



# **The Connecticut Association of Addiction Professionals'**

***Prospectus:***

***COVID Pandemic:***

***The Second Wave of the Epidemic: Psychological  
Diseases of Despair, Fear, and Isolation***

***Spring 2021 UPDATE***

**Submitted by-**

**Susan C. Campion LADC, LMFT**

**New Haven, CT 06512**

***COVID Pandemic: Emerging Trends in Seeking "First Aid" for Substance  
Abuse & Co-Occurring Mental Health Disorders***

## **Forward**

**This is the Spring 2021 Second Edition of the Connecticut Association of Addiction Professionals' Report (CAAP) on the SUD & MH impact on our State's residents. This report seeks to build upon the original "Prospectus" with the inclusion of new information and emerging trends.**

**As Spring comes to Connecticut, residents across the state are experiencing a sense of hope due to the massive undertaking of vaccinating all appropriate age groups and the evidence of a down tick in infection rates. The Report begins with the passage of an enormous federal economic *The American Rescue Plan* to assist and sustain the country's recovery from the pandemic.**

**The President Biden's historic 1.9 Trillion was passed by Congress at the beginning of March 2021. The aid will include, cash benefits for individuals, extension of unemployment insurance, eviction prevention funding, aid to small businesses decimated by the pandemic, healthcare funding, etc. Special allocations will be awarded to US school systems and municipalities and towns to repair the damage to these entities due to the pandemic. Targeted healthcare funding will go to communities of color, which has and continues experience severe health consequences of the Virus due to the chronic systemic racial inequity that exists in the US healthcare system. It is expected that FAQH Community Health Centers will receive Stimulus money to provide specialized medical and behavioral health services for their patients, who have been so grossly underserved. Lastly, a significant amount of funding will be provided to carry on COVID testing, vaccinations, treatment ensure the nation's path out of the physical and psychological suffering.**

**Connecticut is set to receive approximately 8 Billion dollars from the Stimulus Bill. It is important to note that within the Bill's mandates for funding, each State will have significant discretion in the use of the new funding. The overarching theme is to assist Connecticut towards a "return to normal". The vital and concerning questions for all on a state and national level is- "What will be the New Normal?". Will there be increased funding and resources to overcome the remnants of the psycho-social misery caused by COVID?**

### Introduction to the CAAP Prospectus Initiative

In the Fall of 2020, the Connecticut Association of Addiction Professionals' Board of Directors chose as its primary goal: the development of an initiative to follow the ever-changing dynamics of the COVID pandemic's impact on SUD in Connecticut and the access to SUD treatment for residents and families, who were struggling with its effects.

This year's goal reflects the Association's primary mission. As a non-profit organization, CAAP's all-volunteer Board of Directors works to advocate for public policy that empowers the State's workforce of addiction specialists, and most importantly, the substance abusing consumers whom the workforce serves.

Additionally, CAAP's President, Susan Campion LADC, LMFT serves on NAADAC's Board of Directors, representing Connecticut both Nationally and on its Northeast Regional Board. This role has afforded CAAP a valuable communication network on national trends of states' individual responses to the pandemic's effect on the toll of SUD and its effect upon a state's delivery system of access to care and treatment services.

It is important to note that the information contained in this document has a time-limited component. The psycho-social stressors on the state's residents is unfortunately dynamic with emerging problems continually developing.

#### **Start-Up Steps:**

- The CAAP Board and its members continue to collect information from a range of sources including CT key behavioral health and healthcare colleagues, elected officials, and consumers.
- The on-going data collection will track the pandemic's trends and stressors relative to SUD in order to share with state and national stakeholders the critical identification of existing reserves and development of new resources to meet the severe and growing challenges for substance use disorder providers and mental health

#### **Public Health Findings on COVID and Substance Abuse:**

Due to the pandemic, Connecticut, like states across the nation, is being hit with severe rises in substance abuse that attacks its communities, healthcare services, and public safety system.

