Research Data Brief

Availability of clinical, counseling, and ancillary services in facilities that provide medication-assisted treatment for opioid use disorder

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June 2021

In brief

- Substance abuse treatment facilities that provided medication-assisted treatment increasingly used telemedicine and telehealth services in 2020 compared with 2019.
- Most facilities that provided medication-assisted treatment frequently used substance abuse counseling, cognitive behavioral therapy, motivational interviewing, and relapse prevention. The least frequently used clinical or therapeutic approach was community reinforcement plus vouchers.
- The most common education and counseling services provided by facilities included substance abuse counseling, individual counseling, and group counseling services. The least common services were vocational training and counseling.
- Although case management was the most common ancillary service provided by facilities, few facilities provided child care, acupuncture, and residential beds for children.
- The use and availability of some psychosocial treatments and supports varied by facility setting. Examples include some effective clinical and therapeutic treatment approaches, education and counseling for medical conditions that co-occur with opioid use disorder, and mental health services.
- There were minimal differences in the availability and use of psychosocial treatments and supports by geographic region.

Introduction

In light of the alarming increase in opioid overdose deaths in 2020, it is vitally important to understand the clinical and psychosocial services available to treat people with opioid use disorder (OUD). According to the Centers for Disease Control and Prevention, from September 2019 to September 2020, projected opioid overdose deaths increased by 28.8 percent.[1,2] In 2019, the latest year for which complete data are available, 1.6 million people ages 12 and older met the criteria for opioid use disorder (OUD) under the *Diagnostic and Statistics Manual of Mental Disorders*, 4th edition, and about 49,000 people died from an opioid overdose.[3,4,5] Yet only 18.1 percent of people with OUD received medications that help reduce or stop opioid use.[4]

Medication-assisted treatment (MAT) for OUD combines use of approved OUD treatment medications—methadone, buprenorphine, and naltrexone—with psychosocial treatments such as counseling and behavioral therapies.[6,7] The American Society of Addiction Medicine (ASAM) clinical guideline for treating OUD recommends that patients or clients be referred to psychosocial treatments according to their individual needs but that patients' refusal of these services should not delay initiation of pharmacotherapy.[7] Opioid treatment programs (OTP), which are federally regulated, are required by law to provide counseling or other behavioral therapies, as well medical, vocational, educational, and other assessment and treatment services to clients who receive MAT.[8]

Psychosocial treatments could improve patients' outcomes by addressing the complex medical, behavioral, and social needs of patients with OUD.[9] These services can change behaviors related to substance use, encourage engagement with and adherence to MAT, and treat co-occurring mental health conditions.[7] Broadly, psychosocial treatments and supports include clinical and therapeutic services, education and counseling services, and ancillary services. Clinical and therapeutic services include behavioral and motivational therapies such as cognitive behavioral therapy, contingency management, 12-step facilitation, and motivational interviewing.[9,10] Education services generally address physical health conditions that might be comorbid with OUD such as HIV, hepatitis, other health complications, and vocational training. Counseling services include individual, group, family, and marital or couples modalities, and smoking and tobacco cessation. Ancillary services provide supports to address individual needs and stabilize social and economic conditions, including services such as case management and those that address transportation, child care, family or partner violence, and mental health.

Most evidence for psychosocial treatments focuses on their use in outpatient settings, but less is known about their use in inpatient and residential settings.[7] This brief uses data collected in 2019 and 2020 for the National Survey of Substance Abuse Treatment Services (N-SSATS), a census of specialty substance abuse treatment facilities in the United States, to examine clinical and therapeutic approaches, education and counseling services, and ancillary services available at substance use treatment facilities that provide MAT for OUD.[11,12] N-SSATS data were collected from March to November 2020, capturing information during the first eight months of the COVID-19 pandemic. Therefore, these data provide insights into changes in services these facilities provided in 2019 and 2020. This brief

focuses on substance abuse treatment facilities that provide MAT for OUD themselves or accept clients whose MAT is prescribed elsewhere.[13] This brief reports on the following:

- Clinical and therapeutic services that are used frequently at facilities that provide MAT by treatment setting (non-OTP inpatient, non-OTP residential, non-OTP outpatient, and OTP facilities)[14]
- The availability of education, counseling, and ancillary services at facilities that provide MAT by treatment setting (OTP, non-OTP hospital inpatient, non-OTP outpatient, and non-OTP residential)
- The frequent use of clinical and therapeutic services and availability of education, counseling services, or ancillary services by geographic region

Differences in reports of clinical and therapeutic approaches, education and counseling services, and ancillary services from 2019 to 2020 can help assess whether the COVID-19 pandemic affected service availability.

