

Community Mental Health Association of Michigan

Behavioral Health Consumer Telehealth Survey Summary

December 2021

Introduction

Due to expanded Medicaid coverage for telehealth services and limited ability to provide face-to-face services during the COVID-19 pandemic, telehealth use has greatly increased. The Community Mental Health Association of Michigan (CMHA) is interested in learning about the telehealth experience of behavioral health consumers to understand telehealth usage and improve care. To this end, CMHA engaged Public Sector Consultants (PSC) to conduct a telehealth survey with these consumers or a person's caregiver.¹

To assist with survey distribution, community mental health center and private provider staff were asked to reach out to their organization's clients. Data collection began on September 10, 2021, and the survey was closed on November 15, 2021. There were 2,347 survey responses.

Key Findings

Analysis of the survey provided several key findings.

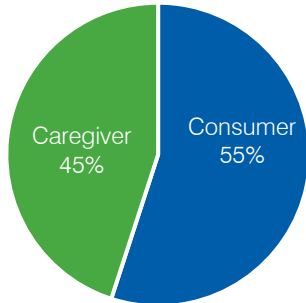
- Many respondents said that they or the person in their care had used either video-based (57 percent) or phone-based (59 percent) telehealth for behavioral health services. The most common reasons for not using telehealth services included consumers not finding these services helpful and feeling uncomfortable using telehealth. Additionally, one-fifth of those who did not use telehealth said their provider did not offer telehealth as an option.
- Many respondents said that they or the person in their care used telehealth services because telehealth is more convenient (58 percent), their provider stopped offering in-person visits because of COVID-19 (53 percent), and they did not want to do in-person visits because of COVID-19 (49 percent).
- Most consumers (75 percent) said they began using telehealth services after the start of the COVID-19 pandemic, however most (76 percent) also said they would prefer to receive at least some behavioral health services via telehealth even if COVID-19 was not a factor.
- Overall consumer satisfaction with behavioral health telehealth services was good, regardless of the services delivery method (e.g., video- or phone-based services).

¹ See Appendix A for the survey instrument.

Survey Respondents

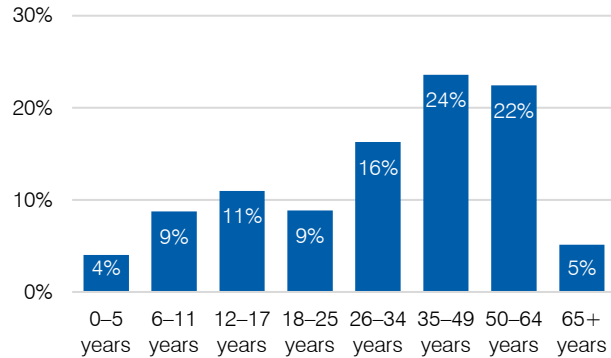
Over half of respondents (55 percent) were the consumer and 45 percent were responding on behalf of someone else (Exhibit 1). Around one-quarter of consumers were under the age of 18, another quarter were between the ages of 18 and 34, and nearly half were between the ages of 35 and 64 years old. Only 5 percent were age 65 or older (Exhibit 2).

EXHIBIT 1. Respondent Type



N = 2,347.

EXHIBIT 2. Consumer Age



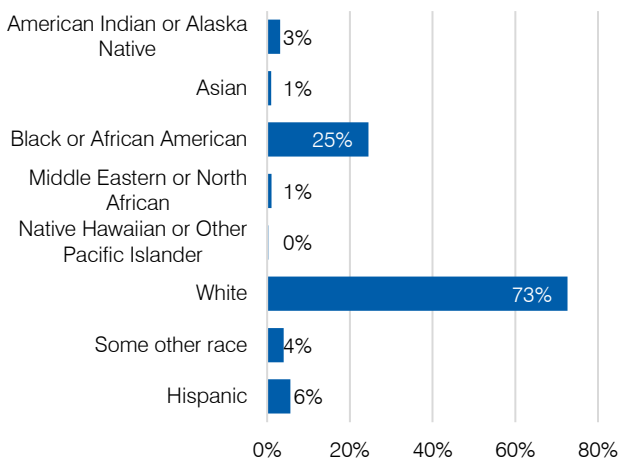
N = 2,341.

Nearly three-quarters of consumers are white and one-quarter are Black or African American (Exhibit 3). A small percentage (6 percent) are of Hispanic, Latinx, or Spanish origin. Respondents, or those for whom they were responding, live in 59 of Michigan’s 83 counties, with over one-quarter residing in Wayne County. Between 5 percent and 9 percent live in Genesee, Kent, Saginaw, St. Clair, or Delta Counties.² As shown in Exhibit 4, most consumers (78 percent) live in counties considered mostly urban and 22 percent live in counties that are mostly or completely rural³.

² See Appendix A for a table of counties with number of responses.

³ U.S. Census Bureau. 2010. County Rurality Level. U.S. Census Bureau. Accessed November 15, 2021. http://www2.census.gov/geo/docs/reference/ua/County_Rural_Lookup.xlsx

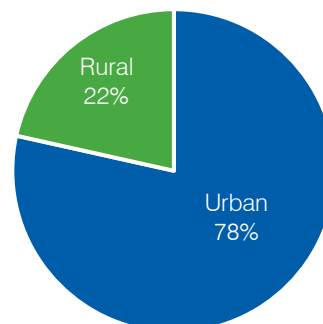
EXHIBIT 3. Consumer Race and Ethnicity



N = 2,316 (race); N = 2,250 (ethnicity).

Note: Percentages total more than 100 because respondents could select more than one response.

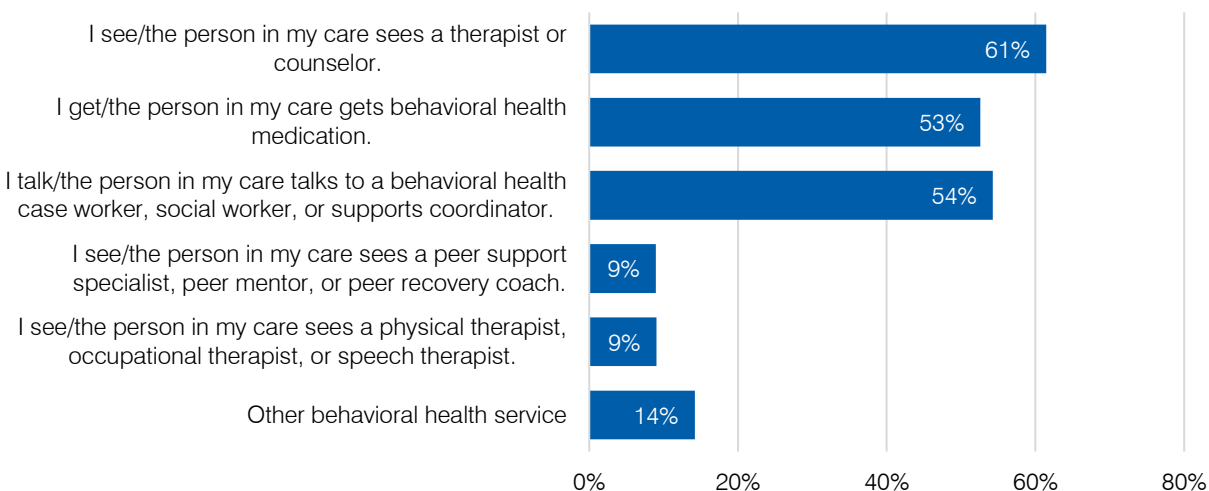
EXHIBIT 4. Percentage Residing in Rural or Urban Counties



N = 2,315.

