Community Mental Health Association of Michigan

Behavioral Health Provider/Supervisor Telehealth Survey Summary

August 2021

Introduction

Due to expanded Medicaid coverage for telehealth services and limited ability to provide face-to-face services during the coronavirus (COVID-19) pandemic, the use of telehealth has greatly increased. In response, the Community Mental Health Association of Michigan (CMHA) developed a Telehealth Resource Center to support provider use of telehealth and telehealth best practices. CMHA was interested in learning about the telehealth experience of behavioral health providers and clinical supervisors in order to improve the resource center and the programs it offers members and to inform CMHA policy and advocacy activities. To this end, CMHA engaged Public Sector Consultants (PSC) to conduct a telehealth survey with these providers.

The 16-question online survey was distributed to CEOs of community mental health centers and private providers on May 17, 2021, with a request that they share it with their staff of behavioral health service providers and their clinical supervisors. One survey reminder was sent on June 1, and the survey was closed on June 8, 2021. There were 846 total completed survey responses.
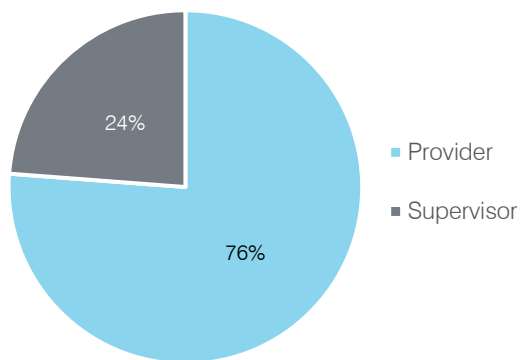
Key Findings

Analysis of the survey provided several key findings.

- Around two-thirds of those providing services to all adult populations and children with a serious emotional disturbance or substance use disorder were providing more than half of those services via telehealth in the 30 days prior to taking the survey.
- About three-quarters of respondents plan to provide a mix of telehealth and face-to-face services after the COVID-19 pandemic.
- The most-used telehealth methods were video conferencing and phone calls, with connectivity problems being the largest issue with both of these methods.
- The perceived usefulness of telehealth via certain methods can vary by population and geography.
- Overall, providers feel comfortable using telehealth, say they are knowledgeable about telehealth best practices, feel they can provide quality care via telehealth, and believe that telehealth is important to the success of their organization.
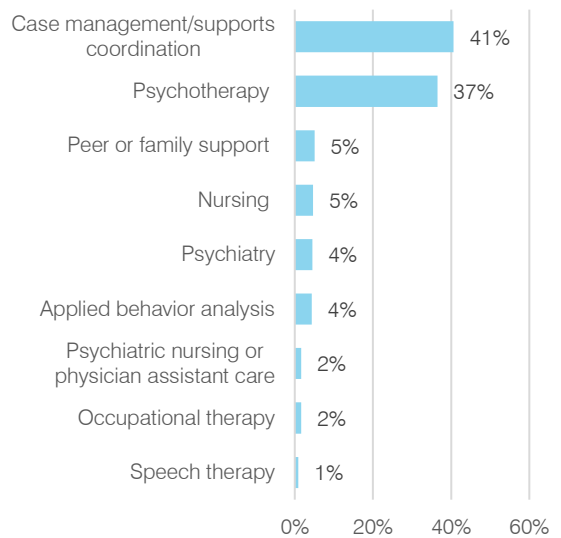
Survey Respondents

Survey respondents were primarily behavioral health service providers (76 percent), with the rest being supervisors of those who provide these services (Exhibit 1). Respondents provide a variety of services; however, over three-quarters provide either case management or support coordination (41 percent) or provide psychotherapy (37 precent), shown in Exhibit 2. Around 5 percent each provide peer or family support, nursing, psychiatry, and applied behavior analysis.

EXHIBIT 1. Respondent Type

- Provider
- Supervisor

24%

76%

N = 846.

EXHIBIT 2. Services Provided

Service	Percent
Case management/supports coordination	41%
Psychotherapy	37%
Peer or family support	5%
Nursing	5%
Psychiatry	4%
Applied behavior analysis	4%
Psychiatric nursing or physician assistant care	2%
Occupational therapy	2%
Speech therapy	1%

N = 846. Note: Percentages do not total 100 due to rounding.

Additionally, respondents serve various populations, with nearly 60 percent serving adults with a mental illness and 40 percent each serving adults with an intellectual and/or developmental disability and children with a serious emotional disturbance (Exhibit 3). Nearly half (45 percent) serve only one population and another quarter serve two populations (Exhibit 4). Five percent serve all six populations.

EXHIBIT 3. Percentage of Respondents Serving Each Patient Population

Population	Percentage
Adults with a mental illness	59%
Adults with an intellectual and/or developmental disability	40%
Adults with a substance use disorder	33%
Children with a serious emotional disturbance	40%
Children with an intellectual and/or developmental disability	33%
Children with a substance use disorder	11%
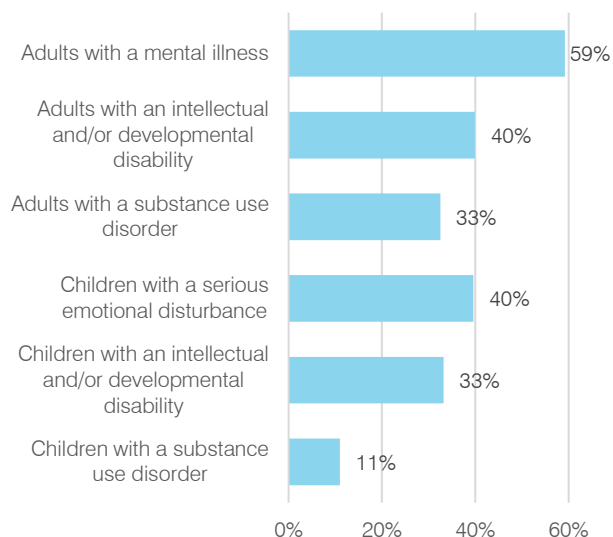
N = 846. Note: Percentages total more than 100 because respondents could select more than one response.