There is a precarious trend, which began in the latter part of 2020. National surveys on Substance Use Disorders find that there is an inverse equation- an approximately 60% increase in requests for substance abuse treatment and a 40% decrease in available in-patient, residential, and community-based slots for services available.

The Hartford Courant in a December article quoted public health reports found that there was a 13 % rise in deaths of residents due to drug overdoses. This statistic is most disturbing on many levels. CT had been experiencing a decrease in overdoses in the past

several years. The street opioid products contain even greater amounts of fentanyl, the deadliest form of opioids.

In addition, the use and abuse of alcohol has skyrocketed. Due to COVID restrictions, CT's Governor closed all bars in 2020. This restriction has not prevented the increase in consumption. State business news continues to report the major upsurge in sales at liquor distribution venues. Cocaine use has also re-emerged in urban and suburban communities. The evidence supporting these findings include; the dramatic rise in crime-related incidents (domestic violence, robberies, shootings) and application numbers for in-patient SA TX. Marijuana continues to be the third most commonly used substance after alcohol and opioids in the state Because of the strong lobby advocating for legalization of marijuana in the 2021 General Assembly, the potential harm of the substance is now perceived by the public in a similar way as its use of alcohol.

Due to the decrease in new COVID infections and massive vaccination activities, Governor Lamont plans to open restaurants and increase the number of individuals gathering in special events. This proclamation will test state residents' ability to resume social contact in a safe and mindful way, or, will it lead to high risk behavior fueled by months of social isolation.

Public health and addiction specialists attribute upsurge in substance abuse to the psychological stressors of COVID on state residents- unemployment, economic strife, fear and/or loss of homes and apartments, family conflict, and social isolation. The list goes on.

A dangerous assault on public safety is a consequence of the human suffering. As we know, opioids, marijuana, and cocaine are purchased illegally thru the drug trafficking market. In a time of economic strife, the crushing financial pressure will affect both the drug dealers and the addicted user. Drug trafficking is a business, dealers face shortages of product and deadly competition on the streets. In 2020 to the present, the use of gun violence has greatly increased due to the aforementioned factors. For the addict in order to maintain one's daily habit will the user needs to resort to illegal activity to stop the painful and predictable process of withdrawal.

#### **The Psychological and Social Consequences of the Pandemic:**

Many articles have been and continue to be written, which document the severity of mental health and substance use disorders directly linked to the pandemic. No area of the US has been spared. In CT, multiple surveys report the significant rise in requests for crisis services, and the resulting consequences of overwhelmed public and private behavioral health providers struggling to meet these ever-increasing requests for professional services.

The psycho-social stressors of anxiety, depression, family conflict, social isolation are almost universal experiences for CT residents. The emotional suffering began in the Winter of 2020 and has exponentially increased into 2021. Substance Use Co-Occurring Disorders (SUDs) are intensifying and presenting in all age groups and ethnicities and in

both urban and suburban settings. In-patient and out-patient treatment services are inundated with requests for services while also coping with the new requirements to prevent COVID infection. The pandemic has created a new and potentially more harmful cause of psychological pain- *Existential Fear of the Unknown*. In addition to COVID infection, we are all experiencing its accompanying Diseases- Despair and Trauma.

Mental health clinicians and addiction specialists state that their clients report that their depression, anxiety, grief, acute PTSD, and other behavioral symptoms are far more intense due to an overlay of dark and terrifying feelings, which inflame their existing psychological stressors. This societal development greatly intensified the risk of suicide across all age groups, but especially in young adults, who are beginning adult life experiences. Many feel dragged into a vortex of hopelessness regarding the loss of a pre-conceived future. Clients' suffering is caused by a sense that their world has turned upside down, their personal safety is daily threatened by acquiring COVID infection, and the terrifying risk of losing their basic needs- employment, housing, and economic support to put food on the table, care for and educate their children, and loss of healthcare coverage.

