



# Treatment Perception Survey 2020: COVID-19 Impact Supplemental Report

## Background

The Treatment Perception Survey (TPS) was offered to all clients who received substance use disorder (SUD) treatment services from a provider within the DMC-ODS between Monday, November 9, 2020 and Friday, November 13, 2020. Due to increased rates of treatment delivery via telehealth as a result of the ongoing COVID-19 pandemic, the TPS was moved to an electronic web-based format in Qualtrics. Despite this shift in service delivery, many clients receiving services within the DMC-ODS continued to receive in-person services, particularly those receiving services from Withdrawal Management and Residential levels of care (LOC), so paper copies of the TPS were also made available to providers upon request. As a supplement to the TPS, a series of questions<sup>1</sup> assessing the impact of the COVID-19 pandemic on respondents' treatment, substance use, mental health, and general well-being was administered. The results from these supplemental questions are presented below.

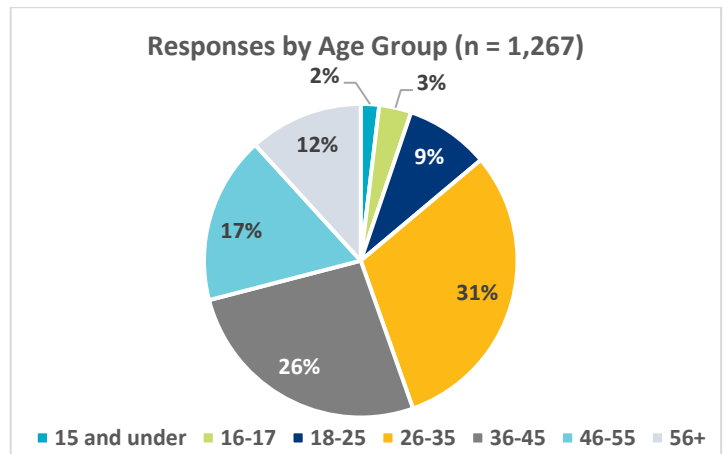
## Who responded to the TPS 2020 Supplemental questions?

### Respondent Demographics

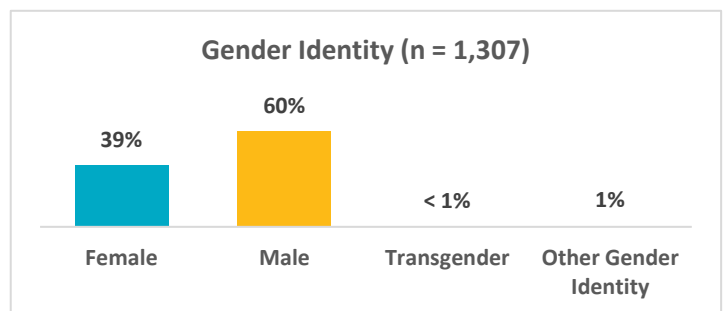
A total of 1,373 clients served by the DMC-ODS during the survey period answered at least one question on the TPS. Of these, 1,307 respondents (95%) answered at least one of the questions related to the impact of COVID-19. Most respondents were adults (1,235; 94%) and 72 (6%) were youth.

Almost one-third of respondents were in the 26 to 35 years of age range (31%), and more than one-quarter (26%) were in the 36 to 45 years of age range. The next largest group of respondents were in the 46 to 55 years age range (17%), followed by respondents 56 years of age or older (12%) and those 18 to 25 years of age (9%). Forty-two respondents (3%) were between the ages of 16 and 17, and the remaining 24 respondents (2%) were under 16 years of age.

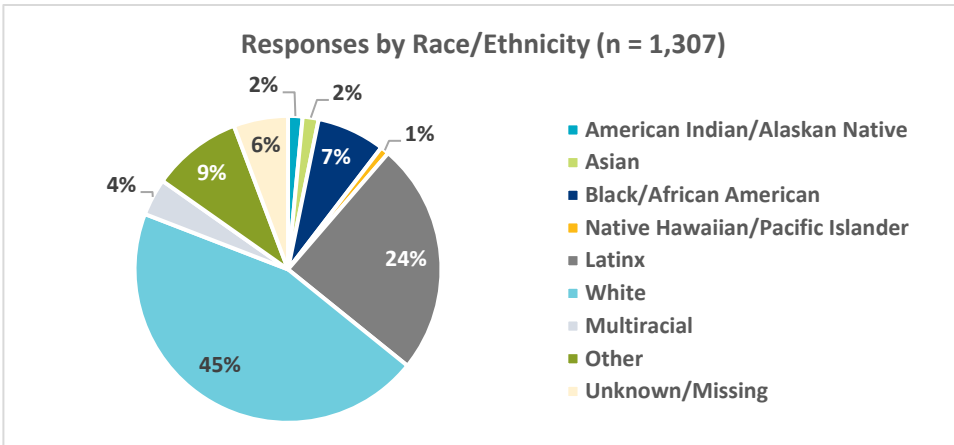
Respondents were asked to select all that apply for the following gender identities: female, male, transgender, and other gender identity. Most respondents (60%) reported a male gender identity, followed by 39% of respondents who reported identifying as female. Less than 1% of respondents identified as transgender, and 1% reported identifying as another gender identity.



\*Age was unavailable for 40 respondents.

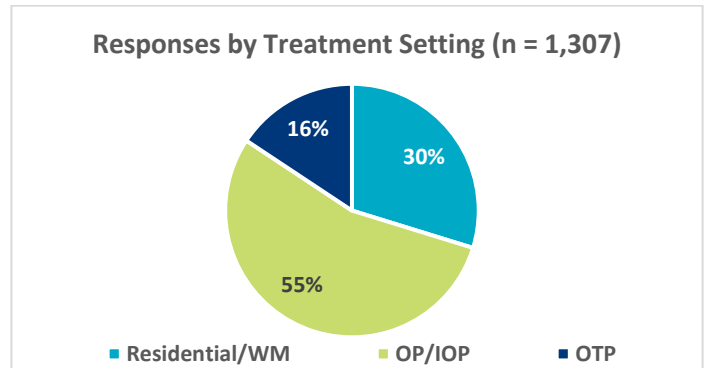


<sup>1</sup> Questions related to the Performance Improvement Projects (PIPs) were also included in the supplemental survey, and the results from these PIP-related items will be included in the Q4 PIP Status Summary updates provided to BHS.



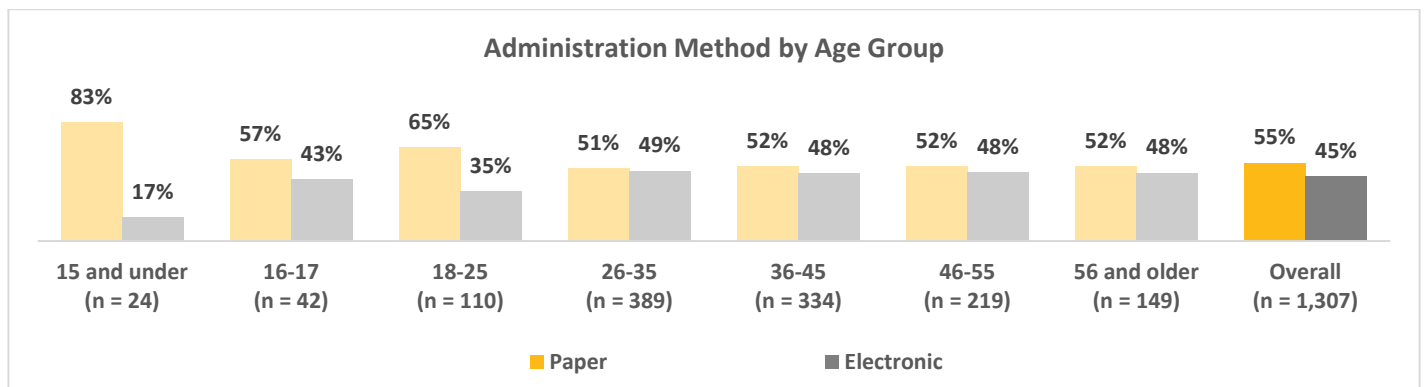
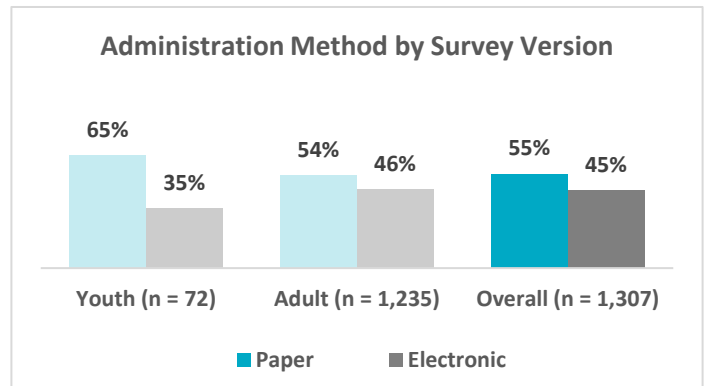
Almost half of respondents (45%) were White, and almost one-quarter (24%) were Latinx. The remaining respondents identified as Black or African American (7%), Multiracial (4%), Asian (2%), American Indian or Alaskan Native (2%), Native Hawaiian or Pacific Islander (1%), or another race (9%). Race/ethnicity information was unknown or missing for 6% of respondents.

More than half of respondents (713 respondents; 55%) were receiving services from outpatient (OP) or intensive outpatient (IOP) SUD treatment providers during the survey administration week, and almost one-third (389 respondents; 30%) were receiving services from residential or withdrawal management (WM) SUD treatment providers. The remaining 205 respondents (16%) were receiving services from opioid treatment providers (OTP).



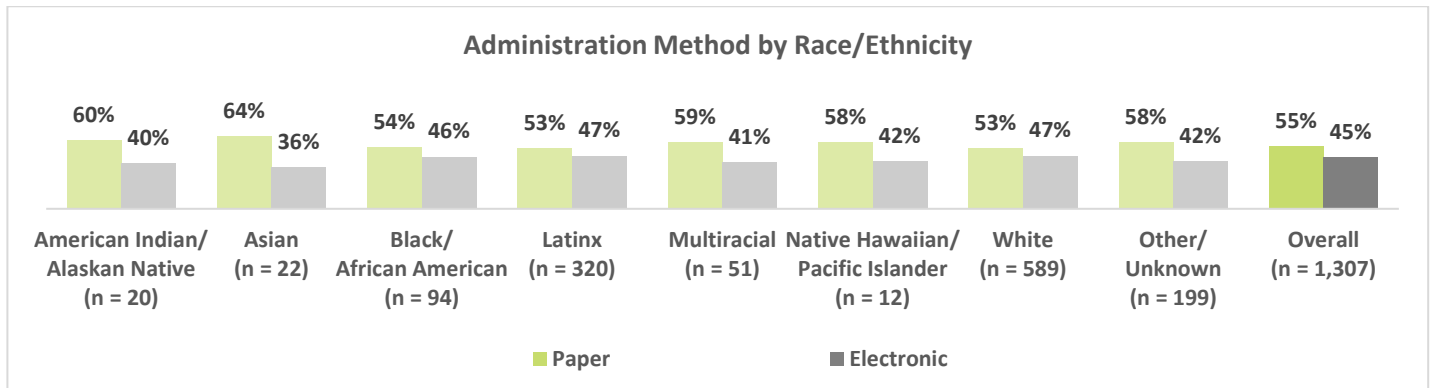
### Survey Administration Method

Of the 1,307 clients who answered at least one of the supplemental survey questions related to the COVID-19 pandemic, 715 (55%) of them responded to the TPS on paper, while the remaining 592 (45%) respondents submitted a survey electronically. When split by age group<sup>2</sup>, a greater proportion of respondents in the younger age groups completed the TPS survey on paper, relative to respondents in the older age groups. In all age groups, a larger proportion of respondents submitted a TPS on paper versus those who submitted a survey electronically.

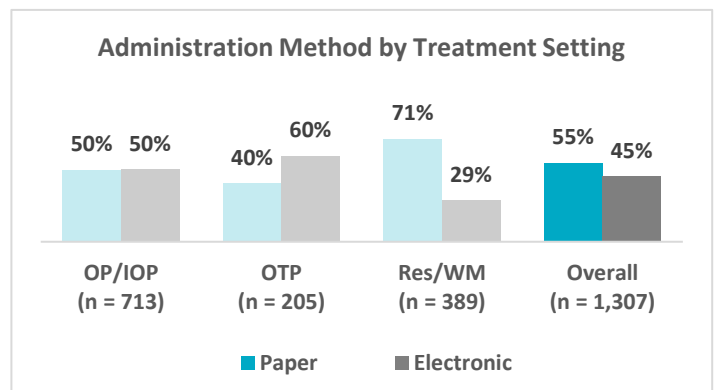


<sup>2</sup> Age information was unavailable for 40 respondents. Responses for these respondents are excluded from reporting of the specific age groups but included in the reporting of the Overall counts in all analyses presented by age group.

