

COVID-19 Impacts on Community-Based Substance Use Prevention and Treatment Provider Organizations

JUNE 2021

Acknowledgements

We sincerely thank all the survey respondents for their willingness to share information about how the COVID-19 shutdown impacted their organizations. We hope this summary of their experiences and perspectives will be of interest to them and other organizations around the country as we all continue to recover from the many challenges created by the pandemic. This project, including both the data collection and development of this report, was internally funded by PIRE.

This report can be cited as: Pacific Institute for Research and Evaluation. (2021). COVID-19 impacts on community-based substance use prevention and treatment provider organizations. Available at: https://www.pire.org/more-info/Covid_survey/COVID_survey_report.pdf

Additional information about this report is available by contacting Karen Friend at kfriend@pire.org.

Contents

Introduction and Methods	1
Findings	3
Quantitative Data Findings	3
Types of Services Provided by Respondent Organizations.....	3
In-person Contacts While Working.....	4
Effectiveness in Using Audio/Video Conferencing to Communicate and Share Documents Compared to the Month Before the Pandemic Began.....	5
Effectiveness in Meeting Mission in April 2020 Compared to Before the Pandemic, and then in the Past 30 Days Compared to April.....	7
Involvement in COVID-19 Activities.....	9
Office Compliance with COVID-19 Mitigation Efforts.....	10
Organizational Accommodations Made for COVID-19 Work-Related Challenges.....	11
Mitigation Efforts Taken to Protect Staff.....	12
Staff Members Testing Positive for COVID-19.....	13
Estimates of When Operations Will Return to Pre-Pandemic Normal.....	14
Assistance Needed.....	15
Qualitative Data Findings	16
Challenges Faced Delivering and Monitoring Evidence-Based Programs Because of the Pandemic.....	16
Challenges Faced Implementing and Monitoring Environmental Prevention Strategies and Other Efforts Not Involving Direct Services During the Pandemic.....	17
Challenges in Tracking Outcomes or Collecting Data Because of the Pandemic.....	17
Top Three Continuing Challenges Hindering Work During the Pandemic.....	18
Specific Populations Unable to be Reached Because of the Pandemic.....	18
Other Ways in which the Pandemic has Impacted Organization Operations.....	18
Ways the Pandemic has Impacted Respondents Personally in terms of Job Performance.....	19
Discussion	20

This page intentionally left blank

Introduction and Methods

The COVID-19 pandemic has reshaped our world in ways that no one could anticipate, and we expect these effects will continue to evolve over time. Beginning in the second half of March 2020, and with very little time to prepare, many states and localities closed most businesses and restaurants, theaters, gyms, schools, childcare facilities, and other organizations. Medical and dental procedures were postponed and major restrictions were imposed on provider practices that were allowed to remain open. There were also recommendations and restrictions as to how many individuals could gather indoors and outdoors. In addition, guidelines regarding the use of masks and social distancing when outside of the home were disseminated. Although these efforts occurred across the country based on guidance from the federal government, the manner and extent to which restrictions were imposed and public health guidelines were followed varied substantially across and within states.

The Pacific Institute for Research and Evaluation (PIRE; www.pire.org) conducted a survey during the fall of 2020 to gather information about how the COVID-19 pandemic had affected community- and tribal-based organizations engaged in substance use prevention or treatment efforts. This online survey included both multiple choice and open-ended questions.¹ The link to the survey was sent to 426 community agencies and organizations across seven states in early September 2020. The seven states are all ones with which PIRE was currently engaged in prevention and/or treatment planning and evaluation efforts and therefore comprise a convenience sample².

Surveys were completed between 9/8/2020 and 11/1/2020. Some survey questions refer to these specific timespans:

- 1) a typical month before the pandemic began;
- 2) April 2020, which is the first full month in which social distancing and closures of many businesses and other venues became widespread across the nation; and
- 3) the 30 days immediately preceding survey completion (i.e., a 30-day stretch beginning sometime between Aug 8 and October 1, 2020, depending on when the respondent completed the survey³).

We were interested in examining the immediate effects of the shutdown, as reflected in the answers to questions that asked about their operations in April of 2020. And although many aspects of the shutdown persisted through the remainder of the year and well into 2021, we expected that numerous organizations would adapt over time to the challenges imposed by the shutdown and that these adaptations would be visible by late summer or early fall of 2020 when the survey was administered.

One person from each organization was invited to complete the survey and was encouraged to invite others to contribute information as needed. The survey took approximately 15 minutes to complete, and participation was voluntary. Several random drawings for gift cards were offered as incentives to complete the survey within several weeks of receipt. Results were confidential and complied with Institutional Review Board requirements. Ninety-three surveys were completed and, of those, 79 provided useable

¹ A copy of the survey is available [here](#).

² The seven states are: Kentucky, New Mexico, New York, North Dakota, Rhode Island, South Carolina, and Vermont.

³ For convenience, this timespan will simply be referred to as "Past 30 days" with the understanding that it pertains to a 30-day period sometime within August, September, or October 2021.

data for the analysis findings reported here, thus reflecting a response rate of 19.4 percent. Response rates for individual multiple-choice items ranged from 75 to 100 percent and slightly less for open-ended questions.

