The COVID-19 Challenge for Behavioral Health

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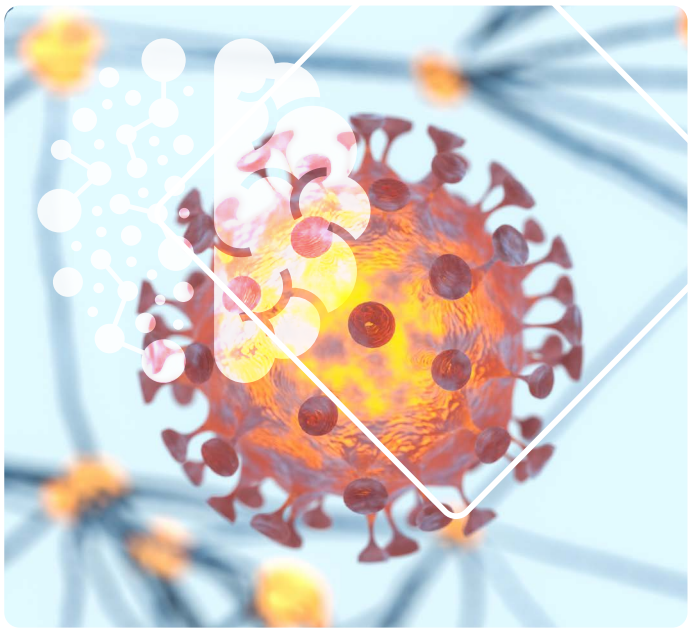
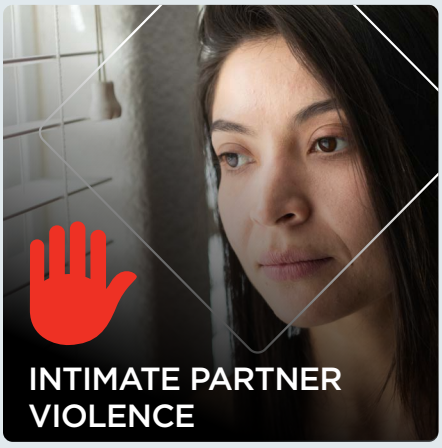
The impacts of the COVID-19 pandemic on behavioral health - both mental health and substance misuse - are only starting to surface. They affect all walks of life and will grow over the coming months and years. Although there has been variation in shelter-in-place orders and subsequent 're-openings,'



all communities have been impacted by changes to daily life. As a result, the following behavioral health needs must be addressed:



Shelter-in-place and physical distancing guidelines are especially dangerous for people experiencing intimate partner violence (IPV), who may be forced to live in constant, close contact with perpetrators of violence. Since the start of COVID-19, people experiencing IPV may have limited access to their social networks and telehealth options, especially as perpetrators may monitor phone calls, texts, and emails. Preventive and early intervention service provision have been interrupted, and domestic violence shelter capacity may be reduced in an effort to keep clients and staff from contracting COVID-19.

The COVID-19 pandemic has created feelings of fear, instability, uncertainty, and collective distress for many people. For those with pre-existing mental health conditions, the effects are even more severe. Social and physical isolation and economic instability further compound the psychological toll. A recent poll conducted by the Kaiser Family Foundation found that **45% of adults in the U.S. reported that their mental health has been negatively impacted** as a result of COVID-19 related worry and stress.[1] Face-to-face mental health services (e.g., counseling, support groups) have been disrupted and in many cases transitioned to telehealth modalities, which have improved access for some people and created barriers for others. Additionally, behavioral health and provider teams are feeling the strain on their own well-being due to the pandemic.

ALCOHOL MISUSE AND USE DISORDER

Initial data from the outbreak of COVID-19 show that alcohol consumption rates are rising. For example, alcohol sales at U.S. liquor and grocery stores in the last week of March were **22% higher than the same time last year.**[2] One study of a sample of individuals who used a smartphone activated breathalyzer device showed that blood alcohol content skyrocketed immediately after shelter-in-place orders were implemented, **increasing as much as 400%** in the state of Washington on the first day of shelter in place.[3] Though long-term consumption trends during COVID-19 are not yet available, research from previous larger scale disasters shows alarming increases in depression, isolation, anxiety, and post-traumatic stress disorder,[4, 5] which are associated with increased risk for substance use.

