



COVID-19 and Opioid Treatment

Guidance for the Field

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The following information is meant to support opioid treatment programs (OTPs) relating to the coronavirus (COVID-19) situation in Ohio. Our focus right now is implementing OhioMHAS' emergency management plans and shoring up relationships that are increasingly important during this pandemic. These relationships are with our federal partners, other states, and local government entities. Our efforts at planning are aimed at supporting community providers and boards in meeting the needs of families, adults, and communities. We urge you to look at your own organizational and community planning and to connect with your local health departments to ensure that you are connected to information and strategies to support the Ohioans that you serve. As you consider your own business continuity plans, here are some helpful questions to guide your planning.

If you have additional questions, please email them to OTP_COVID19@mha.ohio.gov. We will update this document as needed and post updated versions on our [OhioMHAS webpage](#).

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Reducing COVID-19 Transmission

How do we reduce transmission in our program facility?

- The Centers for Disease Control and Prevention has provided [interim infection prevention and control recommendations in health care settings](#).
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.
- Provide [educational pamphlets](#) to patients and staff on how patients can respond to COVID-19.
- Discontinue use of vending machines and limit staff use of group lunchrooms and common areas.

Can we dose someone in a separate room if they present with a fever or cough?

Yes. Please develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed. OTP staff should use [interim infection prevention and control recommendations in health care settings](#) published by the Centers for Disease Control and Prevention.

What guidance is there from Ohio and SAMHSA to provide patients with take-home dosing during this public health emergency?

For individual patient cases, please continue to submit exceptions through the SAMHSA [OTP extranet website](#). Consider communication outreach to patients through phone calls, emails, and signage onsite to let them know if they become sick to contact the OTP before coming onsite, so take-home approval can be prepared in advance for dispensing.

For large-scale, agency-wide policies to provide take-homes to large numbers of individuals, please submit a blanket exception request to your State Opioid Treatment Authority. OTP medical directors must also include details about agencies policies and procedures, including but not limited to, changes in toxicology screening frequency, changes in counseling frequency, rationale for changing phase requirements for each phase of treatment, and plans for handling patients in crisis and/or relapse situations. Any large-scale exception request must not be for more than a two-week period. Renewal of large-scale exception requests must be resubmitted shortly before the expiration of the current approved exception request. OTP medical directors must explicitly state detailed rationale for providing a renewal for these requests.

As per the State Opioid Treatment Authority of Ohio, here are the following courses of action approved by SAMHSA for which an Ohio OTP may consider applying relating to the coronavirus public health threat in Ohio. Patients receiving any exemption must have naloxone personally furnished (not just prescribed) by your organization, or be able to show you, in person, that they have a naloxone unit that is not currently expired. Patients receiving take homes through this exception process must engage in one to two telehealth sessions per week with their OTP (e.g., through a mobile or landline device, not necessarily one that is video capable).

- a. Blanket take home medication exceptions for patients with lab confirmed COVID-19 disease: As described above, patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the population. Patients may receive up to two weeks of medication at the prescriber's discretion. Patients who have fully recovered from COVID-19 are eligible for additional exceptions because new research suggests viral shedding may occur after the majority of symptoms dissipate.
- b. For patients endorsing symptoms of a respiratory infection and cough and fever: These patients should be isolated and evaluated by a medical provider who will make a determination as to the safe number of take-home doses, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 14 days of medication.
- c. Patients with significant medical comorbidities, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, or immunosuppression, can be eligible for take-homes up to 7 to 14 days, at the discretion of a medical prescriber.
- d. For select patients with only one take home (unearned) determined by the medical provider to be appropriate: These patients are eligible for a staggered take-home schedule, whereby half the OTP's patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patients will present on Tuesday, Thursday, and Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile. Patients are still evaluated frequently and do not receive more than 2 days of take-home medication at any one time, which often occurs during clinic-wide during long holiday weekends. Patients within

this category may include persons with two negative drug screens for substances associated with additive toxicity or a clinical history/patient presentation/laboratory result indicating no problematic use of substances with potential additive toxicity, such as alcohol, benzodiazepines, gabapentin, kratom, sedative/hypnotics, and opioids. Patients who have prescriptions for medications that may be substances of additive toxicity are still eligible for additional take home doses, at the prescriber's discretion. Prescribers must be extremely careful with patients who have positive UDS for fentanyl or fentanyl analogues; additional take home exceptions are generally not recommended for these patients unless they meet the criteria of (a), (b), or (c).

