



UNIVERSITY OF NEBRASKA AT OMAHA
SUPPORT AND TRAINING FOR
THE EVALUATION OF PROGRAMS

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DEPT. OF HEALTH AND HUMAN SERVICES

**DRUG
OVERDOSE
PREVENTION**

Drug Overdose Prevention: Impact of COVID-19 on Drug Use Behaviors

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Background

Support and Training for the Evaluation of Programs (STEPS) at the University of Nebraska at Omaha is a leader in conducting evaluations and needs assessments for social service programs. The Nebraska Department of Health and Human Services (NE DHHS) Drug Overdose Prevention (DOP) program entered a contract with STEPs in the Fall of 2020 to complete a needs assessment involving the impact of COVID-19 on substance abuse treatment and drug overdose prevention.

STEPS wishes to acknowledge the DOP staff, especially Davidson Wissing, for their continued engagement. STEPs would also like to acknowledge and thank the many survey respondents and interview participants who shared how COVID-19 impacted them, their clients, and their provision of substance abuse treatment. STEPs is grateful for their time, candor, and expertise, especially amid the additional stress of the COVID-19 pandemic.

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Executive Summary

Substances and Misuse

- Counselors reported an increase in substance misuse and number of relapses.
- Many counselors stated more clients are using substances in social isolation, rather than with others.
- Some counselors noted a rise in suicide attempts and drug overdoses.

Treatment Provision

- Counselors intend to return to offering in-person services after the pandemic has ended, but viewed telehealth as a viable, ongoing option.
- Counselors often needed to adapt their treatment methods to accommodate telehealth.
- Both capacity restrictions and loss of employment (resulting in loss of insurance or means of payment) caused significant disruption in substance use treatment.

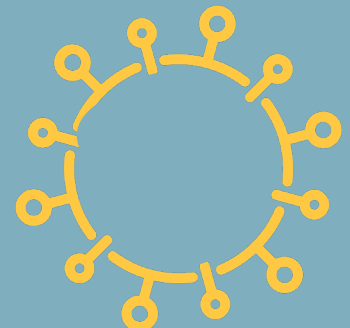
Needs of Counselors and Clients

- Both clients and counselors experienced significant stress and anxiety related to the COVID-19 pandemic.
- The increased stress and anxiety impacted both substance use behaviors and treatment provision for clients.
- Both clients and counselors often lacked the technology and/or skills to utilize telehealth.
- Counselors reported that the COVID-19 pandemic has exacerbated the need for additional basic resources for their clients, including safe and sober housing.

Policy

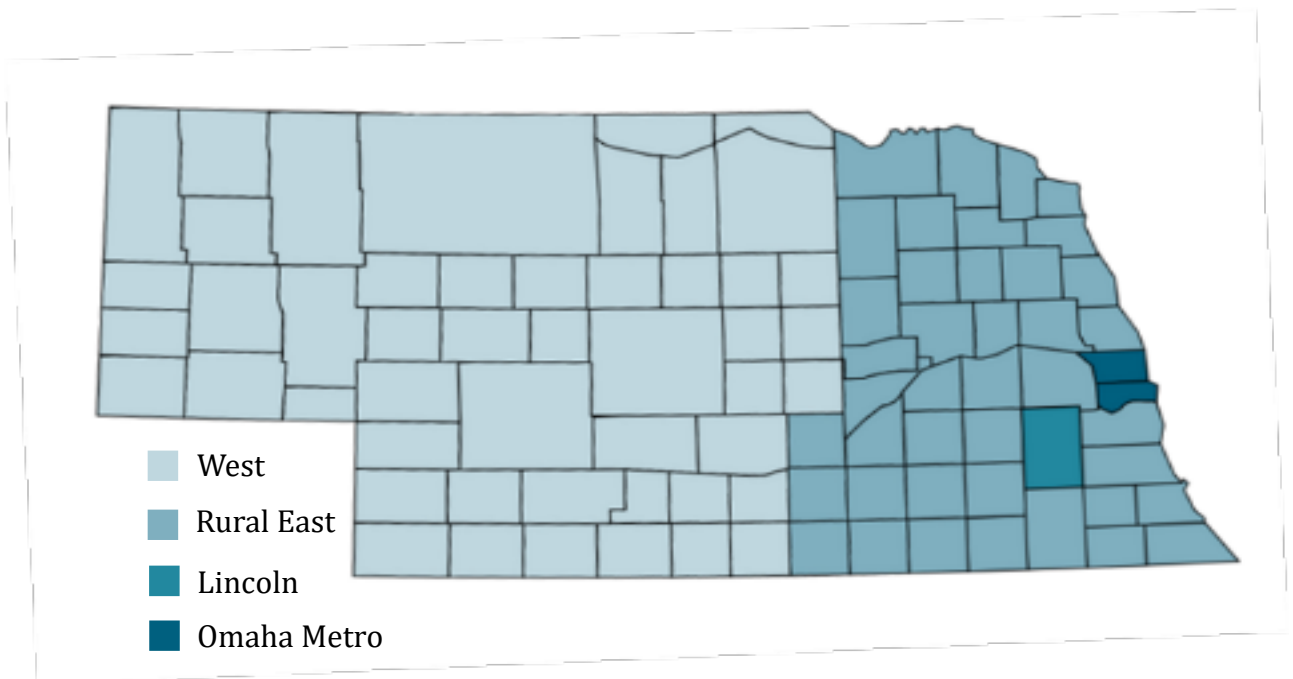
- Counselors communicated strong feelings, both positive and negative, about COVID-related policies and the impact of them on their clients and their work.
- Many policies, such as business closures, stimulus payments, and alcohol takeout, had unintended consequences on substance misuse and substance use treatment.

This is the tip of the iceberg. Be prepared for a flood of behavioral health issues. 50% of my clients haven't left their home in a year. When they have to leave again there are going to be issues of anxiety and substance use. The increase in alcohol use is increasing the amount of people who are going to need services. Nebraska doesn't have the resources to begin with. Now there will be a greater demand with NO INCREASE in dollars or services.



Regional Differences

Recognizing the great diversity in geography, economics, and distinct cultures across Nebraska, STEPs took great care to represent all voices within this report. In order to highlight this diversity, survey respondents were asked to self-select from four distinct geographic regions of Nebraska in which they predominantly practice: Lincoln, Omaha Metro, Rural East, and West. Where respondents selected more than one region, STEPs categorized them into the region with the larger population.



Substances and Misuse

Counselors' *concern* about particular substances varied by region, but not necessarily their perceptions of the number of clients using these same substances.

- Counselors in the Omaha Metro and West voiced more concern about alcohol misuse, while those in Lincoln and the Rural East were most concerned with methamphetamine and fentanyl misuse.

Treatment Provision

Counselors in urban areas were more likely to report the benefits of telehealth, while counselors in rural areas were more likely to report the barriers associated with telehealth.

Policy

More counselors in the Rural East viewed COVID-related policies negatively, whereas more counselors in the Omaha Metro had positive views.

**Recommendations for Further Evaluation**

1. Utilize secondary data sources—when they become available—to further examine the impact of COVID-19 on drug overdose, including crisis hotline and law enforcement calls. This may more reliably demonstrate the presence of substance use and drug overdose trends.
2. Continue to evaluate the needs surrounding telehealth delivery for both counselors and their clients.
3. Examine the experiences of clients utilizing telehealth as a treatment platform.
4. Assess the efficacy of telehealth, hybrid, and in-person therapy with various populations and treatment modalities.
5. Further investigate the rise in concern regarding fentanyl, especially in the Rural East.

Recommendations for Practice and Policy

1. Provide counselors with training and support regarding all aspects of telehealth, including treatment modalities, legal and ethical concerns, and technology skills.
2. Recognize the work of counselors as front-line workers.
3. Provide guidance and a safe means for clients to access community and peer support networks.
4. Continue to provide consistent information on COVID policy changes, and the reason for such changes, to combat disinformation.
5. Plan for providing self-care and treatment of secondary trauma resulting from the COVID-19 pandemic for both clients and counselors.



Methodology

NE DHHS DOP contracted with STEPs to elicit information from substance use treatment providers (hereafter, referred to as “counselors”) about the ongoing impact of the COVID-19 pandemic on drug use behaviors and treatment in Nebraska.

This project answers five primary questions:

1. How have substance use and availability been impacted by COVID-19?
2. How has substance abuse treatment been impacted by COVID-19?
3. How have the experiences and needs of treatment providers and their clients been impacted by COVID-19?
4. What impact have COVID-19 related policies had on individuals seeking treatment and treatment providers?
5. What information could assist NE DHHS with program planning and outreach in a COVID-19 and post-COVID environment?

STEPs deployed a mixed methods approach which included 19 in-depth interviews with Licensed Alcohol and Drug Counselors (LADCs) serving 10 counties in Nebraska highly impacted by COVID-19. The 19 interviews took place between December 4, 2020 and January 26, 2021. STEPs also conducted a statewide survey of 1,141 LADCs or PLADCs. A total of 159 LADCs or PLADCs responded to the survey for a response rate of 14%. Where appropriate, the total number of responses per question or geographic region are included in this report. STEPs analyzed the results of each component to address the questions above. The survey was opened on March 17, 2021 and closed on March 28, 2021. A full methodology for the qualitative interviews can be found in [Appendix A](#). A full methodology for the quantitative survey can be found in [Appendix B](#). For a description of substance use treatment providers see [Appendix C](#).

Data Integration

STEPs used an exploratory sequential design for this mixed methods project, meaning that the qualitative data was utilized to inform the quantitative data collection, and the qualitative and quantitative results were integrated into one cohesive report.



Key Findings

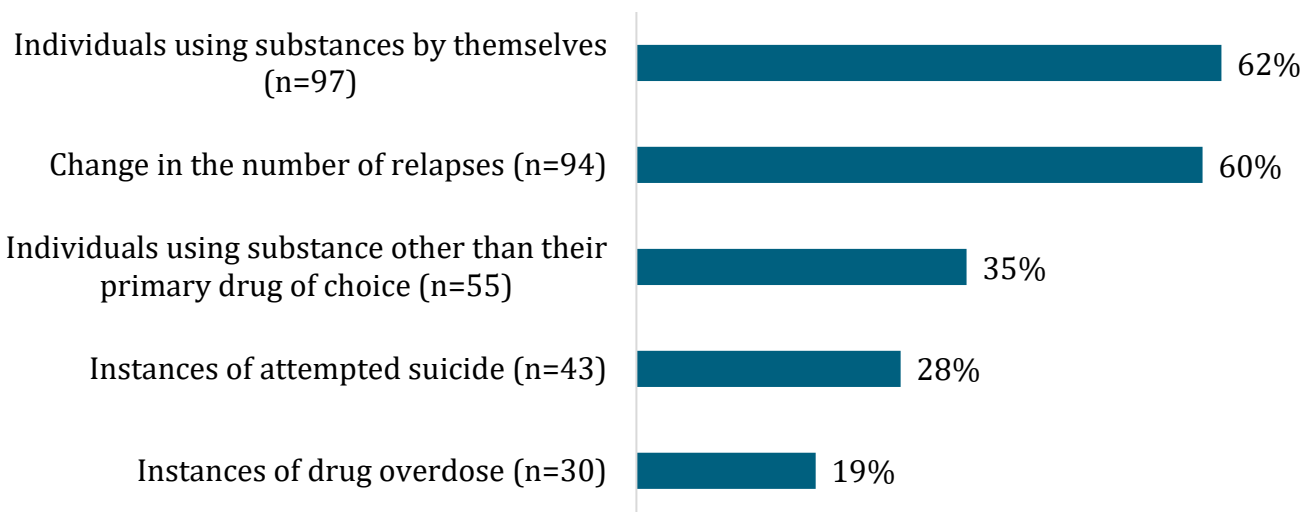
- Counselors reported an **increase in substance misuse and number of relapses** in their clients, which was especially noticeable among clients who had spent more time in recovery.
- Many counselors shared more clients are using substances in social isolation, rather than with others.
- Some counselors noted a rise in suicide attempts and drug overdoses in their clients.
- Policy initiatives and social media have normalized alcohol use and availability during the pandemic.
- Counselors reported alcohol use is being substituted for many clients’ drugs of choice.
- Concern among counselors about particular substances varied by region. Counselors in the Omaha Metro and West voiced more concern about alcohol misuse, while those in Lincoln and the Rural East were more concerned with methamphetamine and fentanyl misuse.

Increased Misuse and Risk

Counselors were asked in the survey, “To what extent have you seen the misuse of substances change, IN GENERAL during the COVID-19 pandemic?” Most counselors (86%, n=137) reported an overall increase in substance misuse. Counselors across all regions of Nebraska also indicated they have seen an increase in clients using substances by themselves (62% of counselors, n=97) and an increase in the number relapses (60% of counselors, n=94).

Several counselors also reported increases in suicide attempts (28%, n=43) and drug overdoses (19%, n=30). Regionally, counselors from the Rural East reported seeing an increase in attempted suicide (43% of Rural East counselors, n=12) and drug overdose (36% of Rural East counselors, n=10) at a higher rate than other regions.

Which of the following have you seen an increase in occurrence?





Similar to the survey results, many interview participants identified an **increase in substance use relapses** during the pandemic. Several participants shared stories of individuals who had been sober for years experiencing relapse during the pandemic. One participant explained:

I would say before somebody might mention [sponsor relapse] once or twice a year. Whereas I feel like in the past 9 months, I've probably had four or five people talk about a sponsor that has started using again. So certainly, I think that would be a significant increase.

Participants speculated that the increase in relapse could be due to clients' high levels of fear and anxiety during the pandemic. These anxieties included not only the fear of becoming infected but also the financial stress many individuals and families are facing and the general uncertainty regarding life after the pandemic.



Participants also identified that an increasing number of their clients were **using substances in social isolation, rather than with others**. Participants speculated that clients using alone at home could be due to fears of contracting COVID-19 or because public spaces where they traditionally used had been closed due to the pandemic. Regardless of motivation, participants identified the shift to isolated use at home as an increased risk for overdose deaths, as there may be no one present in an emergency to intervene and access medical treatment. One participant explained:

They have very limited spaces in their apartments or homes where they're living to utilize their substances. So that's definitely a concern for us, for me as a therapist, when I'm working with this population and they're into such an isolated space. If someone was to experience overdose, someone finding them [is less likely]. Or in those spaces like a garage and they are utilizing like cars running or heaters, electric heaters. And so those are red flags.

Changes in Drug of Choice

When interview participants were asked to identify their clients' drugs of choice, many observed that individuals were **using alcohol instead of their traditional drug of choice**. One participant stated:

Alcohol seems to have really played a huge part in this pandemic. People that are meth addicts, heroin addicts, I'm seeing them become extreme alcohol users and struggle not to drink, which is not really something I saw a lot of before.

Participants identified that **use of alcohol has been normalized during the pandemic**, both through policy initiatives and social media. Several participants mentioned that Nebraska's policy of allowing alcohol delivery and carry out normalized alcohol consumption as a coping mechanism and was not helpful to individuals in recovery. Additionally, participants discussed social media memes and narratives of using alcohol to cope with the pandemic as normalizing substance use. Interview participants believed that changes to alcohol accessibility and social acceptability have made alcohol the drug of choice during the pandemic. Results from the survey reinforce these themes.

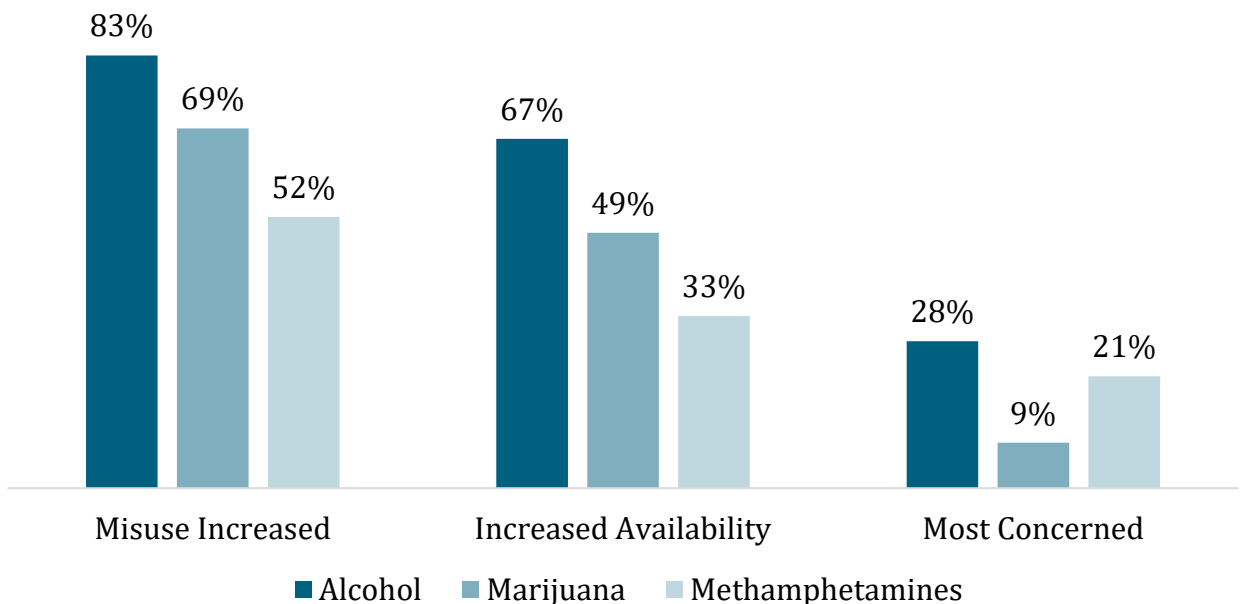


The survey asked counselors about their perceptions of misuse, availability, and concern over 12 substances. The largest proportion of survey respondents identified increases in alcohol misuse (83% of counselors, n=137) and availability (67% of counselors, n=111). While alcohol was the substance that counselors were most concerned about, only 28% of counselors (n=42) reported concern over this substance. Alcohol was followed by marijuana and methamphetamines in the areas of increased misuse and availability, with methamphetamines surpassing marijuana in the area of most concern. Substance-specific trends from the survey results are summarized in [Appendix D](#).



Which substances have seen an increase in MISUSE and AVAILABILITY?