Survey administration method was also examined by racial/ethnic groupings. While the proportion of respondents who completed the survey on paper versus electronically were close to an even split across all racial/ethnic groups, a slightly larger proportion of clients in all groups completed the survey on paper compared to electronically.



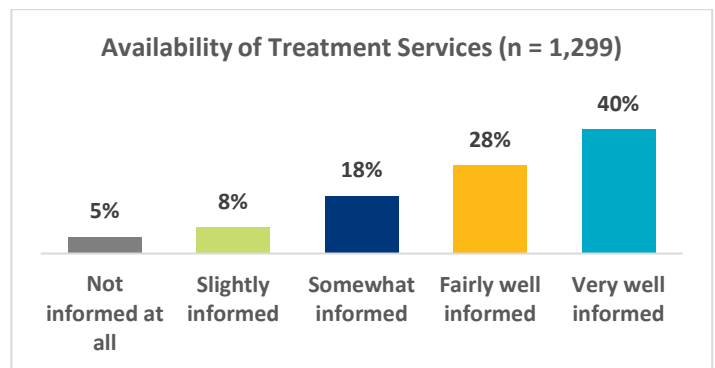
Lastly, survey administration method was examined by treatment setting. A greater proportion of respondents who received Residential or Withdrawal Management services during the survey period (71%) completed the survey on paper compared to those respondents who received services from an outpatient or intensive outpatient treatment provider (50%) or an opioid treatment program (40%). Despite receiving services on-site in a residential-like setting, more than one-quarter (29%) of respondents who received that level of care during the survey week completed the survey electronically.



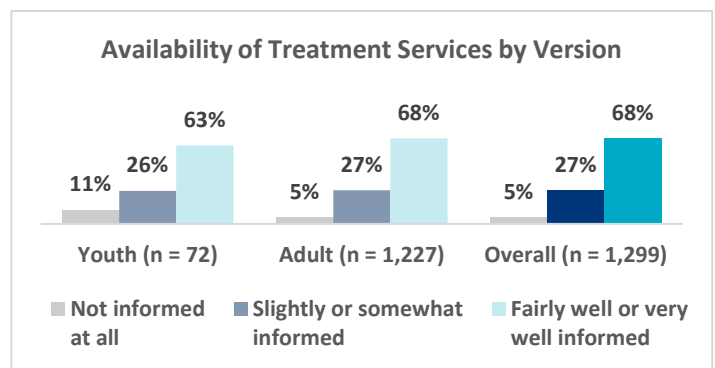
## How were DMC-ODS clients impacted by the COVID-19 pandemic?

### Perceived Availability of SUD Treatment Services

When asked how informed they felt about the availability of substance use treatment services during the COVID-19 pandemic, the majority of respondents (68%) reported being fairly or very well informed. About one-quarter (27%) of respondents reported being slightly or somewhat informed, and the remaining 5% of respondents reported that they were not informed at all about the availability of substance use treatment services during the COVID-19 pandemic.

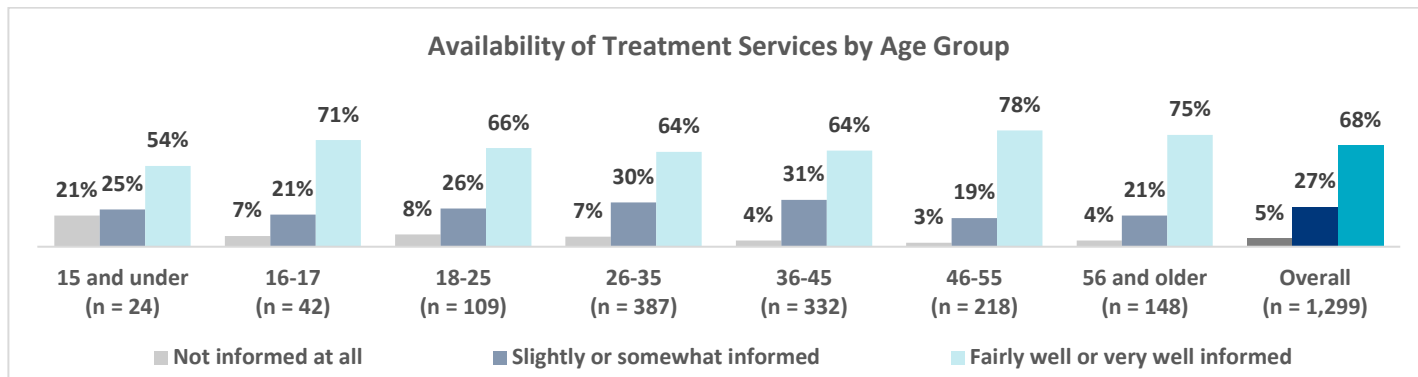


When examined by survey version, a greater proportion of respondents who completed the youth version of the survey (11%) reported feeling not informed at all about the availability of substance use treatment services compared to those who completed the adult version (5%). The proportion of respondents who reported being slightly or somewhat informed was similar across survey version, while a slightly smaller proportion of respondents who completed the youth version (63%) reported feeling fairly well or very well informed compared to those who completed the adult version (68%).



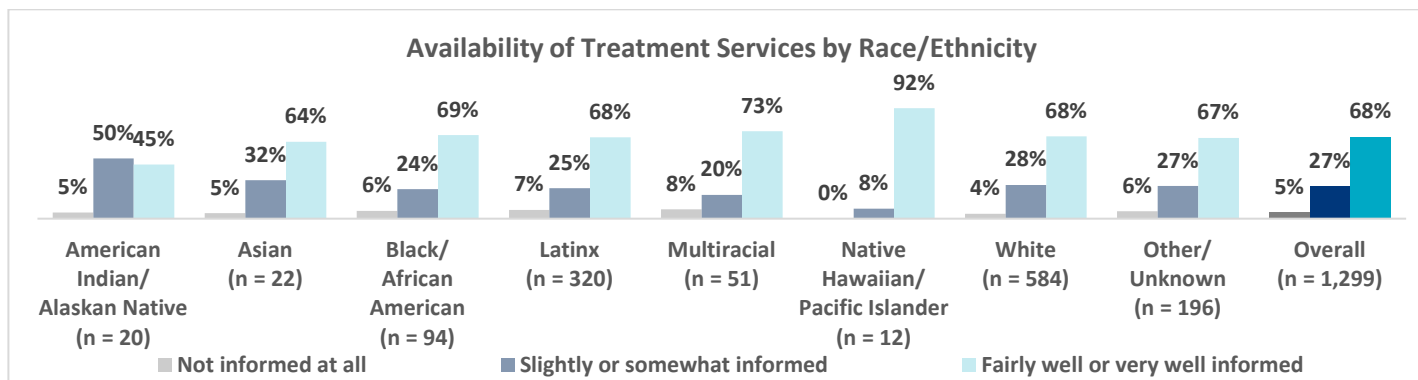
Availability of SUD treatment services during the pandemic was also examined by age group. Almost one-quarter of respondents in the youngest age group (21%) reported feeling not informed at all about the availability of SUD treatment services during the pandemic. This figure should be interpreted with caution, as these respondents were age 15 years or younger and their parents were not surveyed but may have been aware of the availability of SUD treatment services.

Across all age groups, at least half of respondents reported feeling very or fairly well informed about the availability of SUD treatment services during the pandemic. Among clients aged 46 years and older, approximately three-quarters (75% to 78%) of them reported being very or fairly well informed about the availability of SUD treatment services.

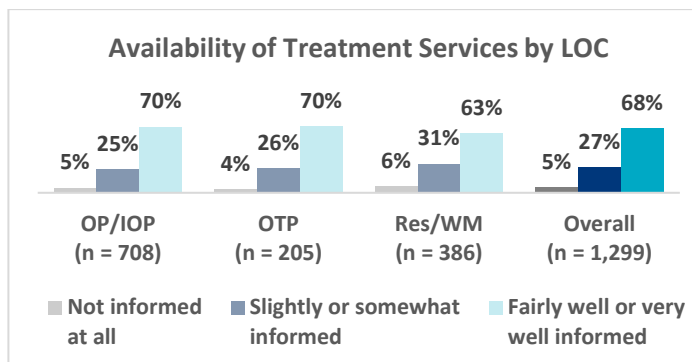


Considering racial/ethnic groups, the only group where the majority of respondents did not report feeling very well or fairly well informed about the availability of SUD treatment services during the pandemic was those who identified as American Indian/Alaskan Native (45%). Half (50%) of the respondents in this racial/ethnic group reported feeling slightly or somewhat informed about the availability of SUD treatment services, which is a greater proportion of respondents compared to the other racial/ethnic groups (8% to 32%). It should be noted that the number of respondents who identified as American Indian/Alaskan Native is small, therefore, these findings should be interpreted with caution.

In most of the other racial/ethnic groups, approximately two-thirds of respondents (64% to 69%) reported feeling very or fairly well informed. Almost three-quarters (73%) of respondents who identified as Multiracial reported feeling very or fairly well informed, as well as all but one respondent who identified as Native Hawaiian/Pacific Islander (92%). However, the number of respondents who identified as Native Hawaiian/Pacific Islander is also small, so this figure should be interpreted with caution as well.

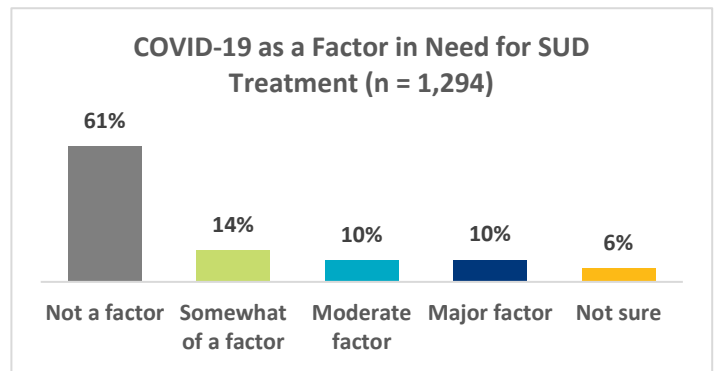


Perceived availability of treatment services was also examined by LOC. A slightly smaller proportion of respondents (63% versus 70%) who received services from a residential or withdrawal management SUD treatment provider at the time of the survey reported feeling fairly or very well informed of the availability of treatment services during the pandemic. Relatedly, a slightly larger proportion of respondents receiving services from these LOCs reported feeling slightly or somewhat informed of the availability of treatment services (31% versus 25-26%).

