

COVID-19 Provider Impact Survey – Substance Abuse Residential and Child and Adolescent Day Treatment Providers

Overview:

The Division of Care and Treatment Services (DCTS) has received instruction from the Secretary of the Department of Health Services to explore the impact of COVID-19 on behavioral health programs. The DCTS recognizes child and adolescent day treatment and substance abuse residential treatment programs may be disproportionately impacted due to the nature of their service provision. Previously, representatives from DCTS had roundtable discussions with these two sets of providers to explore the impact of COVID-19 on programming. Based off the roundtable discussions, DCTS has created this survey to gather more information. The data gathered from this survey and the roundtable discussions will be analyzed jointly to assess the impact of COVID-19 on services and the current needs of both types of programs.

General Instructions:

- This survey should be completed by someone who is able to respond about your treatment program's overall operations. Someone with knowledge of your program's financial information may be needed to complete a few questions.
- If your organization operates multiple residential or day treatment programs, reply for only one program per survey. A survey should be completed for each program that has its own DQA certification number.
- The survey is voluntary. While the survey is subject to public disclosure upon request, any published report of the results will not identify any individual treatment programs.
- Please answer as many questions as you can. The more information you provide, the better we will be able to describe the impact of COVID-19 on programs to decision-makers.

How to Complete the Survey:

1. Write your responses to the survey on this document first because you may need to access your program records for information to complete some questions.
2. When finished, click on the web survey link below or in your email to data enter your responses:

<https://www.surveymoz.com/s3/5953034/COVID-19-Impact-Survey-for-Residential-and-Day-Treatment-Providers>

3. If you cannot complete the web survey all at once, you may copy the link provided at the top of each page and close the web survey. When you return to finish the survey, you will need to use the same computer and use the link you copied from the survey. Clicking the original survey link will create a brand new survey response.

4. The deadline for submitting the web survey is 4:30 p.m. on Friday, November 25.

How to Get Help:

For clarifications on survey questions from child and adolescent day treatment providers, please email Abraham.Morris@dhs.wisconsin.gov.

For clarifications on survey questions from substance abuse residential treatment providers, please email Saima.Chauhan@dhs.wisconsin.gov.

For technical difficulties with the web survey, please email Kathryn.VerPlanck@dhs.wisconsin.gov.

A. Agency Information

1) For which type of treatment program are you completing this survey?

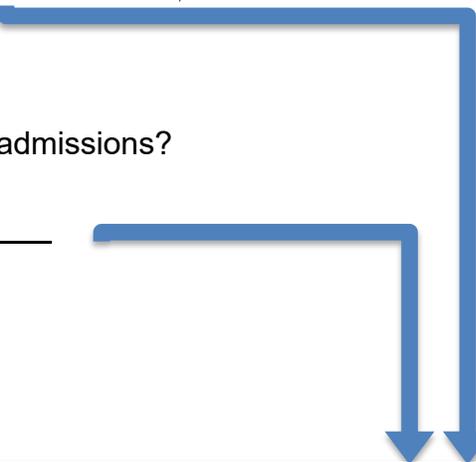
- a) Substance abuse residential treatment program
- b) Child and adolescent day treatment program

2) What is the organizational name of your treatment program?

3) What is the address of your treatment program?

4) What is the DQA certification number for your treatment program? _____

5) Is your treatment program open for business currently?

- a) Yes  (SKIP TO Q7)
- b) No, our program is closed temporarily  (GO TO Q6)
- c) No, our program is closed permanently 

6) What date do you plan to reopen for admissions?

(Leave blank if no date is available.)

Date _____ 

If your treatment program has closed, you are finished with the survey.
The remaining questions about program operations may not be applicable. However, if you wish to share information about the impact of COVID-19 on your decision to close, please contact the appropriate individual listed on page 1 under "How to Get Help". Thank you for completing the survey and the Wisconsin Department of Health Services will share the results of the survey with you when analysis is completed.

