Human Services Information Sharing – COVID-19

A zoom meeting to reduce isolation, share resources, identify gaps and actions.

October 22, 2020

**Focus: Substance Use Disorder treatment and COVID-19 and how human services can connect**

Notes

1. Updates from public partners
    a. From Becky Hooper, Office of United States Representative Lauren Underwood
        i. Rep. Underwood has joined a legislative effort to deliver mental health resources to communities during the novel coronavirus (COVID-19) pandemic. The *Stopping the Mental Health Pandemic Act* (**H.R. 7080**) directs the U.S. Department of Health and Human Services (HHS) to award funding to states, municipalities, community health centers, and other health care providers to address mental and behavioral health challenges caused by the coronavirus pandemic. https://www.congress.gov/bill/116th-congress/house-bill/7080/text
        ii. Medicare Open Enrollment Workshop hosted: https://youtu.be/uCAGLjjOYBE
        iii. Affordable Care Act enrollment workshop coming in November – contact Becky Hooper rebecca.hooper@mail.house.gov
        iv. From Becky's iPhone : Would I please be able to get an email regarding the Medicaid issues with people seeking substance abuse treatment? Medicaid is a state run program but we would be able to flag this with state legislators. My email is rebecca.hooper@mail.house.gov.
    b. From Marina Pascual, Office of United States Representative Sean Casten – listening in to concerns

2. Panel on Substance Use Disorder and COVID-19:
    a. Allison Johnsen (Manager, Business and Program Development) and Mike Tinken (Director, Behavioral Health), Northwestern Medicine Central DuPage Hospital
        i. (Alison) It is safe to seek treatment. Some people do believe that it is still not safe to seek care in person, even though it is quite safe as hospitals and treatment facilities are at the forefront of keeping space safe and CDC compliant. People do prefer in person care, especially for substance use disorder, because they are so socially isolated. The treatment patient cohort is so important for their support. Need to be with others who will support them, to think about giving up the addiction and going forward to change. Really like

the cohort for support. A lot of 12 step groups that usually provide in person support, not able to do that now in person, though they are meeting virtually – but it is not the same.

ii. We are seeing more relapses, more turnaround, probably a lot because they do not have support needed in the pandemic. People are declining post detox treatment because they need to get back to work, anxious about keeping their job or finding one. Working from home has escalated some people's use of alcohol, stressors can tip us over to negative coping.

iii. We have seen sharp increase in number of co-occurring need, because of the stress related anxiety and depression increases that all our field is seeing. In mental health, we are 20 percent over demand from last year. For addiction, people are not seeking treatment as soon as in the past, as a result they are more ill, we might see them at the detox level, rather than partial hospitalization or day hospital level first.

iv. We are seeing a greater number of people with Medicaid and managed Medicaid. This is a challenge: we are restricted by the payer's criteria for what constitutes for them the criteria appropriate for detox or hospitalization. The Medicaid Managed Care Organization Meridien has consistently over time reduced the level of care they will approve, so that is really tough for substance use patients, who rely on public benefits.

v. (Mike) Gaps – in public funding for substance abuse disorder treatment, there are very strong gaps in access. Medicaid Managed Care plans – many providers won't accept, or set limits, so the person seeking help must make many calls seeking treatment, and in the process, some fall through cracks. Access is a major problem. When they do access care, the plans make it difficult for provider to treat a patient. For example, they require 24 hours to approve detox– while you have patient at the door with suitcase. Often we accept patient only to find the payer saying "we don't consider this patient to meet the medical criteria," and they have set a standard much higher than the commercial insurer. As demand higher than supply for treatment, providers will prioritize treatment for those we know can get into treatment right away. Meridien has a history of denying care and denying payment for care. That gap has to be managed in a better way. We are treating a lot of members of Meridien. Access is a major gap. For people with noncommercial funding.

vi. A success with the pandemic has been the use of telehealth, in some ways. People in Medically Assisted Treatment (MAT), when they need to check in with provider, can talk over phone. Also, we have been able to help many from

a dual diagnosis standpoint – as there is higher acuity of those seeking care – those with strong mental health needs and substance use disorder needs. Numbers are much higher during pandemic for this group of dual diagnosis.

