Michigan Department of Health and Human Services

Office of Recovery Oriented Systems of Care

Communication on Providing and Reporting SUD Prevention Services

The following is guidance stemming from frequently asked questions regarding providing virtual and alternative services and reporting of those services during the COVID-19 pandemic.

- Per SAMHSA, SABG, PFS and SOR funding can continue to support staff positions that engage in activities that are allowable under the FOA, within the scope of the grant application, and in line with the statutory requirement of the award. This includes tele-prevention and the use of technology to deliver prevention services via a virtual delivery system.
- In the absence of direct service, providers may participate in indirect services or prevention certification related activities.
- Indirect services include but are not limited to
  - Staff development via webinars, reading materials, etc.
  - Strategic planning for virtual delivery of services
  - Program preparation
  - Brochure or other material development
  - Virtual training on evidence-based curriculums
  - Data entry into MPDS
  - Evaluation process – compiling and analyzing pre/posttests
  - Preparing for prevention certification exam (allowable under Block Grant and PFS Grant)
- Services may be delivered alternatively via telephonic and virtual platforms (e.g. Zoom, Skype, etc.). PIHPs would determine practicality and feasibility of these services. Policy and procedures should consider ways to engage participants and verification of virtual participation.
- Funding may be used to purchase online services, virtual platforms or needed equipment for staff to work virtually (e.g. laptop). Funding is not allowed to be used to purchase internet services for participants.
- Telephonic or virtual service examples include but not limited to
  - Parenting classes delivered via a virtual platform
  - Vendor Education conducted over the phone or via a webinar
  - Provider creates a video workshop and uploads on YouTube for parents, students, teachers, etc.
  - Coalition and task force meetings via telephonic or virtual means

Reporting of virtual prevention services in the Michigan Prevention Data System (MPDS)

Language in MPDS Provider Manual, a staff activity must meet the following requirements to qualify as an activity eligible for entry:

➢ Must be quantifiable as staff time
  - The system is designed to capture staff time in activities, and not the outcome or product of the activity. Check with your PIHP Region as staff time could be described differently (e.g., direct service or outputs).

- For example: Time spent delivering Life Skills Training (LST) curriculum would be considered a direct service activity. Time spent by staff working with partners in the community to coordinate the adoption and implementation of a smoke free policy would be entered as a direct service activity. The actual adoption of a smoke free policy is not quantifiable in terms of staff time and would therefore, not be considered direct service activity and would NOT be entered into MPDS-SUDS.

➢ Must be face-to-face
- Time spent in activities that support the implementation of a prevention activity but is not in direct contact with a recipient or community partner would NOT count as direct service and would NOT be entered into MPDS-SUDS. In addition, activities that are done with coworkers (staff meetings, stuffing envelopes) do not count as direct service activity. Therefore, these activities would not be entered into MPDS.

OR

▪ Telephone or video conferencing alternatives
- Telephone or video conferencing alternatives may count as direct service and be a reportable activity IF the activity takes the place of a face-to-face encounter and meets the definition of direct service.

Telephonic and virtual service examples reported in MPDS include but not limited to

Service Example	Reporting in MPDS
A provider created a video workshop and uploaded on YouTube for schools and students.	▪ The time that it took to create the video would be counted in MPDS as information dissemination, N07. ▪ If the video was used as part of a one-time virtual session conducted by staff, it would be counted in MPDS as information dissemination, N07. ▪ If the video was used as part of an on-going group, it would be counted as an education strategy. ▪ The views the video received on YouTube, independent of staff time, would not be counted in MPDS.
Virtual parenting classes	Recorded the same way as if service was being provided in-person, would be counted as education strategy.
Virtual community coalition meeting	Recorded the same way as if service was being provided in-person, would be counted as community-based strategy.
Vendor Education via phone	Recorded the same way as if service was being provided in-person, would be counted as information dissemination strategy.

RESOURCES

CDC, Coronavirus Disease 2019 (COVID-19), How To Prepare, Manage Stress and Anxiety

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fcoping.html

COVID-19 is an emerging, rapidly evolving situation.

Get the latest Michigan response at: www.michigan.gov/coronavirus

Get the latest public health information from CDC: https://www.coronavirus.gov

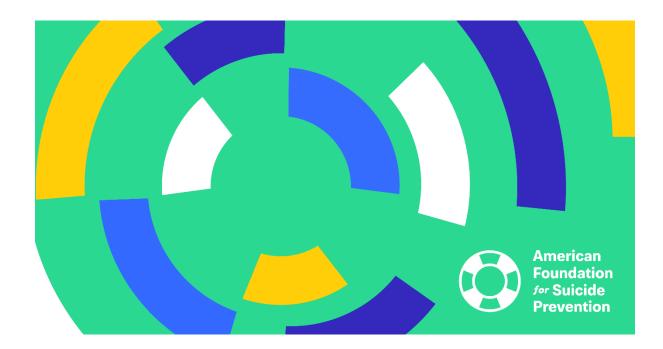Get the latest research information from NIH: https://www.nih.gov/coronavirus

Below please find several articles on COVID-19 and the use of tobacco products, including e-cigarettes.

