Notes: Opportunities Pivot: Advocating for Future Needs after COVID-19

Discussion on May 1st, 2020 led by Community Catalyst and the Katal Center for Health, Equity, and Justice

About: Conversation about the shifts being made and ongoing challenges in the context of COVID-19, related explicitly to accessing housing and healthcare (including MAT); shifts to harm reduction practices; decarceration; and more.

Tracie Gardner, the Vice President of Policy Advocacy for the Legal Action Center: speaking on the current issues and barriers facing black women.

- What are the issues and challenges affecting black women during COVID-19?
    - The intersection of our lives gets hit hard. Everyone on this call may be in fury or at least irritated by the fact that everyone is surprised that COVID-19 is playing out the way it is.
    - COVID-19 has created the latest example of a health emergency that shows us how broken the health system we established is and some would argue it was constructed to deliberately work against black women. It is infused with the systemic antagonism around gender, race, and class. So it is no surprise it isn't working for us.
    - We need to educate people about why we got to where we are at and why it will continue to happen unless we provide solutions that actually work.
    - Particularly when you talk about black women they are the least well paid, the least protected, and work the most essential jobs. The irony of this and the long fight against systems that devalue our lives puts us at the explosion of the junctures.
- What has changed for black women during COVID-19
    - One of the big issues comes up again and again, black maternal outcomes and the numbers behind these horrible outcomes. People fail to acknowledge racism as an individual, but also how care is rendered.
    - Access and navigation are vital. The health care system is virtually impossible to navigate along. It isn't an accident that we go to the emergency room for healthcare and that is where COVID is blossoming and exploding.
    - The very black and brown people who are being killed by COVID are the people who have been disserved by the healthcare whether it is respiratory illness or chronic conditions. If healthcare is acute and emergency based, that means the health care system is broken, underfunded, and de-prioritized.
    - Technology has arrived to help. Technology is not accessible to everyone; however telehealth is a wonderful thing in concept. We must be careful that the promise of telehealth doesn't endanger or harm us with the information it shares.
    - The health system still hates those of us who use drugs or that have done time. The healthcare must serve us; it must be in the business of serving the community. The Legal Action center is getting lots of calls since COVID of the need to protect information to ensure it doesn't hurt us in another ways of our lives.
- What rapid responses to COVID jump out to you and should considered for long-term policy?

    - I think how we do business in the people serving sector that is so much dependent on the brick and mortar on how we engage and interact with people who are disconnected. No more coming to offices to get services, buy me a smart phone so I'll be able to stay connected to service providers.

Alice Dembner, the Program Director for Substance Use Disorders and Justice Involved Populations at Community Catalyst: speaking on the national perspective in terms of telehealth

- What are some of the issues and challenges surrounding telehealth?
    - One of the key things about telehealth is that COVID has blown it open in a way we have never seen before. We have lots of people already disconnected and COVID has intensified those disparities. Telehealth has the promise of expanding access.
    - Prior to COVID the biggest barriers to telehealth were not everyone knows about it nor has the technology or equipment to use it. A census study in 2018 found at that nearly half of the states, 25% of black people did not have internet access.
    - There were also federal barriers to medically assisted treatment and lots of issues with the infrastructure for small providers, harm reductionists and recovery practitioners. Mostly importantly, insurers weren't covering it or paying the same as in-person services.
    - Some barriers are going away but we still have the infrastructure issues. A system that is not built around remote care, especially for recovery and harm reduction because they are high touch services.
- What has changed due to COVID-19?
    - More insurers are now covering telehealth including the Medicaid program. Particularly, there is a change for buprenorphine which can now be proscribed remotely. We need more providers, this will increase access.
    - We are seeing more flexibility in allowing people on Medicare and Medicaid to access telehealth and providing coverage for community health centers. This allows for increases in substance use and mental health screenings.
    - We are also seeing remote access, not just telehealth. People are getting multi-day or multi-week prescriptions so they don't have to go to the methadone clinics everyday or for buprenorphine. This gives people more options and greater access and it possible for people to not endanger their health to get care.
- What are some of the challenges with telehealth?
    - The privacy issue in terms of telehealth. With more phone and video use it's adding more data that is not ours. Concerns about protecting that information, particularly around drug use. We need to do a lot of advocacy around these protections.
    - It is important for people to collect stories on how telehealth is helping and not helping people. Talk to providers and policymakers and demand them not to just stop when COVID ends and to continue to expand excess.