EXHIBIT 4. Percentage of Respondents by Number of Populations Served

Number of Populations Served

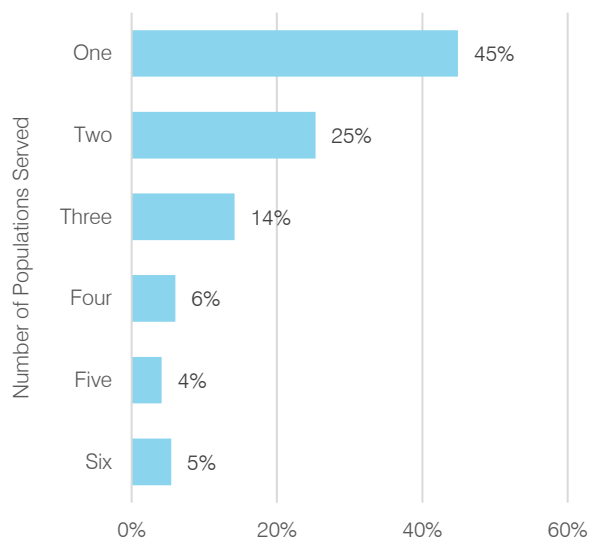| Number	Percentage
One	45%
Two	25%
Three	14%
Four	6%
Five	4%
Six	5%

N = 846. Note: Percentages do not total 100 due to rounding.

Respondents provide services in 73 of Michigan's 83 counties, with two respondents (0.2 percent) providing services statewide. More than 10 percent of respondents provide services in six counties—Ingham, Macomb, Clinton, Eaton, Oakland, and Genesee—with between 0.1 and 7 percent providing services in each of the remaining 67 counties (Exhibit 5).[1] Nearly two-thirds (62 percent) provide services in urban counties, with 38 percent serving rural counties (Exhibit 6).

[1] See Appendix A for full list of counties.

EXHIBIT 5. Counties Where Respondents Provide Services

Number of responses by county
- 0 - 4
- 5 - 12
- 13 - 29
- 30 - 57
- 58 - 121

N = 1,430. Note: Number is greater than total number of respondents (846) because respondents could provide services in multiple counties.

EXHIBIT 6. Percentage of Urban Versus Rural Counties Where Respondents Provide Services

Rural 38%

Urban 62%

N = 1,430. Note: Number is greater than total number of respondents (846) because respondents could provide services in multiple counties.
Source: PSC Survey; U.S. Census Bureau. 2010. *County Rurality Level.* Accessed July 29, 2021.
http://www2.census.gov/geo/docs/reference/ua/County_Rural_Lookup.xlsx

Telehealth Use

Around two-thirds of respondents who serve each of the adult populations provided more than half of their behavioral health services via telehealth in the 30 days prior to taking the survey, with very few (5 percent or less) not providing any appointments via telehealth (Exhibit 7).

EXHIBIT 7. Portion of Appointments Provided via Telehealth by Adult Population

Population	More than half	Half or less	None
Adults with a mental illness (N = 381)	67%	29%	3%
Adults with a substance use disorder (N = 202)	62%	35%	2%
Adults with an intellectual and/or developmental disability (N = 258)	60%	35%	5%

■ More than half ■ Half or less ■ None

N varied by population. Note: Percentages do not total 100 due to rounding.

Similarly, two-thirds of respondents who serve children with a substance use disorder provided more than half of their services via telehealth in the 30 days prior to taking the survey (Exhibit 8). Slightly fewer provided that level of telehealth services to children with a serious emotional disturbance (58 percent) and children with an intellectual and/or developmental disability (50 percent). Nearly 10 percent of providers did not conduct any telehealth appointments with children with an intellectual and/or developmental disability.

EXHIBIT 8. Portion of Appointments Provided via Telehealth by Child Population
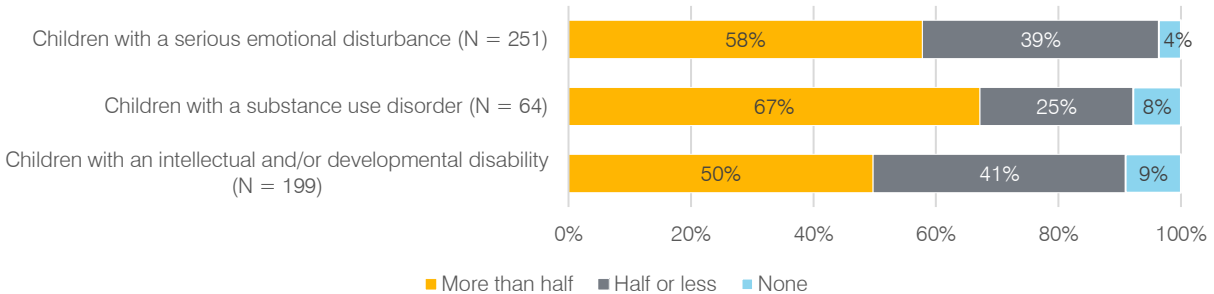
N varied by population. Note: Percentages do not total 100 due to rounding.