Facilities and settings providing OUD treatment and MAT

In total, 14,424 facilities surveyed by N-SSATS in 2020 provided OUD treatment, of which 94 percent (13,535 facilities) provided MAT or accepted patients receiving MAT.[15] Among these facilities, 41 percent provided methadone or buprenorphine services for OUD and 37 percent provided naltrexone to prevent relapse. More than half (60 percent) of facilities that treated OUD had clients whose OUD treatment medication is prescribed by another entity. Of the facilities that provide MAT, 655 facilities offer non-OTP hospital inpatient services, 3,079 facilities offer non-OTP residential services, 9,518 facilities offer non-OTP outpatient services, and 1,732 facilities are classified as OTP. In 2020, the number of facilities that provided OUD treatment and MAT increased from 2019. The total number of facilities that provided MAT and the distribution of service settings among facilities did not change from 2019 to 2020.

The number of clients who received each type of medication and the percentage who received each medication differed by setting (Table 1). More clients received any medication in non-OTP inpatient settings in 2020 than in 2019, a change from 2,437 to 3,492. The number of clients who received any medication in non-OTP residential settings decreased in 2020 compared to 2019, a change from 10,835 to 6,939 clients. The number of clients who received medications in non-OTP outpatient settings was about the same in 2020 as it was in 2019. OTPs reported 99,435 fewer clients enrolled in treatment and receiving medication at the end of March in 2020 than in 2019. The proportion of clients receiving buprenorphine in non-OTP inpatient settings more than doubled from 19 percent in 2019 to 48 percent in 2020, and the proportion of clients receiving methadone or naltrexone, or receiving any of these medications in other settings, remained largely the same across these years.

Telemedicine and telehealth services

Telemedicine and telehealth services are ways to deliver psychosocial treatments. Although OUD treatment programs used telemedicine and telehealth before the pandemic, telemedicine and telehealth have become an important adaptation that enabled facilities to continue serving their existing clients and engage new clients during the COVID-19 pandemic in 2020. Efforts to facilitate access to OUD treatment via telemedicine and telehealth in response to the pandemic include guidance to expanded insurance coverage for telemedicine and telehealth services, removal of prior authorization requirements or referrals for telemedicine and telehealth services,[16] a waiver of HIPAA[17] requirements for telemedicine and telehealth technologies,[18] and permission to prescribe buprenorphine via telemedicine and telehealth.[19]

The proportion of facilities using telemedicine and telehealth services more than doubled from 2019 to 2020, from 30 percent to 62 percent across all service settings (Figure 1), with the greatest increases in using telemedicine and telehealth occurring in non-OTP outpatient (36 percent increase) and OTP settings (30 percent increase). Non-OTP inpatient and non-OTP residential settings each increased their use of telemedicine and telehealth by 23 percent.

Table 1. Proportion of clients in each treatment setting who received MAT for OUD: 2019 and 2020

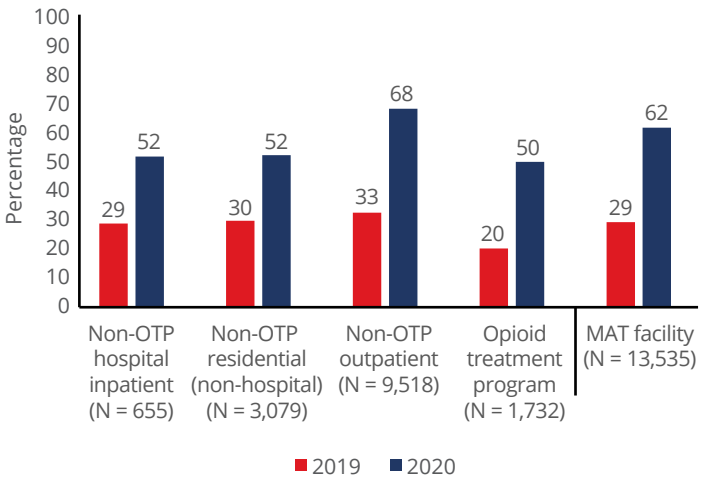
	Non-OTP Inpatient		Non-OTP Residential		Non-OTP Outpatient		OTP	
	2019	2020	2019	2020	2019	2020	2019	2020
Total Clients	2,437	3,492	10,835	6,939	152,268	152,536	444,734	345,299
Methadone	1.2%	.7%	.7%	1.2%	.8%	1.2%	81%	82%
Buprenorphine	19%	48%	10%	10%	16%	10%	7%	8%
Naltrexone	7%	7%	5%	4%	3%	3%	.5%	1%

Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2019, 2020).

Note: Facilities report total client counts by inpatient, resident, and outpatient settings on the N-SSATs. OTP column represents client counts for OTP facilities. Facilities were asked to report the number of clients served in March who were still enrolled in treatment on March 29, 2019 and on March 31, 2020.

OTP = opioid treatment program; MAT = medication-assisted treatment; OUD = opioid use disorder.

Figure 1: Percentage of facilities that provided MAT that frequently used telemedicine and telehealth services by treatment setting in 2019 and 2020



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2019,2020).