B. COVID-19 Impact on Service Delivery

- 7) What is your capacity in staffed beds or treatment slots **today**? _____
- 8) What was your capacity in staffed beds or treatment slots **on March 1**? _____
- 9) How many admissions did you have from June to August **this year**? _____
- 10) How many admissions did you have from June to August **last year**? _____
- 11) Are you currently accepting new admissions?
a) Yes
b) No
- 12) Do you currently have any consumers on a waiting list?
a) Yes
b) No  (SKIP TO Q15)
- 13) How many individuals are on your wait list currently? _____
- 14) How does the size of the current wait list compare to your average wait list at this time of year?
a) Shorter than normal
b) About the same
c) Longer than normal
- 15) Has the provision of any specific type of services been reduced due to the impact of the COVID-19 outbreak?
a) Yes
b) No  (SKIP TO Q17)
- 16) Which specific type of services have been reduced? (Choose all that apply.)
a) Medication prescriptions and management
b) Counseling sessions - group
c) Counseling sessions - family
d) Counseling sessions - individual
e) Specialized therapy (recreational, vocational, occupational, etc.)
f) Case management
g) Other; Please describe: _____

C. COVID-19 Impact on Staffing

Instructions: For questions in this section, FTE means full-time equivalent representing one full-time position (1.0). You may count part-time positions as 0.5, 0.75, etc.

17) How many FTEs are actively working for your treatment program **today**? _____

18) How many FTEs were actively working for your treatment program **on March 1**? _____

19) Has your organization had to take any of the following actions to decrease staffing due to the COVID-19 outbreak since March 1?

(Choose all that apply.)

- a) Lay offs
- b) Furloughs
- c) Decreased hours
- d) Permanent terminations
- e) Leaving positions vacant
- f) None

20) Have employees taken any of the following voluntary actions due to the COVID-19 outbreak since March 1?

(Choose all that apply.)

- a) Retirements
- b) Resignations
- c) Decreased their hours
- d) Healthcare-related leave of absence
- e) None

21) If vacancies have occurred since March 1, have you attempted to hire new staff?

- a) Yes, attempted to hire some
- b) Yes, attempted to hire all
- c) No, left positions vacant  (SKIP TO Q23)
- d) Not applicable; no vacancies  (SKIP TO Q23)

22) Compared to the period prior to March 1, has finding qualified applicants been less difficult, more difficult, or about the same?

- a) Less difficult
- b) About the same
- c) More difficult

D. COVID-19 Impact on Finances

Instructions: The financial information from the questions in this section will be used to estimate the level of fiscal impact on providers from COVID-19 which will be important to communicate to decision-makers. Individual provider fiscal information will NOT be included in any analysis of the survey results. Please answer questions as completely as possible.

23) How much is your treatment program’s annual expected revenues? _____

24) Based on total expected revenues, what estimated percentage of revenue has been lost since March 1?

- a) None
- b) 1-10%
- c) 11-25%
- d) 26-50%
- e) 51-75%
- f) More than 75%

25) What funding sources is your treatment program using this calendar year and which of these has been reduced since March 1? (Check each box that applies.)

	These funding sources are used	These funding sources have been reduced
Consumer direct payment	<input type="checkbox"/>	<input type="checkbox"/>
Consumer private insurance	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
County HSD/DCP funding	<input type="checkbox"/>	<input type="checkbox"/>
State DHS funding	<input type="checkbox"/>	<input type="checkbox"/>
Federal DHHS funding	<input type="checkbox"/>	<input type="checkbox"/>
State Dept. of Corrections funding	<input type="checkbox"/>	<input type="checkbox"/>
Contracts with other state or local entities	<input type="checkbox"/>	<input type="checkbox"/>
Donations and/or fundraising events	<input type="checkbox"/>	<input type="checkbox"/>
Other; Please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Other; Please describe:	<input type="checkbox"/>	<input type="checkbox"/>

26) Have you received funding assistance from any of the following federal programs?

(Choose all that apply.)

- a) None
 - b) CARES payments
 - c) COVID-19 Uninsured Program payments
 - d) Paycheck Protection Program loans (PPP)
 - e) Small Business Administration Economic Injury Disaster Loan (EIDL)
 - f) Other; Please describe: _____
-

27) How many more months can your treatment program survive financially with current monthly revenues and no additional aid?

