

**National Council COVID-19 Econ Impact
Polling**

**Project: 2008xx
N Size: NCBH Members
Dates: August 2020**

SECTION: Introduction

TEXT Thank you for participating in the COVID-19 Economic Impact Survey. This survey is aimed to understand the impact of COVID-19 to behavioral health organizations, specifically regarding employment, revenue, stimulus funding and other critical issues facing the industry. *Please coordinate your responses to ensure only one is submitted per organization.*

NCB1 Are you a CEO or are you responding on behalf of your CEO?

- 1 Yes
- 2 No **[TERMINATE]**

NCB2 What is the name of your organization? **[OPEN END]**

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SECTION: Demographics

TEXT Please tell us about your organization.

NCB3 Location: **[STATE DROP DOWN]**

NCB4 Percent of programs within your organization currently closed due to COVID-19: **[DROP DOWN]**

- 1 No programs have closed
- 2 1%-10%
- 3 11%-20%
- 4 21%-30%
- 5 31%-40%
- 6 41%-50%
- 7 51%-60%
- 8 61%-70%
- 9 71%-80%
- 10 81%-90%
- 11 91%-100%

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NCB5 Do you have enough Personal Protective Equipment to last the next 2 months?

- 1 Yes

- 2 No
- 3 Unsure

NCB6 Are you able to access COVID-19 tests to meet the needs of your staff and clients?
[MATRIX]

- 1 Your staff
- 2 Your clients

- 1 Yes
- 2 No
- 3 Unsure/Not applicable

NCB7 What is the average amount of time it has taken for your staff and clients to receive the results of their COVID-19 test?

- 1 24 hours or less
- 2 2-4 days
- 3 5-6 days
- 4 7+ days
- 5 Unsure

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SECTION: Employment Impact

NCB8 Have you laid off or furloughed employees as a result of the COVID-19 outbreak?

- 1 Laid off
- 2 Furloughed
- 3 Decreased hours

- 1 Yes
- 2 No

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[IF NCB8_1=1]

NCB9 About what percent of your work force have you **laid off** as a result of the COVID-19 outbreak? **[DROP DOWN]**

- 1 1%-10%
- 2 11%-20%
- 3 21%-30%
- 4 31%-40%
- 5 41%-50%
- 6 51%-60%
- 7 61%-70%
- 8 71%-80%
- 9 81%-90%

10 91%-100%

[IF NCB8_2=1]

NCB10 About what percent of your work force have you **furloughed** as a result of the COVID-19 outbreak? **[DROP DOWN]**

- 1 1%-10%
- 2 11%-20%
- 3 21%-30%
- 4 31%-40%
- 5 41%-50%
- 6 51%-60%
- 7 61%-70%
- 8 71%-80%
- 9 81%-90%
- 10 91%-100%

[IF NCB8_3=1]

NCB11 About what percent of your work force have you **decreased hours for** as a result of the COVID-19 outbreak? **[DROP DOWN]**

- 1 1%-10%
- 2 11%-20%
- 3 21%-30%
- 4 31%-40%
- 5 41%-50%
- 6 51%-60%
- 7 61%-70%
- 8 71%-80%
- 9 81%-90%
- 10 91%-100%

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SECTION: Financial Impact

NCB12 About what percentage of revenue has been lost during the COVID-19 outbreak over the past three months, i.e. May, June and July? (As % of expected revenues for the three month period)

- 1 Have not lost revenue since the start of COVID-19
- 2 1%-10%
- 3 11%-20%
- 4 21%-30%
- 5 31%-40%
- 6 41%-50%
- 7 51%-60%
- 8 61%-70%
- 9 71%-80%

- 10 81%-90%
- 11 91%-100%

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SECTION: Patient Capacity Impact

NCB13 What percentage of patients have you needed to cancel, reschedule, or turn away in the last three months during the COVID-19 outbreak?

- 1 Have not cancelled, rescheduled, or turned away patients
- 2 1%-10%
- 3 11%-20%
- 4 21%-30%
- 5 31%-40%
- 6 41%-50%
- 7 51%-60%
- 8 61%-70%
- 9 71%-80%
- 10 81%-90%
- 11 91%-100%

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NCB14 Has the demand for your organization's services increased, decreased, or remained the same over the last 3 months?