Note: N-SSATS asks facilities to report whether they frequently used telemedicine or telehealth therapy.

MAT = medication-assisted treatment; OTP = opioid treatment program.

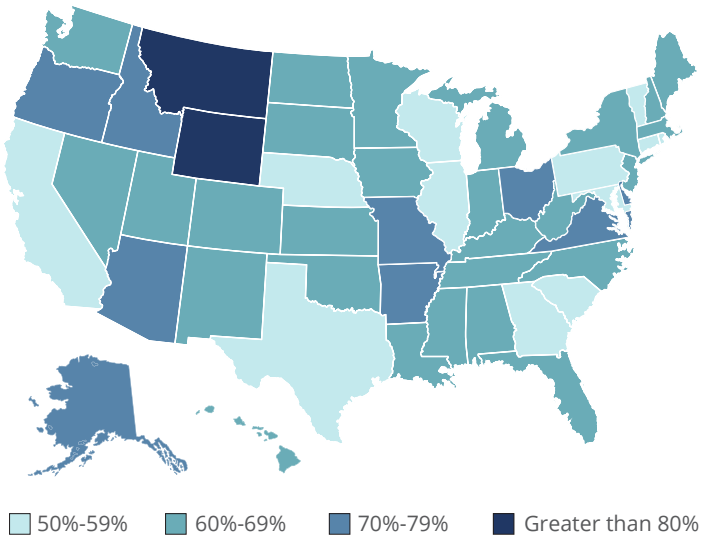
The frequency of use of telemedicine and telehealth services varied across states (Figure 2). In all states, more than 50 percent of facilities providing MAT reported frequently using telemedicine and telehealth in 2020. In Idaho, Montana, and Wyoming, more than 80 percent of facilities providing MAT reported frequent use of telemedicine and telehealth. Across states, increases in the use of telemedicine and telehealth by facilities providing MAT averaged 33 percent, with increases of more than 35 percent in Colorado, Connecticut, District of Columbia, Idaho, Massachusetts, Michigan, New Jersey, New York, Oregon, Pennsylvania, South Dakota, Washington, and Wisconsin (Figure 3). Guam's frequent use of telemedicine and telehealth increased from one to all four facilities providing MAT.

The N-SSATS data do not identify the specific ways that facilities use telemedicine and telehealth services to deliver treatment and other services and supports. Although COVID-19 might have accelerated the uptake of telemedicine and telehealth services in substance use treatment facilities that provide MAT, especially in outpatient settings, how facilities used telemedicine and telehealth is unclear. Whether these changes had benefits for access to MAT, treatment adherence, and outcomes is also unclear, but the answers are of interest to policymakers and providers as they consider whether policy and practice changes should continue after the pandemic.[20,21]

Psychosocial treatments and supports

The N-SSATS asks facilities whether they frequently used 14 clinical and therapeutic approaches as well as the availability of 10 education and counseling and 9 ancillary services and supports. The following sections provide details about the use and availability of these services and supports in 2020. Across all services, there were generally minimal differences (less than 5 percent) in services offered by facilities that provide MAT for each service from 2019 to 2020.[22,23] Because N-SSATS responses contribute to facility descriptions about the availability of

Figure 2: Percentage of facilities that provided MAT and frequently used telemedicine and telehealth by state in 2020

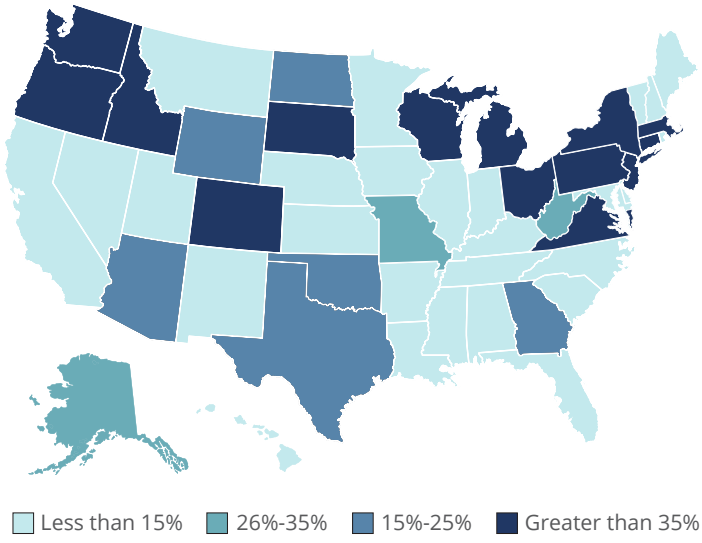


Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2020).

Note: Palau and the U.S. Virgin Islands (not pictured) did not have any facilities that frequently used telemedicine/telehealth services. In Puerto Rico (not pictured) 47 percent of facilities and all facilities in Guam used telemedicine/telehealth services.