COVID has brought to Connecticut a second epidemic- *Existential Despair and Terror*. These are the devastating realities in the times of COVID. In an article in October's JAMA, the authors provide an enlightening and distressing description of COVID's new psychological maladies:

## Viewpoint JAMA

October 12, 2020

### Mental Health Disorders Related to COVID-19–Related Deaths

Naomi M. Simon, MD, MSc<sup>1</sup>; Glenn N. Saxe, MD<sup>2</sup>; Charles R. Marmar, MD<sup>3</sup>

*"Of central concern is the transformation of normal grief and distress into prolonged grief and major depressive disorder and symptoms of posttraumatic stress disorder. Prolonged grief disorder<sup>2</sup> is characterized by at least 6 months of intense longing, preoccupation, or both with the deceased, emotional pain, loneliness, difficulty reengaging in life, avoidance, feeling life is meaningless, and increased suicide risk. Once established, these conditions can become chronic with additional comorbidities such as substance use disorders."*

The clinical presentations of grief disorders are expected to plague state residents long after medical treatments are introduced. It is beneficial to underscore how horrifically painful severely ill patients must be treated in a hospital. We have all been struck with extreme sadness at the inconceivable tragedy of patients, alone on a ventilator, as the disease takes their lives. This inconsolable sadness is mirrored by the patients' families, who, due to COVID, are not permitted to be present for their ill loved ones, even at their time of death. A clear example of the pandemic's new and excruciating psychological terror, which has brought real and warranted fear into our lives.

Experts in Post-Traumatic Stress Disorders also predict that the Grief Reactions will convert into new forms of PTSD. These emerging clinical challenges will demand that mental health and addiction specialists create innovative therapeutic protocols, and if

need be, trained in new treatment modalities in order to effectively address the severity of both the psychological and social symptoms of PTSD.

CT residents may be vaccinated against infection. CT residents and/or their family and friends may be fortunate to recover from the virus. Regrettably though, without new and targeted behavioral health treatment, they may suffer these Pandemic disorders for the unknowable future, thus depriving them of the ability to enjoy a stable quality of life and stable employment.

**Highlights on the Status of Substance Use Disorders & Co-Occurring Treatment and Its Future Prospects:**

The pandemic introduced a new wave of treatment opportunities in the delivery of both medical and behavioral health services. Especially demonstrated in the introduction and use of Teletherapy and Virtual communication platforms like Zoom, Doxi, etc.

These innovative treatments have literally saved lives by preventing the risk of COVID infection by bringing literally life-saving substance abuse and mental health services into the homes of individuals and families across the country.

***NB. Around the middle of March, Governor Lamont signed an Executive Order, which extended and modified the Telehealth Public Act 20-2 until his “emergency powers are set to expire on April 20, 2021”. The state’s health and behavioral health care providers hope to see these authorizations codified in a similar manner as 2020’s Public Act.***

Treatment providers do need to constantly review and improve these virtual platforms. The following examples describe worrisome challenges with these treatment methods in Connecticut since their introduction in early 2020.

- Clients presenting with severe SA & psychopathology continue to have the most difficulty in using these modalities for an array of causes.
- Clients involved in Medication Assisted Therapy, Intensive Out-Patient Therapy, and Methadone treatment achieved accepted outcomes for compliancy in the Spring and Summer. Practitioners and programs now report a downward trend in clients’ adherence to expected components of care- - missed appointments, drop-out from care, etc. This decrease in compliancy to treatment requirements is especially dangerous for clients who receive weekly take-home opioid agonists like Suboxone and methadone. These clients are at far greater risk of abusing other substances and experiencing acute withdrawal symptoms, which may lead the women and men to taking non-prescribed or illegal drugs placing them at risk for overdose.
- Clients report individual problems due to the inconvenience and lack of privacy in participating in Teletherapy in their own homes, and glitches caused using required technology, i.e. cell phone and computer breakdowns.
- Non-Profits in-patient and out-patient SA settings have been required to incur significant infrastructure costs due to federal and state requirements for COVID related operational additions to provide a safe environment for clients and staff.
- Staffing shortages in both out-patient and in-patient treatment settings due to

anxiety working with clients who may have undiagnosed COVID. Also, staff members need to deal with their own personal challenges like their children's' fluctuating school schedules. This psycho-social stressor has worsened since the Fall.