OPIOID MISUSE AND USE DISORDER

Individuals with opioid use disorder (OUD) or who misuse opioids may be struggling to access needed treatment, services, and medication to support their recovery from OUD. Maintaining access to OUD treatment and related services during the pandemic is one critical component to improving the health and lives of individuals. These services can also provide critical checkpoints for mental health status and other drug use, serving as additional layers of prevention and care for a population at high-risk, made increasingly so during this global pandemic.

Based on observations from previous public health crises, the psychological and behavioral health effects of COVID-19 will undoubtedly last well beyond the end of the pandemic. There are opportunities to provide strategies to identify and overcome both individual and population-level behavioral health outcomes.

This brief will provide strategies to overcome COVID-19-related challenges in service provision for intimate partner violence, mental health, alcohol misuse and use disorder, and substance misuse and use disorder. This brief also will highlight opportunities for partnership in research, evaluation, implementation, data science, data integration, and dissemination.

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Intimate Partner Violence

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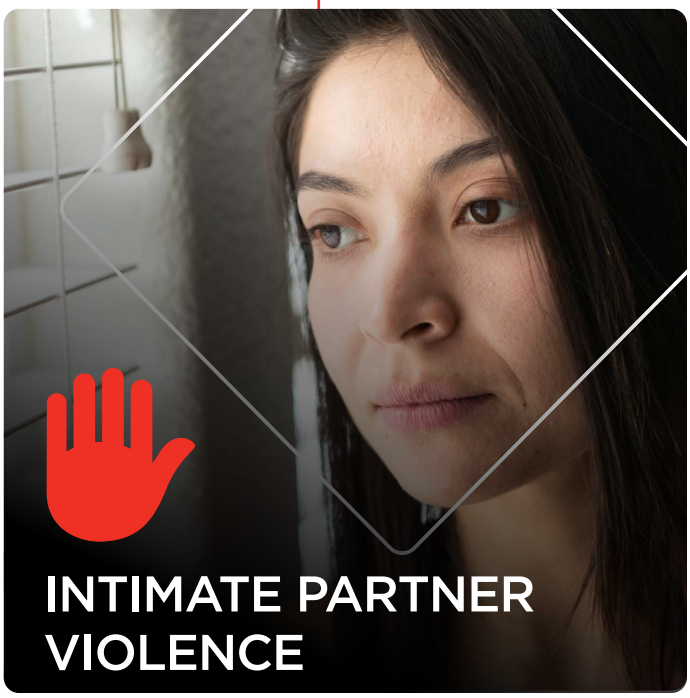


Intimate Partner Violence in America

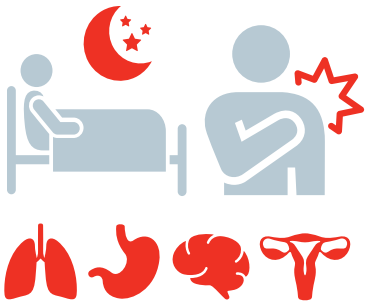
- Intimate Partner Violence (IPV) describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.[1]
- Several factors may discourage survivors from reporting IPV, including fear for personal safety, feelings of shame, stigma, desire to protect the perpetrator, economic dependency on the perpetrator, fear of losing their children, and previous negative encounters with the police.[2,3,4,5]

1 in 3 women and 1 in 4 men are estimated to experience IPV in their lifetimes[6]

How IPV Can Impact Mental Health

Experiencing IPV can have ripple effects, including:[7,8,9,10]

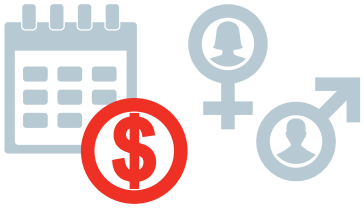
- Emotional distress
- Suicidal thoughts and attempts
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Anxiety
- Increased risk of substance use and substance use disorder (SUD)