MAT = medication-assisted treatment

Figure 3: Change in percentage of facilities that provided MAT and frequently used telemedicine and telehealth by state from 2019 to 2020



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2019, 2020).

Note: Guam increased use of telemedicine and telehealth by 67 percent, and Puerto Rico increased use by 32 percent. Use of telemedicine and telehealth services did not change for Palau or the U.S. Virgin Islands. Gaum, Palau, Puerto Rico, and the U.S. Virgin Islands are not pictured.

MAT = medication-assisted treatment

services in the Substance Abuse and Mental Health Services Administration's treatment locator, and because of the unusual conditions of the COVID-19 pandemic, facilities were instructed to respond to questions about service availability as they would be available absent the pandemic. For this reason, the reported availability of services in 2020 might be higher than what was actually available.

Clinical and therapeutic approaches frequently used by facilities that provide MAT

The N-SSATS asked whether they frequently used clinical and therapeutic approaches. Clinical behavioral therapies include cognitive behavioral therapy, dialectical behavior therapy, rational emotive behavioral therapy, trauma-related counseling, and anger management. Therapeutic approaches for treating substance use disorders included motivational interviewing, 12-step facilitation, brief intervention, contingency management, matrix model, community reinforcement plus vouchers, and relapse prevention. Figure 4 shows the distribution of frequently used clinical and therapeutic services by service settings among facilities that provide MAT.

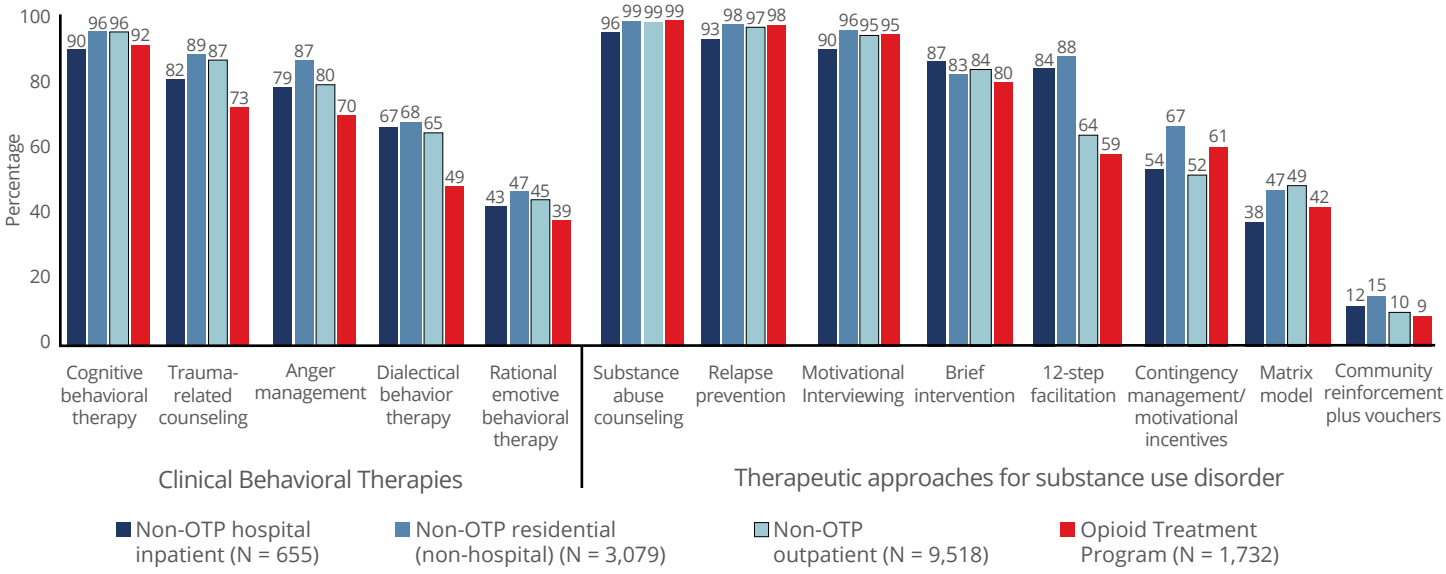
On average, facilities that provide MAT frequently used about 10 of the 14 clinical and therapeutic approaches included in the N-SSATS, which includes telemedicine and telehealth services. Nearly all facilities frequently used substance abuse counseling (99 percent), cognitive behavioral therapy (95 percent), motivational interviewing (95 percent), and relapse prevention (97 percent), and these services were less often provided in non-OTP inpatient settings. The least frequently used approach was community reinforcement plus vouchers, which only 10 percent of facilities used. Use of community reinforcement plus vouchers was slightly higher in residential settings than others.