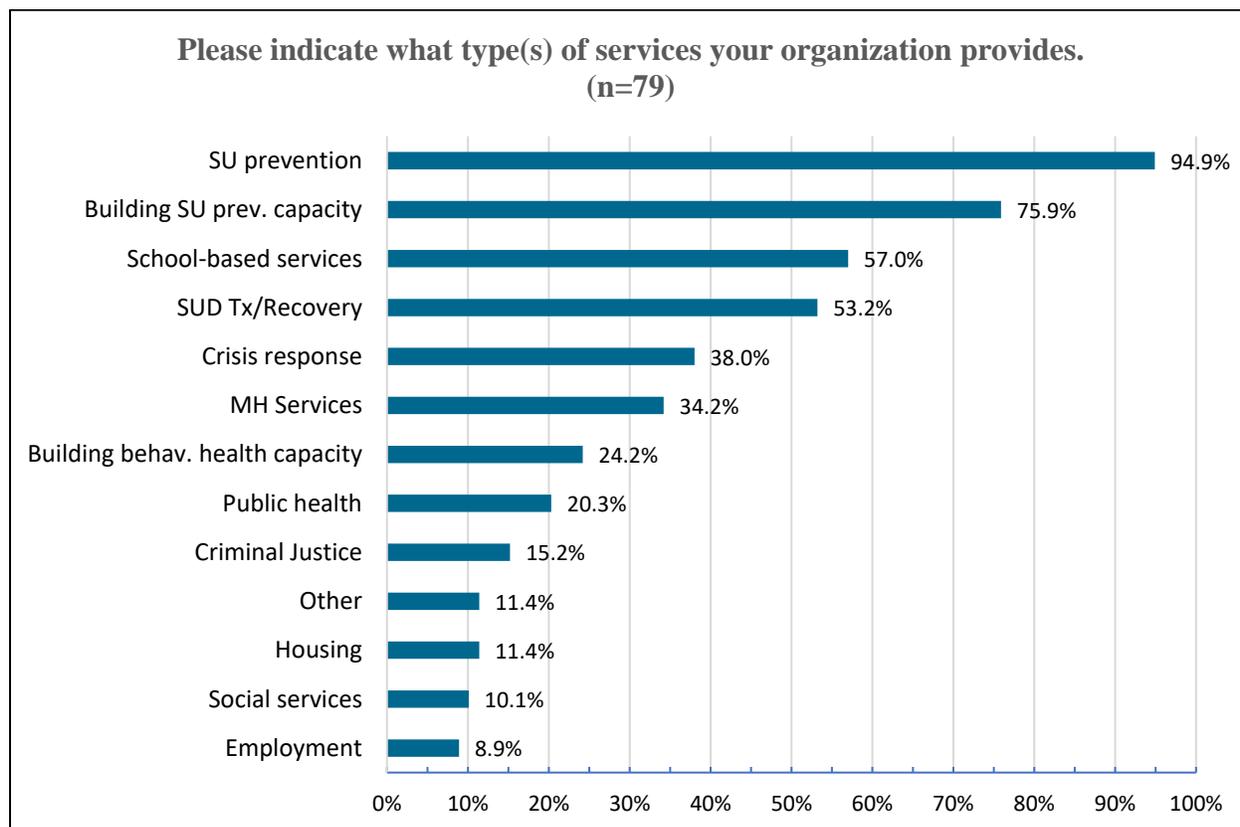
Findings

Quantitative Data Findings⁴

Types of Services Provided by Respondent Organizations

As anticipated, nearly all respondents reported working in substance use (SU) prevention and 76% were also involved in prevention capacity building (see Figure 1). Just over 50% worked in substance use disorder (SUD) treatment or recovery. A wide range of other services were also identified, thereby reflecting a diverse mix of the types and missions of organizations comprising the sample.

Figure 1

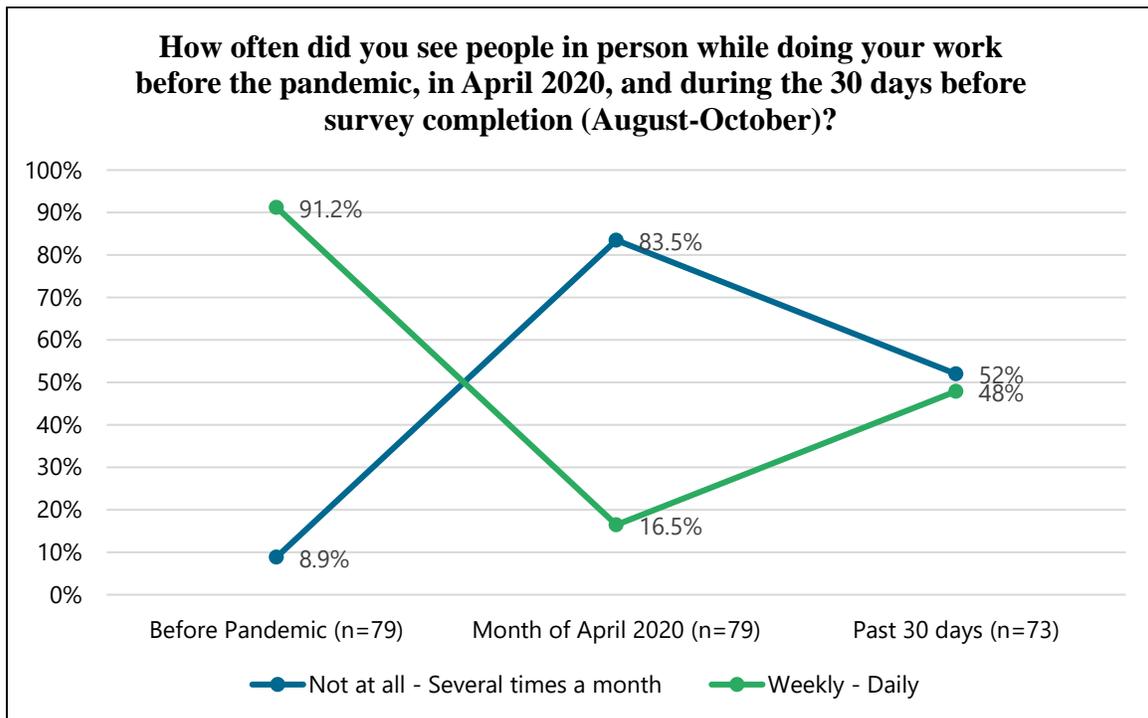


⁴ In this section, the response frequencies for all the close-ended (i.e., multiple choice) questions in the survey are reported. For questions that were followed-up with open-ended questions to solicit explanatory comments, summaries of those comments are also provided in this section. Summaries of responses to all other open-ended questions are provided in the “Qualitative Survey Results” section beginning on page 16.

In-person Contacts While Working

Most participants (91%) had in-person contact with others weekly or daily while doing their work before the pandemic started. This figure dropped to approximately 16% during the shutdown in April 2020 but rebounded to just under 50% by the early fall after states had reopened to various degrees. Nevertheless, just over half of the respondents reported still not seeing people in person or seeing them only several times per month. As the country continues to reopen, it will be interesting to observe the speed and extent to which these measures return to pre-pandemic levels.

