

Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The United States currently faces two nationwide public health emergencies: the opioid crisis and the COVID-19 pandemic. The COVID-19 pandemic has had an impact on the opioid crisis because individuals with an opioid use disorder may be at a higher risk for COVID-19 infection and serious consequences from that disease. In response to the pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) granted opioid treatment programs (OTPs) and States increased flexibilities to ensure the delivery of OTP services and to protect patients and staff from COVID-19 to the greatest extent possible. To obtain information on the impact that the COVID-19 pandemic has had on OTPs, we conducted interviews with 142 OTPs.

Our objectives were to identify: (1) challenges that OTPs have encountered during the COVID-19 pandemic and (2) actions that OTPs have taken to address those challenges while ensuring the continuity of needed services and protecting the health and safety of their patients and staff.

How OIG Did This Audit

Of 1,746 OTPs nationwide, we randomly selected 150 OTPs, and after removing 7 of them for various reasons, we attempted to interview the remaining 143 OTPs from June 4 through June 22, 2020. We received responses from 142 OTPs, located in 37 States and the District of Columbia (137 urban areas and 5 rural areas).

Opioid Treatment Programs Reported Challenges Encountered During the COVID-19 Pandemic and Actions Taken To Address Them

What OIG Found

OTPs reported a variety of: (1) challenges they have encountered during the COVID-19 pandemic and (2) actions they have taken to address those challenges while ensuring the continuity of needed services and protecting the health and safety of their patients and staff.

OTPs reported challenges related to: (1) maintaining pre-pandemic service levels (124 OTPs); (2) managing impacts on facility operations (113 OTPs); (3) implementing and using telehealth (87 OTPs); (4) obtaining treatment medications, personal protective equipment, and cleaning supplies (83 OTPs); (5) maintaining patient participation in OTP activities (77 OTPs); (6) dealing with limitations posed by existing Federal guidance (65 OTPs); (7) providing take-home doses to patients (51 OTPs); and (8) implementing governmental guidance (34 OTPs).

OTPs reported actions taken, including: (1) encouraging or requiring various personal safety measures for patients and staff (141 OTPs), (2) implementing or expanding the use of telehealth to continue providing services (128 OTPs), (3) increasing the number of take-home doses to reduce the number of patients visiting facilities (127 OTPs), (4) making physical changes to facilities and increasing staffing flexibilities (121 OTPs), and (5) ensuring that patients received treatment medications (92 OTPs).

Conclusion and SAMHSA Comments

The information in this report was gathered to support HHS's goal of reducing opioid morbidity and mortality and to help SAMHSA by providing information on the impact that the COVID-19 pandemic has had on OTPs. This information was current when we conducted our interviews but may not represent all the challenges that OTPs have faced or the actions they have taken to address those challenges. We recognize that SAMHSA has taken actions to support OTPs as they work on the front lines to treat people diagnosed with opioid use disorders and to ensure the safety of the health care workforce. The information in this report provides SAMHSA and other decisionmakers (e.g., State and Tribal officials and other Federal agencies) with a national snapshot of OTPs' challenges and the actions they have taken to continue providing services during the pandemic. In written comments on our draft report, SAMHSA described actions that it had taken after becoming aware of COVID-19's impact on operations for its behavioral health stakeholders, such as providing technical assistance and training during the pandemic.