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COVID-19 Attacks Patient, Staff Morale With Equal Force

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“Welcome to the insanity,” Integrity House CEO Robert Budsock tells a telephoning reporter who has just overheard the hurried completion of yet another call with staff.

Back-to-back appointments are nothing new to the leader of the 52-year-old New Jersey addiction treatment organization. It's the plans with no defined timeline, the memos to employees that become outdated hours after they're digested, that frustrate. COVID-19 is rewriting the narrative across the substance use treatment field.

A shorter-term event, such as a weather emergency, might arguably have a more disruptive effect on vulnerable patients than on the clinicians charged with their care. But when the act of helping could be seen as putting one's own health at risk, it becomes clear that COVID-19 is an equal-opportunity morale buster.

“This is like a bomb hitting our country,” Budsock says.

In an interview with *Addiction Professional* this week, Budsock explained how reactions of patients and staff have followed similar patterns. As soon as the state declared a need for residents to stay home, “Immediately the folks in our outpatient programs stopped coming for services,” Budsock says. Outpatient sites that might see 100 patients on a typical day are now getting a scattered few.

Many outpatient services traditionally delivered at Integrity House's five brick-and-mortar sites are converting to telehealth, and Budsock credits state leadership for giving providers latitude (including allowing reimbursable telephone sessions for patients who lack the technology for video sessions). But a full commitment to the new way of interacting is not there for some patients.

“There is a significant dropoff in engagement right now,” Budsock says. “In some cases, patients are not returning our calls for telehealth.”

The same feelings of uncertainty haunt some staff at Newark-based Integrity House, which operates 420 licensed beds in one of the states hit hardest by COVID-19. Some staff members already fear coming to work, and Budsock worries the situation could worsen. At the same time, residential admissions have slowed and the organization has tightened its health standards for admission based on the public health threat.

For current residential patients, “We will speed up a patient's discharge if the person is on MAT and has a safe place to live,” Budsock says.

As board chair of the New Jersey Association of Addiction and Mental Health Agencies, Budsock remains in constant communication with association staff on issues of financial viability for the provider community. “There is concern on many fronts,” he says. “Our shorter-term mission now is survival.”

Providers are studying the newly adopted federal relief bill, and other potential actions to come, to try to fully understand where substance use treatment agencies and professionals fit in terms of assistance.

In New Jersey, “We are paid fee-for-service under Medicaid,” Budsock says. “It's not easy here to make providers whole.”

Many priorities at NAADAC

“It's been a process, let me tell you” was the opening comment from Cynthia Moreno Tuohy, executive director of NAADAC, The Association for Addiction Professionals, in an interview with *Addiction Professional* this week.

Addiction counselors have countless concerns, from the everyday regarding maintaining their professional credential to the bigger-picture of their agencies' long-term health. “You can't answer every question thoroughly,” Tuohy says.

Some counselors feel overwhelmed by not being able to see their patients face-to-face and not being fully equipped to transition to telehealth. At the same time, they wonder if their agencies can survive under the prospect of a reduced workforce. “People are trying to figure out how to extend agencies' ability to serve until more information is coming,” Tuohy says.

She recounts a list of topics that have been the subject of NAADAC conference calls and/or association-sponsored trainings in recent days:

- The elevated importance of peer recovery support specialists at a time when patients may experience difficulty in reaching their counselor.
- Guidance for the many questions clinicians have about the proper practice of telehealth.
- Agencies' process for applying for federal emergency aid.
- How the crisis is affecting patients with compulsive gambling disorders.

History has taught that natural disasters bring about an uptick in binge substance use and relapse. “This is like a natural disaster, but long-term,” Tuohy says.

But with most of the country's population under some form of stay-at-home guideline, the default reaction of many individuals with substance use-related needs becomes, “Now I don't have to go to

treatment,” Tuohy says. “In an uncertain situation, people want to go where it’s familiar,” and that likely will lead many back to their substance of choice.

Tuohy says there will have to be a bailout plan for the many treatment agencies that won’t have the revenue stream to withstand several months of service disruption. “This is a time where the field really needs to work together,” she says. “We’re going to have to get creative.”

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