**ATTC**

**Clinical Concerns**

* Increased anxiety/depressive disorders (not SPMI) in combination with substance misuse in populations not served previously
* Lack of access to MAT for Hispanics/Latinos
* Providers are reporting that clients/potential clients are reporting increases in the use of alcohol and other substances in response to increasing stress related to COVID-19 shutdown/isolation/etc.
* Pervasive increases in client distress, resulting in more prevalent and urgent substance and mental health difficulties
* Increase in alcohol use and notably higher blood alcohol levels when testing

**Financial strains on systems/organizations**

* Financial concerns impacting health setting viability/sustainability
* Organizational viability and sustainability financially
* The problems with liquidity among providers who are struggling financially during this pandemic (not able to serve as many people due to distancing)
* Workforce issues made worse by clinic closures, hiring freezes, lay-offs
* Changing laws and policies

**Opioid Overdose**

* Rise in opioid-related overdoses - Concerns about how to ensure naloxone access and ensure continuous access to medication for opioid use disorder
* Overdose risk reduction

**Racial Equity**

* Heightened awareness of racism and inequity - desire to address these issues head on in addiction treatment and recovery
* Lack of culturally and linguistically appropriate treatment
* Shortage of bilingual clinicians
* A lack of access to resources in communities of color, such as primary care, transportation to services, telehealth, testing and treatment, personal protective equipment, healthcare for essential workers, and safe spaces and housing.
* Intergenerational trauma in communities of color, which can result in increased stress, anxiety, a loss of culture and history, and ongoing stigma and discrimination and can lead to substance use, poor health outcomes, and a lack of trust of organizations.
* Deficiency in the number of culturally competent providers and linguistically appropriate materials to support communities as well as a lack of understanding of the ways in which culture can act as a protective factor

**Rural Treatment Access**

* Access to treatment for clients in rural areas

**Specific to COVID/social-distancing**

* Lack of personal protective equipment available to behavioral health/SUD programs
* Challenges accessing treatment services for COVID 19 positive patients
* Challenges conducting outreach/reaching people in need of SUD treatment and recovery services due to social distancing requirements
* Social distancing discourages patients seeking in-person assessments, and first time patient assessment not been very successful, because of concerns with virtual contact

**Staff wellness, self-care, resiliency**

* Staff wellness. Many staff are struggling to manage the new work environment, which includes the rapid transition to telehealth, working from home, and other emerging pressures.
* Supportive practices-compassion fatigue
* Providers themselves suffering stress (psychological/ emotional) related to being isolated, having family or colleagues sick and/ or quarantined due to illness or possible exposure, reports of mild to severe mental health issues, some resulting in relapse, suicide, family relationship problems, and job loss, etc.
* Self-care and compassion fatigue
* Providers not being able to participate in their ceremonies, family events, cultural events, and community-based support services. A general feeling of being cut off, isolated, and at risk for health related COVID-19 complications

**Telehealth**

* Rapid shift to telehealth - This shift has been challenging for many providers. They are requesting support with tele-health information, resources, and tools
* Challenges of providing clinical services virtually, particularly with regard to group treatment. This has affected revenue for some and led to decreases in staffing.
* Telehealth-how to safely interact with patients via telehealth
* Rapid implementation of telehealth
* Providers not having in person access to their patients and/or limited access through telehealth or phone calls.
* The mix of telehealth and face-to-face services as agencies reopen have created challenges in policies related to best patient care and maintaining safety of staff and clients.
* Telehealth - operations, ethics, and consumer/peer engagement
* Challenges applying useful treatment and recovery practices via telehealth
* The need to expand knowledge and skills among providers to offer their services using technology ie telehealth
* Technology Challenges
* Lack of internet access for most vulnerable patients and limits online support and telehealth

**Workforce Challenges**

* Challenges of providing clinical services virtually, particularly with regard to group treatment. This has affected revenue for some and led to decreases in staffing.
* Workforce challenges: increased retirements and difficulty obtaining practicum placements/hours slowing new professionals entering workforce
* Workforce issues made worse by clinic closures, hiring freezes, lay-offs