b. Mark Buschbacher (Executive Director), Serenity House

   i. We are a halfway house and recovery home, we have outpatient and DUI services; we are not a detox or standard 28-day treatment facility. So our referrals are from Northwestern Medicine and others. We are a halfway house, so many clients have jobs. 90% are Medicaid. Collective thing we hear from clients today is that clients have added stress from pandemic and are struggling with mental health issues. We did go through a period of not allowing new clients in, during the first peak. We relaxed in summer, but now see case counts in community rising, so may need to reconsider. We have had only 3 positive on campus all season, and able to isolate. But many employers do not allow positive cases to continue working. Many of our clients work in health care and retail. Homelessness is a concern now, especially going into winter. We have a large waiting list for our facility, especially men's. We are a very thin staff organization. My staff, clinical director and others, have done phenomenal job doing the work and adapting excellently. We do use zoom for outpatient; however, human connection is essential for our population. NA and AA are not providing in-person meetings. We have not been able this year to do the on campus connecting that we have the past, in our overdose awareness education, where we have hosted 200-300 people on campus for this. This is missed, as people want to connect!

c. Jesse Tejeda (Chief Operating Officer), Healthcare Alternative Systems

   i. March 13 we suspended face to face interactions, put all services on zoom, a big endeavor with our ten locations, 120 staff. Worked totally remote for 2.5 months. MAT program, residential treatment, and transitional housing program continued uninterrupted, with safety measures. No incidences of COVID during that time. One positive of this has been telehealth option and virtual groups. We have incorporated hybrid groups. We can have zoom while others are attending in-person. At each site, we upgraded IT to use big screens for hybrid, to give more options for attending we might have 4-5 in attendance, and 4-5 on zoom. Not all counselors have been able to adapt; but many have been able. Show up rates have improved by incorporating options, with guidelines to ensure engagement. Our mental health services have doubled over last year. For substance use treatment, retention and engagement have been affected,

and engagement is delayed. We serve everyone, 80% is Medicaid. Our goal – increase access, minimize barriers. Whatever it takes to remove barriers. Once we get them in, we will work to retain them in treatment.

d. Justin Wolfe (Clinical Supervisor of Addiction Services), Linden Oaks Behavioral Health/Edward-Elmhurst Health

   i. Across the board, the severity of mental health symptoms have skyrocketed. The collision of that with severe substance use problems is life threatening for our clients. That is a big challenge that has come to our staff. Individuals that would have been receiving community services before coming to treatment, consistent supports – due to COVID-19 those entities were not providing services. We know how important community is for supporting recovery, and losing that due to COVID-19 is very difficult. We had to lose our community group in program – a big loss – difficult to replicate – especially where NA, AA, Smart Recovery, Refuge Recovery - all have gone virtual, and we find it is easier for persons to disengage when on-line. It is so different now. Group sizes are smaller. We have been masking and "temping" from the beginning. People with compromised immune systems and substance use disorder are at higher risk for COVID, and what they do not have access to (human connection) need there very things that are important for your recovery, if we cannot provide them because of pandemic protections -- will feed your active use. We are figuring this out with our clients, how to adapt environment to be supportive in these circumstances. You see the suicidality go up dramatically. People who are using substances before, but how do I deal with this problem when I have never had to deal with this before in my life. We got virtual programming up and running in less than two weeks. What that evolved into because we know people want to get out of their house – so virtual died down, so we went to integrating hybrid. Can still be in a group that is meeting in person, from your home. Still have them come in do virtual drug screens, meet with their counselor. One of the biggest changes that we continue to see, stigma is rampant. We recently saw this in Hunter Biden – demonizing this individual for his struggles. For our staff, COVID fatigue. We have been in full throttle crisis management for seven months. Have started setting up times for our staff to practice self-care. All these challenges keep coming. Our clients are yearning for human connection.

3. Roundtable for all participants – regarding linking constituents to substance use disorder treatment – what is working, not working, missing for your constituents?

a. Geri Kerger – NAMI DuPage – We provide a variety of mental health services that are peer led, rather than clinical, and we know mental health and substance use often go hand in hand. One program that has increased in usage is our living room program, an alternative to emergency room. It is a respite and supplement, not a replacement for psychiatrist. We have done a number of recreational programs, including a big event this weekend Oktoberfest at Fairgrounds. We want to provide a social connection, even though we are physically distanced.

b. Lisa Snipes – DuPage County Continuum of Care – As our emergency shelter system decompressed in COVID, this substance use disorder treatment access has been so important. Now, especially with winter coming, we are faced with the need of making sure that mental health wellness and substance use disorder are kept to a place where they are whole and shelter will be possible.

c. Amy LaFauce- Catholic Charities Diocese of Joliet in DuPage – We provide a smorgasbord of services: Shelter, homeless prevention, transitional, permanent and supportive, basic needs, and counseling programs. Housing first and harm reduction programs. We are not trying to test you out, but to know a baseline. We refer to HAS, Linden Oaks, we are not exiting them from programs while in treatment – your unit will be here when you return. Villa Park Kathy Hope House – we have moved some back to physical shelter –monitoring in hotel rooms has been interesting (challenging).

