UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

# The Effects of COVID-19 on Individuals Receiving Behavioral Health Services and Supports in Maryland: Follow-up Survey

## Final Report
## November 2020

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## *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. 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 a survey of PBHS stakeholders in the late spring of 2020. In the fall of 2020, BHA asked the SEC to conduct a follow-up survey to determine any changes in the effects of COVID-19 on individuals receiving behavioral health services since the initial survey. As with the initial survey, the BHA will use the information collected from the follow-up survey to identify areas needed for BHA support and/or guidance and to inform system planning and management.

## *Methods*

Consistent with the initial survey, the follow-up 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. In addition, the follow-up survey included new items related to drug and alcohol testing. The follow-up survey primarily focused on changes occurring in the past 3 months (i.e., since the initial survey). 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 September 14, 2020 through September 25, 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. 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. 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.

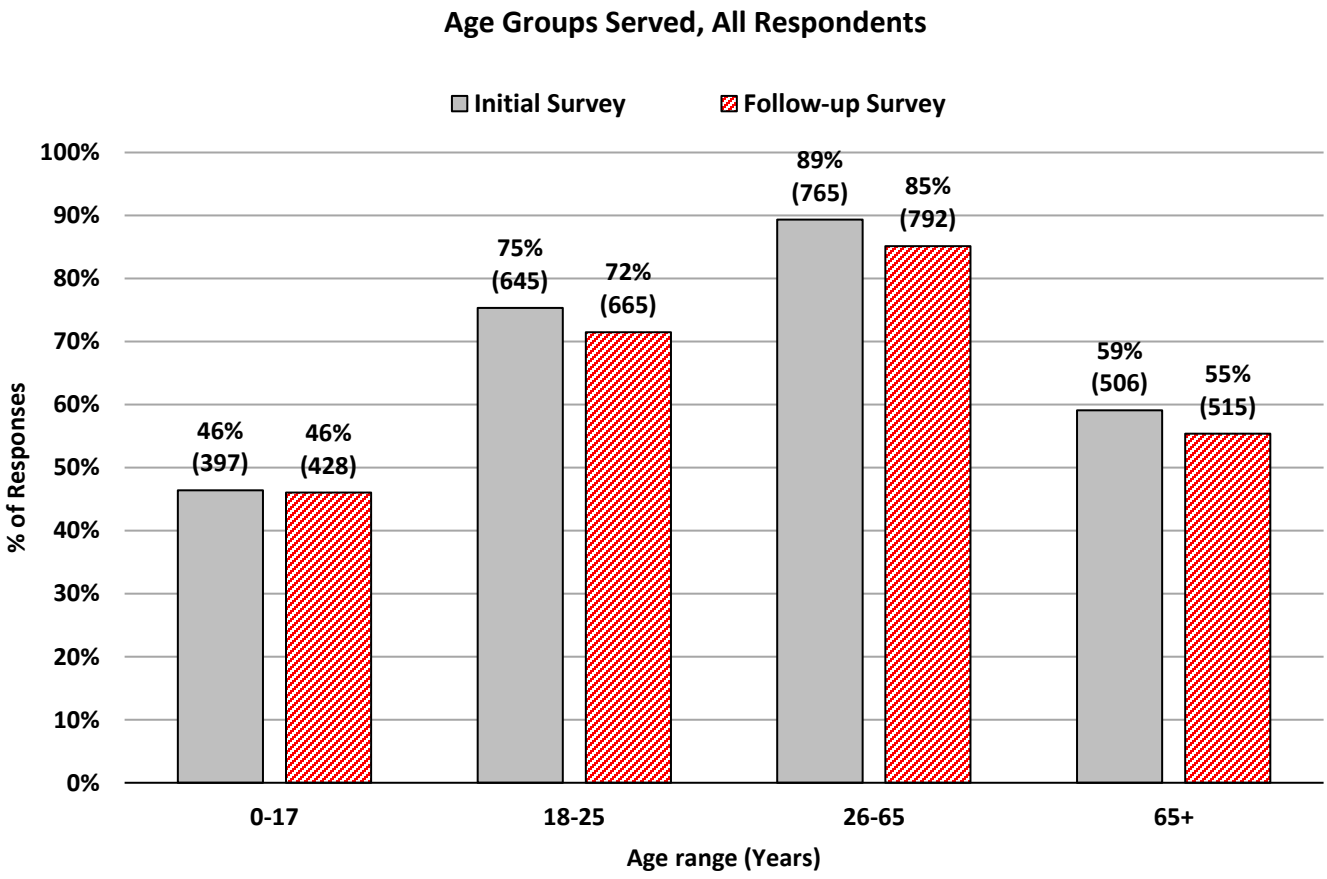
*Results*

A total of 930 survey responses were received (a total of 856 were submitted for the initial 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 graphs where the same question was in both the initial and follow-up surveys, results from both surveys are shown for comparison.

## A. Age Groups Served

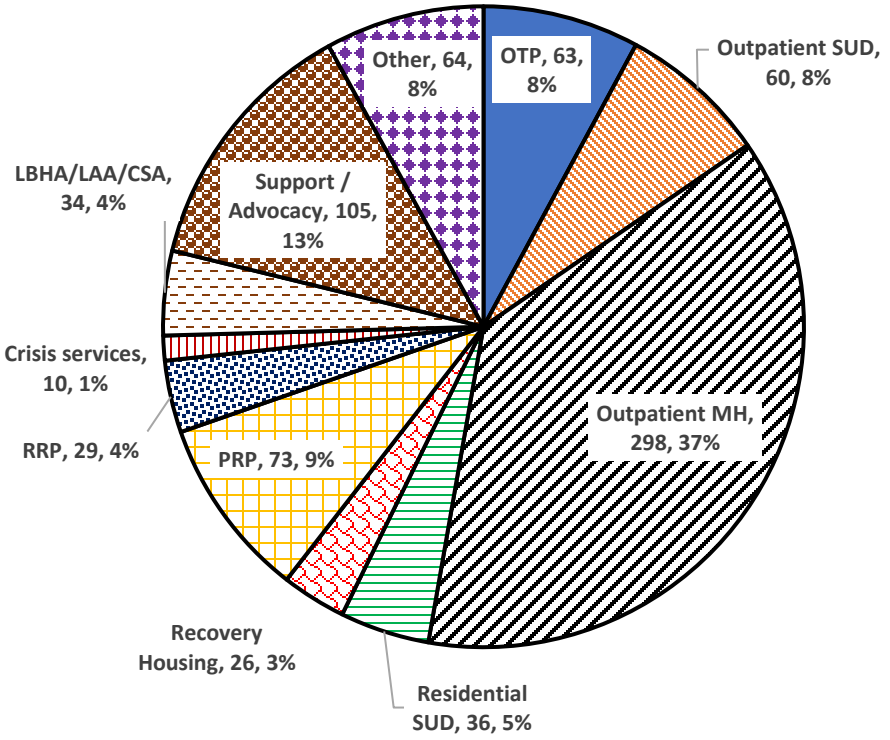
Survey participants were asked to indicate the age groups of the individuals or their families to whom they provide behavioral health services and supports (see Appendix I, Question #1). This question required a response. Participants could endorse more than one answer ("check all that apply"); therefore the total percentages for each survey add to more than 100%. The percentage of respondents serving each age group was very similar in both surveys.



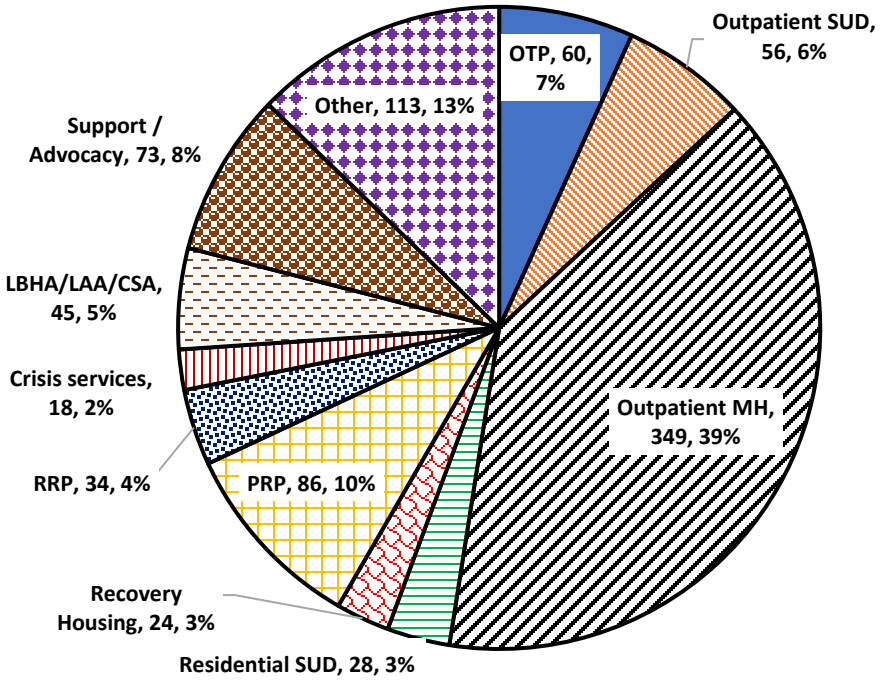
## B. Behavioral Health Setting

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 graphs below show the percentage and number of respondents who work or volunteer in each behavioral health setting. As in the initial survey, almost 40% of responses were from outpatient mental health settings.

**Initial Survey Respondents by Behavioral Health Setting**




**Follow-up Survey Respondents by Behavioral Health Setting**

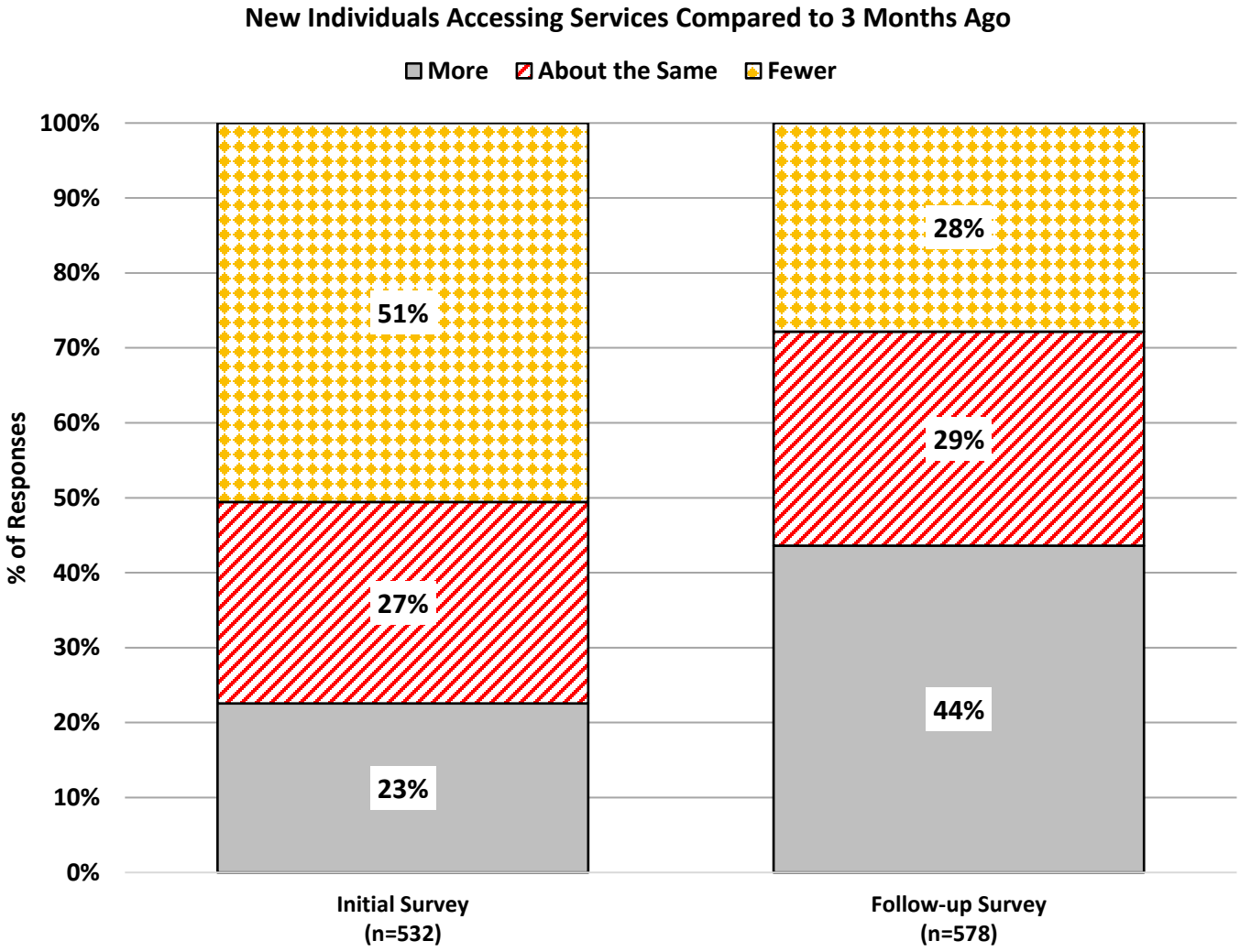


For those respondents listed in the "Other" category in the follow-up survey, 39 indicated that they were multi-service administrators, 19 indicated that they worked in multiple service settings but did indicate that they were administrators, 14 listed Supported Employment, and 2 indicated Case Management. The percentages of respondent types were similar across both surveys, with the largest differences being in the "Support/Advocacy" and "Other" categories (with differences of just 5% between surveys for each category).