- e. Patients on buprenorphine: Ohio does not have any additional guidance for these patients because they are already permitted a 14-day supply of MAT during the first 90 days of treatment.
- f. Unstable patients: Patients who are determined unstable or unsafe to manage take home doses should continue daily dosing in the clinic. Inability to safely take unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take-home dose of medication safe due to a chaotic living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposure from symptomatic patients and to medically fragile patients (No CSAT exemption required; follow the standard state OAC).
- g. Patients not on a stable dose: Special considerations should be taken when patients are in the MAT induction phase or any phase in which they are increasing their methadone dose. Exceptions during this period should only occur if the patient meets criteria (a), criteria (b), or there are other unusual extenuating circumstances.
- h. Stable patients with low risk of diversion, misuse or abuse of unsupervised dosing: Patients within this category are eligible for phase advancement according to the following schedule: Phase 1 (2 weekly take homes) and Phase 2 (3 weekly take homes) advanced to 6 weekly take homes. Phase 3 (4 weekly take homes) and Phase 4 (6 weekly take homes) to 13 take homes.
- i. Patients receiving injectable forms of naltrexone or buprenorphine: Patients should continue receiving injections as long as Personal Protective Equipment is available. If a patient receiving injections is shows signs or symptoms of COVID-19, a provider may use their clinical judgement and forgo a scheduled injection and instead prescribe oral buprenorphine products, or oral naltrexone to be picked up at a pharmacy and reschedule the injections to resume within 14 days.

All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. Staff should ensure that patient's current lock box is of sufficient size to hold the additional take-homes. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation on medication safety and diversion risk.

Please send any supporting documentation to State Opioid Treatment Authority in addition to your OTP's submission on the SAMHSA OTP extranet website. Please note, we are aware that the SAMHSA extranet site instructs OTPs not to submit COVID-19 specific exceptions to their website. At this time, SOTAs across the country are still using the extranet site. Please continue to submit all of your requests to the extranet. SAMHSA has given SOTAs the authority to fully approve the requests, so you do not have to wait for SAMHSA approval to proceed with fulfillment of a request.

How can our patients quickly obtain naloxone to satisfy the requirements for take home exceptions? Would there be any restriction on patient eligibility?

OhioMHAS is making funding available from the State Opioid Response (SOR) grant for purchase of naloxone to all OTPs, whether non-profit or for-profit. OTPs may not charge patients for any of the free naloxone given through SOR dollars. If a patient does have insurance, then OTPs are requested to utilize naloxone through that funding source, rather than this funding source unless the patient is unable to pay any associated co-pays. In cases where patients are at risk for not returning with naloxone in a timely fashion, OTPs should personally furnish naloxone from the inventory funded by SOR dollars. To request naloxone for your patients, please contact Mindy Vance at Mindy.Vance@mha.ohio.gov. Naloxone supplies will be direct shipped to your organization. If patients are interested in obtaining naloxone on their own, outside of the clinic, then please direct them to <http://odh.ohio.gov/projectdawn> to identify a source of naloxone within the county or to <https://www.naloxoneforall.org/hro> to order naloxone online.

Can we provide delivery of medication to our patients if they cannot leave their home, or a controlled treatment environment?

There is nothing under federal law that prohibits this from occurring, although resources to offer this level of service may vary by program. SAMHSA, the DEA, and the State of Ohio Board of Pharmacy have issued guidance documents for delivery of patient medications by an opioid treatment program. Please refer to the [guidance from the Ohio Board of Pharmacy](#) for more information and check it frequently for any updates.

Telehealth

What does our OTP need to know about the use of telemedicine or telephonic services to provide medically necessary services for OTP patients?

