UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

The Effects of COVID-19 on Individuals Receiving Behavioral Health Services and Supports in Maryland

Final Report
June 19, 2020

Prepared For:
Maryland Department of Health, Behavioral Health Administration

Prepared By:
University of Maryland Baltimore
Systems Evaluation Center

Table of Contents

Introduction

The Maryland Behavioral Health Administration (BHA) recognizes that the COVID-19 pandemic has had a significant impact on the Maryland Public Behavioral Health System (PBHS) and the individuals it serves. In order to learn about client well-being and current access to behavioral health services and supports, the BHA asked the University of Maryland Systems Evaluation Center to conduct a survey of PBHS stakeholders. The BHA will use the information collected to identify areas needed for BHA support and/or guidance and to inform system planning and management.

Methods

The survey included items related to the current needs and concerns of individuals being served, as well as their access to services and supports, and their utilization of services and supports. The primary focus was on changes occurring from before to after COVID-19 and related restrictions. The survey included items for which respondents were asked to choose from a set of pre-determined responses as well as open-ended items (please see Appendix I for the questionnaire). An online survey program was used to collect the data. Data collection was conducted from May 26, 2020 through June 5, 2020.

Two primary methods were used to invite PBHS stakeholders to participate in the survey. The SEC contacted several organizations representing PBHS stakeholders (please see Appendix II for a list of organizations contacted). Each organization liaison was asked to complete the survey, distribute the survey link to designated individuals within their organization (such as affiliate leadership), and/or to send it to all of their organization's members or affiliates. A Provider Alert was also disseminated through OPTUM Maryland, the Administrative Services Organization (ASO) for the PBHS. Because many individuals were likely to receive the survey link via multiple emails, interested participants were asked to complete the survey only once.

An introductory letter and email informed all potential participants of the purpose of the survey. Additionally, they were informed that the survey was voluntary as well as confidential and anonymous, assuring that responses would not judgmentally reflect on participants or participant organizations in any way.

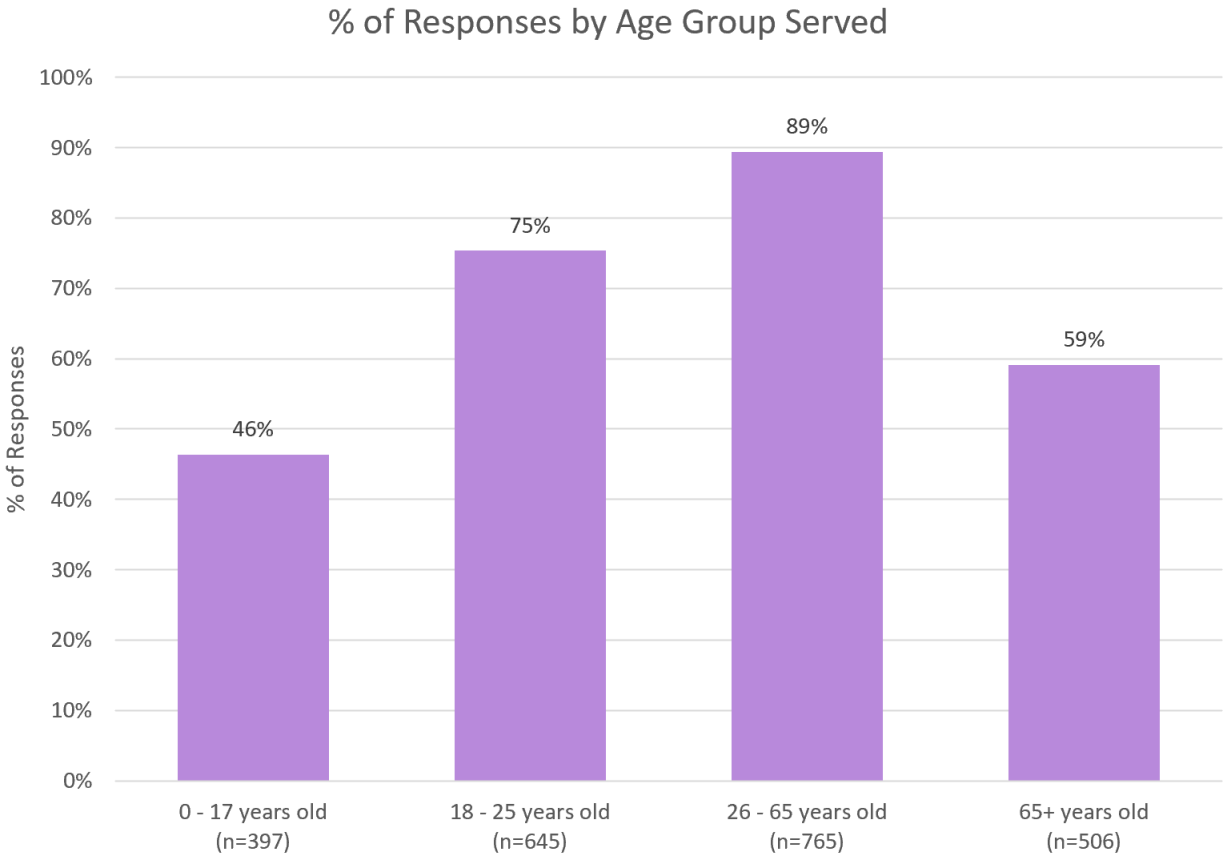
Results

A total of 856 survey responses were received. Because it is unknown how many individuals actually received the survey link, it is not possible to calculate a response rate.

The following graphs and tables provide information regarding the number and percentage of survey participants endorsing each answer option. For the majority of items, the results are provided separately by the type of behavioral health setting in which the participant reported working or volunteering most often (i.e., the response to Question #2). For the open-ended items, an emergent theme approach was used to analyze the data. This involves identifying themes within the data itself rather than imposing a pre-established set of themes or ideas on the data.

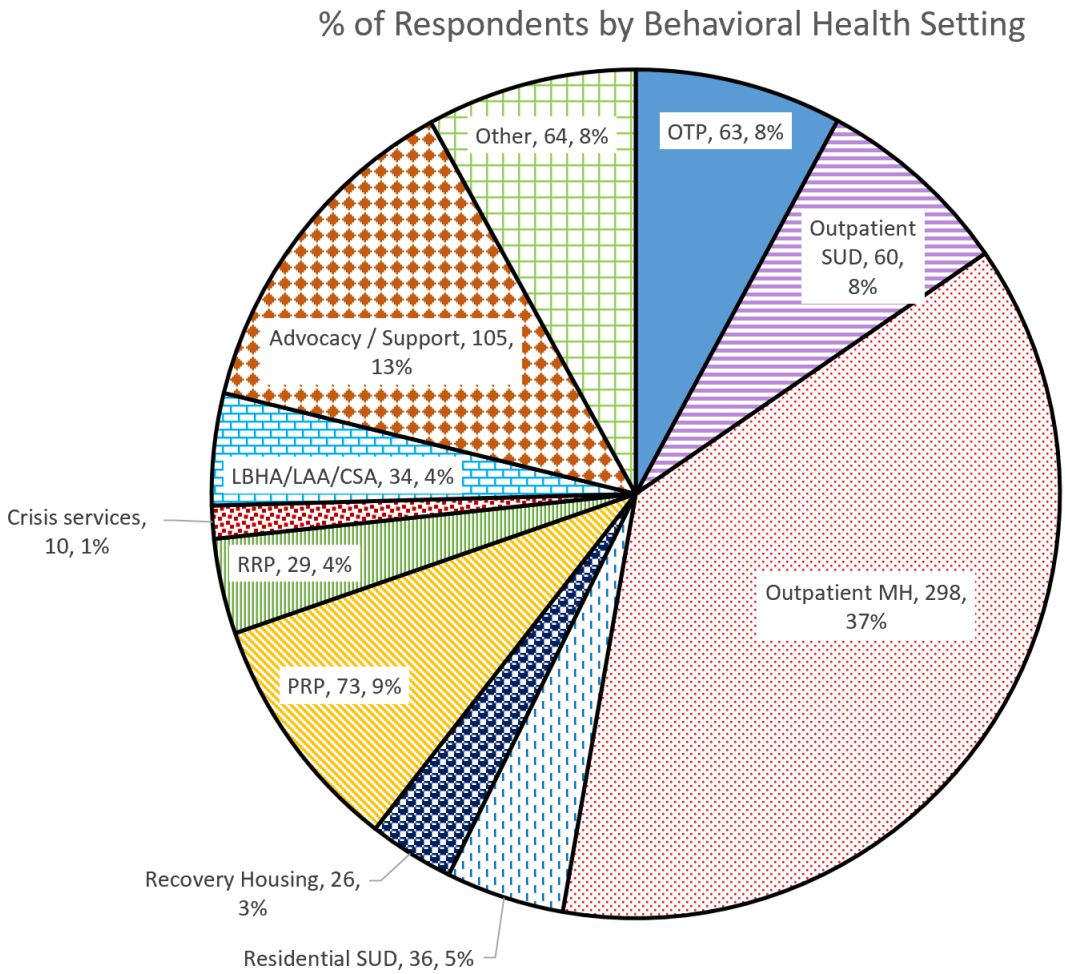
A. Age Groups Served

Survey participants were asked to indicate the age groups of the individuals or their families to whom they provide behavioral health services and supports. This question required a response, therefore all 856 participants responded. Participants could endorse more than one answer ("check all that apply"); therefore the total percentages add to more than 100%. The graph below shows the percentage and number of respondents providing services or supports to each age group.



B. Behavioral Health Setting

Survey participants were asked to indicate the Maryland behavioral health setting where they work or volunteer. This question required a response, therefore all 856 participants responded. Participants could select one option and were asked to choose the setting where they work or volunteer most often. The graph below shows the percentage and number of respondents who work or volunteer in each behavioral health setting.

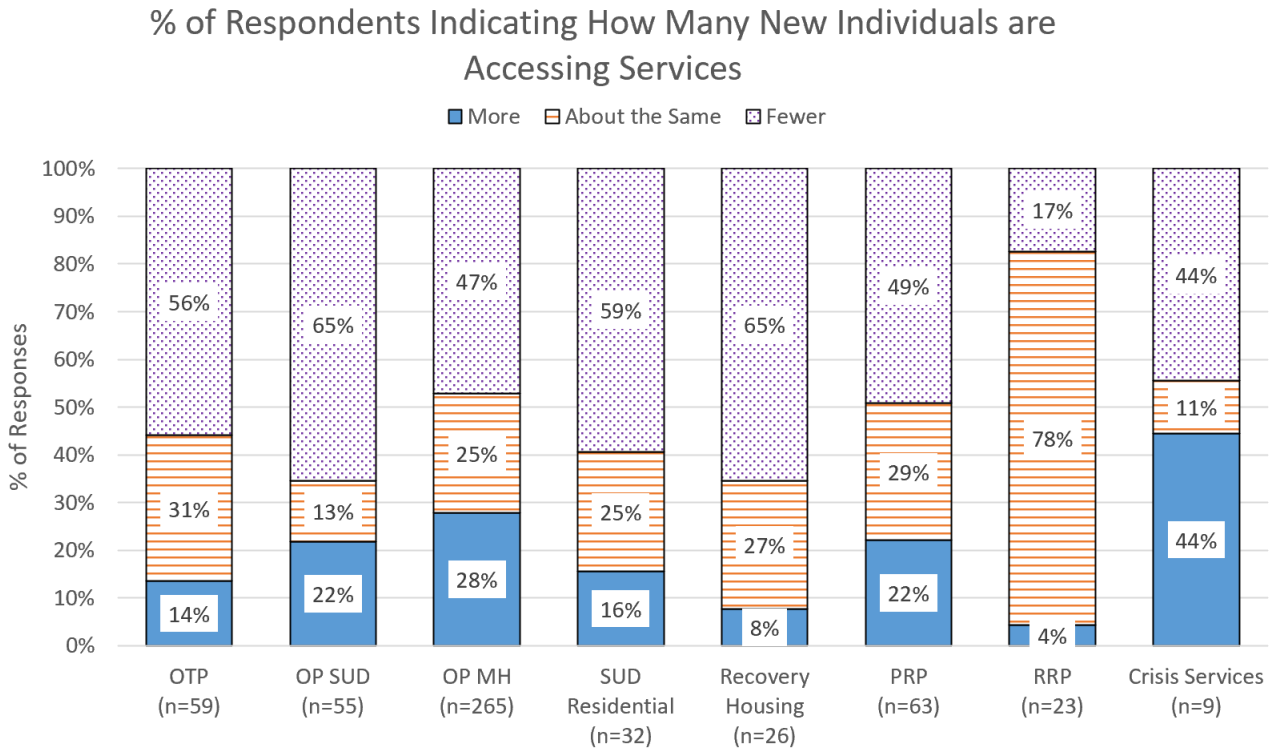


For those respondents listed in the "Other" category," multi-service organizations (23) accounted for the greatest number of other settings, followed by hospital settings (10). The remaining 31 responses were spread over a variety of settings and service categories such as autism services (4), supported employment (4), and TBI waiver (3), with others being either discrete (Payor) or too general to provide any specificity (e.g., Local Health Department).