How IPV Can Impact Physical Health

IPV can lead to increased risk of poor health outcomes, including:[11,12,13,14,15,16]

- Insomnia
- Pain (e.g. fibromyalgia, joint disorders)
- Respiratory conditions, musculoskeletal conditions, diabetes, cardiovascular disorders (e.g., hypertension)
- Gastrointestinal symptoms (e.g., stomach ulcers, appetite loss, abdominal pain)
- Neurological problems (e.g., severe headaches, memory loss, traumatic brain injury)
- Sexual and reproductive health conditions (e.g., sexual dysfunction and pelvic pain, unintended pregnancy, miscarriage, and sexually transmitted infections)



The Economic Implications of IPV

- In 2014, estimated IPV lifetime cost was $103,767 per female victim and $23,414 per male victim.[17]
- In 2014, estimated population economic burden was nearly $3.6 trillion over victims' lifetimes, including $2.1 trillion in medical costs, $1.3 trillion in lost productivity among victims and perpetrators, $73 billion in criminal justice activities, and $62 billion in other costs, such as victim property loss or damage.[17]

Experiencing IPV During COVID-19

The risk of IPV increases during emergency situations such as public health crises or natural disasters. Historically, community members and organizations have conducted in-person outreach to those in need in order to attenuate that risk. However, given the highly infectious nature of COVID-19 and associated restrictions, these approaches are not necessarily appropriate, and people are more susceptible due to isolation and interruption in service provision.

IPV perpetrators use isolation to remove the social support network (work, family gatherings) for getting help or to leave the relationship. Today those connections are more limited, increasing perceived and experienced isolation. The perpetrator may monitor phone calls, texts, and emails. And the fear of COVID-19 transmission can inhibit efforts to find temporary shelter with friends or family.

Prior to COVID-19, people experiencing IPV could access services through multiple pathways, such as:

- Initiating a request for services, directly reaching out for services by connecting with crisis lines, IPV-specific service providers, domestic violence shelters, and family justice centers
- Receiving referrals and services as a result of a report to law enforcement

Across all forms of social and legal services, providers are working to collaborate to insure that there was "no wrong door" for people experiencing IPV. While many of the services provided pre-COVID-19 are still available (crisis lines, telehealth counseling sessions, consultations), IPV service delivery has changed, and fewer options remain physically open and accessible during shelter-in-place restrictions. Healthcare systems are overwhelmed, and traditional service delivery options have been disrupted.

How COVID-19 Affects Access to Care

- **Screening.** Screening patients for potential IPV or unsafe conditions during primary care or OB/GYN appointments is limited as non-urgent appointments are pushed out further and further into the future.

- **Birth control.** Perpetrators may restrict a person's movement outside the home, limiting access to preferred birth control methods, a form of reproductive coercion.

- **Counseling, support groups, and case management.** In the absence of in-person meetings, opportunities to connect with peers and clinicians have moved to virtual approaches, such as telehealth approaches.

- **Telehealth**, an effective way to provide remote service delivery, can present multiple challenges for people experiencing IPV:
  - *Mobile health platforms increase the chance for surveillance from perpetrators who monitor mobile devices and computers. Additionally, individuals may have a hard time accessing a safe place for a private conversation during shelter-in-place orders.*
  - *Not all individuals have reliable mobile technology. People may not have their own phones, reliable access to phones, enough minutes or data, or reliable internet access to participate in a call or online meeting.*

- **Shelter-based services.** They may be at capacity and not feel safe because those trying to protect themselves and their families from COVID-19 would be living close to others.

Strategies to Address IPV During COVID-19

Though it is undeniable that COVID-19 presents a number of risks beyond the physical harm directly associated with the virus, there are actionable solutions that can help reduce these risks and establish protective policies and services during this time. While primary prevention approaches are essential to ending IPV, the strategies posed below focus on secondary and tertiary prevention measures to ensure the safety of people experiencing IPV during this pandemic.