Most (77 percent) of respondents have plans to integrate telehealth into their practice after the COVID-19 pandemic, with nearly all of those (74 percent) saying they plan to provide a mix of telehealth and face-to-face services (Exhibit 9). Only 6 percent said they plan to provide only face-to-face services, while 16 percent were still unsure of their post-pandemic service plan.
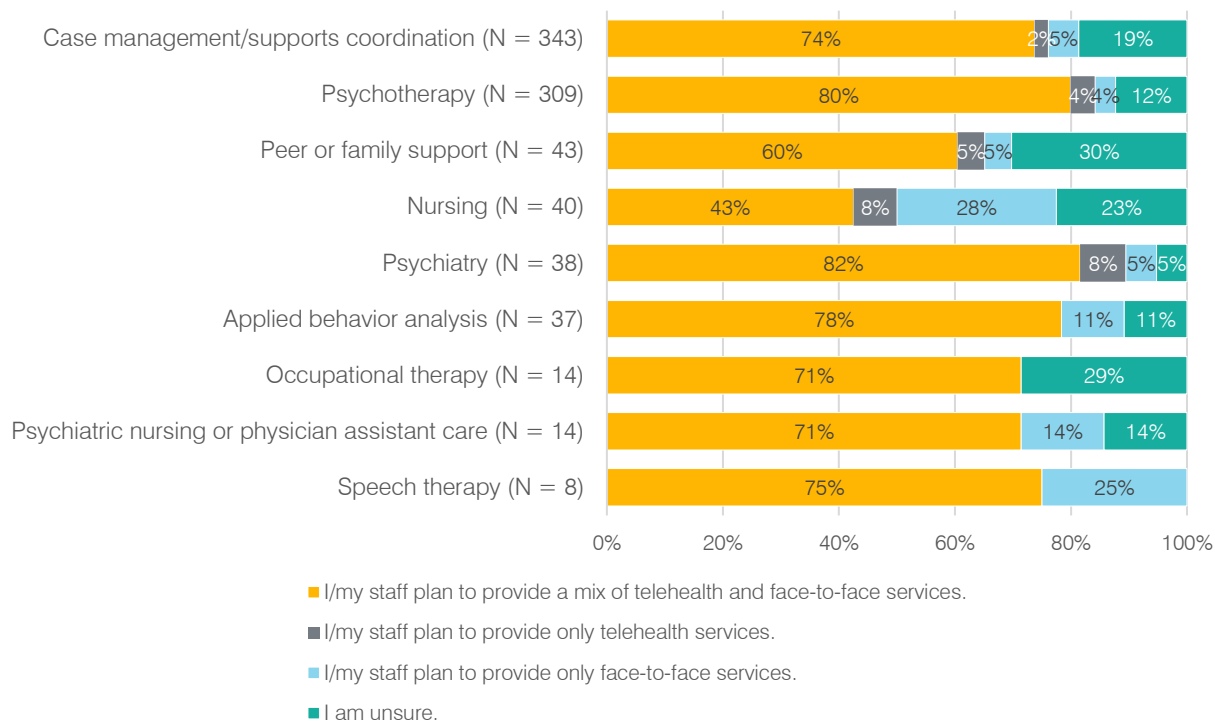
EXHIBIT 9. Plans for Service Delivery Methods After COVID-19 Pandemic
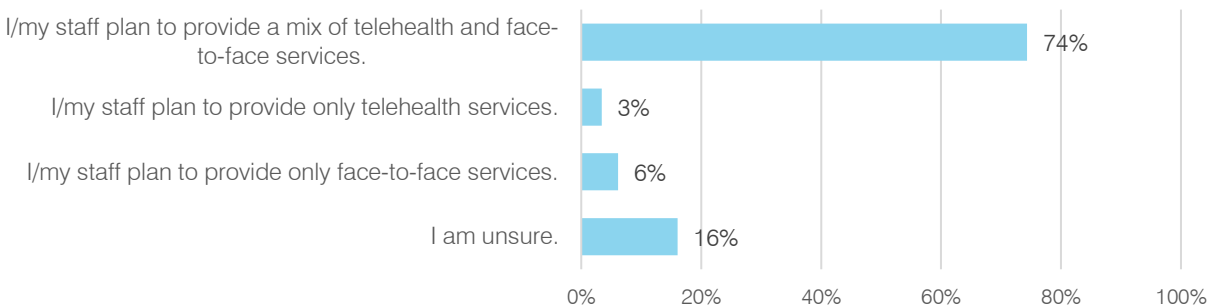
N = 846. Note: Percentages do not total 100 due to rounding.

When analyzed by type of service provided, at least 60 percent of respondents said they plan to provide a mix of telehealth and face-to-face services, with the exception of nursing providers (Exhibit 10). Just over 40 percent of this group of providers plans to provide a mix of service delivery types. The largest percentage of respondents who said they plan to only provide face-to-face services were those providing nursing services (28 percent) and speech therapy (25 percent).

EXHIBIT 10. Plans for Service Delivery Methods After COVID-19 Pandemic by Service Provided

Case management/supports coordination (N = 343): 74%, 2%, 5%, 19%
Psychotherapy (N = 309): 80%, 4%, 4%, 12%
Peer or family support (N = 43): 60%, 5%, 5%, 30%
Nursing (N = 40): 43%, 8%, 28%, 23%
Psychiatry (N = 38): 82%, 8%, 5%, 5%
Applied behavior analysis (N = 37): 78%, 11%, 11%
Occupational therapy (N = 14): 71%, 29%
Psychiatric nursing or physician assistant care (N = 14): 71%, 14%, 14%
Speech therapy (N = 8): 75%, 25%

- I/my staff plan to provide a mix of telehealth and face-to-face services.
- I/my staff plan to provide only telehealth services.
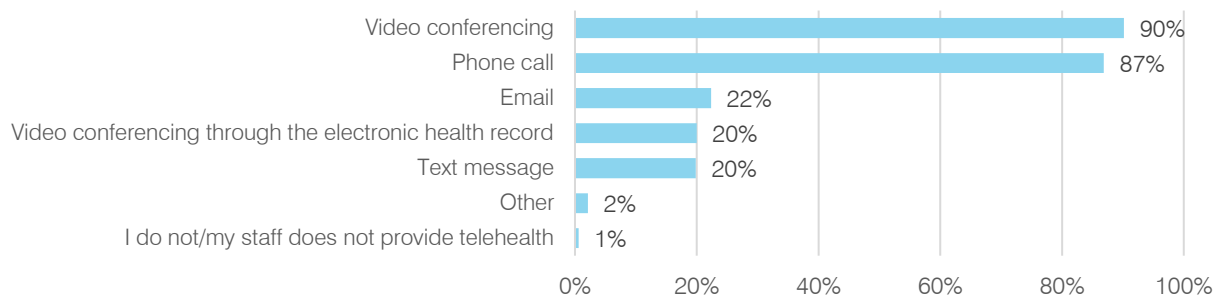- I/my staff plan to provide only face-to-face services.
- I am unsure.