More than half of consumers see a therapist or counselor (61 percent), receive behavioral health medication (53 percent), and meet with a behavioral health case worker, social worker, or supports coordinator (Exhibit 5).

EXHIBIT 5. Behavioral Health Services Received



N = 2,340.

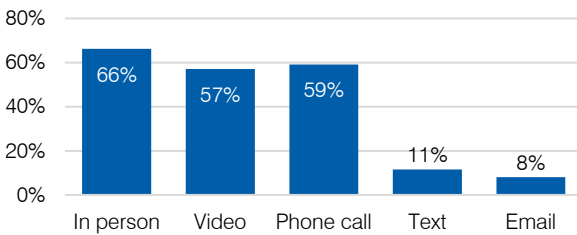
Note: Percentages total more than 100 because respondents could select more than one response.

Note: Common responses to the other category included seeing a psychiatrist or psychologist and receiving applied behavioral analysis (ABA).

Telehealth Use

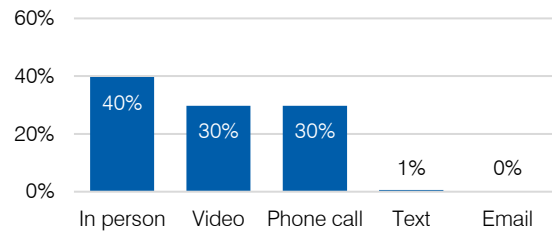
Two-thirds of consumers receive behavioral health services in person and nearly 60 percent receive them via video and phone call (Exhibit 6). For the purposes of this survey, video-based telehealth was defined as using a video chatting application (e.g., Zoom, FaceTime, Doxy) even if the camera was turned off and phone-based telehealth was delivered using a service that was audio only, with no video option. Nearly 40 percent of respondents chose only one service delivery type. Of those, 40 percent chose in person only, and 30 percent each chose video or phone call only (Exhibit 7).

EXHIBIT 6. Percentage Receiving Behavioral Health Services by Service Delivery Type



N = 2,284.
 Note: Percentages total more than 100 because respondents could select more than one response.

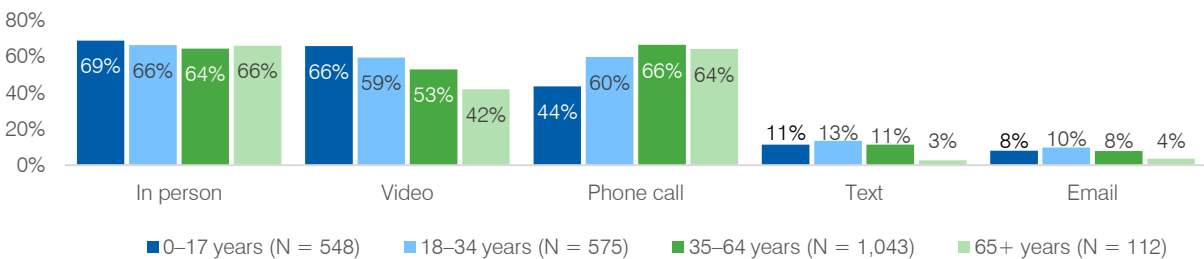
EXHIBIT 7. Percentage Receiving Behavioral Health Services by a Single Service Delivery Method



N = 863.
 Note: Percentages total more than 100 due to rounding.

About two-thirds of consumers receive behavioral health services in person regardless of their age. When compared across age groups, however, a smaller percentage of those 65 years and older receive video-based services and a smaller percentage of zero to 17-year-olds receive phone-based services (Exhibit 8).

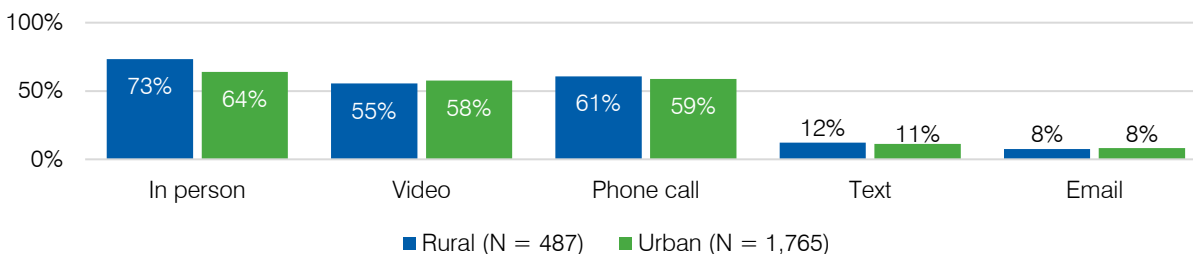
EXHIBIT 8. Percentage Receiving Behavioral Health Services, by Service Delivery Type and Age



N varies by response category.
 Note: Percentages by age group total more than 100 because respondents could select more than one response.

More rural consumers (73 percent) received in-person behavioral health services than did urban consumers (64 percent). The percentage of consumers receiving services via telehealth delivery methods varied only slightly by geography (Exhibit 9).

EXHIBIT 9. Percentage Receiving Behavioral Health Services, by Service Delivery Type and Geography

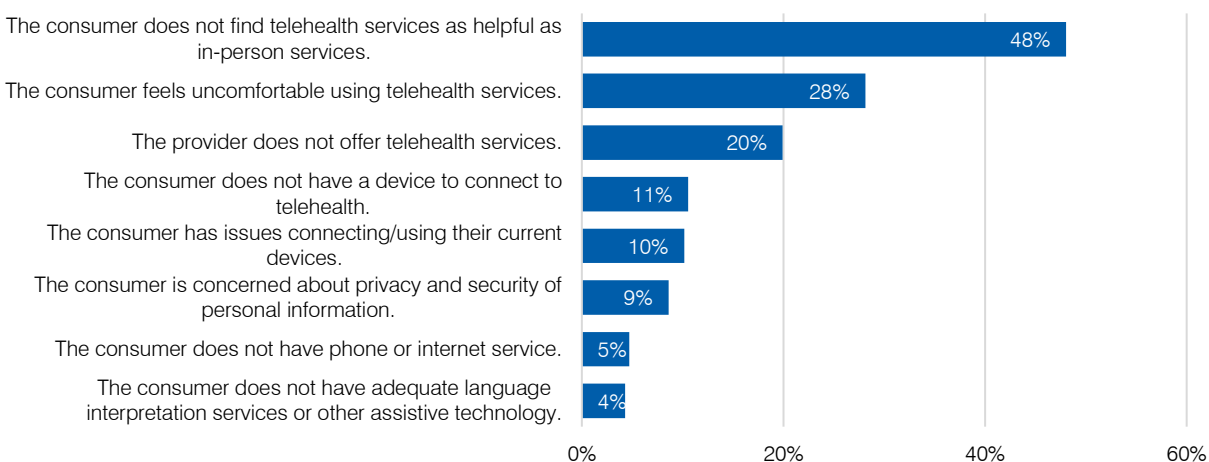


N varies by response category.

Note: Percentages by geographic group total more than 100 because respondents could select more than one response.