C. New Individuals Accessing Services

Volume of New Individuals Accessing Services

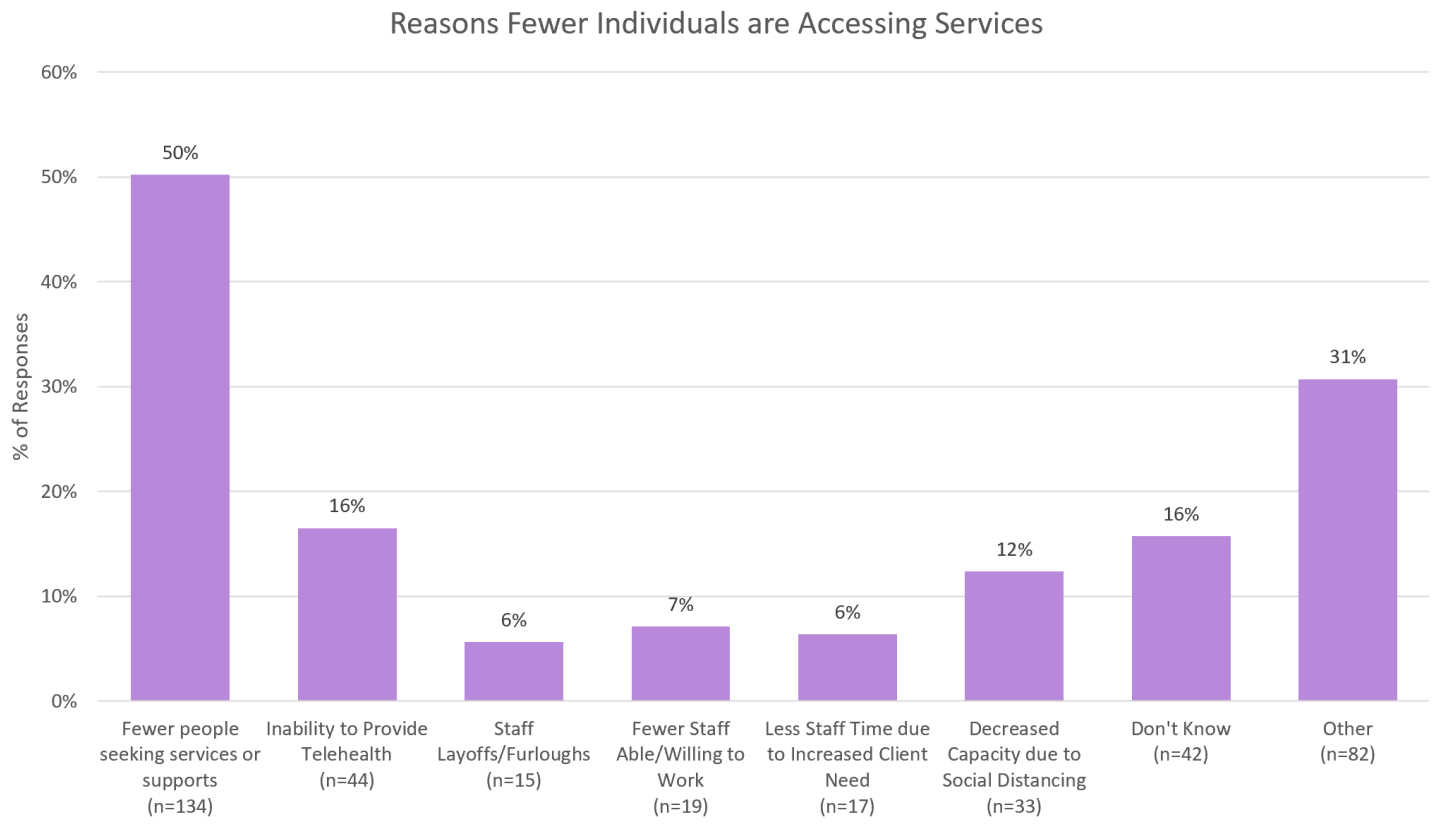
Survey participants from service settings were asked, "Compared to before COVID-19, are more, fewer, or about the same number of new individuals accessing your services?" 565 participants answered this question. This question was not asked of Local Behavioral Health Authorities/Local Addictions Authorities/Core Services Agencies, organizations providing support and/or advocacy but not providing services, or those classified as "Other" settings. Answer options included, "A lot more," "A little more", "About the same," "A little fewer" "A lot fewer," "Don't Know," and "Not Applicable." Participants could select one option. Thirty-three (33) participants chose "Don't Know" or "Not Applicable" and their responses were eliminated from the analyses for this item. The graph below shows the extent to which participants reported that new individuals were accessing services.



**Percentages may not total to 100% due to rounding*

Reasons for Fewer New Individuals Accessing Services

Only those survey participants reporting that fewer new individuals were accessing services (either a little fewer or a lot fewer) were asked, "Why are fewer new individuals accessing your services?" 267 participants answered this question. As with the preceding question, this question was not asked of Local Behavioral Health Authorities/Core Services Agencies, organizations providing support and/or advocacy but not providing services, or those classified as "Other" settings. Participants were asked to endorse all options that applied; the graph below shows the reasons reported for why fewer new individuals are accessing behavioral health services.



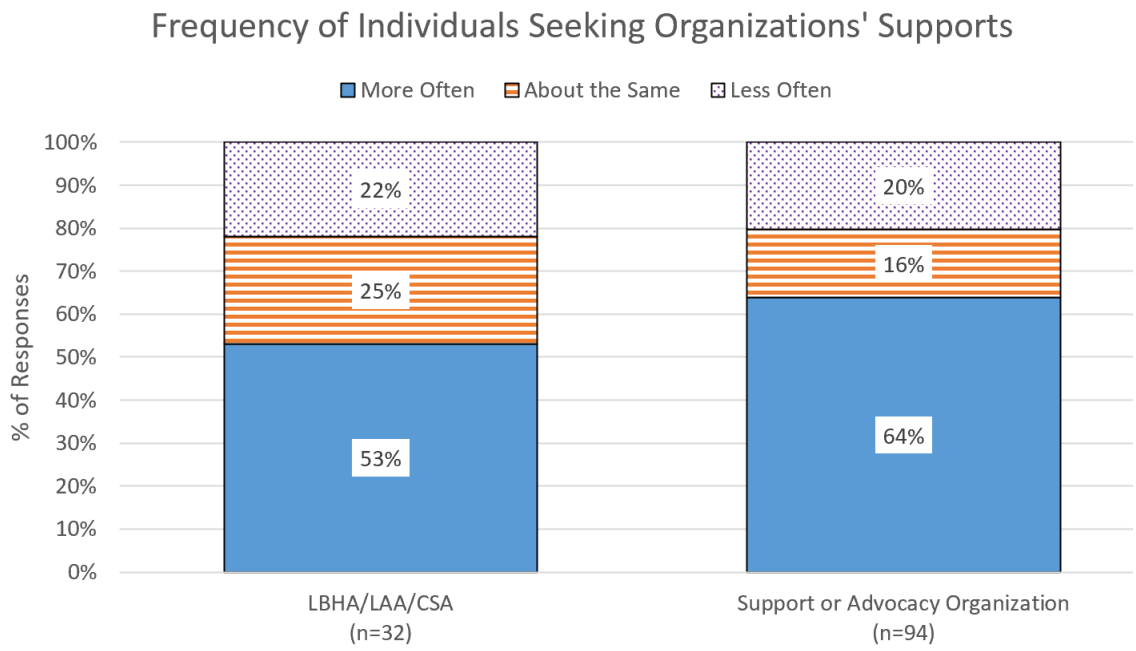
** *Percentages may total over 100% because participants could endorse more than one reason.*

Of the survey participants, 270 indicated that they had fewer new or newly returning clients due to COVID-19. Of these, 82 indicated "Other" problems causing fewer new or returning patients. Of these, the most cited issues involved telehealth, including lack of access (internet or telephone) and client comfort with telehealth services. Many participants noted that their sources of referral, including schools, courts, and other treatment settings, were closed and that they were therefore not receiving referrals. Anxiety over COVID-19 issues, including not wanting to leave home or to come to an office, were frequently cited. A few participants indicated that their agency had been closed down, several noted that client transportation issues were keeping down new referrals, and a number of participants indicated that lack of child care was causing fewer new patients or patients returning from care after a lapse in services.

Results for this item categorized by participant behavioral health setting are in Appendix III.

D. Frequency of Individuals Accessing Supports

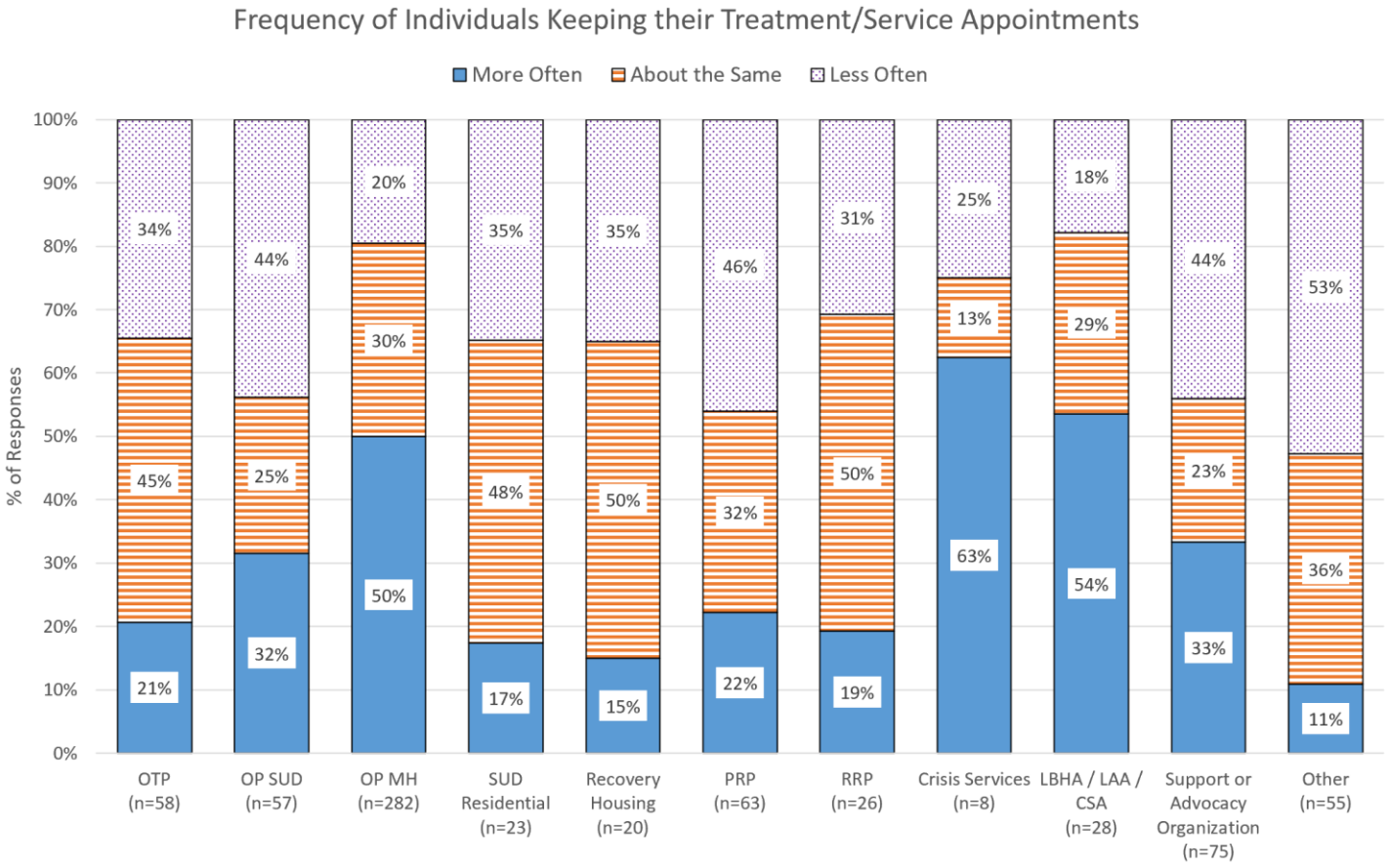
Survey participants from Local Behavioral Health Authorities/Local Addictions Authorities/Core Services Agencies, organizations providing support and/or advocacy but not providing services, and those classified as "Other" settings were asked, "Compared to before COVID-19, how often are individuals or family members seeking your organization's support?" A total of 218 participants answered this question. This question was not asked of individuals working in settings providing behavioral health services. Answer options included, "A lot more often," "A little more often", "About the same," "A little less often", "A lot less often," "Don't Know," and "Not Applicable." Participants could select one option. Sixteen participants chose "Don't Know" or "Not Applicable" and their responses were eliminated from the analyses for this item. The graph below shows the extent to which participants reported that individuals were seeking support.