N varied by service provided. Note: Percentages do not total 100 due to rounding.

Telehealth Methods

Most respondents regularly used video conferencing (90 percent) and phone calls (87 percent) to provide services via telehealth in the year prior to taking the survey (Exhibit 11). Around 20 percent of respondents also regularly provided telehealth via email, videoconferencing through their electronic health record, or via text message.

EXHIBIT 11. Frequency of Telehealth Technologies Used to Provide Services in the Past Year

Video conferencing: 90%
Phone call: 87%
Email: 22%
Video conferencing through the electronic health record: 20%
Text message: 20%
Other: 2%
I do not/my staff does not provide telehealth: 1%

N = 845. Note: Percentages total more than 100 because providers could select more than one response.

One percent of respondents said that they or their staff do not provide telehealth (Exhibit 11). The reasons for not providing telehealth included that telehealth either is not applicable to the service they provide or it is not the preferred service delivery method. Respondents shared:

> Mental health is not the place to provide telehealth, as many of the clients do not have good access to have such appointments; therefore, it is impossible to provide a good assessment. Hospitalizations have increased with telehealth through COVID.
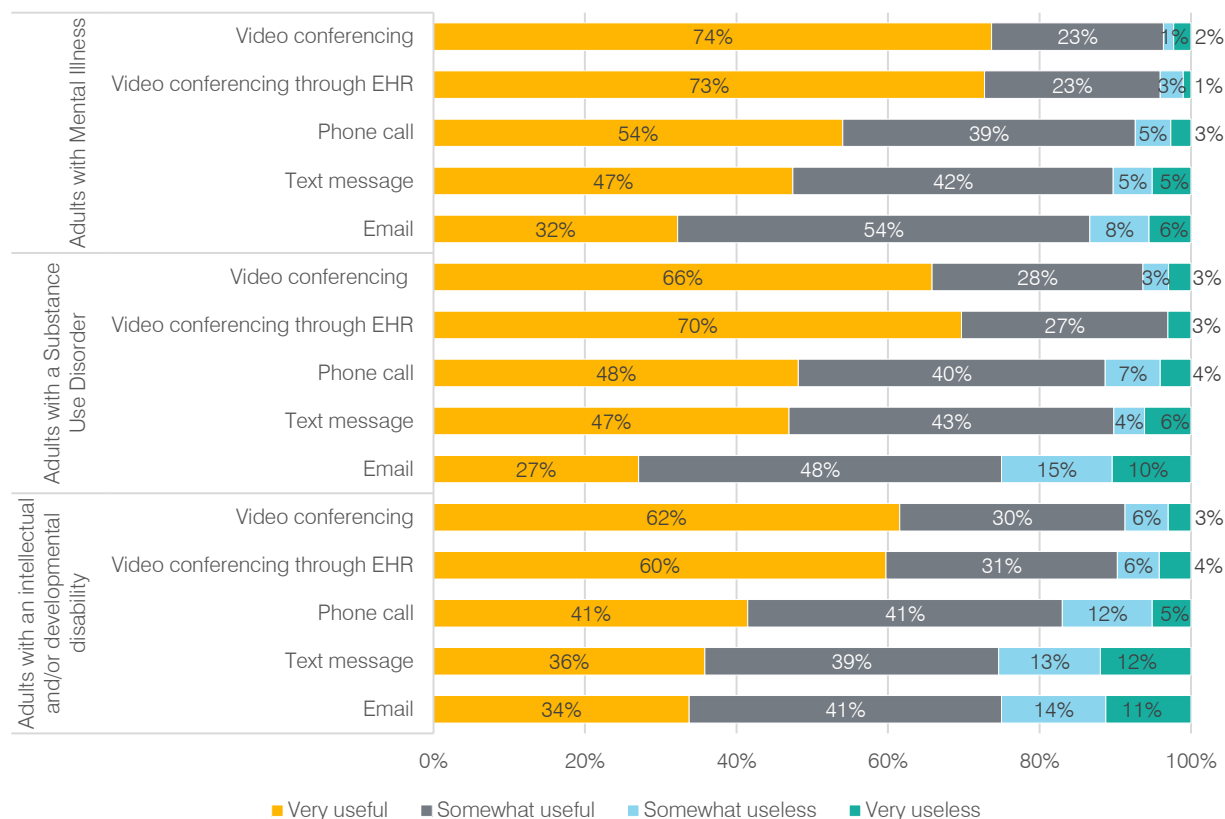>
> —
>
> I am directed to be in the office at all times for services, as 98 percent of my patients come to the office for services and have the entirety of the time. Patients have no problems coming to the office and state they prefer it. I do not like audio only or [telehealth] as patients are often distracted during the session by other people, the television, pets, etc. Patients sometimes try to do services in a vehicle, drive through, store, break from work, and even vacation!