Of consumers who received only in-person services, nearly half feel telehealth services are not as helpful as in-person services, 28 percent are uncomfortable using telehealth services, and 20 percent had providers who do not offer telehealth services (Exhibit 10). Around 10 percent do not have a device to connect to telehealth services, have issues connecting their device, or are concerned about privacy and security of their personal information.

EXHIBIT 10. Reasons for Not Using Telehealth for Behavioral Health Services

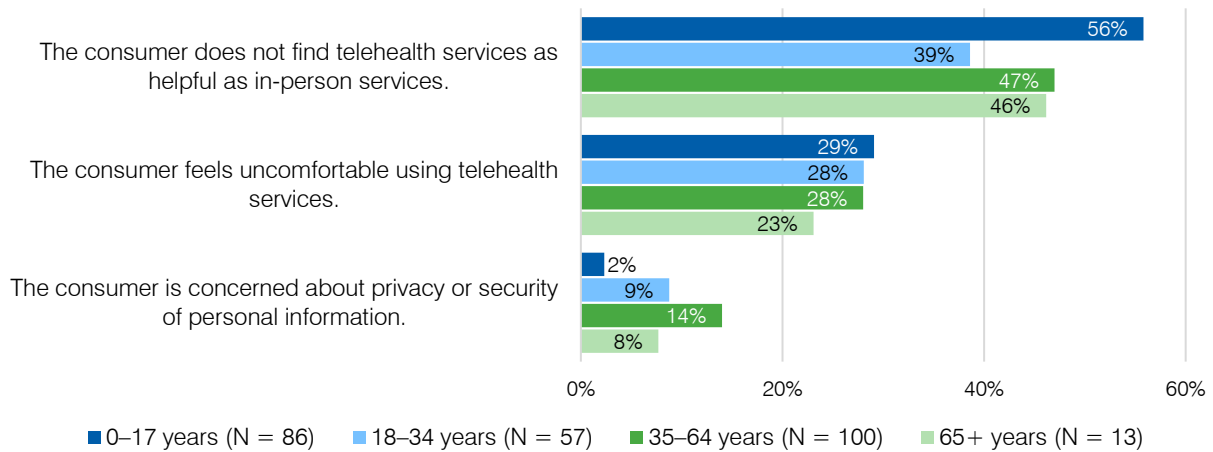


N = 256.

Note: Percentages total more than 100 because respondents could select more than one response.

While around one-quarter of all consumers felt uncomfortable using telehealth services, by age group, the largest percentage of consumers who did not find telehealth services as helpful as in-person services was aged zero to 17 (Exhibit 11).

EXHIBIT 11. Preferences for Not Using Telehealth for Behavioral Health Services, by Age

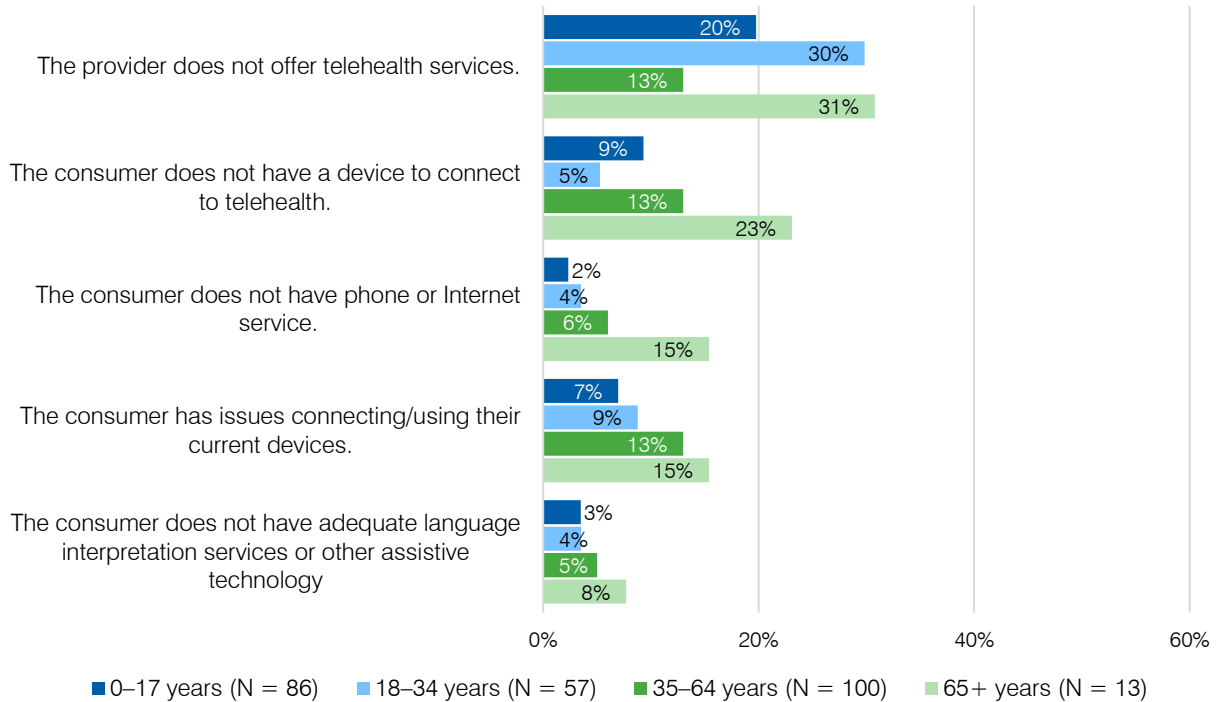


N varies by response category.

Note: Percentages by age group total more than 100 because respondents could select more than one response.

Those 65 years or older were more likely to not have a device to connect to telehealth, have issue connecting or using their device, or not have phone or Internet service than those in the other age groups (Exhibit 12).

EXHIBIT 12. Technical Issues for Not Using Telehealth for Behavioral Health Services, by Age

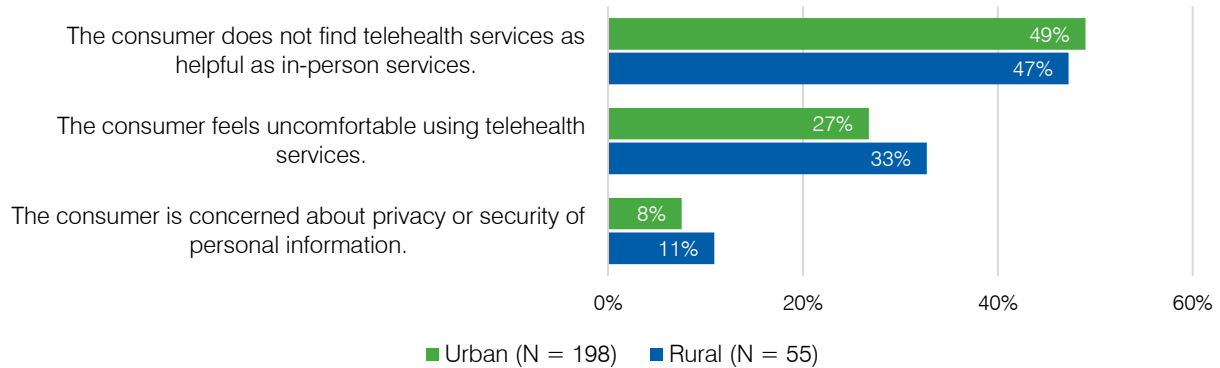


N varies by response category.