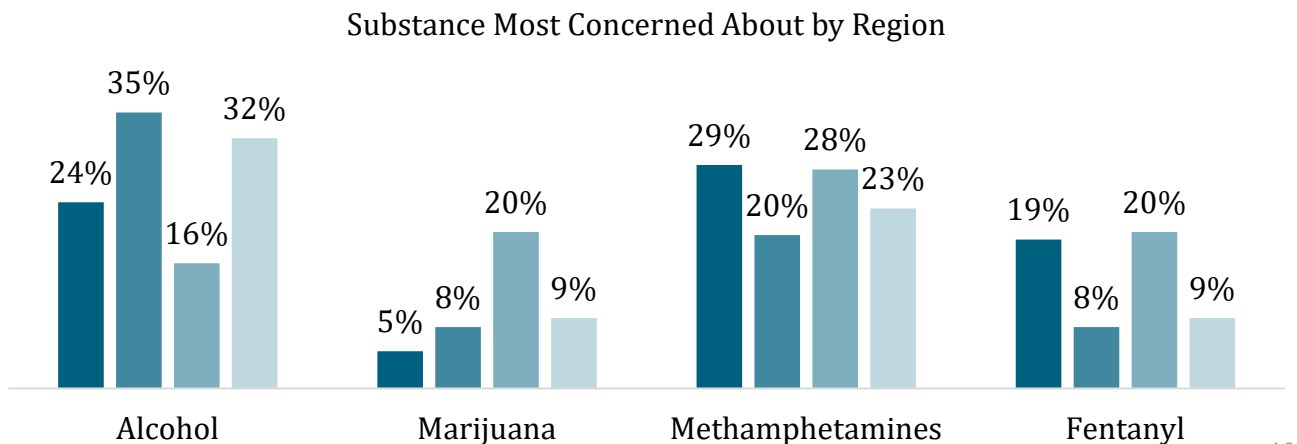
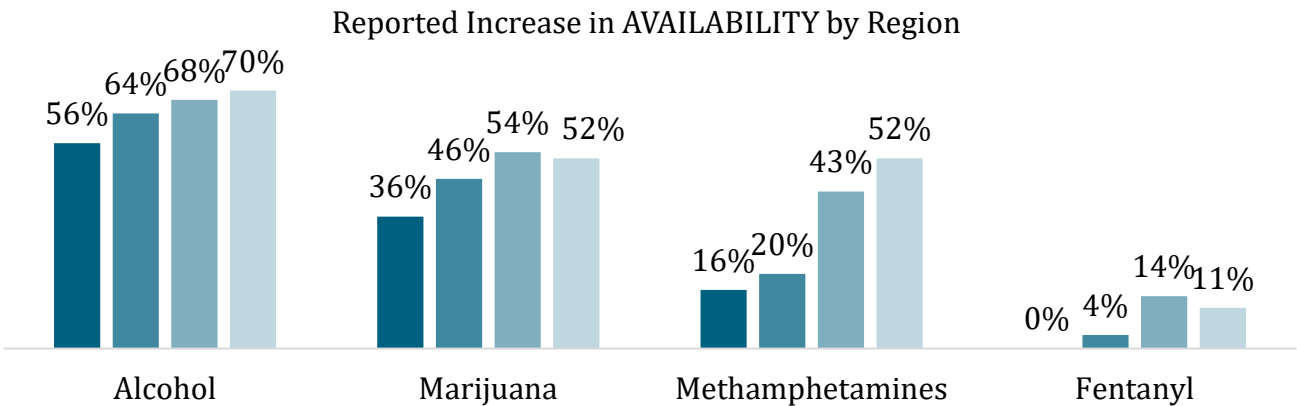
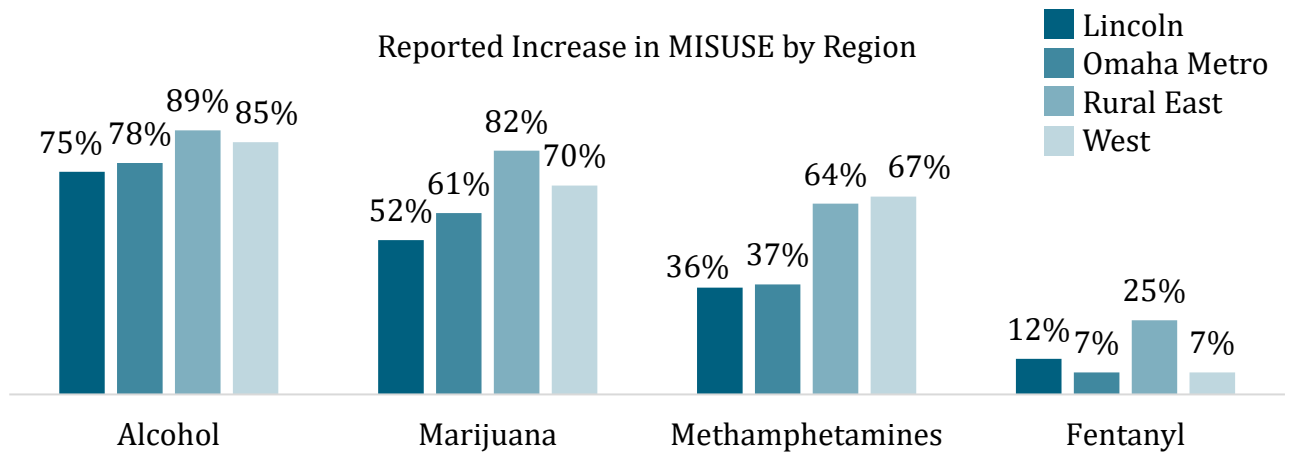
Which substance are you most CONCERNED about right now?





Regional Differences

When survey results were analyzed by region, differences emerged regarding substance use, availability, and concern. Notably, the disparity between reported increased use and availability, compared with concern, is especially pronounced regionally.

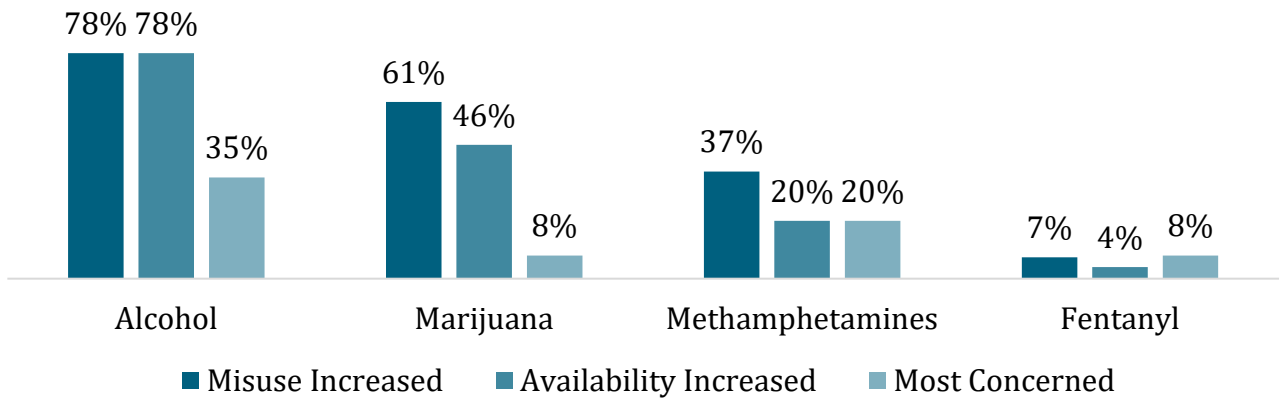




Omaha Metro

In the Omaha Metro, 78% of counselors (n=42) indicated alcohol misuse increased and 64% (n=34) indicated alcohol availability increased during the COVID-19 pandemic. 35% (n=18) of counselors indicated they were the most concerned with alcohol. This represents the greatest level of concern about alcohol among the regions of Nebraska.

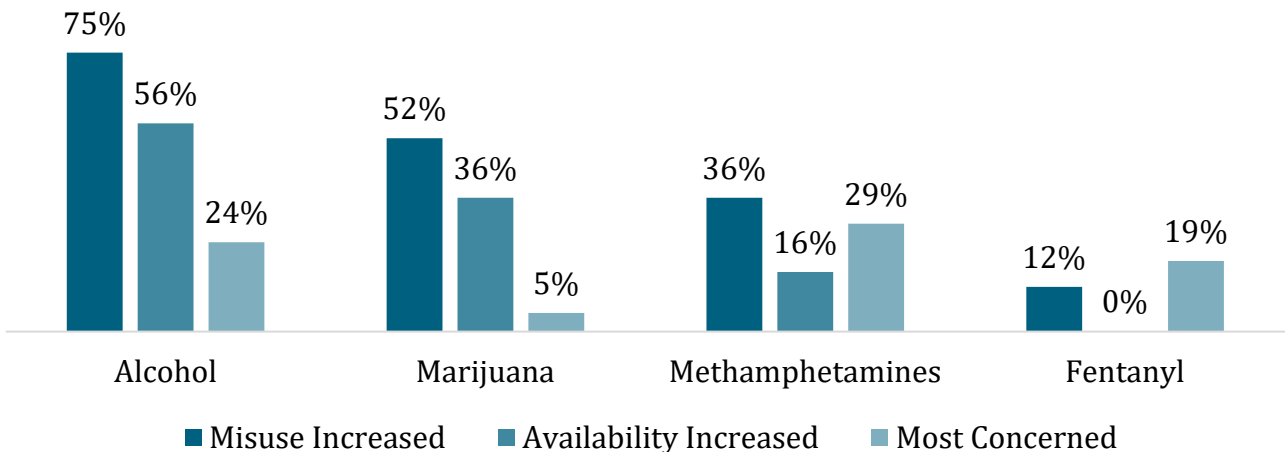
Counselors' Perceptions of Substance Misuse—Omaha Metro



Lincoln

Most Lincoln counselors indicated an increase in misuse of alcohol (75%, n=18) and marijuana (52%, n=13) during the pandemic, and over one third of counselors also indicated an increase in misuse of methamphetamines (36%, n=9). Additionally, 56% (n=14) indicated an increase in availability of alcohol, while only 16% (n=4) reported an increase in the availability of methamphetamines. However, counselors from Lincoln were most concerned about methamphetamines (29%, n=6), followed by alcohol (24%, n=5) and fentanyl (19%, n=4).

Counselors' Perceptions of Substance Misuse—Lincoln

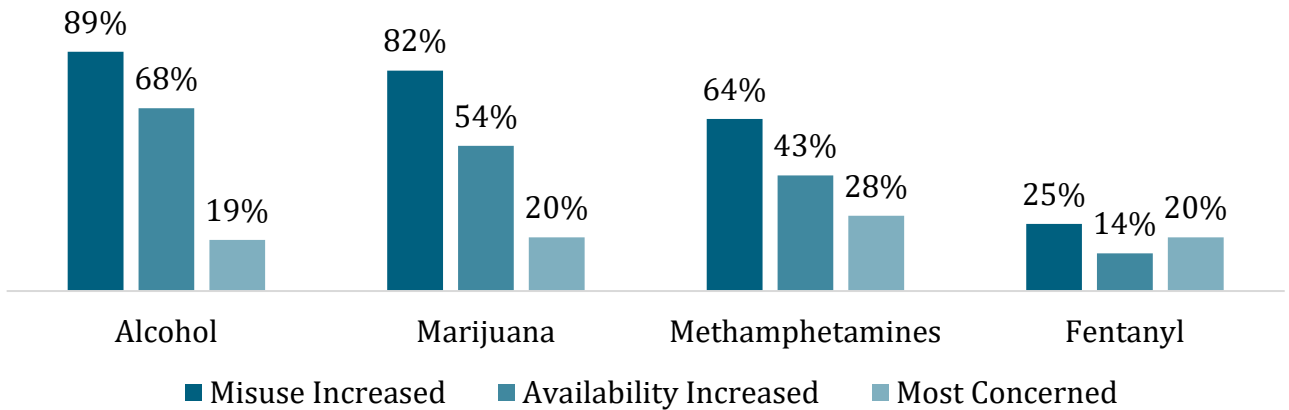




Rural East

Counselors from the Rural East reported the greatest increase in misuse of alcohol (89%, n=25) and availability of alcohol (68%, n=19), followed by marijuana misuse (82%, n=23) and availability (54%, n=15). However, counselors from the Rural East were most concerned about methamphetamines (28%, n=7) and fentanyl (20%, n=5), followed by marijuana (20%, n=5). Only 19% of Rural East counselors (n=4) reported concern around alcohol. Additionally, despite the relative concern around fentanyl, only 25% of Rural East counselors (n=7) indicated an increase in misuse and 14% (n=4) noted an increase in availability during the COVID-19 pandemic. However, this represents the highest reported increases in both use and availability of any region in Nebraska.

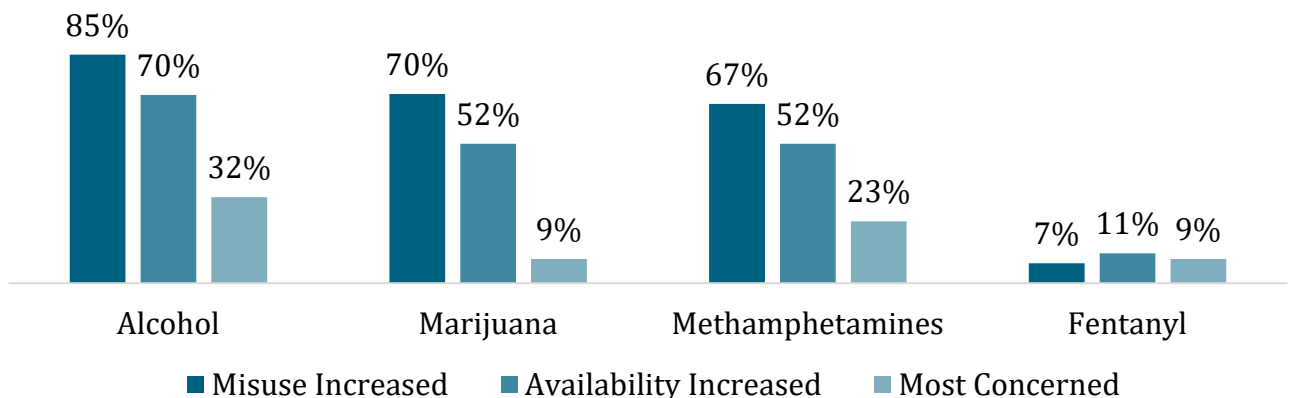
Counselors' Perceptions of Substance Misuse—Rural East



West

Most counselors indicated that alcohol misuse (85%, n=22) and availability (70%, n=19) increased during the COVID-19 pandemic. Counselors from the West were most concerned about alcohol (32%, n=7), followed by methamphetamines (23%, n=5).

Counselors' Perceptions of Substance Misuse—West



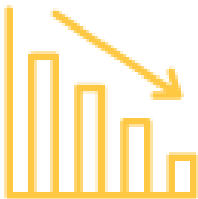


Key Findings

- According to counselors, capacity restrictions and other barriers have caused a lack of treatment availability, particularly for inpatient treatment, in an already strained treatment network.
- Counselors report their clients have been less able to access community and community-based supports, particularly peer support and 12-step groups.
- Clients' loss of employment, and thus lack of insurance or inability to pay for services, has caused significant disruption to treatment accessibility.
- Counselors have been struggling to establish a means of client accountability during the pandemic.
- Counselors have been utilizing treatment time to address COVID-19 and related fears, anxiety, and stress.

Treatment Access

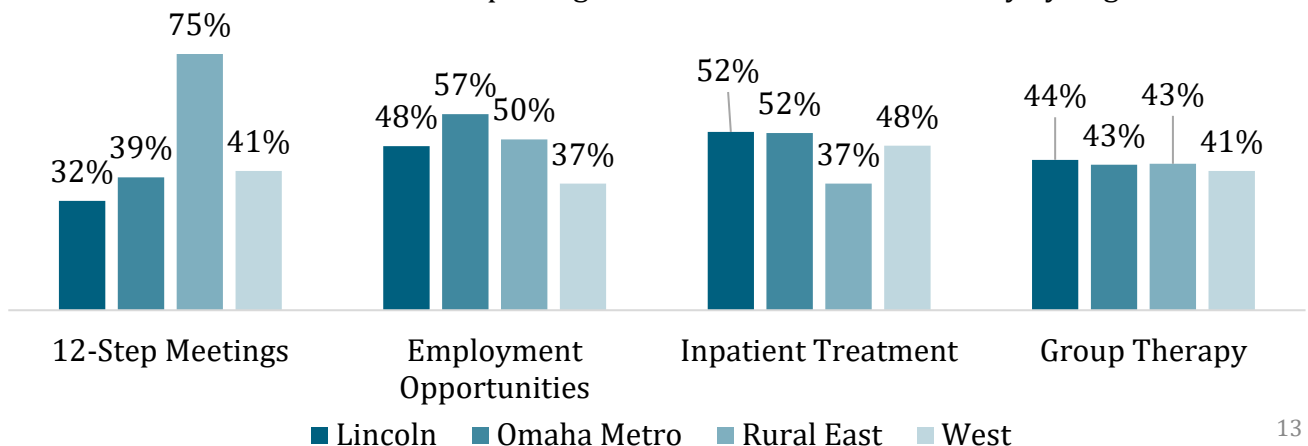
The survey asked counselors, "Which of the following client services have seen a PROBLEMATIC DECREASE in AVAILABILITY or ACCESS during the pandemic?" Roughly half of counselors reported a problematic decrease in availability of multiple services, including 12-step meetings, employment opportunities, inpatient treatment, and group therapy.



Client Services	% of Counselors Reporting a Decrease
12-steps meetings (n=78)	52%
Employment opportunities (n=76)	51%
Inpatient treatment (n=74)	49%
Group therapy (n=69)	46%

When analyzed by region, counselors from the Rural East reported a decrease in availability of 12-step meetings at a much higher rate than the other regions (75% of Rural East counselors, n=21), whereas counselors from Lincoln indicated this at a much lower rate (37%, n=8).

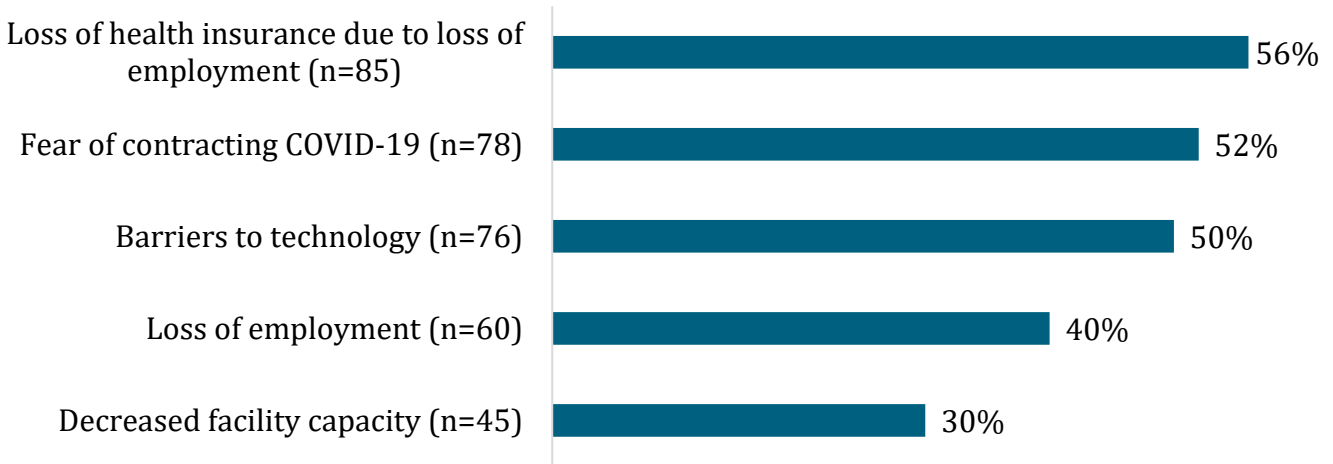
Percent of Counselors Reporting Decrease in Service Availability by Region





Counselors identified multiple barriers related to the COVID-19 pandemic that decreased access to client services. Clients' loss of health insurance due to loss of employment (56% of counselors, n=85) was the most identified barrier. Less than one third of counselors (30%, n=45) reported decreased facility capacity as why some people have not received treatment.