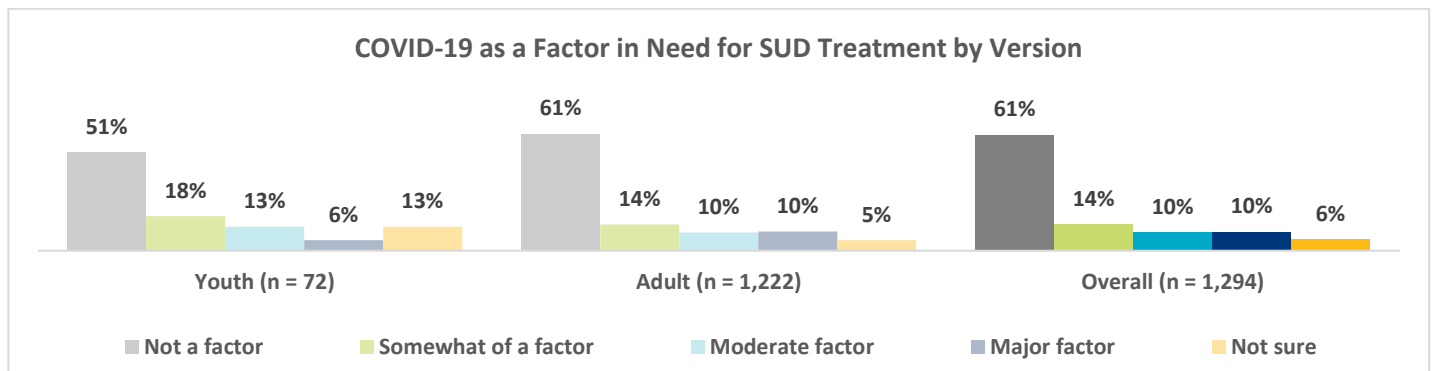


## COVID-19 Pandemic as a Factor in Need for SUD Treatment

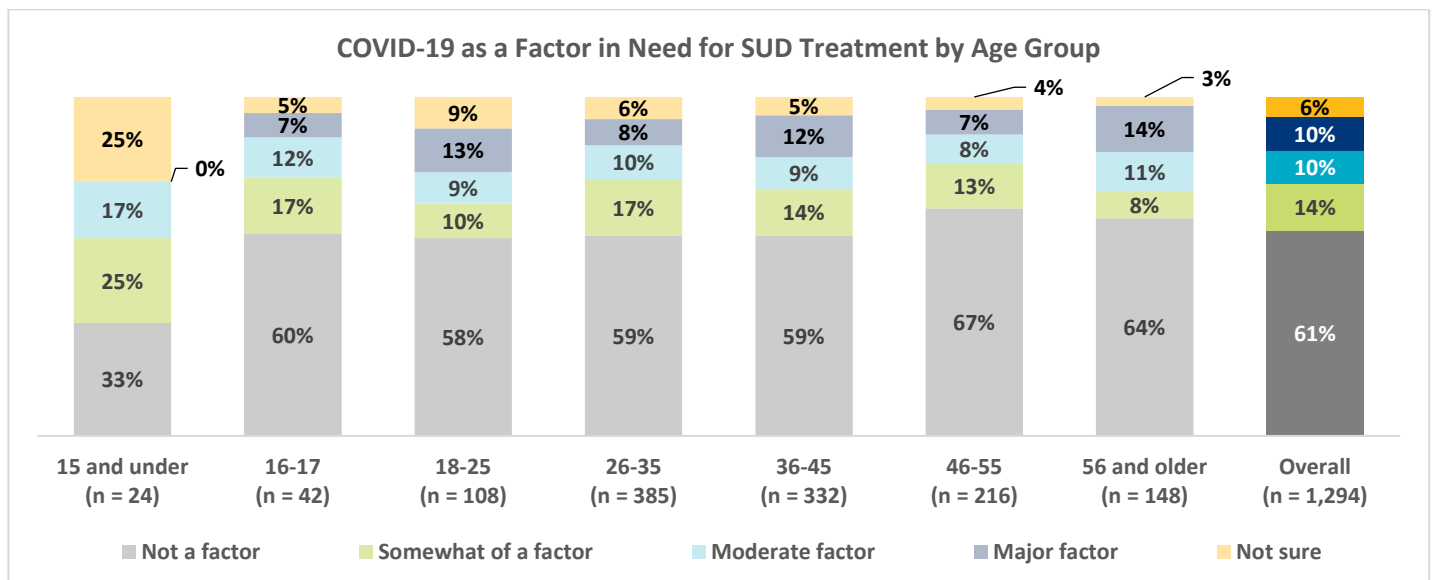
Respondents were asked if they felt the COVID-19 pandemic was a factor in their need for SUD treatment services. Most respondents (61%) reported feeling as though the COVID-19 pandemic was not a factor in their need for SUD treatment services, while about one-third (33%) reported that the pandemic was at least somewhat a factor in their need for SUD treatment. Seventy-six respondents (6%) reported that they were not sure if the COVID-19 pandemic was a factor in their need for SUD treatment.



When examined by survey version, a larger proportion of respondents who completed the adult version (61%) reported that the pandemic was not a factor in their need for SUD treatment services compared to respondents who completed the youth version (51%). A greater proportion of youth respondents (13%) reported feeling unsure if the pandemic was a factor in their need for SUD treatment services, compared to adult respondents (5%).

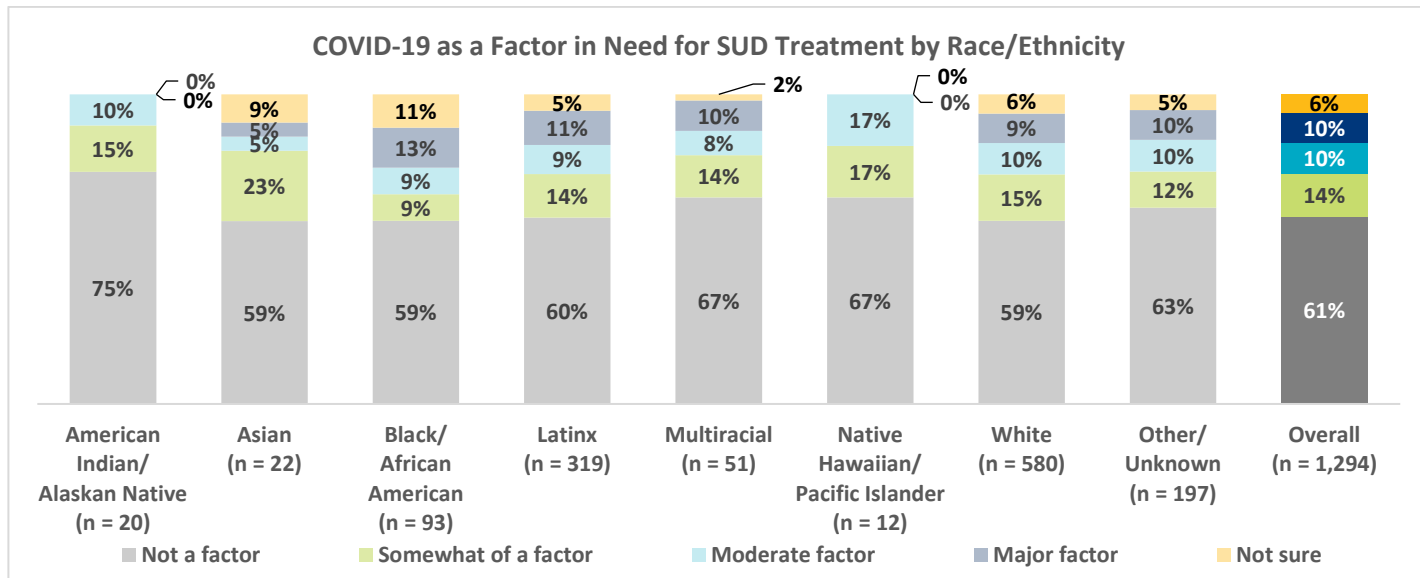


An examination of these responses by age group revealed that the differences observed between survey version seemed to be driven primarily by respondents aged 15 and younger, as only one-third (33%) of them reported feeling as though the COVID-19 pandemic was not a factor in their need for SUD treatment compared to much larger proportions of respondents in the other age groups (58% to 67%). Similarly, a larger proportion of respondents in the youngest age group (25%) reported feeling unsure if the COVID-19 pandemic was a factor in their need for SUD treatment services compared to respondents in the other age groups (3% to 9%).

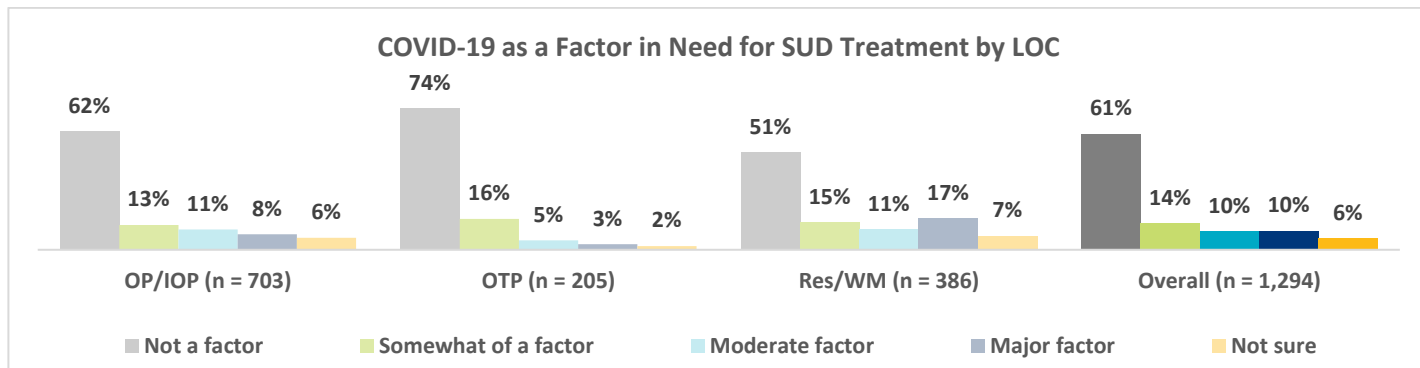


There were very few notable differences from respondents across racial/ethnic groups that the COVID-19 pandemic was a factor in their need for SUD treatment services. No respondents who identified as American Indian/Alaskan Native or

Native Hawaiian/Pacific Islander reported feeling that the pandemic was a major factor in their need for SUD treatment, or reported feeling unsure if the pandemic was a factor in their need for treatment. Three-quarters (75%) of American Indian/Alaskan Native respondents reported that the pandemic was not a factor in their need for SUD treatment services compared to 59% to 67% of respondents of other racial/ethnic groups. It should be noted that the numbers of respondents who identified as American Indian/Alaskan Native or Native Hawaiian/Pacific Islander are small, so these findings should be interpreted with caution.

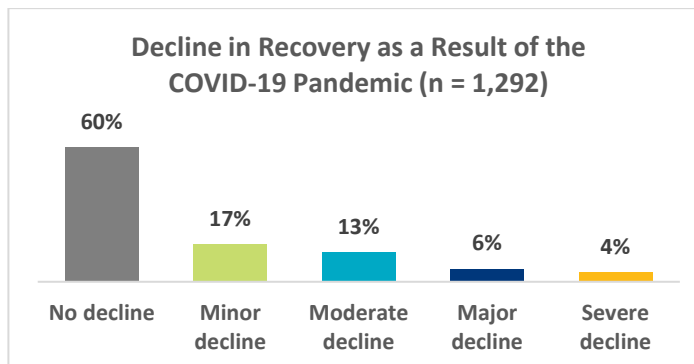


Considering treatment setting, almost three-quarters (74%) of respondents who received SUD treatment services from an opioid treatment provider reported that the pandemic was not a factor in their need for SUD treatment services compared to 62% of respondents from OP/IOP settings, and just over half (51%) of respondents from residential or withdrawal management treatment settings. A greater proportion of respondents who received SUD treatment services from residential or withdrawal management providers (17%) reported that the pandemic was a major factor in their need for SUD treatment compared to 8% of respondents from OP/IOP programs and 3% from OTPs.