Note: Percentages by age group total more than 100 because respondents could select more than one response.

A slightly larger percentage of rural respondents reported feeling uncomfortable using telehealth. There were few differences between the rates of rural and urban respondents that find telehealth services not as helpful as in-person services or related to privacy and security concerns (Exhibit 13).

EXHIBIT 13. Preferences for Not Using Telehealth for Behavioral Health Services, by Geography

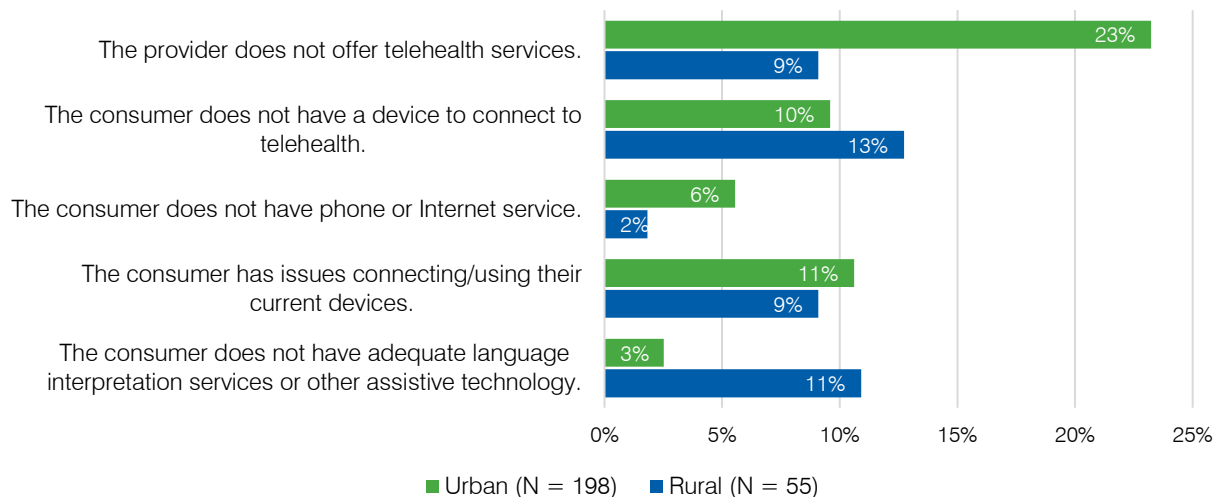


N varies by response category.

Note: Percentages by geographic group total more than 100 because respondents could select more than one response.

More urban consumers said their provider does not offer telehealth services than did rural consumers, 23 percent compared to 9 percent (Exhibit 14). Similarly, a larger percentage of urban consumers did not have phone or internet service. More than 10 percent of rural customers reported issues with language interpretation or other assistive technology.

EXHIBIT 14. Technical Issues for Not Using Telehealth for Behavioral Health Services, by Geography

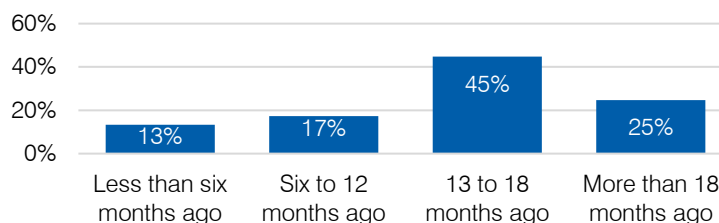


N varies by response category.

Note: Percentages by geographic group total more than 100 because respondents could select more than one response.

Three-quarters of consumers began receiving behavioral health services via telehealth after the beginning of the COVID-19 pandemic, while one-quarter had already been receiving telehealth services prior to that time (Exhibit 15).

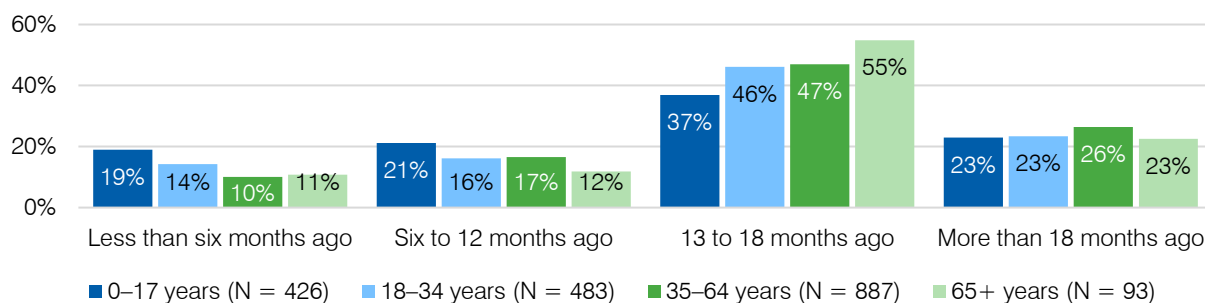
EXHIBIT 15. When Consumers Began Receiving Behavioral Health Services through Telehealth



N = 1,892.

A larger percentage of consumers aged zero–17 began receiving services via telehealth in the past 12 months (40 percent) than the in the other age groups, while over half of those ages 65 or older started receiving telehealth services closer to the start of the COVID-19 pandemic—13 to 18 months ago (Exhibit 16).

EXHIBIT 16. When Consumers Began Receiving Behavioral Health Services through Telehealth, by Age

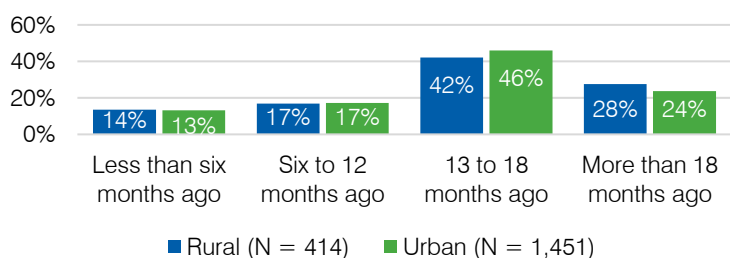


N varies by response category.

Note: Percentages may total more than 100 due to rounding.

A slightly larger percentage of rural consumers began using telehealth services prior to the COVID-19 pandemic than did urban consumers, 28 percent compared to 24 percent (Exhibit 17).

EXHIBIT 17. When Consumers Began Receiving Telehealth Behavioral Health Services, by Geography

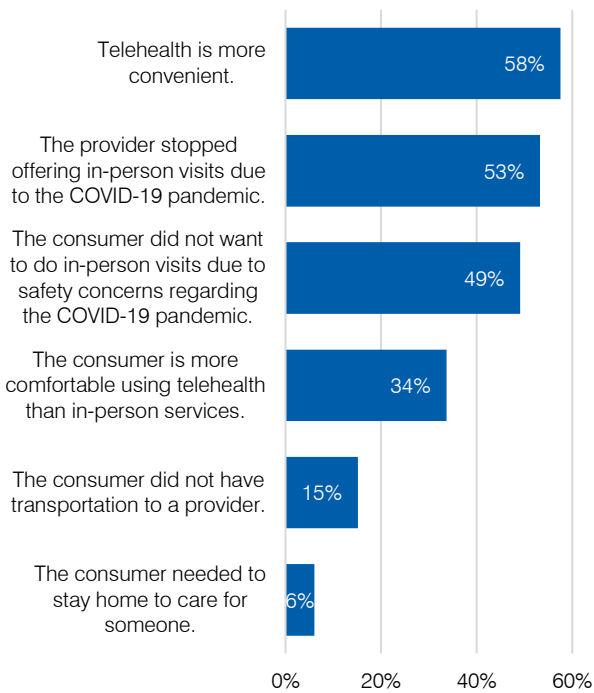


N varies by response category.

