



June 4, 2020

Recommendations: Federal Policy Response for People with Substance Use Disorders and Justice-Involved Populations

COVID-19 has made it particularly difficult for people with substance use disorders to get and stay healthy. A new study suggests that isolation and trauma caused by COVID-19 will lead to deaths of 68,000¹ people from drug or alcohol misuse or suicide. Across the nation, substance use disorders services are under-resourced and under-funded and many providers are struggling to stay open². We do not want to slip back from the progress our nation has made in addressing overdose deaths and addiction. Nor do we want to reverse progress made in treating addiction and mental health as public health issues and not as reasons for incarceration.

Our top three priority recommendations are:

- ***Enhance the Medicaid federal match by at least 14 percent (including for the expansion population) coupled with a maintenance of effort (MOE) provision for the duration of the economic downturn.***
- ***Substantially increase Substance Abuse Prevention and Treatment (SAPT) block grant funding. We support the \$1.5 billion in new funds in the HEROES Act.***
- ***Build the capacity of Recovery Community Organizations (RCOs) to respond to COVID by adding \$10 million to the Building Communities of Recovery (BCOR) program.***

Below, please find our full list of detailed recommendations for the continued federal policy response to COVID-19, specific to people with substance use disorders and justice-involved populations. The recommendations fall within five areas. Under each area, our recommendations are listed in priority order.

- **Support Medicaid to Increase Access to Essential Services**
- **Resources for Providers and Services**
- **Local Infrastructure**
- **Services for Young People**
- **Justice-Involved Populations**

Support Medicaid to Increase Access to Essential Services:

State Medicaid programs are essential tools to help states weather the financial fallout from COVID-19 while also scaling to meet the health care needs of those most susceptible to COVID-19 – including people with substance use disorders. Unless Congress acts to shore up the Medicaid program, more people will be unable to access or afford health care, providers' financial positions will deteriorate, social services will be curtailed and unemployment will rise. We urge Congress to:

¹ Petterson, Steve et al. "Projected Deaths of Despair During the Coronavirus Recession," Well Being Trust. May 8, 2020. WellBeingTrust.org.

² Wan, W. (2020, May 04). The coronavirus pandemic is pushing America into a mental health crisis. Retrieved May 21, 2020, from <https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/>

1. **Enhance the Medicaid federal match by at least 14 points (including for the expansion population) coupled with a maintenance of effort (MOE) provision for the duration of the economic downturn.**

Resources for Providers and Services:

The pandemic is exacerbating existing obstacles faced by people with substance use disorders, especially access to treatment and services. Those who need in-patient treatment face increased barriers as facilities downsize³ their intake to follow physical distancing guidelines. Unstructured time, isolation⁴, and the shuttering of services entirely is already worsening the opioid⁵ epidemic across the nation⁶ and increasing treatment shortages. COVID-related loss in state tax revenues threaten funding streams for substance use service providers, and more providers may be forced to close. Telehealth can fill some of the gaps, but it may not create the same engagement as in-person services, and many providers and patients do not have the technology needed to use telehealth robustly⁷. Providers also typically get less revenue for telehealth than in-person services. To address these issues, providers and services will require more resources. We recommend that future COVID-19 response legislation:

1. **Substantially increase Substance Abuse Prevention and Treatment (SAPT) block grant funding. We support the \$1.5 billion in new funds in the HEROES Act.**
 - The HEROES Act proposes \$1.5 billion for SAPT as part of a larger allocation of \$3 billion to SAMHSA that also includes funds for the mental health block grant. The SAPT block grant can get money quickly to all 50 states with lots of flexibility in how states spend the money, including for prevention, treatment and recovery services. Language enabling this money to go to providers should be included. SAPT funding is especially important for supporting community-based providers and those serving communities of color.
2. **Provide \$58 million for the Centers for Disease Control and Prevention's (CDC's) infectious diseases and opioid program line to support and expand essential overdose prevention and harm reduction services, including overdose education, syringe services programs and naloxone distribution.**
 - Community Catalyst and a wide range of partners, including public health, HIV, viral hepatitis, and harm reduction experts, agencies and providers urge Congress to

³ Kovanis, G. (2020, April 23). Another casualty in the coronavirus pandemic: People who need drug rehab.

Retrieved May 21, 2020, from

<https://www.freep.com/story/news/local/michigan/2020/04/23/coronavirus-drug-rehab-shortage-overdoses/5146107002/>

⁴ Debbie Cenziper, K. (2020, March 27). People in addiction treatment are losing crucial support during coronavirus pandemic. Retrieved May 21, 2020, from

https://www.washingtonpost.com/health/people-in-addiction-treatment-are-losing-crucial-support-during-coronavirus-pandemic/2020/03/26/5698eae0-6ac6-11ea-abef-020f086a3fab_story.html

⁵ Kaur, H. (2020, May 07). The opioid epidemic was already a national crisis. Covid-19 could be making things worse. Retrieved May 21, 2020, from

<https://www.cnn.com/2020/05/07/health/opioid-epidemic-covid19-pandemic-trnd/index.html>