Increase support for shelter-based care systems

Support IPV service providers in implementing federal and clinical guidance around access to shelter-based services. If shelters receive federal services, they are mandated to permit clients access, regardless of their medical condition. However, shelter clients and staff may have concerns about how to prevent the spread of COVID-19 within the shelter. By practicing physical distancing, shelters will have to reduce their capacity. Funding is needed to expand shelter-based services to hotels, dorms, and additional housing options.

Shelters need clear guidance on ways to support clients who exhibit symptoms of COVID, helping them to access necessary testing and medical care.[18] Shelters need access to testing to keep clients and staff safe. Mobile and rapid testing needs to be made available to these vulnerable populations.

Funding is needed to support telemedicine options. Both clients and service providers need to have consistent access to phones with sufficient data and minutes, as well as tablets or laptops.

Build community capacity to support survivors

All community members can play a role in ending IPV. IPV service providers, business leaders, and public health departments could collaborate to empower front-line health workers, call center teams, teachers conducting classes online, and essential workers (e.g., food service, grocery store, transportation employees) to be a potential touchpoint for individuals in need. For example, receipts at major grocery stores could include crisis-line service numbers for IPV services, food security, housing, and more so that anyone who receives a receipt has information that they need in hand. Intake forms for all medical services should ask questions to determine if someone feels safe at home, and screening staff and front-line healthcare workers could be given palm cards to hand to patients that have resources on IPV and other social services. Employers could train their staff on appropriate ways to check in with their team members and how to support team members in accessing the services that they need.

Build options for survivors who can safely connect online

Chat functions, such as the one built by IPV service provider WEAVE in Sacramento, CA,[19] offer a simple way to connect without needing to place a phone call. App-based resources such as "MyPlan"[20] can aid people in safety planning and connecting with appropriate services.

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20 https://www.myplanapp.org/home

Mental Health

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Mental Health in America

Nearly
1 in 5 adults in the U.S.
live with a diagnosed mental illness.[1]

17 million adults and 3 million adolescents
experienced a major depressive episode between 2017-2018.[2]

Worry and anxiety
(that interfere with functioning) are also experienced by close to a third of adults on a daily, weekly, or monthly basis.

Untreated mental health concerns can result in:[3]

- Physical health problems (e.g. stroke, cardiovascular disease, and high blood pressure)[4]
- Changes in sleeping and eating patterns[5]
- Unemployment
- Substance misuse and use disorder[6]
- Disability[7]
- Suicide[8]

How COVID-19 Impacts Mental Health

The COVID-19 pandemic has had serious implications on mental health. Information on how COVID-19 spreads, symptoms, and treatment is evolving quickly, which can create a feeling of fear, instability, uncertainly, and collective distress. Regulations and guidance to protect public health also are changing frequently, adding to the uncertainty.

A recent poll conducted by the Kaiser Family Foundation found that 45% of adults in the U.S. reported that their mental health has been negatively impacted as a result of COVID-19-related worry and stress.[9]

As a result of the pandemic, many are experiencing physical and social isolation, which is linked to poor mental health.[10,11] The mental health effects of the resulting isolation and disruptions to daily life and relationships are experienced differently by various subpopulations. For example:

- **Older adults** may be experiencing pre-existing isolation, cognitive decline, underlying health conditions and chronic comorbidities, challenges accessing food and medications, or distress caused by impacted living settings such as nursing homes or skilled nursing facilities.
- **Children, adolescents, and college-age adults** may not be able to learn or play with their peers. They may struggle to contextualize information about the pandemic and exercise recommended cautions due to cognitive development stages, experience disruptions to major educational milestones and trajectories, and may have risk factors in the home.
- **Military veterans** experience elevated rates of PTSD and depression, compared with civilians. Some experience complex physical health issues and psychiatric co-occuring illnesses that may present risk factors. The VA has seen a dramatic rise in the utilization of virtual mental health services since the start of the pandemic, including a 200% increase in telehealth group therapy, mental health care, consultation delivered by phone, and mental health counseling sessions via Vet centers.[12]
- **Parents of elementary-, middle-, and high-school age children** may be working full-time jobs while being responsible for both full-time childcare and home-schooling or continuing education.