COVID-19 Related Barriers to Treatment

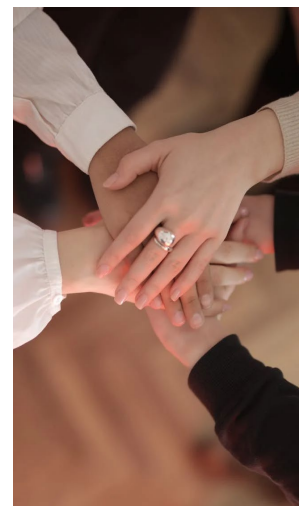


Many interview participants discussed the impact the COVID-19 pandemic has had on their treatment programs. Participants from residential programs stated a crucial component of their model is **encouraging clients to play a role in their community during treatment**. This includes finding and maintaining employment, which many interview participants reported is especially challenging during the COVID-19 pandemic. This was confirmed by over half of survey respondents (51% of counselors, n=76) who noted a decrease in employment opportunities during the pandemic and was most pronounced in the Omaha Metro region.

Some interview participants stated their agency no longer allows clients to go into the community due to the risk of contracting COVID-19 and bringing the virus back to other clients. One participant explained the **importance of having community access** by saying,

The purpose of my program is, 'How can I maintain sobriety while I'm working? How can I maintain sobriety while I'm engaging in hobbies and interests out in the community?' Because secondary treatment is [...] kind of like a cast and reel. I'm going to go out in the community, see how I do, come back and report. And then I'm going to test, I'm going to UA and breathalyze them, to see if they maintain sobriety while they were out there in the community.

This participant further explained that community experiences help providers advocate for their clients in court, but this is currently not an option because of the COVID-19 pandemic.





Interview participants who work in both inpatient and outpatient settings discussed being **less able to hold clients accountable**. For example, participants reported changes to drug testing. Many participants stated agencies who provide drug testing services are providing fewer tests per client and are less able to do off-site drug testing. Some drug testing providers have switched to patches clients wear for 2 weeks to test for substance use, which reduces the risk of COVID-19 exposure between providers and clients. However, one provider reported clients losing or ripping the patch, which results in the agency counting it as a positive test. Other participants mentioned limited in-person AA and NA meetings and reported struggling with how to ensure clients were attending virtual meetings. Prior to COVID-19, clients were expected to have another AA or NA participant sign their meeting card as proof of attendance. Participants reported not having an efficient way to track attendance with the online model due to privacy concerns of the others in attendance.

While access to treatment has been impacted by COVID-19, counselors also discussed the impact on individual counseling sessions. Many interview participants reported **spending less time during treatment sessions addressing substance misuse**. Participants explained **fear, anxiety, and stress caused by COVID-19 often takes priority for clients over their substance use disorder**. Participants recognized that, for treatment to be effective, they must first address and help clients manage these emotions. One participant illustrated the dynamic:

“I’ll be talking to them about treatment or about something relevant to understand their addiction and, you know, notice that they’re a little sidetracked and sometimes they’ll start talking about these types of things that lead to their anxieties, which naturally kind of just pushed back their progress in treatment due to us having to spend time focusing on that anxiety due to that being the primary concern.”



A few participants also discussed the need to address misinformation about COVID-19 during sessions. Participants described the need to research COVID-19-related information during their personal time in order to be able to effectively inform clients. Participants indicated these factors have extended the length of treatment, which causes additional challenges for providers receiving treatment authorizations through insurance and additional expense for clients.



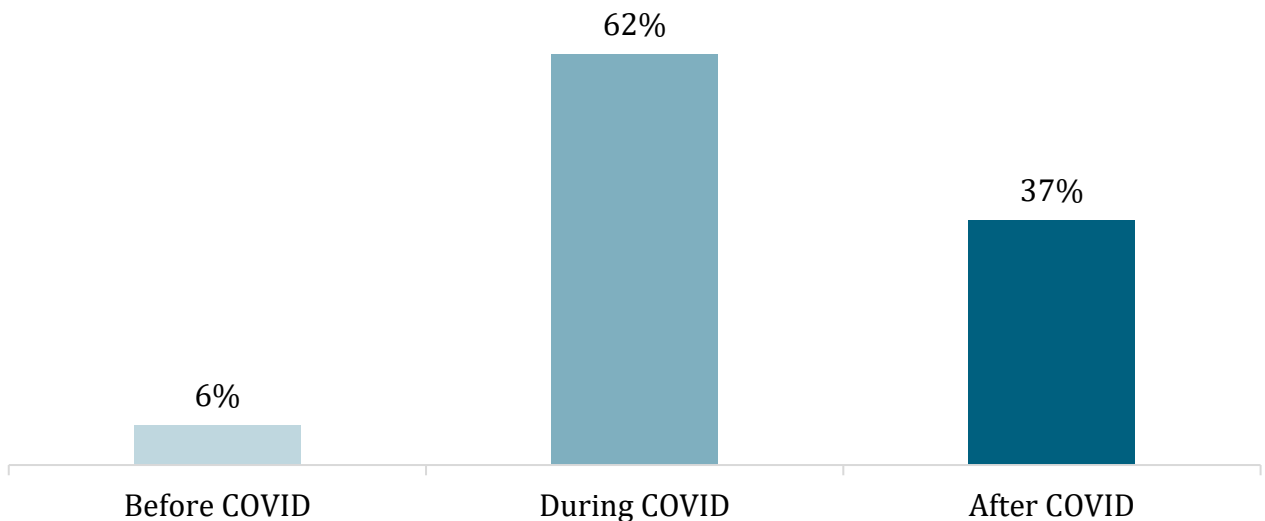
Key Findings

- Many counselors utilized telehealth to maintain the provision of substance abuse treatment during the COVID-19 pandemic.
- Counselors' views on telehealth access and barriers vary by region. Counselors in urban areas were more likely to report telehealth provided more access, while rural areas were more likely to report the additional barriers associated with telehealth.
- Counselors have struggled to adapt some therapeutic modalities to telehealth and, in some cases, have switched to modalities that are easier to implement via telehealth.
- Counselors intend to return to offering in-person services after the pandemic has ended, but view telehealth as a viable, ongoing option.

Many, but not all, counselors adopted some level of telehealth to maintain their service provision during the COVID-19 pandemic. Before COVID, counselors reported delivering an average of 6% of services via telehealth. During COVID, counselors reported delivering an average of 62% of services via telehealth.

Many noted they did not use telehealth because they were providing treatment at a prison or inpatient facility that did not use telehealth, or they simply continued providing services in person during the pandemic. After COVID, counselors anticipate utilizing telehealth for an average of 37% of their caseload.

Average Percentage of Clients seen via Telehealth





Widespread usage of telehealth to provide substance use treatment was one of the most significant changes to substance abuse treatment noted by counselors. While individual opinions about telehealth varied, most counselors acknowledged both advantages and disadvantages of virtual delivery of treatment.

We all understand the need for restrictions to keep policies and procedures and hold folks accountable, however, sometimes those same restrictions create more barriers and decrease the availability of services. For example, telephone calls are not typically allowed but many clients who lost jobs, cannot afford internet and can utilize a phone for a session.

Advantages

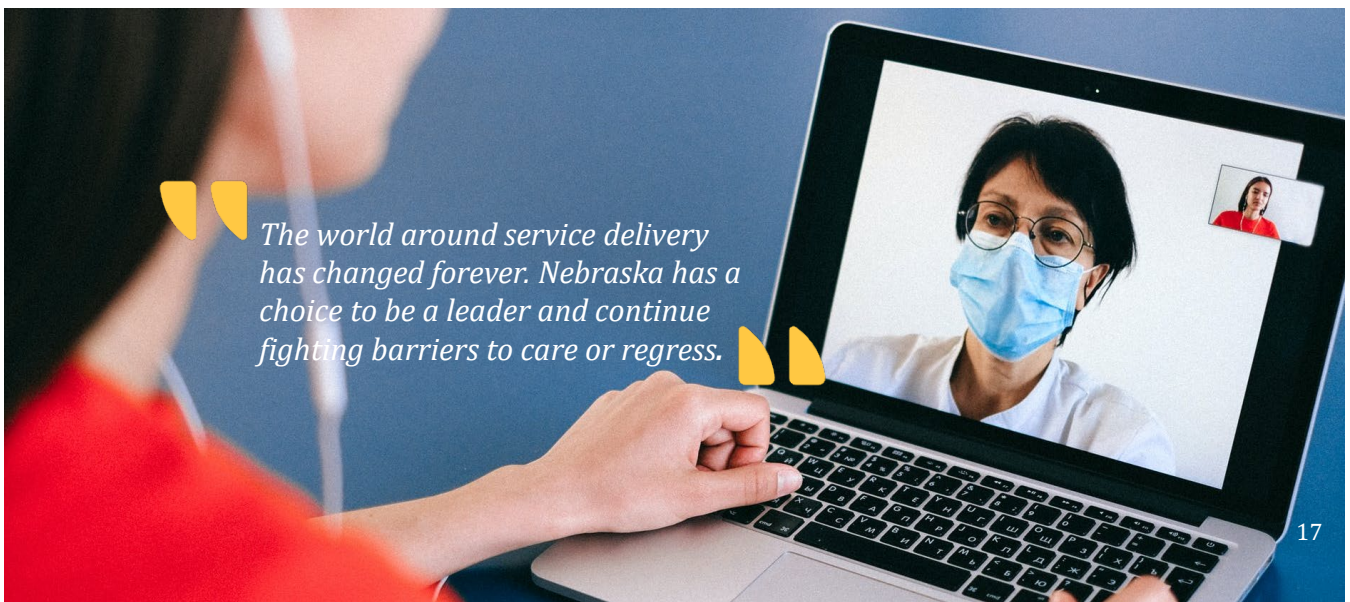
- Reduced childcare and transportation barriers
- Increased access
- Reduced client cost
- COVID safe
- Convenient
- Effective
- Fewer missed appointments

Disadvantages

- Lack of accountability
- Decreased connection
- Confidentiality concerns
- Increased time and financial burden on counselors
- Technology barriers
- Legal requirements



The world around service delivery has changed forever. Nebraska has a choice to be a leader and continue fighting barriers to care or regress.



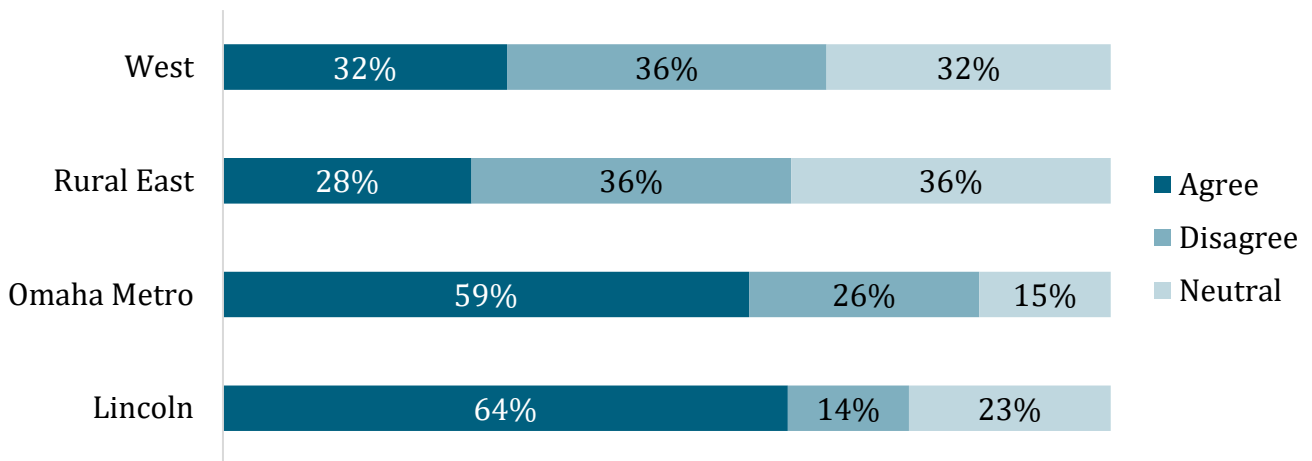


Advantages of Telehealth

Most interview participants and survey respondents found that **telehealth generally reduced barriers and increased access to substance use treatment**. Interview participants reported telehealth allowed them to continue offering services without fear of contracting the virus and was generally convenient for them and their clients. Participants appreciated that telehealth eliminated their travel time, and they could conduct sessions with clients and meet with colleagues from the comfort of their own home. Participants also reported telehealth was a convenient option for many of their clients, making it so they did not have to travel, take time off work, or find childcare in order to attend a session. One participant noted if a client forgot about their session, it was easy for the provider to call or text the client, who could quickly log on and still make their session. Whereas previously, the travel time necessary to attend an in-person session would have required the session to be cancelled.

A plurality of survey respondents agreed that telehealth overall reduced barriers to treatment (49%, n=76) or were neutral (24%, n=37). Interestingly, those in rural areas were less likely to view telehealth as a means to reduce barriers to treatment; more counselors in Lincoln and Omaha seemed to see telehealth as a means to reduce barriers.

Telehealth Reduces Barriers by Region



When asked in the survey, “What do you want DHHS to know about delivering services?” most counselors took the opportunity to weigh in on the benefits and drawbacks of telehealth. **Most counselors answering this open-ended question voiced they wanted to keep telehealth as an option for clients. While most still preferred to be in-person and acknowledged the limitations of telehealth, they were surprised by its effectiveness and utility during the pandemic and appreciated the way in which telehealth was able to alleviate many barriers to treatment access.** Survey respondents echoed many of the observations of interview participants, noting convenience, reductions in travel time and costs, and fewer missed appointments.



Disadvantages of Telehealth

Participants cited three primary disadvantages related to telehealth:

1. Lack of accountability

Participants noted the difficulty in observing client behaviors and non-verbal communication, especially related to holding clients accountable to sobriety via telehealth. Two participants noted this leads to decreased effectiveness when utilizing telehealth.

2. Decreased rapport and personal connection

Participants noted difficulty in building rapport and enjoying personal connection via telehealth, particularly with new clients they had not seen in person prior to COVID-19 shutdowns.

3. Confidentiality/boundary concerns during sessions

Participants also cited environmental distractions and confidentiality difficulties while utilizing telehealth. They reported clients not having a private area and/or having too many distractions in their space. In some cases, this led to safety concerns for clients. Counselors surveyed identified that, on average, about one third of their clients experienced lack of private space as a barrier to participating in telehealth.



Telehealth is impersonal.

I believe substance abuse telehealth is not producing better outcomes due to not requiring clients to do random drug screens for progress and accountability.

It is not always safe and secure for clients.



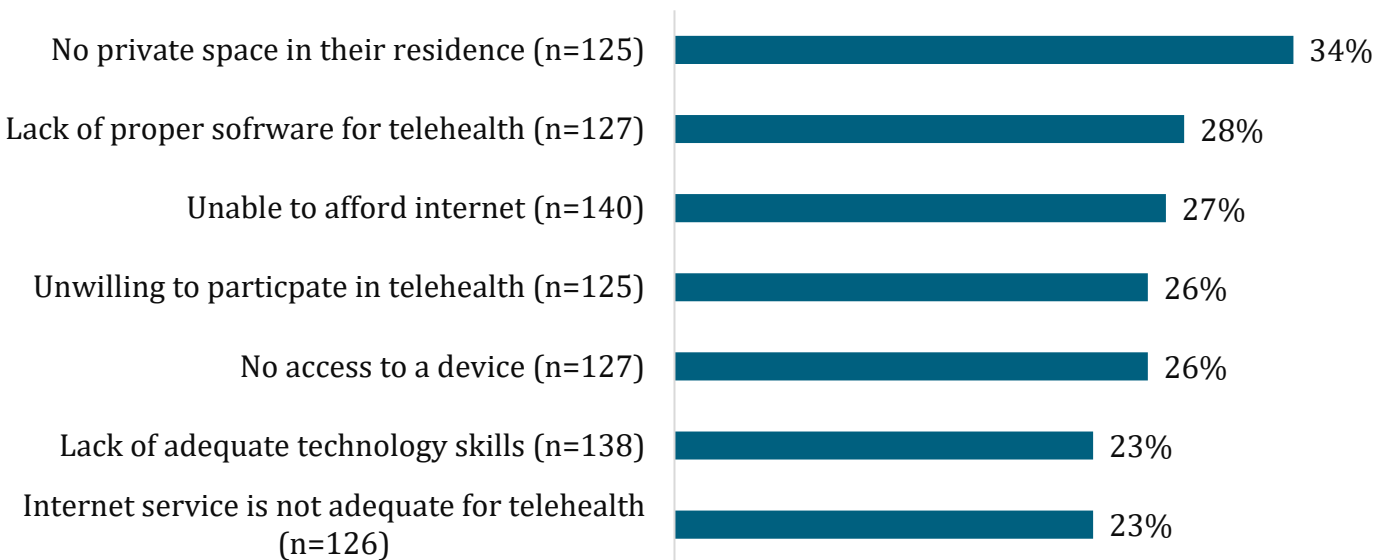
In addition to disadvantages specific to the direct provision of client services, many counselors also cited difficulties and barriers unique to the therapist. These difficulties often increased the counselors’ workload, including negotiating payment with insurance companies, navigating legal requirements and public health changes across state lines, spending time and energy changing treatment modalities, and helping clients troubleshoot technology issues. One participant summed up the cumulative effect of these difficulties well: *“It is a little more exhausting.”*

A small number of respondents, primarily from the Rural East and West regions, voiced outright opposition to providing telehealth services. One survey respondent wrote, *“My services were not negatively [affected] by COVID and do NOT want to use telehealth.”* Another spoke to the decrease in personal connection when using telehealth, *“We are trying to take a human service and dehumanize that service.”*

Technology and Telehealth

Several barriers to telehealth noted by both survey respondents and interview participants involved technology access and skills, both for the counselor and client. Survey respondents were asked to estimate the percentage of their clients who had experienced specific technological barriers to participating in telehealth. On average, counselors identified that on roughly one third of clients did not have a confidential space in which to attend treatment. On average, counselors also reported approximately a quarter of their clients did not have access to the appropriate software or device, were unable to afford internet service, did not have adequate technological skills, or simply did not live in an area with adequate internet service.

Average Percentage of Clients Experiencing Technology Barriers





Interview participants clarified that some of these barriers—for some clients—may be specific to the COVID-19 pandemic. Some clients who are unable to access private space, internet, or devices in their homes can generally access these in publicly available spaces like libraries or community centers, which were closed during the pandemic.