### C. New Individuals Accessing Services

*Volume of New Individuals Accessing Services*

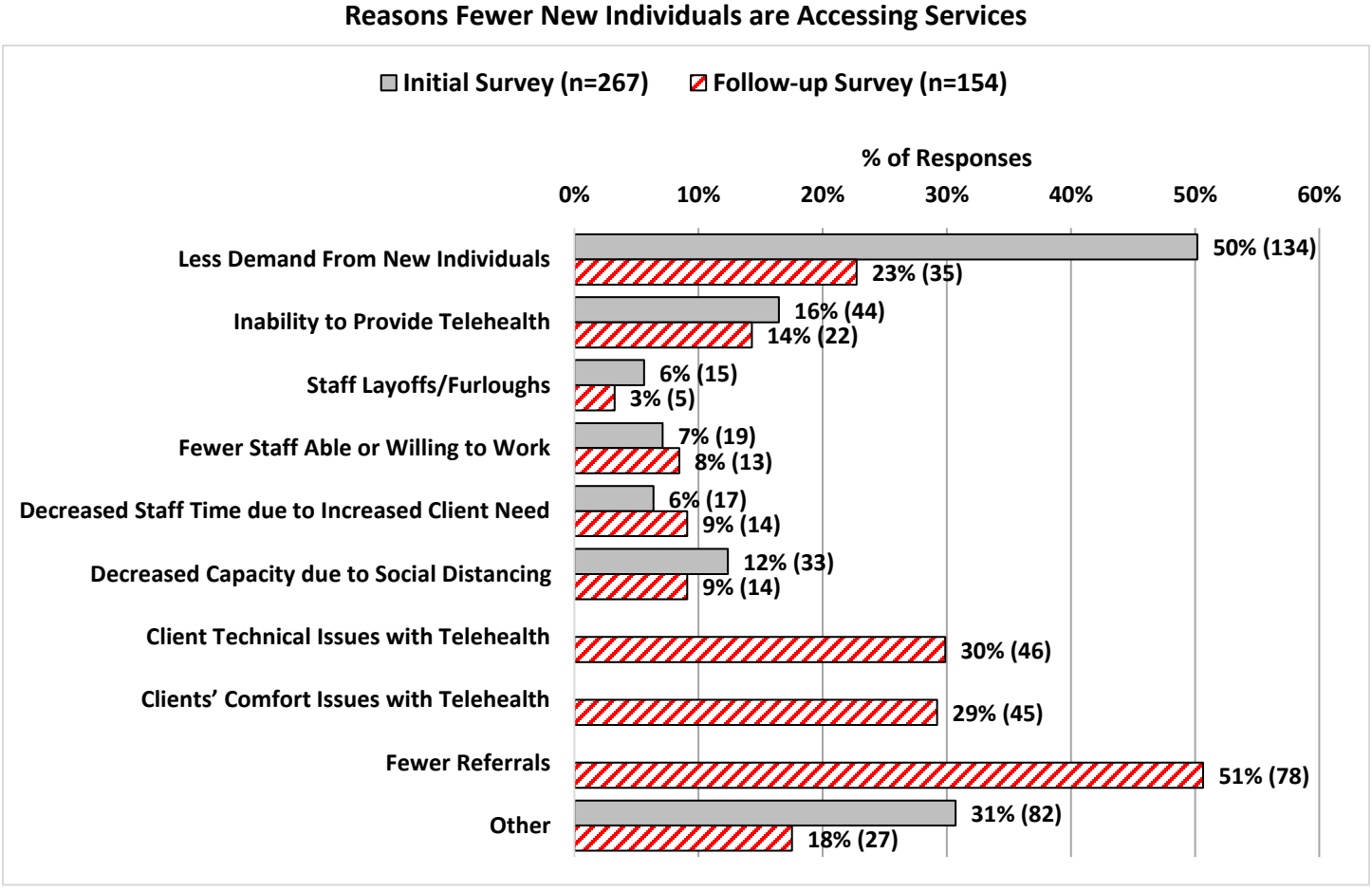
Survey participants from service settings (i.e., all except Support/Advocacy, LBHA/LAA/CSA, and Other) were asked, "Compared to three months ago, are more, fewer, or about the same number of new individuals accessing your services?" (see Appendix I, Question #3). The following graph shows the differences in the responses between the two surveys. As seen in the graph below, it was reported that more individuals are seeking services now compared to the time of the initial survey. This held true across all service settings, but the increases were most pronounced in recovery housing, OTP, SUD outpatient, and MH outpatient settings (see Supplemental Report for detailed data).




** 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*

Survey participants reporting that fewer new individuals were accessing services were asked "Why are fewer new individuals accessing your services?" (see Appendix I, Question #3a). The following graph shows the differences in the responses between the two surveys. The categories of "Client Technical Issues with Telehealth", "Clients' Comfort with Telehealth", and "Fewer Referrals" were added to the follow-up survey based on responses cited in the specification of "Other" responses in the initial survey. In the follow-up survey, the most frequently reported reason for fewer new clients was fewer referrals, followed by client technical issues with telehealth and comfort with telehealth.




** Percentages may total over 100% because participants could endorse more than one reason; "Don't Know" and "Not Applicable" are not shown in the graph*

Overall, results from the initial survey were similar to the results of the follow-up survey, with differences of only 1%-3%. The exception, however, was that compared to the initial survey, 27% fewer respondents indicated that there were fewer new clients seeking services. Looking at the results based on behavioral health setting, no outpatient SUD respondent indicated an inability to provide telehealth in the follow-up survey, compared to 25% (9) in the initial survey. Outpatient mental health respondents reported an increase in inability to provide telehealth compared to the initial survey (21% vs. 13% of respondents who answered this question; see Supplemental Report for detailed data). In the follow-up survey, 27 respondents indicated "Other" problems causing fewer new or returning patients. Of these, the most cited issues involved home

schooling issues (4), COVID-19-related fears or restrictions (4), issues with getting referrals (4), and intake-related issues (3).

*Reasons for Less Demand from New Clients*

In the follow-up survey, respondents who indicated "Less demand from new individuals" as a reason for why fewer new individuals were accessing services were then asked "Why do you think there is less demand for services or supports from new individuals? (check all that apply)" (see Appendix I, Question #3b). All 35 eligible respondents answered this question. As with the preceding question, this question was only asked of participants in service settings. The most frequent response to this question was referral sources being closed (20), followed by fear of getting COVID-19 (17), reluctance to be at a service organization with other people (13), and conflicts with on-line schooling for children (12). Respondents also indicated that child care issues (10), individuals' inability to use telehealth (9), and individuals' unwillingness to use telehealth (7) as reasons there was less demand from new clients. Other less commonly reported reasons included referral sources are not operating at full capacity and primary care doctors may be making fewer referrals than usual.

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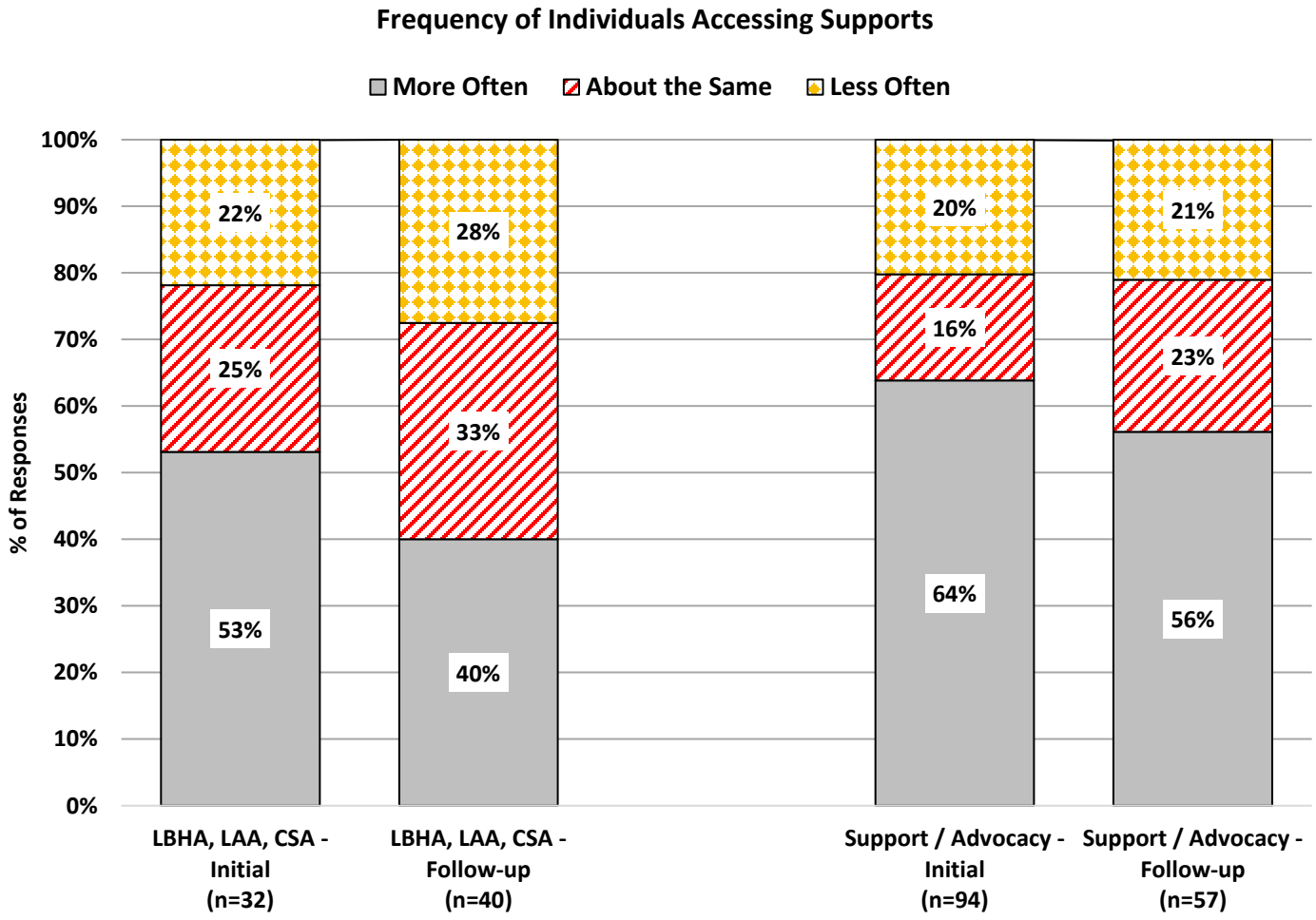
### D. Frequency of Individuals Accessing Supports

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 between the two surveys. Compared to the initial survey, it was reported that individuals were seeking support less frequently, especially for the LBHA/LAA/CSA respondents.