SAMHSA and the DEA are allowing telemedicine services within OTP settings in some cases; however, these new rules must be interpreted in the context of Ohio's administrative code. While the OTP emergency rules allow telecounseling services within the OTP setting, they do not allow telemedicine services. Additionally rules around each form of MAT may differ because of the different properties of agonists and partial agonists. Please see the following description of services that SAMHSA and OhioMHAS have considered during the pandemic. Most allowable telemedicine services would require a waiver from OhioMHAS, which you can submit to your OTP site surveyor.

- Buprenorphine induction: SAMHSA and the DEA state that telemedicine with buprenorphine is allowable if certain conditions are met. Please see a guidance document from [SAMHSA here](#) and the [DEA here](#). An OhioMHAS waiver is required.
- Methadone induction: This practice is typically not allowed by SAMHSA. OTPs that want to use onsite telemedicine (e.g. onsite separation of physicians and patients for physician safety) must have an exempted APRN in the room with the patient.
- Dose adjustment: This practice is only allowable for stable patients according to SAMHSA guidance for patients prescribed methadone or buprenorphine. Only an OTP physician or exempted APRN may perform this service. An OhioMHAS waiver is required.
- Physical Evaluation: SAMHSA states that in-person physical evaluations are required for induction

on methadone, but SAMHSA has temporarily exempted physical evaluation requirements for persons being inducted on buprenorphine. Telemedical physical evaluations are neither allowed for methadone nor buprenorphine. An OhioMHAS waiver is required to postpone the physical evaluation for buprenorphine.

- Routine Medical Appointments: This practice is allowable for methadone and buprenorphine. An OhioMHAS waiver is required.

SAMHSA has specifically stated that any use of telemedicine must document in the patient record whether the practice is safe for the patient, and decisions to use telemedicine must be made on a case-by-case basis, not as a uniform policy.

What are some example scenarios in which telemedicine is appropriate?

As per SAMHSA and the Ohio State Opioid Treatment Authority as of March 16, 2020, please see the following 3 scenarios where the use of telemedicine is appropriate in an OTP. HIPAA and 42 CFR compliant audio-visual Telemedicine or telephonic consults can be used to provide dose evaluations of patients to reduce risk of direct COVID-19 exposure to OTP prescribing staff.

- Scenario 1. A known and already admitted OTP patient who needs to have a dose evaluation consultation presents at an OTP and is symptomatic. No physical examination by prescriber is needed to perform a dose evaluation.
- Scenario 2. A known and already admitted OTP patient who needs to have a dose evaluation consultation presents at an OTP and they are non-symptomatic. No physical examination by prescriber is needed to perform a dose evaluation.
- Scenario 3. An OTP is experiencing staffing shortages from prescribing medical staff at the OTP needing to go into isolation or quarantine. OTP prescribing staff cannot attend the OTP physically due to isolation and/or quarantine, but they are not so symptomatic that these prescribing staff cannot still complete Scenario 1 and Scenario 2.

These 3 scenarios may only occur when:

- There is a clear understanding from the OTP Medical Director that audio-visual telemedicine or telephonic services may not substitute for any service where a physical examination of the patient is medically necessary, although it may be used to support the decision making of a physician when a provider qualified to conduct physical examinations and make diagnoses is physically located with the patient.
- All OTP must adhere to **42 C.F.R. § 8.12(f)(2)**, which requires new patients at an OTP undergo a physical evaluation before admission to the OTP:

42 C.F.R. § 8.12(f)(2). "Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission."

What guidance is being provided for telehealth services to behavioral health organizations?

The Ohio Department of Medicaid (ODM) and OhioMHAS have made rule changes (emergency and

permanent) to expand access to medical and behavioral health services using telehealth. This action is being taken to give health care providers maximum flexibility as they shift as many services as possible away from in-person visits. In addition to increasing access to care, these rules seek to also reduce pressure on Ohio hospitals and to help reduce unnecessary patient traffic in waiting rooms during the COVID-19 emergency. Questions regarding the OhioMHAS telehealth rule can be directed to COVID19BHtelehealth@mha.ohio.gov and questions regarding Ohio Medicaid can be directed to BH-Enroll@medicaid.ohio.gov.

Please visit <https://bh.medicaid.ohio.gov/Newsletters> for supplemental ODM guidance on providing and billing Ohio Medicaid for behavioral health services. You can also obtain the most current version of the Opioid Treatment Program and Behavioral Health Provider manuals here: <https://bh.medicaid.ohio.gov/manuals>.