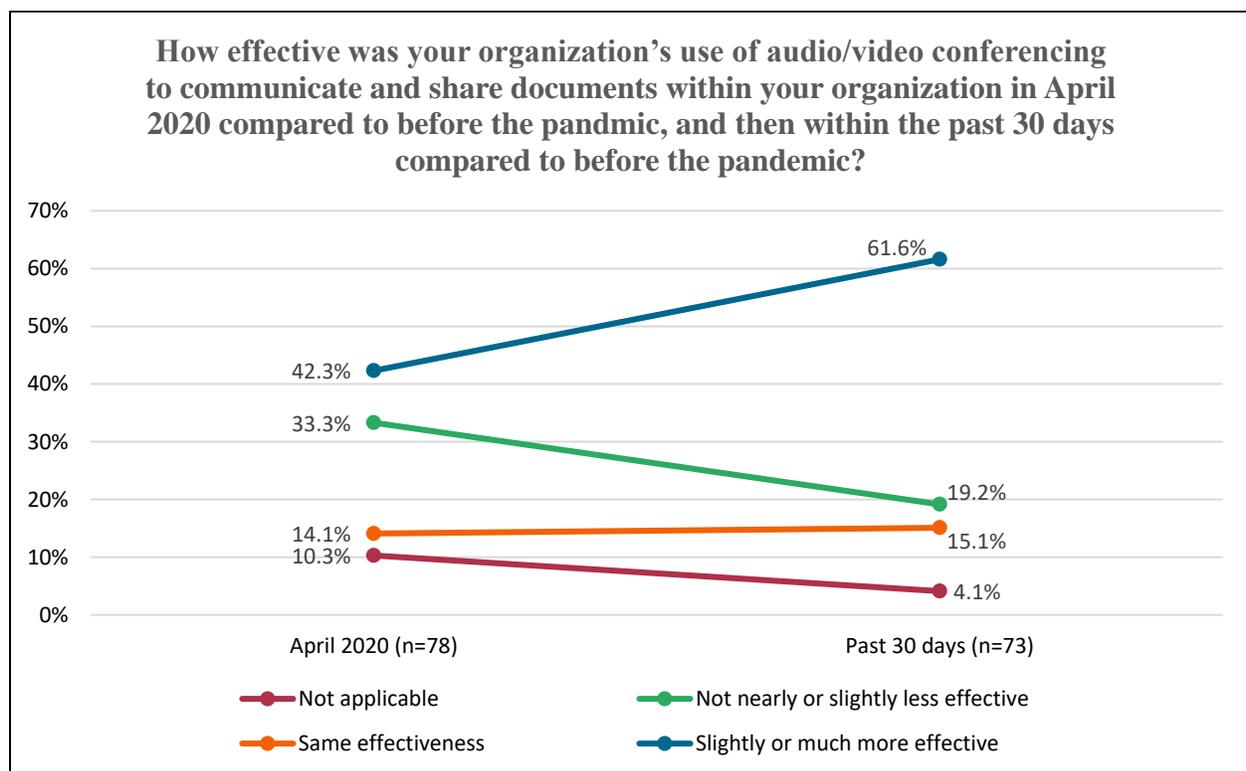
Figure 2



Effectiveness in Using Audio/Video Conferencing to Communicate and Share Documents Compared to the Month Before the Pandemic Began

Organizations had to pivot quickly when the country was essentially shut down in April 2020. With the dramatic curtailment of personal contact in the workplace, roughly 42% of participants stated that their organizations were slightly or much more effective in their use of audio/video conferencing than before the pandemic shutdown. During the 30 days before the surveys were completed (i.e., August-October 2020), even more (approximately 62%) reported that their use of audio/video conferencing was slightly or much more effective than the month before the shutdown began. In contrast, some organizations had challenges shifting their communications and sharing modalities, with nearly 33% reporting that their use of audio/video conferencing was not nearly or slightly less effective during the shutdown in April 2020 compared to before the pandemic, although this figure dropped to 19% in the past 30 days.

Figure 3



When asked to list the factors responsible for their ratings comparing April to before the shutdown began, respondents who rated “not nearly” or “slightly less” effective tended to cite factors related to lack of technology or inability to quickly ramp up their use of this technology (e.g., no video capabilities or problems with Zoom), challenges created by working virtually (e.g., too many virtual meetings, lack of personal interaction, harder to create “synergy”), lack of training in the technology, and lower virtual participation. Participants who rated “about the same”, “slightly more”, or “much more effective” tended to list factors suggesting that they had already developed familiarity with audio/video communications or that they had quickly enhanced their audio/video capabilities out of the necessity to do so. When asked

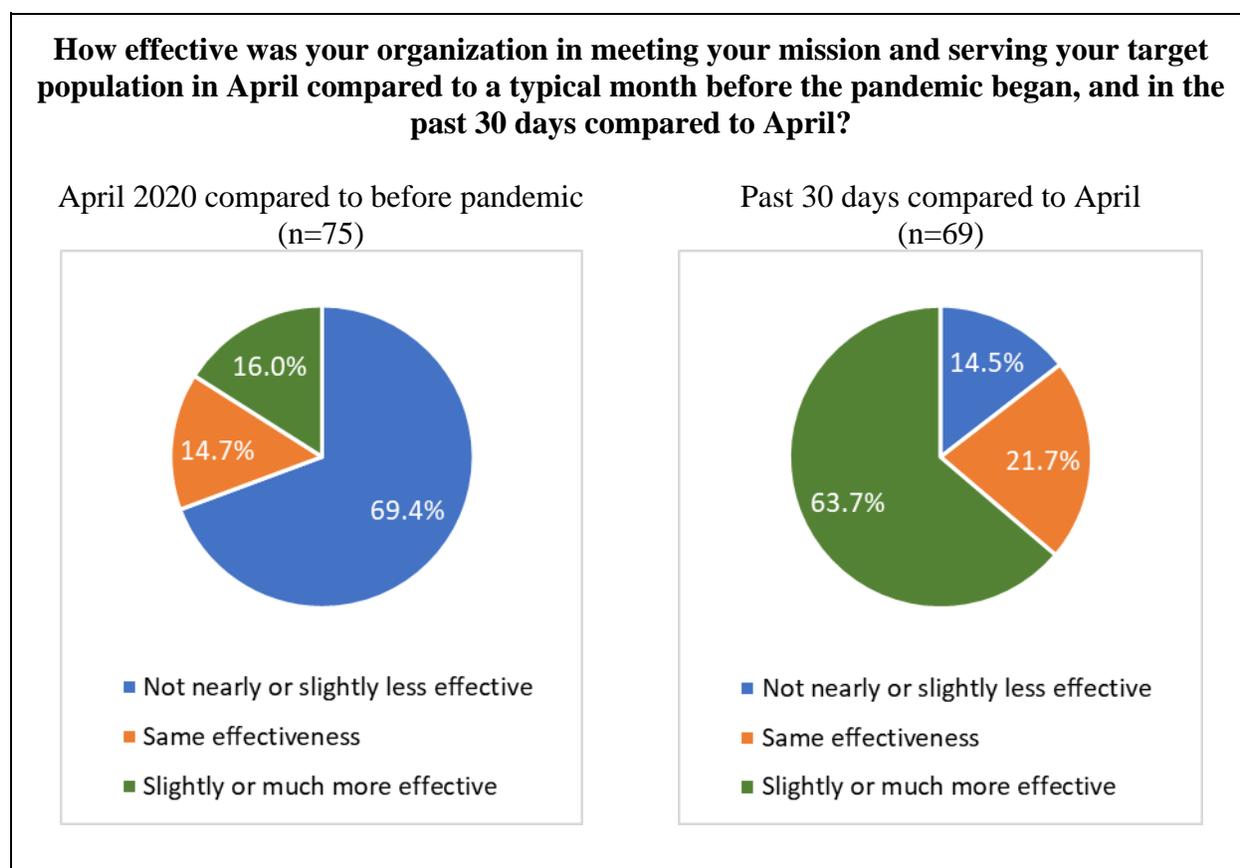
about their organization's use of audio/visual communications again in the early fall, it was apparent that most organizations had by then obtained considerable practice using the technology and improved their understanding of it. For these respondents, virtual communications technology was now the norm. That is, they had already been working electronically to some extent, and/or technology had improved how they work.

Effectiveness in Meeting Mission in April 2020 Compared to Before the Pandemic, and then in the Past 30 Days Compared to April

A large majority (69%) of respondents reported that their organization was either not nearly or slightly less effective in meeting its mission and serving its target population during the shutdown in April 2020 compared to before the pandemic. Given the very abrupt changes to normal operations experienced by most organizations (e.g., the drastic reductions experienced for in-person contacts), the large number of organizations experiencing reduced effectiveness in April was not a surprise. Somewhat unexpected, however, was the 16% who reported that their organization was either slightly or much more effective in April compared to the pre-pandemic month.

The second pie chart in the figure below reveals that by early fall most organizations made substantial progress in reversing reductions in perceived overall effectiveness. A few (14.5%), however, reported a decrease in effectiveness. Due to the wording of the survey questions, a direct comparison between perceived organizational effectiveness in the early fall and the month before the pandemic began is not available in these data.