⁶ Alfonso, F., III. (2020, May 14). The pandemic is triggering opioid relapses across Appalachia. Retrieved May 21, 2020, from

<https://www.cnn.com/2020/05/14/health/opioids-addiction-appalachia-coronavirus-trnd/index.html>

⁷ McConnell, K. (2020, April 20). Social Distancing And Challenges With Multidisciplinary, Integrated Care. Retrieved May 21, 2020, from <https://www.healthaffairs.org/doi/10.1377/hblog20200418.77948/full/>

appropriate \$58 million to CDC for these purposes. CDC's expertise in public health, harm reduction and infectious diseases would help support, expand and improve harm reduction services, which are essential during the COVID-19 pandemic in order to lower the increased risk for drug overdose as well as reduce strain on the nation's overwhelmed health care system.

3. Explicitly define substance use disorders and mental health services as “essential work.”

- The HEROES Act specifies that “essential work” includes behavioral health work, including mental health services and substance use disorders prevention, treatment and recovery services. This is important to ensure essential providers have access to supports needed during the pandemic.

4. Remove the buprenorphine prescribing waiver requirement.

- COVID-19 has made it harder to access life-saving addiction medicine, as many providers struggle to stay open. The unnecessary barrier of requiring physicians to obtain a specific waiver in order to prescribe buprenorphine for addiction treatment makes it even more difficult for people to access help. Very few physicians in this country have the waiver—just two to three percent⁸—and over half of counties in the United States have no buprenorphine prescribing physicians.⁹ We support the Mainstreaming Addiction Treatment Act (MAT Act, H.R. 2482, S. 2074) that would remove the buprenorphine prescribing waiver requirement.

Local Infrastructure:

Substance use disorders providers, especially smaller Recovery Community Organizations at the local level, are struggling to stay open. State budgets are overwhelmed during this public health crisis and local providers are at risk of losing vital financial support. We have heard directly from partners about their concerns that federal stimulus money does not make its way to the local community level unless it specifically directed to go there. This means it will be even harder for individuals to access the life-saving recovery and addiction services they need to live healthy lives. With many of the remaining in-person services being replaced by telehealth delivery for now, it is essential to make sure local communities have the technical infrastructure they need to support this kind of health care. To address these needs, we recommend that future COVID-19 response legislation:

1. Build the capacity of Recovery Community Organizations (RCOs) to respond to COVID by adding \$10 million to the Building Communities of Recovery (BCOR) program.

- In alignment with our partners at Faces & Voices of Recovery, we recommend increasing BCOR funding. RCOs provide life-saving recovery support services at the community level. Run by people in recovery, they reflect the communities they serve and fill an essential need to provide peer-supports and connections to community and wrap-around services.

⁸ National Academies of Sciences, Engineering, and Medicine 2019. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25310>

⁹ Deregulating buprenorphine prescribing for opioid use disorder will save lives. March 12, 2019. Retrieved from: <https://www.statnews.com/2019/03/12/deregulate-buprenorphine-prescribing/>

2. Direct funds to community providers and entities for COVID-related substance use disorders and mental health services.

- We support the \$100 million in grants proposed in the HEROES Act for COVID-19 related behavioral health needs, but we urge you to direct this money to local entities, tribes, community-based entities and small providers. If you use the term behavioral health, we urge you to define this as including both substance use disorders and mental illness. We also ask for money to be equally distributed between mental illness and substance use disorders services.

Services for Young People:

The COVID-19 pandemic is causing the most harm to those who already face unfair and discriminatory barriers to health and health care. While fewer young people are getting COVID, young people are experiencing anxiety and trauma as the epidemic upends their lives. Experts are expecting an increase in substance use and mental health¹⁰ problems in particular. This comes on top of the trauma, toxic stress, anxiety, depression, substance misuse and suicidal ideation already experienced by many young people of color^{11,12}, LGBTQ+ young people¹³, young people with disabilities, justice-involved young people¹⁴, and young people living in poverty and homelessness. In addition, with children unable to attend school, many are cut off from needed school-based health services. We must prepare schools and school-based health centers to meet youth needs when they reopen, since research shows more than one-third of adolescents who received mental health services got them exclusively from school settings.¹⁵ To address these needs, we recommend that future COVID-19 response legislation:

1. Provide \$100 million for school-based health centers to address COVID-related issues.

- Many students will need counseling and substance use services, along with other health care when they return to school. As recommended by our partners at the National School-Based Health Alliance, we urge Congress to equip school health centers to meet this increased need.

