UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

The Effects of COVID-19 on Individuals Receiving Behavioral Health Services and Supports in Maryland: Winter 2021 Survey

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Prepared For:
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Introduction

The Maryland Department of Health 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. To learn about client well-being and access to behavioral health services and supports, the University of Maryland Systems Evaluation Center (SEC), at the request of BHA, conducted surveys of PBHS stakeholders in the late spring of 2020 and in the fall of 2020. This report includes the results of a third survey requested by BHA, with data collected in late January and early February of 2021. Comparisons with results from the first two surveys are also included for many variables. As with the previous surveys, the BHA will use the information collected from the third survey to identify areas needing BHA support and/or guidance and to inform system planning and management.

Methods

Consistent with the previous surveys, the third survey included items related to the current needs and concerns of individuals being served, their access and utilization of services and supports, and drug and alcohol testing. For this third survey, a new item was added regarding the use of successful strategies for engaging individuals who have difficulty using telehealth. The third survey primarily focused on changes occurring in the past three months and 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 survey questionnaire). An online survey program was used to collect the data from January 25, 2021 through February 8, 2021.

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, and/or to send it to all of their organization's members or affiliates. A Provider Alert was also disseminated through the Administrative Services Organization 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. It is important to note that only organizations and agencies offering treatment and/or supports were invited to respond to the survey; consumers and their family members did not participate.

An introductory letter and email informed all potential participants of the purpose of the survey. ~~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.

This report includes the aggregated survey results. Survey results by respondents' behavioral health settings may be found in a separate, supplemental report.

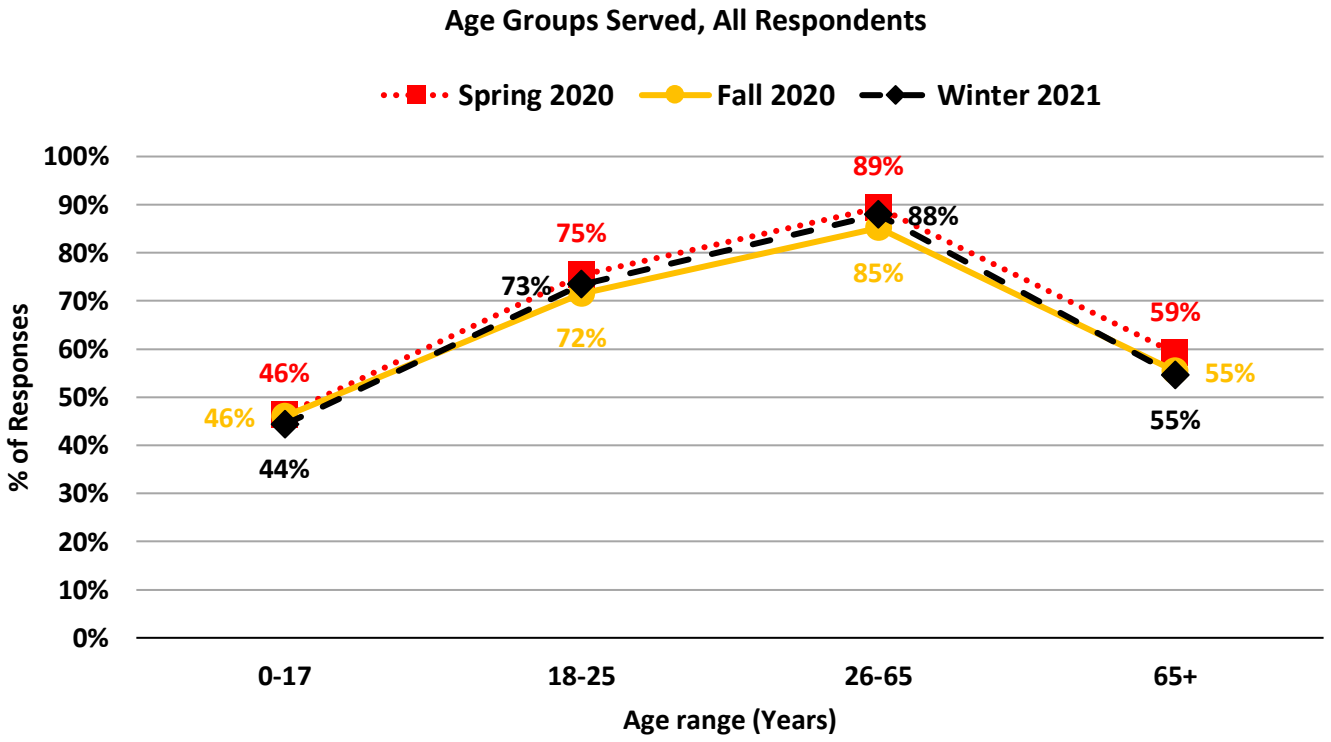
Results

A total of 986 survey responses were received (a total of 856 were submitted for the initial survey, and 930 for the second survey). 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 most graphs where the same question was in two or more of the surveys, results from multiple surveys are shown for comparison. More detailed results are provided in the Supplemental Report.

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 (see Appendix I, Question #1). This question required a response. Participants could endorse more than one answer ("check all that apply"); therefore, the total percentages for each survey add to more than 100%. **The results for this item were very similar across all three surveys.**



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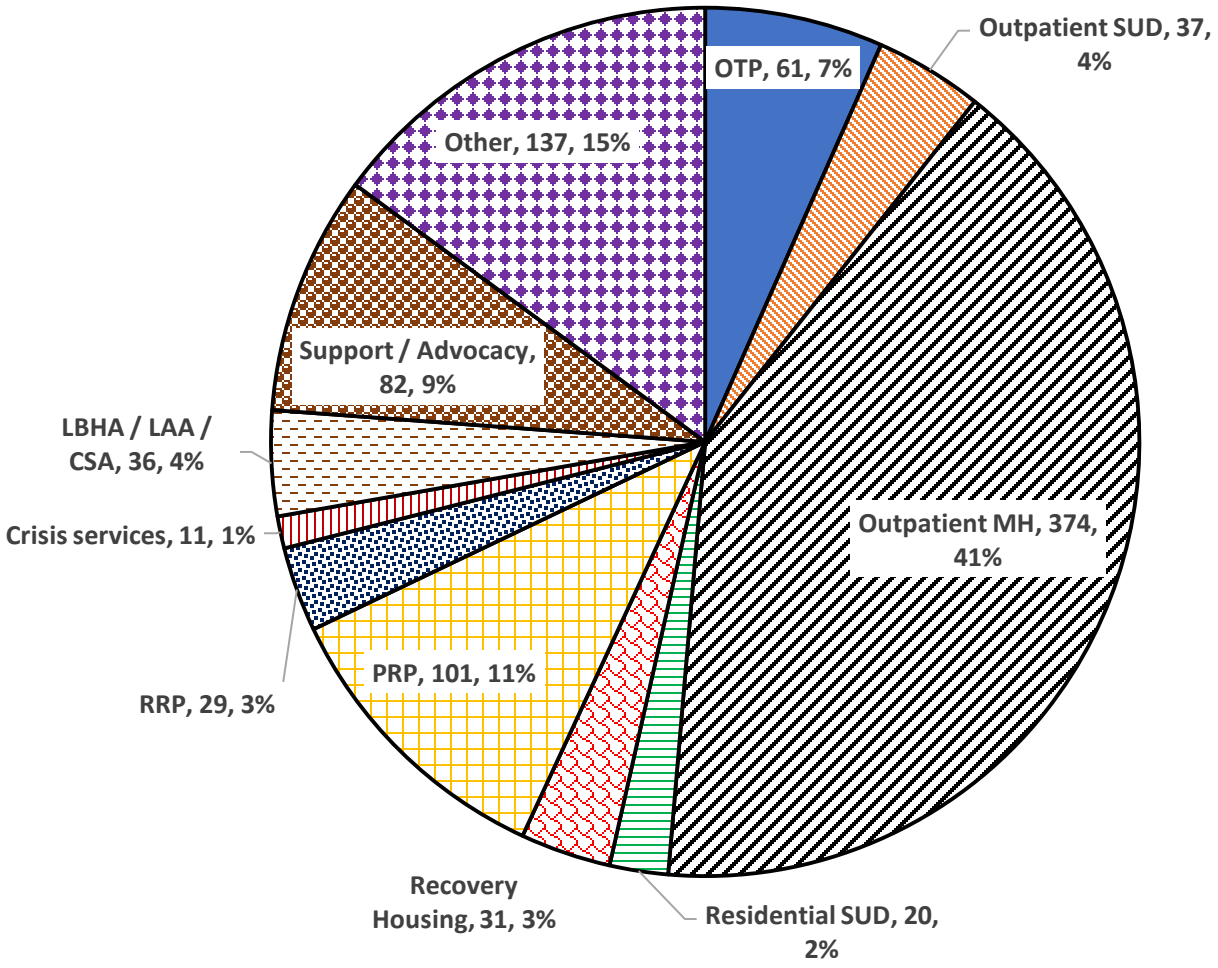
B. Behavioral Health Setting

Survey participants were asked to indicate the Maryland behavioral health setting where they work or volunteer (see Appendix I, Question #2). This question required a response. 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. **Results for this item were similar across all three surveys, with approximately 40% of responses from outpatient mental health settings.**

