Denni Fishbein, National Prevention
 Science Coalition
- Dr. Steve Freng, Northwest HIDTA

- Joe Hyde, JBS International, Inc.
- Dr. Joshua Sharfstein, Johns Hopkins
 University, MD
- Gail Taylor, Department of Behavioral Health and Developmental Services, VA
- Dr. Bethanie Van Horne, Baylor College of Medicine







Purpose

- 1. Review report findings.
- 2. Share local, state, and national perspectives on the report.
- 3. Offer suggestions on how to carry recommendations from this report and others forward so that systems can be put in place to prevent or mitigate future challenges.







Description of the Problem

- 1. Vulnerability
- 2. Connectivity
- 3. Accountability
- 4. Access to Care







Federal agencies specializing in substance use disorder prevention, treatment, & recovery will collaborate with public health agencies to generate and initiate the following products:

- a) PSAs to promote prevention strategies and awareness of resources
- b) Specialty guidance for states
- c) Development of an informational feedback loop
- d) Funding for technology resources
- e) Relaxation of telehealth regulatory barriers







States will task a specific state agency responsible for identifying organizations in every county or region to serve as coordinating and advisory bodies for special operations for substance use services recommended by the state during crises like COVID-19. Identified organizations would be responsible for the following items and have a good understanding of their responsibilities in the event they are activated:

- a) Ensuring state level guidance is disseminated.
- b) Supporting wellness and healthy coping strategy dissemination.
- c) Advising treatment and recovery organizations on implementation & documentation.
- d) Facilitating and coordinating in-seat support group meetings adhering to guidance.
- e) Supporting participant engagement through use of social media and virtual services.
- f) Working with community partners to develop alternative protocols for RDT.
- g) Accelerating access to safe and socially distanced harm reduction services.







All states will receive federal funding to develop or enhance a 24 hour/7 days per week, statelevel substance use treatment hotline that can immediately connect people to substance use detox or treatment opportunities of all kinds (inpatient, outpatient, intensive outpatient, residential), including MAT, in their state. The hotline will:

- a) Have a real-time list of available state and private treatment and detox beds.
- b) Assist patients with applying for Medicaid while searching for beds and apply Medicaid retroactively if the process is not complete by the time a bed is located.
- c) Facilitate transportation to the treatment location.
- d) Connect with other states to locate a bed if no beds are available in the patient's resident state.
- e) Offer translator and deaf and hard of hearing services to facilitate communication.







Federal and state prisons, jails, probation districts, and local pre-trial offices will develop rapid re-entry protocols that will incorporate the needed assessments and support for inmates released earlier than expected due to crises such as COVID-19. Protocols will include:

- a) Equipping those with a known SUD or risk of SUD with Narcan/naloxone upon discharge.
- b) Notice to community mental health providers of those being released early and referred to them along with a list any psychotropic or MAT medications they are taking.
- c) Application for Medicaid benefits at release.







Panelists

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Thank You!

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- * Access the full task force report: http://www.hidta.org/initiatives/treatment/