-Clients and their providers of treatment identify an all-too common and chronic issue in Connecticut- commercial insurance.

*Clients cannot maintain a steady therapeutic course of treatment due to their insurance companies' high deductibles and limitations of coverage. Licensed Behavioral Health Practitioners in private practice or SA agencies struggle to maintain a best practice level of care with the low reimbursement payments for services rendered.*

Connecticut's private insurance payors paid for Teletherapy with the provision that behavioral health providers would not receive the client's share of the treatment- the Plan's Co-Pay, but soon rescinded this directive to include the client's Co-Pay. The Insurance companies have continued to issue confusing and inconsistent directives on fees for services since the Spring of 2020. Providers not only lost income but are daily faced with the ever- present risk and fear of treating clients with their own anxiety of contracting COVID.

The issue of Connecticut's insurance plans has been and continues to be a well-documented barrier to accessing substance abuse and mental health services for many state residents. With the COVID pandemic's impact on the state's economy causing severe unemployment and its associated loss of healthcare, the problems have worsened. It is important to examine these current problems with commercial insurance.

### **Connecticut's Insurance Plans- How They Block Access to Substance Abuse and Mental Health Treatment:**

As previously mentioned, it is a widely accepted fact in both CT's public and private behavioral health care, substance abuse treatment agencies, hospitals, and private practitioners that insurance companies' reimbursement rates by private and public payers (Medicaid) are disincentivizing qualified providers from accepting clients with SUD & MH. Comprehensive evidence was presented as supportive material for the State's 2019 Legislation on Mental Health and Addiction Parity Act. The following information presents significant facts on the issue.

According to the actuarial firm Milliman, which has been tracking disparities in access to in-network services for mental health and substance use disorder treatment for many years, the findings are stunning:

"In 2019, Connecticut outpatient access is the worst – ranking #1 – as the state most likely to see behavioral health office visits land out-of-network at 11.5 times the rate as for primary care office visits. The state has held the #1 position for worst outpatient access since Milliman's last findings were released in 2017. Also, in the report, reimbursement rates for Connecticut behavioral health providers were nearly 42% less than for other doctors. Connecticut's out-of-network inpatient use has nearly tripled in 4

years and out-of-network outpatient facility use is nearly two times the national average.” Both the consumer and the behavioral health provider are the losers.

For too many years, Addiction professionals and consumers from across CT regularly report to the CAAP Board that insurance carriers’ current practices create severe barriers to SA treatment.

**The barriers are all about money in the form of savings in an array of fiscal defense strategies!**

**These barriers include:**

- Rationed utilization methods to determine course of treatment and length of stay in inpatient and outpatient treatment
- Questionable protocols for denial of claims.
- Network of providers, who may not possess the standards for educational and professional experience in the treatment of SUD.
- Low rates of reimbursement.
- Flawed access to SA treatment. Many insured patients who often present with the most complex medical and behavioral health disorders, receive marginal treatment, or encounter serious systemic barriers to care- lengthy waiting periods or no availability for placement in detox services, lack of inpatient openings for patients with documented diagnosis that require this level of treatment, and uncoordinated referral processes to specialists, and the dynamic of patient stigmatization due to lifestyle and misinformation about the disease of Addiction.
- Soaring rates of deductibles that force insured patients with active SUD to abandon life-saving treatment.
- Large numbers of licensed, Independent behavioral health providers across CT, including psychiatrists (adult & children), APRNs, LADCS, LCSWs, LMFTs, and LPCs choosing to OPT OUT of accepting privately insured patients due to the drastically low insurance reimbursement plans’ reimbursement rates.

To successfully meet the horrific devastation caused by COVID, the time has come for state legislators, business owners, affordable healthcare advocates, and key influencers to challenge Insurance companies doing business in Connecticut and the powerful state Insurance Commission, which oversees private insurance companies policies and practices.