Winter 2021 Survey Respondents by Behavioral Health Setting

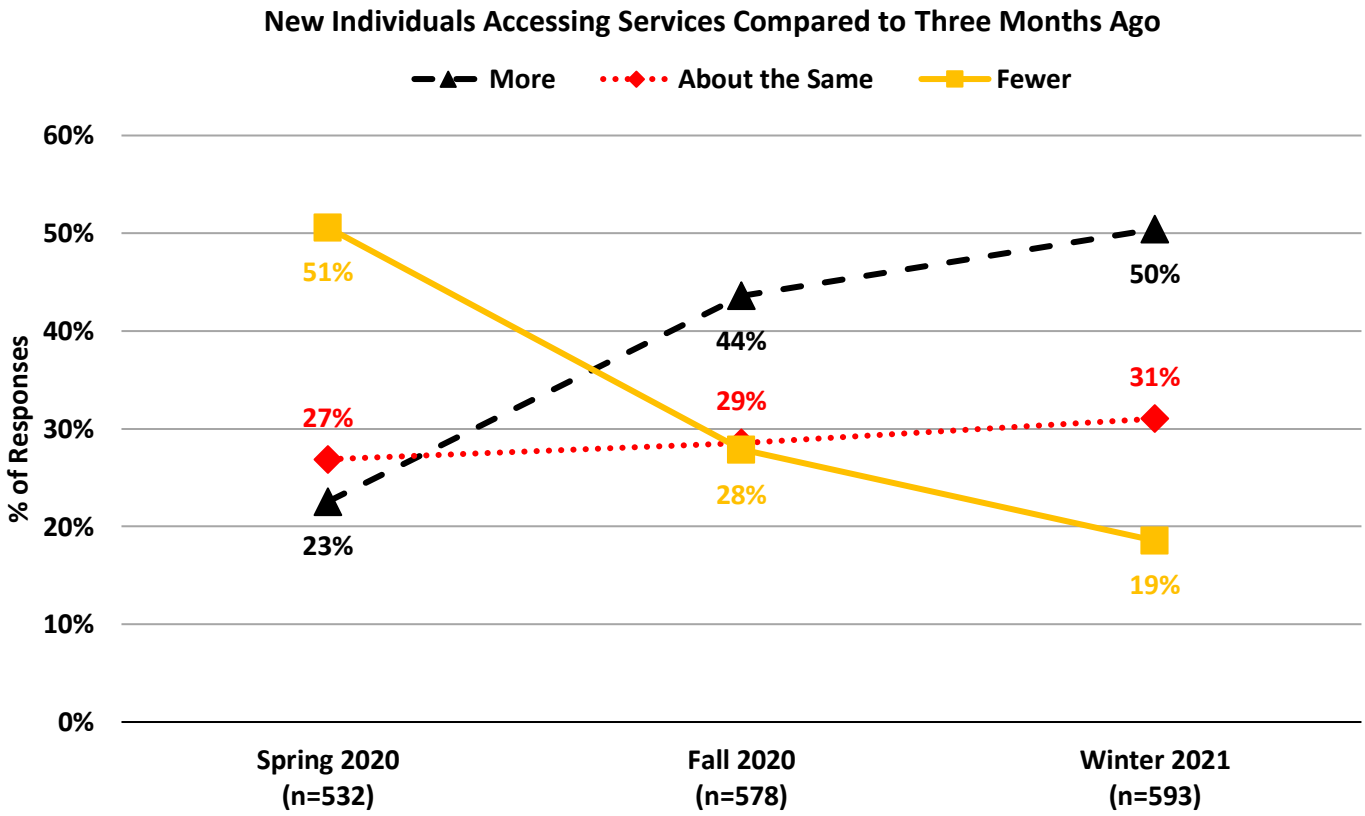


For those respondents listed in the "Other" category in the follow-up survey, 45 indicated that they were multi-service providers (either or both SUD and MH, or unspecified), 36 indicated that they worked in multiple mental health service settings, 9 were multi-SUD service providers, 8 indicated inpatient service providers, 7 indicated Supported Employment, 6 indicated Applied Behavioral Analysis (ABA) services, and 4 indicated Case Management. Although graphs for the prior two surveys are not included in this report due to space limitations, it should be noted that the percentages of respondent types were similar across all three surveys, with the largest differences being in the "Other" and "Support/Advocacy" categories.

C. New Individuals Accessing Services

Volume of New Individuals Accessing Services

Survey participants from service settings (i.e., all except Support/Advocacy, LBHA/LAA/CSA, and Other) were asked, "Compared to three months ago, are more, fewer, or about the same number of new individuals accessing your services?" (see Appendix I, Question #3). The following graph shows the differences in the responses across the three surveys. In the current survey, the graph shows that half of the respondents indicated that more new individuals were accessing services compared to three months ago. **As seen in the graph below, over time more new individuals are reported to be accessing services**.



** Percentages may not total to 100% due to rounding; "Don't Know" and "Not Applicable" were eliminated from the analyses*

Reasons for Fewer New Individuals Accessing Services

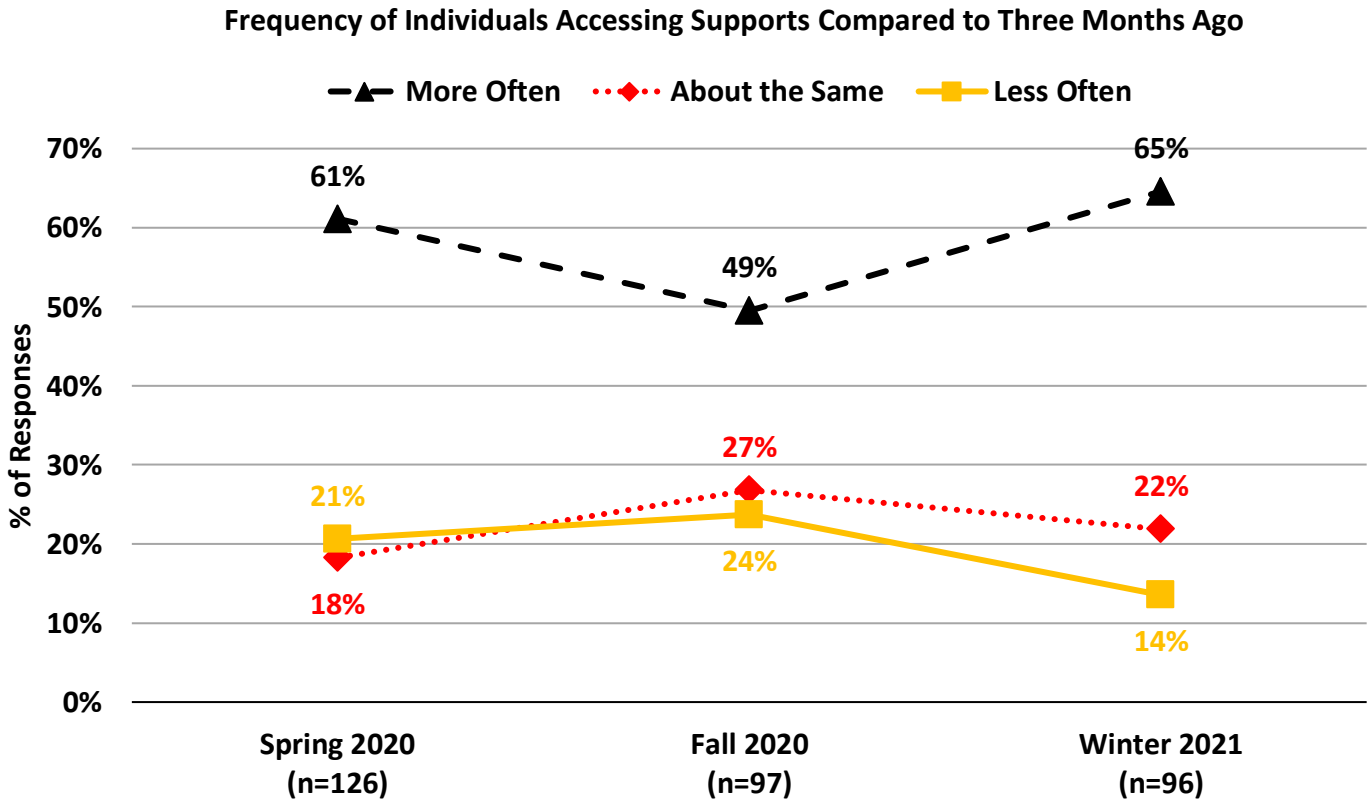
In the current survey, there were 106 respondents who provided reasons why new individuals were accessing services less frequently (see Appendix I, Question #3a). The most frequently reported reasons for fewer new clients were fewer referrals, clients' discomfort or technical issues with telehealth, and fewer staff being willing or able to work.

Reasons for Less Demand from New Clients

In the current survey, there were 22 respondents who responded to the question "Why do you think there is less demand for services or supports from new individuals? (check all that apply)" (see Appendix I, Question #3b). The most frequent reasons reported were referral sources being closed, clients' fear of getting COVID-19, and clients' inability to use telehealth.

D. Frequency of Individuals Accessing Supports

Survey participants from non-service settings (Local Behavioral Health Authorities/Local Addictions Authorities/Core Services Agencies (LBHA/LAA/CSA), organizations providing support and/or advocacy but not providing services, and those classified as "Other" settings were asked, "Compared to three months ago, how often are individuals or family members seeking your organization's support?" (see Appendix I, Question #4). The following graph shows the differences in the responses across the three surveys for the LBHA/LAA/CSA and support/advocacy respondents. In the current survey, almost two-thirds of respondents indicated that individuals were seeking support more often in the past three months. **The following graph shows that, in all three surveys, the most common response was that more individuals were seeking supports.**

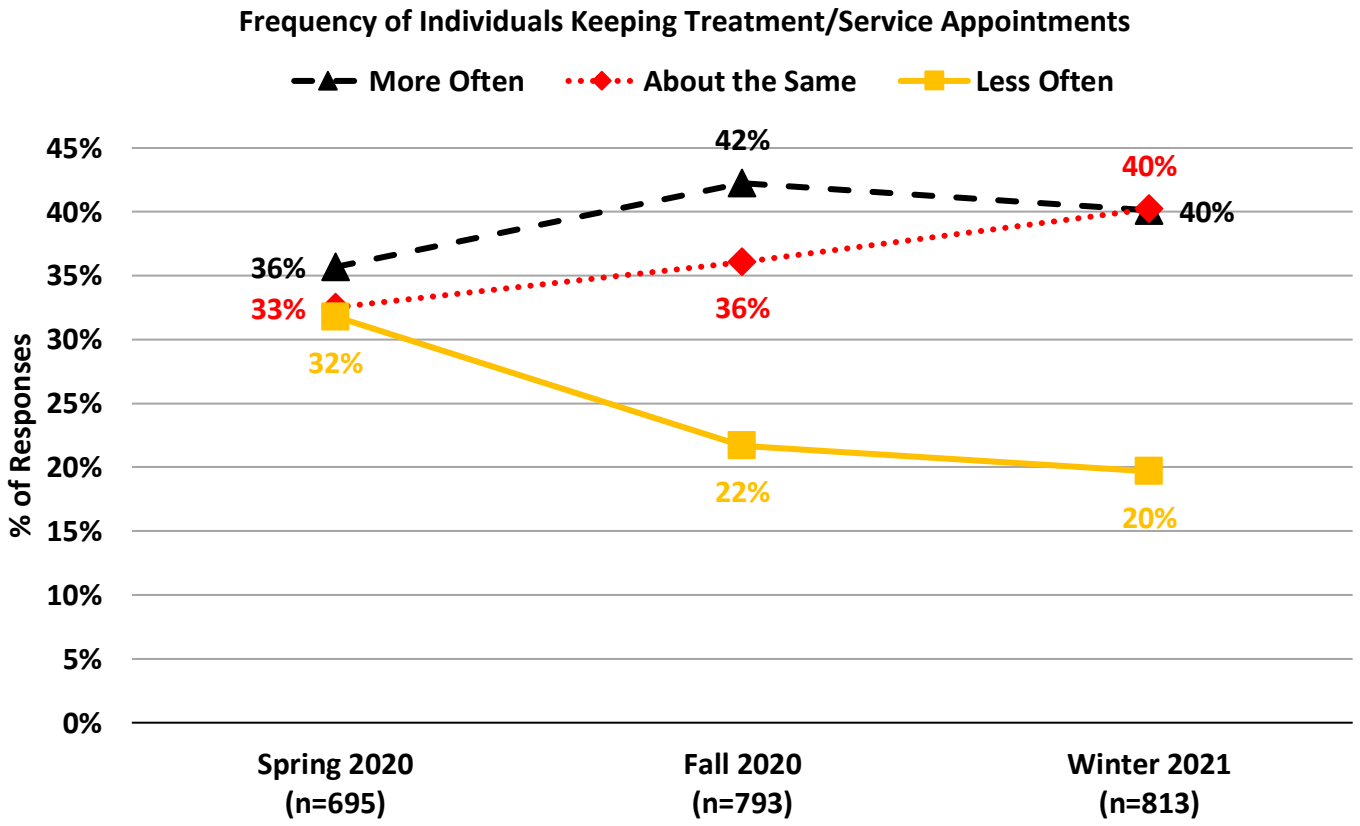


** Percentages may not total to 100% due to rounding; "Don't Know" and "Not Applicable" were eliminated from the analyses*