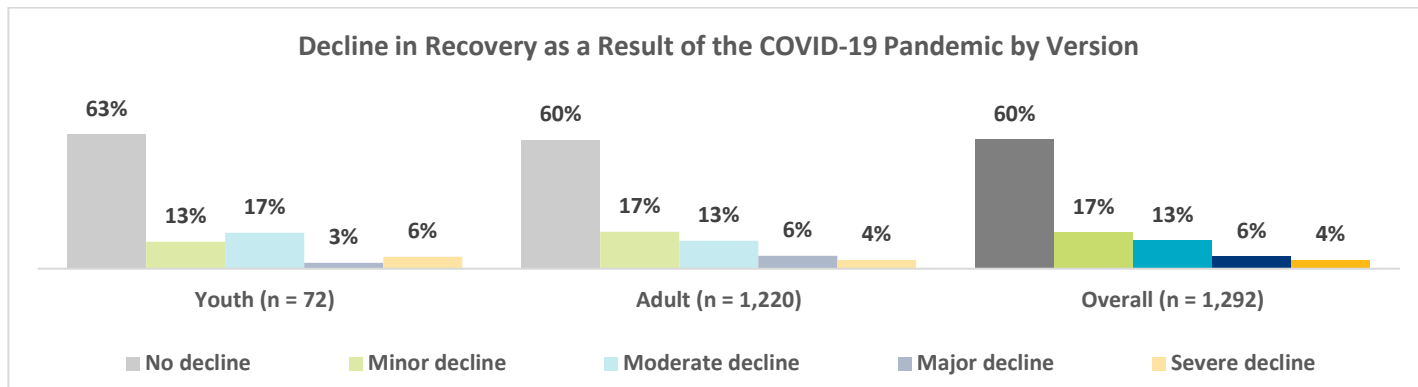


### Decline in Recovery

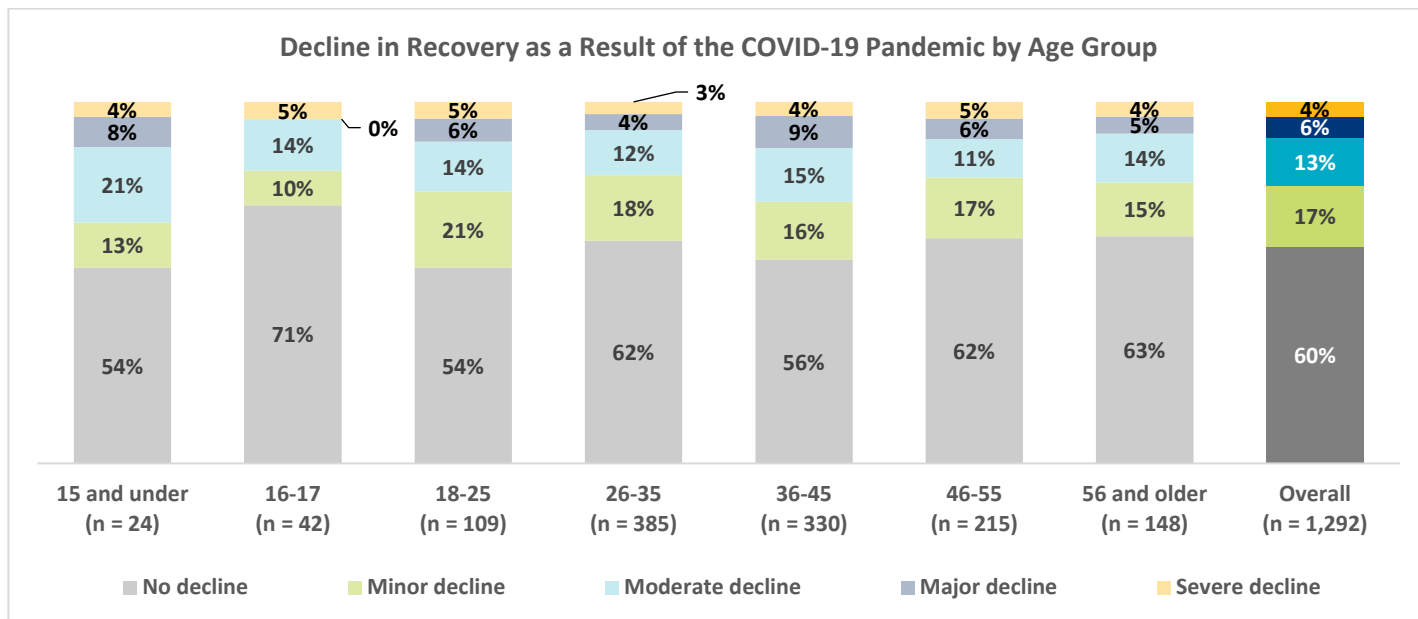
When asked if there was a decline in their recovery as a result of the COVID-19 pandemic, more than half of respondents (60%) reported that there was no decline in their recovery. Almost one-fifth (17%) of respondents felt that there was a minor decline in their recovery as a result of the COVID-19 pandemic, and 13% reported a moderate decline. The remaining respondents felt that there was a major (6%) or severe (4%) decline in their recovery as a result of the pandemic.



The proportion of youth and adult respondents who reported that there was not a decline in their recovery as a result of the COVID-19 pandemic was similar (63% versus 60%). For those who reported some decline in their recovery as a result of the pandemic, almost one-fifth (17%) of adult respondents reported a minor decline compared to 13% of youth, while these proportions were reversed for respondents who reported a moderate decline (adult, 13%; youth, 17%).

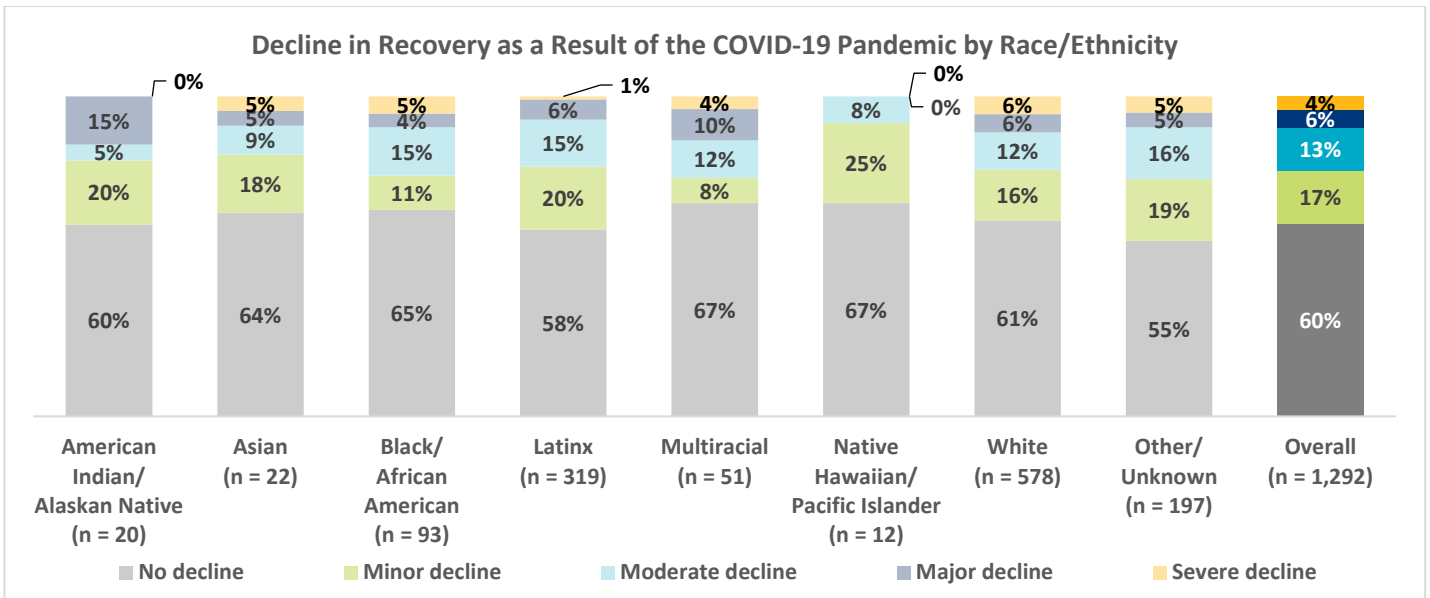


A greater proportion of respondents between the ages of 16 and 17 years (71%) reported that there was not a decline in their recovery as a result of the COVID-19 pandemic compared to respondents in the other age groups (54% to 63%). Considering the respondents who reported a decline in their recovery, those in the youngest two age groups most commonly reported a moderate decline, while respondents in the older age groups most commonly reported a minor decline. The proportion of respondents who reported a severe decline in their recovery as a result of the pandemic was consistent across age groups (3% to 5%).

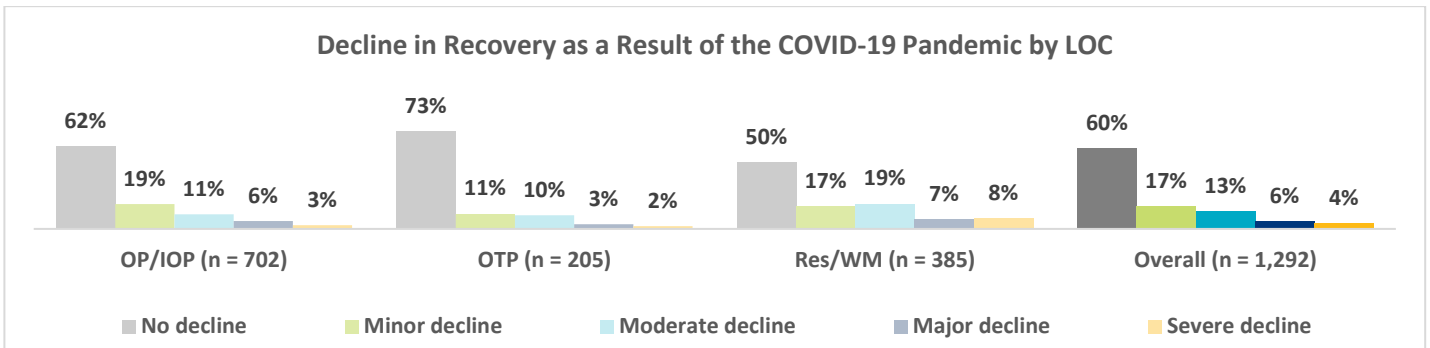


Across all racial and ethnic groups, the majority of respondents reported that there was not a decline in their recovery as a result of the COVID-19 pandemic (55% to 67%). One-quarter of Native Hawaiian/Pacific Islander respondents (25%) reported a minor decline in their recovery, followed by one-fifth each of Latinx (20%) and American Indian/Alaskan Native (20%) respondents. The greatest proportion of respondents who reported a major or severe decline in their recovery as a result of the pandemic were those who identified as American Indian/Alaskan Native (15%) and Multiracial (14%). None of the respondents who identified as Native Hawaiian/Pacific Islander reported a major or severe decline as a result of the pandemic.

It should be noted that some of the sample sizes for the comparison groups in this analysis are small, so differences noted between racial/ethnic groups should be interpreted with caution.

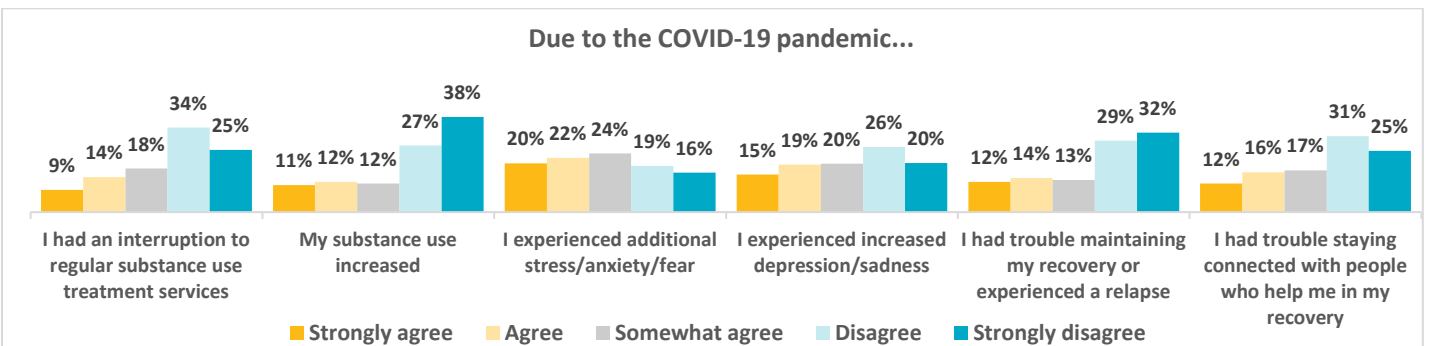


Only half (50%) of respondents who received services from residential or withdrawal management SUD treatment providers reported that there was no decline in their recovery as a result of the COVID-19 pandemic, compared to 62% of respondents from OP/IOP programs and almost three-quarters (73%) of respondents from OTPs. Relatedly, a greater proportion of respondents who received residential or withdrawal management services (15%) reported a major or severe decline in their recovery as a result of the pandemic compared to those from other LOCs (OP/IOP, 9%; OTP, 5%).



