NHSC Site COVID-19 Questions

1. Which of the following did your NHSC site experience during the COVID-19 pandemic?

*Please select* ***ALL*** *that apply.*

[ ] Staff missed work due to self-isolation or quarantine

[ ] Site closed

[ ] Site reduced number of staff or staff hours

[ ] Administered COVID-19 testing

[ ] Provided more acute/urgent care visits, as opposed to well visits

[ ] Provided fewer patient visits overall (including all visit types)

[ ] Temporarily eliminated clinical service hours and permitted only administrative work

[ ] Provided more care via telehealth for primary care visits

[ ] Changed delivery of behavioral health services

[ ] Lack of capacity (e.g., hospital beds or staff resources) to meet patient demand

[ ] Limited availability of personal protective equipment (PPE)

[ ] Lack of emergency policies/protocols in place

[ ] Additional time spent on reporting requirements for COVID-19

[ ] Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Did not experience any changes during the COVID-19 pandemic *[DISALLOW IF ANOTHER OPTION SELECTED]*

1. [ASK IF Q1 = CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How did the delivery of behavioral health services change during the COVID-19 pandemic?

*Please select* ***ALL*** *that apply.*

[ ] Provided more substance use disorder services through telehealth

[ ] Delayed scheduling visits with new patients for substance use disorder services

[ ] Delayed scheduling routine follow-up visits with patients for substance use disorder services

[ ] Delayed toxicology testing for patients who are prescribed buprenorphine

[ ] Limited ability to provide mental health visits, **excluding** substance use disorder treatment (e.g., took time away from conducting these visits, or limited ability to schedule these visits)

[ ] Limited ability to provide substance use disorder services

[ ] Limited ability to provide opioid use disorder services, **excluding** medication-assisted treatment (i.e., buprenorphine, methadone, or naltrexone)

[ ] Limited ability to provide medication-assisted treatment

[ ] Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you receive additional funding from HRSA or other federal agencies (e.g., Centers for Medicare & Medicaid Services) in spring 2020 to help your site respond to the COVID-19 pandemic?

[ ] Yes

[ ] No

[ ] Don’t know

1. [ASK IF Q3=YES] How did you use the additional funding?

*Please select* ***ALL*** *that apply.*

[ ] Increased testing for COVID-19

[ ] Acquired personal protective equipment (PPE)

[ ] Acquired medical supplies other than PPE

[ ] Improved telehealth capabilities

[ ] Provided safety education for staff

[ ] Provided overtime pay for staff

[ ] Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Don’t know