- Compared with other settings, a higher proportion of non-OTP residential settings frequently offered 12-step facilitation, dialectical behavior therapy, contingency management, trauma-related counseling, anger management, and rational emotive behavioral therapy.
- A lower proportion of OTPs frequently offered 12-step facilitation, brief intervention, dialectical behavior therapy, trauma-related counseling, anger management, community reinforcement plus vouchers, and rational emotive behavioral therapy.

Education and counseling services available at facilities that provide MAT

N-SSATS asked whether facilities offered education and counseling services. Education services include topics such as HIV/AIDS, hepatitis, and health (that is, topics not related to substance abuse, HIV/AIDS, and hepatitis). Counseling services include substance abuse, smoking and tobacco cessation, individual counseling, group counseling, family counseling, marital and couples counseling, and vocational counseling. Figure 5 shows the distribution of education and counseling services available by service settings among facilities that provide MAT.

Figure 4: Clinical and therapeutic approaches frequently used by service setting for facilities that provided MAT in 2020



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2020).

Note: Telemedicine and telehealth therapy is included as a clinical or therapeutic approach in the N-SSATS, but it is not shown on this graph.

MAT = medication-assisted treatment; OTP = opioid treatment program.

On average, facilities that provide MAT had offered about 7 services out of the 10 possible education and counseling services. Nearly all facilities that provide MAT offered education and counseling services for substance abuse (98 percent), individual counseling (97 percent), and group counseling services (93 percent). The least available service was vocational training or educational support, which only 18 percent of facilities provided.

- OTPs had the highest proportion of facilities that offered services related to conditions that might be comorbid with OUD, such as HIV/AIDS, hepatitis, and health education for conditions other than HIV/AIDS and hepatitis.
- The availability of family, marital, or couples counseling services varied greatly by facility setting, and OTPs had the lowest proportion of facilities offered these services.

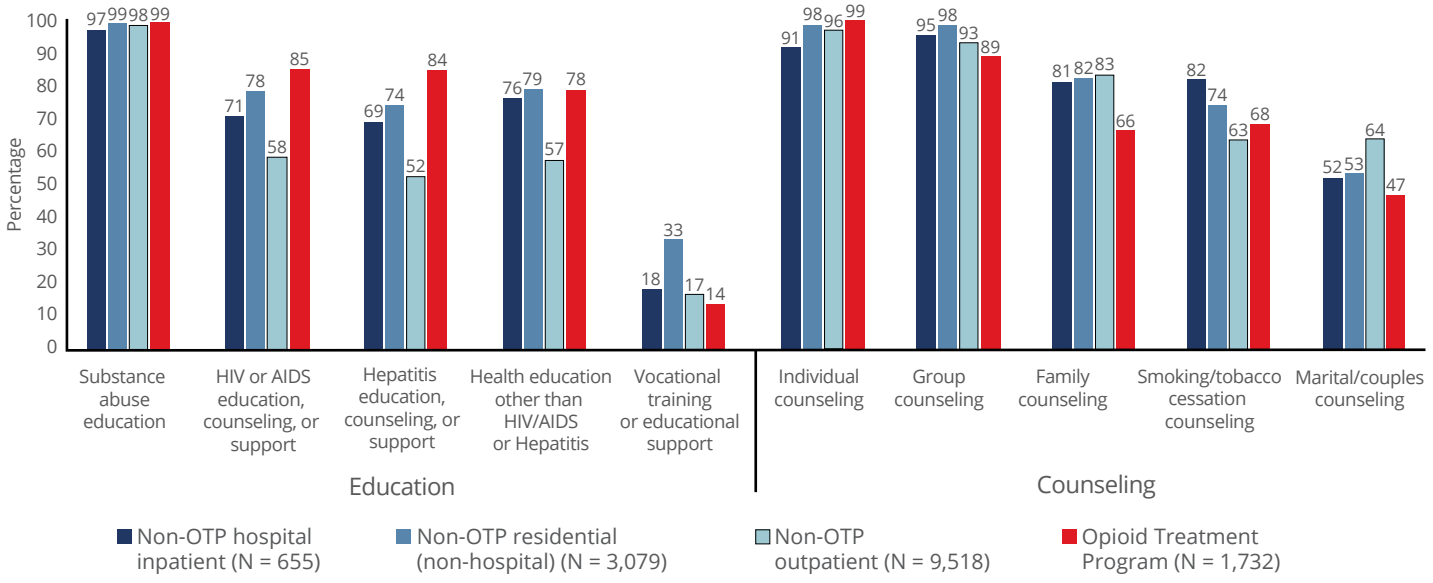
Ancillary services offered at facilities that provide MAT

N-SSATS asked whether facilities offered any of the following ancillary services: case management, social skills, child care, domestic violence, early intervention for HIV, transportation assistance, mental health services, acupuncture, or residential beds for children. Figure 6 shows the distribution of ancillary services offered by service settings among facilities that provide MAT.