E. Keeping Treatment/Service Appointments

Volume of Individuals Keeping Treatment/Service Appointments

Survey participants were asked, "Compared to three months ago, based on your own observations or what others are telling you, how often are individuals keeping their treatment/service appointments?" (see Appendix I, Question #5). The following graph shows the differences in the responses between the three surveys. In the current survey, most respondents indicated that individuals were keeping their appointments either more often or with about the same frequency. **As seen in the graph below, across the three surveys there were decreases in individuals keeping appointments less often**.



** Percentages may not total to 100% due to rounding; "Don't Know" and "Not Applicable" were eliminated from the analyses*

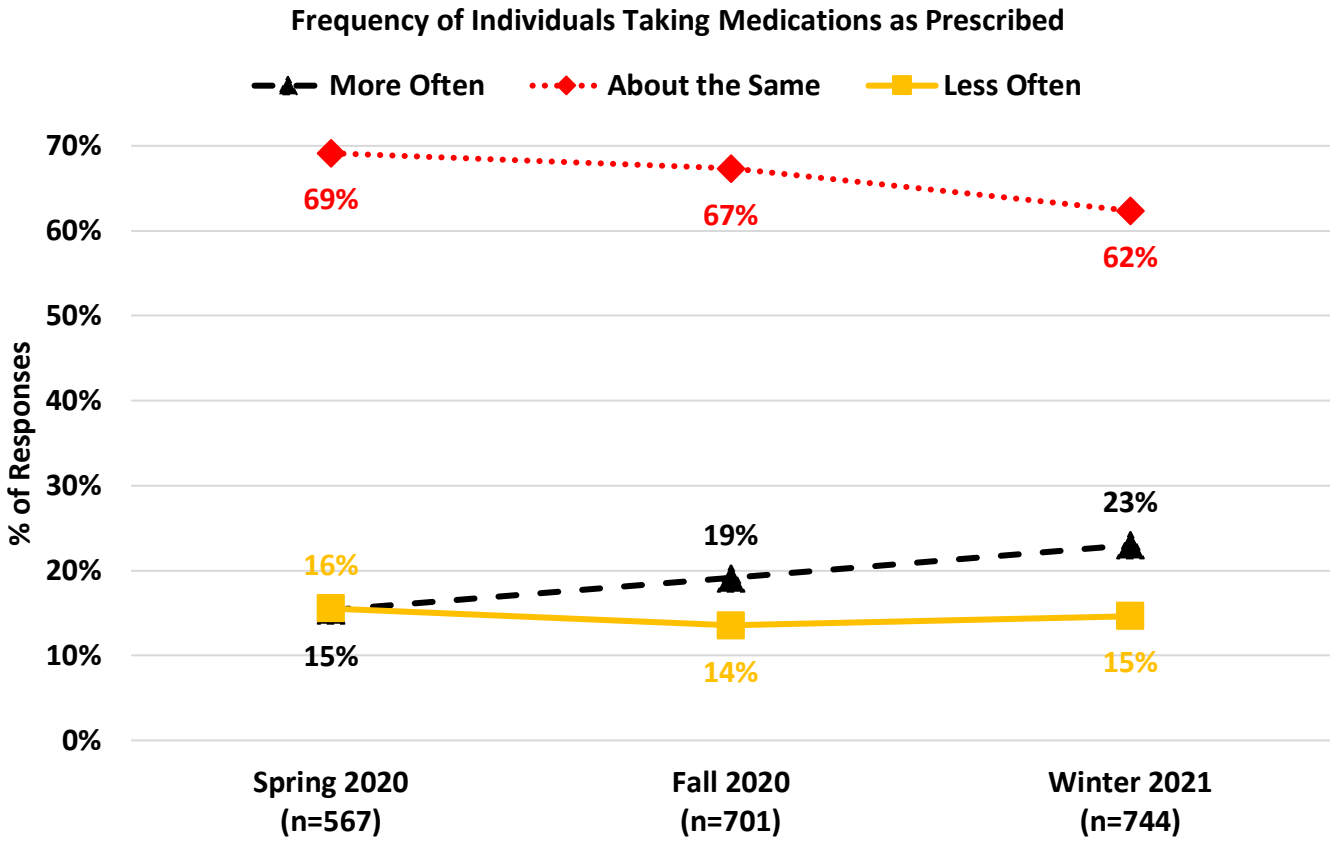
Reasons for Individuals Keeping Fewer Treatment/Service Appointments

In the current survey, there were 158 respondents who responded to the question "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)" (see Appendix I, Question #5a). In the current survey, the most common reasons for keeping appointments less often were inability or unwillingness to use telehealth, fear of getting COVID-19, and forgetting appointments.

F. Taking Medications as Prescribed

Volume of Individuals Taking their Medications as Prescribed

Survey participants were asked, "Compared to three months ago, are individuals taking medications for their behavioral health issues as prescribed more often, less often, or about the same?" (see Appendix I, Question #6). **The following graph illustrates that, across all three surveys, there is a small but consistent increase in individuals taking their medications as prescribed more often**.



** Percentages may not total to 100% due to rounding; "Don't Know" and "Not Applicable" were eliminated from the analyses*

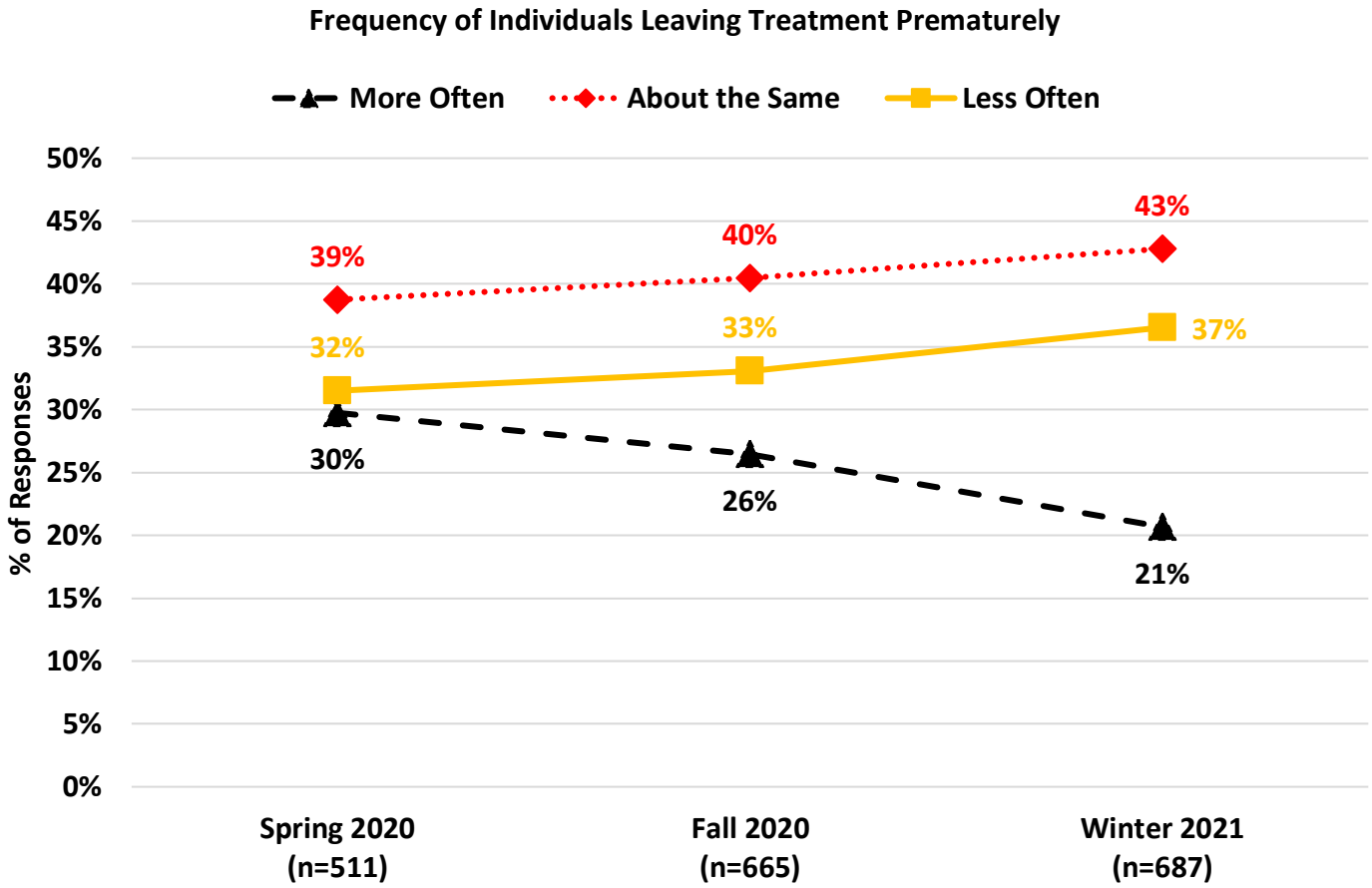
Reasons for Individuals Taking Their Medications as Prescribed Less Often

In the current survey, there were 107 respondents who responded to the question "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)" (see Appendix I, Question #6a). The most common reasons why individuals were taking medications as prescribed less often included a return of symptoms/relapse, schedule disruptions, and difficulty filling prescriptions.