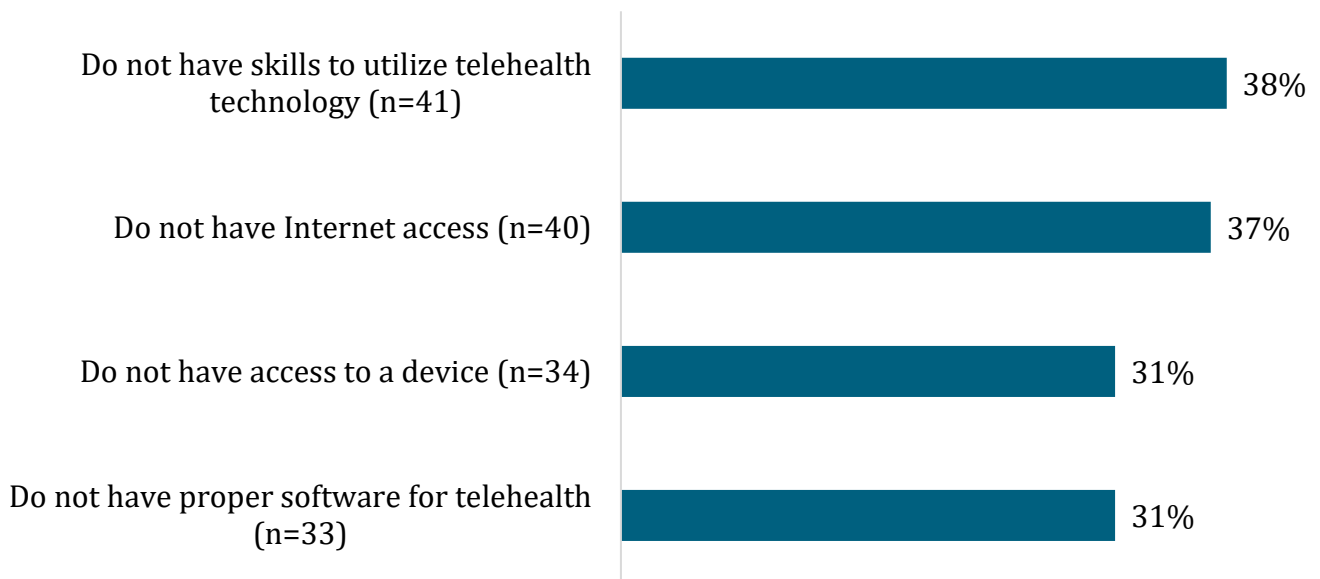
It is also important to note that in some cases where clients’ lack of adequate technology skills did not outright preclude access to telehealth services, it did slow down the provision of services. Some interview participants discussed the need to spend significant amounts of time walking their clients through fundamental technological tasks, like setting up an email account, in order to participate in telehealth.

Technology Barriers for Counselors

Surprisingly, more counselors reported technology barriers for themselves than for their clients. When asked, “What barriers to technology have YOU experienced related to providing substance use treatment?” 38% (n=41) indicated they did not have the skills to utilize telehealth technology, and 37% (n=40) reported they did not have internet access. Additionally, in the “Other” category, many (n=16) wrote in that although they had internet access, it was not robust or reliable enough to handle the demands of telehealth.



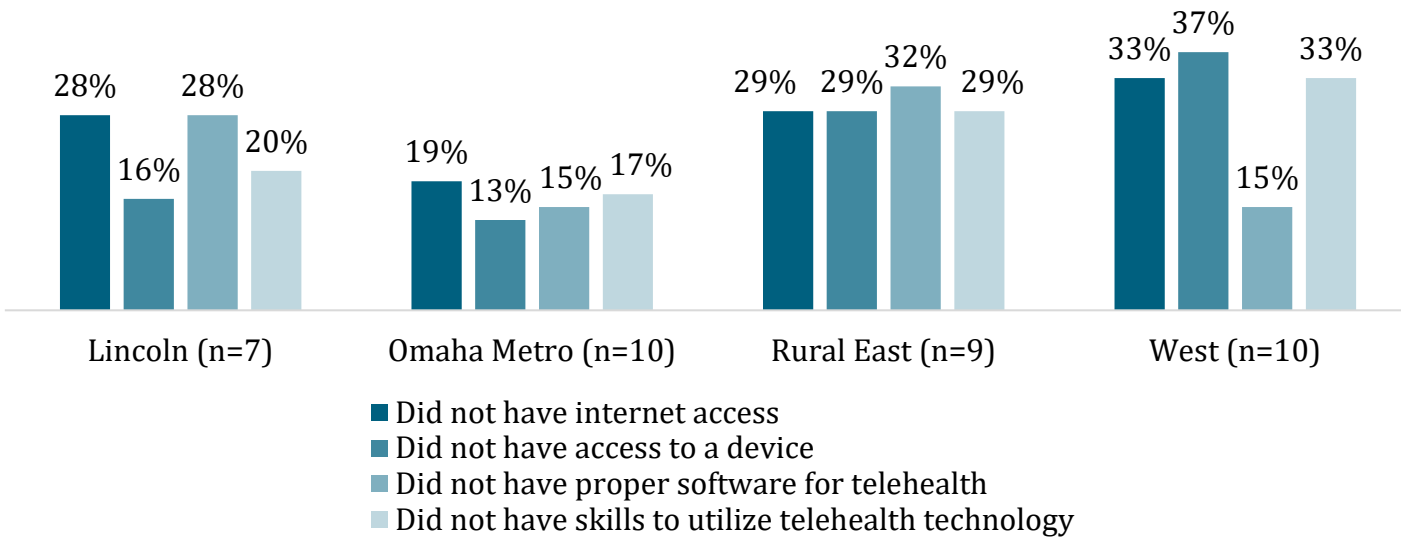
Counselor Barriers to Telehealth





Technology barriers to telehealth for counselors varied by region. In general, counselors in the Omaha Metro and Lincoln regions reported fewer technology barriers than their counterparts in the Rural East and West regions.

Barriers Experienced by Providers by Region



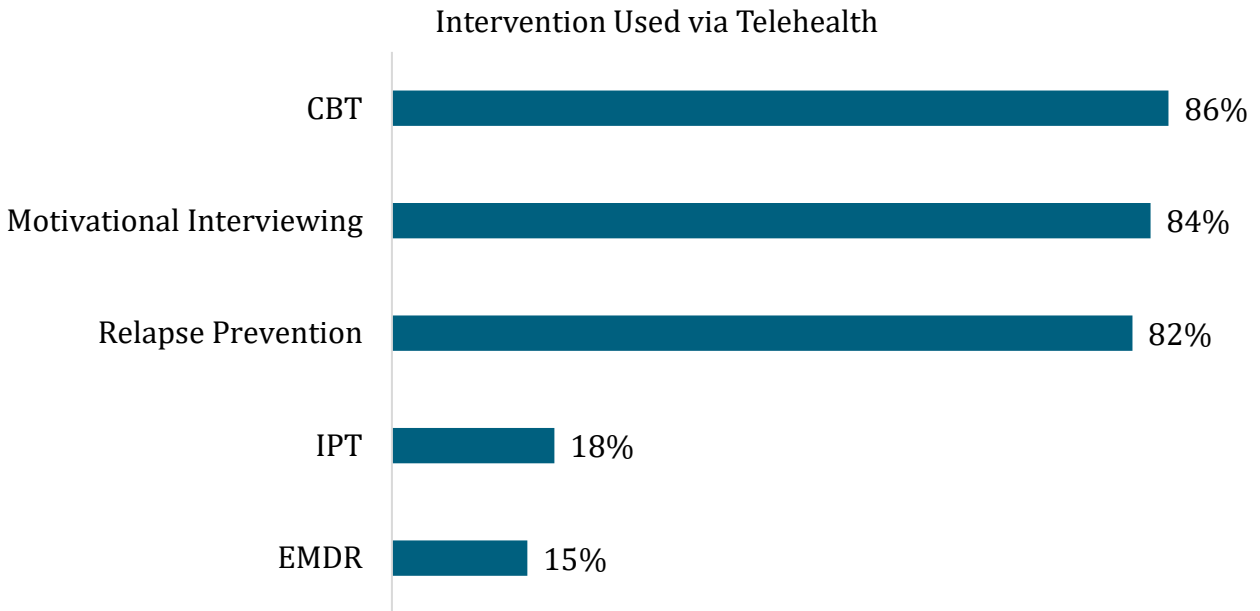
Telehealth and Therapeutic Modalities/Interventions

The switch to telehealth has also required some counselors to adapt their therapeutic modalities and tools to the new format. **Providers have struggled to adapt some therapeutic modalities to telehealth and, in some cases, have switched to modalities that are easier to implement via telehealth.** Interview participants noted that therapeutic modalities that are primarily talk-based, such as Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing (MI), were easier to use over telehealth. However, counselors found other therapeutic modalities were difficult to implement over telehealth, such as Eye Movement Desensitization and Reprocessing (EMDR). For some counselors, the logistics of using tools like handouts were difficult with telehealth and were therefore less likely to be used in a session, especially spontaneously. One participant talked about having to pre-plan an entire session in order to effectively use handouts. This participant stated:

I hate to do this, you almost had to plan your session before you met with the client. So, you just [had to decide] where you wanted to go and not necessarily where they wanted it to go.



Similarly, counselors responding to the survey seemed to find that certain interventions were more difficult to use via telehealth. Most counselors reported using CBT, MI, and relapse prevention with telehealth, with much fewer using EMDR or Interpersonal Therapy (IPT). However, only 28% (n=43) reported significantly changing their intervention for telehealth.



For participants who used group therapy, the ability to successfully adapt the experience to telehealth was mixed. Some participants felt it was harder for clients in new groups to form relationships with each other over telehealth. Many of the casual social aspects of in-person group therapy, such as smoke breaks, were no longer available and prevented clients from getting to know one another. However, providers who transitioned existing groups from in person to telehealth felt that the group relationships did not suffer in the transition.

Participants mentioned being intentional about assisting clients in building relationships with each other; one said:

I don't think they're forming those bonds that they normally would. And to try to combat that a little bit, I open up during each online meeting and say, listen, if somebody in group is saying something that's really meaningful to you and you wanna make a connection, I encourage you to exchange numbers on here, that's not gonna be a problem.





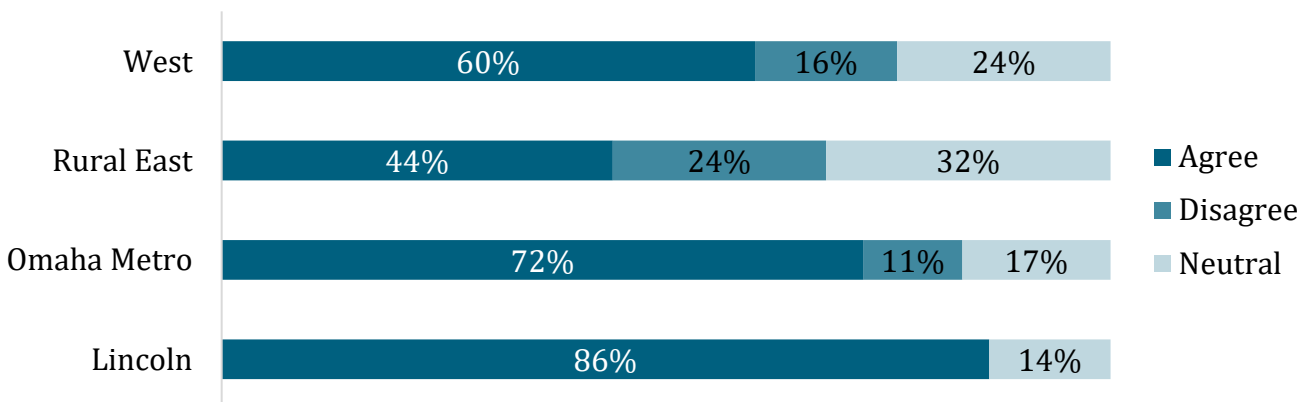
Future of Telehealth

Overall, most counselors want telehealth to be a permanent option in the future. Of survey respondents, 65% (n=102) agreed that telehealth should be a permanent treatment option. Some interview participants expressed excitement about the options telehealth provides for clients in rural Nebraska in group and individual sessions. In rural areas of Nebraska, specialized services such as intensive outpatient therapy may be otherwise unavailable. Providers can reach and better provide clients with the appropriate level of treatment by using the telehealth model. One participant stated:

I think the nice thing [about] allowing the hybrid, we're able to help people in the rural communities. If you think about our offices in O'Neill, we haven't been able to offer IOP in the past. Well now, you know, by allowing the us to do the telehealth model, we're able to meet those needs of those people. I think it's going to be good.

However, there were notable differences between survey respondents from different regions. Fewer counselors in the West (60%, n=8) and Rural East (44%, n=7) regions agreed that telehealth should be a permanent option. However, even in these regions, considerably more counselors agreed than disagreed with making telehealth a permanent treatment option.

Telehealth should be a permanent option.



While telehealth has been a generally positive experience for most counselors, **it is unclear the extent to which they will continue to use telehealth after the pandemic has ended.** Counselors shared that telehealth is not the right fit for all clients and, in some cases, has created new barriers to treatment. **Most of the interview participants intend to return to offering in-person services after the pandemic has ended but view telehealth as a viable option.** Many of the participants discussed missing aspects of in-person treatment, such as the ability to better read facial expressions and body language. However, they intend to continue to offer telehealth as an option for clients who request it or as a backup option when clients are unable to attend in-person.



Key Findings

- Counselors reported their clients experienced significant stress and anxiety related to the COVID-19 pandemic, which impacted their substance use behaviors and treatment.
- Counselors were also experiencing stress related to the COVID-19 pandemic, while also feeling cut off from supportive professional relationships and resources.
- The COVID-19 pandemic has created additional workloads and responsibilities for counselors.



All interview participants and many survey respondents identified that **the COVID-19 pandemic has created additional stress and anxiety, both for their clients AND for themselves**. Some of the impacts of clients' stress and anxiety were noted previously, such as increasing relapse rates or the need to spend additional time in sessions addressing pandemic-related concerns.

While the stress and anxiety related to the pandemic have touched nearly all aspects of life, participants noted **the financial impacts of the pandemic have been particularly stressful for clients**. Some clients experienced job loss, which not only resulted in loss of income but loss of health insurance coverage as well, which they need in order to access substance use treatment. Other clients had not yet lost employment but either had their hours cut or feared the potential loss of employment. Several interview participants noted that the pandemic has resulted in clients feeling a significant loss of control, which had been very triggering for some clients with trauma backgrounds. One participant explained:

I have several clients who have extreme trauma. Whether it's been sexual assault, physical abuse. And you know a lot of that masks, wearing the masks, caused them anxiety for them to wear it. Seeing others in masks and not being able to see them causes them anxiety. They're again feeling re-traumatized. And so that's what we work on instead of being able to work on other goals.



Participants also discussed the stress and anxiety that they themselves are experiencing during the pandemic. Participants emphasized **they are experiencing the pandemic personally in addition to professionally**. In particular, participants identified they have struggled with caregiving, setting boundaries, and establishing effective work/life balance during the pandemic.

One interview participant stated:

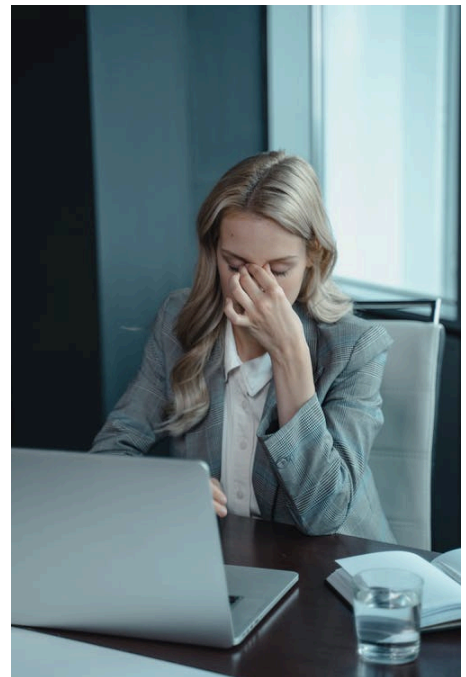
You have to think COVID doesn't impact just the client, it impacts the people that are doing the work. So, some have had to decrease the amount of time that they work. I had to take time off to be able to meet the needs of my family, balance it.



Participants were clear **counselors needed additional support during the pandemic, but instead received increased workloads and fewer positive connections with colleagues and clients.** For some, the increased workload was due to an increase in clients requesting services; for others, additional administrative tasks arose with the pandemic. Many participants also noted they had been working in relative isolation since the start of the pandemic, which has reduced the informal consultation and support they previously received. At the same time, increases in client relapse rates have meant many providers are no longer experiencing the same levels of client success as prior to the pandemic, leaving them without a crucial source of positive feedback and feeling discouraged. A participant said, *“I think it's the mental exhaustion. We don't see the success like we did before. And that can be very discouraging.”*

Similarly, in open-ended survey responses to the question, “What do you most want DHHS to know about your clients and your work during the COVID-19 pandemic?” many counselors drew attention to the **stress and anxiety they had been experiencing and the lack of recognition of their efforts as front-line “essential” workers.** They especially noted greater client needs and fewer resources, all amidst barriers, restrictions, and increased personal and professional stress, leading to a great deal of therapist burnout. Respondents indicated a need for recognition of counselors’ work and resources for them to provide care to both clients and themselves. One survey respondent wrote:

People are struggling so much right now and I'm busier than I've ever been. Telehealth is surprisingly more draining and energy consuming than face-to-face and while it reduces barriers in access to treatment, it costs me more in time and money than just in-person treatment. I've had to get extra training and change a great deal of interventions in order to remain and effective provider. Please continue to support therapists in this challenging work.”



Several participants noted they felt stretched too thin and **some are considering leaving the field or know of other treatment providers who are leaving the field.** Some counselors anticipate the impact of COVID-19 to extend far past the end of the pandemic. One wrote:

This is the tip of the iceberg. Be prepared for a flood of behavioral health issues. 50% of my clients haven't left their home in a year. When they have to leave again there are going to be issues of anxiety and substance use. The increase in alcohol use is increasing the amount of people who are going to need services. Nebraska doesn't have the resources to begin with. Now there will be a greater demand with NO INCREASE in dollars or services.



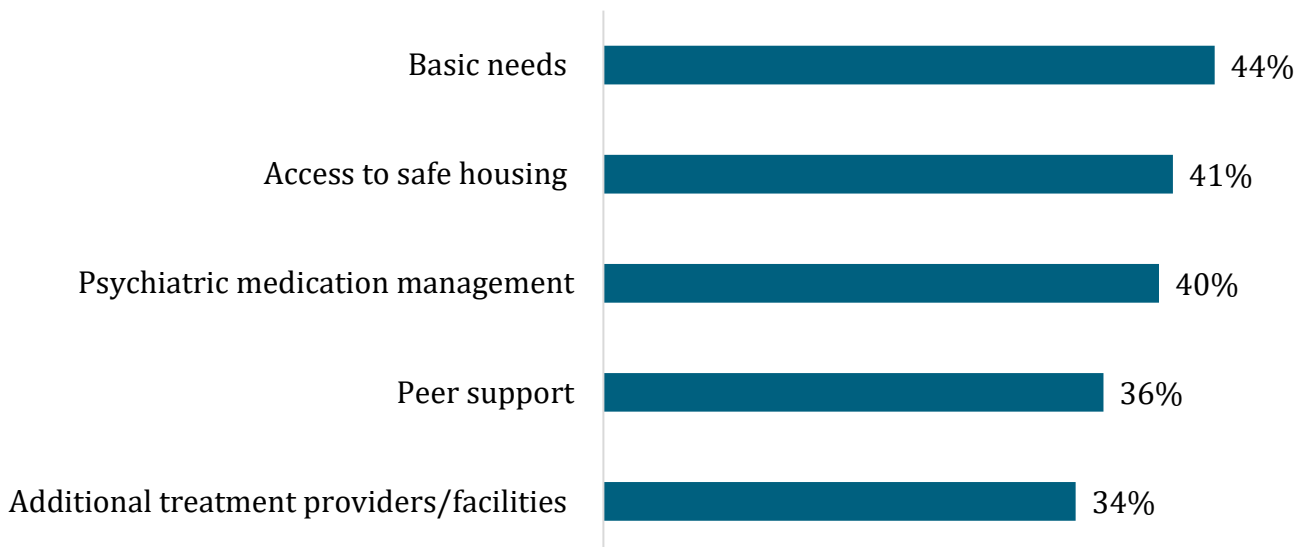
Key Findings

- The types of needs clients experience have largely stayed the same, but the degree of need has been exacerbated by the pandemic.
- Counselors reported the COVID-19 pandemic has highlighted the need for additional basic resources, including safe and sober housing.
- Substance abuse treatment is multi-faceted. Access to additional services such as medication management and peer support is crucial for successful recovery.
- While many client needs were consistent across all regions of Nebraska, slightly more Omaha providers noted a need for additional treatment access and basic needs.