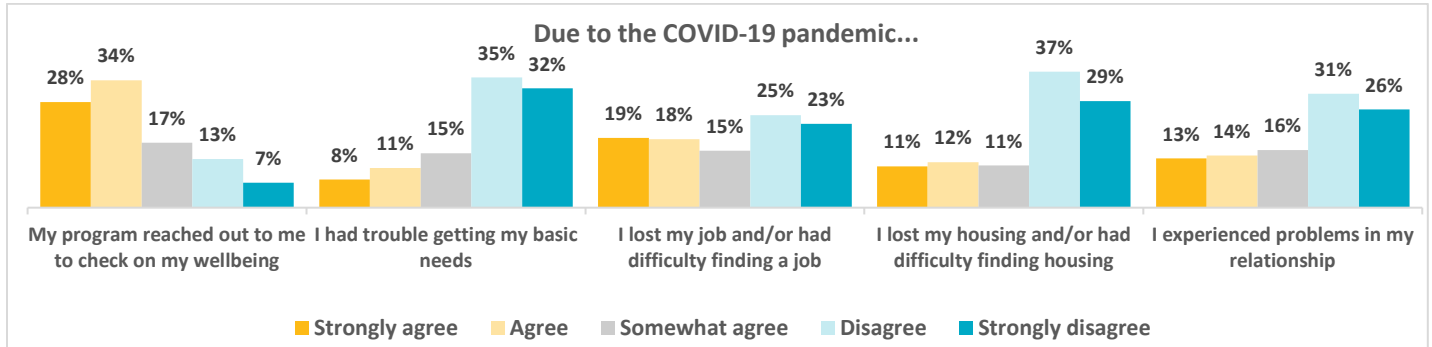
### Effects of the COVID-19 Pandemic on Behavioral Health and Daily Living

Respondents were asked to what degree they agreed with a series of statements about the impact of COVID-19 on their behavioral health. A majority of respondents (65%) agreed at least somewhat that they experienced additional stress, anxiety, or fear due to the COVID-19 pandemic, and 54% agreed at least somewhat that they experienced increased depression or sadness. Almost half of respondents agreed at least somewhat that due to the pandemic they had trouble staying connected with people who help them in their recovery (45%) and had an interruption to regular substance use treatment services (41%). Lastly, more than one-third of respondents agreed at least somewhat that due to the pandemic they had trouble maintaining their recovery or experienced a relapse (39%), and that their substance use increased (35%).





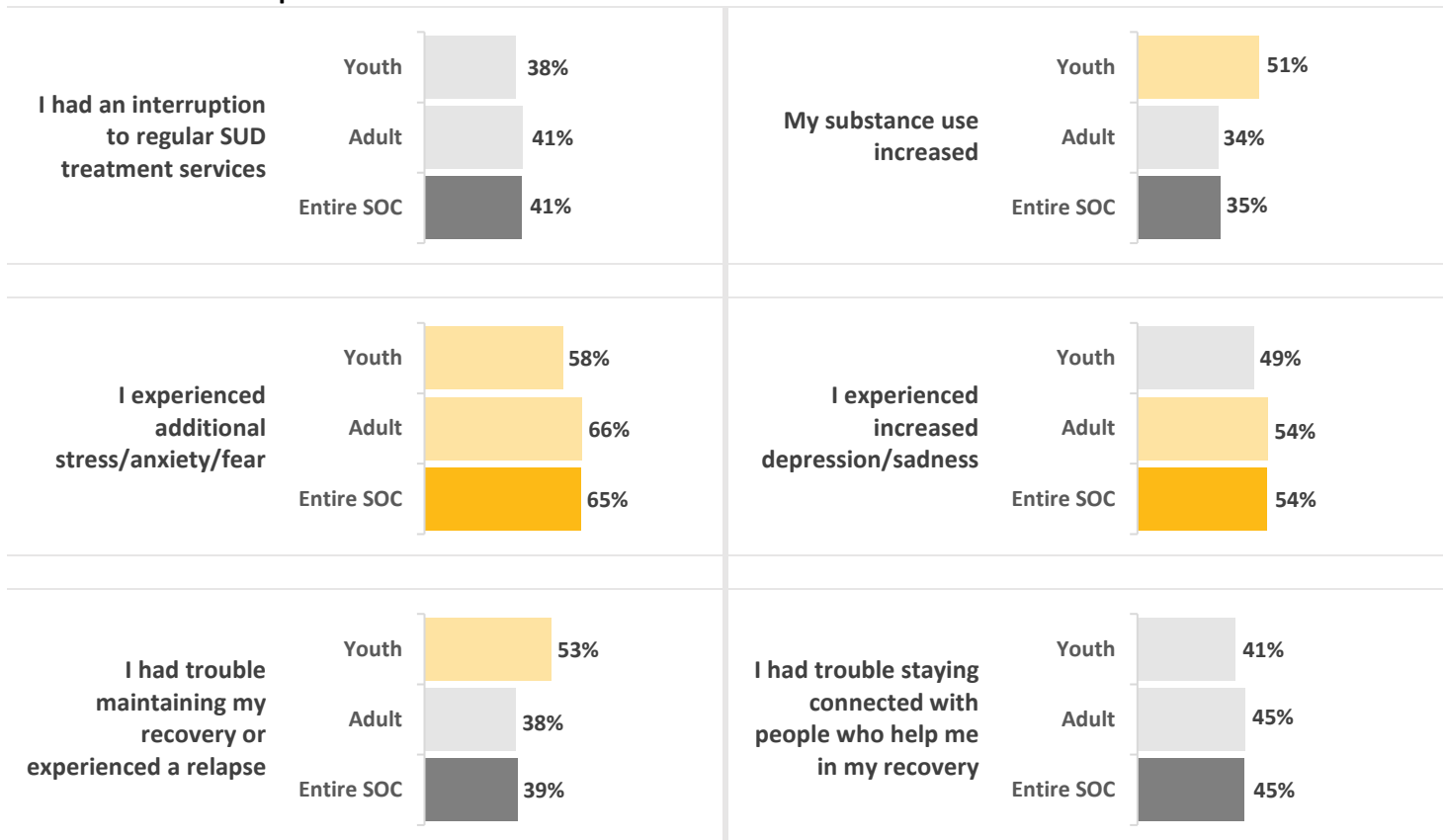
Respondents were also asked to what degree they agree with a series of statements about the impact of COVID-19 on specific aspects of their daily living. Most respondents (80%) at least somewhat agreed that their program reached out to them to check on their wellbeing due to the pandemic, with more than one-quarter of them (28%) in strong agreement. Close to half of respondents agreed at least somewhat that due to the pandemic they lost their job and/or had difficulty finding a job (53%), or experienced problems in their relationship (43%). Roughly one-third of respondents agreed at least somewhat that due to the pandemic they lost their housing and/or had difficulty finding housing (35%), or had trouble getting their basic needs (33%).



### Effects of the Pandemic on Behavioral Health and Daily Living by Survey Version

The effects of the COVID-19 pandemic on respondents' behavioral health and aspects of their daily living were examined by survey version. The proportion of respondents that somewhat agreed, agreed, or strongly agreed with each statement is displayed in the charts below and on the next page. Statements that a majority of respondents somewhat agreed, agreed, or strongly agreed with are highlighted in orange.

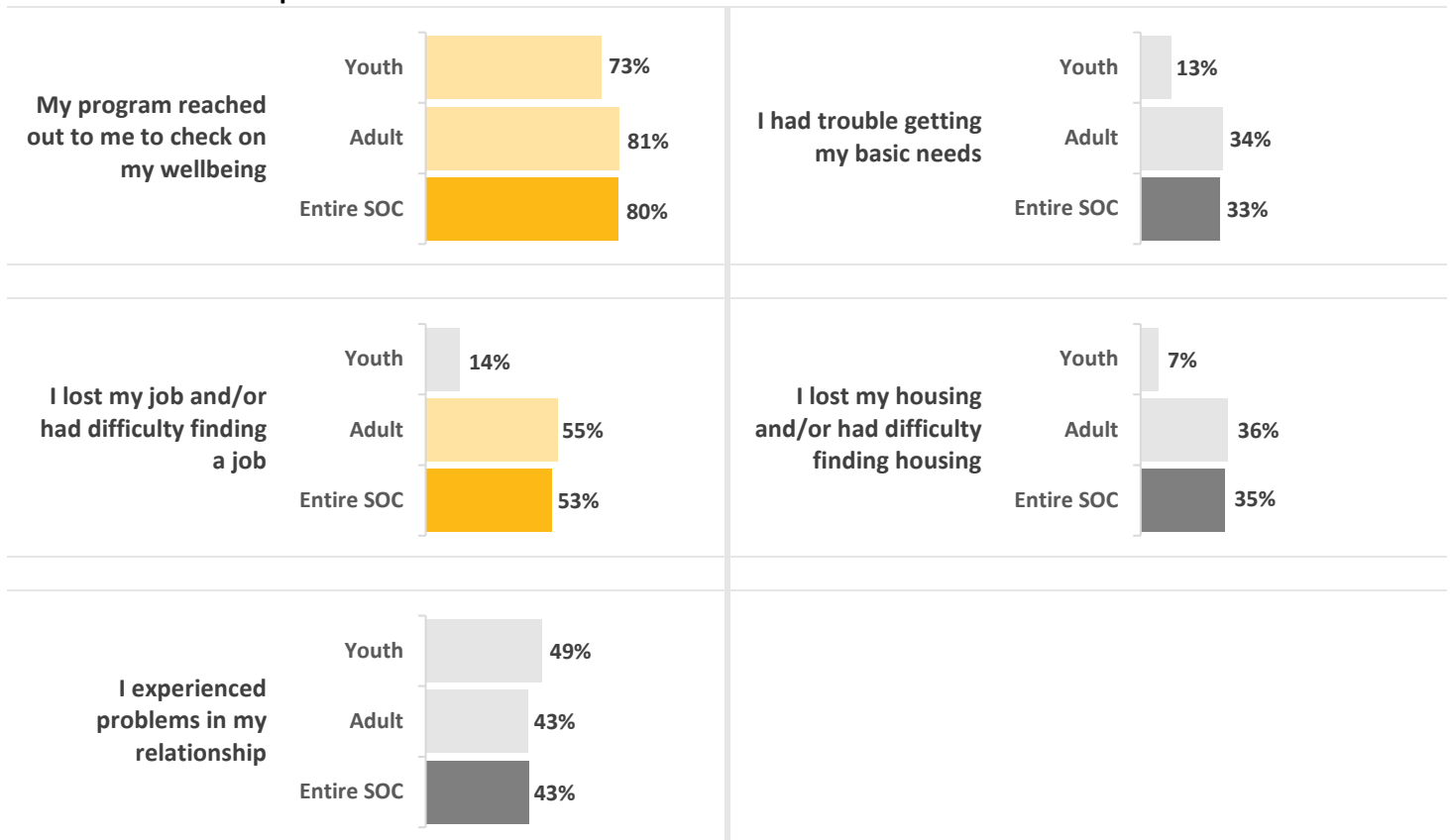
#### Due to the COVID-19 pandemic...



Differences between survey version regarding the effects of the COVID-19 pandemic on respondents' interruption to regular SUD treatment services, connection to people who help them in their recovery, and experiences of increased depression/sadness were minimal. Less than half of youth and adult respondents reported that they had an interruption to regular SUD treatment services (youth, 38%; adults, 41%) or had trouble staying connected with people who help them in their recovery (youth, 41%; adults 45%). Almost half (49%) of youth respondents and just over half (54%) of adult respondents at least somewhat agreed that they experienced increased depression or sadness due to the pandemic. Compared to adult respondents (34%), a greater proportion of youth respondents (51%) reported that their substance use increased due to the pandemic. A greater proportion of youth respondents (53%) also reported that they had trouble maintaining their recovery or experienced a relapse relative to adult respondents (38%). More than half of youth respondents (58%) and slightly more adult respondents (66%) agreed at least somewhat that they experienced additional stress, anxiety, or fear as a result of the pandemic.

In terms of daily living, most youth (73%) and almost all adult respondents (81%) agreed at least to some degree that their program reached out to them to check on their wellbeing due to the pandemic. More than half (55%) of adult respondents reported that they lost their job and/or had difficulty finding a job, compared to only 14% of youth respondents. Similar trends indicating greater agreement among adult respondents compared to youth respondents were also noted for trouble obtaining basic needs (adult, 34%; youth 13%), and loss of housing or difficulty finding housing (adult, 36%; youth 7%). These trends should be interpreted with caution, as there is a likelihood that many youth respondents were dependent on a parent or guardian prior to the pandemic and may not have been employed or been looking for employment prior to the pandemic. These youth may also not have been responsible for obtaining their own basic needs or securing their housing at the time of the pandemic. Similar proportions of youth (49%) and adult (43%) respondents agreed at least to some degree that they experienced problems in their relationship due to the pandemic.