- a) Indefinitely; we're doing OK
- b) 1-2 months  (SKIP TO Q29)
- c) 3-6 months  (SKIP TO Q29)
- d) 7-12 months  (SKIP TO Q29)
- e) More than 12 months, but may not survive after that  (SKIP TO Q29)

28) If you expect your treatment program will remain open given current monthly revenues, will it be at full or reduced capacity compared to the period prior to the COVID-19 outbreak?

- a) Reduced capacity
- b) Full capacity

E. Providing Services Safely in a COVID-19 Environment

29) Have any of the staff or consumers within your treatment program experienced COVID-19 infections?

- a) Yes
- b) No  (SKIP TO Q31)

30) Approximately how many confirmed COVID-19 cases have you had for staff and consumers?

Staff cases _____
Consumer cases _____

31) Are you able to administer COVID-19 tests to consumers upon admission?

- a) Yes, for all consumers
- b) Yes, for some consumers
- c) No

32) How often are you currently requiring COVID-19 tests for staff?

- a) Daily
- b) At least 3-4 times per week
- c) At least 1-2 times per week (approximately weekly)
- d) At least 1-3 times per month (approximately monthly)
- e) Less than 1 time per month
- f) Not requiring testing at this time

33) How often does your treatment program screen staff for COVID-19 symptoms?

- a) Daily
- b) At least 3-4 times per week
- c) At least 1-2 times per week (approximately weekly)
- d) At least 1-3 times per month (approximately monthly)
- e) Less than 1 time per month
- f) Not screening at this time

- 34) Is your treatment program able to obtain the necessary amount of PPE for staff?
a) Yes
b) No
- 35) Is your treatment program able to obtain the necessary amount of PPE for consumers?
a) Yes
b) No
- 36) Did your treatment program receive outside funding assistance to obtain PPE?
a) Yes
b) No
- 37) Does your building need physical improvements or equipment other than PPE to provide a safe environment from COVID-19 for staff and consumers (Plexiglas barriers, ventilation system improvements, temporary walls/dividers, etc.)?
a) Yes
b) No
- 38) Does your treatment program have enough cleaning and disinfectant supplies to clean rooms and common areas at least daily?
a) Yes
b) No

F. Telehealth

- 39) Does your treatment program currently have reliable internet service for telehealth?
 a) No
 b) Yes, we have always had reliable internet service
 c) Yes, we have invested in reliable internet service since March 1
- 40) Does your treatment program currently have the necessary technology for telehealth?
 a) No
 b) Yes, we have always had the necessary technology
 c) Yes, we have invested in the necessary technology since March 1
- 41) Did your treatment program receive outside funding assistance to improve your telehealth capabilities since March 1?
 a) Yes
 b) No
- 42) Has your program used telehealth communication to provide services since March 1?
 a) Yes
 b) No  (SKIP TO Q44)

43) For each service listed below, please rate the effectiveness of telehealth for your program.
 Choose only one answer for each service. If not listed, please add services in the “Other” rows for which your program has used telehealth.

Telehealth Effectiveness	Effective for most/all consumers	Effective for some consumers	Effective for few/no consumers	Telehealth is not used
Medication prescriptions and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling sessions - individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling sessions - group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling sessions - family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized therapy (recreational, vocational, occupational, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management and service coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other; Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other; Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions #44-45 are for day treatment programs only:

- 44) What percentage of your consumers would you estimate have access to reliable internet service for telehealth?
- a) None
 - b) 1-25%
 - c) 26-50%
 - d) 51-75%
 - e) 76-100%
- 45) What percentage of your consumers would you estimate have the necessary technology for telehealth?
- a) None
 - b) 1-25%
 - c) 26-50%
 - d) 51-75%
 - e) 76-100%

You are finished with the survey!

Thank you for taking the time to complete the survey. We intend to use the information you and other treatment programs shared to inform decision-makers about the impact of COVID-19 on behavioral health service provision in Wisconsin. The State Department of Health Services will share the results of the survey with you when analysis is completed.