Many interview participants stressed the additional needs of their clients during the COVID-19 pandemic. Some participants discussed the challenges they and their clients have faced trying to access additional resources to meet their basic needs, such as housing, utilities, and groceries. One participant explained the shortage of these types of financial services during the COVID-19 pandemic were caused, at least in part, by the large number of individuals who were impacted financially and required additional assistance.

Counselors’ responses to the survey also indicate that many clients are experiencing unmet needs. Counselors indicated their clients need additional resources in order to meet their basic needs (44% of counselors, n=74), access to safe housing (41% of counselors, n=70), and psychiatric medication management (40% of counselors, n=68). These types of needs are largely consistent with [previous findings](#).

Additional Resources Needed





Counselors reported similar needs across the state. However, fewer counselors (18% of counselors, n=5) in the Rural East region noted a need for additional treatment providers and/or facilities, while more counselors from the Omaha (41% of counselors, n=22) region noted this need.

18% in the Rural East

41% in the Omaha Metro

Need more treatment options

Interview participants expressed a strong need for Nebraska to fund more substance abuse treatment programs. Participants reported the number and types of services available for those struggling with substance abuse as insufficient. One participant explained that while COVID-19 is not the direct cause of needing more services, the pandemic has highlighted the need for additional services :

It really brought to light to me the lack of services that we have to meet the needs of this population. And I don't know if I had my head in the sand prior to COVID or it was just easier to access services, but [we're] struggling to find services to refer clients to. When you've done everything you can, you still need more. It's really brought to light actually that we're struggling [with] services out here.



Counselors also discussed a great range of needed services. Some mentioned facing challenges in getting clients admitted to homeless or domestic violence shelters, in part due to the reduced capacity as a result of COVID-19. Many participants emphasized the loss of peer and social support experienced by their clients during the pandemic. Participants spoke about AA, NA, and probation classes having reduced frequency or switching to virtual meetings. Several participants noted the lack of non-clinical services their clients relied on for social support and coping, with one providing the following example:

I can think of one youth, for example, she's a boxer, and the boxing gym is closed. She can't go to boxing, she's completely a remote learner, and it's just a lot of maintaining from week to week where she's at, opposed to being able to progress.



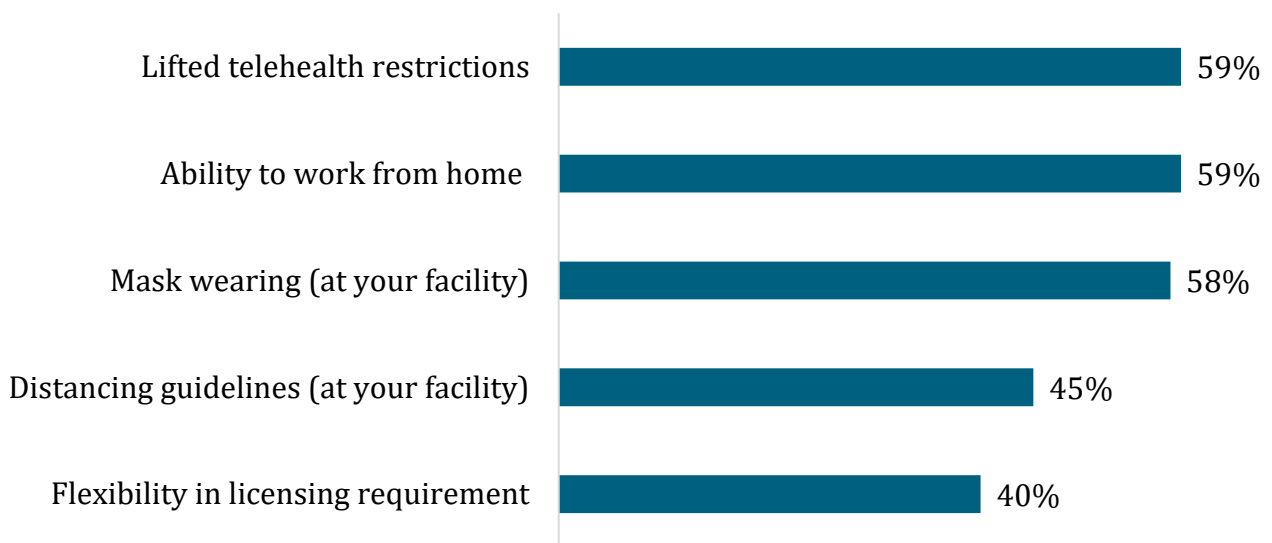
Key Findings

- Perceptions of COVID-related policies varied greatly by region. More counselors in the Rural East viewed COVID-related policies negatively, whereas more counselors in the Omaha Metro had positive views of COVID mitigation policies.
- Counselors communicated strong feelings, both positive and negative, about COVID-related policies and the impact of them on their clients and their work.

Positive Policy Impacts

Survey respondents were asked, “Which of the following have had a POSITIVE impact on YOUR ABILITY TO PROVIDE SERVICES?” Most counselors identified many COVID-19-related policies as primarily positive, including lifted telehealth restrictions (59% of counselors, n=89), ability to work from home (59% of counselors, n=89), and mask wearing at their facility (58% of counselors, n=87).

Which of the following have had a positive impact on your ability to provide services?

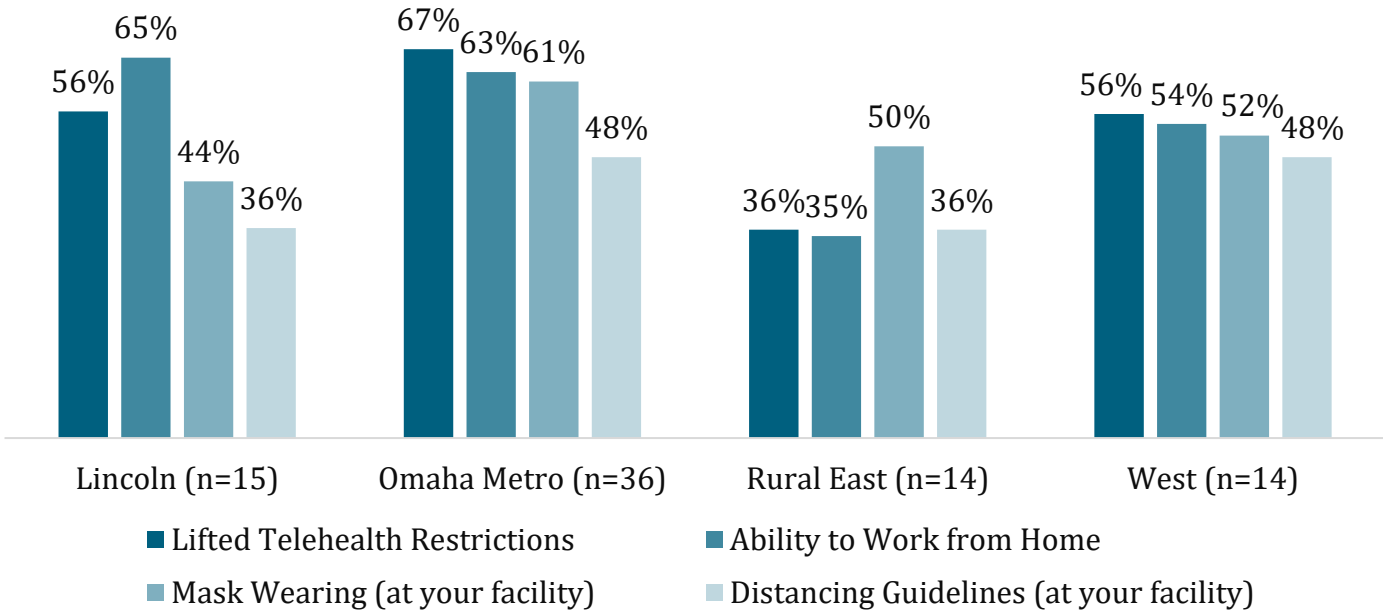


While fewer respondents identified flexibility in licensing requirements as having a positive impact (40% of counselors, n=60), it was one of the most frequently mentioned positive policy changes by interview participants. Participants expressed gratitude for the licensing renewal deadline extension and for virtual trainings counting towards CEU requirements for license renewal. Participants reported this flexibility was crucial in allowing them to continue providing services during the pandemic as many trainings were only offered virtually. Some participants suggested continuing to allow virtual trainings to count toward license renewal as this provides greater flexibility for providers to attend them outside of normal business hours.



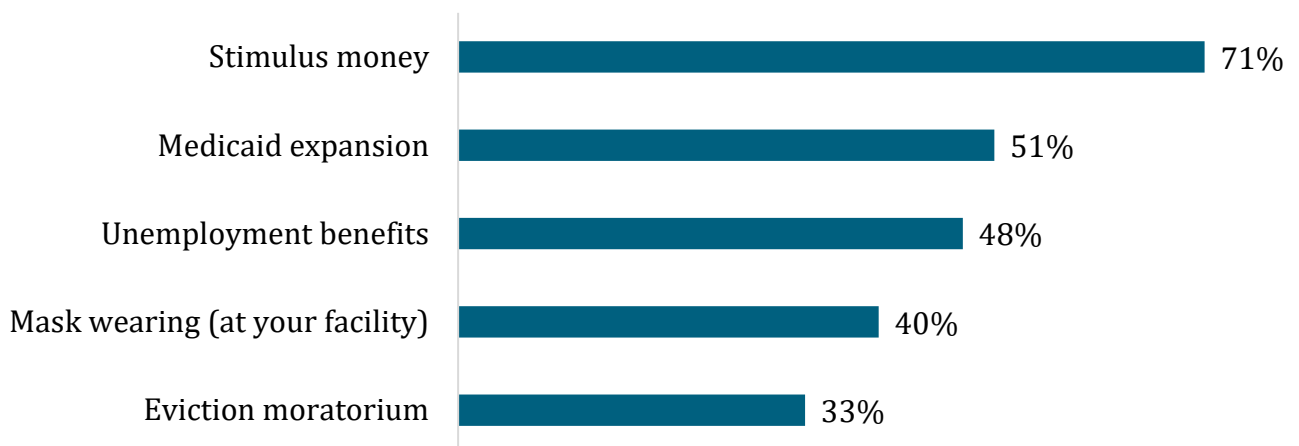
Regionally, more counselors from the Omaha Metro indicated COVID-19 policies had a positive impact on their ability to provide services than other regions. Relatively few counselors from the Rural East reported positive impacts from any of these policies.

Which of the following have had a positive impact on your ability to provide services?



Regarding the impact of policies on their clients, most counselors indicated stimulus money (71% of counselors, n=109), Medicaid expansion (51% of counselors, n=78), and unemployment benefits (48% of counselors, n=74) had a positive impact on their clients.

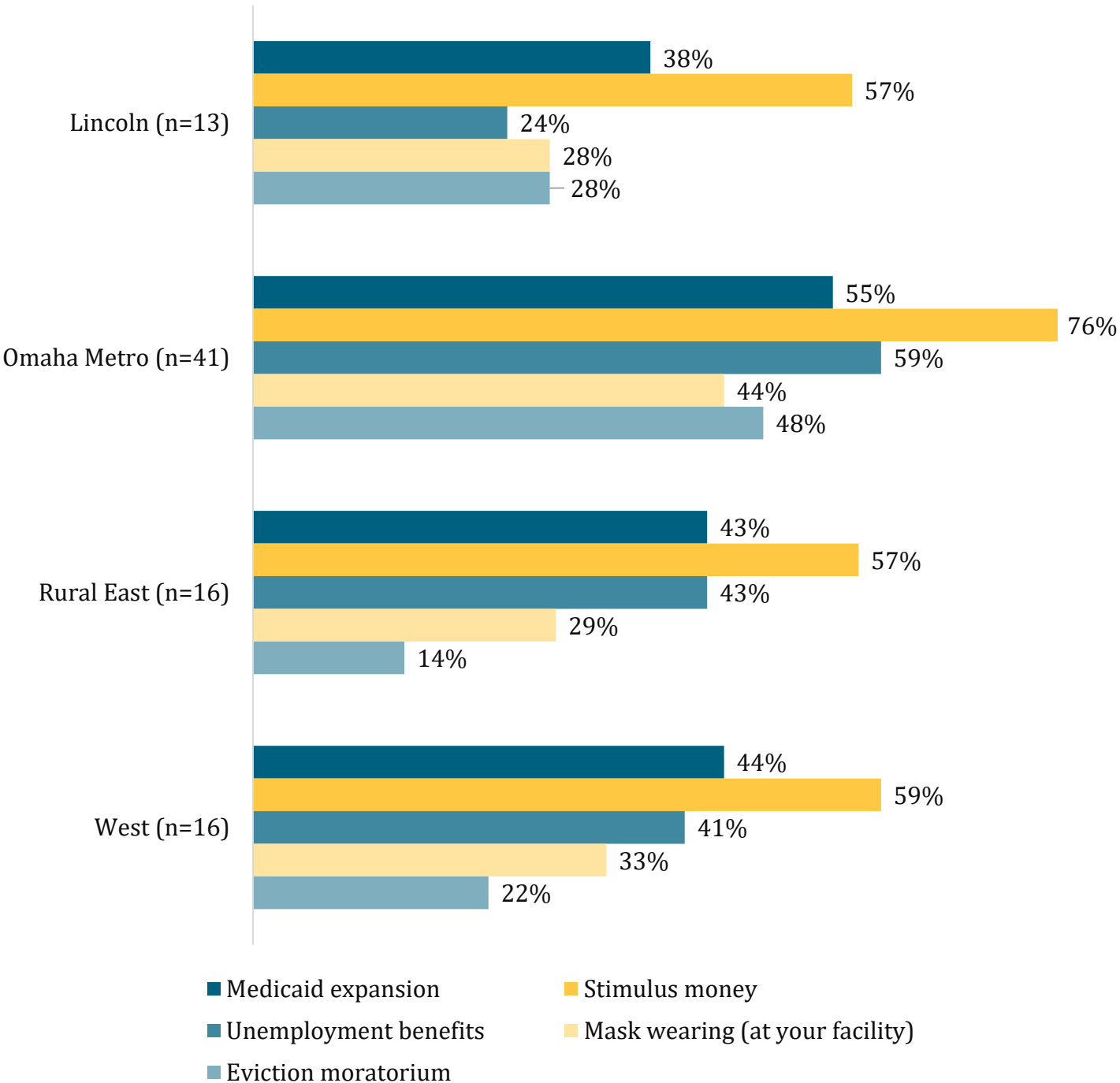
Which of the following have had a positive impact on your clients?





When examined regionally, however, more counselors from the Omaha Metro indicated policies had a positive impact on their clients than counselors in other regions.

Which of the following had a positive impact on your clients?

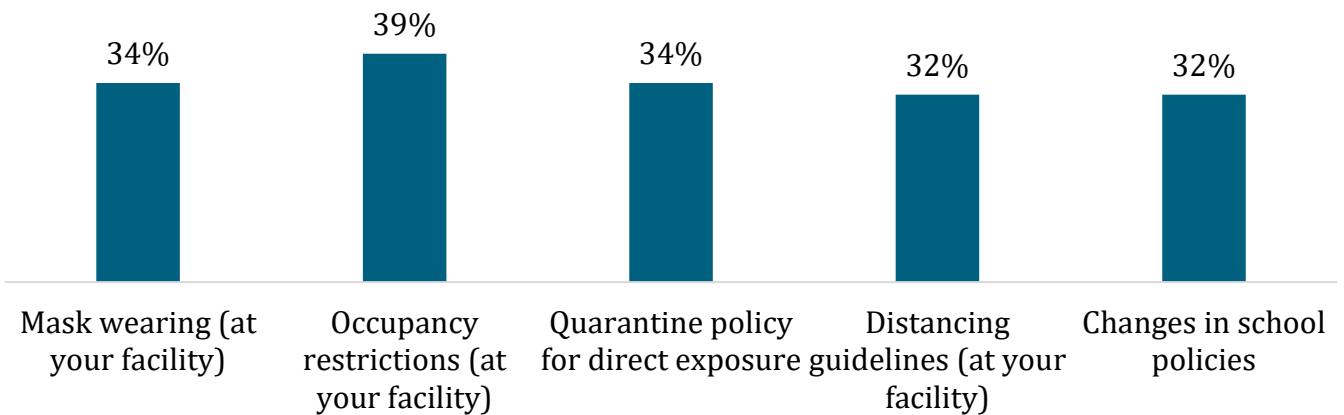




Negative Policy Impacts

Overall, fewer counselors stated that COVID-19-related policies had negative impacts on providing services. Just over a third of counselors surveyed indicated occupancy restrictions (39% of counselors, n=41), mask wearing at their facility (34% of counselors, n=36), and quarantine policy for direct exposure (34% of counselors, n=36) as negative impacts on their ability to provide services.