d. Becky Hooper – Rep. Underwood's office – we do not see constituent service requests for substance use disorder, but rather for emergency assistance and public benefits.

e. Debbie Lunger - People's Resource Center – we provide many wraparound services and we do our best to refer – we are grateful to substance use treatment providers. New information in the chat. Still contactless on food distribution. Social services is open for contactless services. We do see people in jobs program as they go through personal crises. Since COVID, not seeing as many as before, people in our jobs program with substance use issues.

    i. 630-682-5402 www.peoplesrc.org

    ii. Food Pantry - At this time, PRC is providing on-site only, no-contact emergency food and financial assistance. Our Food Panty in Wheaton and Westmont is open 4 x per week – please check the website for details.

iii. Social Services / Financial Literacy - Please contact our Social Services and Financial Assistance teams at 630-682-5402 ext. 323.

iv. Empowerment programs - are being offered virtually.

v. Art, Adult Literacy, Computer Training, and Job Assistance all have virtual programming.

vi. PRC's Clothes Closet and Computer Refurbishing departments are currently closed.

f. Gina Strafford-Ahmed - DuPage County Community Services – we are not getting a lot of calls for substance use services right now – please keep us up to date on your service availabilities by visiting and updating Community Resource Information System www.dupagecris.org. We have a ton of money to give out for water bills, rent, mortgage and other things affected by COVID. Call 630-407-6500 or 800-942-9412 DuPage County Community Services

g. Jan Kay - League of Women Voters of Illinois - Glad to answer emails from all who have questions about our policy work jantomkay@aol.com

h. Jen Borgognoni - Teen Parent Connection – We serve young parents 12-22 through home visiting, parent support, referral to substance use disorder treatment, we do offer counseling services onsite, can ditto all we heard here, a lot of stress being felt, a lot more mental health issues, more child abuse calls, more calls to child abuse hotline, mostly about domestic violence situations in presence of children. Everyone is stressed out; our staff, too. Constantly doing self-care promotion with staff. Shifting every day. A big stress on staff is the loss of client connection. Where are they going and how are they doing? They show up in virtual meeting and we don't see their face, yet we don't know what is really going on. Or they stopped sharing. Or they have stopped coming to groups. Stress of not knowing what happened to them.

i. <u>Will Justin describe hybrid service model?</u> Justin of Linden Oaks: Our rooms will hold 8 persons socially distant. To add more to get a group up to ten, we might add two more at a computer in another room. When this is going really well, we may sit four together in a room, then add five to six virtually, with two laptops working and a webcam and microphone to capture everyone in the room. That way they can hear the conversation and feel they are part of the group. When it is going really well, it is as if they are physically there.

i. Kim White - Career & Networking Center – we do not get a lot of calls, any really, referencing substance use disorder. We do a lot of work helping our clients to land their next success. We do share information about resources in the community. One workshop we do every month is self-care – making sure clients take care of selves while in job search. Also, talking about team, recognize that we are all struggling right now. It is important for us to get on a call twice weekly as a team, and share out before we get to work stuff. We live in wonderful communities with great organizations led by great people. We are better because of the work we are doing together.

j. Megan Wileman - AgeGuide – local area agency on aging. In regards to older adults and COVID isolation – we do not fund substance use services, but we do fund older adult's mental health counseling – we fund Metropolitan Family Services in DuPage. We promote these sites to fight against isolation:

   i. Institute on Aging's Friendship Line -1-800-971-0016 and the

   ii. Call4Calm - Mental Health Support Hotline through the Illinois Department of Mental Health 866-359-7953

Themes:

1. Treatment providers are at the forefront of protecting patient and client ***safety***. Do seek out help as early as possible.
2. Treatment providers are at the forefront for providing client and patient ***community***, in a safe way, recognizing how important for recovery that is to clients and patients. Safe distancing; small groups; use of IT tools to create hybrid groups that are effective: some together in a room; some linked by computer.
3. All across the board, the acuity, intensity, and breadth of mental health issues is being felt. Demand for mental health treatment is up; mental health challenges facing substance use treatment seekers are deep, wide, complex and new.
4. Staff in treatment agencies and staff in human service agencies are deeply affected by the increase in mental health issues presenting, and the depth of complexity in substance use disorder issues presenting, along with the COVID-19 impacts requiring constant change to find new ways to effectively connect and serve, and stay connected.
5. State policy regarding Medicaid and Medicaid Managed Care prevents equal access to substance use treatment for those who do not have insurance or ability to pay out of pocket, and rely on public payer. Barriers to treatment are higher; covered treatment duration is shorter; patients must work harder to construct a treatment pathway.