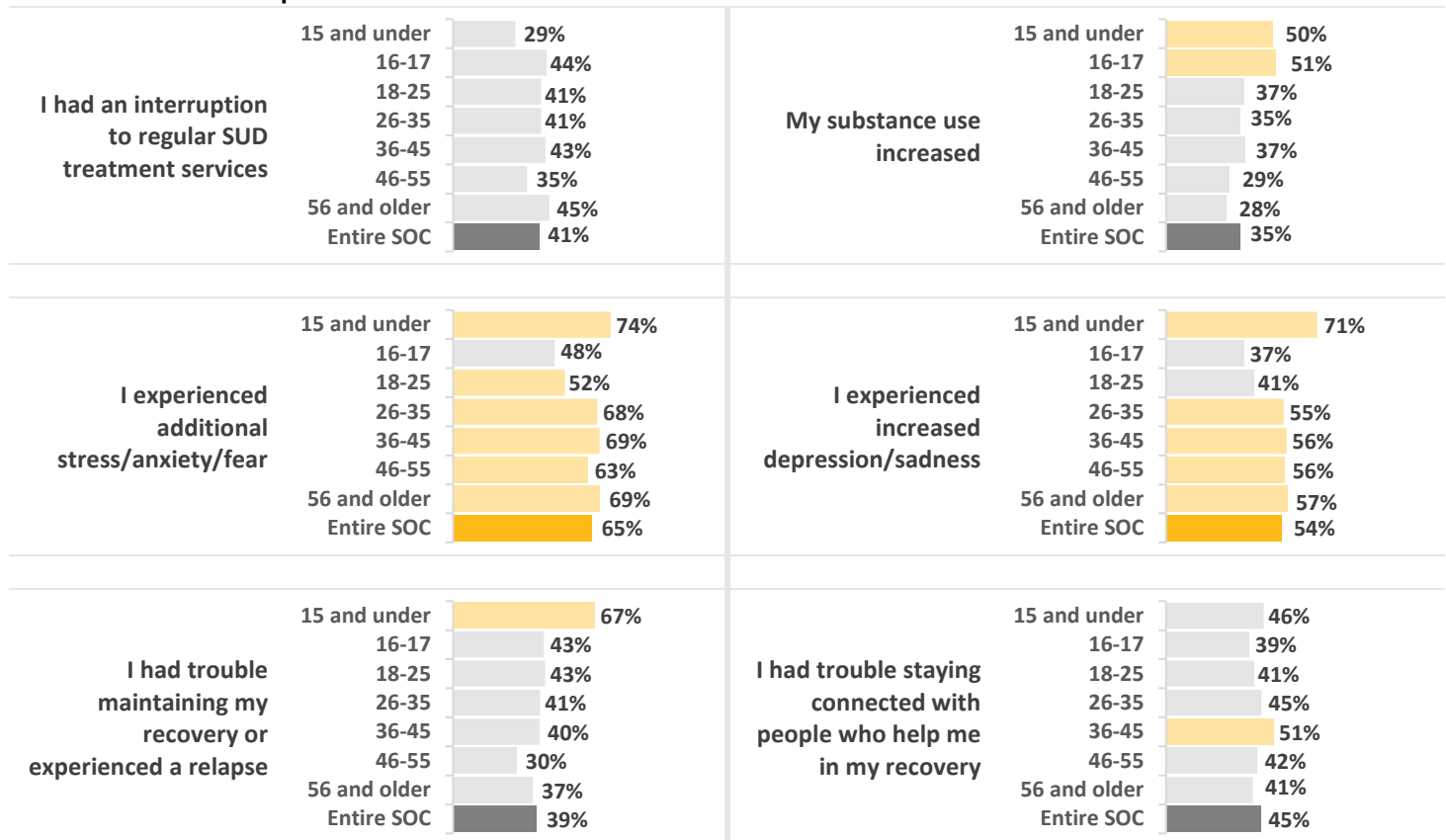
**Due to the COVID-19 pandemic...**



## Effects of the Pandemic on Behavioral Health and Daily Living by Age Group

Agreement with these statements was further examined by specific age groups. Again, the proportion of respondents that somewhat agreed, agreed, or strongly agreed with each statement is displayed in the charts below and on the next page. Statements that a majority of respondents somewhat agreed, agreed, or strongly agreed with are highlighted in orange.

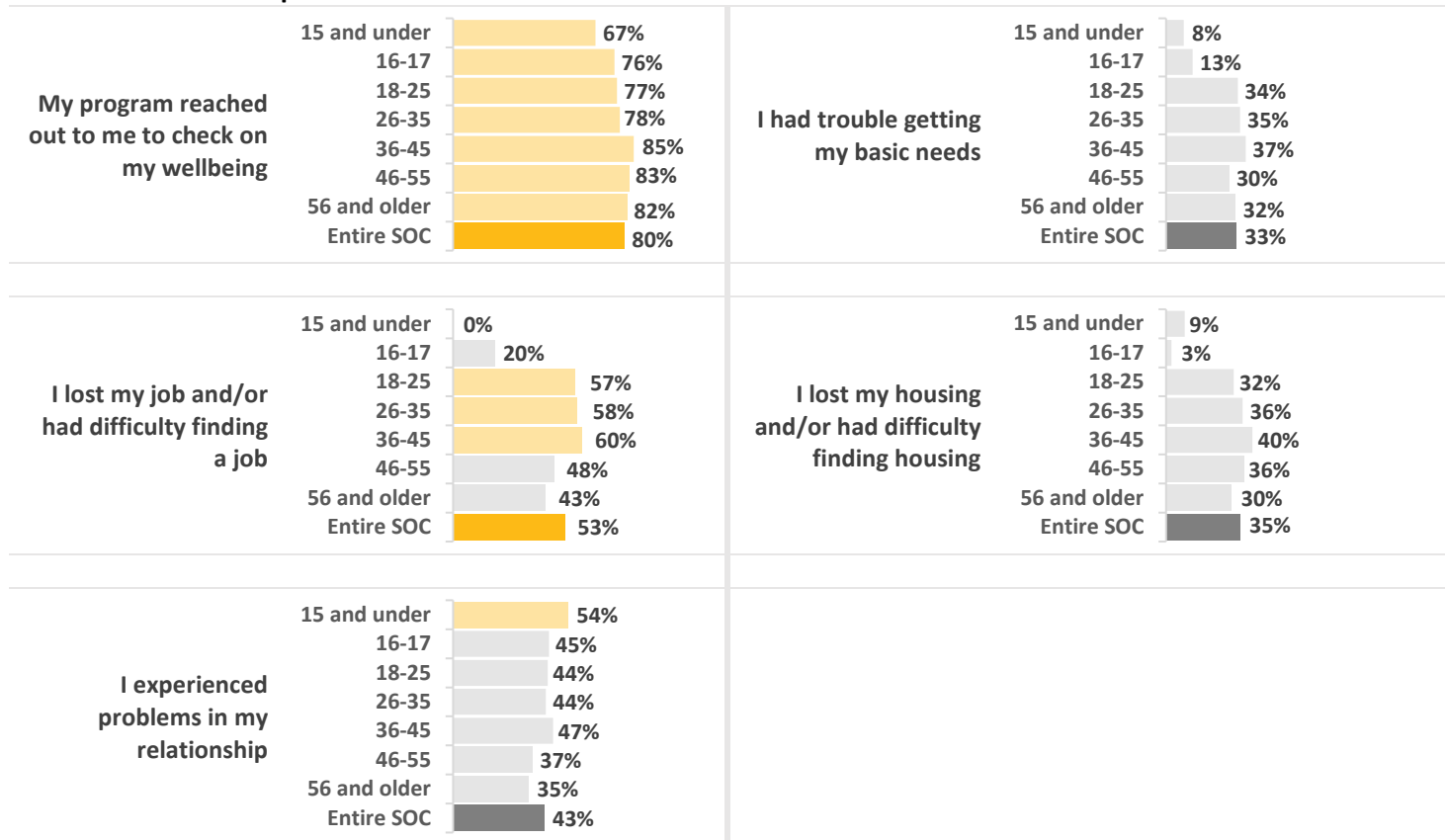
### Due to the COVID-19 pandemic...



A greater proportion of respondents aged 15 and younger agreed at least to some degree that they experienced additional stress, anxiety, or fear (74%), increased depression or sadness (71%), or had trouble maintaining their recovery or experienced a relapse (67%), relative to older respondents, due to the pandemic. However, these findings should be interpreted with caution, as the number of respondents (between 23 to 24 respondents) in the 15 years of age and younger age group is smaller than the other age groups (between 40 and 381 respondents). At least half of respondents in all age groups, with the exception of those between the ages of 16 and 17 years, agreed at least somewhat that they experienced additional stress, anxiety, or fear due to the COVID-19 pandemic, although almost half (48%) of respondents in the 16 to 17 years of age group agreed at least to some degree with the statement. Smaller proportions of respondents in the 16 to 17 years and 18 to 25 years of age groups reported experiencing additional stress, anxiety and fear, or increased depression or sadness, relative to respondents in the other age groups. A greater proportion of respondents in the two youngest age groups (50% to 51%) reported that their substance use increased due to the pandemic, at least somewhat, compared to respondents in the older age groups (28% to 37%).

A majority of respondents in all age groups at least somewhat agreed that their program reached out to them to check on their wellbeing due to the pandemic (67% to 85%). As expected, smaller proportions of respondents in the two youngest age groups reported that they lost their housing or had difficulty finding housing (3% to 9%), lost their job or had difficulty finding a job (0% to 20%), or had trouble getting their basic needs (8% to 13%) due to the pandemic, compared to adult respondents. Greater proportions of respondents in the 18 to 25 years (57%), 26 to 35 years (58%), and 36 to 45 years (60%) age groups agreed at least to some degree that they lost their job or had difficulty finding a job compared to respondents younger than 18 or older than 45 years of age (0% to 48%).

## Due to the COVID-19 pandemic...



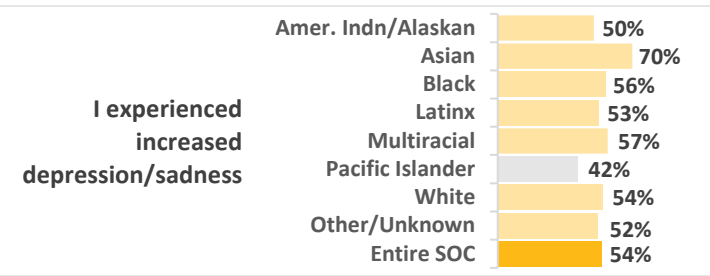
## Effects of the Pandemic on Behavioral Health and Daily Living by Race/Ethnicity

Effects of the pandemic on aspects of respondents' behavioral health and daily living was also examined by race and ethnicity. The proportion of respondents that somewhat agreed, agreed, or strongly agreed with each statement is displayed in the charts on the next page. Statements that a majority of respondents somewhat agreed, agreed, or strongly agreed with are highlighted in orange.

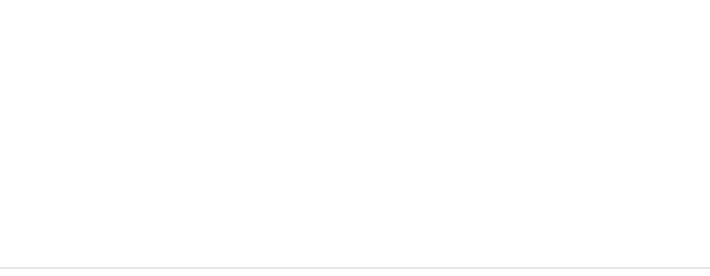
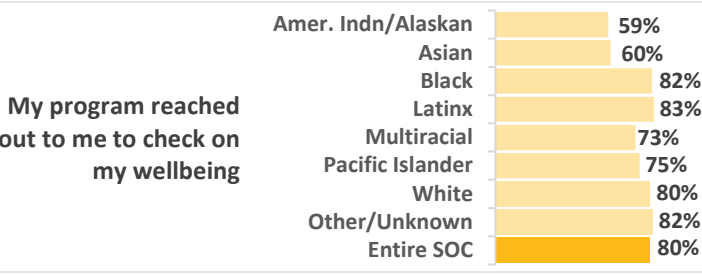
More than half of respondents across all racial and ethnic groups agreed at least somewhat that they experienced additional stress, anxiety, or fear as a result of the pandemic, and at least half of respondents in almost all racial and ethnic groups (Native Hawaiian/Pacific Islander, 42%) agreed at least somewhat that they experienced increased depression or sadness due to the pandemic. A smaller proportion of respondents who identified as Native Hawaiian/Pacific Islander agreed at least somewhat that they 1) had an interruption to regular SUD treatment services due to the pandemic (25%), and 2) had trouble maintaining their recovery or experienced a relapse (17%) relative to respondents in the other racial or ethnic groups (35% to 53%, and 28% to 45%, respectively). However, the number of respondents who identified as Native Hawaiian or Pacific Islander is small (n=12) relative to many of the other racial and ethnic groups, so these trends should be interpreted with caution.