Figure 4



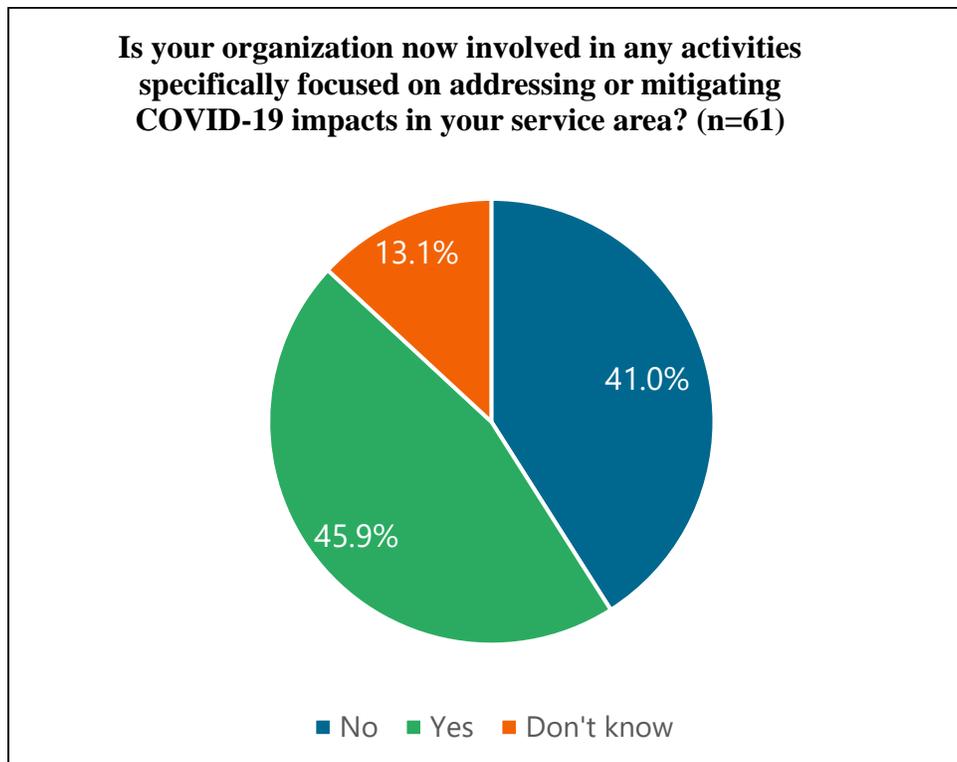
When asked to list the factors responsible for their rating, the large percentage of respondents who rated “not nearly” or “slightly less” effective in April (compared to pre-pandemic) tended to offer factors related

to lack of community/client access, lack of staff, technology training needed for staff, problems with client access to Internet/technology, and loss of funding. The percentage of respondents who reported being less effective in the past 30 days (compared to April) was much lower, although the same set of factors appear to underlie these reductions in effectiveness as well. The small percentage of participants who rated that their organization was “about the same”, “slightly more”, or “much more effective” in April (compared to pre-pandemic) indicated that they had already started preparing for the shutdown, that they were able to transition quickly to operating virtually, and that by doing so they were able to meet more often or more efficiently. The much larger percentage that reported increased effectiveness in the past 30 days (compared to April) tended to list factors suggesting that clients/community/staff were more comfortable with technology/new way of doing business or the “new normal”, that activities had returned to something closer to normal (e.g., group meetings, restored access to communities, fully open for business, etc.), that nothing much had changed, or that technology had been key to continued operations and any improvements.

Involvement in COVID-19 Activities.⁵

Just under half of the respondents (46%) reported that their organizations were involved in activities focused on addressing or mitigating COVID-19 in their service areas. This shift in responsibilities may underlie some of the perceived reductions in organizational effectiveness, although only a few respondents mentioned this specifically as a factor responsible for reduced effectiveness.

Figure 5

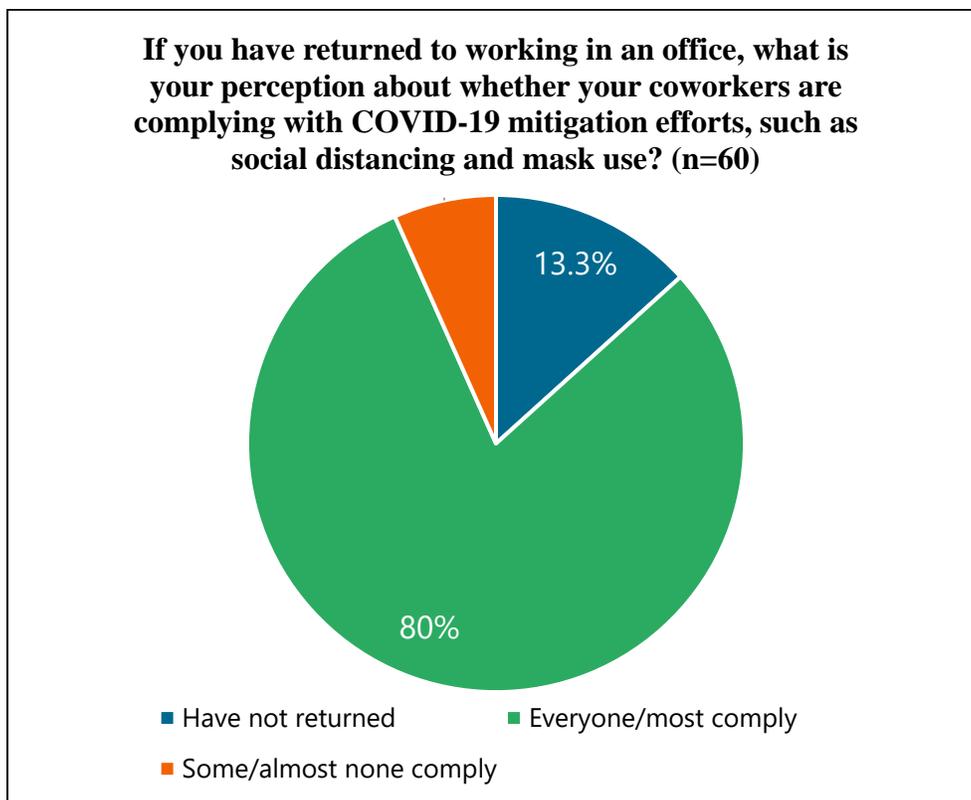


⁵ Findings provided in the remainder of this section (Figures 5 through 11) are based on questions that do not reference a specific time period. Unless indicated otherwise by the wording of the question as shown in the title of each figure, the questions generally refer to current or recent conditions and events, keeping in mind that the surveys were completed in September and October of 2020.

Office Compliance with COVID-19 Mitigation Efforts

By early fall of 2020, the majority of respondents reported they had returned to working in the office (presumably to at least some extent but not necessarily full-time). Of these, almost all of them reported that most of their co-workers were complying with COVID-19 mitigation efforts, such as social distancing and mask wearing.