On average, facilities that provide MAT provided about four of the nine possible services. The average number of services provided did not differ by MAT facility type. About 85 percent of MAT facilities provided case management services. Few facilities provided child care (6 percent), acupuncture (7 percent), and residential beds for children (3 percent). Almost 3 percent of facilities indicated that no ancillary services were available at the site.

- The proportion of facilities that provided case management, social skills, child care, domestic violence, and transportation assistance services as well as residential beds for children was highest among non-OTP residential facilities.
- The greatest variation in the availability of services by facility type was for early intervention for HIV, transportation assistance, and mental health services:
  - About 84 percent of non-OTP hospital inpatient facilities provided mental health services compared with 45 percent of OTPs.
  - About 69 percent of non-OTP residential facilities provided transportation assistance compared with just 40 percent of OTPs.
  - About 40 percent of OTPs provided early intervention for HIV compared with just 20 percent of non-OTP outpatient facilities.

Figure 5: Education and counseling services available by service setting for facilities that provided MAT in 2020

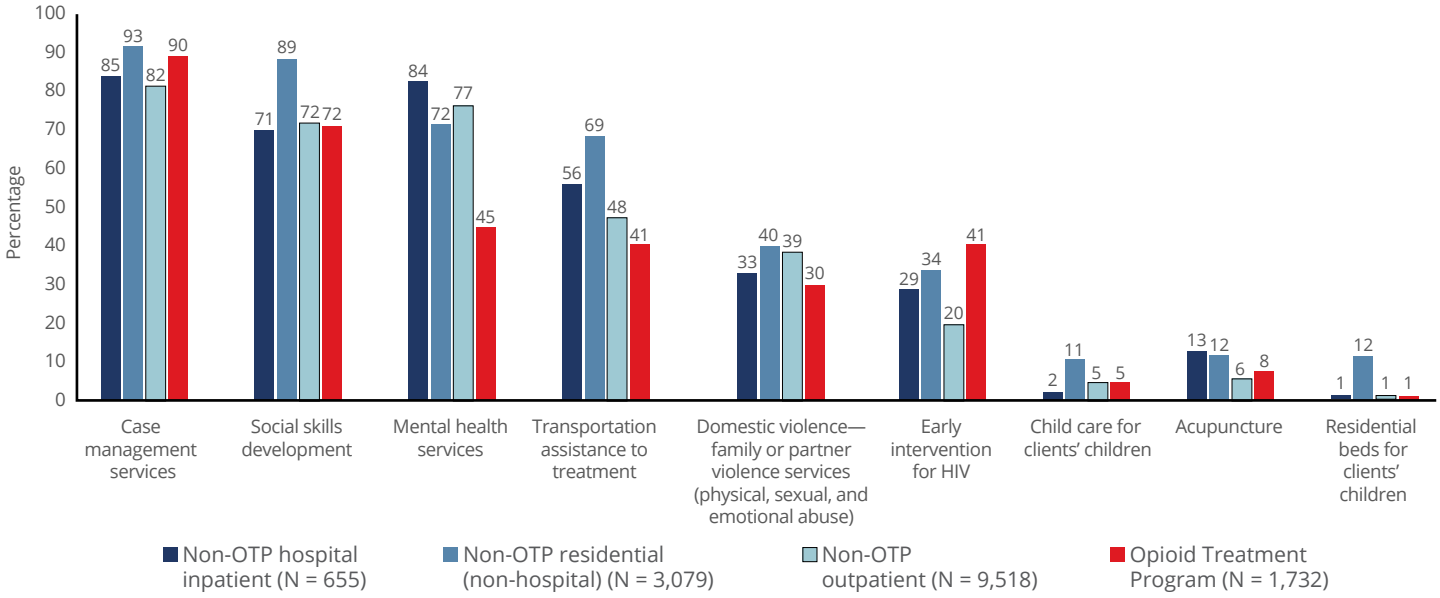


Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2020).

Note: 39 MAT facilities did not provide any education and counseling services.

MAT = medication-assisted treatment; OTP = opioid treatment program.

Figure 6: Ancillary services offered by service settings for facilities that provided MAT in 2020



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2020).

Note: 374 MAT facilities did not provide any ancillary services.

MAT = medication-assisted treatment; OTP = opioid treatment program.

Geographic variation in availability of psychosocial supports

In 2020, 28 percent of facilities that provide MAT were in the South, 27 percent were in the West, 24 percent were in the Midwest, and 21 percent were in the Northeast. Figure 7 depicts the distribution of the number of services by geographic region for each category (clinical and therapeutic approaches, education and counseling services, and ancillary services). Across all categories of services, the distribution of the number of services varied by geographic region.

The pattern of distribution of the number of clinical and therapeutic approaches was similar across all geographic regions. For example, in the Northeast, most facilities frequently offered 8 to 11 clinical and therapeutic approaches, and only a few facilities indicated that they frequently used just 1 to 3 services.