E. Keeping Treatment/Service Appointments

Volume of Individuals Keeping Treatment/Service Appointments

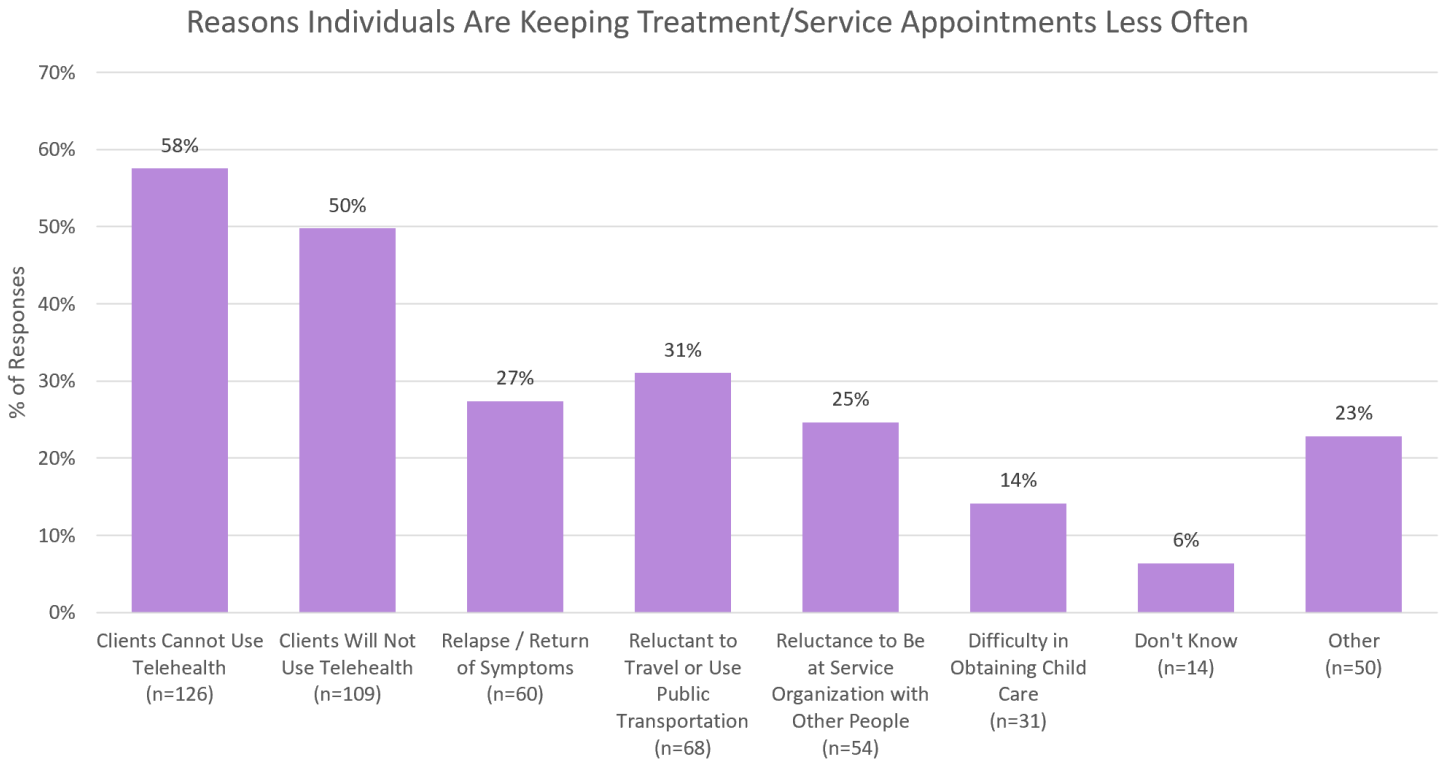
Survey participants were asked, "Compared to before COVID-19, based on your own observations or what others are telling you, how often are individuals keeping their treatment/service appointments?" A total of 766 participants gave responses. Answer options were "A lot more often", "More often", "About the same", "Less often", "A lot less often", "Don't Know", and "Not Applicable." Seventy-one (71) participants chose "Don't Know" or "Not Applicable" and their responses were eliminated from the analyses for this item. The following graph shows how respondents from different settings reported on how frequently individuals are keeping their treatment or service appointments.



**Percentages may not total to 100% due to rounding*

Reasons for Individuals Keeping Fewer Treatment/Service Appointments

Only those survey participants reporting that individuals were keeping their treatment/service appointments less often (either less often or a lot less often) were asked, "Based on your own observations or what others are telling you, why are individuals keeping their treatment/service appointments less often? (check all that apply)." A total of 219 participants answered this question. Participants were asked to endorse all options that applied; the graph below shows the reasons reported for why fewer new individuals are accessing behavioral health services.



**Percentages may total over 100% because participants could endorse more than one reason.*

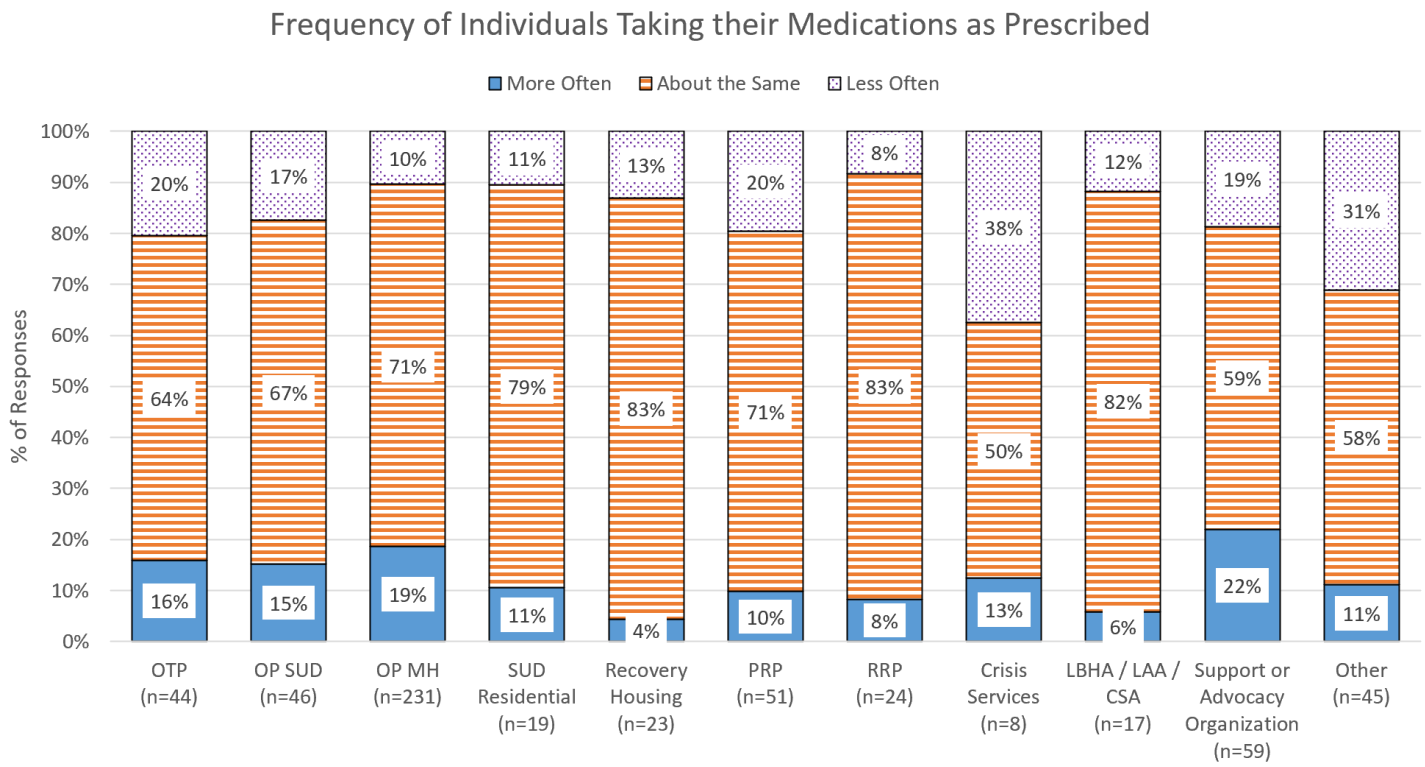
While 221 participants indicated that COVID-19 was causing their clients to keep appointment less often or a lot less often, 50 of the participants selected "Other" as the reason. Of those, the overwhelming majority cited various telehealth issues as problems. These included lack of access, lack of privacy, difficulty in providing groups, and client comfort level with telehealth. People forgetting appointments was the next most frequently mentioned, with specific problems involving client scheduling changes, client/family confusion, increased symptoms causing memory problems, and daily routines and sleep patterns changing. The final area that was reported often was the need for child care and home schooling making scheduling difficult if not impossible. A few items that were cited by one or two participants included financial issues, clinic closures, and attention span of toddlers.

Results for this item categorized by participant behavioral health setting are in Appendix IV.