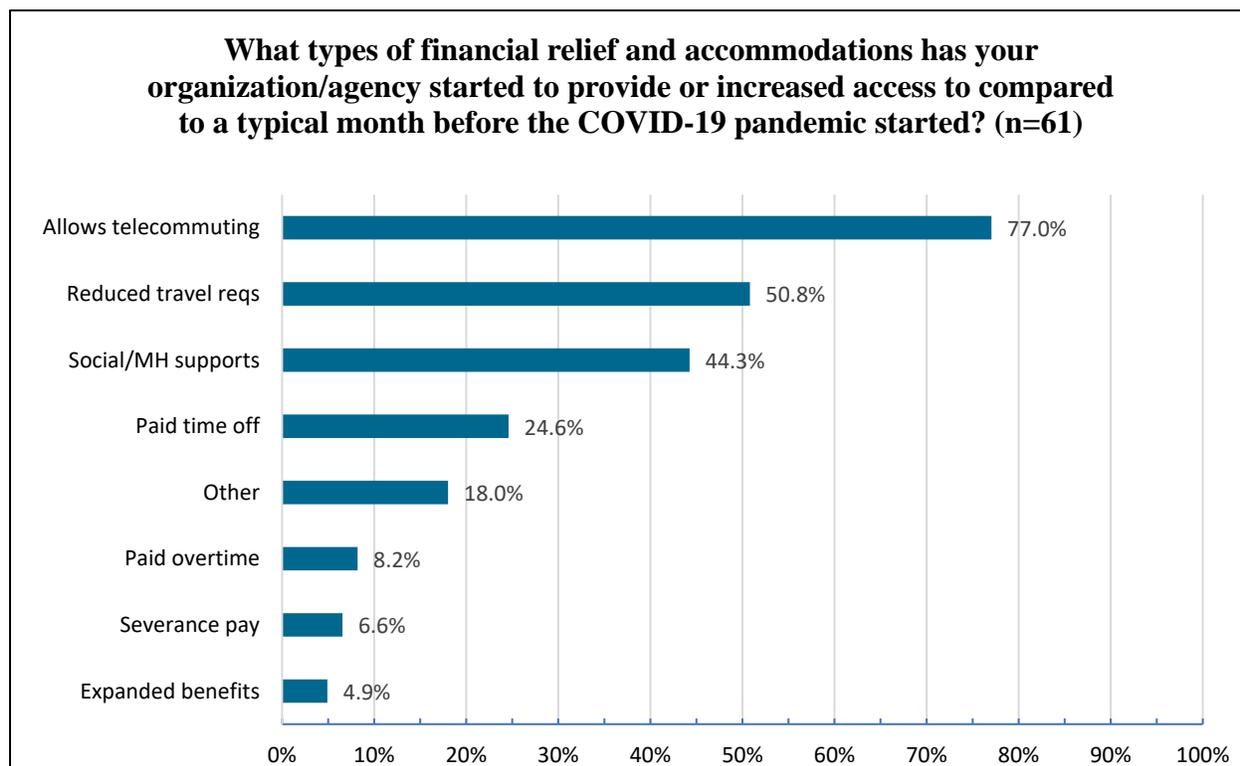
Figure 6



Organizational Accommodations Made for COVID-19 Work-Related Challenges

When asked what types of relief and accommodations respondents' organizations had made to help workers, the most cited was telecommuting (77%), followed by reductions in travel (51%) and provision of social or mental health supports (44%). Other less cited responses included paid time off, paid overtime, severance pay for furloughed or terminated employees, expanded benefits, and other unspecified forms of support.

Figure 7



Mitigation Efforts Taken to Protect Staff

Almost all participants stated that their organizations were encouraging videoconferencing (instead of in-person meetings) and distributing personal protective equipment (PPE). High percentages (over 50%) also reported most of the other mitigation practices that were identified in the survey question, thereby demonstrating their awareness of the importance of COVID mitigation and staff safety protocols. Only 22% of organizations, however, had mandated COVID-19 testing of staff members. No “other” mitigation strategies were identified by any respondents.

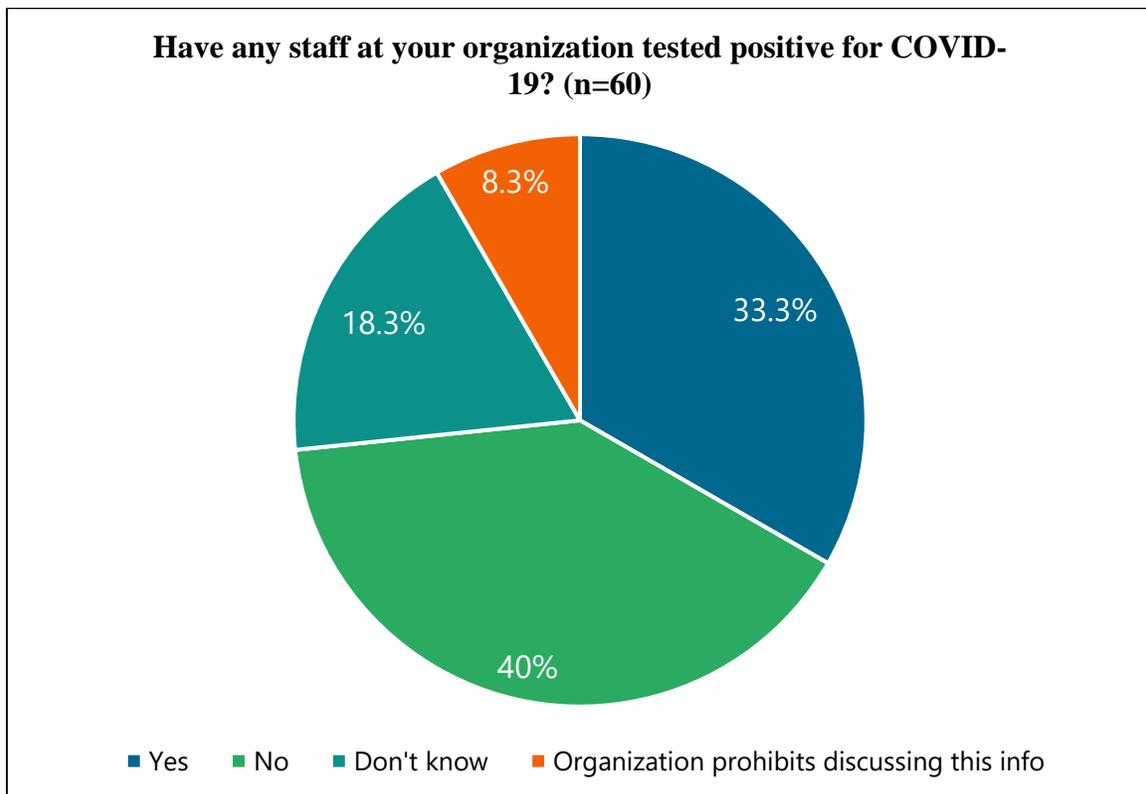
Figure 8



Staff Members Testing Positive for COVID-19

A third of the participants reported that one or more staff members from their organization had tested positive for COVID-19. Given that some respondents did not know or could not divulge such information, the percentage of organizations surveyed that had a COVID-positive staff member was likely closer to 50%. This finding underscores the alarming spread of the virus during 2020 and the importance of steps taken by organizations during this time to help protect the health and safety of their workforces.⁶