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

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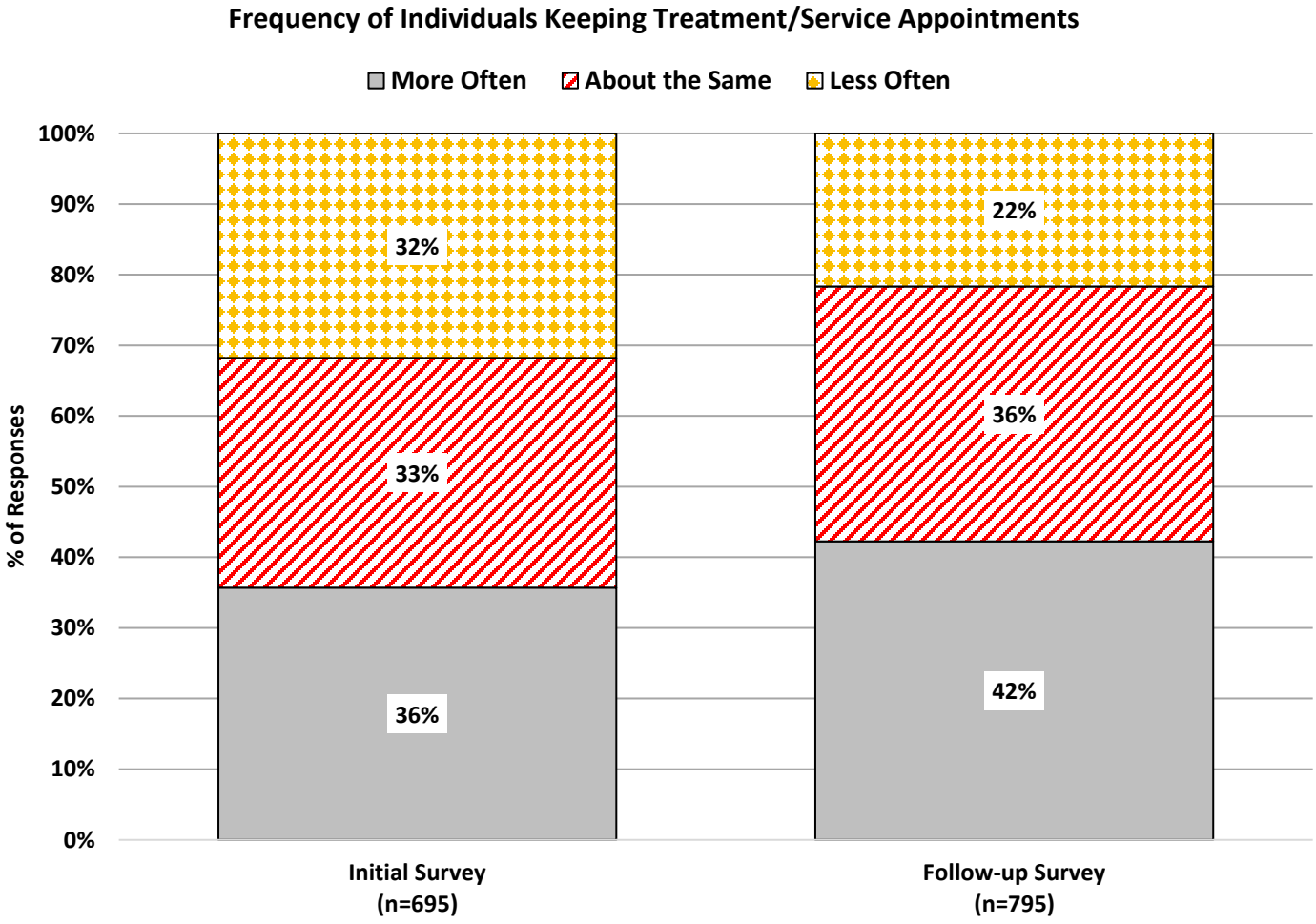
## E. Keeping Treatment/Service Appointments

*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 two surveys. Overall, individuals reported that individuals were keeping their treatment/service appointments more often at the time of the follow-up survey compared to the initial survey.

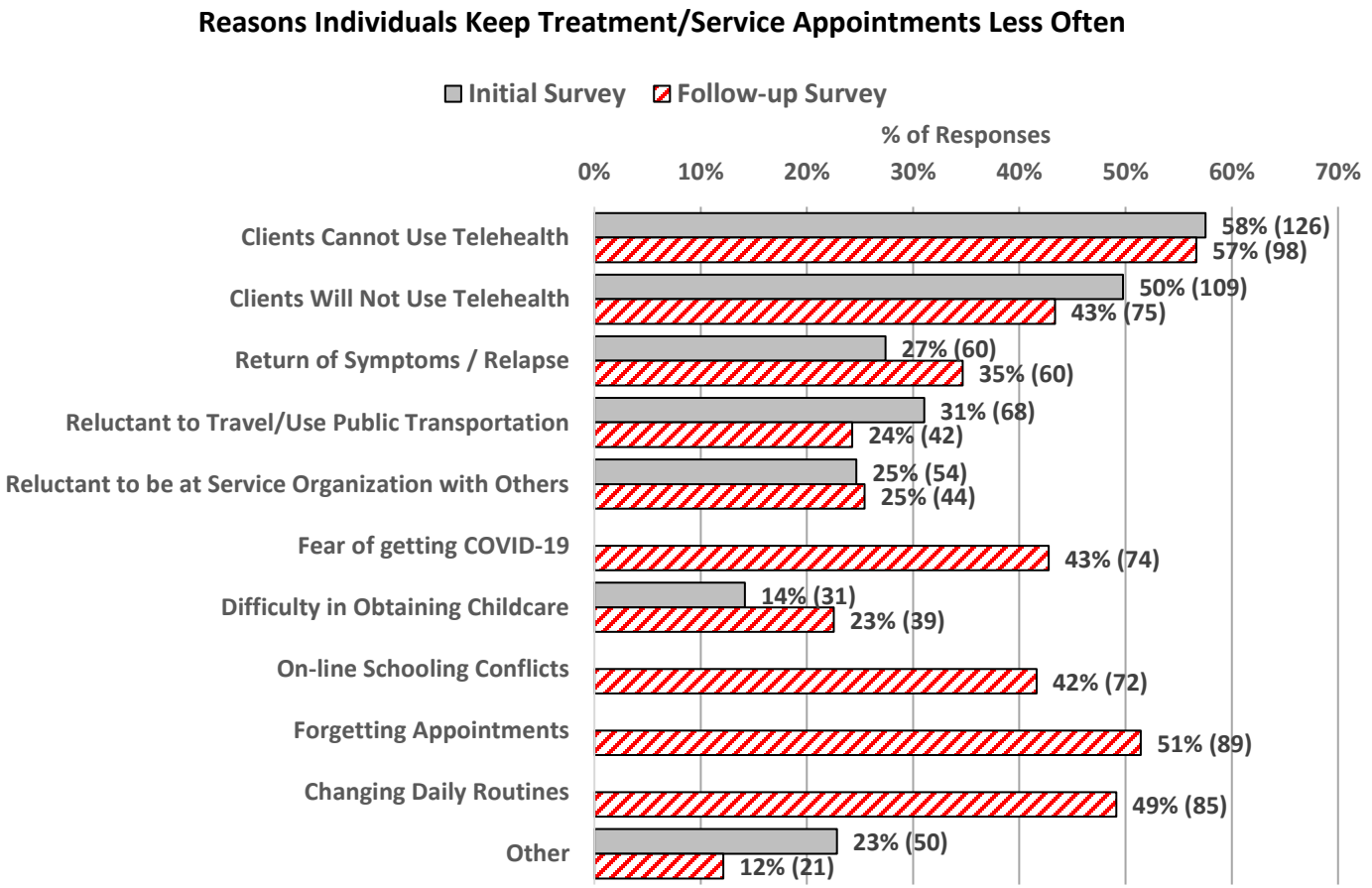



** Percentages may not total to 100% due to rounding; "Don't Know" and "Not Applicable" were eliminated from the analyses*

Looking at responses by behavioral health setting, PRP respondents were more likely to answer "more often" in the follow-up survey compared to the initial survey (50% vs. 22%; see Supplemental Report for detailed data).

*Reasons for Individuals Keeping Fewer Treatment/Service Appointments*

Only those survey participants reporting that individuals were keeping their treatment/service appointments 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)" (see Appendix I, Question #5a). The categories of "Fear of Getting COVID-19", "On-line Schooling Conflicts", "Forgetting Appointments", and "Changing Daily Routines" were added to the follow-up survey based on responses cited in the specification of "Other" responses in the initial survey. In the follow-up survey the most common reasons individuals were keeping appointments less often was inability to use telehealth, forgetting appointments, lack of normal routine, fear of getting COVID-19, and unwillingness to use telehealth.



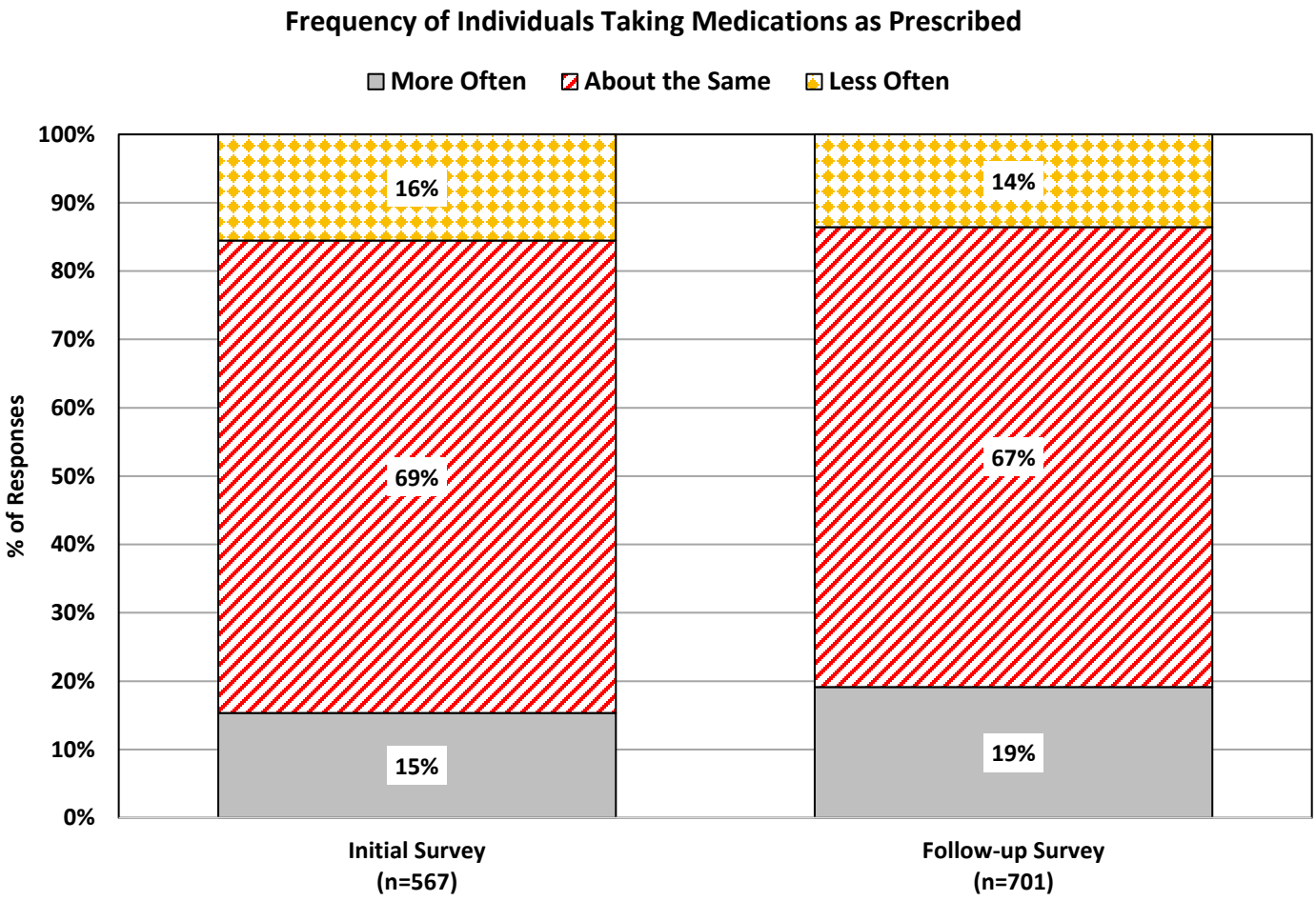

** Percentages may total over 100% because participants could endorse more than one reason; "Don't Know" and "Not Applicable" are not shown in the graph*

Compared to the initial survey, there were some changes in the reported reasons for keeping appointments less often. These included fewer problems with individuals' willingness to use telehealth, fewer travel issues, an increase in relapse or return of symptoms, as well as an increase in difficulties related to childcare. For the "Other" responses in the follow-up survey, the most commonly reported reason for people keeping their appointments less often is lack of interest from clients (8), followed by clients' limited access to telehealth (3).

## 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 shows the differences in the responses between the two surveys. There was little difference between the surveys in the reporting of how often individuals were taking their medications as prescribed. However, outpatient SUD respondents were twice as likely to indicate that individuals were taking their medications as prescribed more often in the follow-up survey than in the initial survey (32% vs 15%; see Supplemental Report for detailed data).