F. Taking Medications as Prescribed

Volume of Individuals Taking their Mediations as Prescribed

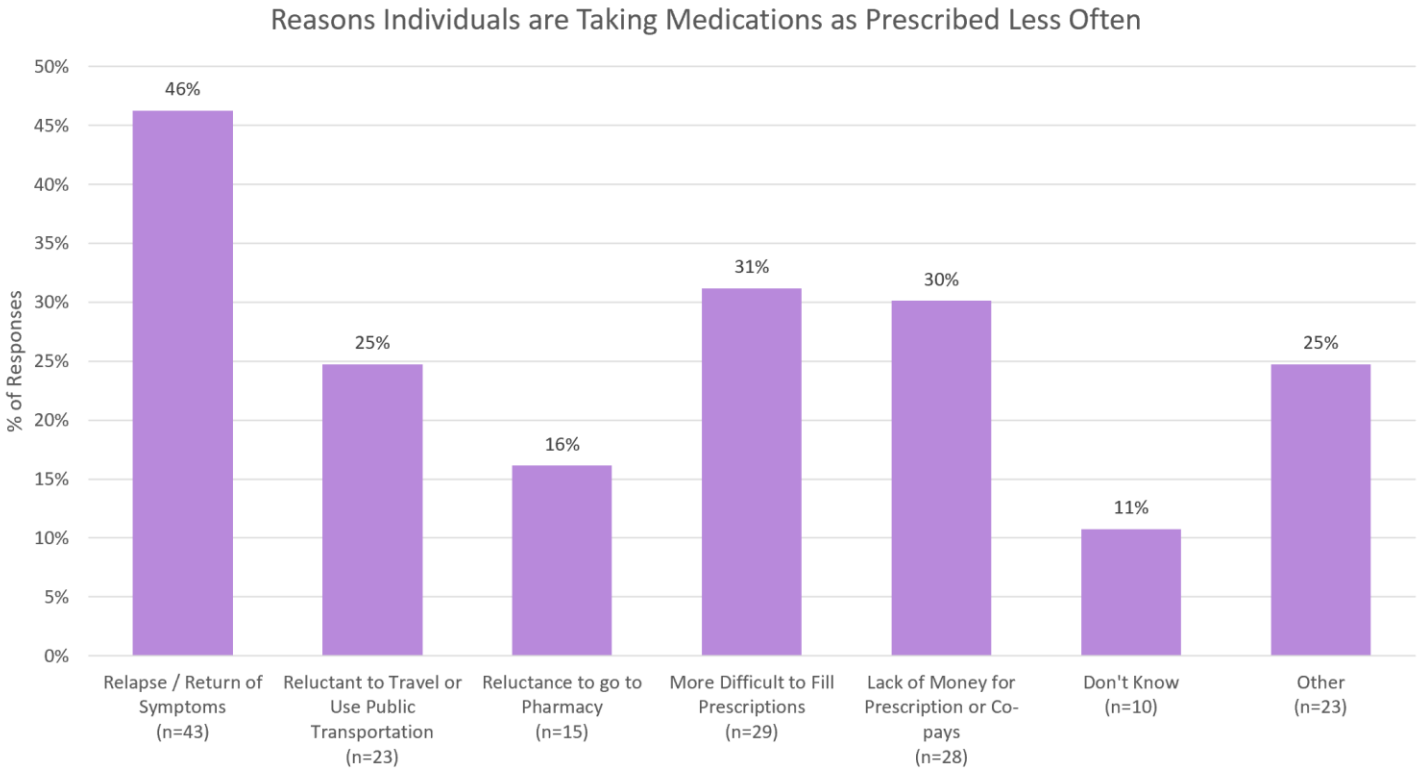
Survey participants were asked, "Compared to before COVID-19, are individuals taking medications for their behavioral health issues as prescribed more often, less often, or about the same?" Participants were not required to answer this question. A total of 752 participants gave responses. Answer options were "A lot more often", "More often", "About the same", "Less often", "A lot less often", "Don't Know", and "Not Applicable." "Don't Know" or "Not Applicable" was chosen by 186 participants and their responses were eliminated from the analyses for this item. The graph below shows how respondents from different settings reported on how frequently individuals are taking their medications as prescribed.



**Percentages may not total to 100% due to rounding*

Reasons for Individuals Taking Their Medications as Prescribed Less Often

Only those survey participants reporting that individuals were taking their medications as prescribed less often (either less often or a lot less often) were asked, "Based on your own observations or what others are telling you, why are individuals taking their medications as prescribed less often? (check all that apply)". A total of 93 participants answered this question. Participants were asked to endorse all options that applied; the graph below shows the reasons reported for why fewer individuals are taking their medications as prescribed.



*** Percentages may total over 100% because participants could endorse more than one reason.*

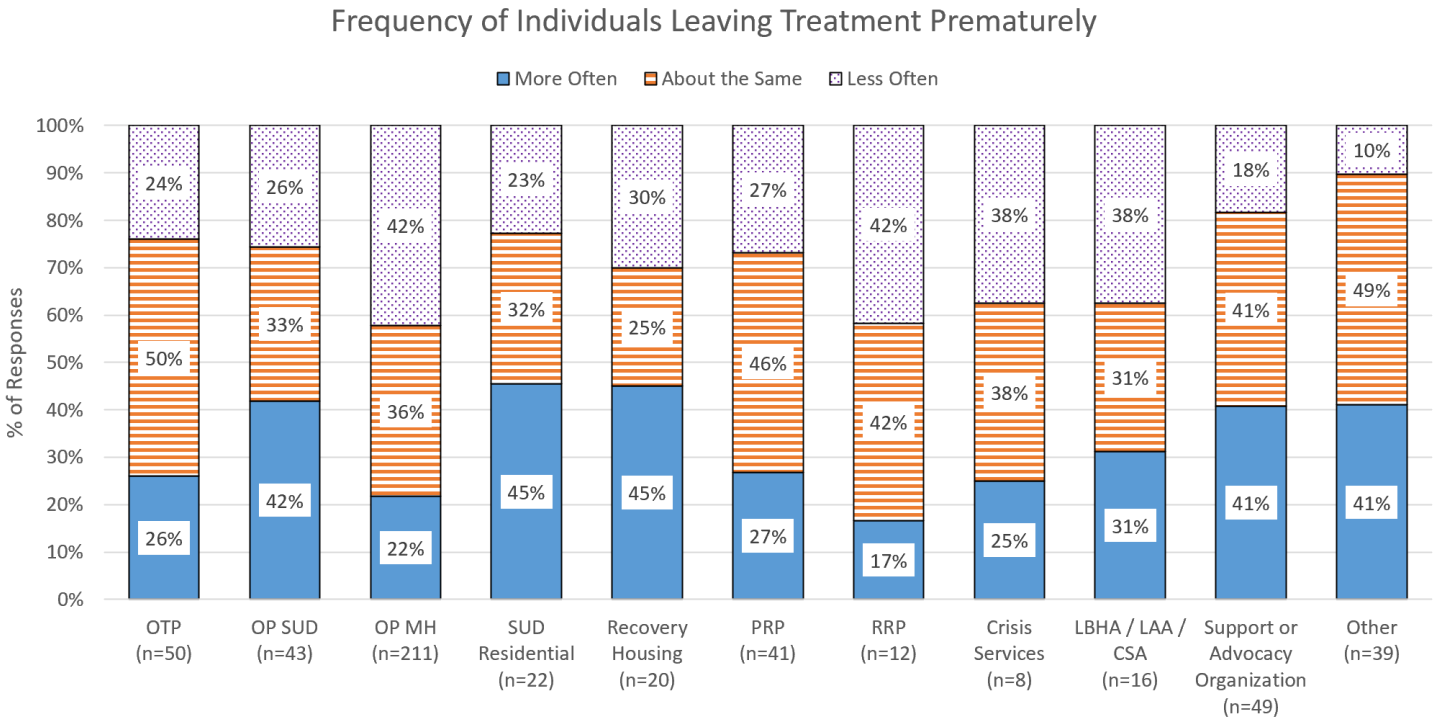
Of the 88 participants who indicated that clients were taking their behavioral health medications less often or a lot less often, 23 participants selected "Other" as the reason that people were taking their medications less frequently. Of these, the most frequently suggested cause was disruption of people's schedules. A number of participants also indicated that ADHD drugs were discontinued because children were no longer in school. Additionally, there were a few mentions of people believing that they no longer needed the medication.

Results for this item categorized by participant behavioral health setting are in Appendix V.

G. Leaving Treatment Prematurely

Frequency of Individuals Leaving Treatment Prematurely

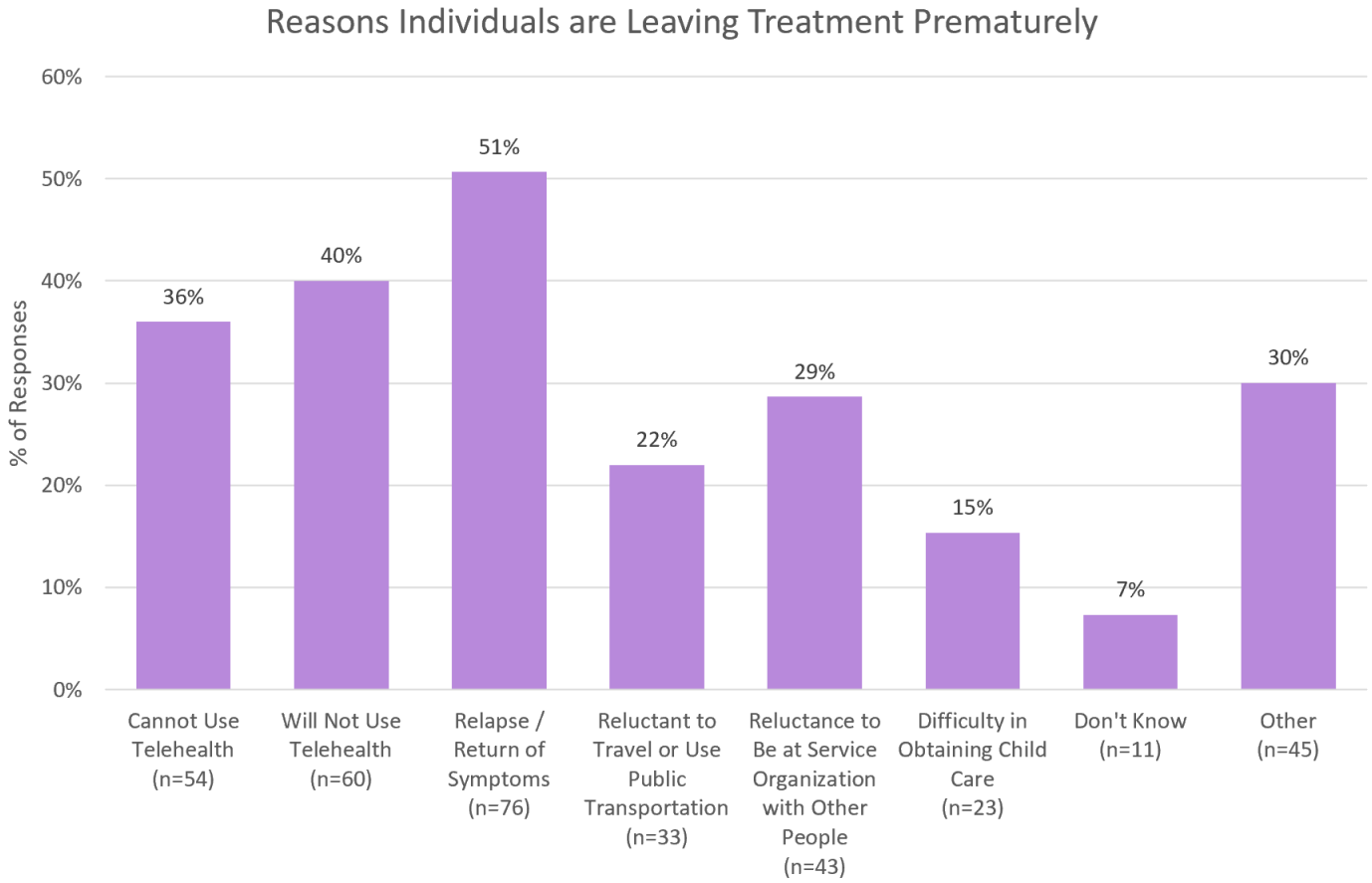
Survey participants were asked, "Compared to before COVID-19, based on your own observations or what others are telling you, how often are individuals leaving treatment prematurely (i.e., against medical advice)?" Participants were not required to answer this question. A total of 749 participants gave responses. Answer options were "A lot more often", "More often", "About the same", "Less often", "A lot less often", "Don't Know", and "Not Applicable". "Don't Know" or "Not Applicable" was chosen by 239 participants, and their responses were eliminated from the analyses for this item. The graph below shows how respondents from different settings reported on how frequently individuals are leaving treatment prematurely.



***Percentages may not total to 100% due to rounding*

Reasons for Individuals Leaving Treatment Prematurely

Only those survey participants reporting that individuals were leaving treatment more often (either more often or a lot more often) were asked, "Based on your own observations or what others are telling you, why are individuals leaving treatment prematurely (i.e., against medical advice) more often? (check all that apply)." A total of 150 participants answered this question. Participants were asked to endorse all options that applied; the graph below shows the reasons reported for why more individuals are leaving treatment prematurely.