Does the State Medical Board have guidance on telemedicine in Ohio?

Yes, the State Medical Board of Ohio has received numerous inquiries regarding telemedicine regulations. Please see the [guidance documents](#) created for quick reference. Detailed information also can be found in the Medical Board's rules.

What guidance is there about HIPAA privacy issues during this time?

During the COVID-19 public health emergency, the HHS Office for Civil Rights (OCR) has provided guidance that helps explain civil rights laws as well as how the HIPAA Privacy Rule allows patient information to be shared in the outbreak of infectious disease and to assist patients in receiving the care they need. Please see [this website](#) for more information.

Initiating New Treatment

Are there thoughts an OTP should consider when deciding whether to start a new, not yet admitted opioid use disorder diagnosed individual onto buprenorphine or methadone during the COVID-19 public health emergency?

With shared decision making between patient and prescriber, in terms of what we are facing in our state with COVID-19, OTP prescribers need to decide with patients which would be the easiest medication to start on at this time, and often times that medication may be a buprenorphine containing product.

Buprenorphine-containing products for new patients should be considered for use to the greatest extent possible, because of the following reasons:

- All OTPs in Ohio are allowed to administer and dispense buprenorphine-containing products.
- Under the current regulations (42 CFR § 8.12 (i)(3)), OTPs must adhere to a time in treatment schedule in dispensing methadone products to patients for unsupervised use ("take home supplies"). Effective January 7, 2013, as per SAMHSA the time in treatment requirements for patients receiving buprenorphine products no longer applied in an OTP setting. Accordingly, if an OTP program physician determines that the patient is suitable, the OTP could dispense a one-week supply of medication, or longer, to a newly admitted patient.
- If prescribed, buprenorphine products can be prescribed via a telemedicine prescription from the first visit for new, not yet admitted patients. Please remember that any prescribed medications fall under the prescriber's DEA DATA Waiver, and records for prescribed medications must be stored separately from records of dispensed medications. Contact your local DEA office with any questions.

- If prescribed, can result in a prescription that can be sent to be filled at a local pharmacy, instead of an OTP.
- Patients can be moved from buprenorphine containing products to methadone once the COVID-19 public health threat recedes easier than a patient who may need to be switched from methadone to buprenorphine.
- If staff at an OTP become ill or an OTP needs to close in an emergency, continuity of care is easier to coordinate for buprenorphine patients than methadone patients as they can easier be switched to a DATA 2000 waiver prescriber and/or retail or community pharmacy.

If you put a new patient on methadone please remember that:

- OTP Medical Directors are limited by federal law for patient safety reasons of limiting OTP methadone patients to an initial 30 mg for their first dose of methadone.
- If the person cannot be seen for their next dose evaluation due to unforeseen circumstances relating to the COVID-19 public health threat, then the individual would be stuck at the relatively low 30 mg dose for a period of time, which may not resolve their opioid withdrawal symptoms until they can have their dose escalated.
- SAMHSA and the State Opioid Treatment Authority will not endorse any new patient titrating themselves upwardly from home for methadone.

Screening and Assessment for Suicidality

Preliminary data suggest that suicide-related mortality in 2020 may be higher than in 2019 in some areas of the state. To address this concern as well as to prepare for the surge that normally occurs during Autumn and Winter months, OTPs utilizing the modified dosing protocol shall incorporate new guidelines into their clinic exception plans. These guidelines are increasingly important given that some OTP patients nationwide have died by suicide with take home medication over the past few months. Per the new requirements, all OTPs shall conduct:

- Review agency policies and procedures associated with behavioral health referral for patients who are depressed and/or suicidal
- Instruct staff on these policies and procedures
- Ask patients to complete the [PHQ9](#)* during bimonthly screenings or more frequently as clinically indicated
 - Patients who score >10 on the PHQ9 or patients who score positively on item 9 shall be assessed with the [C-SSRS](#) by a clinician
 - The medical director will determine whether to adjust take home schedules for patients of concern.

**The PHQ9 and C-SSRS are our recommendations for suicide screening and assessment tools because of their excellent psychometric properties; however, organizations may want to use comparable tools if they already have them in place.*

General Operations

Where can I refer patients if they have a question about testing for COVID-19?