COVID-19 has also changed the economic reality for many Americans. In early May, the U.S. reported record unemployment numbers.[13] Unemployment is associated with increased depression, anxiety, and distress. People with low incomes are disproportionately impacted; they are more likely to report negative mental health as a result of COVID-19.[14] Immigrant communities may face additional hardships as a result of rising unemployment as they are not eligible for many federal relief programs. This exacerbates existing health equity challenges related to accessing health care and social services.

Frontline health workers may experience burnout and vicarious trauma, depression, anxiety, and psychological burden as a result of providing COVID-19-related care in overcrowded clinical settings that are in short supply of life-saving personal protective equipment (PPE).

Strategies to Address Mental Health During COVID-19

Increase accessibility and affordability of mental health treatment

Accessibility can be increased through mobile health (mHealth) and telemedicine platforms. More providers are able to conduct support groups and individual counseling sessions via phone and video conferencing platforms, in part due to changes in federal and insurance regulations related to telehealth in response to COVID-19. For example:

- The Office of Civil Rights has indicated it will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers who serve patients in good faith through FaceTime or Skype, which lack data safeguards that meet HIPAA standards.[15]

- The Ryan Haight Act requires that a provider conduct an initial, in-person examination of a patient—thus establishing a doctor-patient relationship—before electronically prescribing a controlled substance. As of March 17, 2020, the Drug Enforcement Agency has indicated that this requirement has been suspended.

However, mobile platforms highlight socio-economic inequities. Reliable in-home internet access, computers, tablets, cell phones (as well as cell phone minutes and data plans) and not available to everyone. Subsidized technology could reduce these barriers and increase opportunities for social connection.

Individuals who lose their jobs outright or experience a reduction in paid labor may experience financial hardship and possible loss of insurance benefits due to COVID-19. As a result, paying for mental health care may cause financial strain or be less of a priority. Now, more than ever, low-barrier, low-cost mental health care needs to be widely available. To help, recent federal legislation eases restrictions on Medicare's coverage of telehealth therapy sessions.

> **"Demand has increased substantially for American mental health, and our supply hasn't changed in a meaningful way."**
>
> — Ken Duckworth, chief medical officer for the National Alliance on Mental Illness.[16]

Support workforce initiatives to increase behavioral health capacity

The Department of Homeland Security has classified as "Essential Critical Infrastructure Workers"[17] community mental health centers, psychiatric residential facilities, and the staff of federally qualified health centers, including those who provide social services and facilitate access to behavioral health services. Limited local resources may hinder the ability to implement federal guidance on physical distancing and sanitizing to prevent the spread of disease, thus restricting in-person care.

We need trained mental health professionals who are prepared and able to provide telemedicine. In a 2018 study, the majority of providers polled did not conduct online counseling sessions.[18] Some providers may not have had the ability or comfort level to pivot to providing telemedicine, reducing the workforce currently available to address rising demand for this behavioral health approach. Additionally, providers who do have the needed technology access and training face another hurdle – they historically have had authority to provide care only in the states in which they are licensed. While COVID-19 has led to the relaxation of some licensing requirements, it is unclear whether these measures will persist after the pandemic ends. Telemedicine crosses state lines, so workforce issues quickly become regional workforce issues.

Promote coordinated health care networks

Coordinated care networks such as collaborative and integrated networks can reduce barriers to accessing care and improve health outcomes. Collaborative Care involves increased collaboration among primary care, behavioral health care management, and mental health specialists. This model includes taking a team-based, patient-centered, collaborative approach that incorporates elements of patient care such as patient registries, patient education, screening or assessment tools, adherence monitoring, and evidence-based treatment guidelines. Integrated Care involves primary health care and mental health combined in one setting and merging components of these two types of care in one treatment plan. These linkages improve patient outcomes through combining efforts, such as referrals, case planning, and resources.