G. Leaving Treatment Prematurely

Frequency of Individuals Leaving Treatment Prematurely

Survey participants were asked, "Compared to three months ago, based on your own observations or what others are telling you, how often are individuals leaving treatment prematurely (i.e., against medical advice)?" (see Appendix I, Question #7). The graph below shows how respondents from the three surveys reported on how frequently participants indicated that individuals are leaving treatment prematurely. In the current survey, a large percentage of respondents indicated that individuals were leaving treatment prematurely either at about the same rate or less often. **The following graph depicts a small but consistent increase in individuals leaving treatment prematurely less often**.



** Percentages may not total to 100% due to rounding; "Don't Know" and "Not Applicable" were eliminated from the analyses*

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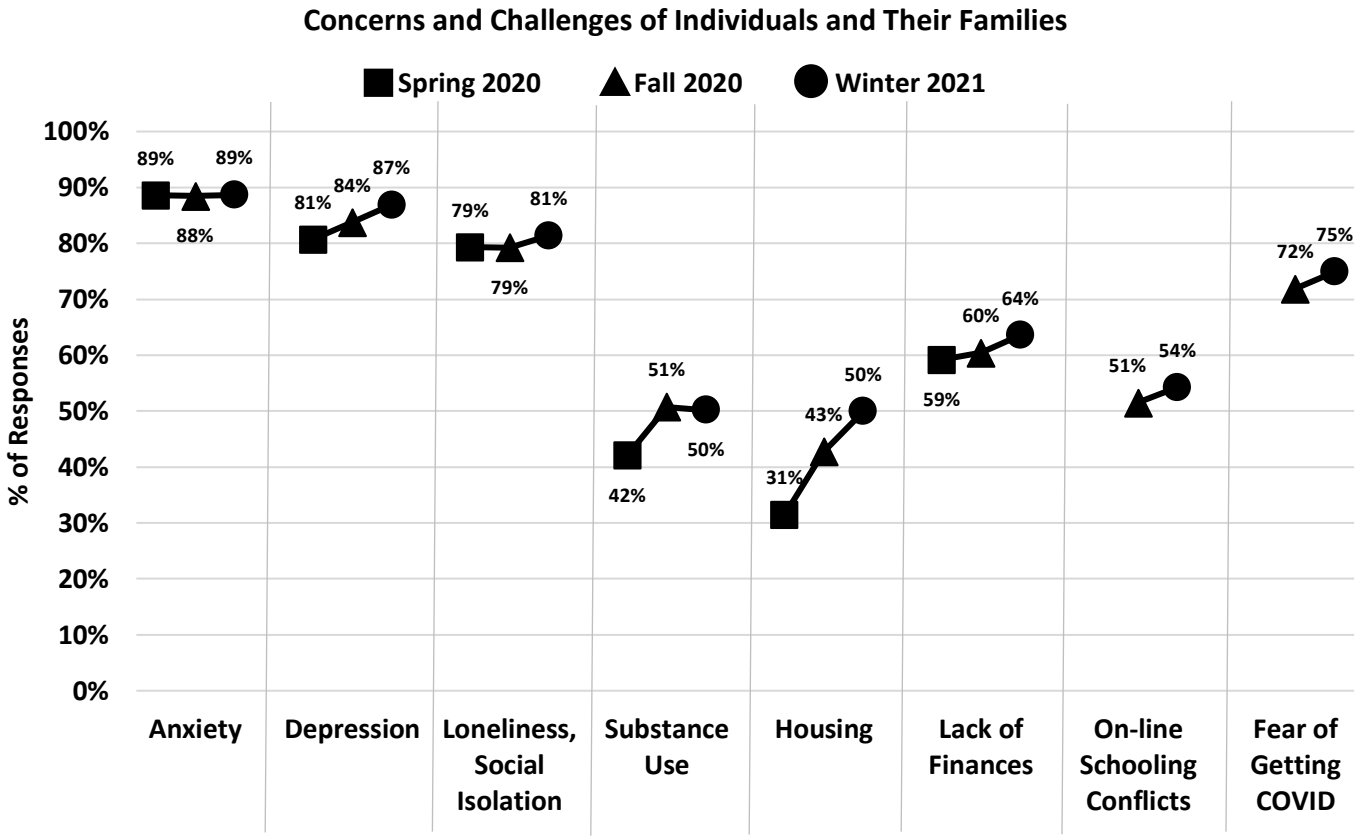
Reasons for Individuals Leaving Treatment Prematurely

In the current survey, there were 146 respondents who responded to the question "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)." (see Appendix I, Question #7a). In the current survey, the most frequently reported reasons for leaving treatment prematurely included return of symptoms or relapse, client not being willing to use telehealth, client inability to use telehealth, and client fear of getting COVID-19.

H. Concerns and Challenges for Individuals

Survey participants were asked, "Compared to three months ago, what are individuals or families telling you about the concerns and the challenges they are facing? (check all that apply)" (see Appendix I, Question #8). Participants were asked to endorse all options that applied; the graph below shows the most frequently reported concerns; Appendix III includes a table with the full set of results for responses for this item. **In the current survey, as well as in previous surveys, the most frequently reported concerns were anxiety, depression, loneliness, and fear of getting COVID-19.**



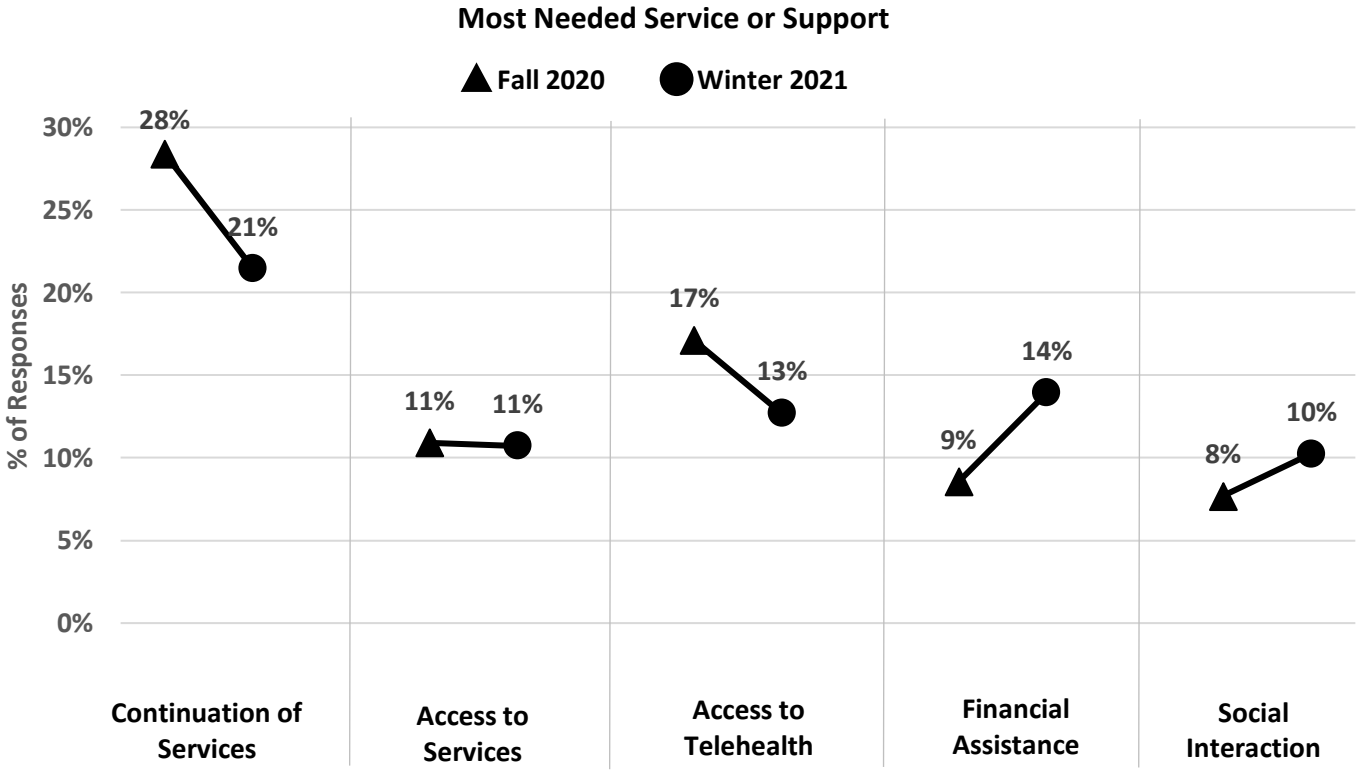
** "None of the above" and "Don't Know" responses are not shown in the graph*

I. Most Needed Services and Supports

Survey participants were asked to select the most important, second most important, and third most important needs of individuals receiving behavioral health services or supports (see Appendix I, Questions #9a, #9b, and #9c). This item was added for the second survey; therefore, there are no data available for the Spring 2020 time point. These data were analyzed in two ways: 1) the number and percentage of services/supports endorsed

were calculated for each individual item; and 2) the number of endorsements for each of the services/supports across the three items were summed together to reflect a total score.

The graph below shows responses to the question "Based on your own observations or what others are telling you, what do individuals receiving behavioral health services or supports need most right now?" In the current survey, the most frequently reported needed services or supports were continuation of services, financial assistance, access to telehealth, access to services, and social interaction. **Compared to the second survey, when asked about the most needed service or support, respondents indicated increases in the need for financial assistance and social interaction and decreases in the need for continuation of services and access to telehealth.** More detailed information about the current survey responses to this item are in Appendix IV.



Combining the results from the responses for the top three reason questions, the following graph shows a sum of the top three most needed services and supports. In the current survey, the total scores indicated that the most frequently reported needs were continuation of services, financial assistance, social interaction, access to telehealth, and access to services. Compared to the second survey, proportionally fewer respondents reported continuation of services, access to telehealth, and access to services, while more reported financial assistance and social interaction as top three needs.