More than half of respondents across all racial and ethnic groups agreed at least to some degree that their program reached out to check on them due to the pandemic, although smaller proportions of respondents who identified as American Indian or Alaskan Native (59%) or Asian (60%) agreed with the statement, relative to respondents in the other racial and ethnic groups (73% to 83%). Although the number of respondents who identified as Native Hawaiian or Pacific Islander is small (n=11) so trends should be interpreted with caution, a larger proportion of them (55%) agreed at least somewhat that they lost their housing or had difficulty finding housing due to the pandemic, compared to respondents in other racial or ethnic groups (26% to 40%). Close to two-thirds of Asian (67%) and Black or African American respondents (64%) agreed at least to some degree that they lost their job or had trouble finding a job due to the pandemic, while smaller proportions of respondents in the other racial or ethnic groups agreed with the same statement (42% to 54%).

**Due to the COVID-19 pandemic...**



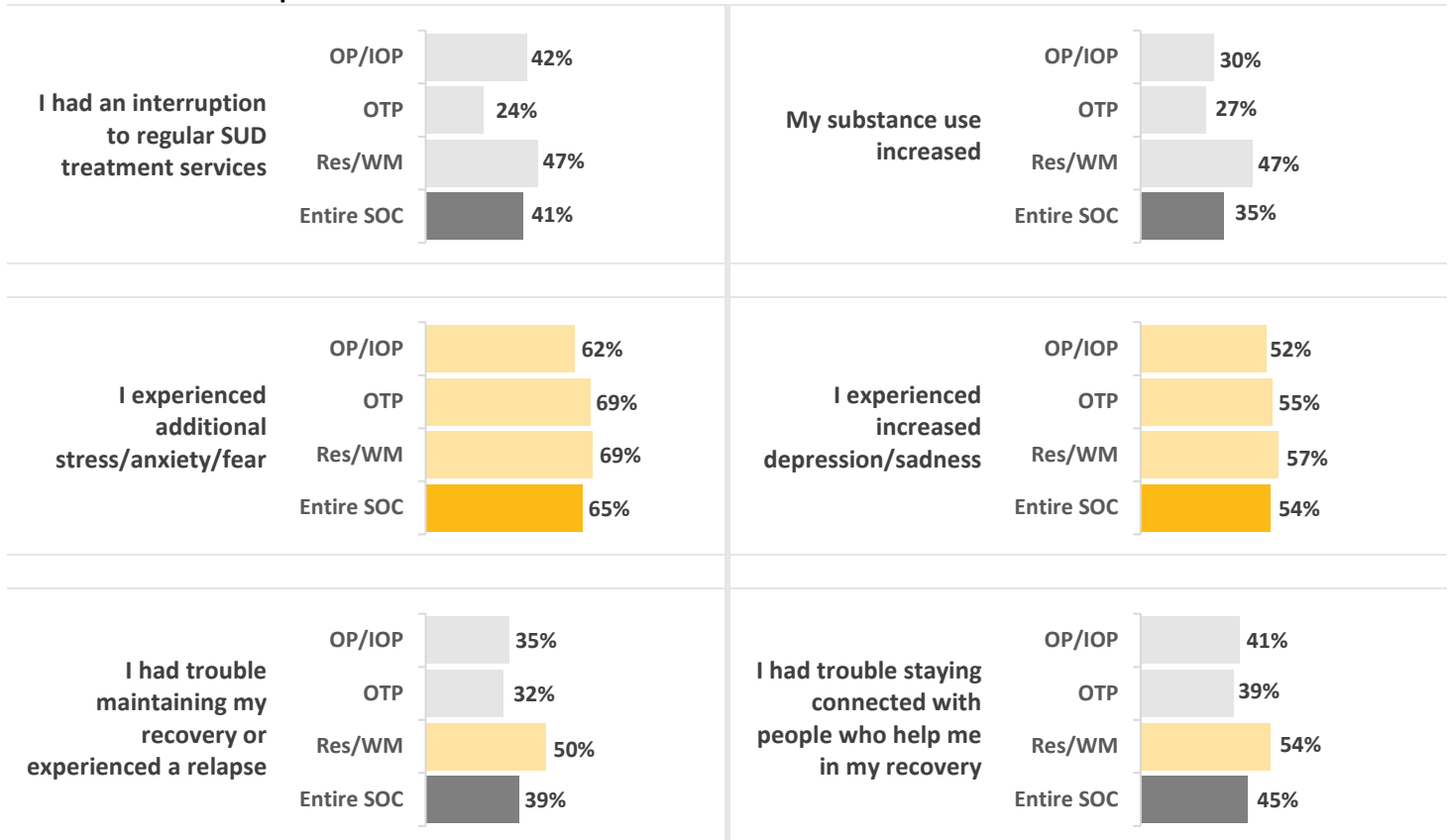
**Due to the COVID-19 pandemic...**



## Effects of the Pandemic on Behavioral Health and Daily Living by Treatment Setting

Lastly, effects of the pandemic on behavioral health and daily living were examined by treatment setting, or LOC. The proportion of respondents that somewhat agreed, agreed, or strongly agreed with each statement is displayed in the charts below and on the next page. Statements that a majority of respondents somewhat agreed, agreed, or strongly agreed with are highlighted in orange.

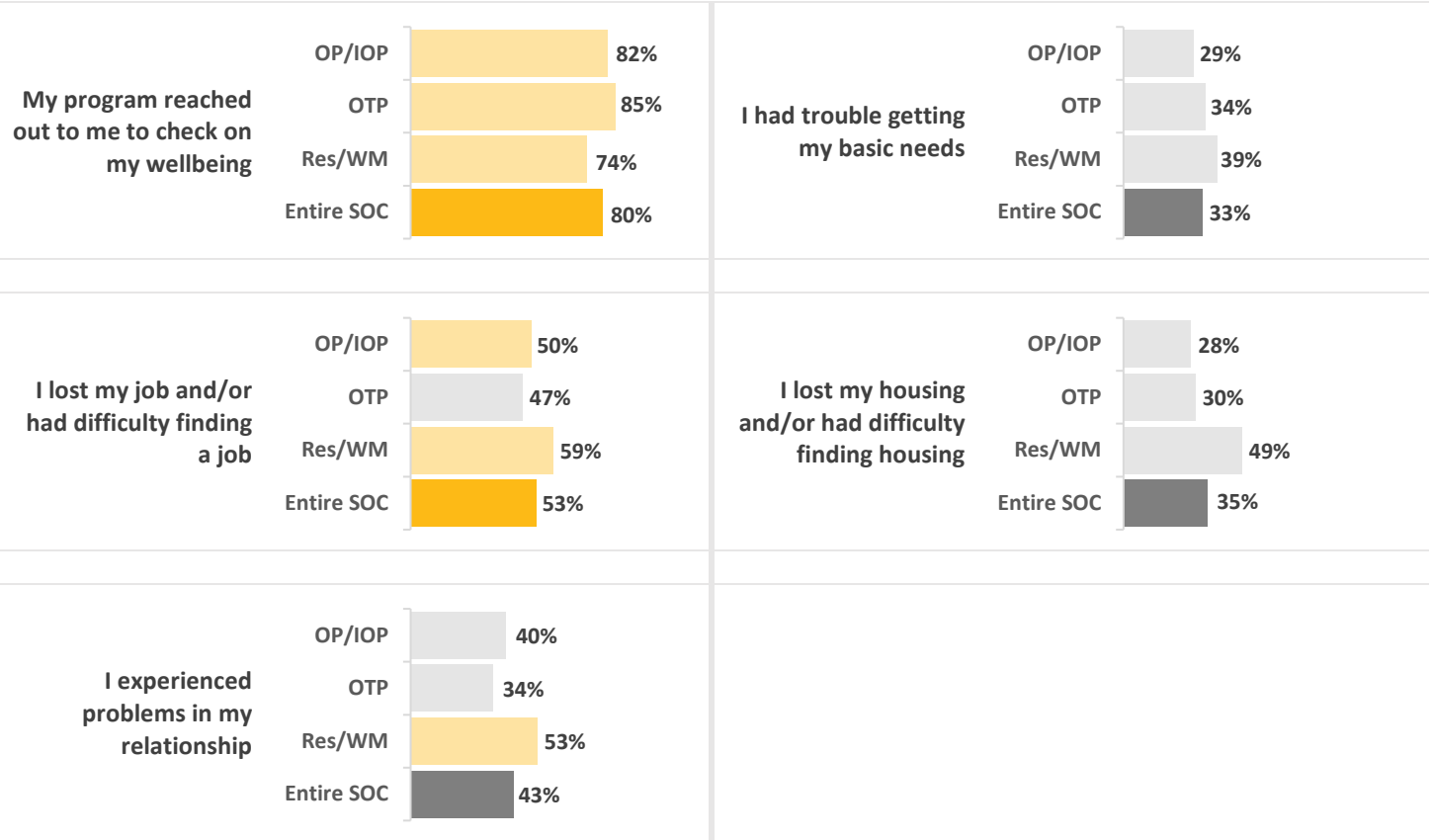
### Due to the COVID-19 pandemic...



A majority of respondents across all levels of care agreed at least to some degree that they experienced 1) additional stress, anxiety, or fear, and 2) increased depression or sadness as a result of the pandemic. These proportions did not differ notably between treatment settings (additional stress/anxiety/fear, 62% to 69%; increased depression/sadness, 52% to 57%). About half of respondents who received residential or withdrawal management services agreed at least somewhat that they had trouble maintaining their recovery or experienced a relapse (50%) and had trouble staying connected with people who help them in their recovery (54%), whereas roughly one-third of respondents from opioid treatment providers (32%) and outpatient or intensive outpatient programs (35%) reportedly experienced a relapse and about two-fifths (OTP, 39%; OP/IOP, 41%) reported trouble staying connected with people who help them in their recovery due to the pandemic. A greater proportion of respondents from residential or withdrawal management treatment settings (47%) also agreed at least somewhat that their substance use increased due to the pandemic compared to those from outpatient or intensive outpatient treatment programs (30%) or opioid treatment providers (27%). A smaller proportion of respondents from opioid treatment providers reported experiencing an interruption to their regular SUD treatment services (24%) compared to those from outpatient or intensive outpatient programs (42%) and residential or withdrawal management programs (47%).

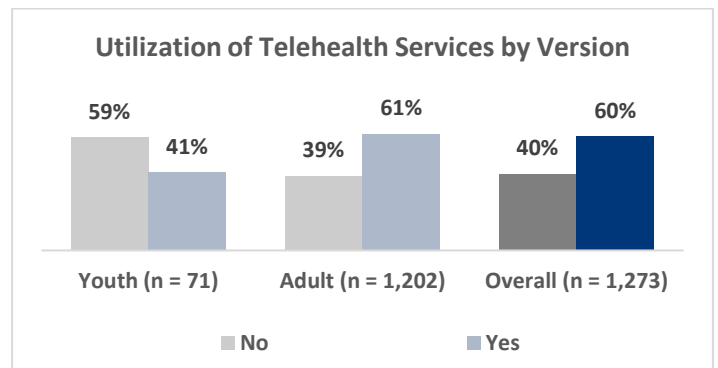
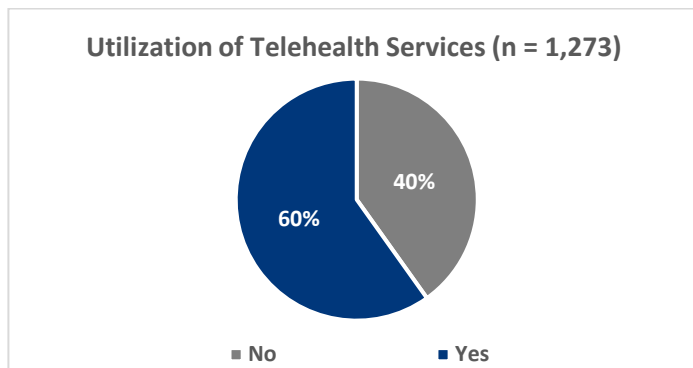
As expected, a majority of respondents from each treatment setting agreed at least to some degree that their program reached out to them to check on their wellbeing (74% to 85%). Greater proportions of respondents receiving services from residential or withdrawal management programs agreed at least to some degree that they lost their job or had difficulty finding a job (59%), lost their housing or had difficulty finding housing (49%), and experienced problems in their relationship (53%) due to the pandemic, relative to those who received services from other levels of care.