Both qualitative and quantitative research can help to determine both the impact of COVID-19 on individual and population-level, long-term mental health outcomes, and the impact of changes made to mental health care during the pandemic. There is an opportunity to gain insight into ways to build resiliency, improve mental well-being, and improve long-term service delivery through integrated care and telemedicine models.

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2 https://www.kff.org/other/state-indicator/individuals-reporting-a-major-depressive-episode-in-the-past-year/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

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4 https://www.thelancet.com/commissions/physical-health-in-mental-illness

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18 As coronavirus takes emotional toll, mental health professionals brace for spike in demand

Alcohol Use & Misuse

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Alcohol Use and Misuse in America

In 2018, the National Survey on Drug Use and Health found that approximately a quarter of U.S. citizens over the age of 12 **had engaged in binge drinking** & **approximately 6% in heavy drinking** over the past 30 days. These high percentages are largely driven by males, with nearly one in three males reporting binge drinking and eight percent reporting heavy drinking in the past 30 days. In comparison, one in five women report binge drinking and four percent report heavy drinking over the same period.[1]

1 in 4

What is excessive alcohol use?

Excessive alcohol use includes binge drinking and heavy drinking and has both short-term and long-term negative consequences.

In the short term, excessive alcohol use can result in:

- Injuries
- Intimate partner violence
- Alcohol poisoning
- Risky sexual behavior

Over time, these risks can lead to other health problems such as:

- High blood pressure
- Heart disease
- Stroke
- Liver disease
- Digestive problems
- Various cancers

Further, alcohol consumption has been found to weaken the immune system, leaving heavy drinkers more susceptible to becoming infected with the coronavirus.

Additional long-term negative effects on mental and social functioning include: cognitive decline impacting memory; mental health problems, including depression and anxiety; social problems, such as loss of employment and family conflict; and alcohol dependence.[2]

How COVID-19 Impacts Alcohol Use/Misuse

ALCOHOL SALES HAVE BEEN ON THE RISE

Exposure to traumatic events and post-traumatic event stressors is associated with both an increase in total alcoholic drinks consumed and a higher likelihood of binge drinking. A study on individuals impacted by Hurricane Katrina found that each additional exposure to a hurricane-related traumatic event was associated with 16.5 more drinks and a 1.23 times higher odds of binge drinking over the course of the year. This association was particularly pronounced among those with a history of social and economic hardship.[3]

Alcohol consumption during the COVID-19 pandemic has followed a similar trajectory, with alcohol sales spiking 50% in the week ending March 21, 2020.[4] This increase in demand has been met with state legislation that enables continued easy access to alcoholic beverages. In an effort to stimulate the economy, most states have included restaurants and liquor stores as essential businesses and have temporarily allowed for alcohol deliveries, mixed drinks to go, and curbside pickup of alcohol.[5] As alcohol becomes more accessible and available, sales and consumption are increasing. One study found that alcohol sales at U.S. liquor and grocery stores rose 22% for the week ending March 28, compared with a year prior.[6]

Strategies to Address Alcohol Use/Misuse During COVID-19

Efforts to reduce alcohol consumption should be undertaken at the community level, as targeted interventions toward those at highest risk of excessive drinking or related harm are challenging during periods of shelter in place. This may be particularly relevant for underage youth who can now purchase alcohol online or through apps that frequently do not check identification. There is a robust body of evidence on policies that effectively reduce consumption and related harm. The first is to reduce access to alcohol by limiting the number of days alcohol is available to purchase and reducing the hours alcohol is able to be sold. This approach has consistently been shown to reduce alcohol consumption and also fulfills some of the social distancing goals of shelter-in-place orders. Banning or reducing alcohol advertisements tied to COVID-19 may also reduce excessive drinking. Social media, radio, and television are full of advertisements encouraging alcohol as a coping mechanism for the challenges associated with sheltering in place. This further normalizes a harmful behavior and increases the risk of excessive drinking at home.