- **Smoking or vaping may increase the risk of a severe coronavirus infection** by Tanya Lewis.

  https://www.scientificamerican.com/article/smoking-or-vaping-may-increase-the-risk-of-a-severe-coronavirus-infection1/?amp

- **FAQs - Coronavirus and Smoking** from Quit Victoria: https://www.quit.org.au/articles/faqs-coronavirus-covid-19-and-smoking/

- **Analysis of factors associated with disease outcomes in hospitalized patients with 2019 novel coronavirus disease.** Liu, Wei; Tao, Zhao-Wu; Lei, Wang, et al. Chinese Medical Journal: February 28, 2020 - Volume   https://www.ncbi.nlm.nih.gov/pubmed/32118640   A history of smoking was found to be one of the factors for the progression of COVID-19 pneumonia.

- Campaign for Tobacco-Free Kids Press Statement on COVID-19 and Smoking/Vaping   https://www.tobaccofreekids.org/press-releases/2020_03_20_covid-19

- Smokers at Higher Risk of Severe COVID-19 During Coronavirus Outbreak – Forbes   https://www.forbes.com/sites/victoriaforster/2020/03/23/smokers-at-higher-risk-of-severe--covid-19-during-coronavirus-outbreak/#d3b730a7638d

- https://tobacco.ucsf.edu/reduce-your-risk-serious-lung-disease-caused-corona-virus-quitting-smoking-and-vaping - Stanton Glantz article

- https://no-smoke.org/respiratory-risk-factors-covid-19/

In addition, the American Cancer Society launched an anti-e-cigarette campaign on March 16. See link for more information: https://www.cancer.org/content/cancer/en/about-us/what-we-do/youth-vaping.html

SAMHSA's COVID-19 Guidance and Resources

Given the rapidly evolving situation with COVID-19, SAMHSA is providing regular updates via a new consolidated COVID-19 page. This page can be found at samhsa.gov/coronavirus. Please check for new updates.

COVID-19: We Must Care for Older Adults' Mental Health

No matter your age, mental health and well-being are influenced by numerous factors and are susceptible to change. Right now, most people, across all sectors of society, are being affected by the global health crisis related to the coronavirus. One particular group we should keep in mind during this

challenging time is older adults, whose routines and usual support systems may be disrupted.

The most powerful factors that impact mental health and well-being for older adults include:

Mental health conditions. Often undiagnosed, mental health conditions (either previous or current) can have their first onset in later adulthood. Depression and severe anxiety are not a normal part of aging and can be addressed with clinical treatment and social support. **The stress of COVID-19, the uncertainty it creates, and the potential for older adults to be more susceptible to the virus, can exacerbate any underlying risk for depression or anxiety.**

Physical health, pain and disability. Medical conditions are prevalent for most older adults and can often be well managed. When pain or chronic illness lead to functional disability, the individual's sense of identity and well-being can be significantly impacted. **During this COVID outbreak, being in an older age demographic and having chronic health conditions are criteria for "high-risk" vulnerability to the virus. This can compound the stress many older adults feel.**

Social isolation, feeling lonely or disconnected. Any regular contact with family, neighbors, clubs, faith communities, and social services (such as meal delivery or home care personnel) can serve as important points of contact. These can be a lifeline for social connection. **Social distancing can create further isolation, and the current crisis is affecting almost everyone's routines, mass transportation, and some "non-essential" social services. This means that the usual social support and contacts older adults have with others may be diminished.**

Losses are a more frequent experience for older adults and generally include the death of friends/family, and other kinds of losses such as driving, autonomy,

financial, or functioning in various roles. Older adults' capacity to adapt and heal through grief and loss is generally vast. Yet grief can become complicated for some. When losses occur in combination with other stressors, mental health deterioration can occur. **The COVID outbreak can feel like a threat that could bring about even more potential loss adding to the older adults' baseline experiences of loss.**

Disruption in routine, such as eating, sleep, daily structure, sense of purpose, and relationships. **There is a good chance that COVID has affected the older adult's usual routines: where they can shop, eat, walk and socialize.**

Everyone has a role to play in supporting older adults during the COVID outbreak. Here are some things you can do:

1. Regularly check in on your older adult friends, neighbors and family members.
2. Call or video-chat with them, since texting and social media may not be the best method of connecting.
3. Ask how they are doing during this period of time, how their routines might have had to change, and what kinds of things they are doing to cope with the stress.
4. Encourage them to keep doing the activities that are allowable during COVID for their local area, and that they identify as being most helpful for them, such as daily exercise or a walk, stretching, listening to or playing music, reading, enjoying favorite or humorous shows, puzzles, games, social activities, and meditation or prayer. (Here are some activity ideas from [AARP](#), and the [National Institute on Aging](#).)
5. Help them seek medical advice or care if they are experiencing symptoms of physical or mental health decline.
6. Offer to bring them a meal, run an errand, or walk their dog, if your town allows for these activities.

7. Seek advice from them based on their experience and wisdom.
8. Express gratitude and appreciation for any support you get from your relationship with them. Let them know what you admire about the way they conduct their life.

Most importantly, simply communicate regularly with the older adults in your life, and express support. Let them know you're there for them and that you care. Make sure they know you are grateful they're part of your life.

It's important that we all care for each other during this challenging and uncertain time. By taking a few simple actions, you can make all the difference in an older person's life when they may need it the most.

Sincerely,

Christine Moutier, M.D., CMO
AFSP