

**Addiction Treatment and  
Peer Recovery Support Centers  
COVID 19  
“The Experience, The Evolution, The Economy”**

**Hear from PAATHS, Bay Cove, Gavin with Devine PRSC, ATCNE,  
OBOT- BMC, The Bridge (Partners) , Recovery Coaches  
and **MOAR** to come!**

**Thank you to all Treatment Providers and Peer Recovery Support Services who  
Presented and The Recovery Community Who Participated!**

What **MOAR** is Up?

On June 1, The Boston **MOAR** Action for Recovery Forum centered on the March through June COVID 19 experience on all affected by addiction, and services needed. **MOAR** has done at least 4 forums, 3 surveys, and other modes of connection during that time period. In the beginning, a massive move was made for COVID 19 protection from gear to services. The phases of reopening are happening, and we know our guard must still be kept up. Protection is a constant, and it is important to put lessons learned into action.

- **MOAR** would like to thank BSAS, Boston Office of Recovery Services, policymakers, first responders, peer recovery support centers, treatment providers, and recovery community for demonstrating thoughtful, responsive, and resilient action. Much was done to address specific COVID 19 separated treatment, internet infrastructure support, those experiencing homelessness, food, sanitation, and well being for staff. This goes beyond Boston. Thank you!
  
- And as we applaud all for their resilience, we know that the economy has taken a \$5 to 8 billion hit. We will speak up to maintain our services, with a goal to preserve funding with no cuts. Your help is **MOAR** wanted!

**Racial Disparities Resounded!**

- The resounding needs to address disparity for communities of color, who are that much more susceptible to COVID 19 demands action. The killing of George Floyd led to many voices speaking up to end racism across systems.

- For addiction services, it means moving to provide quality and equity and opportunity across the board.
- It further means changing systems so that persons of color can have a place in the community without fear of police and prison because of their color.
- **MOAR** knows this too well. We put out **A Statement to Help End Racism**. A statement requires action to have meaning. We have hired Human in Common, an agency to help us build an action plan with community involvement.

### **June 1<sup>st</sup> MOAR Boston Action for Recovery Meeting Forum in Review**

**John Mcgahan Gavin Foundation CEO initiated discussion.** He shared that Gavin Detox and Clinical Stabilization Service (CSS) has been at full capacity. Patients then were able to move into the residential programs from CSS and TSS. This helped to monitor out COVID susceptibility. Other changes were made to accommodate social distancing requirements

Outpatient has been transferred over to telehealth to keep people engaged. Addressing the compulsion to leave treatment early because of unemployment and stimulus checks enticement has been challenging. Financial support for people to pay for sober home rent has been positive. We applaud Gavin for leadership to gather funds for sober home rent.

**Jen Callahan, Gavin Foundation's Devine Peer Recovery Support Center Director** reports members have stayed engaged via Zoom and telephone support. She reported concerns about those who do not have access to phones and technical devices, meals, health sources, showers, and clothes. Early phased reopening will mostly be outside to respect social distancing. In fact, outside cell phone charging stations will be set up.

**North Suffolk Mental Health Association's Recovery Support Services Director, Katie O' Leary and Loretta Leverett, STEP Rox Peer Recovery Support Center gave updates.** Katie noted that many of the recovery coaches are supporting recoverees with telehealth. However certain facial and body expressions can be missed. We were excited to hear that the new East Boston peer recovery support center may open in September. Loretta Leverett reported that the "new" StepRox Peer Recovery Support Center may be ready sometime this summer. In person activities may be initially held outside to follow social distancing guidelines. Staff will hand out resource packets and masks. Right now, STEP Rox is providing a Book Club, check in, recovery coaching and NAMI group Zoom Meetings.

**Matt Donlan and Amy Livermore of Addiction Treatment Center of New England** highlighted use of SAMHSA COVID 19 policies and procedures on 28 day and 14 day take home medication criteria for patients instead of daily clinical visits. They noted that this allowed them to expand hours and stagger clinical visits to prevent waiting lines. Matt shared that individual telephone visits worked better than internet based clinical meetings. He added that one clinician is on site along with 2 recovery coaches 7 days a week.

**Colleen LaBelle, MSN, RN-BC, CARN**, Director of Office Based Addiction Treatment (OBAT) Training and Technical Assistance Program for the state of Massachusetts, and is the founder and director of **Boston Medical Center's (BMC)** OBAT Clinic. The Nurse Care Manager Model was funded by BSAS initially at BMC in 2013 now has expanded to 40 health care models across the state and has treated more than 40,000 patients. All models were moved to remote access incorporating texting for communication during COVID except for injectable naltrexone once a month, along with Sublocade. Sublocade (buprenorphine) is a prescription injection medication used to treat adults with moderate to severe addiction (dependence) to opioid drugs. During COVID 19, prior authorization and urine testing requirements were lifted. BMC received donations which enabled giving out prepaid wireless phones to patients. She noted that the new measures have worked so well that all need to advocate for maintenance.