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

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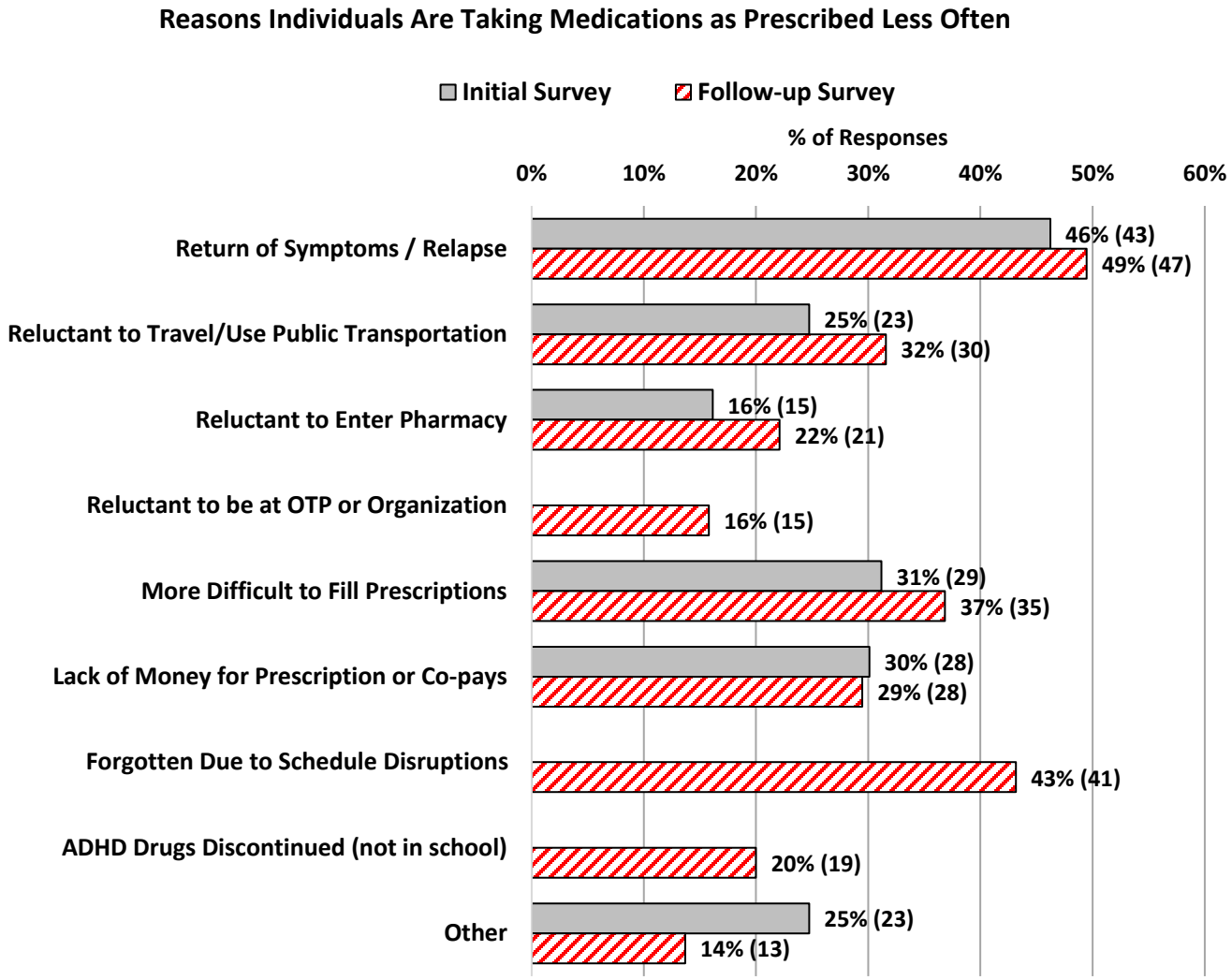
*Reasons for Individuals Taking Their Medications as Prescribed Less Often*

Only those survey participants reporting that individuals were taking their medications as prescribed 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)" (see Appendix I, Question #6a). The categories of "Reluctance to be at OTP or Organization", "Forgotten Due to Schedule Disruptions", and "ADHD Drugs Discontinued (not in school)" were added to the follow-up survey based on responses cited in the specification of "Other" responses in the initial survey. In the follow-up survey, 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.



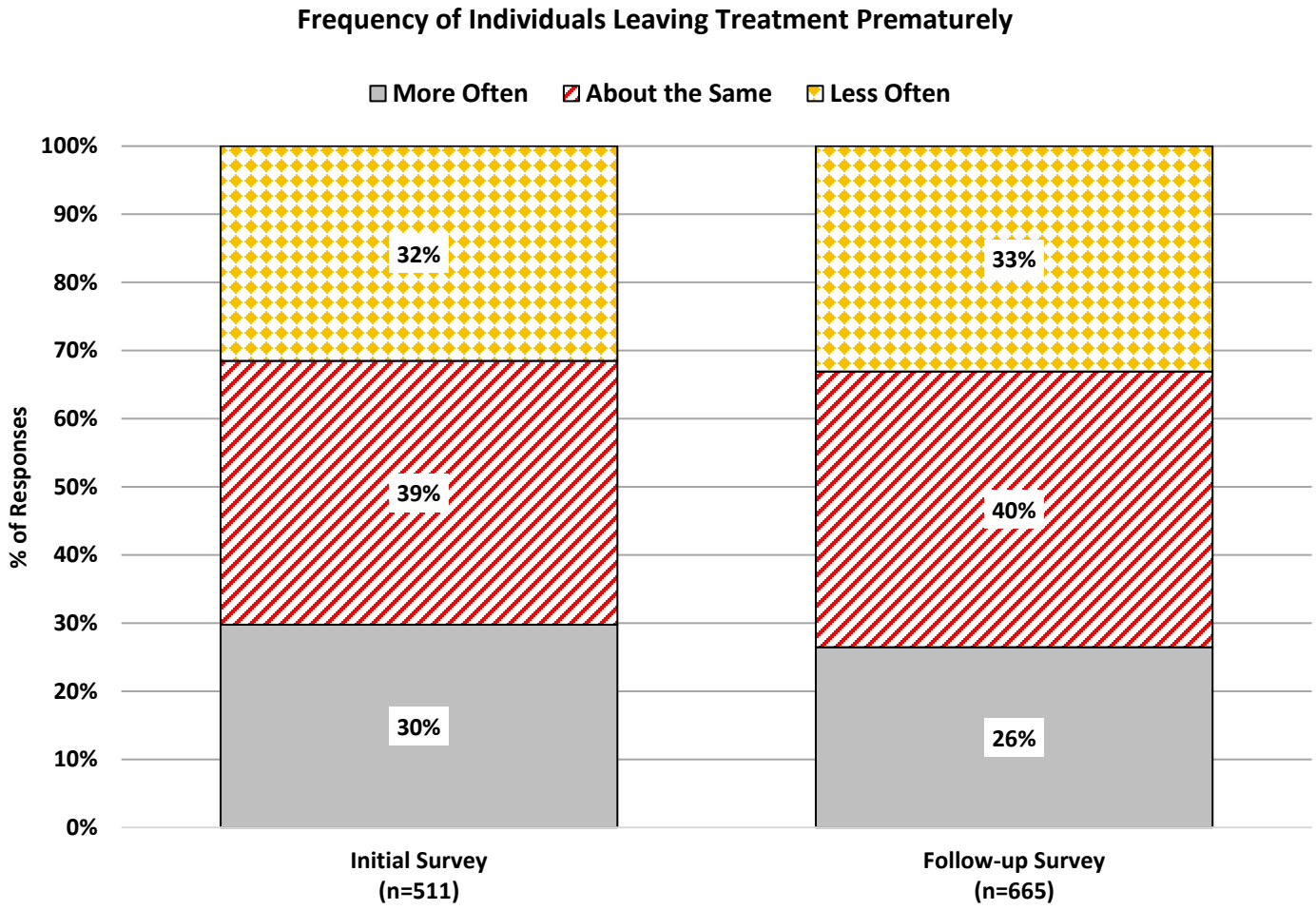

** Percentages may total over 100% because participants could endorse more than one reason; "Don't Know" and "Not Applicable" are not shown in the graph*

Compared to the initial survey, there were increases in reluctance to go to the pharmacy, reluctance to travel or use public transportation, and difficulty in filling prescriptions. While there were relatively few "Other" responses in the follow-up survey, the most common were related to difficulties in meeting or connecting with providers (4) and clients not thinking that they needed their medications (3).

## 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 both surveys reported on how frequently participants indicated that individuals are leaving treatment prematurely. Results for this item were generally similar across both surveys. Respondents from RRPs were more likely to indicate that individuals were leaving treatment prematurely more often in the follow-up survey compared to the initial survey (36% vs. 17%; see Supplemental Report for detailed data).




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

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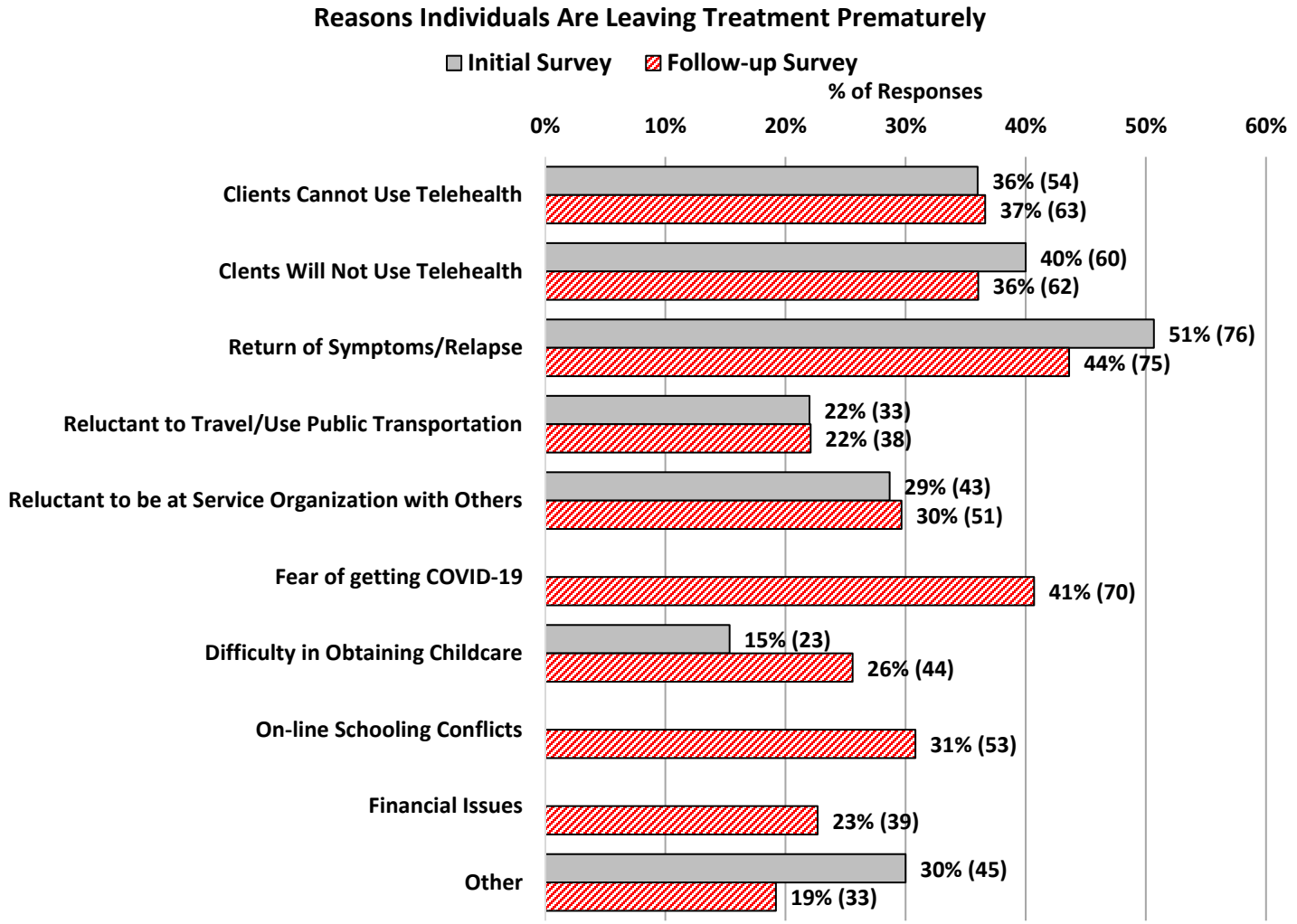
*Reasons for Individuals Leaving Treatment Prematurely*

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)." (see Appendix I, Question #7a). The graph below shows the reasons reported for why more individuals are leaving treatment prematurely. The categories of "Fear of Getting COVID-19", "On-line Schooling Conflicts", and "Financial Issues" were added to the follow-up survey based on responses cited in the specification of "Other" responses in the initial survey. In the follow-up survey, the most frequently reported reasons for leaving treatment prematurely included return of symptoms or relapse, client inability to use telehealth, and client unwillingness to use telehealth.