Method Usefulness

Among respondents who work with adult populations, at least 60 percent found video conferencing and video conferencing via electronic health record to be very useful telehealth methods (Exhibit 12). Email was the least useful method of providing telehealth among these providers. All telehealth methods are least useful among adults with an intellectual and/or developmental disability with a larger percentage of respondents saying each method was somewhat or very useless with this population. For example, a quarter of respondents said that text messages and emails were not useful with these adults.
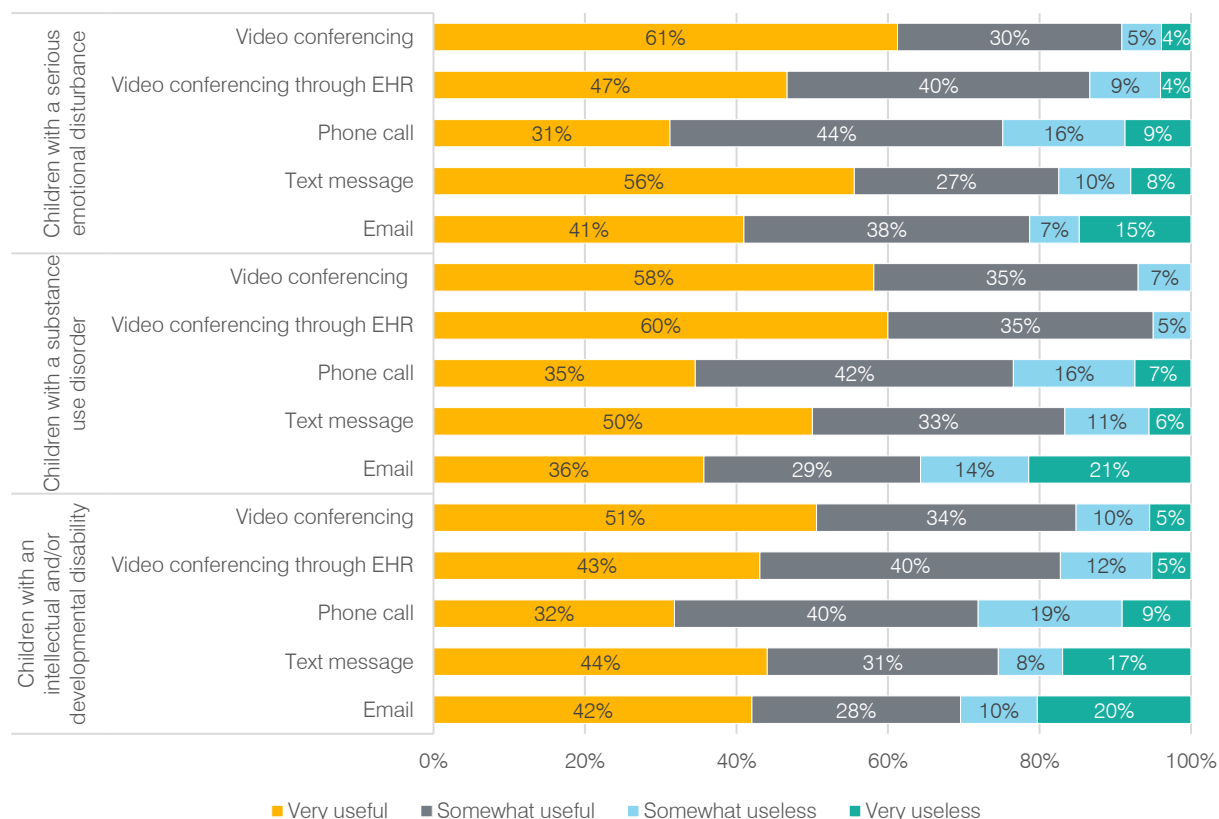
EXHIBIT 12. Usefulness of Telehealth Methods with Adults by Population Served

Adults with Mental Illness

Method	Very useful	Somewhat useful	Somewhat useless	Very useless
Video conferencing	74%	23%	1%	2%
Video conferencing through EHR	73%	23%	3%	1%
Phone call	54%	39%	5%	3%
Text message	47%	42%	5%	5%
Email	32%	54%	8%	6%

Adults with a Substance Use Disorder

Method	Very useful	Somewhat useful	Somewhat useless	Very useless
Video conferencing	66%	28%	3%	3%
Video conferencing through EHR	70%	27%		3%
Phone call	48%	40%	7%	4%
Text message	47%	43%	4%	6%
Email	27%	48%	15%	10%

Adults with an intellectual and/or developmental disability

Method	Very useful	Somewhat useful	Somewhat useless	Very useless
Video conferencing	62%	30%	6%	3%
Video conferencing through EHR	60%	31%	6%	4%
Phone call	41%	41%	12%	5%
Text message	36%	39%	13%	12%
Email	34%	41%	14%	11%

■ Very useful ■ Somewhat useful ■ Somewhat useless ■ Very useless

N varied by response between 48 respondents serving adults with a substance use disorder via email and 448 respondents serving adults with a mental illness through phone calls. Note: Percentages do not total 100 due to rounding.

Respondents who serve children generally rated the usefulness of every telehealth method lower than those who work with adults. Video conferencing and text messaging were the two telehealth methods rated very useful by the largest percentage of respondents who work with children. For example, 61 percent of providers serving children with a serious emotional disturbance rated video conferencing as a very useful telehealth method and 50 percent of those serving children with a substance use disorder rated text messaging as very useful (Exhibit 13). Phone calls were seen as less useful by those serving children than by those serving adults, with around one-quarter rating this method as either somewhat or very useless with all three child populations. Email was considered the least useful method of telehealth when serving children with a substance use disorder and children with an intellectual and/or developmental disability.

EXHIBIT 13. Usefulness of Telehealth Methods with Children by Population Served

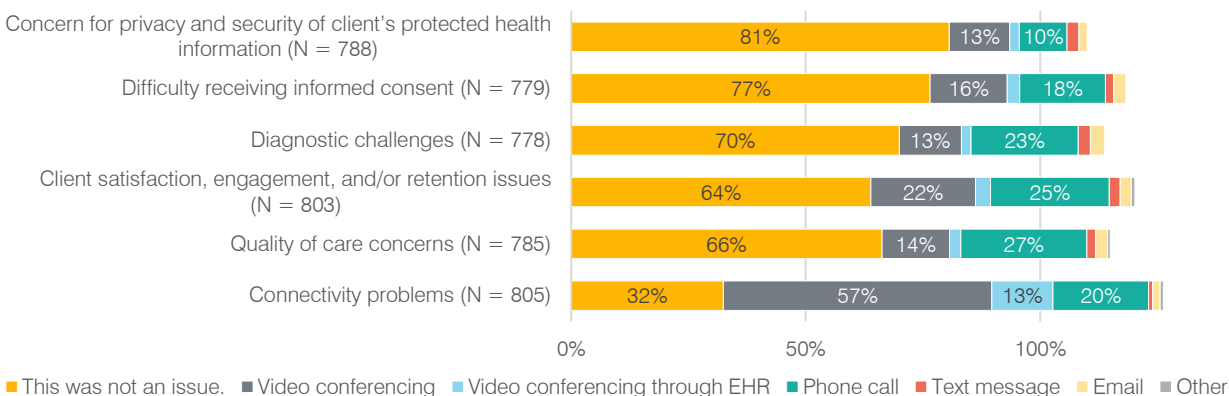|	Very useful	Somewhat useful	Somewhat useless	Very useless
Children with a serious emotional disturbance				
Video conferencing	61%	30%	5%	4%
Video conferencing through EHR	47%	40%	9%	4%
Phone call	31%	44%	16%	9%
Text message	56%	27%	10%	8%
Email	41%	38%	7%	15%
Children with a substance use disorder				
Video conferencing	58%	35%	7%	
Video conferencing through EHR	60%	35%	5%	
Phone call	35%	42%	16%	7%
Text message	50%	33%	11%	6%
Email	36%	29%	14%	21%
Children with an intellectual and/or developmental disability				
Video conferencing	51%	34%	10%	5%
Video conferencing through EHR	43%	40%	12%	5%
Phone call	32%	40%	19%	9%
Text message	44%	31%	8%	17%
Email	42%	28%	10%	20%