- DEA allowing buprenorphine to be prescribed without an in-person appointment and ensuring that this sticks after the pandemic. Either change the law or create a registry of providers who with prescribe controlled substances.

Malika Lamont, the LEAD Project Manager and serves on the WA State LEAD Expansion team and is the Project Manager of VOCAL-WA: speaking on the issues around the work of the clinic during COVID.

- Can you speak to the issues around the work of the clinic during COVID?
    - COVID has lifted the sheet covering the myth of American exceptionalism. I'll be speaking about the work of the Olympia Bup clinic, where we have a low-barrier clinic in SW Washington and we're open every night with a catchment area of 6,000 square miles. Due to Medicaid transformation we got money to start the clinic.
    - Because of COVID, we've looked at staffing plans. We want to make sure staff and the people we serve are safe. We changed to an outdoor operation and split our team into three groups and each group works a one week schedule.
    - Providers work remotely and we've been catapulted into telehealth. We are also advocating for people to be released from the jail in the county we work in.
    - We have lengthened prescriptions for people and are making sure people who aren't housed are getting housing. We are also advocating for other counties surrounding us to create similar clinics. We operate from urban to frontier areas in the state.
    - A church in our neighboring county is getting ready to model a clinic off of ours. The faith leaders are the people who are doing harm reduction work. Here the only low-barrier shelter we have is run by a faith community.
- What is stuff that is happening that should stick around or that we should fight for?
    - We are continuing to expand telehealth and we will keep that after the pandemic. We are continuing to work on addressing the stigma in communities and protecting peoples information, particularly in small communities where that's a bigger issue.
    - We are run out of a consumer run mental health agency, where we all have a diagnosis and we are continuing to try a combat the stigma.

Sean Fogler, the Director of Development and Education at the Pennsylvania Harm Reduction Coalition: speaking about waivers and racial disparities.

- Can you speak to the issues or challenged around waivers during COVID-19?
    - COVID has exposed what was already there and what was there is really ugly. Our systems of care are broken and they inflect measurable amounts of harm, particularly to black and brown people. This layered with the overdose crisis creates a perfect storm for destruction.
    - We lost almost 70,000 people last year to overdose, with 2/3's of those being opioids. We have medication that we know work and most healthcare providers don't have the ability to prescribe these medicines or aren't interested.
    - Recent study out of Harvard, found that the only two things that reduce mortality were buprenorphine and methadone. The systems for these drugs are fueled in stigma and

discrimination. This is rooted in archaic drug war thinking, and recent studies have shown white people are 35X times more likely to get access to buprenorphine prescriptions than black or brown people. People in marginalized communities have more access to methadone which is far more stigmatized.
    - The waiver system requires providers to get a specialized waiver to prescribe medicines for opioid use disorder. Physicians can prescribe these drugs for pain without a waiver. Only 7% of physicians have these waivers and only 10% of those actually use these waivers.
    - A lot of this is rooted in the myth of diversion; most of these medicines go to people searching for these drugs for help.
- Can you speak to some of the rapid responses that you are seeing?
    - The DEA has done a good job in exempting the requirement for an in-person interview for buprenorphine. In Philadelphia, outreach workers are on the ground connecting people to providers.
    - Unfortunately they haven't waived the in-person requirement for methadone. In New York, recently they started a delivery service for methadone and they are giving out long-term prescriptions 14 to 28 days.
    - The interesting thing with telehealth is it allows people to engage from home in their privacy and anonymity. It's not just access, it is also about the quality of care and development culturally sensitive care that speaks to each individual groups.
    - We need emergency funding for these medications. We must get rid of this waiver because it is an archaic way of distributing medicines that works. Collecting stories will be important for advocating for systemic change.

Shelly Moeller, a LEAD technical assistance provider for tribal and non-tribal communities in New Mexico: speaking about access to housing.

- What are some of the challenges around housing in the context of COVID?
    - I've worked with LEAD programs, in New Mexico, for several years and many of the clients are either unhoused or precariously housed. Homelessness is a public health issue and communities need to provide housing for all.
    - In NW, there are a little over 3,000 people who are not in shelters are completed unhoused. In Santa Fe, there has been housing and housing support provided by the city and county. They mobilized resources to house people in hotels because shelters did not provide the space for social distancing.
    - The city and county also then needed a place to house people who had tested positive, symptomatic, or had been in contact with positive folks. They mobilized funding to the two major shelters and the shelters went to find hotels that could house people.
    - Now they are working on maintaining this system and stretching the funding. Our city relies on gross receipt taxes from tourism, so when revenue isn't solid we must find ways to maintain these programs.
- What are some long-term solutions in terms of housing?