** Percentages may total over 100% because participants could endorse more than one reason; "Don't Know" and "Not Applicable" are not shown in the graph*

Compared to the initial survey, more respondents indicated clients having more difficulties obtaining child care, but fewer difficulties due to their unwillingness to use telehealth and due to relapse or return of symptoms. Looking at responses from outpatient mental health settings, they were more likely to report that clients were unable (68% vs. 45%) and unwilling (74% vs. 57%) to use telehealth in the follow-up survey

compared to the initial survey (see Supplemental Report for detailed data). For the "Other" responses for this question in the follow up survey, the most common themes were telehealth related issues (7) and problems with complying with COVID regulations (6).

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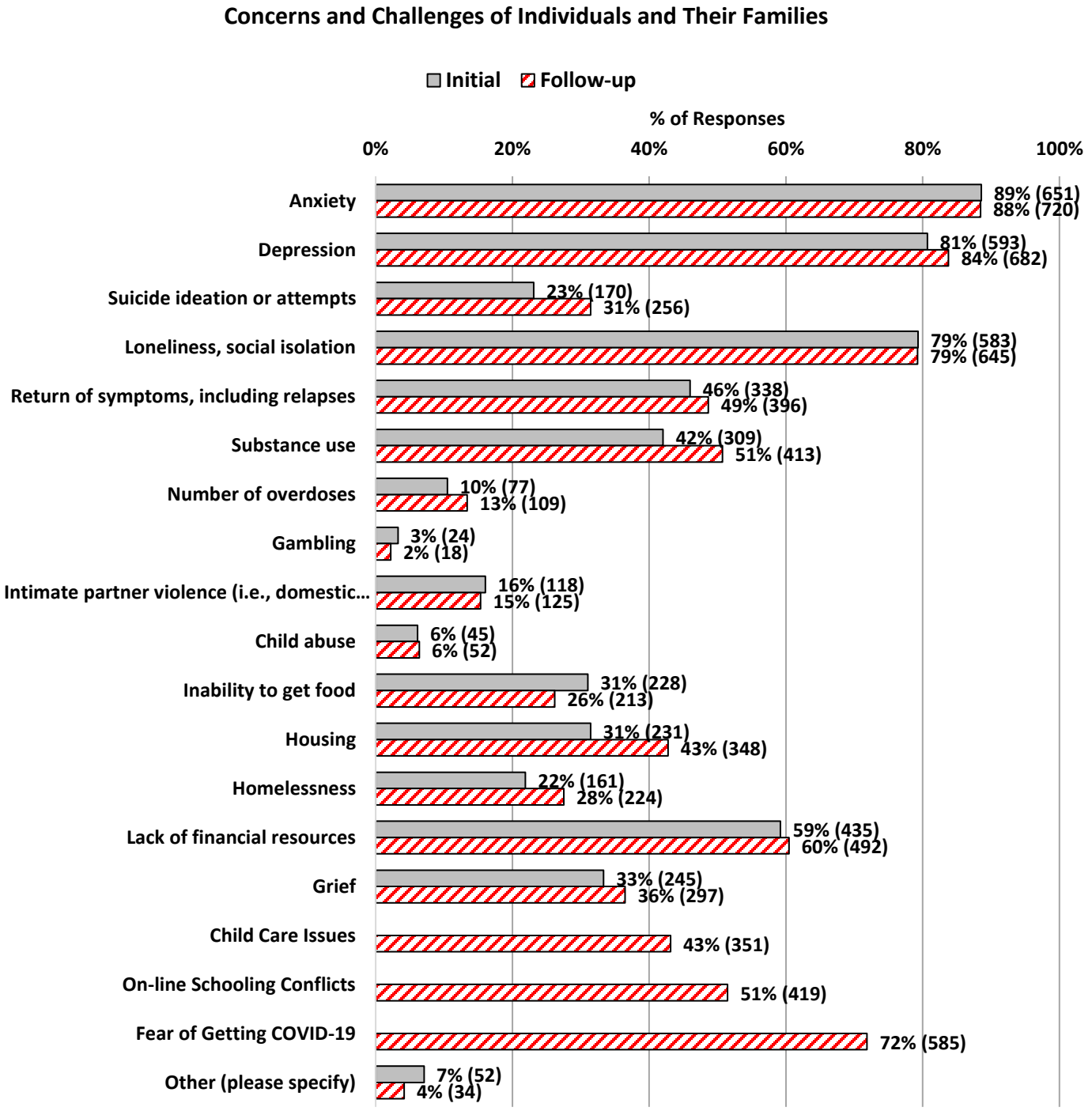
## H. Concerns and Challenges for Individuals

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 reasons reported for the concerns and challenges faced by individuals and their families. As in several previous items, the categories of "Child Care Issues", "On-line Schooling Conflicts", and "Fear of Getting COVID-19" were added to the follow-up survey based on responses cited in the specification of "Other" responses in the initial survey. Anxiety, Depression, and Loneliness continue to remain the most prevalent concerns.



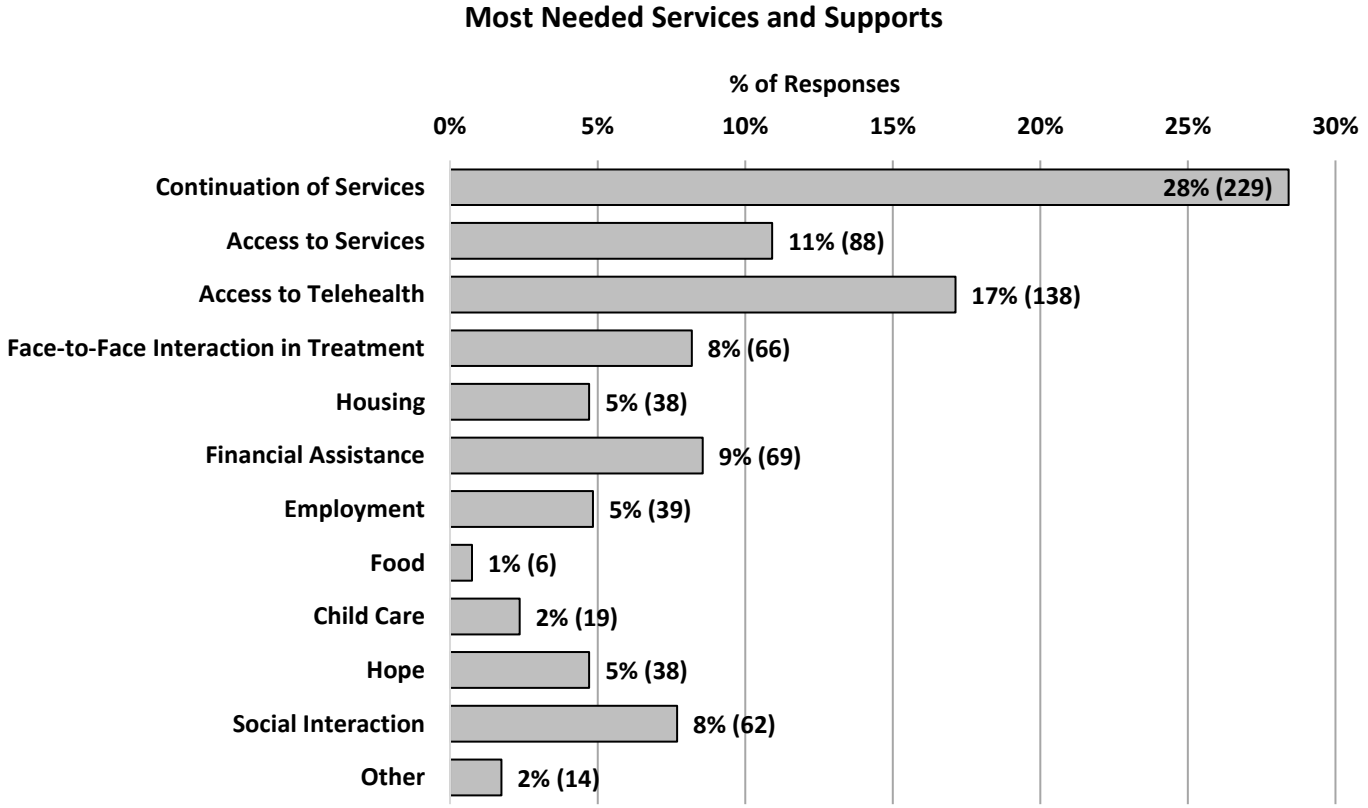

** "None of the above" and "Don't Know" responses are not shown in the graph*

Fear of getting COVID-19 was also reported as a common concern in the follow-up survey, as was home schooling. Compared to the first survey, follow-up survey respondents indicated more concerns or challenges with suicidal ideation or attempts, substance use, and both housing and homelessness issues. However, follow-up respondents indicated fewer concerns or challenges with inability to get food. Notably, respondents from RRPs had consistently large increases in anxiety, depression, return of symptoms, substance use, and lack of financial resources in the follow-up survey compared to the initial survey (see Supplemental Report for detailed data). For the "Other" responses in the follow-up survey, the most common were related to access to telehealth (5) and medical issues (4).

## 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). 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 results for the "most needed" services/supports are shown below. The total score results may be found on page 18.

The next graph 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?" There were 801 responses to this question. In the initial survey, this was an open-ended question, and the response options in the follow-up survey are based on the responses from the initial survey. "Continuation of Services" was the most reported need for individuals.

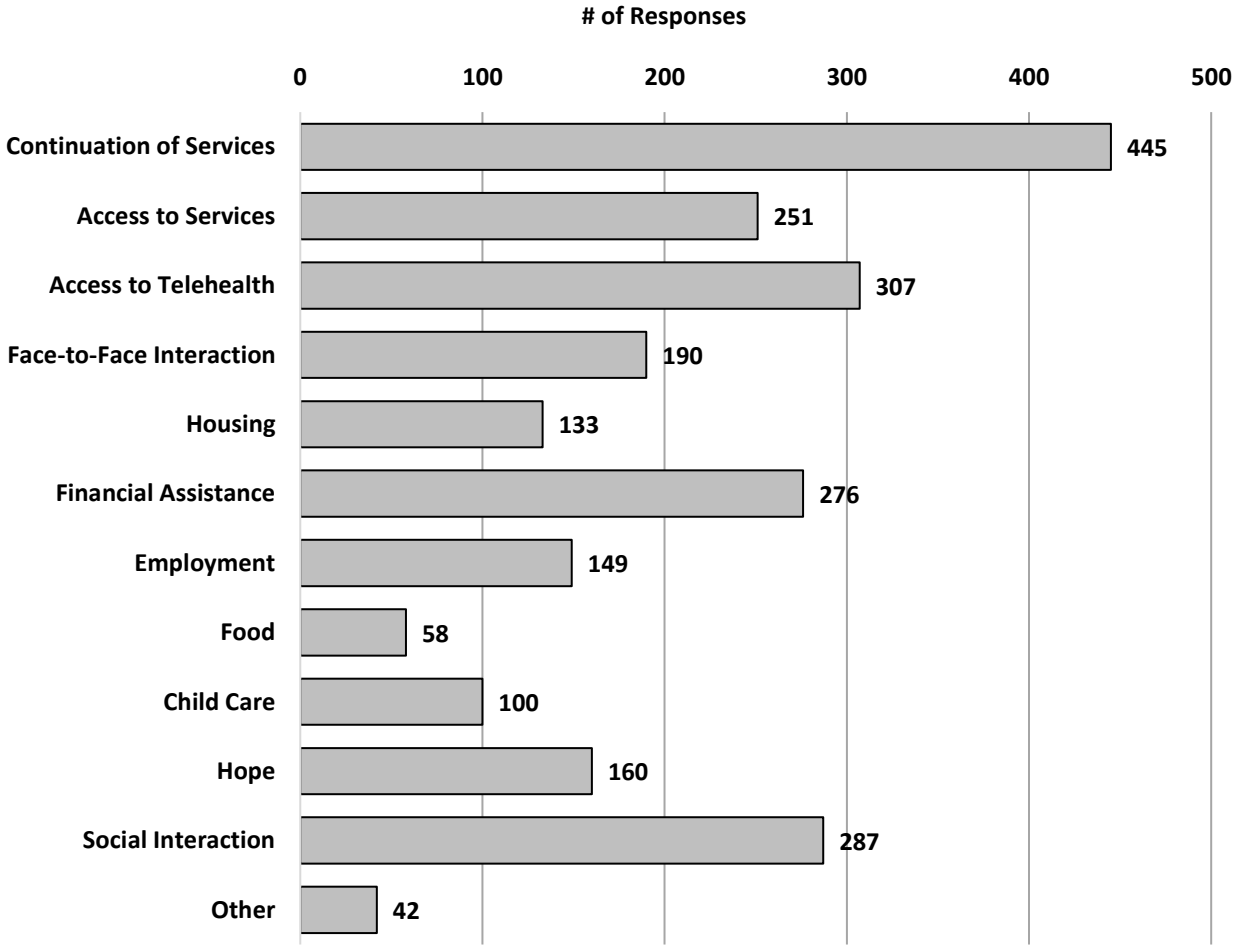


After "Continuation of Services", "Access to Telehealth" and "Access to Services" were the next most frequent responses. Some respondents selected "Other" as their top reason, and then listed several issues, making it impossible to determine what should be counted as their most needed service or support. OTP respondents were the most likely to indicate continuation of services as a concern (40%, 21), while outpatient mental health settings were most likely to report access to telehealth as a concern (25%, 86; see Supplemental Report for detailed data). Other reported needs included transportation and a return to normalcy.