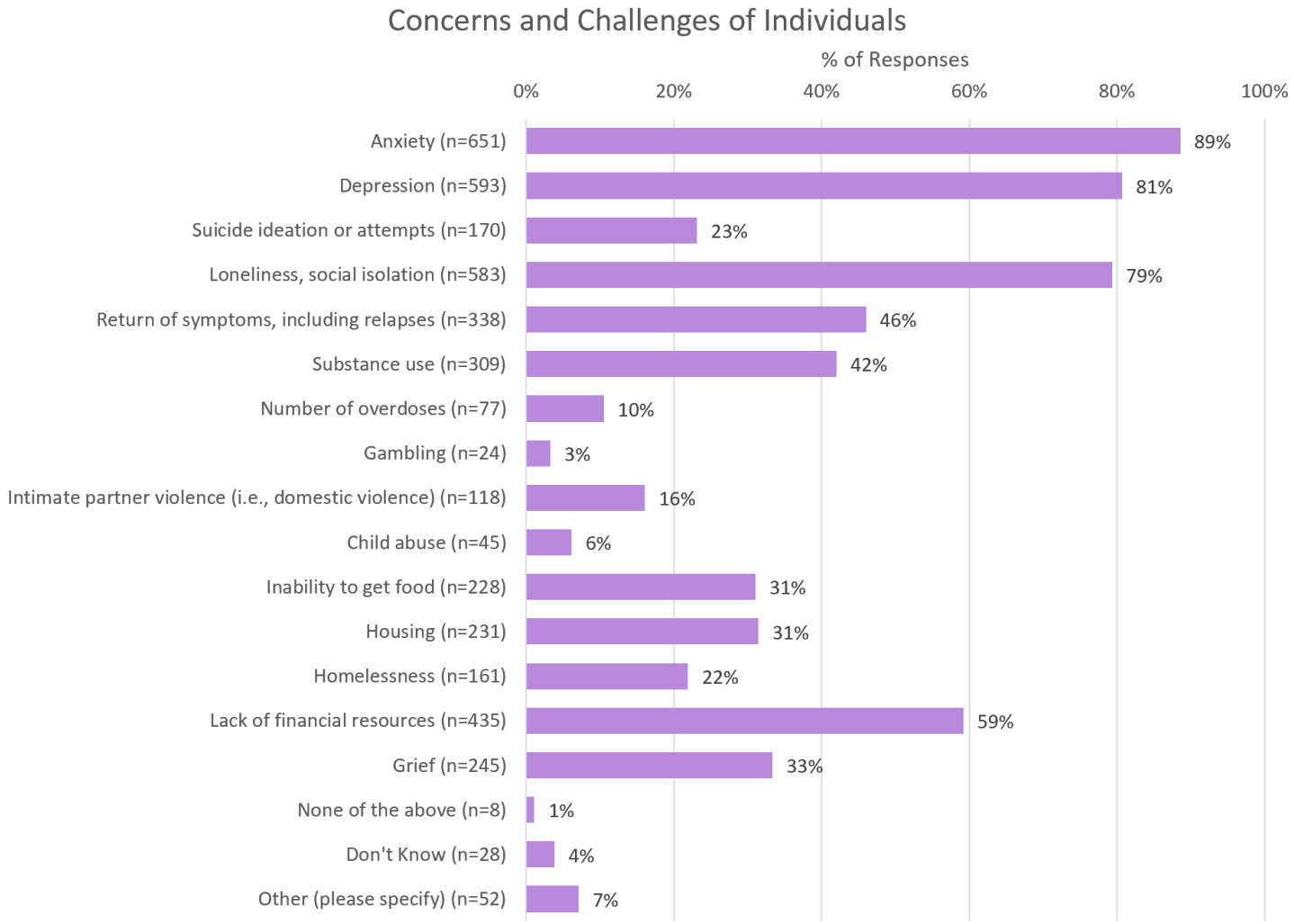
*** Percentages may total over 100% because participants could endorse more than one reason.*

While 498 participants indicated that individuals were leaving treatment prematurely more frequently or a lot more frequently, only 45 participants selected "Other" as the reason. Of these, the most often cited were issues related to COVID-19, including not being able to have visitors in a residential setting, not being able to comply with COVID-19 restrictions, and fear of others transmitting the disease. Financial issues were the second most reported, with an interesting twist. About half of the participants indicated that folks were leaving treatment because they got their stimulus checks, with a few indicating that they could therefore now afford drugs. The other half indicated that individuals could not afford the cost of therapy or the co-pay. A number of participants cited telehealth issues, with more scattered responses involving an inability to focus on treatment/recovery.

Results for this item categorized by participant behavioral health setting are in Appendix VI.

H. Concerns and Challenges for Individuals

Survey participants were asked, "Compared to before COVID-19, what are individuals or families telling you about the concerns and the challenges they are facing? (check all that apply)." A total of 735 participants answered this question. Participants were asked to endorse all options that applied; the graph below shows the reasons reported for the concerns and challenges faced by individuals and their families.



** *Percentages may total over 100% because participants could endorse more than one concern/challenge.*

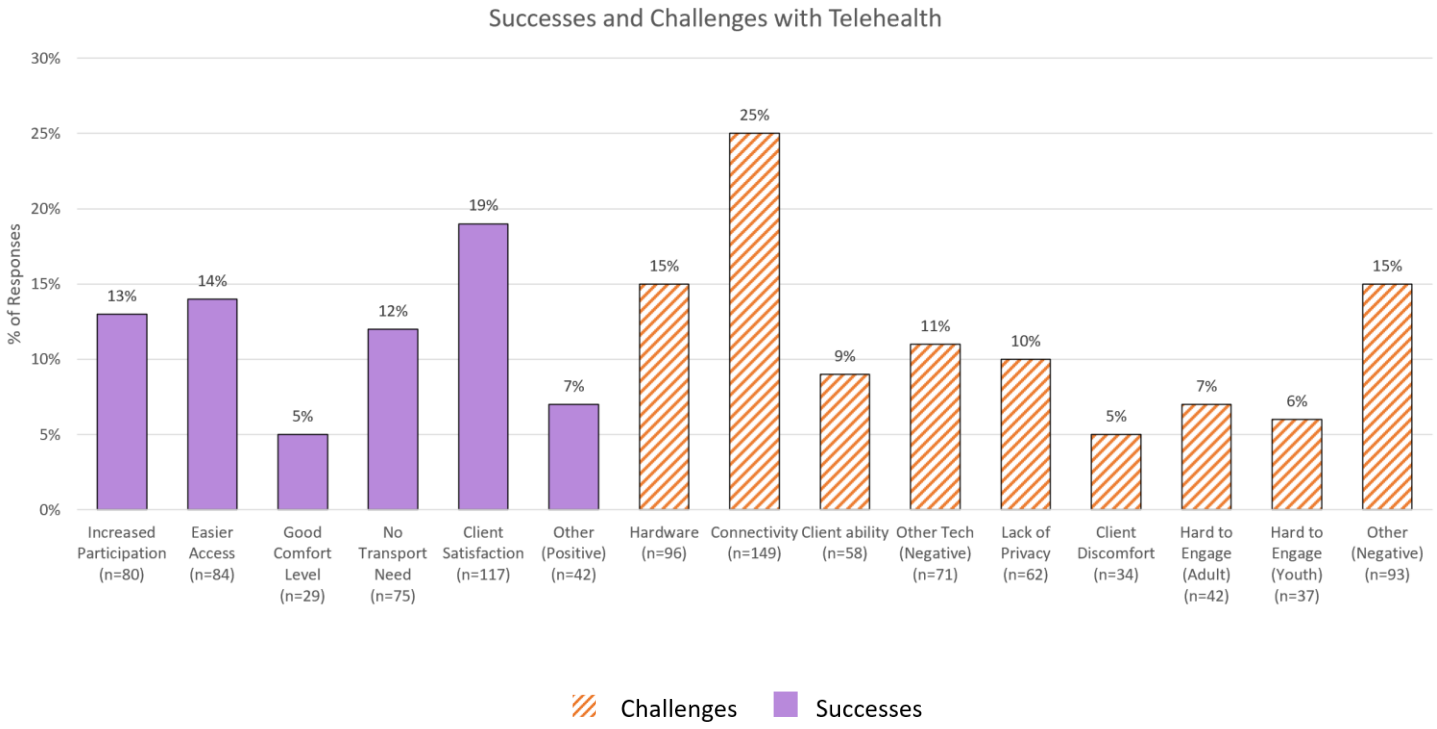
A total of 55 individuals indicated that clients were facing challenges other than those listed. Of these, the most frequently cited were concerns about home schooling and other child care issues. Challenges stemming from the COVID pandemic itself was indicated next most often, with many reporting a general fear of getting the virus and a few mentioning specific concerns about circumstances forcing them into settings that they considered risky. Coping and trauma related to COVID-19 and/or racial issues were mentioned next most often. Hopelessness, uncertainty about the future, and boredom, potentially leading to fear of relapse, were mentioned in a few cases, and a few individuals indicated that the challenges had not changed but that they had intensified.

Results for this item categorized by participant behavioral health setting are in Appendix VII.

I. Transition to Telehealth

Survey participants were asked to respond to an open-ended question, "What successes and challenges have been experienced by individuals in transitioning to using telehealth?" Although the numbers and percentages of participants providing information on various issues are included in the graph below, it is important to note that it is very likely that these figures are much lower than if every participant had been asked their opinion on that particular aspect of telehealth. Some of the information provided did overlap with items that had been included earlier in the questionnaire (for example, inability to use telehealth).

A total of 620 survey participants responded to this item.



Telehealth plays a role in increasing clients' ability to access services, as reported by 14% (84) of participants. Convenience, flexibility, and ease of scheduling were important factors. One participant mentioned that telehealth has been most helpful in mental health emergency services, stating that *"There is no longer a delay for the client to transport to the office, for the client is able to receive an emergency session during the time of the crisis."* The elimination of transportation as a barrier to treatment was specifically mentioned by 12% (75) participants. *One participant stated, "Many individuals like that they do not have to travel and occupy large parts of their day for medication appointments."* Another reported, *"I have two clients recovering from surgery that would not have been able to make it into an office for months, but did not experience a lapse in treatment due to the availability of telehealth."*

Eighty participants (13%) indicated that the use of telehealth increased participation and engagement in treatment. Overall, 19% (117) of individuals stated that clients really like telehealth and that it was a success at their agency. Twenty-nine (5%) of participants mentioned that clients felt very comfortable conducting telehealth sessions and liked the option of doing therapy from the comfort of their own home. Other common themes relating to increased engagement included decreased missed appointments, increased treatment compliance, better participation, and a greater willingness to reach out to the provider when having difficulty.

A few participants mentioned how helpful it was to include family members in the session and to see the client in his or her home environment. Others reported that clients were more open and candid during audio sessions, with one participant pointing out that this was particularly helpful for clients with trauma issues.