N varied by response between 14 respondents serving children with a substance use disorder via email and 307 respondents serving children with a serious emotional disturbance through video conferencing. Note: Percentages do not total 100 due to rounding.

Telehealth Issues and Concerns

Between 64 and 81 percent of respondents said most telehealth issues and concerns were not a problem, no matter which telehealth method they used, with the largest percentage reporting no concerns for clients' health record privacy and security (Exhibit 14). The exception was connectivity issues, of which only one-third of respondents said it was not a problem, 57 percent said it was a problem when using video conferencing, and 20 percent had connectivity issues with phone calls. Only a few respondents had any issues or concerns when using text messages or email. The two methods with the largest percentage of issues or concerns were also the two most commonly used methods: video conferencing and phone calls.

EXHIBIT 14. Percentage of Respondents Who Experienced Issues or Concerns by Telehealth Method

Concern for privacy and security of client's protected health information (N = 788): 81% | 13% | 10%

Difficulty receiving informed consent (N = 779): 77% | 16% | 18%

Diagnostic challenges (N = 778): 70% | 13% | 23%

Client satisfaction, engagement, and/or retention issues (N = 803): 64% | 22% | 25%

Quality of care concerns (N = 785): 66% | 14% | 27%

Connectivity problems (N = 805): 32% | 57% | 13% | 20%

Legend: ■ This was not an issue. ■ Video conferencing ■ Video conferencing through EHR ■ Phone call ■ Text message ■ Email ■ Other

N varied by issue or concern. Note: Percentages total more than 100 because providers could select more than one response. Percentages not labeled on the chart were between 1 and 3 percent of respondents.

Addressing Telehealth Issues and Concerns

Many respondents said that they would change their service delivery method to address certain telehealth issues, including switching to audio only or offering in-person visits. Others would work with clients to troubleshoot issues and/or provide education around how to use the technology. Other solutions included changing meeting times when Internet bandwidth would be better, identifying locations with free Internet and/or adequate privacy, and offering space at the agency for telehealth visits. In addition, some agencies offered IT support to providers to troubleshoot issues.

Respondents also expressed that they sometimes had trouble with documentation when providing services via telehealth. To address this concern, some created alternatives to obtaining consent, including updating policies to include telehealth, documenting verbal consent, mailing consent forms, and using electronic signatures. Furthermore, providers offered technology equipment and hotspots to those who may not otherwise be able to access care through telehealth. A few also provided virtual-friendly supplemental activities and resources.

Recommended Telehealth Tools by Population

Respondents recommended the use of particular telehealth tools with certain client populations, including video-based technologies and phone calls, and some recommended telehealth generally for specific populations. A few respondents said that in-person appointments were better for everyone and that telehealth does not work for children or teens, those with an intellectual and/or developmental disability, or those without Internet or technology.

Video-based Technologies

Video-based technologies were recommended by several respondents for all client populations, especially for children and teens, when compared to audio-only phone calls. These technologies were also recommended by several respondents for adults, those with an intellectual and/or developmental disability or who are nonverbal, and for groups and families.

Phone Calls

Phone calls were recommended specifically for those who lack Internet or technology equipment; older adults or those who struggle with technology; those who require a low level of care; those with specific diagnoses, such as social phobias or anxieties; and parents or caregivers.

Specific Populations

Others highlighted that telehealth is good for those in rural areas, those who lack transportation or have mobility challenges, and adults and families. Others said it depends on the individual or specific diagnoses.