Note: Percentages may total more than 100 due to rounding.

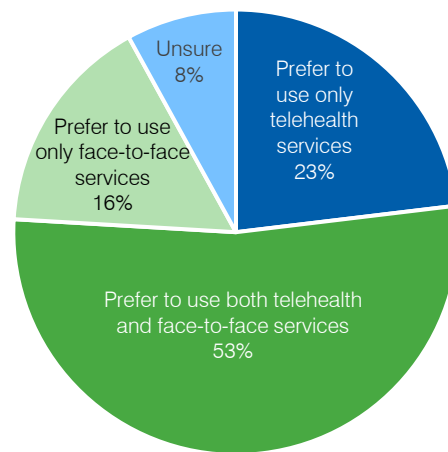
Nearly 60 percent of consumers considered telehealth more convenient than in-person services and around half used telehealth because their provider stopped offering in-person visits due to the COVID-19 pandemic or they did not want to do in-person visits due to COVID-19 safety concerns (Exhibit 18). One-third of consumers were more comfortable using telehealth instead of in-person services. If COVID-19 were not a factor, more than half of consumers would prefer a mix of telehealth and face-to-face services and almost one-quarter would prefer telehealth services only (Exhibit 19).

EXHIBIT 18. Reasons for Using Telehealth Services



N = 1,812.
 Note: Percentages total more than 100 because respondents could select more than one response.

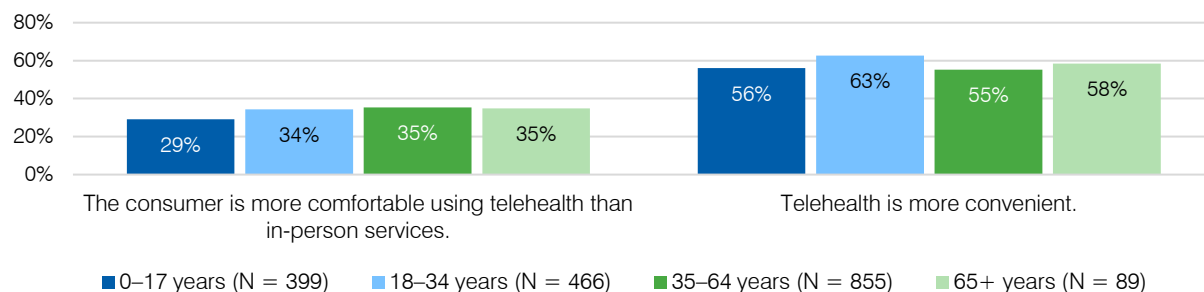
EXHIBIT 19. Service Delivery Preference if COVID-19 Was Not a Factor



N = 1,849

More than a third of those over 18 years of age think that telehealth is more comfortable than in-person services (Exhibit 20). Those aged 18–34 years old were slightly more likely to say they used telehealth because it was more convenient compared to those in the other age groups.

EXHIBIT 20. Preferences for Using Telehealth Services, by Age

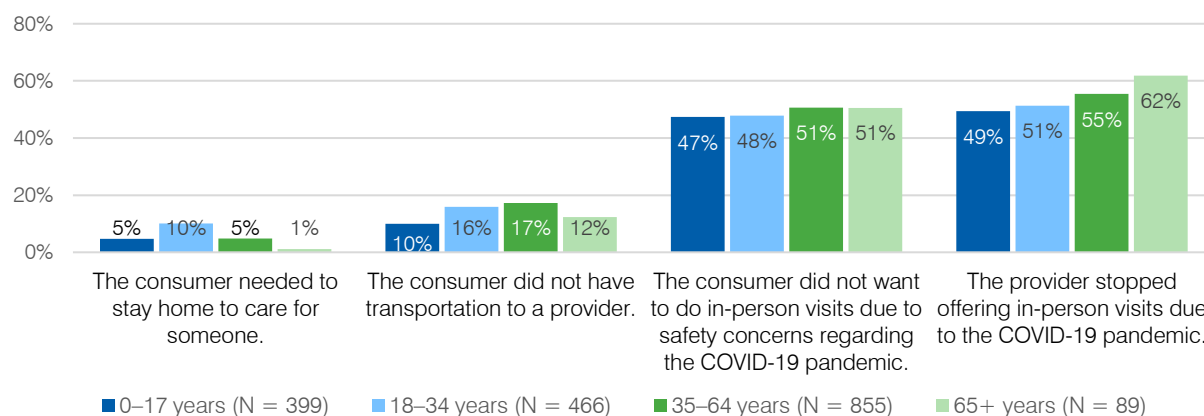


N varies by response category.

Note: Percentages by age group total more than 100 because respondents could select more than one response.

Ten percent of consumers aged 18–34 years old said they used telehealth because they needed to stay home to care for someone, the largest percentage of any age group. A similar percentage of respondents across all age groups chose telehealth due to COVID-19 safety concerns. Those aged 65 years and older were more likely to use telehealth services because their provider stopped offering in-person visits due to COVID-19 (Exhibit 21).

EXHIBIT 21. Technical Reasons for Using Telehealth Services, by Age

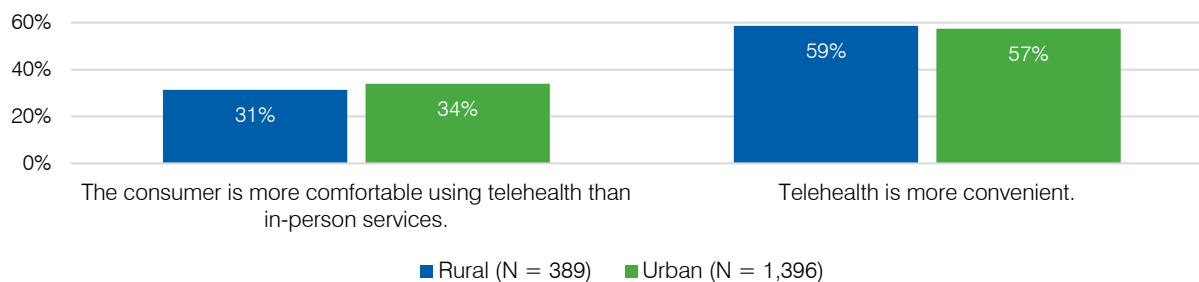


N varies by response category.

Note: Percentages by age group total more than 100 because respondents could select more than one response.

Consumer reasons for using telehealth services varied only slightly between rural and urban residents. For example, a slightly larger percentage of rural consumers (59 percent) said that telehealth is more convenient when compared to urban consumers (57 percent) and that their provider had stopped offering in-person services, 55 percent compared to 53 percent (Exhibits 22 and 23).