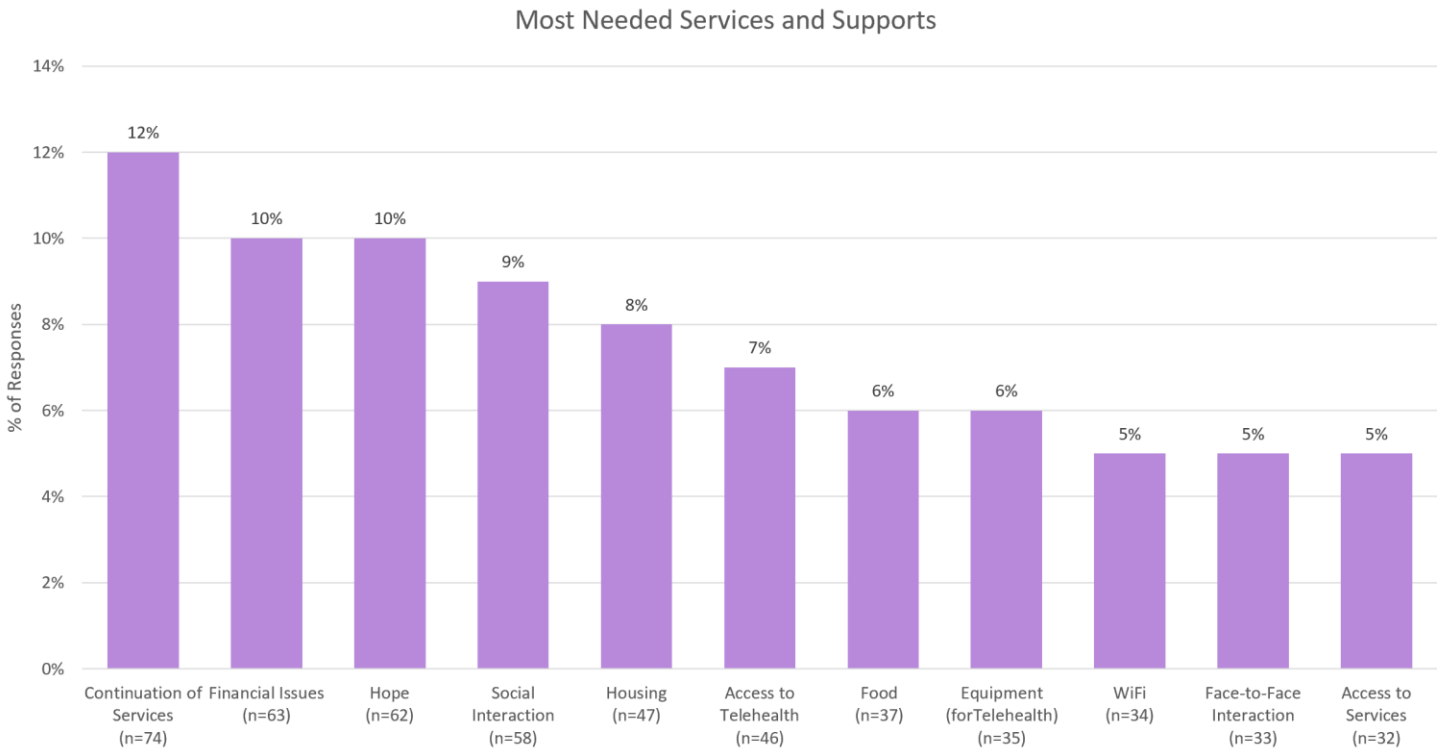
Participants also indicated several barriers to conducting telehealth, namely technology barriers. Access to technology, including both access to devices and access to internet or cell phone minutes, were reported the most with 15% (96) and 24% (149), respectively. Many participants commented that access to internet was specific to rural areas, where high-speed internet is not widely available. Several participants also indicated that telephone sessions were helpful, however, clients' lack of cell phone minutes, especially with government-issued cell phones, limited their conversations. Fifty-eight participants (9%) also indicated that there was a learning curve to clients' use of technology and that e-mail training, telehealth platform training, and just overall technology training was needed at the onset.

Ten percent (62) of participants indicated that a lack of privacy while conducting telehealth sessions at home was a barrier. Forty-two participants (7%) indicated that it was difficult to engage the client during telehealth sessions. Challenges included difficulty hearing clients, difficulty conducting groups due to cross-talk, and an overall preference for face-to-face sessions. Thirty-seven (6%) participants indicated that it was difficult to engage the child and adolescent population specifically, due to a limited attention span and a lack of interest in talking through a computer screen. Furthermore, thirty-four participants (5%) indicated that clients were uncomfortable with doing telehealth sessions. *One participant reported, "It's difficult for clients with body image issues because they struggle with having to see themselves on the video screen."* Other barriers (15%, 93) included difficulties in: reaching clients (specifically, the substance abuse and homeless populations) engaging clients who are symptomatic (i.e., experiencing paranoia or psychotic symptoms), and conducting assessments via online platforms.

J. Most Needed Services and Supports

Survey participants were asked to respond to the question, "In your opinion, what do individuals receiving behavioral health services or supports need most right now?" Although a previous question in the survey had asked about specific concerns and challenges, the intent of this open-ended question was to provide any opportunity for participants to describe additional concerns and elaborate on prior responses. The responses received covered a wide variety of topics, many overlapping with results obtained from the survey discussed earlier in this report. Therefore, in describing the responses received more detail is provided regarding those topics raised in this item that were not already discussed in the results above for other survey items.

A total of 625 participants responded to this item.



Approximately 12% (74) of the participants reported concerns related to service continuity, for both in-person and telehealth services. Thirty-three (5%) of participants specifically mentioned that there is a desire to return to face to face services. One participant commented that clients, "*…are lonely, they miss the social aspect… even if it was integrated with some face to face with PPE.*" A few participants indicated that there was a need to provide Personal Protective Equipment (PPE) to assist with continued appointments. Others cited the need for more services, providers, appointments, and linkages to services no matter what stage the individual is in for his or her recovery.

Ten percent (63) of the participants indicated some concerns related to clients' financial circumstances and basic needs. As one participant described, "*…many need assistance with meeting basic needs before they can think about higher level needs, like emotional health.*" Challenges related to food security was mentioned by 6% (37) of the participants, issues include not having enough money to buy food and the ability to arrange for food delivery or to secure transportation to get food.

The need for hope and reassurances was mentioned by 10% (62) participants. This includes reassurances that they will be fine if all guidelines are followed, that anxiety and stress are normal responses to a pandemic, and that there are many ways for them to find support.

Among other themes was the need for non-clinical social interactions. The need for some sort of social connection, support or interaction was mentioned by 10% (63) of the participants. Comments stressed the need for clients to safely engage socially for their health. A participant commented, "*I think the lack of personal interaction is taking a toll on those in early recovery from drug addiction. I think being around other people will be helpful when that is possible.*"

The need for affordable, stable and safe housing was mentioned by 8% (47) of the participants. Housing was described as a safe place to isolate during the pandemic, a place to return to, or a safe facility (if the person cannot live independently). As one of the participants mentioned, "*Without stable housing the clients are at risk.*"

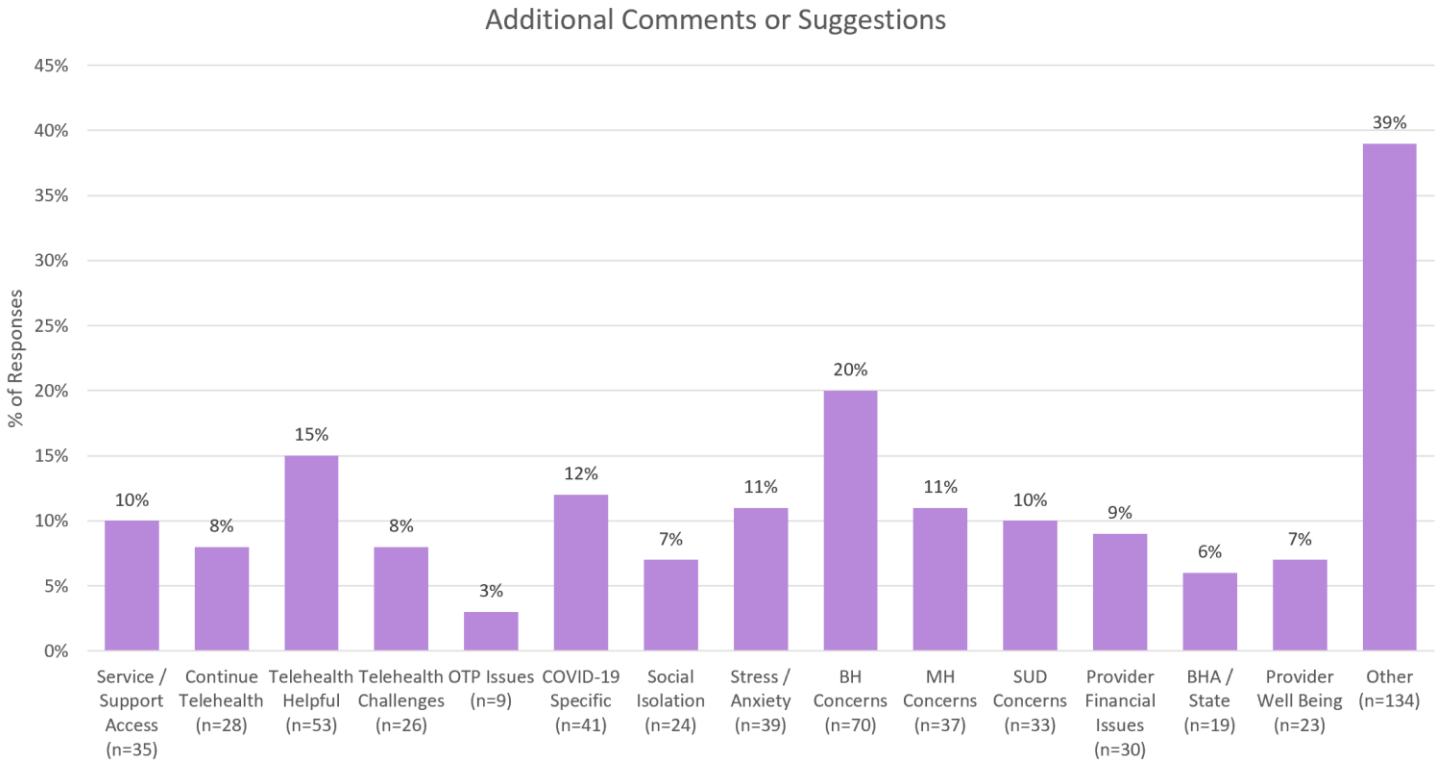
Telehealth was another of the main themes identified. Access to telehealth was mentioned by seven percent (46) of the respondents, with telehealth described as "crucial" by one of the participant. Six percent (35) of the participants reported the need for better telecommunications equipment; five percent (34) expressed the need to obtain and maintain telecommunications access. The point was also made that insurance companies should cover or continue to cover telehealth services, as expressed by a participant, "*Medicaid needs to continue covering telehealth… other insurance companies in the area already covered telehealth prior to the pandemic... many other therapists and I plan to continue to see clients via telehealth even after the state of emergency is lifted to protect clients safety…*"

A variety of other client or family needs were also mentioned by a small number of participants. These included training on coping skills, self-care counseling, and support for parents who are managing children and distance learning. Some participants expressed concerns about uninsured or underinsured clients or disruptions to medication adherence due to inability to pick up medication or have it delivered.

K. Additional Comments or Suggestions

The final question in the survey asked, "Is there anything else that you think BHA should know about how COVID-19 has affected the well-being of individuals receiving services or supports?" The intent of this open-ended question is to allow participants to elaborate on their responses to the survey, provide comments, or make suggestions. As would be expected, the responses received covered a wide variety of topics, many overlapping with results obtained from the survey discussed earlier in this report. Therefore, priority in the following description is given to those topics raised that were not already discussed above for other survey items. Additionally, it should be taken into consideration that, while the numbers and percentages of participants providing information on various issues are included in the graph below, these figures are likely much lower than if every participant had been asked their opinion on that particular issue, and that some comments are specific to a particular setting or group of settings.

A total of 443 participants responded to this item. Of those, 98 wrote in "no," "none at this time" or something similar, leaving 345 responses for review.



Approximately 20% of participants (70 of the 345 respondents) reported concerns with clients' behavioral health status, 11% specifically mentioning mental health issues and 10% specifically mentioning the potential for substance use relapse or overdose. Major concerns were the anxiety being experienced by clients (11%, 39) and the impact of social isolation (7%, 24).

Telehealth was a topic raised by many individuals. Fifteen percent (53) of survey participants indicated that telehealth had been helpful during COVID-19. Participants explained that it enabled them to meet their clients' needs and ensure treatment continuity without risk to clients or staff. As one participant explained, "*Individuals are fearful of returning to the office for face to face services until there is a vaccine. If telehealth is unavailable, they may not receive therapy.*" Eight percent (28) indicated that telehealth should be allowed to

continue at least throughout the COVID-19 epidemic; some indicated that it should continue even after COVID-19. Roughly 8% (23) reported challenges with telehealth such as lack of equipment, difficulty in engaging clients via remote methods, or a preference for face-to-face contact.