Policies with a Negative Impact for Providing Services

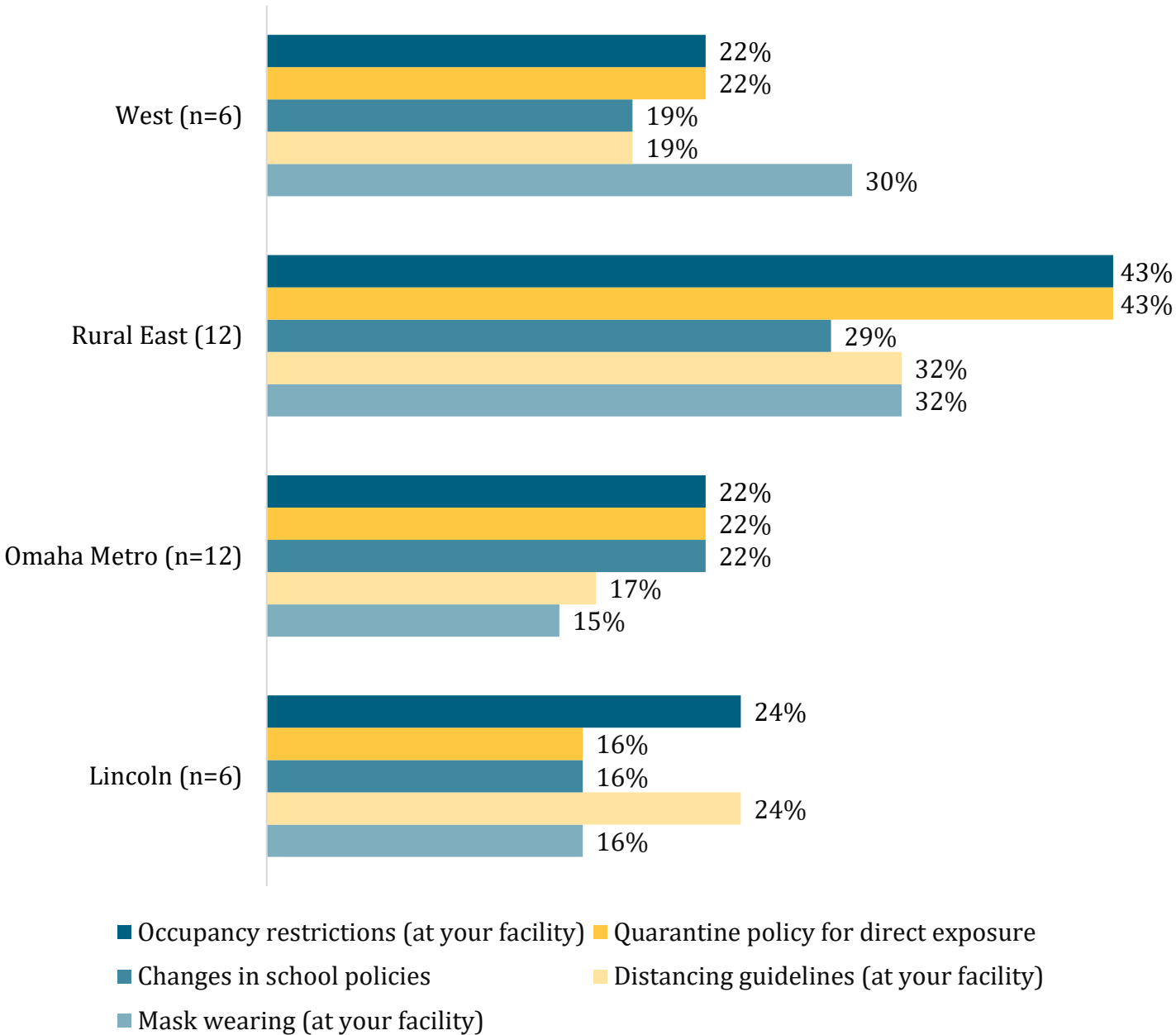


“Our clients continue to struggle with their sobriety due to restrictions and access to probation, court system, and funding for needed services.”



Regionally, more counselors in the Rural East reported negative impacts, while counselors from the Omaha Metro and Lincoln regions reported fewer negative policy impacts.

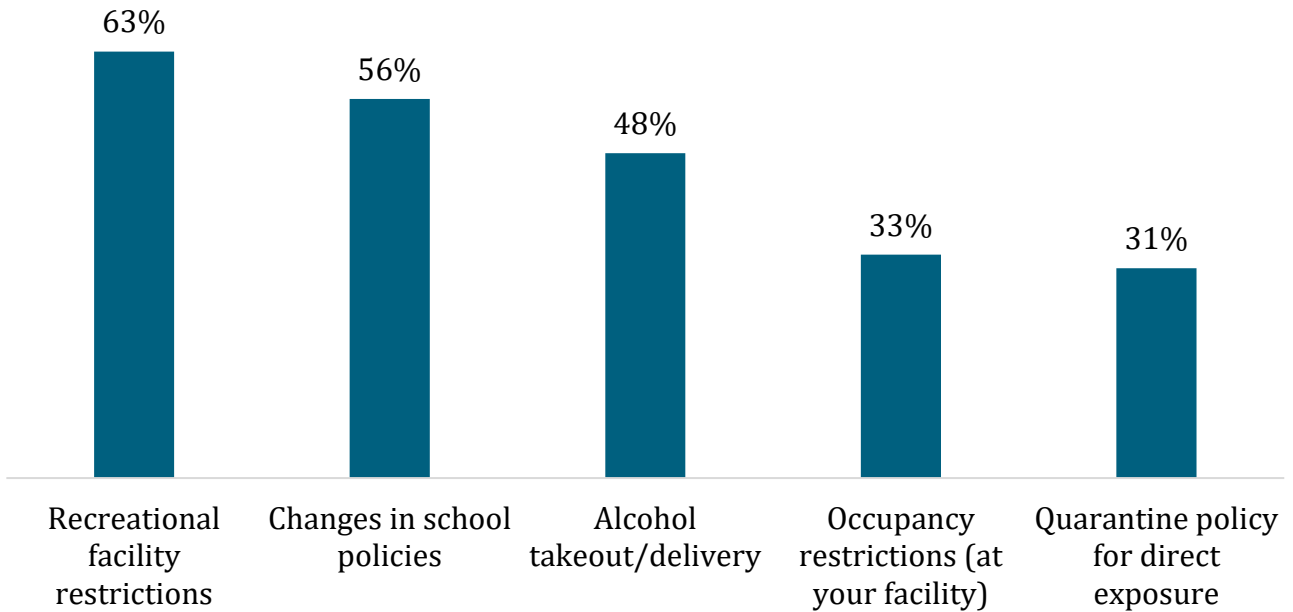
Which of the following have had a negative impact on your ability to provide services?





However, more counselors reported COVID-19-related policies having a negative impact on their clients. Higher percentages of counselors indicated recreational facility restrictions (63%, n=97), changes in school policies (56%, n=86), and alcohol takeout/delivery (48, n=74) had negative impacts on their clients.

Which of the following have had a negative impact on our clients?

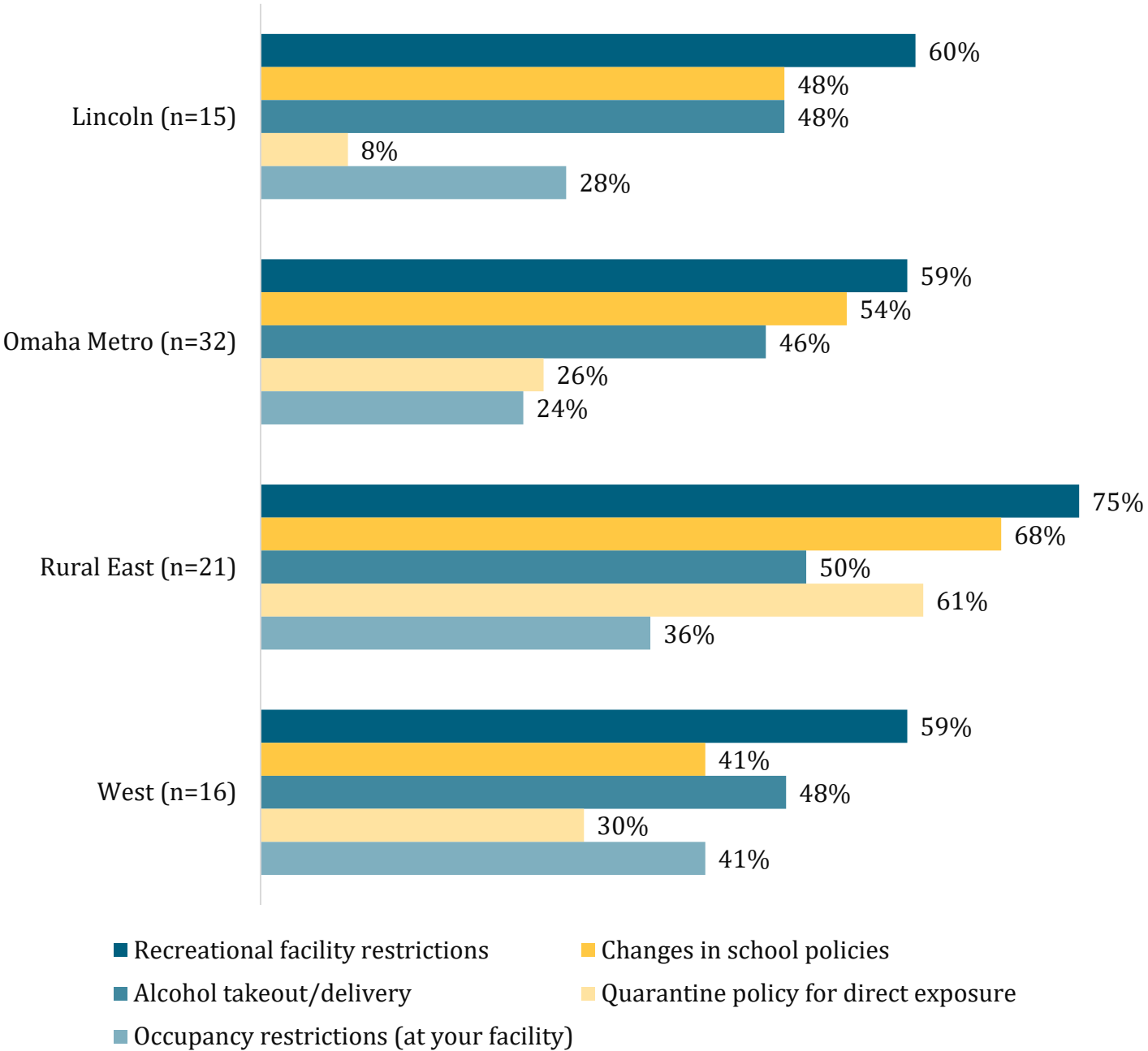


“Whenever there is a kind of an outbreak, it impacts their referrals to us which then impacts our utilization, which takes some financial toll.”



Regionally, respondents from the Rural East consistently indicated policies had a negative impact at a higher rate than the other regions. However, roughly half of all counselors reported alcohol takeout/delivery had a negative impact on their clients, regardless of region.

Which of the following had a negative impact on your clients?





Policy Permanency

When asked “Thinking about all of the policy changes that have been made as a result of COVID-19, which policies would you like to see become more permanent?” counselors who responded to the survey had divergent responses. The majority of counselors answering this question (n=51) spoke of **lifted telehealth restrictions and payment parity for telehealth** as policies that should become permanent. Of these, most of the respondents were from the Omaha region, though all regions were represented in this view.

I don't want to have higher taxes in order to continue to have stimulus money or expanded Medicaid. It was important during this time, but we can't support it forever. I don't want a 'new normal.' I want the old one back.

A smaller, but significant, number of counselors (n=17) strongly voiced their opposition to any permanency of COVID-19 related policies. Of these responses, most were from the Rural East. Some of these respondents framed the policies as “controlling” or “liberal agendas.”

Truthfully, the fear and propaganda have made things much worse and increased use instead of decreasing it.

Please stop fear-mongering.





Key Points

- Many counselors appreciated NE DHHS making the effort to learn how the COVID-19 pandemic has impacted substance use treatment.
- Participants continued to express interest in increased opportunities to communicate and develop more effective working relationships with NE DHHS.
- A small portion of counselors felt the policies and focus on COVID-19 were unnecessary, and NE DHHS should stop focusing on the pandemic.

All interview participants were asked what they wanted NE DHHS to know. Most participants provided positive responses and were **pleased NE DHHS is interested in learning how COVID-19 has impacted substance abuse treatment providers and their clients**. One participant said:

The fact that DHHS is doing this shows where they're at, you know? They're not afraid to figure out what they don't know and figure out a way to address it. They didn't have to, they could have left their heads in the sand and just said that everything is peachy. They weren't content to sit back and let life go on. They're actively working on trying to make life better for their providers and the clients. So, people can say what they want to say, but I admire that about the State of Nebraska DHHS."

Interview participants recognized **NE DHHS and their staff are not immune to the impacts of COVID-19** and identified the breadth of responsibilities NE DHHS has. One participant stated, *"I can't imagine what kind of stress they're going under and they're experiencing and the pressures that are put on them and the expectations that they're having to uphold."*



Some participants admitted to not fully understanding what NE DHHS' role is in substance use treatment. A few participants asked for **more communication between NE DHHS and treatment providers across the state**. Participants suggested a NE DHHS newsletter or regular meetings. These meetings would allow treatment providers to learn about what NE DHHS has been working on and will allow treatment providers to let NE DHHS know what challenges or successes they are experiencing. One participant suggested using a virtual platform for these meetings to allow those from rural Nebraska to be involved.

As mentioned in the [Policy Perceptions](#) section, a small number of survey respondents did not support NE DHHS's focus on and reaction to the COVID-19 pandemic. These respondents characterized NE DHHS's COVID response as "fear-mongering" and "propaganda." One respondent wrote, *"Truthfully, the fear and propaganda have made things much worse and increased use instead of decreasing it."*



All research has limitations. The findings and recommendations within this report should be understood in the context of those limitations. The following limitations are specific to the **qualitative** component of the report:

1. While the sample size was well within the acceptable range for qualitative research, it may not have been fully saturated and additional findings may have developed from more data.
2. STEPs used purposeful, criterion sampling for the qualitative component, including limiting participation to counselors in the Nebraska counties most impacted by COVID-19. While this included a geographically diverse set of counties and counselors, the sample should not be viewed as representative of all substance use treatment providers in Nebraska.
3. Although STEPs made conscious decisions to include voices from rural Nebraska, urban providers comprised much of the qualitative interview sample.
4. STEPs conducted all interviews via Zoom, an online videoconferencing platform. While researcher and participant satisfaction with qualitative data collection via Zoom has been documented (Archibald, Ambagtsheer, Casey, & Lawless, 2019), it is unknown if the use of this platform affected the type or quality of data compared to in-person interviews.
5. Bias exists within all research. STEPs used two coders who engaged in initial coding independently and subsequent data analysis collaboratively to reduce the impact of bias.

The following limitations are specific to the **quantitative** component of the report:

1. Since STEPs administered the survey via email, many respondents may have mistaken the survey for spam email or firewalls may have blocked the email as an unknown address, thus reducing the response rate.
2. Survey items did not undergo tests of reliability or validity prior to administration.

The following limitations apply to **the report as a whole**:

1. While much of the information within this report was represented in both qualitative and quantitative data sets, differences in the samples, questions asked, and methodologies can limit the usefulness of direct comparisons.
2. Generally, a higher level of trustworthiness can be applied to consistent data in mixed method studies, but it is important to note that information only represented in one data set should not be viewed as less accurate or valuable.
3. STEPs administered the survey and conducted all interviews during the COVID-19 pandemic. It is not known if this affected the type or quality of data collected.
4. During this time, media coverage of the COVID-19 pandemic, including reports on substance use impact, were widespread. Participants' views may have been influenced by existing media narratives.



Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019) Using Zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, 18, 1-8.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Thousand Oaks, CA: SAGE.

New York Times. (2020) Nebraska Covid Map and Case Count. Accessed November 18, 2020 at <https://www.nytimes.com/interactive/2020/us/nebraska-coronavirus-cases.html#county>.



Qualitative Methodology

Purpose

The purpose of this qualitative component of the Drug Use Behaviors project was to better understand how the COVID-19 pandemic impacted the experiences and needs of substance abuse clients and treatment providers in Nebraska. The primary use for this information is to assist the NE DHHS Drug Overdose Prevention program in planning programming and outreach efforts. A secondary use for this information is to inform the development of a quantitative survey of substance abuse treatment providers in Nebraska.

Research Questions

STEPS staff collected qualitative data from substance abuse treatment providers in Nebraska through semi-structured interviews and analyzed the data in order to identify information and themes relevant to the NE DHHS Drug Overdose Prevention Program. The analysis attempted to answer three primary questions:

1. How have the experiences and needs of substance use treatment providers been impacted by COVID-19 pandemic?
2. How do substance abuse treatment providers perceive the impacts of the COVID-19 pandemic on the experiences and needs of their substance abuse clients?
3. What does NE DHHS need to be aware of when planning programming and outreach during a disaster?

Sampling Plan

Inclusion criteria for participation in the study included 1) a Nebraska license to provide substance abuse treatment (PLMHP, LMHP, LIMHP, LCSW, PLADC, LADC) and 2) provided substance abuse treatment services to clients from high COVID impact counties in Nebraska. STEPs identified high COVID impact counties in Nebraska using two metrics. The first metric was total number of COVID-19 cases reported throughout the duration of the pandemic. The five counties with the highest total number of cases included Douglas (33,004), Lancaster (13,254), Sarpy (9,372), Hall (3,764) and Buffalo (2,943). The second metric was total number of COVID-19 cases reported throughout the duration of the pandemic per 100,000 residents. The five counties with the highest number of cases per 100,000 included Dakota (14,676), Colfax (10,860), Saline (8,922), Platte (2,663), and Dawson (7,362). COVID-19 case data was updated on November 18, 2020 (New York Times, 2020).

The use of two metrics (total cases and cases per 100,000) to identify high COVID impact counties was necessary in a state with stark urban/rural contrasts. The use of only total cases would have excluded all primarily rural counties, while the use of only cases per 100,000 would have excluded all primarily urban counties. The use of both metrics ensured representation of both urban and rural experiences in the data. Restricting participation to substance abuse treatment providers in high COVID impact counties ensured participants could serve as key informants with high-levels of first-hand knowledge regarding the impacts of the pandemic.



STEPs recruited a study sample using two strategies: 1) a recruitment email sent to inpatient and outpatient drug and alcohol treatment centers in Nebraska; and 2) emails and phone calls to substance abuse treatment centers and providers in targeted counties identified via web searches.

STEPs contacted the Nebraska chapter of the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) for assistance with recruitment. NAADAC informed STEPs an application process was required and there was a cost associated with this. STEPs staff discussed this and decided against moving forward with this recruitment method.

The recruitment email oriented potential participants to the project's purpose and scope and directed them to an online survey to provide informed consent, establish that they meet the project's inclusion criteria, and provide contact information to set up the interview.

STEPs staff employed theoretical sampling methods (Charmaz, 2014). In this iterative process, preliminary data is collected and initially coded before returning to the sample for additional data collection. The sample would be complete when the emergent codes and categories were saturated. While the total sample size varies depending on the quality of data and the depth of analysis, saturation generally occurs between 15 and 30 participants. See [Appendix E](#) for recruitment email template and [Appendix F](#) for the consenting and eligibility survey.

Data Collection

STEPs collected data for the project through semi-structured, in-depth interviews with substance abuse treatment providers. Interviews were scheduled at a time that was convenient for participants and took place over Zoom, an online videoconferencing service. Both qualitative researchers and research participants in other studies have found Zoom to be a highly satisfactory method of conducting interviews, highlighting its convenience and user-friendliness (Archibald, Ambagtsheer, Casey, & Lawless, 2019). STEPs recorded the interviews and had the audio professionally transcribed to ensure accuracy. Interviews were guided by the interview protocol, available in [Appendix G](#). The interview protocol remained flexible in order to allow for follow-up, elicit rich data, and saturate emergent codes and themes.

Data Analysis

STEPs analyzed the data using the methods of constructivist grounded theory (Charmaz, 2014). While the project did not advance to the theory development stage, the use of initial coding, focused coding, and categorization provided structure and rigor to the data analysis process. Analysis was facilitated via MAXQDA software and performed by two coders. STEPs began to code interviews immediately after receiving the transcriptions in order to adjust the interview protocol as needed. Results of this analysis and subsequent recommendations were shared with the NE DHHS Drug Overdose Prevention program and were included in this final Drug Use Behaviors report.