Combining the results from the responses for the top three reason questions, the below graph shows a sum of the top three most needed services and supports. When responses were summed across all three items, "Continuation of Services" was the most reported response, followed by "Access to Telehealth", "Social Interaction", and "Financial Assistance".

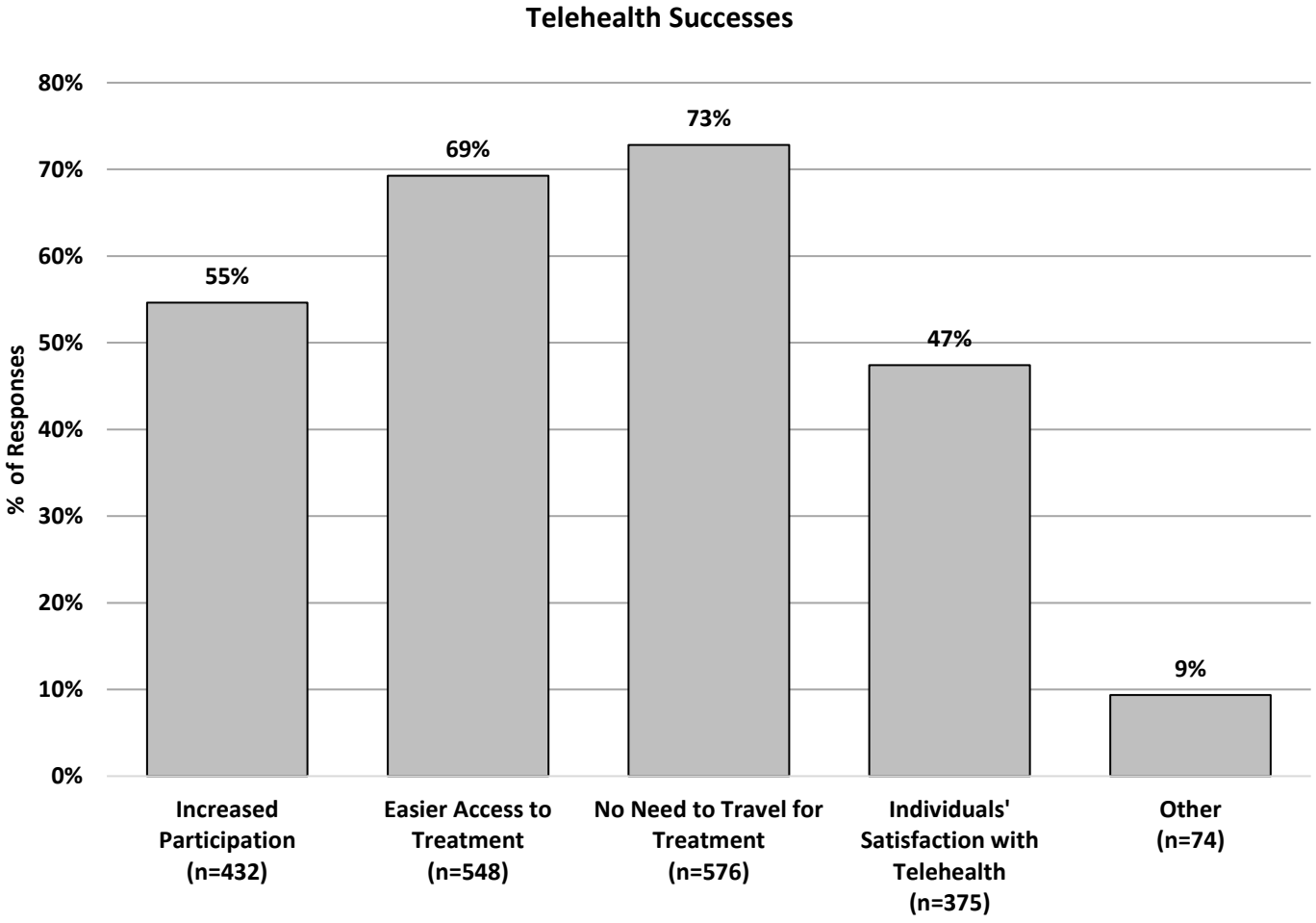
**Top 3 Most Needed Services and Supports – Total Score**

(# of endorsements for each service/support summed across the three items)



## J. Telehealth Successes

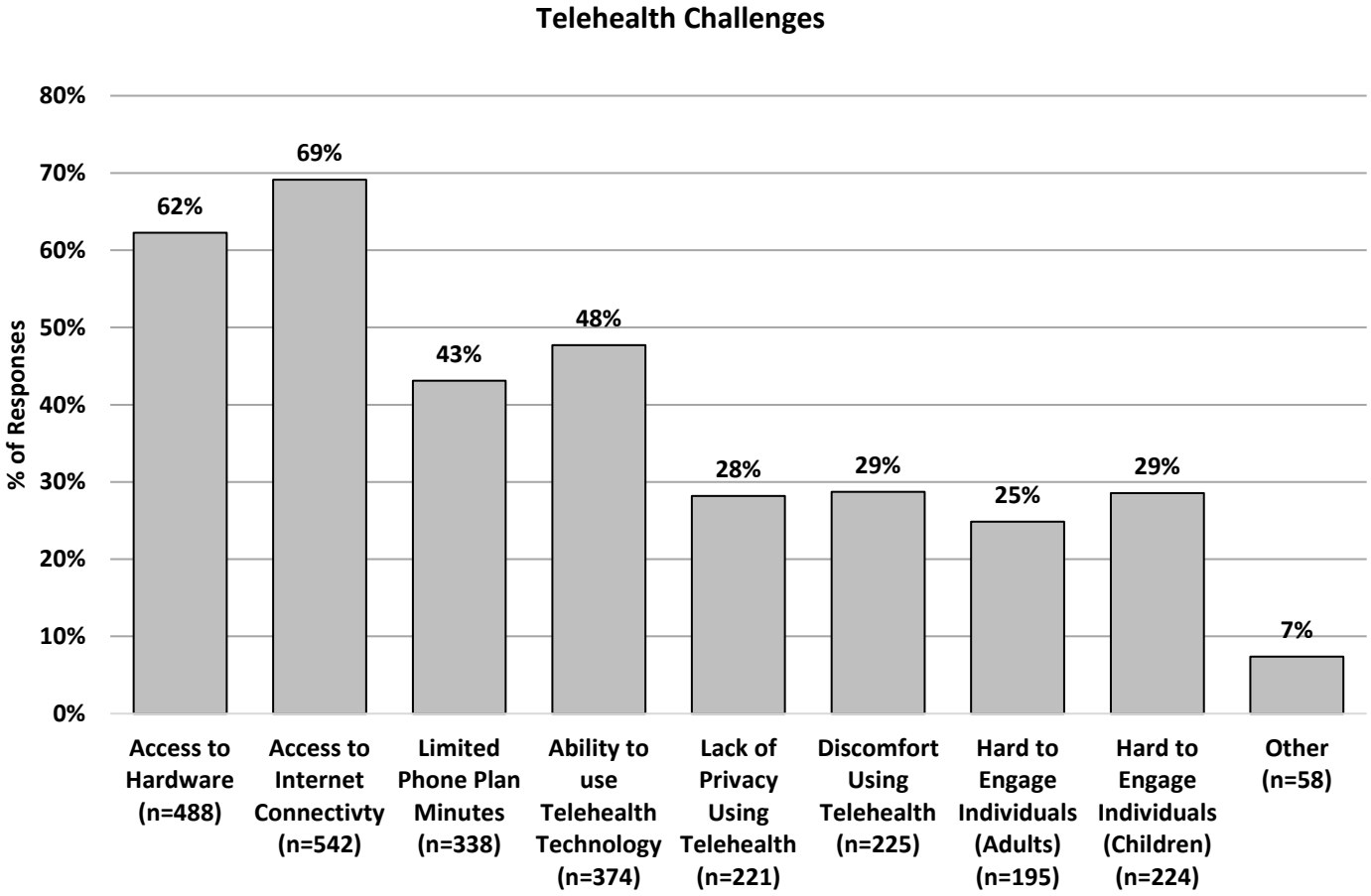
Respondents were asked "Based on your own observations or what others are telling you, what successes have been experienced by individuals in using telehealth? Check all that apply" (see Appendix I, Question #10). A total of 791 respondents provided answers to this question. The response options for this follow-up survey item were derived from the responses received to an open-ended item about telehealth successes and challenges in the initial survey. The most commonly endorsed reasons for telehealth success were not needing to travel and easier access to treatment




For respondents answering "Other", the most common theme was increased or better participation in treatment (15), followed by positive comfort level (12), and increased family involvement (9). Also mentioned were the lack of need for child care (8), more flexible scheduling (8), easier/quicker access to treatment (7), lack of need for transportation (7), clients feeling safe using telehealth (7), and the ability for clients to have access to a greater number of providers to choose from (4).

## 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). A total of 784 respondents provided answers to this question. The response options for this follow-up survey item were derived from the responses received to an open-ended item about telehealth successes and challenges in the initial survey. The most frequently reported telehealth challenges dealt with technology issues (Access to Internet Connectivity, Access to Hardware, Ability to Use Telehealth Technology, and Phone Plan Limitations).



