

Substance use disorder treatment and COVID-19

Maintaining services while protecting providers and the people they serve

DHS works with community partners and providers to ensure that drug and alcohol detoxification and substance use disorder (SUD) treatment services continue to be available throughout the state.

Access to SUD services are a special area of concern for Minnesotans during the COVID-19 pandemic. SUD treatment programs were considered “critical services” under [Executive Order 20-20](#). However, barriers needed to be removed to not only provide treatment, but also to keep treatment program staff and the people they serve safe.

The COVID-19 pandemic struck the state in the middle of an already ongoing public health epidemic: opioid misuse. The demand for interventions and services continue, even during the pandemic.

Therefore, COVID-19 peacetime emergency efforts for substance use disorder treatment services are focused on providing flexibility for grantees, telemedicine, and critical ongoing work across the state.

Expanded telemedicine

DHS received federal approval to temporarily ease certain limits in existing law for receiving needed care and services through telephone and video visits. This was critical to allow for continued mental health care while protecting the health of both providers and the people they serve. This included:

Easing limits for receiving care and services through telephone and video visits:

- Expanding the definition of telemedicine to include telephone calls
- Allowing a provider’s first visit with a patient to be conducted over the phone.
- Allowing Medical Assistance and MinnesotaCare enrollees to have more than three telemedicine visits in a week

Expanding eligibility for who can provide services through telephone and video visits to include:

- Alcohol and drug counselors, recovery peers, and student interns in licensed SUD programs
- SUD Rule 25 assessments, comprehensive assessments and group therapy.

Telemedicine Study

A statewide telemedicine study is taking advantage of the emergency waivers to review the effectiveness of telemedicine and telehealth service delivery methods. This research will allow DHS to make well-informed recommendations regarding the future of telemedicine and telehealth in Minnesota.

Flexibility for grantees

During the COVID-19 Peacetime Emergency, DHS is offering some **grant flexibilities** that it wouldn't otherwise provide. These flexibilities include the relaxation of certain contractual requirements, such as the requirement that a service needs to be

provided face-to-face, and authorization to use existing funds for an activity that was not already in the grantee's budget or work-plan, such as purchasing iPads, safety equipment, telepresence equipment, or software.

Maintaining critical ongoing work

DHS continues to focus on advancing equity and prioritizing communities that have so often been left out in the past., going to local communities as much as possible to listen and learn, and to rethink on every level how we can support culturally-specific providers and publicly-funded programs.

- DHS supports a number of **culturally-specific substance use disorder treatment programs**. Examples include programs by and for American Indians and for the lesbian, gay, bisexual, and transgender community.
- **Women's Recovery Services** is a grant program that helps women in treatment remain alcohol and drug free, get and keep a job, stay out of the criminal justice system, have stable housing, get physical and mental health services for themselves and their children, and deliver babies negative for substances at birth.
- The 2019 **Opiate Epidemic Response** law secures sustainable funding to fight the opioid epidemic and established the [Opioid Epidemic Response Advisory Council](#) to develop a statewide effort to address the opioid epidemic.
- **Opioid grants** are funding important work around the state, such as providing lifesaving Naloxone, expanding medication-assisted treatment, addressing disparities, and addressing the ongoing shortage of treatment professionals.

Waiver process

Changes needed to offer increased flexibility during the pandemic are allowed by executive order, but some require waivers to state law and/or waivers from the federal government. As of the beginning of August 2020, DHS has secured approval for 86 waivers.



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