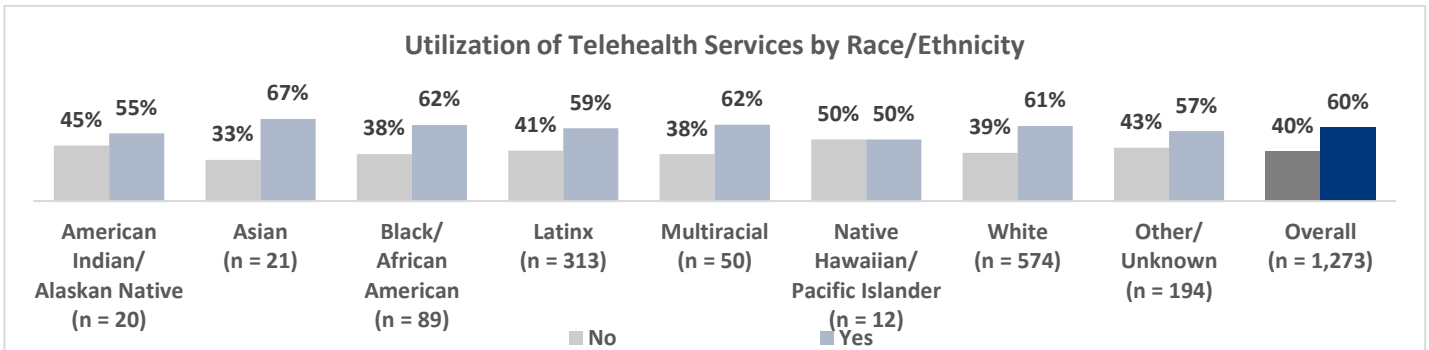
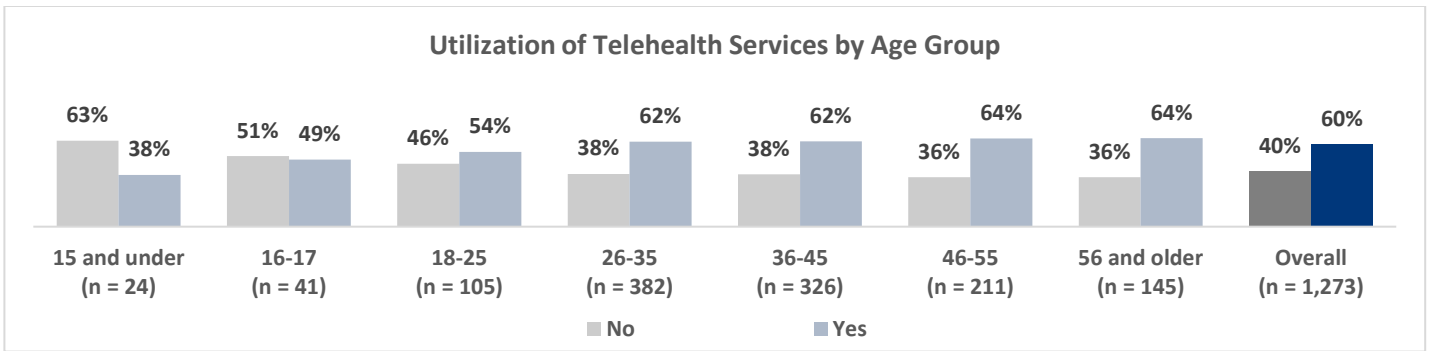
**Due to the COVID-19 pandemic...**



**Utilization of Telehealth Treatment Services**

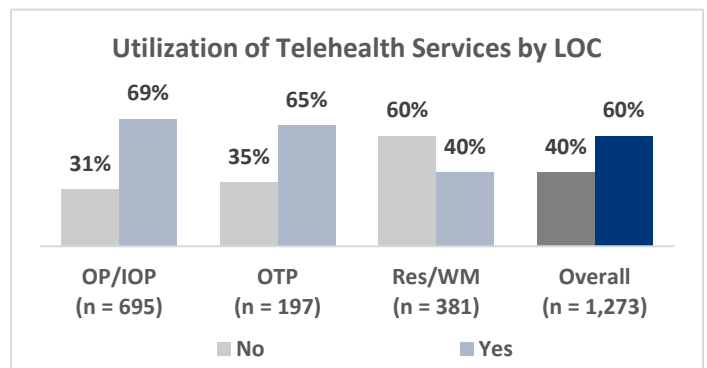
Respondents were also asked if they used telehealth services, defined as SUD treatment provided either online or via phone, during their treatment. More than half (60%) of respondents indicated that they had received SUD treatment services via telehealth. When considering survey version separately, a greater proportion of adults (61%) reported receiving telehealth services compared to youth (41%). Relatedly, when examined by age group, a greater proportion of respondents in the older age groups (62% to 64%) reported utilizing telehealth services compared to respondents in the younger age groups (38% to 54%).





Across most racial/ethnic groups, a majority of respondents reported utilizing telehealth services from their treatment provider during the COVID-19 pandemic. Only half (50%) of respondents who identified as Native Hawaiian or Pacific Islander reported utilizing telehealth services from their treatment provider, but this figure should be interpreted with caution as the sample size for this racial/ethnic group is small.

As expected, a smaller proportion of respondents who received services from residential or withdrawal management LOCs (40%) reported utilizing telehealth services from their SUD treatment provider during the COVID-19 pandemic compared to respondents from other LOCs (OTP, 65%; and OP/IOP, 69%).



## Conclusion

These results from the TPS Supplemental survey indicate that the COVID-19 pandemic was disruptive to many DMC-ODS clients accessing SUD treatment services, as several respondents agreed at least somewhat that they lost their job or had difficulty finding a job (53%), experienced problems in their relationship (43%), lost their housing or had difficulty finding housing (35%), and had trouble getting their basic needs (33%) due to the pandemic. Instability in terms of being unable to maintain employment, disruptions to interpersonal relationships, and difficulty accessing housing or basic needs is a factor that can ultimately contribute to the worsening of a SUD. Furthermore, a majority of clients surveyed reported experiencing 1) additional stress, anxiety, or fear (65%), and 2) increased depression or sadness (54%) as a result of the pandemic; both of which are also factors that can exacerbate a SUD or trigger a relapse. In fact, more than one-third of clients surveyed agreed at least somewhat that their substance use increased as a result of the pandemic (35%) and that they had trouble maintaining their recovery or experienced a relapse (39%). Considering these findings and the roughly one-third (33%) of respondents who reported that the pandemic was at least somewhat of a factor in their need for SUD treatment, as well as the two-fifths (40%) of respondents who reported that there was at least a minor decline in their recovery as a result of the pandemic, it is recommended that SDCBHS prepare for a likely influx of admissions into the DMC-ODS in the near future, as those with a SUD who experienced a decline in their behavioral health and/or daily living during the pandemic seek treatment.



## Key Findings

### Survey Participation

- A total of **1,307 clients** who received services from DMC-ODS providers during the week of November 9-13, 2020 responded to at least one question on the TPS 2020 Supplemental COVID-19 Impact survey.
- Most respondents (57%) were between the ages of **26 and 45 years of age**.
- A majority of respondents were **male** (60%).
- The racial/ethnic groups that respondents most often identified with were **White** (45%) and **Latinx** (24%).
- **More than half** of respondents (55%) were served by **OP or IOP treatment providers** during the survey period, followed by 30% of respondents being served by residential or withdrawal management treatment providers.
- **Slightly more than half** (55%) of surveys were completed on **paper** versus 45% of surveys submitted electronically.
- Respondents who were **most likely to complete a survey on paper** versus electronically were **youth clients** (65%) and those who received SUD treatment services from a **residential or withdrawal management** treatment provider (71%).

### Perception of Availability of SUD Treatment Services

- **About two-thirds** (68%) of respondents reported feeling **fairly or very well informed** about the availability of SUD treatment services during the COVID-19 pandemic.
- A slightly **smaller proportion** of respondents (63% versus 70%) who received services from a **residential or withdrawal management** SUD treatment provider at the time of the survey reported feeling **fairly or very well informed** of the availability of treatment services during the pandemic compared to those who received services from lower levels of care.

### COVID-19 Pandemic as a Factor in Need for SUD Treatment Services

- A **smaller proportion** of respondents **age 15 years or younger** (33%) reported feeling as though the COVID-19 **pandemic was not a factor** in their need for SUD treatment compared to larger proportions of respondents in the other age groups (58% to 67%).
- There were very **few notable differences** from respondents **across racial/ethnic groups** that the COVID-19 pandemic was a factor in their need for SUD treatment services.
- **Almost three-quarters (74%)** of respondents who received SUD treatment services from an **OTP** reported that the pandemic was not a factor in their need for SUD treatment services compared to **62%** of respondents from **OP/IOP** settings, and just over half (**51%**) of respondents from **residential or withdrawal management** providers.
- A **greater proportion** of respondents who received SUD treatment services from **residential or withdrawal management** providers (17%) reported that the **pandemic was a major factor** in their need for SUD treatment compared to 8% of respondents from OP/IOP programs and 3% from OTPs.

### Decline in Recovery as a Result of the COVID-19 Pandemic

- **Almost half of respondents** (40%) reported that there was at least a minor **decline in their recovery** as a result of the COVID-19 pandemic.
- A greater proportion of respondents between the **ages of 16 and 17 years** (71%) reported that there was **not a decline in their recovery** as a result of the pandemic compared to respondents in the other age groups (54% to 63%).
- Only **half** (50%) of respondents who received services from **residential or withdrawal management** SUD treatment providers reported that there was **no decline in their recovery** as a result of the COVID-19 pandemic, compared to 62% of respondents from OP/IOP programs and almost three-quarters (73%) of those from OTPs.
- A **greater proportion** of respondents who received **residential or withdrawal management services** (15%) reported a **major or severe decline** in their recovery as a result of the pandemic compared to those from other LOCs (OP/IOP, 9%; OTP, 5%).

## Effects of the COVID-19 Pandemic on Behavioral Health and Daily Living

- A **majority** of respondents (65%) agreed at least somewhat that they **experienced additional stress, anxiety, or fear** due to the COVID-19 pandemic and 54% agreed at least somewhat that they experienced **increased depression or sadness**.
- More than one-third of respondents agreed at least somewhat that due to the pandemic they had **trouble maintaining their recovery or experienced a relapse** (39%), and that their **substance use increased** (35%).
- Most respondents (80%) at least somewhat agreed that their **program reached out to them to check on their wellbeing** due to the pandemic.
- Close to **half of respondents** agreed at least somewhat that due to the pandemic they **lost their job and/or had difficulty finding a job** (53%) or experienced **problems in their relationship** (43%).
- Roughly one-third of respondents agreed at least somewhat that due to the pandemic they **lost their housing and/or had difficulty finding housing** (35%) or had **trouble getting their basic needs** (33%).
- Compared to adult respondents (34%), a **greater proportion of youth** respondents (51%) reported that their **substance use increased** due to the pandemic.
- A **greater proportion of youth** respondents (53%) reported that they had **trouble maintaining their recovery or experienced a relapse** relative to adult respondents (38%).
- A **majority** of respondents across **all levels of care** agreed at least to some degree that they experienced 1) **additional stress, anxiety, or fear** (62% to 69%), and 2) **increased depression or sadness** (52% to 57%) as a result of the pandemic.
- About **half** of respondents who received **residential or withdrawal management** services agreed at least somewhat that they had **trouble maintaining their recovery or experienced a relapse** (50%), had **trouble staying connected with people who help them in their recovery** (54%), and their **substance use increased** (47%) due to the pandemic. These proportions that are larger than those who received services from other treatment settings.
- A **smaller proportion** of respondents from **opioid treatment providers** reported experiencing an **interruption to their regular SUD treatment services** (24%) compared to those from outpatient or intensive outpatient programs (42%) and residential or withdrawal management programs (47%).

## Utilization of Telehealth Services

- Overall, **most respondents** (60%) **reported utilizing telehealth services** from their provider during the COVID-19 pandemic.
- A **greater proportion of adult respondents** (61%) reported **utilizing telehealth services** compared to youth respondents (41%).
- A **greater proportion** of respondents receiving services from **OTP** (65%) and **OP/IOP** (69%) treatment settings reported **utilizing telehealth services** from their SUD treatment provider compared to respondents from residential or withdrawal management LOCs (40%).