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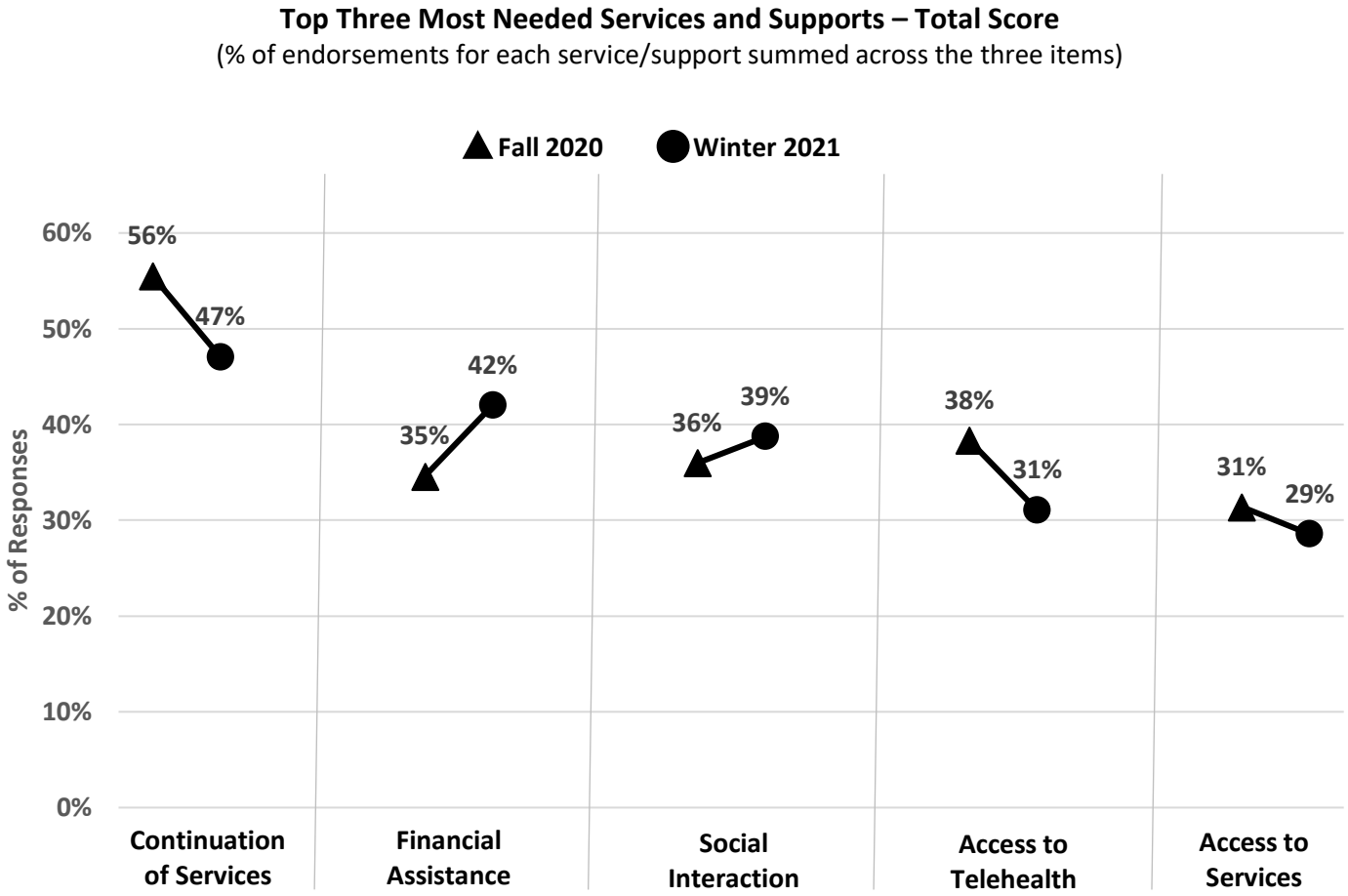

More detailed information about the current survey responses to these items are in Appendix V.

J. Telehealth Successes

Respondents were asked "Based on your own observations or what others are telling you, what successes have been experienced by individuals in using telehealth? Check all that apply" (see Appendix I, Question #10). This item was added for the second survey and therefore data are not available for the Spring 2020 time point. **Similar to the second survey, in the current survey, the most reported telehealth success was "no need to travel" followed by "easier access to treatment."** The graph below shows changes in selected telehealth successes between the two most recent surveys.

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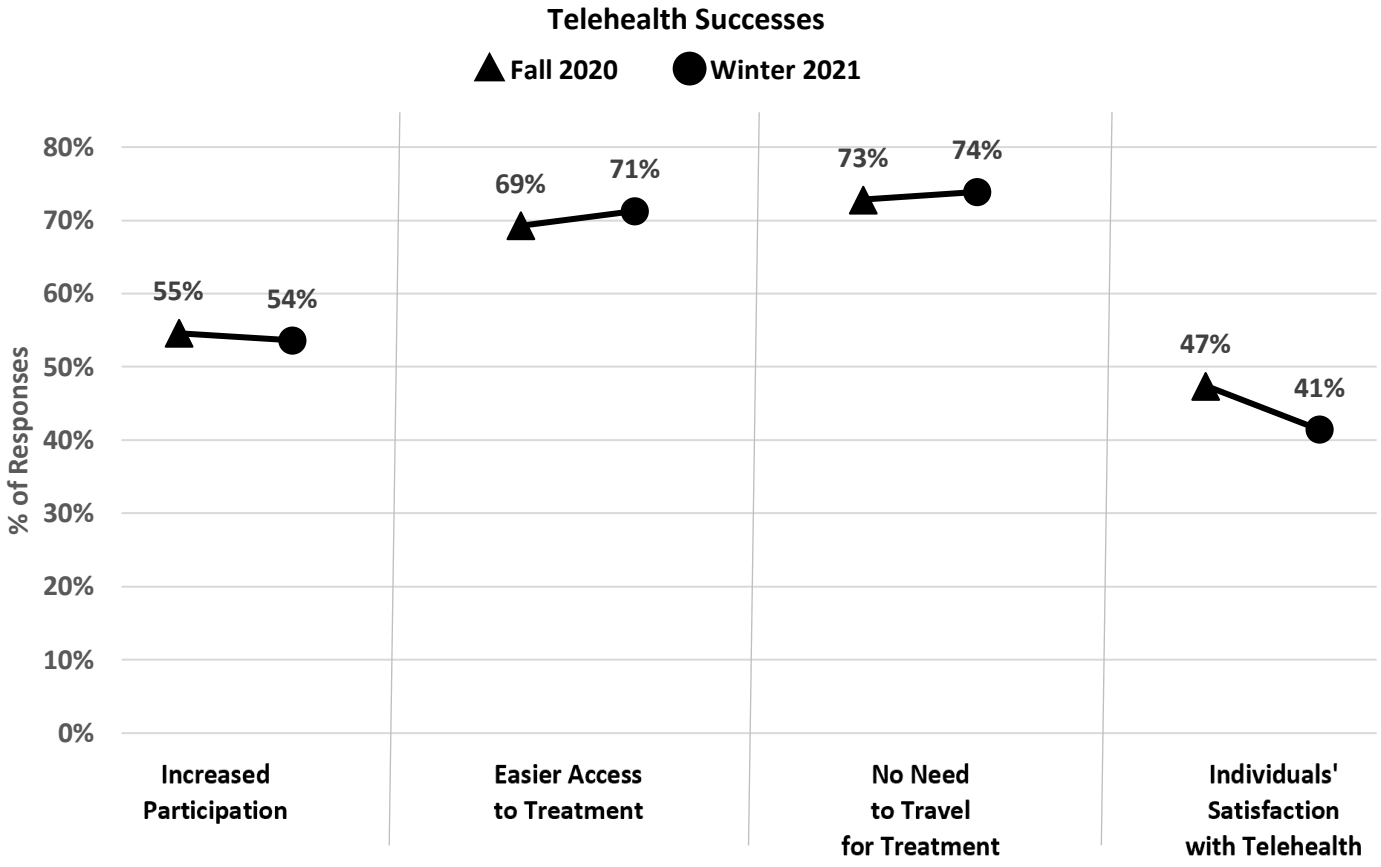

K. Telehealth Challenges

Respondents were asked "Based on your own observations or what others are telling you, what challenges have been experienced by individuals in using telehealth? Check all that apply" (see Appendix I, Question #11). This item was added for the second survey and therefore data are not available for the Spring 2020 time point. The most frequently reported telehealth challenges were internet connectivity, hardware, using telehealth technology, and not having enough minutes on a cellular phone plan. **Compared to the second survey, there was a slight decrease in hardware being a problem and a slight increase in phone plan minutes being a problem.** The graph below shows changes in selected telehealth challenges between the two most recent surveys.

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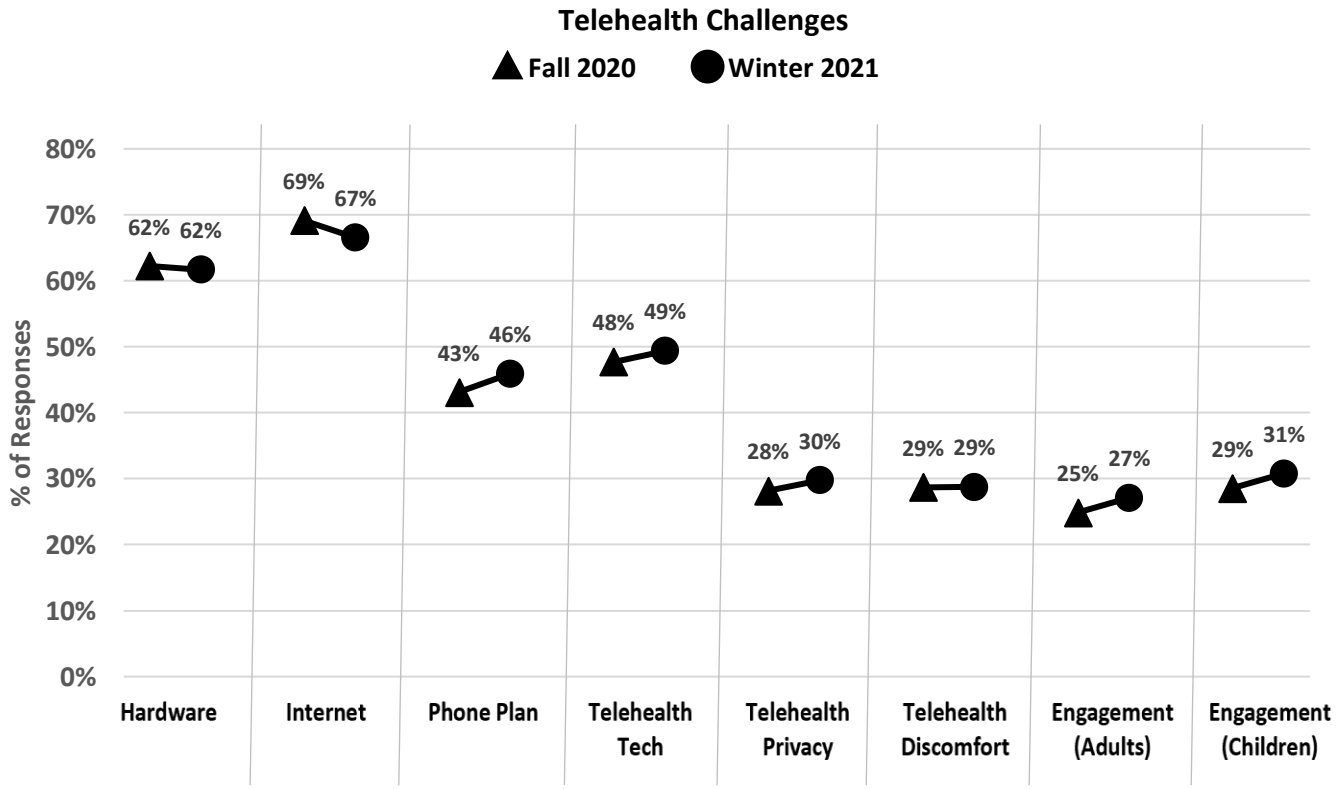

L. Successful Telehealth Strategies

Respondents were asked the open-ended question, "There are certain groups of people who may find it difficult to use telehealth (older folks, younger children, people with psychotic or attention disorders). Have you had any success in engaging these groups? If so, please describe your strategies and the groups with whom the strategies have been successful." (see Appendix I, Question #12). This question was not asked in either the first or second surveys. 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 total of 418 respondents provided an answer to this question. Of these, 145 respondents provided answers that did not address the question, leaving 273 responses for analysis. The graph below shows the number of responses reporting a variety of successful strategies used, grouped by the population with which they have been successful. A brief reference list of successful telehealth strategies is in Appendix VI.