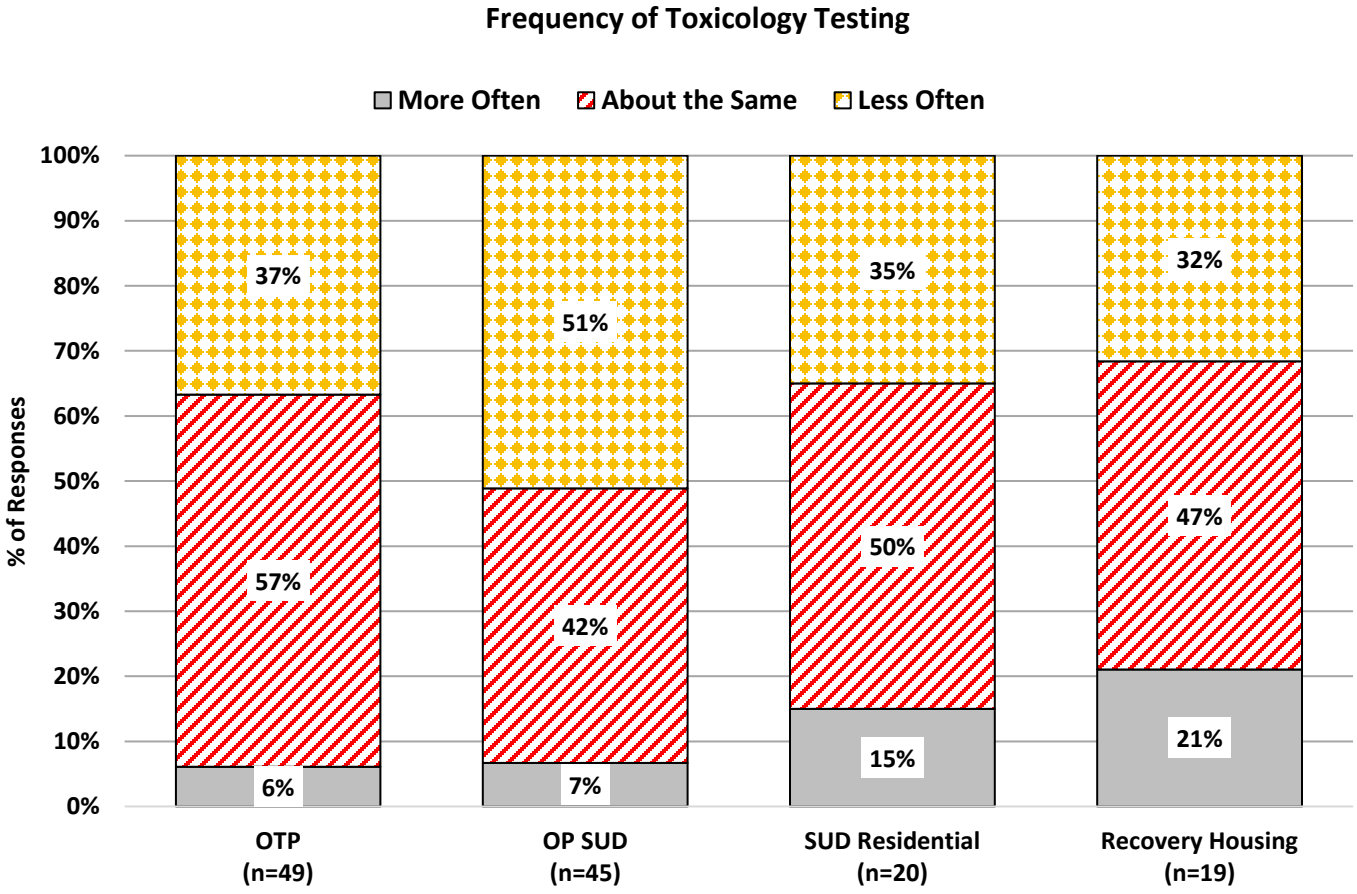

More than one in four who responded to this item also reported Discomfort Using Telehealth, Lack of Privacy, and Difficulty of Engaging Clients. For respondents answering "Other", the most common theme was difficulty in engaging adults (12), followed by access to internet connectivity (11) and difficulty in engaging children and adolescents (10). OTPs were the most likely setting to report phone plan minutes as a challenge (80%, 41), while support/advocacy settings were the most likely to report access to internet as a challenge (89%, 51), followed by outpatient mental health settings (81%, 223; see Supplemental Report for detailed data). Other common themes included a negative comfort level (6), providers needing technical assistance or training (5), issues related to scheduling (5), access to hardware (4), clients needing technical assistance or training (4), and issues related to having group sessions via telehealth (4).

## L. Toxicology

Respondents were asked "Does your agency conduct drug/alcohol testing (toxicology)?" (see Appendix I, Question #12). In total, 297 respondents indicated "Yes" and were presented with two follow-up toxicology questions whose results are discussed and displayed 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 #12a). The graph below shows the results from SUD-related agencies. Most respondents indicated that they were conducting toxicology tests either the same amount or less frequently since COVID-19.

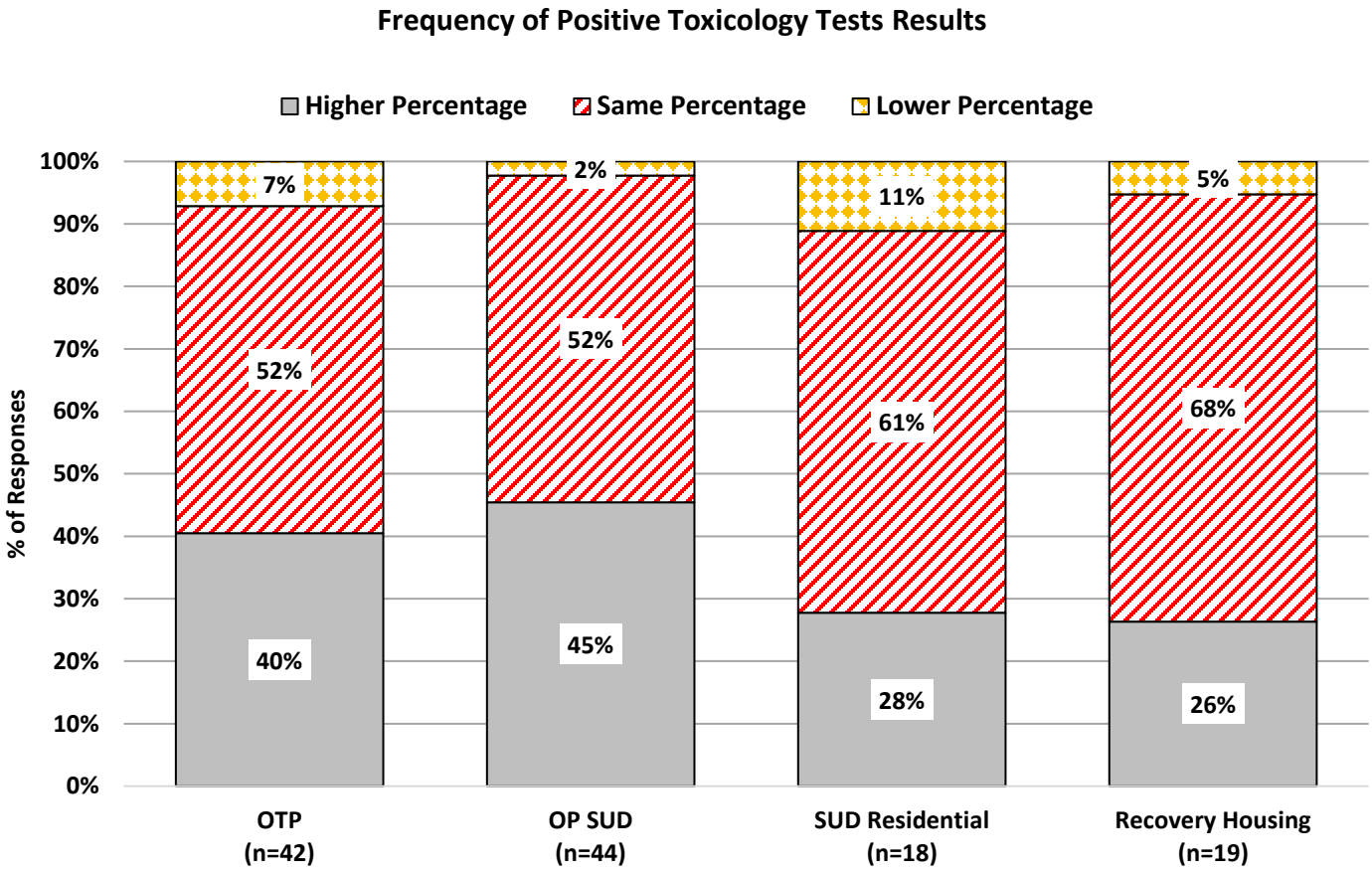



** Percentages may not total to 100% due to rounding; "Don't Know" was eliminated from the analyses*

While a small proportion of participants working in OTPs or Outpatient SUD indicated an increase in testing frequency, a somewhat larger proportion of those working in SUD residential and recovery housing programs reported more frequent testing. Approximately half of outpatient SUD agencies, and one-third of OTPs, SUD residential programs, and recovery housing programs reported a decrease in testing frequency.

*Frequency of Positive Test Results*

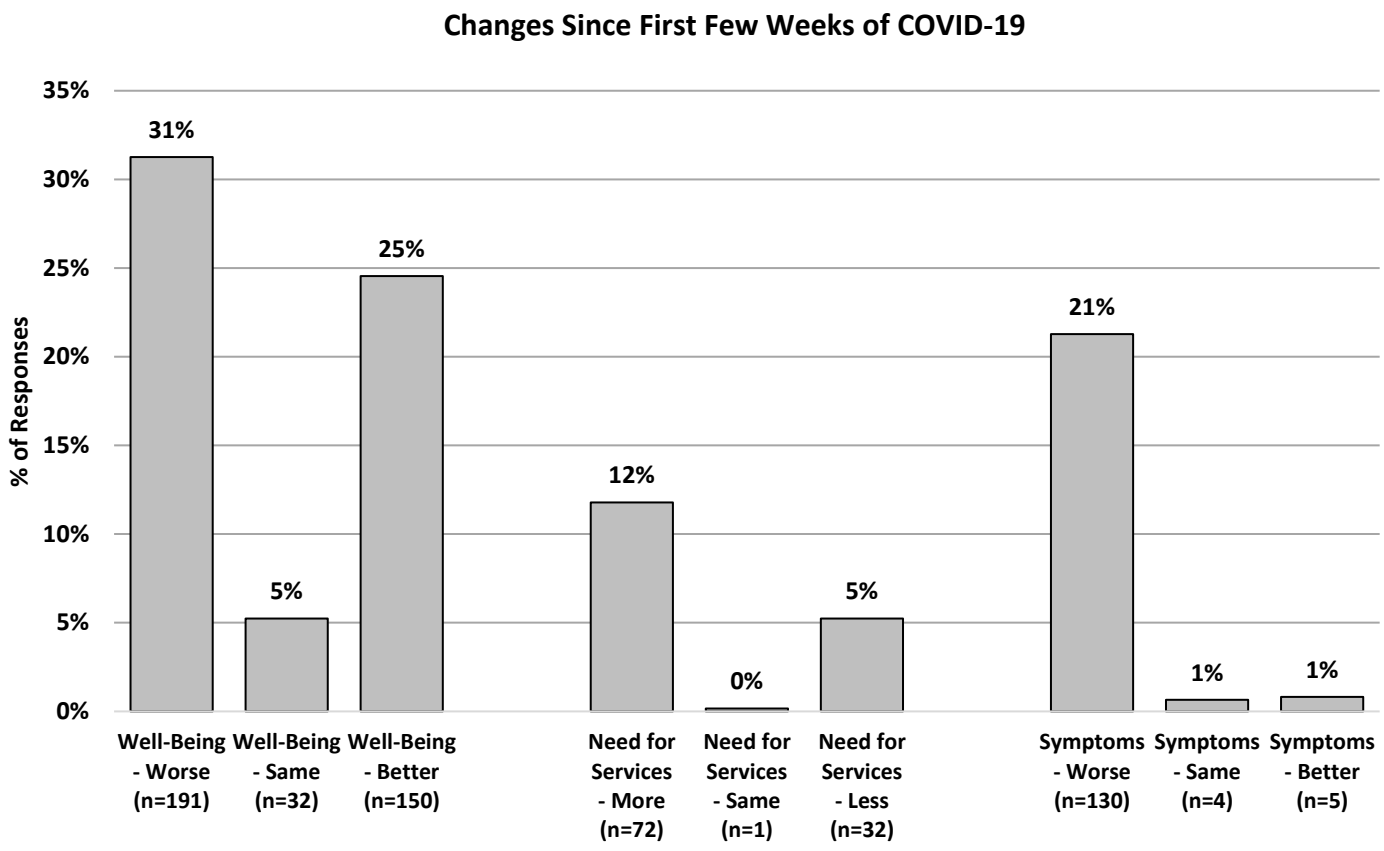
Respondents who indicated that their agency conducted toxicology testing were asked "How has your agency's percentage of positive drug/alcohol testing (toxicology) results changed since COVID-19?" (see Appendix I, Question #12b). The graph below shows the results from SUD-related agencies. A large percentage (50-70%) of respondents in each setting indicated that the frequency of positive toxicology results in their programs was about the same. However, a sizeable proportion (26%-45%) of respondents in each setting reported increases in positive tests.




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

### M. Changes in Individuals' Well-Being since the Beginning of COVID-19

Respondents were asked the open-ended question "Based on your own observations or what others are telling you, how has the well-being of individuals receiving services or supports changed since the first few weeks of the COVID-19 pandemic?" (see Appendix I, Question #13). This question was not asked in the initial survey. A total of 611 respondents provided an answer to this question. 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. The following graph summarizes changes reported in client well-being, service need, and symptomatology.




Participants' comments on how the well-being of individuals receiving services or supports changed since the first few weeks of the COVID-19 pandemic varied. Thirty-one percent (191) of the responses stated that the well-being of individuals receiving services or supports had deteriorated since the first few weeks of the pandemic. The reasons for this included not having access to services and supports, having difficulties adapting to the "new normal," and the pandemic lasting longer than anticipated. As one respondent described, *"In contrast to the initial shock, and hoping this would be over soon, now individuals are dealing with chronic stress and anxiety from the ongoing pandemic, unemployment, and lack of childcare."*

However, when services and supports are available, and individuals and providers are able to adapt, 25% (150) of the responses reflected improved well-being. Contributing factors were the maintenance of therapeutic relationships, management of uncertainty, and skills to adapt to the current "new normal." One participant wrote, *"Individuals have reported increased well-being since the beginning of Covid due to having services available to them for support."*

Twelve percent (72) of the responses mentioned the need for services. While not at previous levels, there was a recognition that availability of services had increased since the first few weeks of the COVID-19 pandemic. Lack of services was a factor in the decrease of the individuals' well-being. Sixteen percent (98) of the responses focused on telehealth as a service delivery medium and stressed the growing demand for telehealth services. Responses suggested that providers have been able to adapt, and individuals are more receptive to this type of service-delivery format. Nevertheless, it was reported that some individuals prefer face-to-face or "traditional" services.