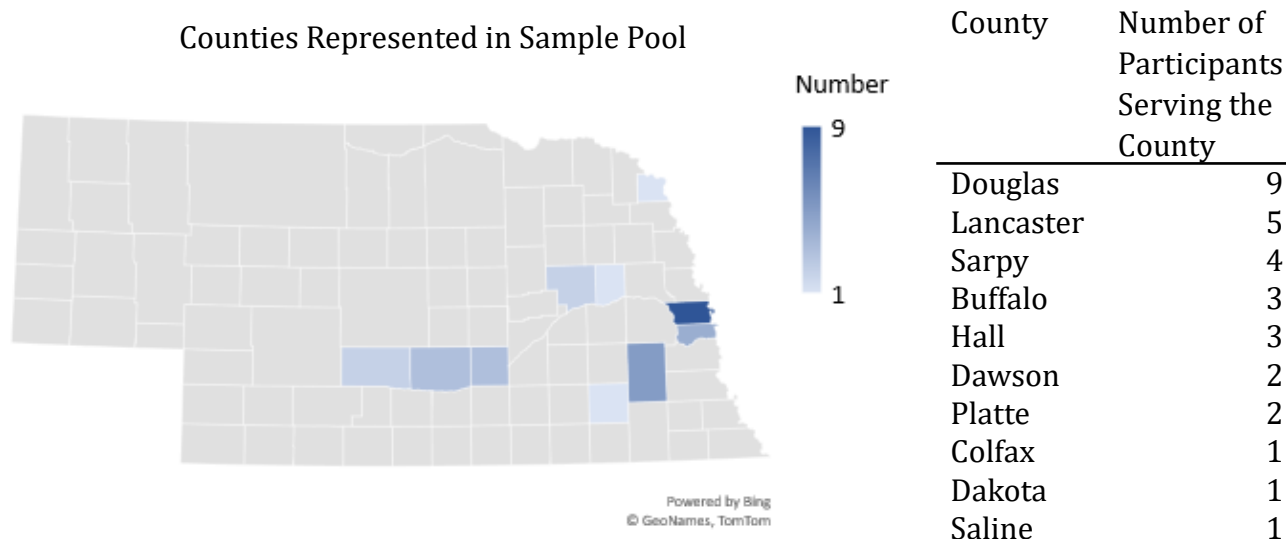


Sample

Overall, 36 individuals responded “yes” to the online survey which indicated their interest and willingness to participate in an interview. STEPs made at least two attempts to schedule an interview with all 36 individuals. STEPs conducted 20 interviews with 21 treatment providers from the 10 identified counties. One participant did not allow STEPs to record the interview and this interview was not included in the analysis process but was utilized to modify questions on the interview protocol. The 19 interviews took place between December 4, 2020 and January 26, 2021. The interviews ranged in length between 30-56 minutes with the average interview lasting about 42 minutes.

Geographic Regions Served

47% (n=9) of participants reported serving Douglas County. STEPs successfully recruited at least one participant from each of the 10 counties targeted due to their rates of COVID-19 as noted above. The table below shows the number of participants who served each county. It is important to note many providers served more than one county.



Licensure Held

84% (n=16) of participants reported holding either a LADC or PLADC. The table below shows the full break down of licensures held by participants.

Type of License	Number of Participants with the License
LADC/PLADC	16
LIMHP/LMHP/PLMHP	15
CPC/LPC	4
LICSW/LCSW	2
CMSW/PCMSW	2
CDGC	1
CMHIMP	1



Survey Methodology

Survey Purpose

The purpose of the quantitative survey of treatment providers was to discover current patterns in clients' drug use behaviors, the impact of COVID-19, and the unique needs of both substance users and treatment providers in the state of Nebraska.

Survey Development

In 2019, Nebraska DHHS contracted with STEPs to administer an online survey to administrators of residential inpatient treatment facilities and methadone clinics in Nebraska. The following year, STEPs administered a similar survey to all Licensed Alcohol and Drug Counselors (LADCs) and Provisional Licensed Alcohol and Drug Counselors (PLADCs). Building upon this work, DHHS again partnered with STEPs to survey LADCs and PLADCs in Nebraska to ascertain information regarding the impact of the COVID-19 pandemic on substance use behaviors, prevention, and treatment provision.

STEPs developed survey items in collaboration with DHHS and based upon qualitative interviews with substance abuse treatment providers across the state. While survey items changed from the original 2019 version to reflect the impact of the COVID-19 pandemic, the main research questions remained similar. Specifically, the survey aimed to address the following:

1. What are the COVID-related impacts on:
 - Substance abuse treatment provision
 - Substance abuse patterns and behaviors
 - Substance use patterns and behaviors
2. What has been the impact of COVID-related policies on:
 - Individuals seeking treatment for substance misuse
 - Substance use treatment providers

Sampling Method

DHHS provided STEPs a list of all Licensed Alcohol and Drug Counselors (LADCs) and Provisional Licensed Alcohol and Drug Counselors (PLADCs) registered in Nebraska, totaling 1,141 individuals. On March 17, 2021, STEPs administered the survey by sending a Qualtrics link via email to the 1,141 individuals with a listed email address. Qualtrics is an online survey software that assists in the distribution of surveys and collection of data. The introductory and follow-up email can be found in [Appendix H](#). All survey responses were reported in aggregate to DHHS. A copy of this survey can be found in [Appendix I](#).

Data Analysis

STEPs closed the online survey on March 28, 2021. STEPs exported the survey responses from Qualtrics and analyzed the data using Microsoft Excel software on a password-protected computer.

After cleaning the data, STEPs used descriptive analyses to determine trends in participant responses and bivariate analysis to compare key variables. Where appropriate, the total number of responses per question or geographic region are included in this report. The analyses aimed to fulfill the purpose statement.

Sample Size

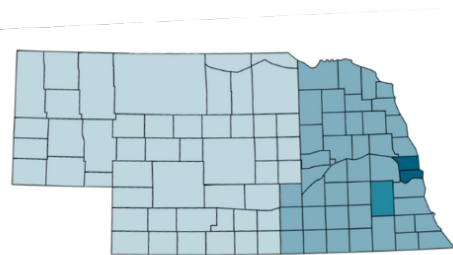
Of the 1,141 individuals who provided an email, 712 were LADCs and 429 were PLADCs.

Operationalization of “Treatment Providers”

STEPs collected primary data through a survey of behavioral health providers specializing in the treatment of substance use, referred to in this report as “counselors.” These providers were most commonly independent of other healthcare providers (i.e. primary care physicians) and may have been working in a variety of settings. While some of these providers may have been working within a healthcare setting (i.e. hospital), many provided services outside of healthcare facilities in settings such as substance use treatment facilities or independent behavioral health clinics.

Substance use treatment providers tend to direct the focus of their treatment at the psychological healing of addiction and trauma through modalities such as individual and group therapy. While many work in conjunction with medical staff, such as nurses and psychiatrists, the roles of each are separate and distinct. Whereas medical professionals address the clients’ biological components of addiction and other commonly occurring health concerns in treatment, substance use treatment providers focus on the psychosocial aspects that contribute to the patient’s substance use (Center for Substance Abuse Treatment, 2004).

STEPs divided Nebraska into the following regions based on geographic, economic, and cultural similarities: Lincoln, Omaha Metro, Rural East, and West. Respondents were able to select all regions in which they provided services. During analysis, if a respondent selected more than one region, they were categorized within the more populated region’s group (i.e., respondent picked both Omaha Metro and Rural East, they were placed in the Omaha Metro group).





As indicated by the chart, the majority of respondents provided treatment in Omaha.

Region Provided	Count	%
Omaha Metro	54	39%
Rural east	41	30%
Lincoln	34	25%
West	33	24%

In addition to their LADC or PLADC, most providers (83%) were also licensed or provisionally as a mental health professional (LIMHP, LMHP, PLMHP)

Professional Licensure	Count	%
LIMHP	88	52%
LMHP or PLMHP	53	31%
LPC or PLPC	25	15%
CMSW or PCMSW	21	12%
CMFT	2	1%



Description of Substance Abuse Treatment Providers (Counselors)

Counselors support individuals' ability to understand and overcome their substance use disorder and maintain recovery.

Counselors offer:

- Intake, assessment, and treatment planning,
- Counseling for individuals, groups, and significant others,
- Case management and crisis intervention, and
- Referrals to medical providers and other professionals when appropriate.

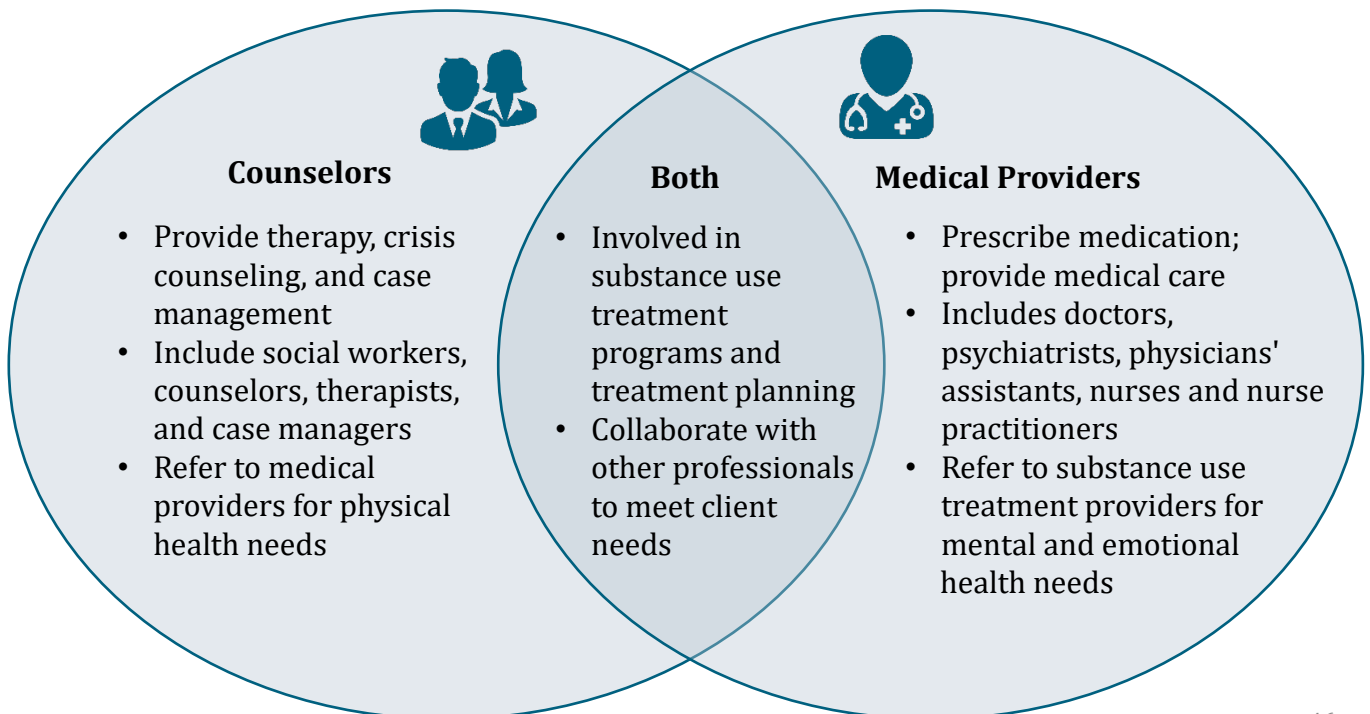


Counselors support:

- Individuals with substance use, mental health, or co-occurring disorders, and
- Clients in self-help recovery groups, outpatient treatment, intensive outpatient treatment, residential or inpatient treatment, or continuing care.

Common licenses held by counselors:

- Licensed or Provisionally Licensed Alcohol and Drug Counselor (LADC/PLADC),
- Licensed Mental Health Practitioner (LMHP), and
- Licensed Independent Clinical Social Worker (LICSW).





Substance Specific Trends by Region

The following discussion indicates responses to the following three questions, by substance and region:

- “Which substances have seen the greatest increase in misuse during the COVID-19 pandemic? (select all that apply)”
- “Which substances have you seen the greatest INCREASE IN AVAILABILITY during the COVID-19 pandemic? (select all that apply)”
- “Which substance are you most concerned about right now?”

Alcohol

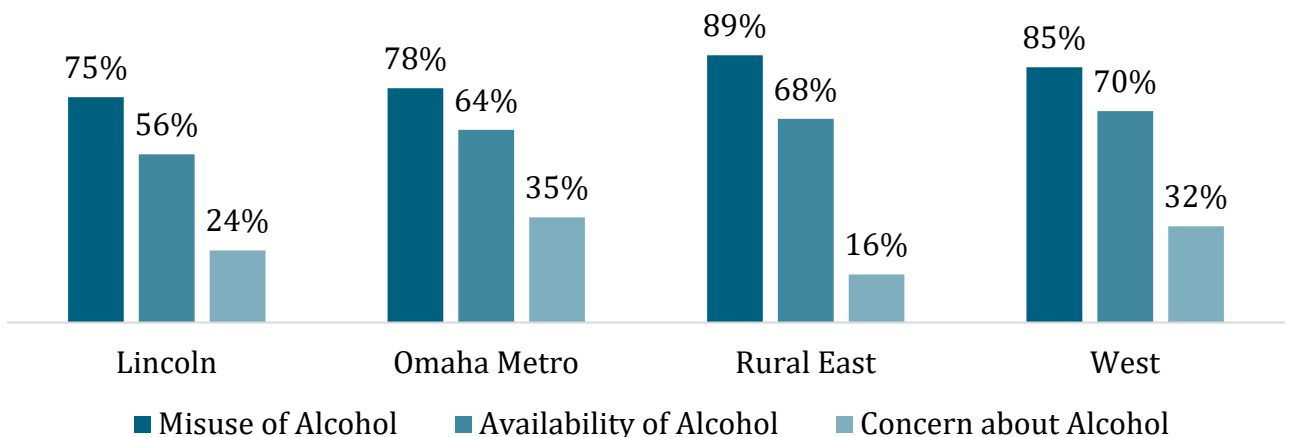
Across all regions, most counselors (83%, n=137) indicated an increase in misuse of alcohol as well as availability of alcohol (67% of counselors, n=111). However, while more counselors indicated an increase in alcohol misuse and availability more than any other substance, only 28% (n=42) of counselors were most concerned about alcohol.

Substance Increased in Misuse



When divided by region, counselors from the Omaha Metro (35% of Omaha Metro counselors, n=18) and the West (32% of counselors from the West, n=7) indicated alcohol as the substance they are most concerned about. While those in the Rural East (19% of counselors, n=4) are least concerned about alcohol, despite most counselors reporting an increase in misuse across all regions.

Alcohol Concern, Misuse Increase, and Availability Increase by Region





Marijuana

While 69% of counselors (n=111) indicated an increase in the misuse of marijuana and 49% of counselors indicated an increase in availability (n=81), few indicated concern over this substance (8%, n=13).

When divided by region, concern around marijuana was highest in the Rural East (20% of Rural East counselors).

Methamphetamines

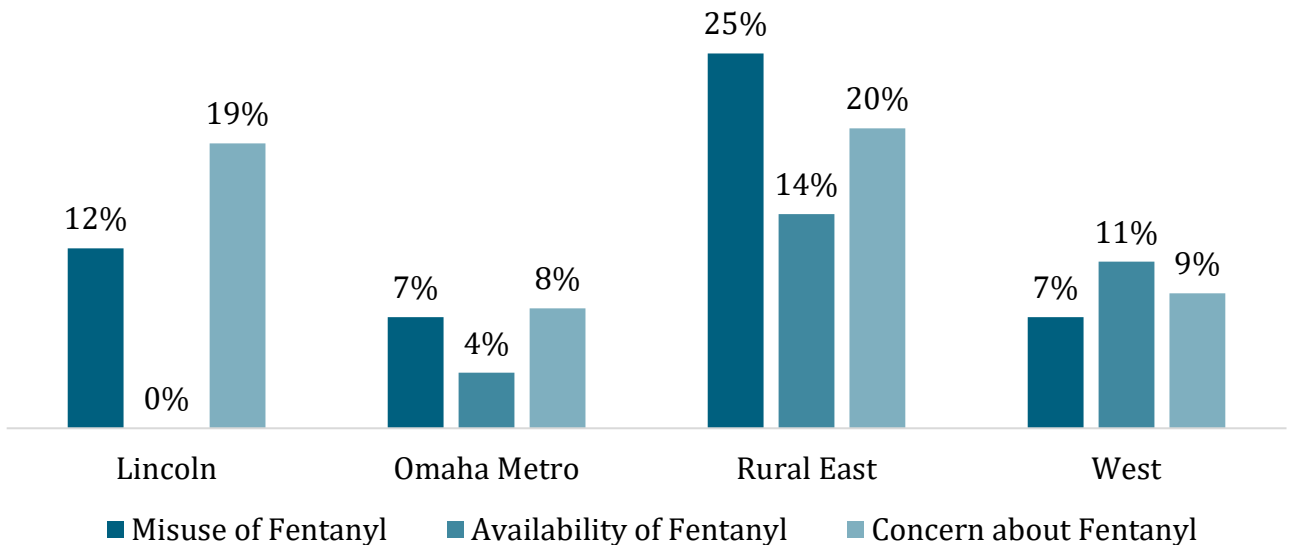
Over half (52%, n=83) indicated an increase in methamphetamine use and 33% (n=55) reported an increase in availability. In general, this was the second highest substance respondents were concerned about (20%, n=32).

Regionally, counselors from the Rural East (28% of Rural East counselors, n=7) and Lincoln (29% of Lincoln counselors, n=6) indicated being most concerned about methamphetamines.

Fentanyl

Although few counselors reported an increase in fentanyl misuse (13%, n=21), 14% (n=21) of counselors indicated they were most concerned about this substance. This represents a marked difference from [previous findings](#). Concern around entanyl was highest in Lincoln (19% of Lincoln counselors, n=4) and the Rural East (20% of Rural East counselors, n=5). 25% (n=7) of respondents in the Rural East region reported an increase of use of fentanyl, while 12% (n=3) in Lincoln reported an increase.

Fentanyl by Region





Recruitment Email

Subject: NE SA Treatment Providers & COVID–Call for Participants

Nebraska substance abuse treatment provider:

The Nebraska Department of Health and Human Services (DHHS) Division of Public Health has contracted with the University of Nebraska at Omaha’s STEPs (Support and Training for the Evaluation of Programs) to conduct interviews with substance abuse treatment providers in the State of Nebraska. The purpose of these interviews is to hear directly from substance abuse treatment providers about their perceptions, experiences and needs during the COVID-19 pandemic.

If you are a licensed substance abuse treatment provider (PLMHP, LMHP, LIMHP, LCSW, PLADC, LADC) and serve clients from Buffalo, Colfax, Dakota, Dawson, Douglas, Hall, Lancaster, Platte, Sarpy, or Saline counties, please go to

https://unomaha.az1.qualtrics.com/jfe/form/SV_bKGHkIkqYy2MsWp to learn more and sign up to participate. These counties were selected due to the high COVID-19 rates and case counts they have experienced over the course of the pandemic. A future survey will assess the experiences of all licensed substance abuse treatment providers in Nebraska, regardless of the counties they serve.

Participating in this interview is an opportunity for you and/or your agency to confidentially share your perspectives and needs with Nebraska DHHS and other relevant stakeholders. Interview responses will also guide STEPs in developing a statewide substance abuse treatment provider survey, which will be conducted in early 2021.