**Paul Bowman, Massachusetts Representative, NAMA Recovery** , an organization composed of medication assisted treatment patients and health care professionals that are supporters of quality opiate agonist treatment passionately agrees with Colleen. Paul is a person in long term recovery, and adamant advocate for persons in recovery assisted by medication. If you are interested in contacting Paul, please email him at [blueirisbowman@icloud.com](mailto:blueirisbowman@icloud.com)

**Colleen LaBelle**, then reported on The BMC Healing Communities Grant! Boston Medical Center has received nearly \$90 million in federal funding for it Healing Communities Project to reduce opioid-related deaths in 3 years by 40% in Massachusetts communities inclusive of Holyoke, Gloucester, Brockton, Lowell, Salem, Plymouth, Bourne, Sandwich, Shirley, and Townsend.

**Lydie Ultimo-Prophil, Bay Cove Vice President of Addiction Services.** She noted remedying tightened staffing issues with training, coaching and support. Trainings were, also, facilitated for patients to address their COVID concerns. Lydie reported screening protocols with guidance for possible COVID afflicted patients were put into place. She shared setting up telehealth plus in person services with safety gear, nursing, and separate COVID units. Staff worked arduously to connect patients to virtual AA, NA , and other support meetings. One lesson learned is to increase internet accessibility.

**Emily Stewart, CASA Esperanza. CEO**, highlighted that patients and staff demonstrated resilience through the onset of COVID. The program increased residential length of time so residents would have more preparation for independent living. Furthermore, they set up protocols for stimulus check management so people would not leave earlier than scheduled. Emily said they demonstrated how to institute safety in a residential setting without fear of COVID. Investing in telehealth equipment and internet services proved to be

valuable. Challenges were met for moms not being able to see their children by developing creative processes. It was very important to have process groups for staff as well as those working from home with childcare responsibilities.

**Theresa Young from PAATHS (Providing Access to Addictions Treatment, Hope and Support)** a Boston Public Health Commission one-stop shop for anyone (individuals, families, community partners, other treatment providers) looking for information about, or access to, substance use treatment services.

She noted being able to provide phone, community and walk-in services to individuals who are seeking immediate placement in a range of substance use treatment programs. PAATHS did have to limit the number of people allowed in the waiting room which previously ran as a drop in. Screening is done for anyone who comes in which is temperature plus an assessment. The issue of decreasing barriers to get people into treatment which became harder once COVID hit. She said that PAATHS primarily serves the Massachusetts and Melnea Cass area. COVID testing is supported by an affiliation with Boston Healthcare for the Homeless. Masks and handwashing stations have been placed in front of and inside the building. It is important to PAATHS that they have staff representing communities of color, as this is major population served.

**Windia Rodriguez**, CARC, Recovery Coach Team Lead, Population Health Management, Partners HealthCare, noted The Bridge Clinic scheduled a soft opening for July 1<sup>st</sup>. Prior to that was operating via a telehealth low threshold.. She shared concern about how COVID is affecting people of color. She then asked what are people doing to ensure health inequities for people of color. CASA Esperanza noted working to address services needed for the Latino, and that of re-entry. This led to the Association of Behavioral Healthcare (ABH) developing a committee to addressing the needs of the underserved populations. **MOAR** noted again plans to do as such for our members. Offers to support this move came forward.

Interested? Please contact **MOAR** at [maryanne@MOAR-recovery.org](mailto:maryanne@MOAR-recovery.org).

**Massachusetts Coalition for Addiction Services, MCAS lead, Connie Peters (ABH Addiction Services Vice President)** stated that due to COVID state budget cuts are quite possible. A third federal government (HEROES Act) stimulus action is needed. This act would support cities, towns, and human service agencies. The state runs on a 45 billion budget per year and there is a deficit of \$5 to 8 billion. Health and human services would be one of the places that they could pull money. MCAS revised its request asking for leveled funds (no cuts) for BSAS Bureau of Substance Addiction Services.

Please see MCAS Budget Request. If you wish to see “no cuts” to BSAS, which manages addiction services funding. Then you might want to educate your elected “state house” legislators about the MCAS request. You might let them know about what is important to you. For example, everyone has diligently advocated for the now 26 peer recovery support centers, which provide safe, supportive activity. We want to keep them!

You can find out the “**who and how to contact**” your elected legislators by going to [www.wheredolvotema.com](http://www.wheredolvotema.com) on the int

Call for Recovery Voices!

o Please let **MOAR** know about your experience and concerns receiving addiction services. We have heard much about lack of housing, internet, phone, food, clothing during this time?

What is your experience? Get **MOAR** involved! Contact Julie Bunch at [JulieB@MOAR - recovery.org](mailto:JulieB@MOAR-recovery.org). Or call 617 423 6627. We will return the call.

**MOAR** is pleased to have funding from Bureau of Substance Addiction Services, MA Department of Public Health, Blue Cross Blue Shield of Massachusetts Foundation, and RIZE as well as our members and other supporters to organize people in recovery, families, and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.