Figure 9

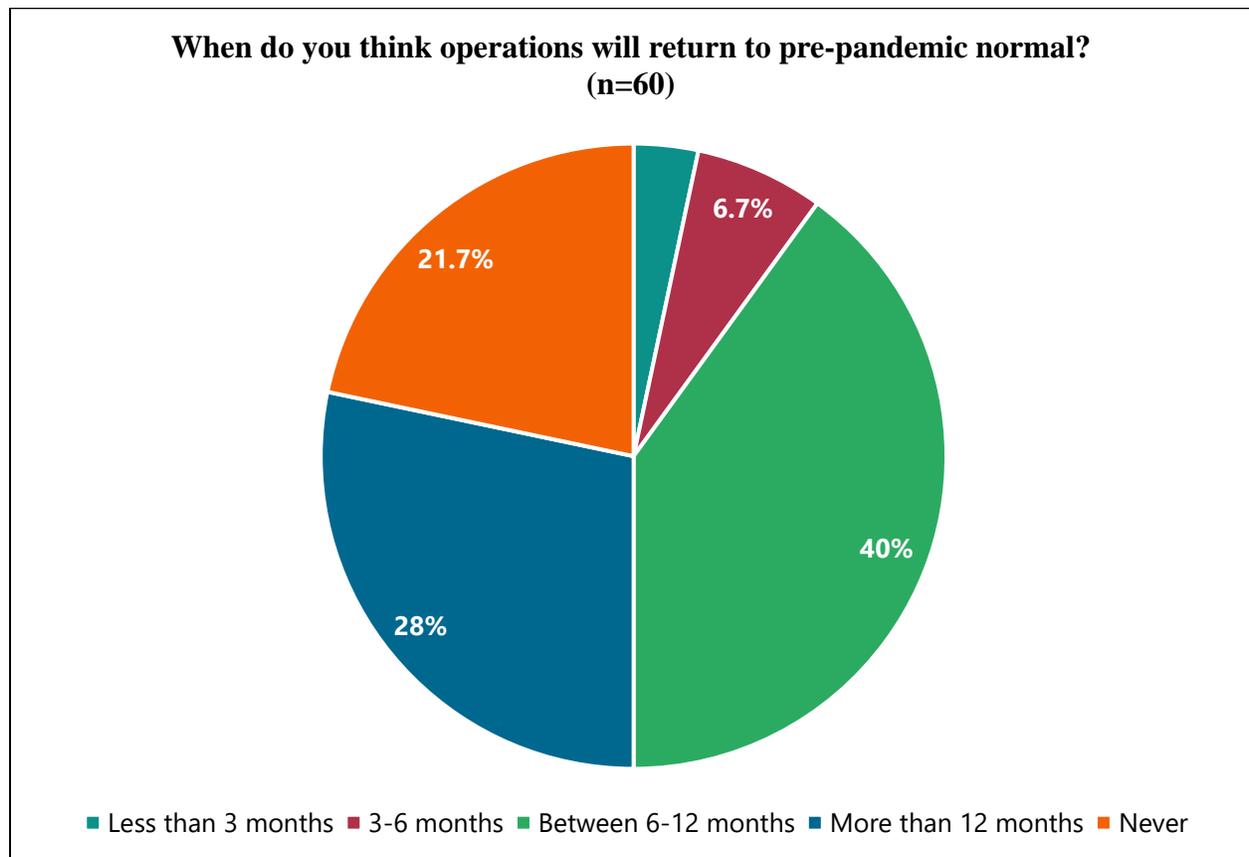


⁶ The survey did not ask whether any such infections had occurred in the workplace.

Estimates of When Operations Will Return to Pre-Pandemic Normal

Forty percent of the respondents anticipated a return to normal operations in 6-12 months, and another 28% thought it would be more than 12 months. Interestingly, approximately 22% thought operations would never return to pre-pandemic normal. This could be an indication that some organizations have realized certain efficiencies or benefits from working remotely and/or greater use of audio/video technology, and therefore expect to continue with these adaptations, to some extent, indefinitely.

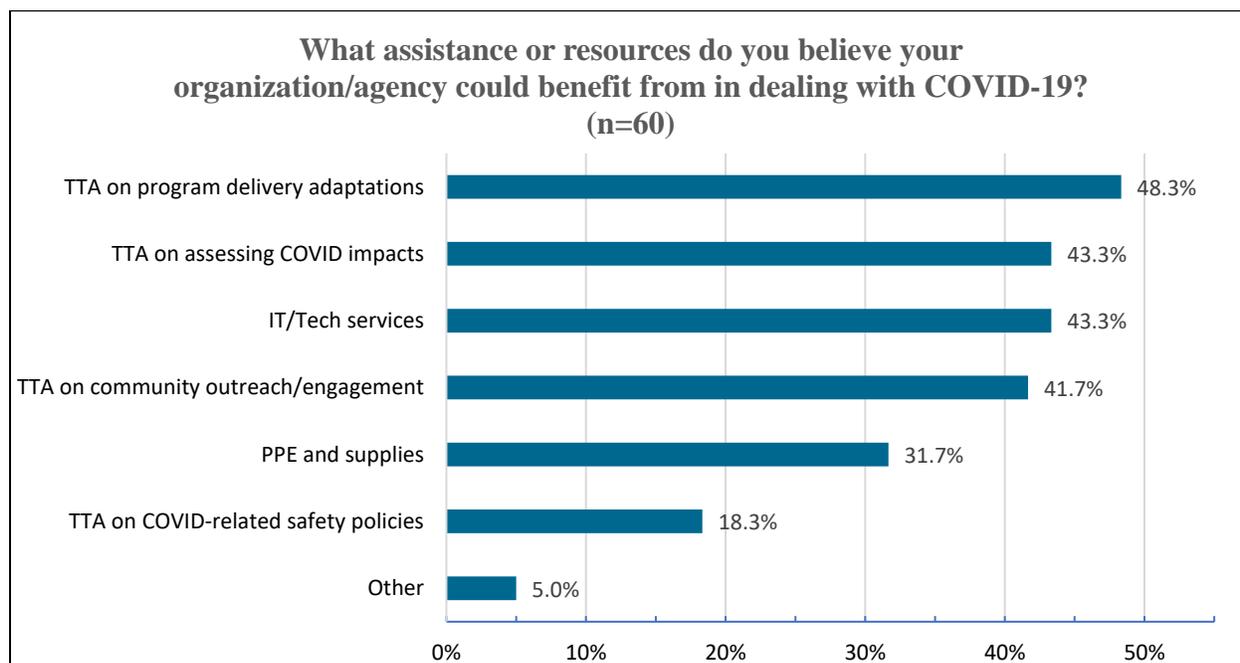
Figure 10



Assistance Needed

Even 5-6 months after the initial shutdown in April 2020, respondents reported several areas in which they believed training or technical assistance (TTA) or resources could be useful for their continued operations. Just under 50 percent suggested assistance with modifying their programs, closely followed by TTA on assessing COVID impacts (on their organization and/or more broadly), IT/tech support, and TTA on improving community outreach and engagement. Other needs identified included personal protective equipment (PPE) and training on worker safety. Only 13 percent of respondents indicated that there were no areas for which their organization could benefit from additional assistance or resources.