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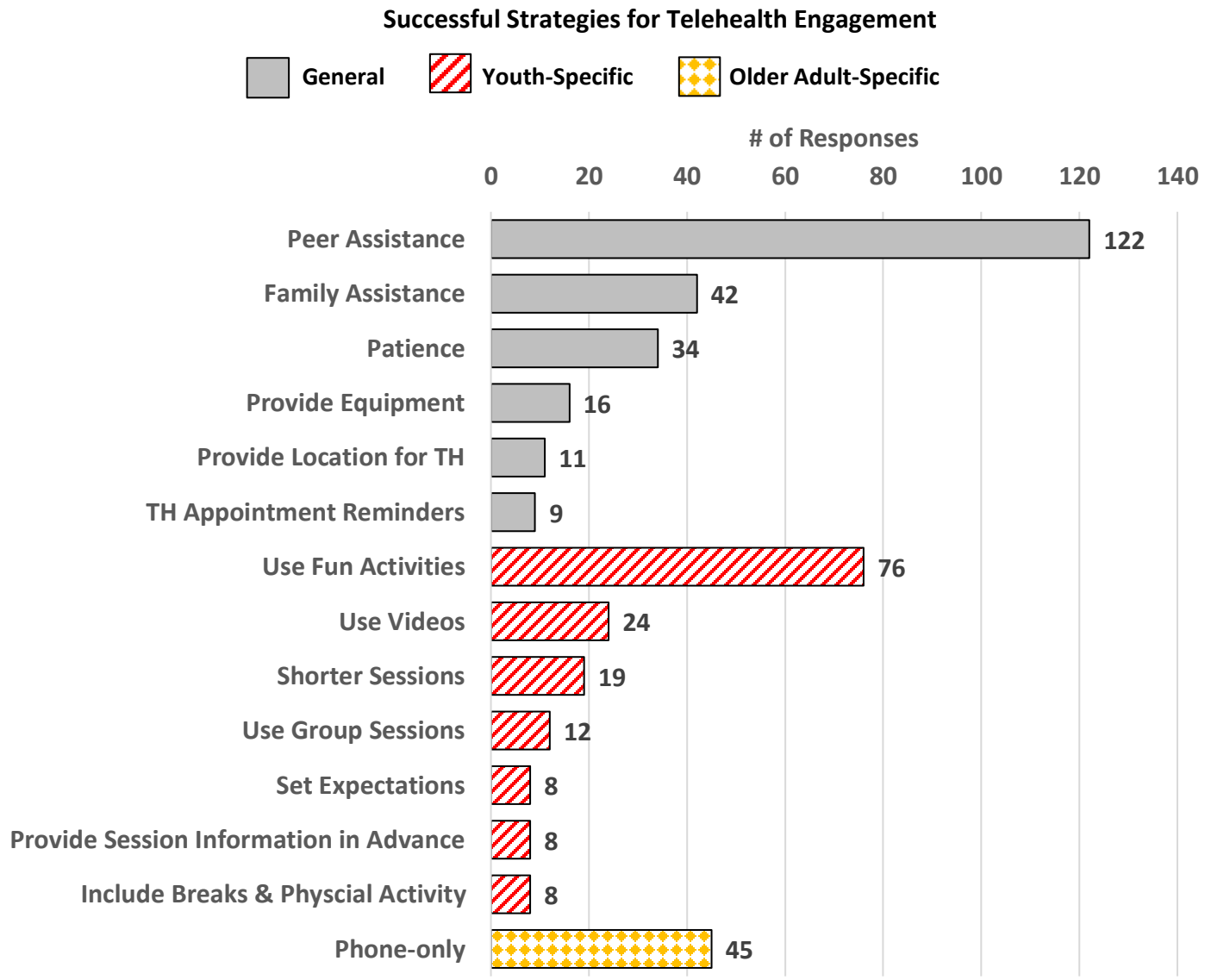

* *TH = Telehealth*

As seen in the graph above, the theme most often referenced involved providing assistance in the use of telehealth. These included having staff provide assistance either initially on-site or over the phone, often using peers, enlisting assistance from other family members, and giving folks time and space and exercising patience. Most of these strategies were cited across the life span, but most often with the very young or the older adults.

Examples of such responses included:

- *"I do training with the client before appointemnts (sic) to make them comfortable or I invite them to one of the hubs to use our computers so I can set them up and all they need to do is sit at the desk."*
- *"I have had several elderly clients learn to use telehealth system through taking the time to understand it, asking for assistance from children and grand children, and utilizing easier methods such as facetime for iphone (sic) users"*
- *"My geriatric patients are having much difficulty engaging with telehealth due to not understanding the technology. Being patient with them, and offering calm instruction, as well as phone appts if all telehealth efforts fail."*

Another significant set of 155 references were grouped into a theme of engagement strategies. Games, stories, white boards, art, music, and similar activities were used often with children and adolescents and individuals with ADHD (76). The use of videos with all age groups was referenced 24 times. Shorter, more frequent sessions (19) and the use of groups (12) were again used frequently, also most often with children and youth and individuals with ADHD. Setting expectations, providing information in advance, and breaks often involving physical activity and movement were each cited as successful strategies in 8 responses.

Typical responses of these types included:

- *"I have adjusted my in person games and activities to be completed via telehealth. Client may need to bring art supplies or dice to session, but we have worked it out. I enjoy being able to see their space - it can be like a home visit."*
- *"Having family members assist with signing in to telehealth has been helpful. utilizing what is available in a child's environment to engage them in the session."*
- *"I have divided a session into 2 parts where I allow a break after 25 minutes. Additionally, I have given assignments that are reviewed at each session."*
- *"It is more difficult to engage younger children in longer sessions. Shorter, but more frequent sessions seems (sic) to be helpful."*

The last major theme involved offering individuals the greatest sense of comfort (52). Phone only was cited as a very successful strategy for those who were uncomfortable with more involved technologies and was most often cited as essential for the older adult population (45). Stressing the convenience of telehealth including being able to participate from home, avoiding contact with other people during the pandemic, and not having to deal with transportation was cited 5 times. Finally, it was noted that many people were more relaxed in their own environment (2).

Example of these responses included:

- *"Audio only has been a lifesaver, just about all of our patients can use it. We can text ahead of time if they don't pick up right away."*
- *"Some patient (sic) appear to be more relax in there (sic) own environments."*
- *"I remind clients of the benefits of telehealth to keep them motivated, such as saving money on transportation, being able to have sessions from the comfort of their own home, being more flexible on meeting times and having more time to schedule meetings, etc."*

With the exception of children and adolescents, older adults, and individuals with ADHD, there was scant mention of specific groups for which strategies were particularly successful. One other group mentioned in two responses were individuals experiencing paranoia. There were indications that it was often necessary to use shorter sessions and continuously remind the individuals that they really were conversing with their therapist.

M. Toxicology

Respondents were asked "Does your agency conduct drug/alcohol testing (toxicology)?" (see Appendix I, Question #13). For those that indicated they conducted testing, two additional follow-up questions were asked, with the results presented below.

Frequency of Testing

Respondents who indicated that their agency conducted toxicology testing were asked "How has your agency's frequency of drug/alcohol testing (toxicology) changed since COVID-19?" (see Appendix I, Question #13a). This item was added for the second survey and therefore data are not available for the Spring 2020 time point. Results for this item from SUD-related agencies (OTPs, Outpatient, Residential, and Recovery Housing providers were combined in the analysis, reflecting responses from 133 participants in the Fall 2020 survey and 120 participants in the Winter 2021 survey.

In the current survey, the most frequent responses indicated that there has not been much change in their frequency of drug testing, followed by responses indicating less frequent testing, and then responses indicating more frequent testing. **Compared to the second survey, more respondents indicated that toxicology testing frequency was about the same, and fewer respondents indicated that toxicology testing was less frequent.**

Frequency of Positive Test Results

Respondents who indicated that their agency conducted toxicology testing were asked "How has your agency's percentage of positive drug/alcohol testing (toxicology) results changed since COVID-19?" (see Appendix I, Question #13b). Results for this item from SUD-related agencies (OTPs, Outpatient, Residential, and Recovery Housing providers were combined in the analysis, reflecting responses from 123 participants in the Fall 2020 survey and 107 participants in the Winter 2021 survey.

In the current survey, the most frequent responses indicated that the percentage of positive drug tests has remained the same, followed by reports that positive tests had increased, then reports that positive tests had decreased. **Compared to the second survey, responses suggested that there were fewer individuals with positive toxicology tests.**

N. 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?" (see Appendix I, Question 14). The intent of this open-ended question was 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 that were mentioned most frequently. 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.