Interviews will be scheduled at a time that is convenient for you, and they will take place over Zoom, an online videoconferencing service. Zoom is user-friendly and participants can connect via internet or phone, so there is no travel, no software, and no camera required. We anticipate the interview will take approximately 30-60 minutes. More information can be found by following the sign-up link:

https://unomaha.az1.qualtrics.com/jfe/form/SV_bKGHkIkqYy2MsWp.

If you have any questions, please contact the project lead, Dr. Liam Heerten-Rodriguez (lheerten2@unomaha.edu), or STEPs graduate student Dan Kreuzberg (dkreuzberg-sw@unomaha.edu). To see examples of STEPs previous work, including past Drug Use Behaviors projects, you can go to https://digitalcommons.unomaha.edu/step_reports/.



Please consider forwarding this opportunity to your colleagues and networks.

Thank you,

Liam & Dan

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dkreuzberg-sw@unomaha.edu



Consenting and Eligibility Survey

Q1 Thank you for your interest in participating in a substance abuse treatment provider interview. Interviews are being conducted through Support and Training of the Evaluation of Programs (STEPs) at the University of Nebraska at Omaha. Nebraska Department of Health and Human Services (NE DHHS) Division of Public Health has contracted with STEPs to complete a needs assessment for the Drug Overdose Prevention (DOP) Program to document the impact of the COVID-19 pandemic on substance abuse treatment and drug use behaviors. This information will assist NE DHHS in developing effective drug use prevention plans, prepare for future disasters or pandemics, and provide relevant trainings and resources for providers. Hearing directly from substance abuse treatment providers is crucial to the development of those plans.

Completing this survey indicates your interest in participating in an interview and provides contact information and limited demographic information to STEPs. Completing this survey should only take 2-3 minutes.

What will happen during the interview?

The interview will last approximately 30-60 minutes. The interview will be scheduled at a time that is convenient for you and will take place over Zoom, an online videoconferencing service. Zoom is user friendly and participants can connect over the internet or by phone, no software or camera required. A link and phone number to connect with Zoom will be emailed to you prior to your interview. The interview will consist of several open-ended questions regarding your professional experiences and perspectives during the COVID-19 pandemic. You can opt out of any question or opt out of the interview at any time. STEPs will record the interview in order to best capture your perspectives and have a transcript of our conversation.

What will happen after the interview?

STEPs will analyze the transcript, along with the transcripts from other interviews, in order to develop a report. Your participation in the interview will be kept confidential and no personally identifying information will be included in the report. The report will be given to NE DHHS, who may distribute it to relevant stakeholders. At your request, a copy of the report can also be made available to you.

**Why should I participate?**

There are no direct, material benefits or incentives for you participating in the interview. However, by sharing your professional experiences and perspectives, you can ensure that your voice is heard by NE DHHS and other stakeholders as they develop plans relevant to your work. By including the voices of treatment providers, we hope to improve drug overdose prevention and treatment efforts in Nebraska.

Q2 Are you willing to participate in a 30–60-minute interview via Zoom regarding your experiences and perspectives as a substance abuse treatment provider during the COVID-19 pandemic?

Skip To: End of Survey If Are you willing to participate in a 30–60-minute interview via Zoom regarding your experiences an... = No

- Yes (1)
- No (2)

Q3 What is your name?

Q4 What is the best email address to reach you at?

Q5 What is the best phone number to reach you at?

Q6 How would you preferred to be contacted regarding scheduling an interview?

- Email (1)
- Phone (2)



Q7 Do you serve substance abuse clients from any of the following counties? Select multiple counties by holding down Ctrl (on a PC) or Cmd (on a Mac) when clicking.

- Buffalo (274)
- Colfax (275)
- Dakota (276)
- Dawson (277)
- Douglas (278)
- Hall (279)
- Lancaster (280)
- Platte (281)
- Sarpay (282)
- Saline (283)
- None of these counties (284)

Q8 What licensure do you hold?



Interview Protocol

Please tell me a little about your professional role involving substance abuse treatment.

- How long have you been doing this work?
- In what settings do you typically do this work?

What changes have you observed in your clients since the onset of the COVID-19 pandemic?

- For clients who are still using, are you aware of any changes in their drug use behaviors during the pandemic?
- These might be changes in the types or amounts of drugs they are using, frequency of use, how they acquire drugs, or who they use drugs with.
- Have you noticed any specific types of clients being more or less impacted by the pandemic?
- These might be differences by gender, race, SES, parenting status, system involvement, etc.

How has the pandemic impacted your provision of substance abuse treatment services?

- Have you observed any changes in the number or types of clients trying to access substance abuse treatment services?
- Have you provided treatments via telehealth and, if so, what have those experiences been like?
- Has your ability to make appropriate and timely referrals been impacted?

How have you observed the pandemic impacting other substance abuse treatment services?

- Have you observed any impacts to MAT availability or access?
- Have you observed any impacts to naloxone availability or access?
- Have you observed any impacts to inpatient treatment availability or access?
- Have you observed any impacts to client evaluations and assessments?

In light of the pandemic, what changes to the current system do you believe are necessary?

- These could be changes in policies, standards of practice, prevention efforts, etc.
- What barriers do you think stand in the way of the change?
- Are there any current opportunities that might make the change more likely?

What else would you like NE DHHS to know?

- What do you want them to do differently because of that information?
- How will you know that they gotten the message and are taking it seriously?



What do you want to know, as a provider, about the experiences of other SA treatment providers during the pandemic?

- About drug use behaviors?
- Is there information that would help you better serve your clients?
- Would you be willing to pretest a survey?

The bulleted prompts after each question are meant to be flexible guides to help keep the conversation going and to dig deeper into what the interviewee is sharing. Not all prompts need to be asked. We may also need to ask prompts that are not listed here. The interview protocol may evolve as initial, tentative codes are developed. The goal is always to dig deeper, eliciting stories, examples, and meaning from the interviewee.



Initial Email

Email to Complete Survey Request

Hello,

We are seeking input from substance use treatment providers throughout Nebraska regarding the impact of COVID-19 on substance use behaviors and treatment provision. If you are not currently a treatment provider, we would ask that you please forward this survey to any treatment providers at your practice or agency.

The Nebraska Department of Health and Human Services (DHHS) has contracted with the University of Nebraska at Omaha's STEPs (Support and Training for the Evaluation of Programs) to conduct a survey with treatment providers across Nebraska. Results of the survey will be used to by DHHS to allocate grant funds, resources, and develop a strategic plan.

- The survey will be anonymous, and all responses will be sent directly to STEPs.
- We expect this survey to take 10 to 15 minutes to complete.
- The survey will remain open until a desired number of responses are gathered, so please make sure your voice is heard!

Please complete the survey by clicking below:

[Click Here](#)

Thank you for your help with this project. Your feedback is invaluable and will be used to improve Nebraska's prevention and response efforts. If you have any questions, please contact STEPs at steps@unomaha.edu.

Follow up email

You were recently invited to participate in a 10–15-minute treatment provider survey regarding clients' misuse of substances and the impact of COVID-19. Please make sure your voice is heard.

- Results will be used to inform DHHS on future treatment and prevention programs.
- Responses are confidential.
- If you have already completed the survey, please disregard this message.

Please complete the survey by clicking below:

[Click Here](#)

Thank you for your help with this project. If you have any questions, please contact STEPs at steps@unomaha.edu.



Thank you for taking part in this important survey to gauge changes in drug-use behaviors and treatment provision during the COVID-19 pandemic, through the lens of treatment providers across Nebraska.

This survey is part of a statewide needs assessment by the Nebraska Department of Health and Human Services' (DHHS) Division of Public Health to focus prevention efforts, provide training and other resources to treatment centers, prepare for a more in-depth study in the near future, and inform DHHS' strategic plan.

This survey is administered by STEPs (Support and Training for the Evaluation of Programs) through the University of Nebraska at Omaha. Aggregate responses to this survey will be used by DHHS to allocate grant funds and resources, and to develop a strategic plan.

We expect this survey to take 10–15 minutes to complete. Responses will be received and analyzed by STEPs; you will remain anonymous. The STEPs team will provide a final report with recommendations to DHHS using your invaluable feedback.



UNIVERSITY OF NEBRASKA AT OMAHA
SUPPORT AND TRAINING FOR
THE EVALUATION OF PROGRAMS

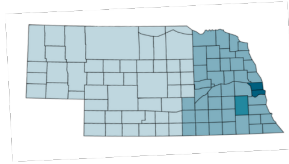
Provider Information

We would like to know about you and the services you offer.

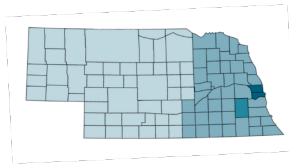
1. Which professional licenses or certifications do you have? (select all that apply)
 - Licensed or Provisionally Licensed Alcohol and Drug Counselor (LADC or PLADC)
 - Licensed Independent Mental Health Provider (LIMHP)
 - Licensed or Provisionally Licensed Mental Health Provider (LMHP or PLMHP)
 - Licensed or Provisionally Licensed Professional Counselor (LPC or PLPC)
 - Certified or Provisionally Certified Marriage and Family Therapist (CMFT)
 - Certified or Provisionally Certified Master Social Worker (CMSW or PCMSW)
 - Other (please specify): _____

2. In which level(s) of care do you provide substance use treatment? (select all that apply)
 - Inpatient
 - Outpatient
 - Other _____
 - I do not provide direct client services at this time

3. In which geographic region do you PRIMARILY provide substance use treatment? (select up to 4)



4. In which geographic region do most of your clients reside? (select up to 4)



Treatment Provision

For this section, we are interested in hearing about your experiences providing substance use treatment during the COVID-19 pandemic, especially through the use of telehealth.

1. Prior to COVID-19, approximately what % of your practice was delivered via telehealth?

Slider

2. During COVID-19, approximately what % of your practice has been delivered via telehealth?

Slider

3. After COVID-19, approximately what % of your practice do you hope can be delivered via telehealth?

Slider

4. What interventions have you found can be used via telehealth, either with or without adaptations (select all that apply):

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Interpersonal Therapy (IPT)
- Group therapy
- 12-step groups
- Peer support
- Motivational Interviewing (MI)
- Family therapy
- Relapse prevention
- Psychoeducation
- Alcohol and Other Drug (AOD) Education
- Other_____



5. Please tell us about your experiences using telehealth during the COVID-19 pandemic.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I have had to significantly change the type of intervention I use as a result of using telehealth (for example, you used to use EMDR heavily, but now you use more CBT).						
I have found using telehealth overall reduces barriers to treatment.						
I have been satisfied with telehealth as a delivery platform.						
Clients have been satisfied with telehealth as a delivery platform.						
Clients have experienced similar treatment outcomes using telehealth as I would have expected in person.						
In my opinion, telehealth is an effective way to deliver treatment services.						
Telehealth should be a permanent option to deliver treatment services.						

6. Approximately what percentage of your clients have experienced the following barriers to technology/telehealth? **Slider**

- % of clients unable to afford internet
- % of clients living in an area where internet service is not adequate for telehealth
- % of clients without access to a device
- % of clients without proper software for telehealth
- % of clients without adequate skills to utilize telehealth technology
- % of clients unwilling to participate in telehealth
- % of clients without a private space in their residence



7. What barriers to technology have YOU experienced? (select all that apply)

- Did not have Internet access
- Did not have access to a device
- Did not have proper software for telehealth
- Did not have skills to utilize telehealth technology
- Other _____

8. What would you most like DHHS to know about your experience delivering services during the pandemic?

Drug Use Behaviors

For this section, we are interested in hearing your perceptions of changes in clients' substance use during COVID-19 regarding.

1. To what extent have you seen the misuse of substances change, IN GENERAL during the COVID-19 pandemic.

- Increase in misuse
- Decrease in misuse
- No change in misuse

2. Which substances have seen the greatest increase in misuse during the COVID-19 pandemic? (select all that apply)

- Alcohol
- Marijuana
- Prescription pain relievers (i.e. hydrocodone, oxycodone, Demerol®, Percocet®, Vicodin®, etc.)
- Heroin
- Fentanyl (Duragesic®, Abstral®, Ionsys®, Subsys®)
- Methamphetamines
- Benzodiazepines (i.e. Valium®, Xanax®, etc.)
- Hallucinogens (i.e. LSD, PCP)
- Inhalants
- Cocaine/Crack
- MDMA (Ecstasy, Molly)
- Prescription amphetamines (Adderall®)
- Other _____
- I have not observed an increase in misuse



3. Which substances have you seen the greatest INCREASE IN AVAILABILITY during the COVID-19 pandemic? (select all that apply)

- Alcohol
- Marijuana
- Prescription pain relievers (i.e. hydrocodone, oxycodone, Demerol®, Percocet®, Vicodin®, etc.)
- Heroin
- Fentanyl (Duragesic®, Abstral®, Ionsys®, Subsys®)
- Methamphetamines
- Benzodiazepines (i.e. Valium®, Xanax®, etc.)
- Hallucinogens (i.e. LSD, PCP)
- Inhalants
- Cocaine/Crack
- MDMA (Ecstasy, Molly)
- Prescription amphetamines (Adderall®)
- Other _____
- I have not observed an increase in availability of any substance

4. Which substance are you most concerned about right now?

- Alcohol
- Marijuana
- Prescription pain relievers (i.e. hydrocodone, oxycodone, Demerol®, Percocet®, Vicodin®, etc.)
- Heroin
- Fentanyl (Duragesic®, Abstral®, Ionsys®, Subsys®)
- Methamphetamines
- Benzodiazepines (i.e. Valium®, Xanax®, etc.)
- Hallucinogens (i.e. LSD, PCP)
- Inhalants
- Cocaine/Crack
- MDMA (Ecstasy, Molly)
- Prescription amphetamines (Adderall®)
- Other _____
- I am not concerned about any particular substance



5. For which of the following have you seen an INCREASE IN OCCURRENCE? (select all that apply)
- Individuals using substances other than their primary drug of choice. (For example, an individual's primary drug of choice is opioids, but they have moved to using primarily alcohol.)
 - Individuals using substances by themselves
 - Instances of drug overdose
 - Instances of attempted suicide (by any method)
 - Change in the number of relapses
 - Other _____
6. What would you most like DHHS to know about changes in substance misuse during the COVID-19 pandemic?

Policy Changes

For this section, we are interested in hearing your perceptions of the impact various POLICIES related to COVID-19 have/had on your clients. We recognize that many policies may have had both positive and negative effects, a neutral effect, or no effect, so we have attempted to allow for all responses. We also recognize that not all policies impact every community. If you or your clients have not been affected by a policy or it is not applicable, please simply do not respond to that particular policy.

1. Which of the following have had a POSITIVE impact on YOUR CLIENTS? (select all that apply)
- Agency policies
- Mask wearing (at your facility)
 - Occupancy restrictions (at your facility)
 - Distancing guidelines (at your facility)
- State and local policies
- Mask mandates (in the community)
 - Bar closures/restrictions
 - Alcohol takeout/delivery
 - Recreational facility restrictions (ie. gym, library, bowling alley)
 - Faith community restrictions
 - Changes in school policies
 - Unemployment benefits
 - Eviction moratorium
 - Quarantine policy for direct exposure
 - Medicaid expansion
- Federal policies
- Stimulus money
- Other policies: _____



2. Which of the following have had a NEGATIVE impact on YOUR CLIENTS? (select all that apply)

Agency policies

- Mask wearing (at your facility)
- Occupancy restrictions (at your facility)
- Distancing guidelines (at your facility)

State and local policies

- Mask mandates (in the community)
- Bar closures/restrictions
- Alcohol takeout/delivery
- Recreational facility restrictions (gyms, libraries, bowling alley)
- Faith community restrictions
- Changes in school policies
- Unemployment benefits
- Eviction moratorium
- Quarantine policy for direct exposure
- Medicaid expansion
- Flexibility in licensing requirements

Federal policies

- Stimulus money

Other policies: _____

3. Which of the following have had a POSITIVE impact on YOUR ABILITY TO PROVIDE SERVICES? (select all that apply)

Agency policies

- Mask wearing (at your facility)
- PPE availability
- Occupancy restrictions (at your facility)
- Distancing guidelines (at your facility)
- Ability to work from home

State and local policies

- Mask mandates (in the community)
- Changes in school policies
- Quarantine policy for direct exposure
- Medicaid expansion
- Flexibility in licensing requirements



3. (continued)

Federal policies

- Stimulus money
- Payment Protection Program (PPP)
- Lifted telehealth restrictions
- Other policies: _____

4. Which of the following have had a NEGATIVE impact on YOUR ABILITY TO PROVIDE SERVICES? (select all that apply)

Agency policies

- Mask wearing (at your facility)
- PPE availability
- Occupancy restrictions (at your facility)
- Distancing guidelines (at your facility)
- Ability to work from home

State and local policies

- Mask mandates (in the community)
- Changes in school policies
- Quarantine policy for direct exposure
- Medicaid expansion
- Flexibility in licensing requirements

Federal policies

- Stimulus money
- Payment Protection Program (PPP)
- Lifted telehealth restrictions
- Other policies: _____

5. Thinking about all of the policy changes that have been made as a result of COVID-19, which policies would you like to see become more permanent?

Treatment Access Issues

For this section, we are interested in hearing your perceptions of barriers to treatment for your clients during COVID-19.

1. What are the most common COVID-19 related reasons people have NOT received treatment? (select all that apply)

- Loss of employment
- Loss of health insurance due to loss of employment
- Decreased facility capacity/suspended admissions



1. (continued)
 - Fear of contracting COVID-19
 - High risk for COVID complications
 - Real or potential exposure to COVID in institutions (i.e. prior to treatment in jails, hospitals, etc.)
 - Barriers to technology access or use

2. Which of the following client services have seen a PROBLEMATIC DECREASE in AVAILABILITY or ACCESS during the pandemic? (select all that apply)
 - Substance use evaluations
 - Detox services
 - Group therapy
 - Inpatient treatment
 - Outpatient treatment
 - Intensive Outpatient (IOP)
 - Medication Assisted Treatment (MAT)
 - 12-step meetings
 - Employment opportunities
 - Housing options
 - Medicare/Medicaid
 - Private insurance
 - Legal aid
 - Employment assistance
 - Case management and/or intensive case management
 - Psychiatric medication management
 - Other _____

Other Services

For this section, we are interested in hearing your perceptions of what services you help your clients access and what additional services your clients need during COVID-19.

1. What additional resources do your clients most need at this time, during the COVID-19 pandemic? (select all that apply)
 - Naloxone kits
 - Financial assistance for medication assisted treatment (MAT)
 - Childcare
 - MAT prescriber access
 - Education about MAT



1. (continued)
 - Additional treatment providers/facilities
 - Facilities that accommodate women with dependent children
 - Community outreach
 - Assistance accessing a COVID vaccine
 - Access to technology
 - Access to PPE
 - Access to safe housing (transitional housing, shelters, etc.)
 - COVID testing
 - Psychiatric medication management
 - Peer support
 - Case management or intensive case management
 - Medical providers (PCP, dentist, vision, OBGYN, etc.)
 - Access to detox and social detox
 - Basic needs (food, shelter, clothing, etc.)
 - Other: _____

2. What additional resources will YOUR CLIENTS need as we transition out of the COVID-19 pandemic?

3. What additional resources will YOU need as we transition out of the COVID-19 pandemic?