Twelve percent (41) of participants commented on issues related to COVID-19 itself. Topics included the general stressors associated with the illness and restrictions, fear that is preventing clients from accessing necessary medical care, and an overall sense of anxiety that is affecting both clients and service providers. A small number of participants expressed concern that clients in residential programs were leaving the program to seek human contact, thereby putting themselves and others at risk.

Approximately 9% (30) of participants commented on the financial status of providers, reflecting a great deal of anxiety about their financial stability. Several were concerned about the unprecedented challenge of increased client needs during a time of significantly decreased revenue. Others cited the costs of shifting to telehealth and PPE as additional financial burdens. Further complicating the situation are continued challenges from the recent ASO transition this past January, compounded by the anticipated need to pay back overpayments from estimated payments which are unlikely to match actual reimbursement based on reduced service levels resulting from COVID-19 issues.

A number of survey participants stated that they were concerned about the extent to which the financial situation will impact the availability of services. As one participant expressed, "*The financial stress on organizations is putting critical services at risk.*" Another area of concern was that some of the requirements for billing were not a good match for COVID-19 restrictions and telehealth. Challenges include the limited attention span during virtual sessions (particularly for children who tend to become distracted), limits on the amount of time that adult clients have in one sitting due to child care demands, and questions about the most effective means of providing support during this global pandemic. As one participant explained, "*…15 minute sessions more frequently are what people need right now. Instead of 45 minutes a week, they could benefit more from 15 minutes three times a week. Then I can check in on Monday, provide them with a food bank resource, check in on Wednesday, make sure they got the food and coach them on anxiety symptoms, and then check in on Friday to make sure the anxiety hasn't gotten worse.*"

Approximately 10% (34) of survey respondents expressed concerns with access to services and supports. Issues included providers not being open for business or accepting new clients and lack of face-to-face support groups. Some respondents mentioned difficulty accessing specific services such as inpatient treatment, in-home services, wraparound treatment, or targeted case management. Delays in receiving approval for residential services was also cited as a problem by a small number of individuals.

Seven percent (23) of participants also expressed concerns about the well-being of service providers as individuals. Issues include job security, anxiety and stress related to protecting themselves and their clients from COVID-19, lack of PPE, and increased compassion fatigue and burnout. Several participants noted that providers need support during these difficult times. Suggestions for support included funding for services (particularly mental health), PPE, or general support.

Six percent (19) of participants specifically mentioned BHA or the state of Maryland in their response. While a few were frustrated with confusing directions regarding regulations, delayed claims processing or lack of funding, many complimented BHA for their support. One participant wrote, "*BHA has done a tremendous job. So proud of being a provider in Maryland. Thank you☺.*"

A small proportion (3%, 9) addressed the unique needs of clients receiving treatment from opioid treatment programs. Approximately half of these expressed concerns that clients were selling their medication, abusing the medication, or were at higher risk for relapse without daily monitoring. Others reported that clients were doing well with take home doses.

There were a very large number of responses categorized as "Other" (39%, 134). These responses included content that did not fit within the parameters of the other themes but because they were mentioned by relatively few individuals they did not warrant a separate theme. Some of these comments included concerns that child and domestic abuse will increase given quarantine with families and less opportunity to be in contact with others to report the abuse, recognition that clients lack resources and face significant financial concerns (including unemployment due to COVID-19), and concern that some populations are currently particularly vulnerable (older adults, youth, those who live alone). Others suggested the need for increased funding for particular services or indicated that smaller providers were particularly at financial risk currently.

Summary

The COVID-19 pandemic has affected almost all aspects of people's lives. To help understand the effect that the pandemic has had on those individuals receiving behavioral health services and supports, BHA requested a brief survey of providers, advocates, and other stakeholders across Maryland. The data presented here represent 856 participants from a variety of behavioral health providers and stakeholders who serve individuals of all ages.

Participants indicated that since the changes that resulted from the COVID-19 pandemic, fewer new individuals are accessing behavioral health services, although the majority of participants working in Residential Rehabilitation Programs (RRPs) indicated the level is about the same. Over 20% of outpatient programs (substance use disorder and mental health) reported an increase in new clients, and not surprisingly a large proportion of crisis services (44%) reported an increase in new individuals seeking their services, although it should be noted that the sample size for this particular group was very small (9). The most commonly reported reasons for fewer new individuals seeking services or supports were that there were fewer people seeking services or supports, and an inability to provide services via telehealth.

The majority of support or advocacy organizations (64%) and the slight majority of LBHAs/LAAs/CSAs (53%) indicated that they were seeing an increase in the frequency with which individuals and families were seeking support from their organizations post COVID-19. Approximately one-fifth of these participants indicated that the frequency had decreased.

The responses to whether individuals were keeping their treatment/service appointments more or less frequently differed depending on the treatment setting. In some settings, individuals were keeping their appointments more often (outpatient mental health, crisis services, and LBHAs/LAAs/CSAs, and support or advocacy organizations), while in others, they were keeping them less often (PRP, "Other" settings). Interestingly, for both outpatient substance use disorder settings and support or advocacy organizations, a fairly high number of participants reported an increase while a fairly large proportion also reported decreases. The inability of service recipients to use telehealth or their unwillingness to use it was a primary reason for not keeping appointments. Telehealth challenges included technological ones (e.g., lack of equipment, lack of

sufficient internet connectivity, difficulty using) and interpersonal ones (e.g., lack of privacy at home during appointments, difficulty with engagement, particularly for young children).

Most participants indicated individuals were taking their medications as prescribed. The reasons cited most often for individuals not taking their medications as prescribed included a relapse or return of symptoms, difficulty in having their prescriptions refilled, or inability to afford the co-payments.

Most participants indicated that individuals were leaving treatment prematurely more frequently since the onset of the COVID-19 pandemic. A higher proportion of participants from outpatient substance use disorder, residential substance use disorder, recovery housing, support or advocacy organization, or other settings indicated that individuals were leaving treatment prematurely. The most common reported reason for this was a relapse or return of symptoms, although problems with using telehealth were also frequently reported.

Based on the survey results, it is clear that a very large proportion of clients are experiencing anxiety, depression, and a sense of loneliness or social isolation. This was a recurrent theme across many survey items. Some expressed concerns that such problems could lead to an increase in symptoms, including relapse. Some were anxious about the increased need for behavioral health services just at a time when some providers are concerned about staying in business. Some participants mentioned that individuals really need social interaction and hope for the future.

More than half of the survey participants indicated that clients' lack of financial resources was a concern. Meeting basic needs, such as food and housing, was seen as a significant challenge for some.

When asked for additional comments and suggestions, some survey participants shared their concerns about service providers as well. A primary concern is the financial stability of behavioral health service providers in light of decreased revenue during the COVID-19 pandemic and recent challenges with the ASO transition. Others commented on the stress and increase in compassion fatigue that is occurring.

Key Findings

This project collected a wealth of information and covered several topical areas. Several key themes emerged across the results:

- Telehealth has been extremely beneficial to helping individuals remain engaged with services
- Challenges to using telehealth include lack of equipment, lack of adequate internet connectivity, and privacy for appointments
- The impact of the COVID-19 on service and supports varies by type of behavioral health setting
- Service recipients are experiencing high levels of anxiety, depression, and social isolation, which could result in symptom increase as well as an increased need for behavioral health services
- Lack of financial resources, including food and housing, is also a concern

Appendix I – Survey Questionnaire

INTRODUCTION – This brief survey will take approximately 4-6 minutes to complete. Your responses are anonymous and confidential. Throughout the survey, the term "individuals" refers to persons with behavioral health problems.

QUESTION #1 Please tell us the age groups of the individuals or their families to whom you provide behavioral health services or supports. (check all that apply)

- ☐ 0-17 years old
- ☐ 18-25 years old
- ☐ 26-65 years old
- ☐ 65+ years old

QUESTION #2 In which Maryland behavioral health setting do you work/volunteer? Choose the setting where you work/volunteer most often.

- o Opioid Treatment Program (OTP)
- o Outpatient Substance Use Disorder Services
- o Outpatient Mental Health Services
- o Substance Use Disorder Residential Services (ASAM Levels 3.1, 3.3, 3.5, or 3.7)
- o Recovery Housing
- o Psychiatric Rehabilitation Program (PRP)
- o Residential Rehabilitation Program (RRP)
- o Crisis services
- o Local Behavioral Health Authority/Local Addictions Authority/Core Service Agency
- o Organization providing support and/or advocacy, but not providing clinical, rehabilitative, or treatment services (i.e., On of Own of Maryland, NAMI Maryland, Mental Health Association of Maryland, Maryland Coalition for Families, NCADD-MD)
- o Other (please specify) _____

QUESTION #3 ***[only asked of service providers]*** **– <u>Compared to before COVID-19</u>, are more, fewer, or about the same number of new individuals accessing your services?**

- o A lot more
- o A little more
- o About the same
- o A little fewer
- o A lot fewer
- o Don't know
- o Not Applicable

QUESTION #3a ***[only asked of those indicating that fewer new individuals are accessing services]*** **– Why are fewer new individuals accessing your services? (check all that apply)**

- ☐ Fewer people seeking services or supports
- ☐ Inability to provide services or supports via telehealth
- ☐ Fewer staff available due to layoff or furloughs
- ☐ Fewer staff able or willing to work
- ☐ Decreased staff time available due to increased need by current clients/patients

- ☐ Decreased room/bed capacity (due to new arrangements for social distancing)
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #4 ***[only asked of LBHAs/LAAs/CSAs, organizations providing support or advocacy but not services, and those indicating they work in "other" behavioral health settings]*** **– <u>Compared to before COVID-19</u>, how often are individuals or family members seeking your organization's support?**

- o A lot more often
- o A little more often
- o About the same
- o A little less often
- o A lot less often
- o Don't know
- o Not Applicable

QUESTION #5 – <u>Compared to before COVID-19</u>, based on your own observations or what others are telling you, how often are individuals keeping their treatment/service appointments?

- o A lot more often
- o More often
- o About the same
- o Less often
- o A lot less often
- o Don't know
- o Not Applicable

QUESTION #5a ***[only asked of those indicating that individuals are keeping their appointments less often or a lot less often]*** **– Based on your own observations or what others are telling you, why are individuals keeping their treatment/service appointments <u>less often</u>? (check all that apply).**

- ☐ Individuals <u>cannot</u> use telehealth or phone-based services
- ☐ Individuals <u>are not willing</u> to use telehealth or phone-based services
- ☐ Return of symptoms, including relapse
- ☐ Reluctance to travel and/or use public transportation
- ☐ Reluctance to be at a service organization with other people
- ☐ Difficulty in obtaining child care
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #6: <u>Compared to before COVID-19</u>, are individuals taking medications for their behavioral health issues as prescribed more often, less often, or about the same?

- o A lot more often
- o More often
- o About the same
- o Less often
- o A lot less often
- o Don't know
- o Not Applicable

QUESTION #6a ***[only asked of those indicating that individuals are taking their medications less often or a lot less often]*** **– Based on your own observations or what others are telling you, why are individuals taking their medications as prescribed less often? (check all that apply)**

- ☐ Return of symptoms, including relapse
- ☐ Reluctance to travel and/or use public transportation
- ☐ Reluctance to enter pharmacy
- ☐ More difficult to get prescriptions refilled
- ☐ Lack of money for prescription or co-pays
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #7 – <u>Compared to before COVID-19</u>, based on your own observations or what others are telling you, how often are individuals leaving treatment prematurely (i.e., against medical advice)?