For education and counseling services, the Northeast and South had similar patterns of the distributions of services. In these regions, most facilities provided 8 to 10 services. In the Midwest and West, however, most facilities provided 4 to 7 services.

Changes in geographic variation from 2019 to 2020.

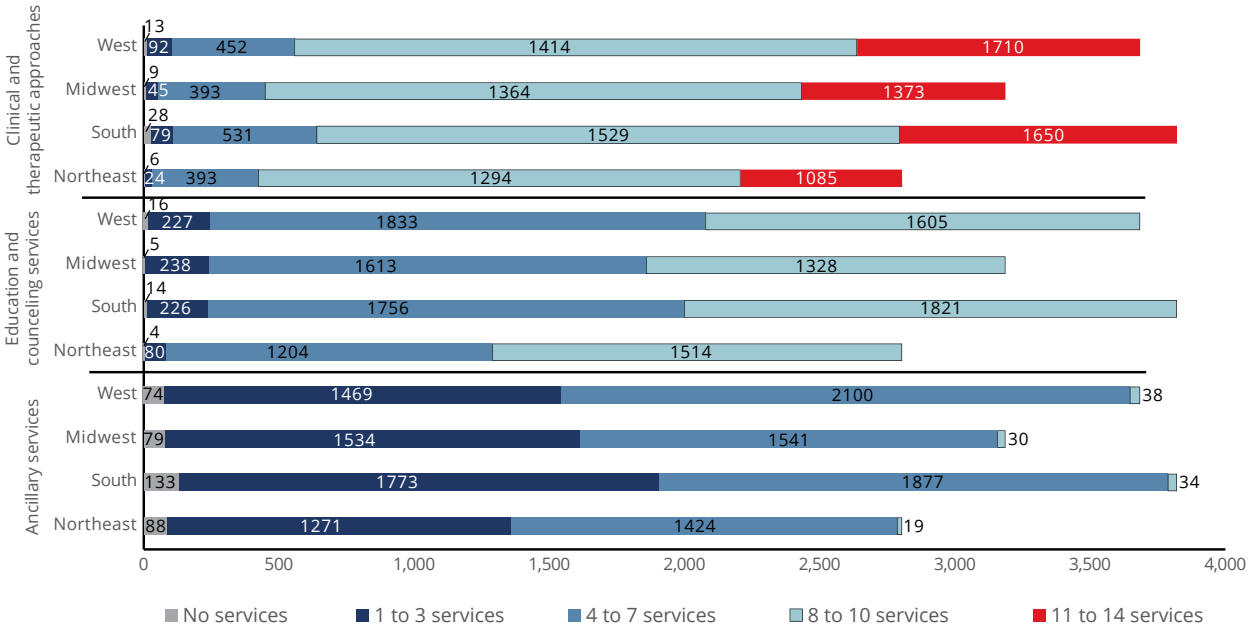
There were few differences in the distribution of services by geographic region from 2019 to 2020. Across all regions, the distribution of education, counseling, and ancillary services did not change significantly. Among clinical and therapeutic approaches, more facilities offered the highest number of services (11 to 14 services) in the Northeast (8 percent more) and Midwest (7 percent more) in 2020 than in 2019.

Discussion

Recommendations for MAT combine the use of medication with behavioral treatments and supports, but the extent to which these services are offered and under what conditions is not well understood.[7] In 2020, with the COVID-19 pandemic, social distancing measures impacted the in-person delivery of behavioral health services across all treatment settings that involved either individual interactions, such as between a provider and a client, and services in congregate facilities. At the same time, compared with 2019, data from 2020 show alarming increases in treatment needs among people with OUD and a rise in overdose deaths.[1,2] Data from N-SSATS provide insight into the availability and use of MAT medication and psychosocial treatments and supports for OUD as well as changes that occurred with the onset of the pandemic.

The N-SSATS data show that buprenorphine use more than doubled from 2019 to 2020 only in non-OTP inpatient settings, and there were negligible changes in use of methadone or naltrexone across other settings. Although the N-SSATS does not provide insight on what might have driven this change, factors that could have contributed to the increased use of buprenorphine include the greater need for bed space for COVID-19 patients, increased access to follow-up medication monitoring by telehealth and telemedicine because of relaxed restrictions under emergency authority, and increased buprenorphine initiation by hospital clinics associated with emergency departments.[16,19] The sharp decrease in the number of clients reported by OTPs for March 2020 compared to March 2019 may result from disruptions to OTP functions and staffing at the start of the public health emergency, as well as barriers encountered by clients, such as reduced transportation options to go to the OTP.

Figure 7: Distribution by geographic region of the number of psychosocial services offered at substance use treatment facilities that provided MAT in 2020



Source: Data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, and National Survey of Substance Abuse Treatment Services (2020).