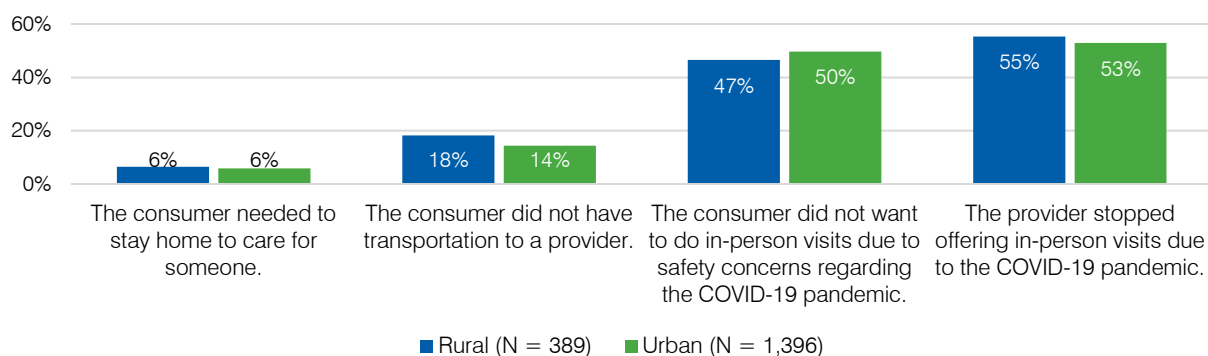
EXHIBIT 22. Preferences for Using Telehealth Services, by Geography



N varies by response category.

Note: Percentages by geographic group total more than 100 because respondents could select more than one response.

EXHIBIT 23. Technical Issues for Using Telehealth Services, by Geography



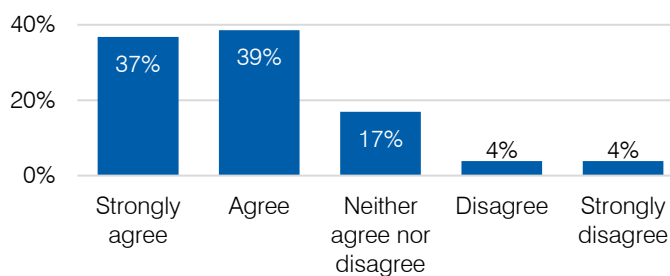
N varies by response category.

Note: Percentages by geographic group total more than 100 because respondents could select more than one response.

Telehealth Service Satisfaction

Over three-quarters of consumers agreed or strongly agreed that telehealth visits for behavioral health services helped them feel better and reach their health goals, while only 8 percent disagreed or strongly disagreed with that sentiment (Exhibit 24).

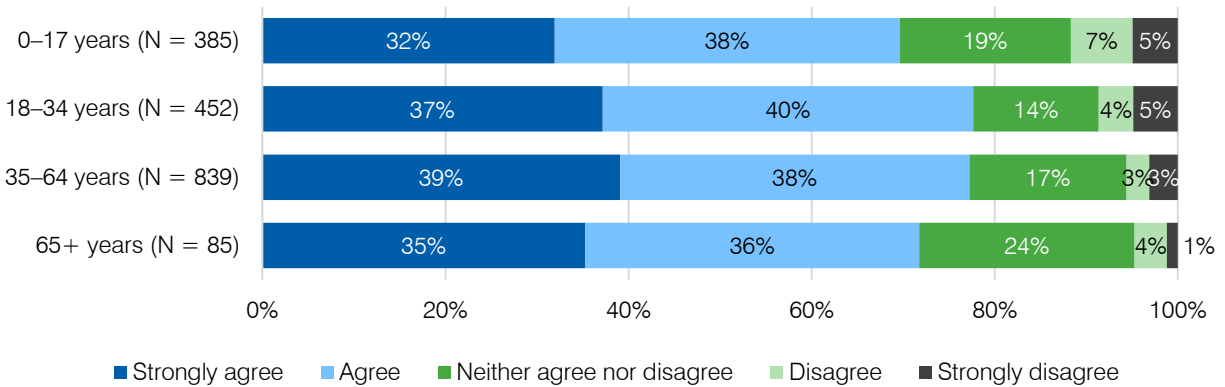
EXHIBIT 24. General Satisfaction with Telehealth Services



N = 1,764.

Consumers under the age of 35 were slightly more likely to disagree or strongly disagree that telehealth visits for behavioral health services helped them feel better and reach their health goals than those 35 years old and older (Exhibit 25).

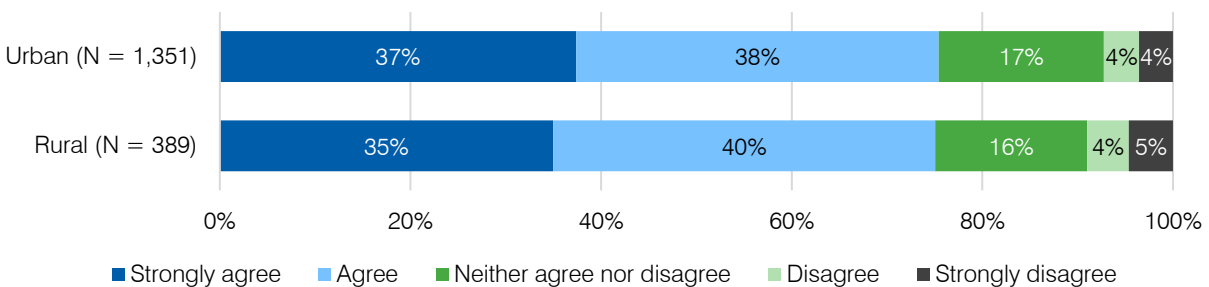
EXHIBIT 25. General Satisfaction with Telehealth Services, by Age



N varies by response category.
 Note: Percentages may total more than 100 due to rounding.

There were only slight differences in agreement between rural and urban residents, most of whom agreed or strongly agreed that telehealth visits for behavioral health services helped them feel better and reach their health goals (Exhibit 26).

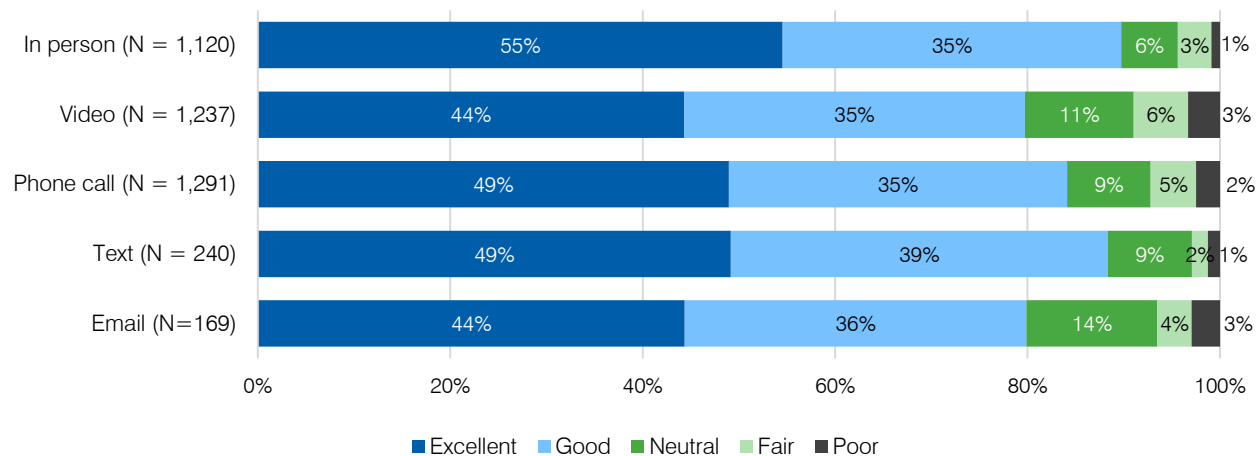
EXHIBIT 26. General Satisfaction with Telehealth Services by Geography



N varies by response category.
 Note: Percentages may total more than 100 due to rounding.