Figure 11



Qualitative Data Findings

The results below summarize the responses provided for the remaining open-ended questions not covered in the preceding section. These questions provided respondents the opportunity to describe additional ways the COVID pandemic affected their organizations and how they adapted to this challenge. The majority of respondents entered comments in response to each of these questions, with sample sizes ranging from 45 to 60 individuals.

Challenges Faced Delivering and Monitoring Evidence-Based Programs Because of the Pandemic

When asked what challenges their organization faced delivering and monitoring evidence-based programs directed to individuals, or groups at schools or specific locations because of the pandemic, by far the most common responses related to a difficulty delivering services and/or a lack of access to target communities or groups. The most common example was school closures and therefore, restricted access to youth. Many programs rely on one-on-one or group meetings/interactions that became less tenable, if not impossible, during the pandemic. This becomes especially challenging if organizations rely on in-person events for client recruitment. Accordingly, one respondent described having to find new ways to recruit, such as through social media campaigns.

The next most common responses included the challenge of an inability to meet in person and how virtual solutions may be less appropriate and/or effective. For instance, one participant described their challenges this way:

Our work with middle and high school students has been significantly impacted. We have found that virtual meetings have not been a good way to connect with middle school aged youth. Also, many of our youth prevention group members are from low-income families and have younger siblings. There are a lot of new demands to help with childcare and other things on their time and they are less able to participate in prevention activities.

Characterizing the disadvantages of virtual versus in-person approaches, another participant offered that:

Nothing can replace the way in which skills can be displayed during an in-person presentation. The nuances of facial expressions and movement that helps to put participants at ease is something I miss as an educator. I am also seeing fewer requests as well as fewer participants online unless the course is a requisite one. In terms of monitoring, we can no longer do site visits which impede our work from a state level.

Another challenge that emerged from the responses to this question related to shifting priorities among clients, communities, schools, etc. away from program implementation toward areas of more urgent need. As one participant explained, “communities are focused on getting food resources so there is less interest in substance misuse, schools are focused on learning communication so are less willing to share our messages.” The final two challenges of note that emerged from these responses were the lack of internet and/or technology access among clients and increased difficulty in communicating with partner organizations. For instance, one police department’s policy excluded the use of Zoom, so they were precluded from attending scheduled program meetings.

Challenges Faced Implementing and Monitoring Environmental Prevention Strategies and Other Efforts Not Involving Direct Services During the Pandemic

Respondents were asked what challenges their organization faced implementing and monitoring environmental prevention strategies and other efforts not involving direct services to individuals. The most common responses related to restrictive policies, procedures, or other changes made in outside organizations, such as law enforcement agencies, that curtailed or pre-empted previously planned activities. For example, one participant explained how, "Law enforcement is still under the guidelines that it is unsafe to do environmental scans as their superiors have asked to postpone." Similarly, another offered that, "The only thing that stopped was checkpoints from law enforcement. They stated that the governor's emergency order prohibited them from any 'unnecessary' enforcement unless deemed necessary." The next most common response related to the inability to conduct in person, group, or field activities. Another common response cited changed or differing priorities among partner organizations and other stakeholders as a key challenge. As one respondent explained, "Policy work is not high on the priority list for our municipalities at this time. They are more focused on COVID and diversity related issues." Other challenges included limited access to communities/populations/areas and access to PPE and internet or other technologies. Finally, some participants saw local government shutdowns, delays, and/or postponements as a key challenge. As one participant offered, "It has been a challenge to implement environmental strategies during the pandemic. Town offices have been closed and town staff and decision-makers' attention and priorities are on other matters created by COVID-19."

Challenges in Tracking Outcomes or Collecting Data Because of the Pandemic

When respondents were queried as to what challenges their organization faced in tracking outcomes or collecting data related to their organizations' activities because of the pandemic, the most common responses concerned no or limited access to the communities, such as schools or colleges, where data is collected. In addition to this challenge, respondents listed internet and/or technological limitations (including lack of internet among study participants), cancelled or postponed events that were essential to data collection, insufficient staff resources, and a lack of in-person surveys/research interactions. To explain this challenge one participant told us:

Prior to COVID-19, we were collecting our community needs assessments. We were unable to collect as many as we had hoped, as we planned to collect them during planned face-to-face events. While we can send digital surveys, we will lose some important data from particular populations due to lack of access to this method.

Finally, respondents also mentioned virtual survey fatigue as a challenge, as well as concerns for data confidentiality and problems with partner organizations not relaying data at all or in a timely manner. According to one participant: "Some staff departments as the ABC have completely stopped communicating enforcement data on alcohol usage and safety during the pandemic." To this, they added that this was due to "Political pressures at the state level."

Top Three Continuing Challenges Hindering Work During the Pandemic

Respondents were asked to provide the top three continuing challenges that were hindering their work during the COVID-19 pandemic. The most common responses offered by participants were lack of community access, outreach and/or communication; COVID response policies (for example, no large groups or community gatherings); the inability to meet in person; lack of personal interaction/connection; internet/technology access; and funding issues.

Specific Populations Who Could Not Be Reached Because of the Pandemic

When asked to name what, if any, specific populations their organization has been unable to reach because of the pandemic, participants overwhelmingly cited youth. This may be because organizations largely served youth populations. Other populations identified as being harder to reach because of the pandemic include those with no or limited access to internet/technology, minorities (especially Native Americans and Hispanic people), older people, families, those living in rural areas, the unemployed, individuals who identify as LGBTQ, and those within faith communities.

Other Ways in which the Pandemic has Impacted Organization Operations

When asked about any other ways in which the COVID-19 pandemic has impacted the operation of their agency or organization, many respondents referenced issues already identified elsewhere in this report such as lack of access to communities, loss of staff, clients, and funding, and an increased use of and dependence on technology (Zoom, etc.). Concerning funding, one participant explained “The pandemic has impacted our organization’s ability to follow our traditional fundraising strategy and events. It has caused us to limit capacity and take the personal programming out of the operations due to social distancing limiting the activities that can be done.” Interestingly, multiple respondents also cited positive impacts the pandemic has had on the operation of their organizations, including increased technological literacy among staff and inspired creativity in problem solving. Other recognized benefits are exemplified by the following statements from four respondents:

I think it's been a catalyst to many creative problem-solving conversations and beautiful solutions. We are re-inventing our work and becoming more flexible as we co-create a program that is adaptable to new realities. I like to think of it in a positive way, so that I can stay focused and optimistic about our world.

Moving online COVID-19 has forced us to reconsider how we interact with our providers and they, in turn, their community partners. It has forced us to look at virtual communication strategies and implement and model virtual trainings and meetings to support sustained momentum of prevention efforts in the communities our providers serve.

It has required a need to educate all staff in use of technology, a need to move from paper files to electronic files and to adapt quickly to change and embrace change.

We have become a better team and I feel as if we have thrived under these crazy circumstances.