Note: A total of 39 facilities indicated that there were no education or counseling services at the facility, 56 facilities indicated that clinical and therapeutic approaches were not frequently used at the facility, and 374 facilities indicated that there were no ancillary services offered at the facility. The maximum number of ancillary services that a facility could provide is nine. Another 51 facilities were classified as "other" region.

Facilities using telemedicine and telehealth services more than doubled from 2019 to 2020, across all service settings, with the greatest increases seen in non-OTP outpatient and OTP settings. OTPs implemented extended methadone take-home medication to 14 and 28 days allowable under public health emergency authorization, in part to address reduced OTP capacity, and utilized telemedicine to provide behavioral supports early on in the pandemic.[24] In addition, nearly one-fourth of non-OTP inpatient and non-OTP residential settings also increased their use of this service. Although more than 50 percent of facilities providing MAT across all states frequently used telemedicine and telehealth services in 2020, the greatest use was in three western states, Idaho, Montana, and Wyoming, whereas states with the greatest increases in use largely included more populous states with larger urban centers, with the exceptions of Idaho, South Dakota, and Guam.

Facilities that provided MAT had a strong uptake of certain psychosocial treatments and supports across settings. Frequently used clinical and therapeutic approaches included substance abuse counseling, cognitive behavioral therapy, motivational interviewing, and relapse prevention. Most facilities offered individual and group counseling as well as case management services.

Some psychosocial treatments and supports, however, had very limited availability across facilities providing MAT. These include some effective clinical therapies and supports for social stabilization, mental health, and children. For example, facilities least frequently used rational emotive behavior therapy and community reinforcement plus vouchers. Few facilities offered vocational counseling, child care, acupuncture, and residential beds for clients' children.

The availability of some psychosocial treatments and supports varied across service settings. For example, non-OTP residential settings more frequently used clinical and therapeutic approaches than other service settings did. Health education on HIV, hepatitis, and other health conditions was least available in non-OTP outpatient settings. Ancillary services varied considerably in their availability across service settings. In particular, OTPs had a significantly lower availability of mental health services and transportation services compared with other service settings. Use or availability of these services did not vary significantly from 2019 to 2020, with the exception of greater availability of most clinical and therapeutic services (11 to 14 services) in the Northeast and Midwest in 2020.

Although the ASAM clinical guideline advises that declining use of psychosocial supports should not preclude a client's access to OUD treatment medication, the use of these services can be beneficial for improving treatment outcomes for these clients.[7] Reasons for differences in use of psychosocial treatments and supports might vary across treatment settings and could be affected by factors such as state policy, reimbursement, level of utilization, facility issues, provider shortages, and geographic conditions. Efforts to better integrate these services must address patient-, provider-, and system-level barriers to accessing psychosocial supports.[25]

Suggested citation:

Karmali, R., B. Manteuffel, and J. Agufa. Availability of clinical, counseling, and ancillary services in facilities that provide medication-assisted treatment for opioid use disorder. May 2021. Submitted to Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD under contract HHSS283201600001C/LC-001-BHSIS.

Endnotes

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11 Center for Behavioral Health Statistics and Quality. "National Survey on Substance Abuse Treatment Services (N-SSATS)" [data set]. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

12 Center for Behavioral Health Statistics and Quality. "National Survey on Substance Abuse Treatment Services (N-SSATS)" [data set]. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

13 The analytic sample included facilities that use MAT, such as naltrexone, buprenorphine, or methadone, to treat OUD or facilities that accept clients who have been prescribed MAT from another entity.

14 Non-OTP hospital inpatient settings included those that provide medically managed or monitored inpatient detoxification or medically managed or monitored intensive inpatient treatment. Non-OTP residential settings included facilities with clinically managed residential detoxification or social detoxification; clinical managed high-intensity residential treatment, typically less than 30 days; or clinically managed medium- or low-intensity residential treatment, typically more than 30 days. Non-OTP outpatient settings were facilities with ambulatory detoxification, 20 or more hours per week, 9 or more hours per week, or outpatient treatment, non-intensive facilities. OTP settings included facilities that were federally certified programs required to provide counseling or other behavioral therapies in conjunction with MAT.

15 In 2020, 16,066 facilities were surveyed by N-SSATS.

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20 Telehealth Response for E-prescribing Addiction Therapy Services Act or the TREATS Act, S. 4103, 116th Cong. (2019–2020).

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22 In 2020, the COVID-19 pandemic prompted respondents to ask how they should respond to questions about available services, including the services that are the focus of this brief. Because responses to the survey populate facility service offerings on SAMHSA's treatment locator, facilities were instructed to indicate what services they would have provided if they were fully operational absent the pandemic. These services included those that are the focus of this brief. Therefore, clinical therapeutic, education and counseling, and ancillary services normally available but possibly not available because of COVID-19 response might be greater than those actually offered in 2020.

23 No tests of significance were conducted to compare 2019 with 2020 but this brief presents data for clinically meaningful differences defined as differences in proportions greater than 5 percent.

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