More information about testing is available at the [Ohio Department of Health website](#). Additionally, the Ohio Department of Health has established a call center to address questions from members of the public. The Call Center phone number is 1-833-427-5634, and it is staffed from 9 a.m. to 8 p.m. each day, including weekends.

What warrants a shut-down of an OTP?

OTPs are considered essential public facilities under Ohio Revised and Administrative codes, and should make plans to stay open in most emergency scenarios, and be able to induct new patients. Due to their critical nature, Ohio's opioid treatment programs will be allowed to stay open through this executive order. For more information on the order please see the [Department of Health's website](#). You must consult with your State Opioid Treatment Authority before making decisions about limiting or discontinuing operations.

We have patients and employees who are extremely anxious about COVID-19. What can we tell them to support them?

Hearing the frequent news about COVID-19 can certainly cause people to feel anxious and show signs of stress, even if they are at low risk or don't know anyone affected. These signs of stress are normal. The Substance Abuse and Mental Health Services Administration document titled [Coping with stress during infectious disease outbreaks](#) includes useful information and suggestions. You could adapt messaging from this document for the people you serve or print this document to have available.

There are also steps people should take to reduce their risk of getting and spreading any viral respiratory infection. These tips include: washing your hands often with soap and water for at least 20 seconds, covering your mouth and nose with your elbow when you cough or sneeze, [wearing a mask](#) when you visit public places, and staying home and away from others if you are sick.

It is likely that OBOT providers will have staff and patients develop COVID-19 at some point during the pandemic. The Centers for Disease Control and Prevention has developed guidelines about recommended daily cleaning and disinfection procedures as well as procedures if someone or more people are actively sick. Please review these [guidelines](#) and consider adopting them for your organization.

Should we be worried about any medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine containing products?

At this time, there has been no reported concern from any state or federal partner about potential disruption in the medication supply for methadone and/or any buprenorphine containing product. The DEA has advised all OTPs to monitor [their website](#) for more information concerning the national drug supply and other issues. Please contact the State Opioid Treatment Authority if your program has any specific concerns.

What should my practice do as Ohio reopens business?

Ohio businesses should be following Ohio's responsible protocols for getting back to work. Ohio's protocols for all business include:

- Require face coverings for employees and recommend them for clients/customers at all times.
- Conduct daily health assessments by employers and employees (self-evaluation) to determine if "fit

for duty.”

- Maintain good hygiene at all times – hand washing, sanitizing and social distancing.
- Clean and sanitize workplaces throughout workday and at the close of business or between shifts.
- Limit capacity to meet social distancing guidelines.
 - Establish maximum capacity at 50% of fire code.
 - Use appointment setting where possible to limit congestion.

For more updates on Responsible RestartOhio, please see up to date information at <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/responsible-restart-ohio/welcome/>

What else should my OTP be doing to prepare for or respond to COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your patients. You are recommended to update the cell phone number and carrier of your patients weekly because this population’s cell phone numbers change frequently. Just make it a standard part of the dosing process and medication pickup process, and patients will come to expect it.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority:
 - Email: OTP_COVID19@mha.ohio.gov
 - Cell phone: 614-302-9513
- Ensure that all organization contact information including medical director, program sponsor and any other key staff is updated on the SAMHSA extranet website and within the Lighthouse central registry.
- Allow all patients with earned take-homes to utilize these take homes. While it can be an incentive to draw patients to attend counseling appointments, please take this opportunity to reduce patient appearance at the clinic as much as possible by giving them their maximum number of take-home doses at the prescriber’s discretion. When possible, please include the “earned time” at other federally licensed opioid treatment programs, providing there is clear and consistent documentation that the patient has met the requirements of that program (e.g., counseling attendance and negative UDS for all substances outside of the patient’s treatment plan, including marijuana).
- Develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby to dose patients in closed rooms as needed.
- Develop protocols for provision of take-home medication if a patient presents with respiratory illness such as fever and coughing.
- Develop a communication strategy and protocol to notify patients who are diagnosed with or exposed to COVID-19, and/or patients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the patient should call ahead to notify OTP staff of their condition. This way OTP staff can have a chance prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas.
- Develop a plan for possible alternative staffing/dosing scheduling in case you experience staffing shortages due to staff illness. Include criteria for staff members who may need to stay home when ill and/or return to the workforce when well.