In addition to implementing community-level prevention strategies, it is critical that states and public health officials evaluate the effects of the deregulation and changes in alcohol policy that have occurred during the shelter-in-place orders. This includes understanding the effect of direct shipping, curbside pickup, to-go cocktails, and COVID-specific advertising on alcohol consumption and related harm. Processes should be in place to collect these data now to have the strongest evaluation design when this pandemic ends. Data collected could include rigorous geographic analyses of social media posts, such as Twitter and Instagram; tracking changes in alcohol policies; and tracking data on the sales and consumption of alcohol.

As rates of alcohol consumption during COVID-19 rise, efforts need to be taken to minimize the risks associated with risky alcohol use. Fortunately, there is substantial science that supports implementing community-level interventions to reduce this risk. It is essential that states and public health officials carefully monitor alcohol rates in their jurisdictions and work to implement proactive prevention policies while ensuring they reverse the temporary allowances made during the shelter-in-place orders. Reducing access to alcohol is one critical piece of the puzzle to protect the health and safety of Americans while they maintain social distancing.

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Opioid Misuse & Use Disorder

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Opioid Misuse & Use Disorder in America

People with opioid use disorders (OUD) and who misuse opioids are at high risk for coronavirus. According to the National Institute on Drug Abuse and other health experts, opioids impact:

the respiratory and pulmonary health of users

and make them more susceptible to

respiratory infections, including coronavirus.[1]

10.3 million people
aged 12 or older in the U.S. misused opioids in the previous year[2]

How COVID-19 Affects OUD & Opioid Misuse

Data regarding OUD and opioid overdose rates since the start of COVID-19 and social distancing are still emerging, though many experts hypothesize increases. One expert warns that isolation and anxiety are major drivers of OUD and opioid misuse.[3] A recent commentary in *Annals of Internal Medicine* expressed concern that reduced access to medical care and interruptions to opioid research could produce present and long-term increases in overdose death rates.[4]

People with OUD and opioid misuse have an increased risk of other social and health-related harm, including incarceration, injuries, suicide, homicide, respiratory infections, and blood-borne virus infections.[5,6] Treatment options include medication for OUD (MOUD), primarily with either methadone or buprenorphine; behavioral health programs; and solidarity groups like Narcotics Anonymous.

People with OUD are particularly vulnerable to COVID-19 for several medical and environmental reasons. Chronic respiratory disease is already known to increase overdose mortality risk among people taking opioids, and thus the National Institute on Drug Abuse suggests that "diminished lung capacity from COVID-19 could similarly endanger this population."[7] On the environmental side, social distancing could reduce access to services like syringe programs and support groups. Emergency department and hospital overcrowding could reduce access to emergency treatment and longer term recovery. The economic impact of COVID-19 could exacerbate financial barriers to accessing buprenorphine provided by opioid treatment programs. Moreover, rising unemployment could increase homelessness among people with OUD and opioid misuse, putting them at greater risk for many illnesses. A 2017 National Bureau of Economic Research study finds an increase in opioid overdose death rates with rising unemployment: "As the county unemployment rate increases by one percentage point, the opioid death rate per 100,000 rises by 0.19 (3.6%), and the opioid overdose emergency department (ED) visit rate per 100,000 increases by 0.95 (7.0%). Our findings hold when performing a state-level analysis."[8]

Strategies to Reduce Risk of Opioid Misuse During COVID-19

Access to MOUD

It is critical that individuals who are misusing opioids or have an OUD have access to the treatment and services they need. Increasing access to MOUD is critical. This may include changing MOUD prescribing laws to allow physicians to prescribe without conducting a physical first. The Substance Abuse and Mental Health Services Administration (SAMHSA) and Drug Enforcement Administration (DEA) have granted exemptions for physicians prescribing buprenorphine, but have more limitations for methadone.[9] In light of the pandemic, SAMHSA has also put out guidance for opioid treatment programs (OTP) to ensure that people are able to access the medication they need. This may include having family members visit the OTP to pick up the MOUD or allowing for home delivery.[10] States and other organizations have also relaxed some of their requirements and reduced tapering of opioids to avoid adding extra stress on their clients.[11] Though comprehensive federal guidance is currently limited and regularly evolving, states and other partners should ensure that they are following developing exemptions and allowances coming from SAMHSA and similar agencies to increase access to these important medications. Training and technical assistance may help ensure that there is consistency and standardization across these changing policies.