Practicing Telehealth

Nearly all respondents said they feel comfortable using telehealth (90 percent), are knowledgeable about telehealth best practices (86 percent), want to continue using telehealth in the future (86 percent), and can provide quality care via telehealth (83 percent), as shown in Exhibit 15.
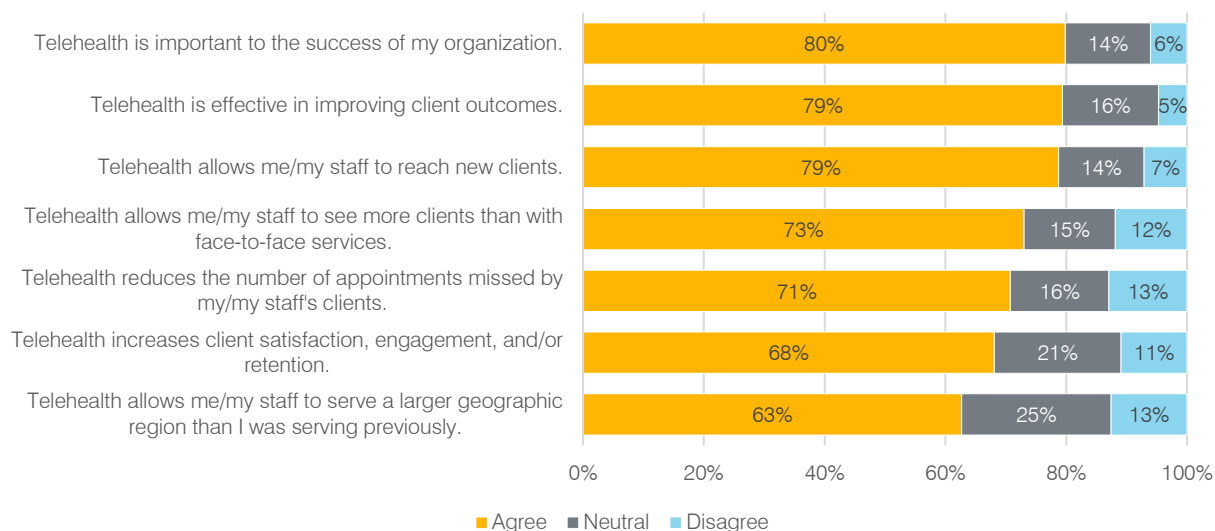
EXHIBIT 15. Percentage Who Agree with Statements Regarding Telehealth Use
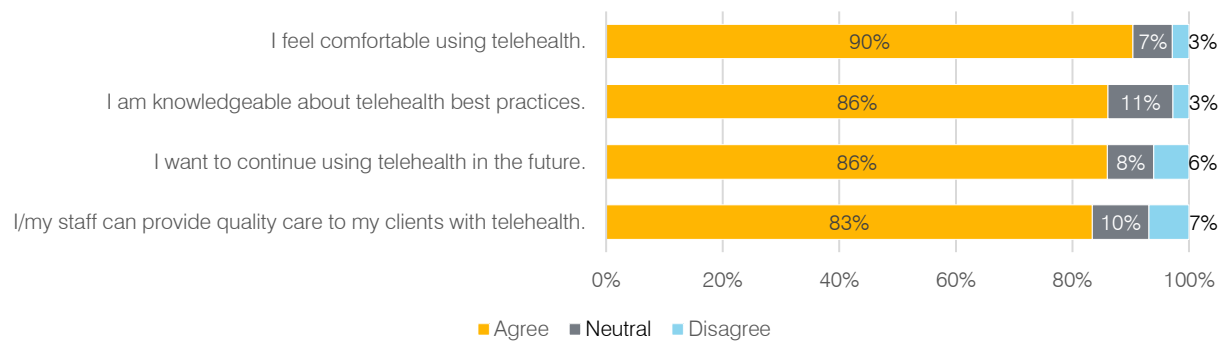
N varied between 842 and 845 per response.

Telehealth Benefits

Around 80 percent of respondents agreed that telehealth is important to their organization's success, is effective in improving client outcomes, and allows them to reach new clients (Exhibit 16). Just under three-quarters said that telehealth allows them to see more clients than face-to-face appointments and reduces the number of missed appointments. Around two-thirds agreed that telehealth increases client satisfaction, engagement, and retention and allows them to serve a larger geographic area.
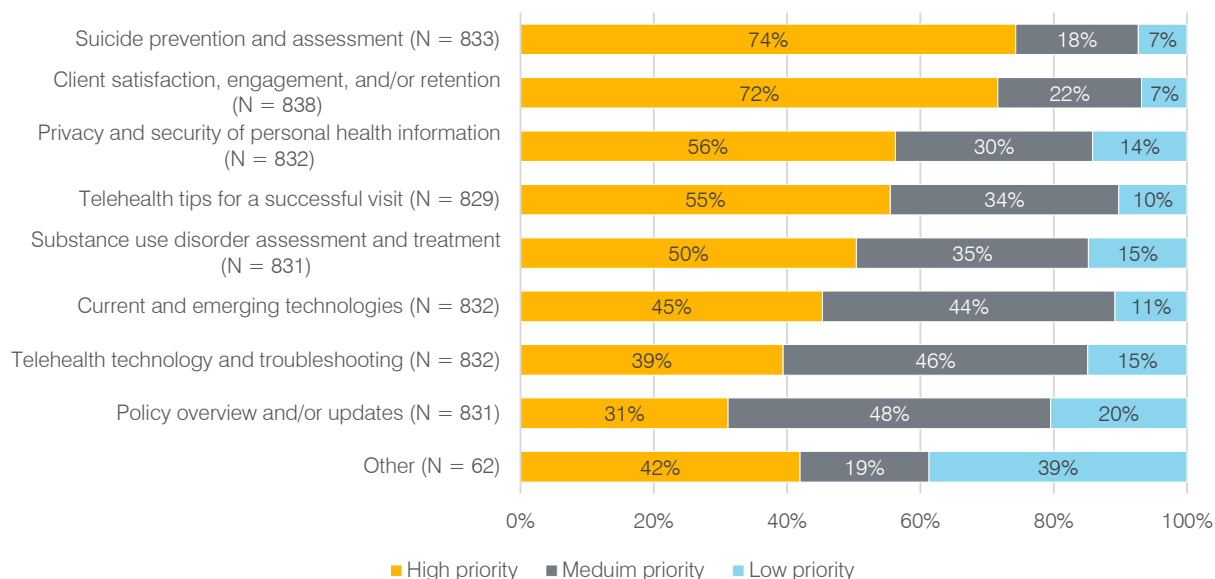
Statement	Agree	Neutral	Disagree
Telehealth is important to the success of my organization.	80%	14%	6%
Telehealth is effective in improving client outcomes.	79%	16%	5%
Telehealth allows me/my staff to reach new clients.	79%	14%	7%
Telehealth allows me/my staff to see more clients than with face-to-face services.	73%	15%	12%
Telehealth reduces the number of appointments missed by my/my staff's clients.	71%	16%	13%
Telehealth increases client satisfaction, engagement, and/or retention.	68%	21%	11%
Telehealth allows me/my staff to serve a larger geographic region than I was serving previously.	63%	25%	13%

■ Agree ■ Neutral ■ Disagree

N varied between 842 and 845 per response. Note: Percentages may not total 100 due to rounding.