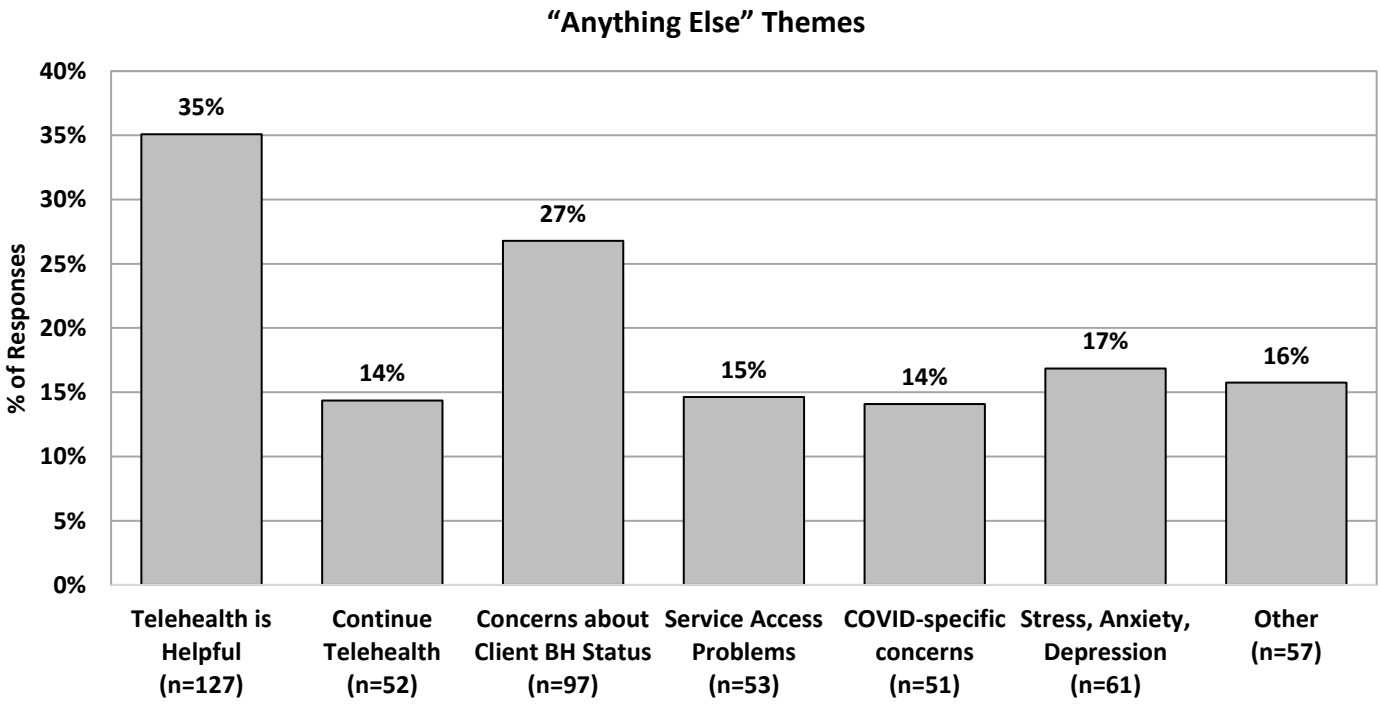
Exacerbation of behavioral health symptoms was reported in 21% of the responses (130), with depression and anxiety disorders mentioned most frequently. The responses describe an increased incidence of stress, fear,

grief, anger, frustration, and hopelessness. Increases in substance use overdoses were also reported. Contributing factors include a lack of services and/or access to them, the absence of social or therapeutic supports, and the uncertainty of when the pandemic will end. Approximately 12% (74) of the responses cited loneliness and isolation as detrimental to individuals' health.

### 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 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 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.

A total of 449 participants responded to this item. Of those, 87 wrote in "no," "none at this time" or something similar, leaving 362 responses for review. This is very close to the number of responses to this item received in the first survey (345). Given the broad, open-ended nature of the question it would not be meaningful to do a detailed comparison of every theme and sub-theme identified between the two surveys. However, when similarities or differences between the two survey response sets seemed notable, they are described below.




Over one-third of respondents (35%, 127) took the opportunity to report that telehealth had been helpful during COVID-19. Participants explained that telehealth enabled them to meet their clients' needs without

risk to clients or staff. Further, it increased engagement, decreased no-shows, and increased access for new clients who otherwise may not receive treatment. Fourteen percent (52) specifically requested that telehealth be continued. Examples of comments included:

*"Being able to do telephonic services with clients has been a true life-saver for many. Staying connected with fragile, chronic clients has made a huge difference in their lives."*

*"I would encourage BHA to continue telehealth services on a permanent basis. Clients who would never have had access to outpatient mental health services are now reaching out and engaging and addressing their presenting symptoms."*

Fourteen percent of respondents (51) specifically mentioned fears regarding the COVID-19 virus and this was a primary reason why telehealth was so helpful. However, six percent of respondents (21) indicated that transportation was a challenge for many service recipients. Approximately 8% (30) reported challenges with telehealth such as lack of sufficient equipment or internet or difficulty engaging clients via remote methods.

Compared to the prior survey, the proportion of respondents commenting on the benefits of telehealth increased 15% and the proportion reporting problems remained the same. Reasons given for each were similar across both surveys.

Approximately 27% of participants (97) reported concerns with clients' behavioral health status, 17% (61) specifically indicating that individuals are experiencing stress, anxiety, and depression. Eight percent of respondents (30) reported that social isolation was an issue. Approximately 6% of respondents (23) commented on other mental health issues and 5% (19) expressed concerns regarding substance use, including increased use of alcohol.

All of these concerns were reported in the first survey as well, although there were some differences. Behavioral health concerns and those related to stress, anxiety, and depression increased whereas other mentions of other mental health and substance use concerns were less frequent.

Fifteen percent (53) of respondents indicated problems with access to services. While some of these comments related to difficulty in accessing behavioral health services, several referenced other types of services and supports such as the Department of Social Services, Department of Health and Human Services, the Motor Vehicle Administration, and others. The inability to access such supports or acquire necessary documentation was a concern. While in the initial survey 10% of respondents indicated problems with service access, the primary issue at that time seemed to be limited access to behavioral health services.

*(continued on next page)*

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

- Policies, state government, or BHA 9% (32)
- Children and/or adolescents 8% (29)
- Provider well-being 7% (25)
- Desire for in-person interaction 5% (19)
- Caregiver challenges 5% (18)
- Client financial issues 4% (15)
- Complaints regarding Administrative
- Services Organization 3% (12)
- Clients with medical issues 3% (12)
- Opioid Treatment Programs 3% (10)
- Housing 2% (9)
- Uncertainty regarding future 2% (9)
- Older adults 2% (9)
- Employment 2% (8)
- Rural areas 2% (6)
- Clients with Medicaid and/or Medicare 3% (12)

In addition, sixteen percent of responses included content that was categorized as "Other" (57) because it did not fit within the parameters of the identified themes but because they were mentioned by relatively few individuals 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 free, drop-in easy access online social meet-ups to reduce social isolation
- Provide low-income individuals with free internet access
- Create interactive engaging apps for play therapy with children (video gaming companies)
- Help those with government phones to have increased minutes
- Enact new policies/procedures (specific suggestions provided)
- Send automated phones messages to families in the community to engage those who could benefit from treatment but who are not engaged in treatment

***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 the 930 participants from the recent follow-up and 856 participants from the initial survey, with each survey including a variety of behavioral health providers and stakeholders who serve individuals of all ages. The types of participants across the surveys was similar both in ages served and types of service/support settings

The current results suggest that more new individuals are entering treatment and accessing behavioral health services since the initial survey. For those agencies seeing fewer new individuals are accessing services, a primary reason is fewer referrals (51%), with other reasons being client technical and comfort issues with telehealth (30% and 29%, respectively).

Compared to the initial survey, respondents in the follow-up survey indicated that fewer individuals were seeking supports from both advocacy organizations and LHBAs/LAAs/CSAs. This decrease was more pronounced in LHBAs/LAAs/CSAs.

Respondents indicated that individuals were keeping their treatment/service appointments more often compared to the initial survey. The largest increases were reported by Outpatient SUD and PRP agencies, as well as those respondents in the "Other" category. Clients not being able to use telehealth continued to be the top reason for individuals not keeping appointments, with forgetting appointments, changing daily routines, online-schooling conflicts, and fear of getting COVID-19 also being frequently reported. Notably, childcare difficulties were reported as being a more common reason for missing appointments in the follow-up survey compared to the initial survey.

It appears that individuals continue to take their medications as prescribed, not only since the initial survey but also since the COVID-19 situation began. For individuals not taking their medications as prescribed, relapse or return of symptoms was the most commonly reported reason for individuals not taking their medications in both surveys, with schedule disruptions being the second most common reason reported in the follow-up survey. In the follow-up survey it was more frequently reported that reluctance to travel, reluctance to go to the pharmacy, and it being more difficult to fill prescriptions were reasons for individuals to not take their medications as prescribed.

Close to 75% of clients are leaving treatment prematurely less often or at about the same rate as before COVID-19. There was little difference between surveys in how respondents reported the frequency of individuals leaving treatment prematurely, although there was a small decrease in those reporting more frequency. The largest differences reported for the reasons individuals are leaving treatment prematurely are return of symptoms or relapse (less common in the follow-up survey) and difficulty in obtaining childcare (more common in the follow-up survey).

Both surveys indicated that a very large proportion of clients are experiencing anxiety, depression, or a sense of loneliness or social isolation (79% or more for each category in each survey). Suicide ideation was more frequently reported in the follow-up survey, as were issues related to both housing and homelessness. Concerns related to fear of getting COVID-19 was also frequently listed in the follow-up survey, as were substance use, conflicts with online schooling, and child care issues.

In the follow-up survey, continuation of services was most frequently listed as the most needed service or support (229, 28%), followed by access to telehealth (138, 17%) and financial issues (69, 9%).

Follow-up survey respondents indicated that removing the need to travel was the largest success of telehealth (576, 73%), followed by easier access to treatment (548, 69%) and increased client participation in treatment (432, 55%). Follow-up survey respondents also indicated that the biggest telehealth challenges were individuals' access to internet connectivity (542, 69%), access to hardware (488, 62%), and the ability to use telehealth technology (374, 48%).

Most respondents indicated in the follow-up survey that they were conducting toxicology tests either the same amount or less frequently since COVID-19. Most respondents indicated that their frequency of positive tests was either the same or higher since COVID-19.

When asked about changes in the well-being of individuals since the beginning of the COVID-19 pandemic, follow-up respondents indicated that symptoms were worsening (21%) and the need for services was increasing (12%). There were some conflicting responses related to clients' well-being. While a number of respondents listed clients' well-being as better (25%), a substantial proportion listed it as worse (31%).

When asked for additional comments and suggestions, survey respondents brought up the usefulness of telehealth, concerns about clients' symptoms, and problems related to access to services.

### *Key Findings*

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

- Since the initial survey, more new individuals are seeking behavioral health services, but slightly fewer are seeking supports from LBHAs/CSAs/LAAs or other organizations participating in the survey.
- Individuals are keeping their treatment/service appointments more frequently compared to the initial survey.
- A large proportion of clients continue to take their medications as prescribed.
- 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, providing easier access to treatment, and increased client participation in treatment
- The largest telehealth challenges were individuals' access to internet connectivity, access to hardware, and the ability to use telehealth technology

*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 that you are a multi-service administrator.***

- 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 – 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)?**

- 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) more often? (check all that apply).**

- ☐ Individuals are not able use telehealth or phone-based services
- ☐ Individuals are not willing 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 – Compared to three months ago, 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 <u>second most important</u> 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 <u>third most important</u> 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 – Does your agency conduct drug/alcohol testing (toxicology)?**

- Yes
- No
- Don't Know

**QUESTION #12a *[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 #12b *[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 #13 – Based on your own observations or what others are telling you, how has the well-being of individuals receiving services or supports changed since the first few weeks of the COVID-19 pandemic?**

**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