- Consider limiting critical staff access to patients when possible. For example, some staff may meet with a patient through a glass window or through tele-communications devices within that same facility.
- OTPs are required to have enough medication inventory onsite for ten days' worth of patient medication. This language is likely to be revised to 15 days or more (medication safe size permitting) in case neighboring OTPs close due to staffing shortages.
- Current guidelines recommend trying to maintain a six-foot distance between patients. We realize that this guidance may be difficult to achieve in an OTP setting, but it should be attempted to the best of everyone's ability while considering the space and patient flow within your OTP. OTPs should consider expanding dosing hours to help mitigate the potential for individual patients queuing in large numbers in waiting room and dosing areas. OTPs should also consider reserving special dosing times for high-risk populations like those who have medical comorbidities. While the effects of COVID-19 for pregnant women and the fetus are unknown, OTPs should consider using these special dosing times for this population as well. More information can be found about the [impact of COVID-19 on women and children at the CDC website](#).
- OTPs should include in their respective disaster plans, details for continuity of patient care in the event of clinic closure. Examples may involve alternate dosing sites, memorandums of understanding between local OTPs agreeing to guest dose displaced patients, and availability of staff to verify dosing.
- OTPs should direct specific questions about operations under the circumstances related to COVID-19 or other such pathogens in the future to OhioMHAS. SAMHSA provides general guidance regarding OTP regulation and operation, but specific questions must be addressed by the SOTA. SAMHSA will not answer specific questions about program disaster plans or operation of programs.
- For additional guidance on developing and implementing disaster plans, please refer to [TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs](#).
- SAMHSA recognizes that social distancing and quarantine may come with concerns for individuals, families, and communities. SAMHSA hopes these [Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak](#) are of use during this time.

Keep Updated

How can my OTP be kept abreast of COVID-19 developments within the OTP setting?

OhioMHAS will be holding regular webinars for OTPs to address any developments in COVID-19. Organizations should attend the webinars for newsworthy updates and to discuss any barriers to and successes for patient care during COVID-19.

Upcoming Webinar Dates

All webinars are recorded and can be accessed through the link below for people unable to attend.

- March 20th <https://attendee.gotowebinar.com/recording/6994716249111713549>

- March 24th <https://attendee.gotowebinar.com/recording/398786676102249991>
- March 27th <https://attendee.gotowebinar.com/recording/5428519110104362502>
- March 31st <https://attendee.gotowebinar.com/recording/6381608774497944847>
- April 3rd <https://attendee.gotowebinar.com/recording/2377003807763165454>
- April 7th <https://attendee.gotowebinar.com/recording/9270388621095948>
- April 10th <https://attendee.gotowebinar.com/recording/7396909906435370247>
- April 14th <https://attendee.gotowebinar.com/recording/5016853160970212102>
- April 17th <https://attendee.gotowebinar.com/recording/6022080567219059983>
- April 21st <https://attendee.gotowebinar.com/recording/6565939700335814927>
- April 24th <https://attendee.gotowebinar.com/recording/1376781378973835275>
- April 27th <https://attendee.gotowebinar.com/recording/5816520271579913997>
- May 1st <https://attendee.gotowebinar.com/recording/581479329990802178>
- May 5th <https://attendee.gotowebinar.com/recording/6463096880541494288>
- May 12th <https://attendee.gotowebinar.com/recording/7396160040213076239>
- May 15th <https://attendee.gotowebinar.com/recording/480444107312602115>
- May 22nd <https://attendee.gotowebinar.com/recording/7096226462516453901>
- May 29th <https://attendee.gotowebinar.com/recording/1568653855376244739>
- June 30th <https://attendee.gotowebinar.com/recording/3604168737469476359>
- July 31st <https://attendee.gotowebinar.com/recording/7734969052523572751>
- August 28th <https://attendee.gotowebinar.com/recording/5896049049826946830>
- September 25th <https://attendee.gotowebinar.com/rt/3146752110346735886>