Additionally, most consumers were satisfied with their experience receiving behavioral health telehealth services regardless of the service delivery method, with between 79 percent and 90 percent rating their experience as either excellent or good for each delivery method (Exhibit 27).

EXHIBIT 27. Satisfaction with Service Experience, by Service Delivery Method

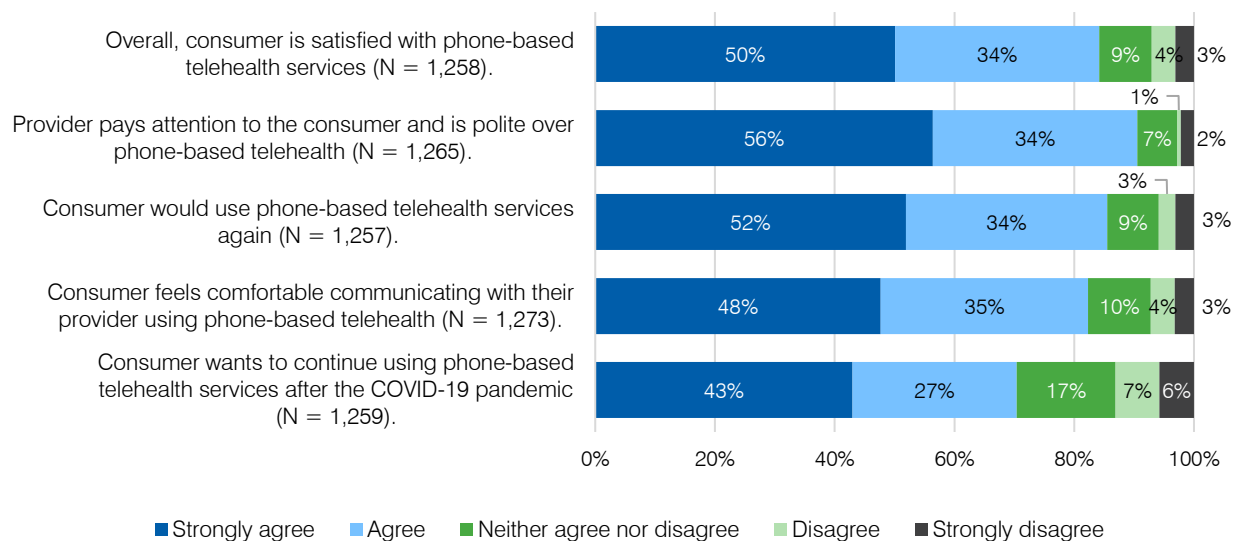


N varies by response.

Phone-based Services

Among consumers who received phone-based behavioral health telehealth services, half strongly agreed that overall they were satisfied with those services and another one-third agreed they were satisfied overall (Exhibit 28). Additionally, more than half strongly agreed that their provider pays attention to them over phone-based telehealth and they would use phone-based services again. Seventy percent of consumers either strongly agreed or agreed that they want to continue using phone-based telehealth post-pandemic.

EXHIBIT 28. Satisfaction with Phone-based Telehealth Services

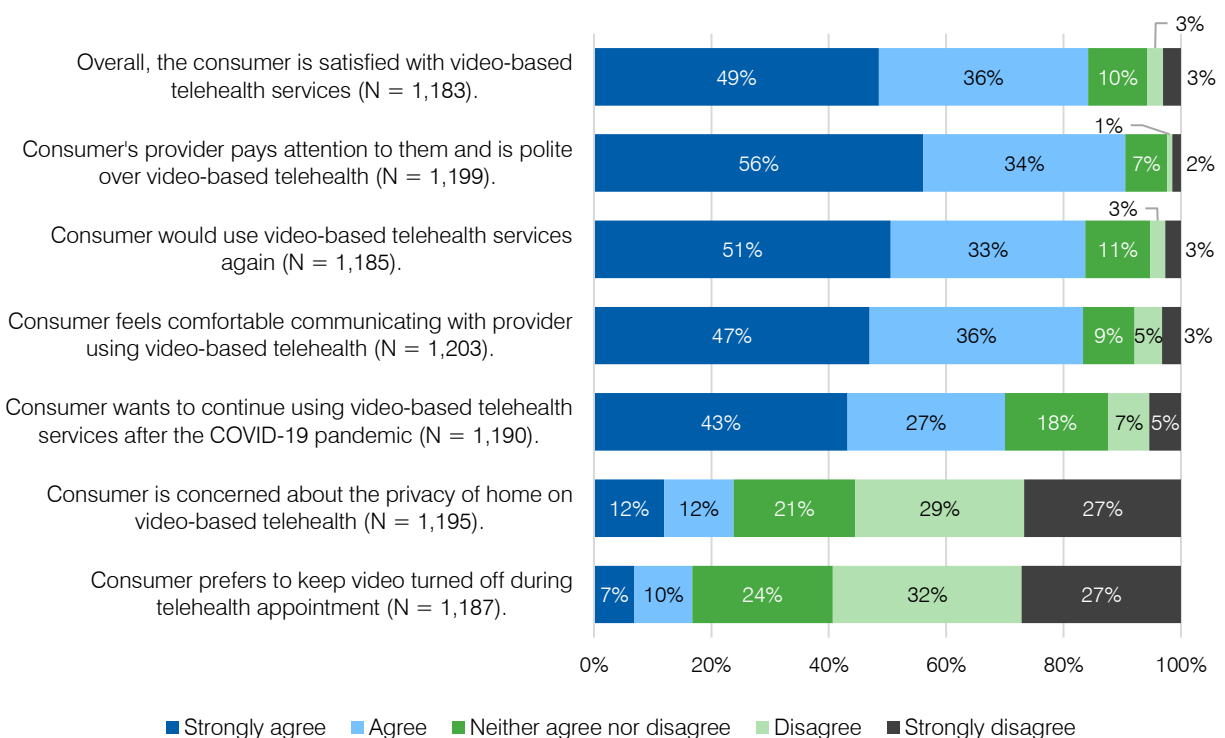


N varies by response.

Video-based Services

Consumer satisfaction levels with video-based behavioral health telehealth services was very similar to that of phone-based services. Around half of consumers strongly agreed that, overall, they are satisfied with video-based behavioral health telehealth services and over half strongly agreed that their provider pays attention to them over video-based telehealth and they would use this service delivery method again (Exhibit 29). Additionally, 70 percent either strongly agreed or agreed that they want to continue using video-based services after the pandemic. Furthermore, less than one-quarter of consumers either strongly agreed or agreed that they were concerned about the privacy of their home on video-based telehealth and that they preferred to turn to video off when receiving these services.