Access to Behavioral Health Treatment

In addition to MOUD, individuals with OUD need access to behavioral health treatment. While programs like Narcotics Anonymous are holding virtual meetings, working directly with behavioral health providers, such as counselors and psychiatrists, may be more challenging. Not all insurance covers telehealth options, and not all providers offer telehealth appointments. Telehealth is an important option for behavioral health care, and additional training and technical assistance on ways to increase access to those who lack it may be particularly helpful during this time.

Evaluate Efforts

It is important to evaluate these changes and any additional ones that are undertaken. Research can help determine whether these changes increased access to medication, whether they do so equitably across patient populations, and whether any unintended consequences result from these efforts. In addition to exploring whether access has increased for people with OUD, it's important to understand whether there was an increase in opioid misuse/OUD during shelter-in-place orders and whether other risky behavior changed before and after the implementation of these revised ordinances, such as intimate partner violence, transactional sex, or polysubstance use.

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1 https://thehill.com/blogs/congress-blog/healthcare/488745-we-cant-leave-those-with-mental-illness-addiction-disorders

2 https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUH-NationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

3 https://www.health.harvard.edu/blog/a-tale-of-two-epidemics-when-covid-19-and-opioid-addiction-collide-2020042019569

4 https://annals.org/aim/fullarticle/2764312/when-epidemics-collide-coronavirus-disease-2019-covid-19-opioid-crisis

5 https://www.nature.com/articles/s41572-019-0137-5?proof=true

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7 https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders

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9 https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf

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How Abt Can Help

The behavioral health implications of COVID-19 will likely be revealed in multiple waves, as initial fear and anxieties related to COVID-19 response planning give way to isolation experiences as a result of shelter in place and physical distancing. In the coming months, individuals and communities will grapple with the uncertainties related to trying to find a new normal and ways to physically interact with one another. Public health systems, state and local governments, and federal partners would benefit from empirical insights to inform their coordinated responses, including analyses of the patterns of transmission and course of COVID-19, assessment of people's experiences and psycho-social and healthcare needs, and inputs to inform best practices for healthcare systems in this evolving environment. Abt is prepared to use its robust evaluation, implementation, and substantive expertise to solve this pressing public health concern.

Abt's experience includes:

Content expertise: Abt is a nationally known leader in addressing behavioral health conditions and the risk and protective factors associated with behavioral health, including employment, housing, military service, criminal justice involvement, intimate partner violence, trauma, and more.

Evaluation expertise: For more than 50 years, Abt Associates has been an influential leader in conducting evaluations to assess the effectiveness and efficiency of public health programs and policies.

Commitment to advancing health outcomes for all: Abt evaluation and implementation projects examine the social determinants of health to improve the conditions in which individuals and communities work and live.

Exploratory research: Abt is an industry leader in formative research, helping clients and communities better understand the challenges at hand through qualitative data collection and analyses, environmental scans, systematic literature reviews, and policy analyses.

Methodological rigor: Abt specialists apply careful research design and methodological rigor to build evidence for continuous learning and improvement. We tailor our evaluations and policy analyses to efficiently address evolving client needs throughout the project lifecycle.

Strategic application of innovation: Abt experts solve challenges by applying both classic data collection, implementation, and evaluation techniques and innovative methods such as human-centered design, text analytics, machine learning, data visualization, and predictive analytics.

Dissemination: Abt produces high-quality communications products and reporting tools using traditional, online, and social media platforms to target key stakeholder audiences, disseminate findings to the public, and promote evaluation transparency and accountability.

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