In terms of negative impacts, some respondents cited risks to their staff's wellbeing as well as that of their clients. In the case of the latter, the issue of increased substance use was mentioned. For instance, one respondent offered that:

It has affected the wellbeing of some staff due to the isolation that isn't only work related but can affect work. Most importantly for me, it has affected the emergent need for providing more access to Narcan for the entire state. We have been busier than ever doing that. And we have seen a 50% increase in the number of Narcan administered by EMS compared to the same period last year.

Emphasizing staff wellbeing, another respondent told us that:

The pandemic has created many stressors, limited staff in the office has meant that it has been difficult to maintain day to day operations. Concerns for our volunteers' health and safety has been very stressful, trying to ensure staff and volunteers are safe while ensuring community members are receiving weekly food boxes and of course the increased numbers of families in need since COVID has been significant.

Ways in which the Pandemic has Impacted Respondents Personally in terms of Their Job Performance

The survey also asked respondents about any other ways in which the COVID-19 pandemic has impacted them personally with respect to their job performance and responsibilities. Responses to this question varied, with a majority falling into a negative impact category. The most common examples included an increased workload, decreased job performance or effort, lack of connection to community and coworkers (in some cases to the point of loneliness), and the difficulties associated with working at home ("Zoom fatigue" and computer issues). As one participant offered: "Job performance and job satisfaction have drastically decreased. COVID-19 has interfered with my ability to focus, stay engaged without distractions of home life/personal anxiety. I am not as educated on technology outreach as I would like to be." Another participant explained: "I personally don't feel as connected with the community. I miss interacting with my coworkers and community partners. I don't get as much satisfaction out of my work, though I am working, it doesn't feel as rewarding." Other slightly less commonly cited impacts include loss of income, increased fatigue, stress, and emotional burdens, lack of childcare/school closures, decreased job satisfaction, loss of insurance or other benefits, and decreased access to work resources.

Interestingly, some respondents cited the positive impacts of the pandemic. The most common included innovation and increased focus to meet work objectives (including new sources of funding), increased productivity, strengthened work relationships and improved collaboration. For instance, one respondent offered that the pandemic has "...just given me the opportunity to think of new ways of implementing my goals/objectives in new ways." Another respondent explained how their "work relationships have strengthened; [we're] always looking on ways to collaborate on internal and external projects, increased focus on additional funding opportunities, and I have learned how to utilize audio/visual tools to my advantage." Incidentally, finding of positive personal impacts from the COVID shutdown have also been found with respect to individuals in the general population⁷.

⁷ An example of this was reported by PIRE in an analysis of young adult survey data from Vermont and is available by clicking [here](#).

Discussion

Consistent with expectations, our study found that the effects of the pandemic have been profound on community- and tribal-based organizations engaged in substance use prevention and treatment efforts. Most respondents had not interacted with others in person during the nationwide shutdown in April 2020, although this did increase after federal and state restrictions were relaxed over the summer. Initially, in April 2020, it did not appear that audio- and videoconferencing were successfully allowing virtual interactions to substitute for in-person connections. Consistent with these findings, most organizations reported having difficulty meeting their mission during that first full month of the shutdown. After several months had passed, however, many organizations improved their effectiveness in both their use of audio/video equipment and in meeting their mission.

Among individuals who returned to work, it appears that most were complying with public health guidelines around mask wearing and social distancing. Most organizations reported that their workplaces were encouraging staff persons to work remotely and not to travel. Even so, many organizations reported that one or more employees had tested positive for COVID. Few organizations were offering financial accommodations, such as paid time off or overtime, payments to employees who were laid off or furloughed, or expanded benefits policies, to help employees meet hardships brought about by the pandemic.

In the early stages of the shutdown, most organizations were either unable or not very successful in sustaining and monitoring evidence-based programs directed to individuals, or groups at schools or other specific locations, as these programs were generally designed to be delivered in person. Lack of access to target communities or groups also presented a major challenge, as exemplified by closures of schools and other venues ordinarily used to reach youth populations. Attempts to engage with target populations using audio and video were often viewed as less effective than in-person settings. In this respect, the survey data suggest that even with audio/video technology available to them, many organizations found that they were unable to deliver certain types of programs and services as effectively as when done in person. Other respondents reported difficulties related to policies that hindered agencies, such as police departments being able to conduct enforcement operations. For example, conducting sobriety checkpoints was deemed too unsafe from a COVID-19 public health standpoint. Also, because at least some agencies had to move from their mission to assisting with COVID-related public health needs, delivering and monitoring evidence-based programs took a back seat to these more immediate needs.

When asked what challenges their organization faced in tracking outcomes or collecting data related to agency activities because of the pandemic, the most common responses concerned no or limited access to the communities, such as schools or colleges, where data are collected. Technological issues, such as Internet access and IT limitations, also hindered this work. And again, new and/or competing priorities attributable to the pandemic shifted the focus of some organizations away from business as usual to more pressing needs of the organization or the communities they served.

A number of areas in which organizations indicated they could benefit from training and technical assistance in dealing with COVID were identified. No single area of need was dominant, with several of them being reported by between 40 and 50 percent of the respondents. These percentages would very likely have been higher if this question had been asked back in April 2020. But by the fall of 2020, it was apparent that many organizations had begun adapting to the challenges of created by the shutdown and

to the gradual relaxation of restrictions that occurred, to varying degrees, over the summer. Even so, almost all respondents identified at least one area in which assistance or resources would still be helpful. Most of these needs will likely diminish as the challenges created by the COVID-19 pandemic gradually come to an end. At the same time, however, one of the lessons learned from this experience is that greater use of virtual communications technology offers certain efficiencies to organizations and businesses that persist even in the absence of a shutdown. Training and resources to facilitate the effective use of these technologies, therefore, is likely to remain an important need for many organizations, especially smaller ones with limited capacity.

In conclusion, although the shutdown that began in the spring of 2020 created severe hardships initially for the organizations we surveyed, our findings show that they subsequently experienced improvements in the use of audio/video conferencing, seeing people in person, and being effective in meeting the organization's mission. After the initial shock, many organizations were apparently successful in finding ways to cope with the realities and limitations of a COVID-19 world. As the return to normality has now continued through 2020 and into 2021, and especially with widespread vaccination well underway, the challenges posed by COVID-19 that were identified in this survey are expected to subside further. The findings also show, however, that some community and tribal organizations may still have a need for guidance or resources that could help them adapt to the realities of the pandemic (and post-pandemic) environment, particularly those related to IT and audio/video communications, thereby helping them to continue to meet their missions and serve their communities.⁸

Even with the successful adaptations to COVID-19 reported for many of the organizations surveyed, respondents were not confident about things ever returning to pre-pandemic "normal." This perception, however, could be based on the recognition that some of the adaptations made are worth sustaining even as the COVID challenges fade. It will be interesting and instructive to monitor the extent to which certain organizational practices adopted during the pandemic, such as telecommuting and the greater use of virtual meeting platforms, continue to be employed and perhaps expanded even further.

⁸ SAMHSA has maintained a list of resources for substance misuse and mental health service providers to help navigate the challenges of COVID. The latest listing, as of 6/14/21, is available [here](#).