- 1 Increased a lot
- 2 Increased some
- 3 Stayed about the same
- 4 Decreased some
- 5 Decreased a lot

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NCB15 Does your organization provide substance use disorder treatment?

- 1 Yes
- 2 No

[IF NCB15=1]

NCB16 Has demand for substance use disorder services increased, decreased, or remained the same over the past 3 months?

- 1 Increased a lot
- 2 Increased some
- 3 Stayed about the same
- 4 Decreased some
- 5 Decreased a lot

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NCB17 Has the amount of drug overdoses in your service area increased, decreased, or remained the same over the past 3 months?

- 1 Increased a lot
- 2 Increased some
- 3 Stayed about the same
- 4 Decreased some
- 5 Decreased a lot
- 6 Don't know/Unsure

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NCB18 About how many more months can your organization survive financially under the current situation?

- 1 1 month or less
- 2 2 months
- 3 3 months
- 4 4-6 months
- 5 7-12 months
- 6 1 year-2 years
- 7 More than 2 years
- 8 Unsure

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NCB19 Are telehealth services providing revenue equal to that from in-person services?

- 1 Yes
- 2 No
- 3 Do not offer telehealth services
- 4 Unsure

[IF NCB19=2]

NCB20 Approximately how much **less revenue** are you receiving for telehealth services compared to revenue received from in-person services?

- 1 1%-10%
- 2 11%-20%
- 3 21%-30%
- 4 31%-40%
- 5 41%-50%
- 6 51%-60%
- 7 61%-70%
- 8 71%-80%
- 9 81%-90%
- 10 91%-100%

11 Unsure

SECTION: Stimulus

NCB21 Approximately how much total funding, if any, did your organization receive from the CARES Act (i.e. stimulus funding or Provider Relief Funds)?

- 1 Did not receive any Provider Relief Funds
- 2 \$1-\$5,000
- 3 \$5,000-\$10,000
- 4 \$10,000-\$15,000
- 5 \$15,000-\$20,000
- 6 \$20,000-\$25,000
- 7 \$25,000-\$50,000
- 8 \$50,000-\$75,000
- 9 \$75,000-\$100,000
- 10 More than \$100,000
- 11 I don't know what Provider Relief Funds are

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NCB22 Approximately how much total funding, if any, did your organization receive from the Payroll Protection Program (PPP)?

- 12 Did not receive any Payroll Protection Program funds
- 13 \$1-\$5,000
- 14 \$5,000-\$10,000
- 15 \$10,000-\$15,000
- 16 \$15,000-\$20,000
- 17 \$20,000-\$25,000
- 18 \$25,000-\$50,000
- 19 \$50,000-\$75,000
- 20 \$75,000-\$100,000
- 21 More than \$100,000
- 22 I don't know what Payroll Protection Funds are

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NCB23 Did you, or do you plan to, apply on behalf of your organization for funding from the HHS Provider Relief Portal (Medicare and/or Medicaid/CHIP)?

- 1 Yes, I have applied
- 2 No, have not applied, but plan to
- 3 No, have not applied, and do not plan to
- 4 Don't know/Unsure

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[IF NCB23=3:4]



NCB24 You indicated your organization has not applied for funding from the HHS Provider Relief Portal (Medicare and/or Medicaid/CHIP). Which of the following reasons best describes why your organization has not applied?

- 1 Was not aware of the portal
- 2 Received prior funding; believe organization is now ineligible for additional funding
- 3 Unsure about eligibility and compliance requirements to receive funding
- 4 Other, please specify **[ANCHOR OPEN END]**

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NCB25 What is the size of your organization's annual operating budget?

- 1 Less than \$500k
- 2 \$500K-\$1M
- 3 \$1M-\$2.5M
- 4 \$2.5M-\$5M
- 5 \$5M-\$10M
- 6 \$10M-\$25M
- 7 \$25M-\$50M
- 8 \$50M-\$100M
- 9 \$100M-\$500M
- 10 More than \$500M

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TEXT As a reminder, your results are completely confidential and anonymous.

NCB26 Lastly, what is your email address? Your response to this question is optional, email addresses will only be shared with National Council. **[TEXT BOX]**