**A united message must be communicated that their practices are no longer acceptable- especially in the times of COVID. Insurance entities must be strongly urged to cover Substance Abuse and Mental Health Disorders with Care Plans that are affordable, comprehensive, and most importantly, solution focused. This request is a response to the overwhelming need by consumers to seek professional help to mitigate their personal suffering. It is past time to correct the harmful weaknesses of present insurance coverage for CT residents, which is highly arbitrary, expensive, and oppressive!**

A final point, the loss of unemployment for all income sectors renders painful psychological and social harm. One of the most frightening consequence is the loss of healthcare insurance. Although the resumption of business operations, which were restricted by the pandemic, Connecticut is still shedding jobs. This reality will surely place an undetermined burden on the State's federal Medicaid program.

Even with the massive influx of Stimulus funding, the Governor and General Assembly must ask the tough questions-

1. How will the unemployed access the critical behavioral health and medical services with of vacillating public and private healthcare plans.
2. Can the State's current Access or Medicaid program assume these costs and for how long?
3. Does Connecticut adapt a "wait and see" stance, or, does the State start to plan and develop a pragmatic and compassionate course of action to provide sustainable health coverage for state residents, who are unemployed, who desperately need professional help, now and continuing into the future to rebuild their own and/or their families' lives

### **Pursuing a Strong and Sustainable "New Normal" Post COVID**

There is much hopeful discussion of how the Stimulus funding will deal with the horrific impact of the pandemic psychological trauma and its consequences on the good people of our country. In December 2020, an additional 4.3 Billion federal dollars were allocated to bolster substance abuse and mental health services for our recovering states and cities. But the Unknown remains a formidable force in the American psyche. It is near to impossible to predict what the challenges will be in the coming months.

An evidence-based formula to identify the elements of a staged recovery initiative cannot be easily created and developed at this time to heal the devastating harm and suffering which is currently afflicting Connecticut residents. Even with the positive activities of opening schools, businesses resuming some form of regular operations, Stimulus cash awards to individuals and families, and other vital recovery programs, residents remain vigilant and worried. The grim realities of unemployment, potential loss of homes and apartments, children & teens learning deficits caused by disruptions in school schedules, closed businesses, depleted household budgets, etc. continue in Connecticut in the Spring of 2021.

The author respectfully submits that even with the massive influx of federal funding the Connecticut cannot reasonably be expected to fund these life-saving Substance Abuse and Mental Health Programs to meet the needs of its residents in the long term. This author recommends that State Legislators work with their Congressional partners to advocate for a *Federal Special Behavioral Health First Aid and Recovery Care Act*.

The model of the Ryan White CARE Act launched (and still in place) in the mid- 90s is the Gold Standard for an outstanding and comprehensive federal human service program that served our nation. The federal aid supported specific mental health, substance

**abuse, medical, case management, and other necessary human services and vital components that were specifically designed to target the AIDS pandemic's existential, physical, and psychological devastation upon individuals, families, significant others, and special populations.**

**With all the monumental challenges that the Biden Administration must face, adapting a similar model for the COVID pandemic, US states' and cities' leaders will not have to re-invent "the proverbial wheel", but can create and implement a continuum of substance abuse, mental health, employment development, and social services to support individuals and families in a swift and enlightened manner.**

**Going forward, the Connecticut Association of Addiction Professionals will advocate and support its workforce in meeting the challenge of COVID in its array of its workplaces including; community-based SA agencies, Community Health Centers, Hospitals, Residential programs. DOC and Re-entry services, and private practices. But addiction specialists must have the tools and resources to meet the awesome challenges inherent in the recovery phase of the pandemic. These resources may include new and specific COVID-related Trauma therapies, Family resilience therapies, and targeted Motivational Enhancement Therapies for early and sustained recovery from substance abuse, which are supported by equitable insurance reimbursements.**

**Promoting an *All Hands-on Deck Approach*, CAAP will work tirelessly with our elected officials, colleagues, supporters, and consumers, to bring vital First Aid in the form of Accessible, Affordable, and most importantly, Effective groundbreaking Substance Use and Co-Occurring Disorders Treatment to state residents, Connecticut's most precious resource!**