- A person that oversees affordable housing in Santa Fe has been working on a project called community solutions and its goal is to house everyone in the community. Anytime someone builds a housing complex in the city, they put a % of that money into a development fund for the city.
- They are planning to use this money to purchase the hotel to have permanent supportive housing 60% free housing and 40% affordable housing.
- My big recommendation is to learn about the fund base for our municipalities. We have a small portfolio that supports our city and county. Understanding where those funds come from and how solid they are is important for mobilizing and maintaining these resources.

Devin Reaves, the Executive Director & Co-Founder of the Pennsylvania Harm Reduction Coalition: speaking on the need for advocates to think long-term and as things begin to open.

- Need to think long-term:
  - Some of the biggest mistakes a lot of us made were that we initially made short-term responses to COVID, thinking it would just be a couple of weeks or months.
  - Now we know it will be here till a vaccine, so we can't win with twelve 1-month strategies. We need a long-term strategy that addresses the political nature of our problems.
  - We need collective action and base building for people being affected by COVID-19 and those on the front lines. We are now doing state-wide online advocacy trainings where we have been able to reach more people due to this crisis.
  - We must partner with local progressive organizations that are doing advocacy work.
  - One huge issue is the outbreak of COVID beyond bars. The agenda and motivation behind a lot of the efforts to release people is messed up as white liberal groups push public releases without the necessary resources and conservatives white groups work to get people out privately.
  - We need to get people out quickly and safely; people need access to care and treatment upon release. In 27 out of the 50 county jails, we were able to equip them naloxone. We've been working on that for 2 years and during COVID we were able to do this in a few weeks.
  - It is on us to save ourselves. We must demand a long-term plan.

Speaker Contact Information:

- Alice Dembner: adembner@communitycatalyst.org
- Shelly Moeller: psii@mac.com
- Malika Lamont: malika.lamont@defender.org
- Devin Reaves: devin@paharmreduction.org
- Sean Fogler: sean@paharmreduction.org
- Tracie Gardner: tgardner@lac.org

Poll Results:

Question 1: 100% of respondents would be interested in participating in future calls hosted by Community Catalyst and the Katal Center for Health, Equity, and Justice

Question 2: Out of the areas discussed today, a majority of respondents want to hear more about black women in the context of COVID-19, harm reduction, and state and federal advocacy efforts.

Question 3: In terms of other topics people would be interested in hearing about, a majority of respondents want to hear about decriminalization, funding for pre-arrest diversion initiatives, and strategic community engagement.

Q&A:

Q: How do we ALL channel the good will being shown as a response to COVID-19 (by federal and state agencies, health care providers and the community at large); track the innovative measures taken to meet eminent needs of those at the highest risk; and integrate these new measures into standard policies moving forward?

A: The first thing is going back to advocacy and grabbing people who are directly impacted by COVID and getting their story out there. Having people use social media and videos to discuss good and bad experiences in relation to COVID. The data and research is out there and people don't care. Stories are what connect with people, personalizing and humanizing the issue will make the day. Let's start broad campaigns around things such as public health and telehealth.

Q: How do you see coalitions being built between the "people serving sector" and the "social justice activists"?

A: If you are in the business of doing direct service, you don't have the option of not being an advocate. This is not about an activity that puts your non-profit at risks; it is about the people you serve who have needs and making the elected officials responsive to those needs.

Q: What is the plan for taking federal funds from FEMA and the Cares Act and how they can be sustained after the crisis?

A: There is money; I know the Cares money in many states has not been spend. Jurisdictions in many states are giving people funds to address the needs emerging from COVID. It is really about an interrogation of policymakers in terms of what was the intended use for it and how can it be best used.

Q: What are the practical ways we can support individuals returning to communities following release from jails while also recognizing quarantine/self-isolation questions? Please respond within the context of the polysubstance overdose crisis.

A: With folks who are in charge of the programs, encouraging them to think beyond just the people being unhoused, and find out where they are going and if they need be sending them to shelters who

have the resources and capacity. For people looking for more resources, here is a recent COSSAP grant from the DOJ where funding can be used for re-entry housing.

Resources:

https://drive.google.com/drive/folders/11KmQbtpFhxOyNIUJ3ry9gPVgKMVR4OGk?usp=sharing