Telehealth Training

Regarding telehealth training needs, nearly three-quarters of respondents said that suicide prevention and assessment (74 percent) and client satisfaction, engagement, and/or retention (72 percent) were high priorities (Exhibit 17). Around half place high priority on training for privacy and security of personal health information (56 percent), telehealth tips for a successful visit (55 percent), and substance use disorder assessment and treatment (50 percent).
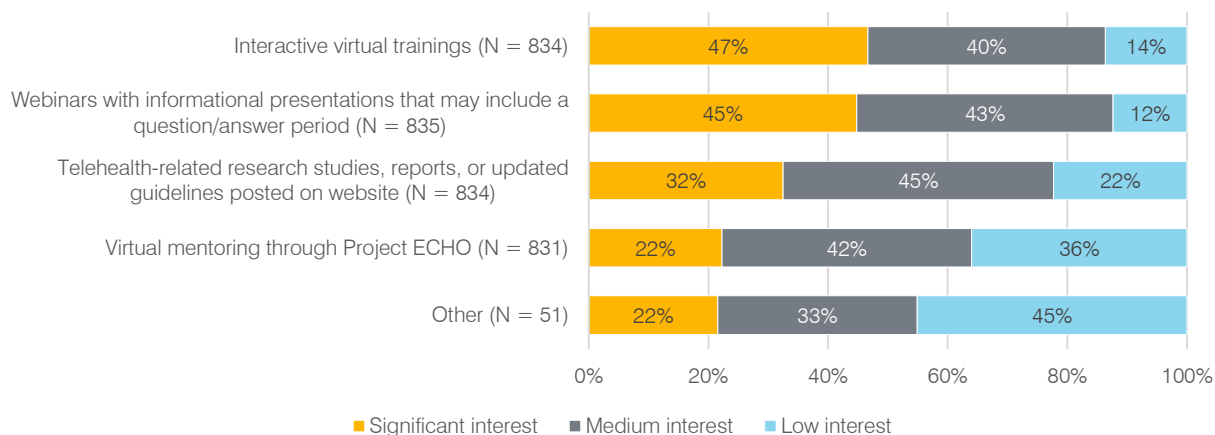
EXHIBIT 17. Level of Priority for Training/Resource Topics

Topic	High priority	Medium priority	Low priority
Suicide prevention and assessment (N = 833)	74%	18%	7%
Client satisfaction, engagement, and/or retention (N = 838)	72%	22%	7%
Privacy and security of personal health information (N = 832)	56%	30%	14%
Telehealth tips for a successful visit (N = 829)	55%	34%	10%
Substance use disorder assessment and treatment (N = 831)	50%	35%	15%
Current and emerging technologies (N = 832)	45%	44%	11%
Telehealth technology and troubleshooting (N = 832)	39%	46%	15%
Policy overview and/or updates (N = 831)	31%	48%	20%
Other (N = 62)	42%	19%	39%

■ High priority ■ Medium priority ■ Low priority

N varied by response. Note: Percentages do not total 100 due to rounding.

Regarding training methods, more than 40 percent of respondents said that interactive virtual trainings (47 percent) and webinars that could include a question and answer period (45 percent) were of significant interest (Exhibit 18).

EXHIBIT 18. Level of Interest in Training/Resource Methods

Method	Significant interest	Medium interest	Low interest
Interactive virtual trainings (N = 834)	47%	40%	14%
Webinars with informational presentations that may include a question/answer period (N = 835)	45%	43%	12%
Telehealth-related research studies, reports, or updated guidelines posted on website (N = 834)	32%	45%	22%
Virtual mentoring through Project ECHO (N = 831)	22%	42%	36%
Other (N = 51)	22%	33%	45%

■ Significant interest ■ Medium interest ■ Low interest

N varied by response. Note: Percentages do not total 100 due to rounding.

Appendix A: Counties Where Respondents Provide Services

County	Percentage of Respondents Providing Services	County	Percentage of Respondents Providing Services
Alcona	0.5%	Iron	1.4%
Alger	0.7%	Isabella	0.9%
Allegan	1.1%	Jackson	1.9%
Alpena	0.8%	Kalamazoo	0.1%
Antrim	1.7%	Kalkaska	1.7%
Arenac	0.5%	Kent	2.6%
Baraga	0.9%	Keweenaw	1.3%
Barry	0.5%	Lake	0.0%
Bay	0.6%	Lapeer	0.4%
Benzie	0.1%	Leelanau	0.0%
Berrien	0.9%	Lenawee	0.1%
Branch	0.0%	Livingston	0.4%
Calhoun	0.4%	Luce	0.8%
Cass	0.0%	Mackinac	2.1%
Charlevoix	2.1%	Macomb	14.1%
Cheboygan	2.0%	Manistee	0.0%
Chippewa	3.8%	Marquette	1.5%
Clare	0.7%	Mason	0.1%
Clinton	12.4%	Mecosta	1.9%
Crawford	0.0%	Menominee	1.3%
Delta	0.4%	Midland	2.2%
Dickinson	1.5%	Missaukee	0.0%
Eaton	11.9%	Monroe	0.1%
Emmet	1.8%	Montcalm	2.1%
Genesee	10.6%	Montmorency	0.5%
Gladwin	0.7%	Muskegon	0.6%
Gogebic	1.4%	Newaygo	0.7%
Grand Traverse	0.0%	Oakland	11.1%
Gratiot	1.1%	Oceana	0.1%
Hillsdale	1.2%	Ogemaw	1.3%
Houghton	1.5%	Ontonagon	0.7%
Huron	1.9%	Osceola	0.9%
Ingham	14.3%	Oscoda	1.3%
Ionia	0.2%	Otsego	1.8%
Iosco	1.1%	Ottawa	4.8%

County	Percentage of Respondents Providing Services	County	Percentage of Respondents Providing Services
Presque Isle	0.7%	St. Joseph	1.7%
Roscommon	0.0%	Statewide	0.2%
Saginaw	3.9%	Tuscola	3.4%
Sanilac	0.5%	Van Buren	0.2%
Schoolcraft	2.2%	Washtenaw	0.8%
Shiawassee	2.2%	Wayne	6.7%
St. Clair	6.3%	Wexford	0.0%

N = 846. Note: Percentages total more than 100 because providers could select more than one response.