2. Ensure that a portion of Substance Abuse Prevention and Treatment block grant funds and education funds appropriated in response to COVID is used for prevention and early

¹⁰ Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *JAMA Pediatr*. Published online April 14, 2020. doi:10.1001/jamapediatrics.2020.1456

¹¹ Congressional Black Caucus. Ring the Alarm: The Crisis of Black Youth Suicide in America.

https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

¹² Olson, G., De Biasi, A., Ilakkuvan, V., Auerbach, J. (2019, October). Addressing a Crisis: Cross-Sector Strategies to Prevent Adolescent Substance Use and Suicide.

https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf

¹³ Trevor Project. (2020, April 3). Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention.

https://www.thetrevorproject.org/2020/04/03/implications-of-covid-19-for-lgbtq-youth-mental-health-and-suicide-prevention/?utm_source=Master+Contacts&utm_campaign=4412a138a3-EMAIL_CAMPAIGN_2020_04_10_12_00&utm_medium=email&utm_term=0_e8d7ceff05-4412a138a3-33196257

¹⁴ Center for Children's Law and Policy. (2020, March 19). Center for Children's Law and Policy Statement on Urgent Action Needed for Youth Justice Professionals in the Wake of the COVID-19 Pandemic.

<https://www.cclp.org/wp-content/uploads/2020/03/cclp-covid-19-statement.pdf?fbclid=IwAR3vF8sOTLTzPoz92VtrroZwPBpy3BrcEEExD5gQWAY9WWho10zjL-3vBbJQo>

¹⁵ Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *JAMA Pediatr*. Published online April 14, 2020. doi:10.1001/jamapediatrics.2020.1456

intervention services to address substance use disorders and co-occurring mental illness among youth, and for services are tailored to meet the unique needs of these young people.

- We support the \$58 billion for local school districts included in the HEROES Act. We recommend legislation spell out prevention and early intervention services as an allowable use.

3. Increase resources for improving services to LGBTQ+ youth at high risk of addiction and suicide.

- Research shows rates of substance use, and suicide attempts and ideation, are much higher for LGBTQ+ young people compared to their straight and cisgender peers.¹⁶ COVID-19 is likely to worsen this problem. We urge Congress to provide funding to SAMHSA to expand services for these youth.

Justice-Involved Populations:

In recent years, justice officials, policymakers and health care providers have partnered to address the disproportionate percent of people incarcerated who have mental illness and substance use disorders. That is even more important now in light of this pandemic, since the close proximity of individuals makes disease transmission more likely. Prisons and jails have begun to release more people to reduce the risk of COVID-19 behind bars. Still, more must be done to ensure that when people are released, they have access to the services needed to ensure they do not cycle back into incarceration. Specifically, they need access¹⁷ to health insurance and integrated systems of services—including Medicaid—a full range of health care, housing supports, harm reduction, job training and family supports. To address these needs, we recommend that future COVID-19 response legislation:

1. Provide Medicaid coverage for incarcerated individuals starting 30 days pre-release.

- We urge Congress to permit use of federal matching funds for this purpose, as proposed in the HEROES Act, and/or to allow and direct the Centers for Medicare and Medicaid Services to approve state waiver requests to use Medicaid funds in this way. During the pandemic, uses of this funding must include COVID-19 testing and treatment, support of community-based providers with infectious disease expertise to provide treatment in jails and prisons, and facilitating warm hand-offs to community providers on re-entry. This is essential for making sure there is no interruption in health services when individuals are re-entering the community.

2. Reduce the number of individuals incarcerated in federal prisons, and in state prisons and jails, including those with substance use disorders and mental illness.

- The HEROES Act includes the Emergency Community Supervision Act, for federal prisons to release eligible individuals to community supervision. We support this provision but recommend that eligibility language be amended to include people with substance use disorders and mental illness. In addition, to reduce incarceration in state prisons and

¹⁶ Addressing a Crisis: Cross-Sector Strategies to Prevent Adolescent Substance Use and Suicide. Trust for America's Health & Well Being Trust. Retrieved from:

https://www.tfah.org/wp-content/uploads/2019/11/TFAH2019TeensPainRptFINAL10_24.pdf

¹⁷ Best Practices for Successful Reentry for People Who Have Opioid Addictions. (2018, November). The Council of State Governments Justice Center and National Reentry Resource Center. Retrieved from <https://csgjusticecenter.org/publications/best-practices-for-successful-reentry-for-people-who-have-opioid-addictions/>

jails, we urge Congress to double funding for pre-arrest diversion programs offered through the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) that provide people with needed community services instead of incarceration.

3. Improve prevention, identification and treatment of COVID-19 among people incarcerated as well as prison and jail employees to reduce spread of COVID-19 within correctional facilities.

- We support the provision of The HEROES Act that establishes a \$500 million grant program per year for two years for states to test, release and link eligible individuals to medication assisted treatment (MAT) and re-entry services.

4. Provide \$100 million to establish federal and state Correctional Health Coordinators

- In alignment with our partner Community Oriented Correctional Health Services (COCHS),¹⁸ we support Congress creating this new federal position to coordinate re-entry efforts and providing grant funding to establish state coordinators. The federal coordinator could be established in the Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) to oversee re-entry efforts nationally and support the state coordinators in promoting public health and public safety. The federal coordinator would work across HHS operating divisions and with the Federal Emergency Management Agency (FEMA), the Bureau of Prisons, and other federal emergency response entities.

¹⁸ Establishing State and Federal Correctional Health Coordinators to respond to the COVID-19 Pandemic. Retrieved from Community Oriented Health Services <https://cochs.org/files/covid-19/chc-proposal.pdf>