- o A lot more often
- o More often
- o About the same
- o Less often
- o A lot less often
- o Don't know
- o Not Applicable

QUESTION #7a ***[only asked of those indicating that individuals are leaving treatment more often or a lot more often]*** **– Based on your own observations or what others are telling you, why are individuals leaving treatment prematurely (i.e., against medical advice) more often? (check all that apply).**

- ☐ Individuals <u>cannot</u> use telehealth or phone-based services
- ☐ Individuals <u>are not willing</u> to use telehealth or phone-based services
- ☐ Return of symptoms, including relapse
- ☐ Reluctance to travel and/or use public transportation
- ☐ Reluctance to be at a service organization with other people
- ☐ Difficulty in obtaining child care
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #8 – <u>Compared to before COVID-19</u>, what are individuals or families telling you about the concerns and the challenges they are facing? (check all that apply)

- ☐ Anxiety
- ☐ Depression
- ☐ Suicide ideation or attempts
- ☐ Loneliness, social isolation
- ☐ Return of symptoms, including relapses
- ☐ Substance use
- ☐ Number of overdoses
- ☐ Gambling
- ☐ Intimate partner violence (i.e., domestic violence)
- ☐ Child abuse
- ☐ Inability to get food
- ☐ Housing
- ☐ Homelessness
- ☐ Lack of financial resources
- ☐ Grief
- ☐ Other (please specify) _____
- ☐ None of the above
- ☐ Don't Know

QUESTION #9: What successes and challenges have been experienced by individuals in transitioning to using telehealth?

QUESTION #10 - In your opinion, what do individuals receiving behavioral health services or supports need most right now?

QUESTION #11 – Is there anything else you think BHA should know about how COVID-19 has affected the well-being of individuals receiving services or supports?

Thank you again for your participation.

Appendix II – Organizations Contacted

(Note: in addition to the organizations below, those persons who receive OPTUM Provider Alerts also received the link and a request to participate)

- Behavioral Health Coalition
- Community Behavioral Health Association of Maryland (CBH)
- Maryland Addictions Directors Council (MADC)
- Maryland Association of Behavioral Health Authorities (MABHA)
- Maryland Association for the Treatment of Opioid Dependence (MATOD)
- Maryland Coalition of Families (MD Coalition)
- Mental Health Association of Maryland (MHAMD) Consumer Quality Team (CQT) Warm Line Liaison
- National Alliance on Mental Illness Maryland (NAMI) Local Affiliate Directors and Warm Line Staff
- On Our Own of Maryland, Inc. (OOOMD) Local Affiliate Directors
- National Council on Alcoholism and Drug Dependence of Maryland (NCADD-MD)
- Recovery Housing Providers

Appendix III – Reasons Fewer New Individuals Accessing Services by Behavioral Health Setting of Survey Participant

	Fewer New Clients	Inability to Provide Telehealth	Staff Layoffs / Furloughs	Fewer Staff Able / Willing to Work	Less Staff Time due to Increased Client Need	Decreased Capacity due to Social Distancing	Don't Know	Other
OTP	61% (20)	18% (6)	6% (2)	15% (5)	3% (1)	12% (4)	24% (8)	24% (8)
Outpatient SUD	56% (20)	25% (9)	11% (4)	6% (2)	8% (3)	11% (4)	11% (4)	22% (8)
Outpatient MH	49% (61)	13% (16)	2% (3)	4% (5)	5% (6)	2% (2)	18% (23)	32% (40)
SUD Residential	26% (5)	11% (2)	11% (2)	11% (2)	5% (1)	47% (9)	5% (1)	42% (8)
Recovery Housing	35% (6)	18% (3)	0% (0)	6% (1)	12% (2)	35% (6)	12% (2)	29% (5)
PRP	58% (18)	23% (7)	10% (3)	6% (2)	10% (3)	13% (4)	13% (4)	35% (11)
RRP	25% (1)	25% (1)	25% (1)	25% (1)	0% (0)	25% (1)	0% (0)	50% (2)
Crisis Services	75% (3)	0% (0)	0% (0)	25% (1)	25% (1)	75% (3)	0% (0)	0% (0)

Appendix IV – Reasons Individuals are Keeping Treatment/Service Appointments Less Often by Behavioral Health Setting of Survey Participant

	Cannot Use Telehealth	Will Not Use Telehealth	Relapse / Return of Symptoms	Reluctant to Travel or Use Public Transportation	Reluctance to Be at Service Org. with Other People	Difficulty in Obtaining Child Care	Don't Know	Other
OTP	75% (15)	50% (10)	40% (8)	65% (13)	50% (10)	40% (8)	0% (0)	10% (2)
Outpatient SUD	64% (16)	44% (11)	36% (9)	24% (6)	20% (5)	8% (2)	16% (4)	8% (2)
Outpatient MH	51% (28)	55% (30)	13% (7)	18% (10)	16% (9)	15% (8)	13% (7)	35% (19)
SUD Residential	88% (7)	63% (5)	63% (5)	38% (3)	25% (2)	13% (1)	0% (0)	13% (1)
Recovery Housing	57% (4)	14% (1)	71% (5)	0% (0)	14% (1)	0% (0)	0% (0)	29% (2)
PRP	48% (14)	59% (17)	10% (3)	28% (8)	21% (6)	3% (1)	3% (1)	21% (6)
RRP	25% (2)	38% (3)	13% (1)	13% (1)	25% (2)	13% (1)	13% (1)	38% (3)
Crisis Services	100% (2)	0% (0)	0% (0)	50% (1)	50% (1)	0% (0)	0% (0)	0% (0)
LBHA / LAA / CSA	40% (2)	60% (3)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	20% (1)
Support / Advocacy	76% (25)	55% (18)	33% (11)	42% (14)	24% (8)	18% (6)	0% (0)	9% (3)
Other	38% (11)	38% (11)	38% (11)	41% (12)	34% (10)	14% (4)	3% (1)	38% (11)

Appendix V – Reasons Individuals are Taking Their Medications as Prescribed Less Often by Behavioral Health Setting of Survey Participant

	Relapse / Return of Symptoms	Reluctant to Travel or Use Public Transportation	Reluctance to go to Pharmacy	More Difficult to Fill Prescriptions	Lack of Money for Prescription or Co-pays	Don't Know	Other
OTP	33% (3)	44% (4)	11% (1)	22% (2)	22% (2)	22% (2)	33% (3)
Outpatient SUD	50% (4)	25% (2)	0% (0)	25% (2)	13% (1)	13% (1)	13% (1)
Outpatient MH	33% (8)	17% (4)	4% (1)	21% (5)	21% (5)	13% (3)	33% (8)
SUD Residential	50% (1)	0% (0)	0% (0)	0% (0)	100% (2)	50% (1)	0% (0)
Recovery Housing	100% (3)	0% (0)	0% (0)	67% (2)	33% (1)	0% (0)	33% (1)
PRP	60% (6)	30% (3)	40% (4)	10% (1)	20% (2)	20% (2)	30% (3)
RRP	100% (2)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	50% (1)
Crisis Services	67% (2)	0% (0)	33% (1)	67% (2)	67% (2)	0% (0)	0% (0)
LBHA / LAA / CSA	50% (1)	50% (1)	0% (0)	50% (1)	0% (0)	0% (0)	0% (0)
Support / Advocacy	55% (6)	55% (6)	55% (6)	82% (9)	55% (6)	9% (1)	9% (1)
Other	50% (7)	21% (3)	14% (2)	36% (5)	50% (7)	0% (0)	36% (5)

Appendix VI – Reasons Individuals are Leaving Treatment Prematurely More Often by Behavioral Health Setting of Survey Participant

	Cannot Use Telehealth	Will Not Use Telehealth	Relapse / Return of Symptoms	Reluctant to Travel or Use Public Transportation	Reluctance to Be at Service Organization with Other People	Difficulty in Obtaining Child Care	Don't Know	Other
OTP	15% (4)	15% (4)	26% (7)	19% (5)	19% (5)	0% (0)	7% (2)	15% (4)
Outpatient SUD	17% (6)	14% (5)	34% (12)	11% (4)	9% (3)	0% (0)	9% (3)	9% (3)
Outpatient MH	14% (19)	18% (24)	10% (13)	5% (7)	5% (7)	8% (10)	4% (5)	11% (14)
SUD Residential	0% (0)	4% (1)	25% (6)	0% (0)	8% (2)	0% (0)	0% (0)	29% (7)
Recovery Housing	0% (0)	7% (1)	53% (8)	0% (0)	7% (1)	7% (1)	0% (0)	20% (3)
PRP	12% (5)	16% (7)	12% (5)	12% (5)	9% (4)	2% (1)	2% (1)	5% (2)
RRP	5% (1)	5% (1)	5% (1)	5% (1)	11% (2)	5% (1)	0% (0)	5% (1)
Crisis Services	0% (0)	0% (0)	50% (2)	25% (1)	25 (1)	25% (1)	0% (0)	0% (0)
LBHA / LAA / CSA	9% (2)	9% (2)	13% (3)	13% (3)	13% (3)	9% (2)	0% (0)	0% (0)
Support / Advocacy	16% (12)	14% (11)	16% (12)	1% (1)	11% (8)	7% (5)	0% (0)	4% (3)
Other	12% (5)	10% (4)	17% (7)	15% (6)	17% (7)	5% (2)	0% (0)	20% (8)

Appendix VII – Concerns and Challenges of Individuals and Their Families by Behavioral Health Setting of Survey Participant

	OTP	Outpt SUD	Outpt MH	SUD Resid	Recovery House	PRP	RRP	Crisis	LBHA / LAA/CSA	Support/ Advocacy	Other
Anxiety	81% (48)	89% (49)	89% (248)	74% (23)	88% (21)	88% (56)	63% (15)	100% (9)	81% (22)	95% (92)	86% (49)
Depression	75% (44)	85% (47)	81% (227)	71% (22)	83% (20)	80% (51)	50% (12)	78% (7)	74% (20)	89% (86)	70% (40)
Suicide ideation/attempts	7% (4)	15% (8)	24% (68)	16% (5)	8% (2)	27% (17)	4% (1)	89% (8)	19% (5)	36% (35)	21% (12)
Loneliness/Social isolation	76% (45)	82% (45)	78% (219)	55% (17)	83% (20)	86% (55)	63% (15)	89% (8)	74% (20)	82% (80)	74% (42)
Return of symptoms (including relapses)	56% (33)	56% (31)	44% (122)	55% (17)	71% (17)	36% (23)	29% (7)	89% (8)	33% (9)	46% (45)	44% (25)
Substance use	63% (37)	67% (37)	29% (82)	42% (13)	42% (10)	28% (18)	25% (6)	78% (7)	67% (18)	46% (45)	49% (28)
Number of overdoses	15% (9)	15% (8)	2% (6)	19% (6)	17% (4)	0% (0)	4% (1)	33% (3)	44% (12)	23% (22)	9% (5)
Gambling	2% (1)	4% (2)	1% (4)	0% (0)	8% (2)	3% (2)	4% (1)	11% (1)	0% (0)	10% (10)	0% (0)
Domestic violence	12% (7)	16% (9)	13% (35)	10% (3)	8% (2)	13% (8)	0% (0)	56% (5)	33% (9)	31% (30)	12% (7)
Child abuse	5% (3)	4% (2)	5% (14)	3% (1)	0% (0)	3% (2)	0% (0)	22% (2)	19% (5)	11% (11)	4% (2)
Inability to get food	42% (25)	20% (11)	23% (63)	6% (2)	38% (9)	58% (37)	8% (2)	56% (5)	37% (10)	44% (43)	23% (13)
Housing	37% (22)	29% (16)	19% (54)	23% (7)	42% (10)	41% (26)	17% (4)	56% (5)	48% (13)	49% (48)	35% (20)
Homelessness	37% (22)	18% (10)	9% (25)	25% (8)	38% (9)	25% (16)	4% (1)	56% (5)	30% (8)	41% (40)	28% (16)
Lack of Financial Resources	37% (22)	18% (10)	8% (23)	26% (8)	38% (9)	25% (16)	4% (1)	56% (5)	30% (8)	41% (40)	28% (16)
Grief	76% (45)	67% (37)	55% (154)	42% (13)	63% (15)	69% (44)	21% (5)	89% (8)	52% (14)	66% (64)	42% (24)
Don't Know	0% (0)	0% (0)	1% (3)	0% (0)	0% (0)	0% (0)	13% (3)	0% (0)	0% (0)	0% (0)	4% (2)
Other	7% (4)	2% (1)	2% (6)	13% (4)	0% (0)	5% (3)	17% (4)	0% (0)	4% (1)	2% (2)	5% (3)