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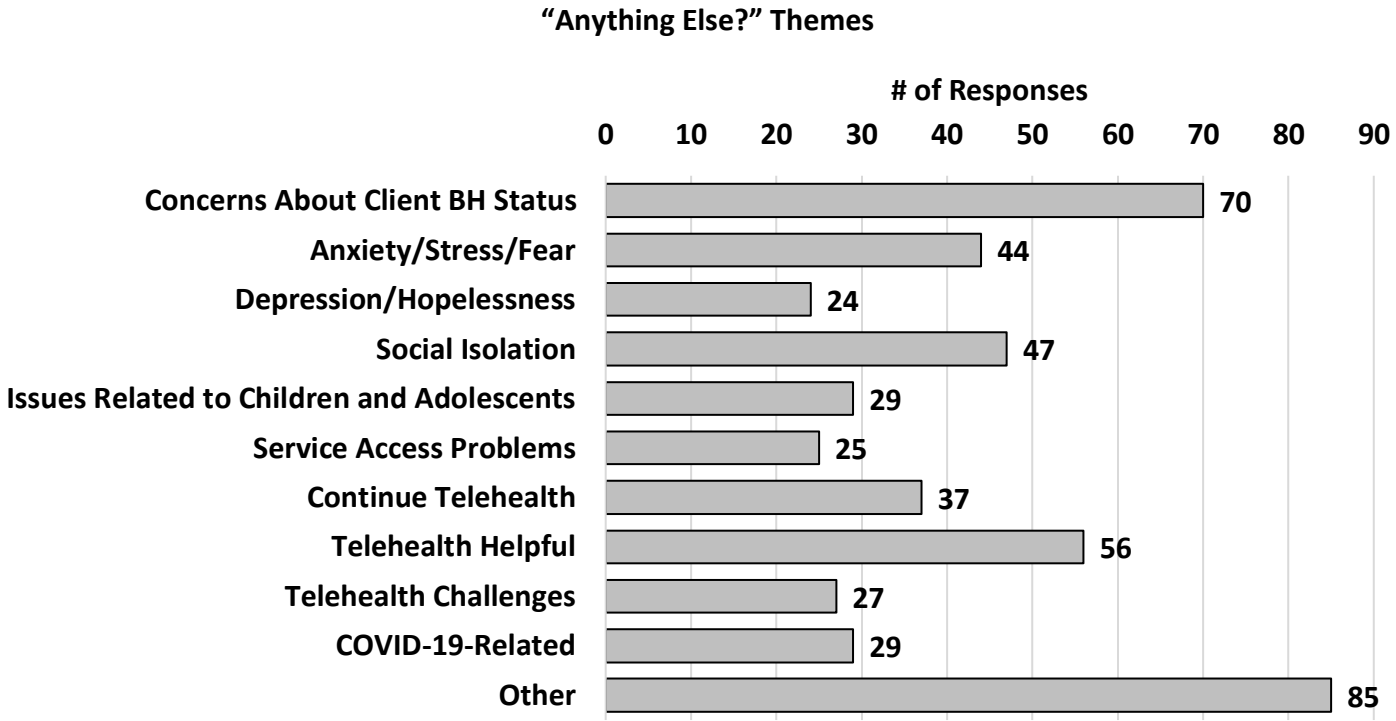

The most common themes from open-ended comments were concerns with clients' behavioral health status, social isolation, and anxiety/stress/fear, as well as comments about the helpfulness of telehealth. One respondent explained, *"The isolation and stress is causing exacerbations and relapses of old symptoms. As a clinician, I am dealing with this much more than I am dealing with direct anxiety about the pandemic."*

Telehealth was also a common theme, with 56 individuals commenting that telehealth had been helpful, 27 mentioning challenges with telehealth, and 37 indicating that telehealth should continue in the future. Eighteen respondents indicated that participation in treatment, medication compliance, and/or engagement had increased as a result of telehealth. Responses included both positive and negative aspects of telehealth, indicated that some clients did well with telehealth while others did not, or indicated that some services/supports worked via telehealth while others did not. Eight respondents expressed their appreciation for audio-telehealth coverage, an important factor being that it enables them to better engage with clients if the video portion has technical difficulties. Twenty-one individuals expressed a desire for in-person services. Five participants explicitly suggested that a hybrid or combination of both telehealth and in-person services might continue to be the preferred method of service delivery even after the pandemic is over.

Concerns specifically related to children and adolescents were identified by 29 respondents. Many of the remarks regarding youth highlighted the challenges encountered in relation to online learning. For example, *"School needs to be in person. The youth are at their breaking point."*

Twenty-five participants commented on service access difficulties, although the challenges were varied. A few respondents mentioned that services were delayed or fewer clients were being served than desired due to delays in obtaining or renewing licenses – both at the program and individual clinician levels.

The ability to fulfill basic needs was also mentioned by a number of respondents (19). These needs include money, food, housing, clothing, and healthcare. The lack of jobs or ability to successfully obtain a job was also noted (12).

Sixteen respondents indicated problems with access to governmental services including the Department of Social Services, Social Security Administration, and Vital Records. Respondents complained that many of these offices were closed for long periods or accessibility and responsiveness were limited. As one respondent noted, *"…trying to call in is an all day process."* Individuals have not been able to obtain driver's licenses, state identification cards, birth certificates, social security cards, and other necessary documentation. As a result, they are not able to access services (behavioral health and otherwise), apply for or reinstate benefits (such as entitlements and health insurance), or apply for a job.

A variety of responses referenced the COVID-19 illness specifically (29). Although some of these comments referenced fear of contracting the illness, several mentioned that the individuals they served had difficulty understanding and following safety precautions. Other comments noted their opinions regarding accessibility of information regarding COVID-19 or the importance of following guidelines.

A variety of other themes or topics were provided by respondents. These included comments regarding:

- Increase in new or returning clients (14)
- Concerns regarding provider financial stability (13)
- Concerns regarding provider well-being (emotional, physical) (13)
- Complaints about the Administrative Services Organization (10)
- Clients with Medicaid and/or Medicare (8)
- Vaccine-related comments (9)

In addition, 85 responses included content that was categorized as "Other" because it did not fit within the parameters of the identified themes and were mentioned by very few individuals. Therefore, they did not warrant a separate theme. It should be noted that most of the responses coded as "other" also had content that fit with other themes emerging from the data.

A few respondents provided specific suggestions. These included:

- Provide more flexibility/understanding regarding inability to provide documentation given the delays in processing by government offices
- Provide individuals with free internet access
- Allow both PRP and Targeted Case Management for children
- Provide online supports and tutoring for online learning
- Provide phones, hotspots, and other technological devices to those who need them
- Allow LCPCs to see Medicare clients
- Increase number of Spanish-speaking providers

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Summary

The COVID-19 pandemic has continued to affect 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 third survey of providers, advocates, and other stakeholders across Maryland. The data presented here represent the almost 1,000 participants from each survey, including a variety of behavioral health providers and stakeholders who serve individuals of all ages. The types of participants across the surveys were similar both in ages served and in types of service/support settings.

The current results continue to suggest that more new individuals are entering treatment and accessing behavioral health services since the beginning of the COVID-19 pandemic. For those agencies seeing fewer new individuals are accessing services, a primary reason is fewer referrals, with other reasons being client discomfort and technical issues with telehealth. Compared to the second survey, respondents indicated that more individuals were seeking supports from advocacy organizations and LHBAs/LAAs/CSAs.

Respondents indicated that individuals were keeping their treatment/service appointments more often or about the same compared to the previous surveys. Commonly reported reasons for not keeping treatment/service appointments were telehealth issues, fear of getting COVID-19, and clients forgetting appointments.

Clients were reported to be taking their medications as prescribed more often across the three surveys. For respondents indicating that clients were taking their medications as prescribed less often, the most frequently reported reasons were return of symptoms and clients forgetting due to schedule disruptions.

Respondents indicated that clients are leaving treatment prematurely less often. For those respondents indicating that clients are leaving treatment prematurely more often, the most common reasons were return of symptoms, clients not wanting to use telehealth, and clients not able to use telehealth.

Similar to the previous surveys, anxiety, depression, and loneliness continue to be the most prevalent concerns for clients and their families. Across the three surveys, there have been increases in depression, housing issues, lack of finances, dealing with on-line schooling, and fear of getting COVID-19 as concerns of clients and their families. When asked about clients' most needed service or support, the most reported ones were continuation of services, financial assistance, and social interaction.

Regarding telehealth, the most frequent reported successes were easier access to treatment and not needing to travel for treatment. The most frequently reported challenges to telehealth were internet connectivity, hardware, phone plan minutes, and ability to use telehealth technology.

Respondents identified a variety of strategies that have been used successfully to engage clients that may struggle with using telehealth. These include having Peers or family members assist clients to use telehealth, using fun activities, videos and having shorter treatment sessions with children, and using telephone-only approaches with older adults.

Key Findings and Discussion

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

- New individuals are accessing services more often.
- Individuals are taking their medications as prescribed more often.
- Individuals are keeping their appointments more often or about the same.
- Individuals are leaving treatment prematurely less often.
- Anxiety, depression, and a sense of loneliness or social isolation continue to be prevalent in service recipients.
- The largest telehealth successes were removing the need to travel and providing easier access to treatment.
- The largest telehealth challenges were all technology-related – hardware, internet access, phone plan minutes, and knowing how to use the telehealth platforms.
- A variety of strategies can be used to assist those who may struggle with telehealth, such as young children or older adults.

Across this series of three COVID-19 Client Well-Being surveys, client access and engagement in behavioral health services has improved since the beginning of the COVID-19 pandemic. This trend is seen in the number of new individuals accessing services, taking their medications as prescribed, keeping appointments, and remaining in treatment. It is likely that the increased use and comfort with telehealth may be one of the reasons. Although significant telehealth challenges still exist for some, survey results have consistently found that respondents believe that telehealth increases access and engagement because it removes the need for transportation and child care, offers flexibility in scheduling, and eliminates the fear of contracting COVID-19 through in-person contact at a program. As the pandemic has continued, it is likely that more and more clients have become more comfortable with using telehealth platforms through ongoing practice attending behavioral health (and other) appointments. Survey respondents shared some of the successful strategies they have used to engage individuals who struggle with telehealth and these seem to have also enabled individuals to become or remain connected to services and supports.

Adaptation to the "new normal" in general may also be a factor in these increases. Maryland citizens in general have become accustomed to wearing masks in public, social distancing, and navigating public spaces reconfigured to follow COVID-19 restrictions. It is likely that an increased comfort level with routines that used to feel strange and foreign has led individuals to feel more comfortable accessing in-person services or visiting the pharmacy to pick up medication. If clients see that safety precautions are taken, they are more likely to feel reassured that they are less at risk for COVID-19 and therefore would be more likely to return.

Unfortunately, it is also very likely that the prevalence of anxiety, stress, depression, social isolation, and substance use is also driving service utilization, particularly the increase in new individuals seeking services. The findings across all three surveys suggest that these are at high levels and the media continues to highlight that this is a problem for many citizens. Ironically, these behavioral health problems may also be contributing to increased service engagement; clients may be more interested in attending sessions if for no other reason than it is human contact.

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? If you work/volunteer in multiple behavioral health settings, please choose the setting where you work/volunteer <u>most often</u>.

Note: if you are an administrator who oversees multiple types of service programs, please choose "Other" and indicate whether you are an administrator of:

- ***a multi-service provider of mental health services***
- ***a multi-service provider of substance use disorder services***
- ***a multi-service provider of both types of services.***

- 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 three months ago</u>, are more, fewer, or about the same number of <u>new</u> 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 <u>new</u> individuals accessing your services? (check all that apply)**

- ☐ Less demand from <u>new</u> individuals for 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)
- ☐ Client technical issues with telehealth
- ☐ Clients' comfort issues with telehealth
- ☐ Fewer referrals
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #3b ***[only asked of those that indicate "Less demand from new individuals for services or supports"]*** **- Why do you think there is less demand for services or supports from new individuals? (check all that apply)**

- ☐ Individuals <u>are not able</u> to use telehealth
- ☐ Individuals <u>are not willing</u> to use telehealth
- ☐ Referral sources (schools, courts, treatment settings, etc.) are closed
- ☐ Reluctance to travel and/or use public transportation
- ☐ Reluctance to be at a service organization with other people
- ☐ Fear of getting COVID-19
- ☐ Agencies providing behavioral health services/supports are closed
- ☐ Child care issues
- ☐ Conflicts with on-line schooling for children
- ☐ 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 three months ago</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 three months ago</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

- A lot less often
- Don't know
- 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>are not able</u> to 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
- ☐ Fear of getting COVID-19
- ☐ Difficulty in obtaining child care
- ☐ Conflicts with on-line schooling for children
- ☐ Forgetting appointments
- ☐ Daily routines and sleep patterns changing
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #6: <u>Compared to three months ago</u>, based on your own observations or what others are telling you, are individuals taking medications for their behavioral health issues as prescribed more often, less often, or about the same?

- A lot more often
- More often
- About the same
- Less often
- A lot less often
- Don't know
- 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 <u>less often</u>? (check all that apply)**

- ☐ Return of symptoms, including relapse
- ☐ Reluctance to travel and/or use public transportation
- ☐ Reluctance to enter pharmacy
- ☐ Reluctance to be at an OTP or other service organization or program to receive medications
- ☐ More difficult to get prescriptions refilled
- ☐ Lack of money for prescription or co-pays
- ☐ Medication administration forgotten due to schedule disruptions
- ☐ ADHD drugs were discontinued because children were no longer in school
- ☐ Other (please specify) _____
- ☐ Don't know

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

- A lot more often
- More often
- About the same
- Less often
- A lot less often
- Don't know
- 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) <u>more often</u>? (check all that apply).**

- ☐ Individuals <u>are not able</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
- ☐ Fear of getting COVID-19
- ☐ Difficulty in obtaining child care
- ☐ Conflicts with on-line schooling for children
- ☐ Financial issues
- ☐ Other (please specify) _____
- ☐ Don't know

QUESTION #8 – <u>Compared to three months ago</u>, based on your own observations or what others are telling you, 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
- ☐ Child care issues
- ☐ Conflicts with on-line schooling for children
- ☐ Fear of getting COVID-19

- Other (please specify) _____
- None of the above
- Don't Know

QUESTION #9 - The following three questions ask about the top three services or supports needed most right now by individuals receiving behavioral health services.

QUESTION #9a - Based on your own observations or what others are telling you, what do individuals receiving behavioral health services or supports need most right now?

- Continuation of Services
- Access to Services
- Access to Telehealth
- Face-to-Face Interaction in Treatment
- Housing
- Financial Assistance
- Employment
- Food
- Child care
- Hope
- Social Interaction
- Other (please specify) _____

QUESTION #9b - Based on your own observations or what others are telling you, what is the second most important thing that individuals receiving behavioral health services or supports need right now?

- Continuation of Services
- Access to Services
- Access to Telehealth
- Face-to-Face Interaction in Treatment
- Housing
- Financial Assistance
- Employment
- Food
- Child care
- Hope
- Social Interaction
- Other (please specify) _____

QUESTION #9c - Based on your own observations or what others are telling you, what is the third most important thing that individuals receiving behavioral health services or supports need right now?

- Continuation of Services
- Access to Services
- Access to Telehealth
- Face-to-Face Interaction in Treatment

- Housing
- Financial Assistance
- Employment
- Food
- Child care
- Hope
- Social Interaction
- Other (please specify) _____

QUESTION #10: Based on your own observations or what others are telling you, what <u>successes</u> have been experienced by individuals in using telehealth? Check all that apply.

- ☐ Increased Participation from Individuals
- ☐ Easier Access to Treatment for Individuals
- ☐ No Need for Individuals to Travel for Treatment
- ☐ Individuals' Satisfaction with Telehealth
- ☐ Other (please specify) _____

QUESTION #11: Based on your own observations or what others are telling you, what <u>challenges</u> have been experienced by individuals in using telehealth? Check all that apply.

- ☐ Individuals' Access to Hardware (phones, tablets, computers, etc.)
- ☐ Individuals' Access to Internet Connectivity
- ☐ Individuals' Limited Mobile Phone Plan Minutes
- ☐ Individuals' Ability to Use Telehealth Technology
- ☐ Individuals' Lack of Privacy Using Telehealth
- ☐ Individuals' Discomfort Using Telehealth
- ☐ Hard to Engage Individuals (Adults)
- ☐ Hard to Engage Individuals (Children and Adolescents)
- ☐ Other (please specify) _____

QUESTION #12 – There are certain groups of people who may find it difficult to use telehealth (older folks, younger children, people with psychotic or attention disorders). Have you had any success in engaging these groups using telehealth? If so, please describe your strategies and the groups for whom the strategies have been successful.

QUESTION #13 – Does your agency conduct drug/alcohol testing (toxicology)?

- Yes
- No
- Don't Know

QUESTION #13a *[only asked of those answering "Yes" to "Does your agency provide drug/alcohol testing (toxicology)?"]* – How has your agency's frequency of drug/alcohol testing (toxicology) changed since COVID-19?

- More frequent testing
- About the same frequency of testing
- Less frequent testing
- Don't Know

QUESTION #13b ***[only asked of those answering "Yes" to "Does your agency conduct drug/alcohol testing (toxicology)?"]*** **– How has your agency's percentage of positive drug/alcohol testing (toxicology) results changed since COVID-19?**

- Higher percentage
- About the same percentage
- Lower percentage
- Don't Know

QUESTION #14 – Is there anything else you think BHA should know about how COVID-19 has affected the well-being of individuals receiving services or supports?

Outro – 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 – Concerns and Challenges

The table below shows the number and percentages of responses for the concerns and challenges faced by individuals and their families as reported in the current survey.

Winter 2021	**Number of Responses**	**% of Total Responses**
Anxiety	743	89%
Depression	728	87%
Suicide ideation or attempts	272	32%
Loneliness, social isolation	682	81%
Return of symptoms, including relapses	381	46%
Substance use	421	50%
Number of overdoses	102	12%
Gambling	25	3%
Intimate partner violence (i.e., domestic violence)	145	17%
Child abuse	51	6%
Inability to get food	241	29%
Housing	419	50%
Homelessness	269	32%
Lack of financial resources	533	64%
Grief	372	44%
Child Care	309	37%
On-line Schooling Conflicts	455	54%
Fear of Getting COVID	628	75%

Appendix IV – Most Needed Service or Support

The table below shows the number and percentages of responses reflecting the most needed service or support as reported in the current survey.

Winter 2021	**Number of Responses**	**% of Total Responses**
Continuation of Services	174	21%
Access to Services	89	11%
Access to Telehealth	103	13%
Face-to-Face Interaction in Treatment	74	9%
Housing	57	7%
Financial Assistance	113	14%
Employment	33	4%
Food	14	2%
Child Care	13	2%
Hope	48	6%
Social Interaction	83	10%

Appendix V – Top Three Most Needed Services or Supports

The table below shows the number and percentages of responses reflecting the top three most needed services or supports as reported in the current survey.

Winter 2021	**Number of Responses**	**% of Total Responses**
Continuation of Services	381	47%
Access to Services	235	29%
Access to Telehealth	251	31%
Face-to-Face Interaction in Treatment	188	23%
Housing	171	21%
Financial Assistance	345	42%
Employment	175	22%
Food	79	10%
Child Care	66	8%
Hope	185	23%
Social Interaction	313	39%

Appendix VI – Successful Telehealth Strategies

Across the Lifespan Strategies

- Telehealth Engagement
  - Patience, support, and persistence
  - Emphasize advantages of telehealth-no travel, no childcare, comfort of home, no danger of COVID, etc.
- Hands On Assistance
  - Assist families, involve families in utilizing telehealth technologies, initial introductory sessions, on and off-site
  - Have family assist in setting up apps
  - Using peers to help with set-up
- Technology-Related
  - Using platforms with which the client is most familiar
  - Making ZOOM fun and interactive
  - Screen sharing, videos
  - Simplify requirements when possible, e.g., one-touch access to service
- Logistical Approaches
  - Provide therapist's phone number so that client will know who is calling
  - Pre-appointment phone call, text
  - Provide or loan equipment/provide hardware and internet access at local hub
  - Text messages for reminders and support
  - Shorter, more frequent sessions
  - Set expectations with respect to time of session
- In-Session Strategies
  - Meditation, breath work, music
  - Smaller groups
  - Groups on social skills, cooking, art, feelings bingo, support groups
  - Journal entries, homework
  - Offer case management type services to make certain physical needs being met

Children-Specific Strategies

- Having older family member sign in, complete any necessary tech pre-work, assemble needed supplies
- Caregiver participation in therapy, one-on-one time with caregiver
- Structured guidance to caregivers
- Getting child to show projects, pets, stuffed animals, objects of interest
- Virtual office and therapy room with games, activities, white board, play therapy, music therapy, etc.
- Use of puppets, story telling
- Movement-jump, stump, act out emotions
- Structured session outlines

Children with ADHD-Specific Strategies

- Frequent breaks
- Positive Redirection
- Use audio only until clients are ready to move to video
- Allow them to move around but staying within the view of camera

- Limit external stimuli

Adolescent-Specific Strategies

- Changing tone of voice and using exaggerated facial expressions
- Allow clients to discuss personal achievements such as video game successes, etc.
- Use of apps

Older Adult-Specific Strategies

- Use of voice only
- Use of speakerphone if holding phone becomes a problem
- Encouraging them to get technical assistance from other family members
- Setting up pen pals, journal buddies

Individuals with Psychosis-Specific Strategies

- Allow to use telephone instead of video
- For those with paranoia, emphasize that call is not being recorded and that they are talking with therapist