EXHIBIT 29. Satisfaction with Video-based Telehealth Services

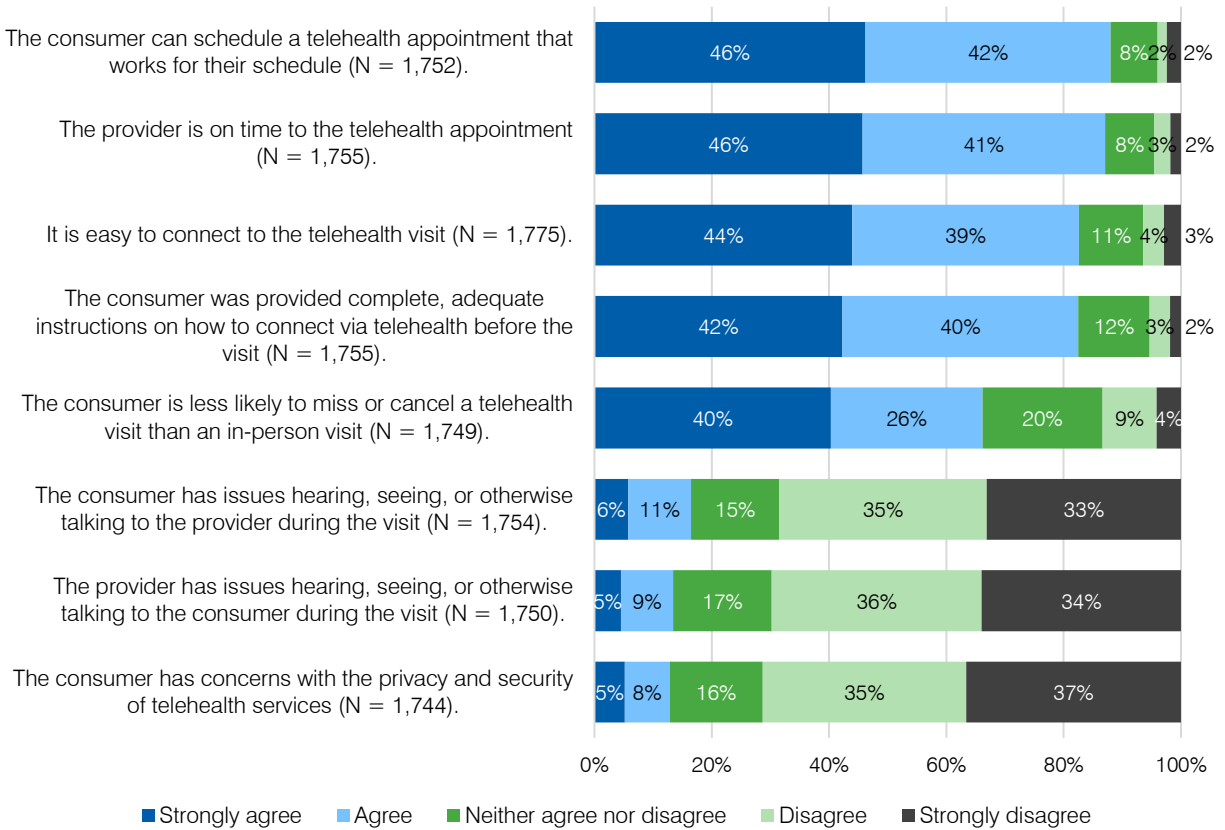


N varies by response.

Telehealth Service Accessibility, Security, and Convenience

When considering telehealth services generally, more than 80 percent of consumers strongly agreed or agreed that they can schedule a telehealth appointment that works for their schedule, they are less likely to miss a telehealth visit compared to an in-person visit, their provider was on time to their telehealth visit, it was easy to connect to their visit, and that they were provided with adequate instructions for doing so (Exhibit 30). Conversely, less than 20 percent of consumers agreed that they had trouble hearing, seeing, or connecting to their provider (17 percent) or that the provider had similar issues connecting with them (14 percent). Moreover, only 13 percent of consumers agreed that they have concerns with the privacy and security of telehealth services.

EXHIBIT 30. Satisfaction with Telehealth Service Accessibility and Security



N varies by response.

Appendix A: Consumer Survey Instrument

Introduction

Telehealth services include healthcare services received by video, phone, email, or text message. During the COVID-19 pandemic, more behavioral health providers offered telehealth services and many people started using them, but many also receive in-person services.

If you or someone in your care is receiving any type of behavioral health services—such as mental health, intellectual/developmental disabilities, or substance use disorder services—the Community Mental Health Association of Michigan would like to know:

- Have you or someone in your care used telehealth?
- Why or why not?
- If you or someone in your care used telehealth, what was your experience?

Your answers will be used to understand telehealth usage and improve care.

This survey is optional and should take 5 to 7 minutes to complete. Your responses are confidential.

Demographic Questions

1. Who are you answering this survey for? (Select one.)
 - Myself
 - Someone in my care
2. I live, or the person in my care lives, in the following county. [Dropdown list of Michigan counties]
3. What is your age range or the age range of the person in your care?

<input type="checkbox"/> 0 to 5 years	<input type="checkbox"/> 26 to 34 years
<input type="checkbox"/> 6 to 11 years	<input type="checkbox"/> 35 to 49 years
<input type="checkbox"/> 12 to 17 years	<input type="checkbox"/> 50 to 64 years
<input type="checkbox"/> 18 to 25 years	<input type="checkbox"/> 65 years or older
4. What is your or the person in your care's race? **Select all that apply.**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Middle Eastern or North African
 - Native Hawaiian or Other Pacific Islander
 - White
 - Some other race

5. Are you, or is the person in your care, of Hispanic, Latino, or Spanish origin?
- Yes
 - No
6. What behavioral health services do you or the person in your care receive? **Select all that apply.**
- I/they see a therapist or counselor.
 - I/they get behavioral health medication.
 - I/they talk to a behavioral health case worker, social worker, or supports coordinator.
 - I/they see a peer support specialist, peer mentor, or peer recovery coach.
 - I/they see a physical therapist, occupational therapist, or speech therapist
 - Other (please describe)
7. How do you or the person in your care receive behavioral health services? **Select all that apply.**
- In person
 - Video (e.g., Skype, Zoom, FaceTime, Doxy, or other video chatting applications). **Select even if you turn the camera off.** [Go to Q9]
 - Phone call (A phone call is voice only with no video option. This can include Google Voice or other Internet calls.) [Go to Q9]
 - Text [Go to Q9]
 - Email [Go to Q9]
8. [If Q7 = In person only] I or the person in my care do(es) not use telehealth for behavioral health services because:
- Select all that apply.**
- My/their provider does not offer telehealth services.
 - I/they do not have a device (phone, tablet, computer) to connect to telehealth.
 - I/they do not have phone or Internet service.
 - I/they have issues connecting/using current devices (e.g., poor phone or Internet service).
 - I/they do not have access to adequate language interpretation services or other assistive technology.
 - I/they do not find telehealth services as helpful as in-person services.
 - I am/they are concerned about privacy or security of personal information.
 - I/they feel uncomfortable using telehealth services.

[End survey if Q7 = In person only]

9. When did you or the person in your care start receiving behavioral health services through telehealth? (Select one.)
- Less than 6 months ago
 - 6 to 12 months ago
 - 13 to 18 months ago (after the pandemic began)
 - More than 18 months ago (before the pandemic began)

Experience

10. I or the person in my care use(s) telehealth for behavioral health services because:

Select all that apply.

- My/their provider stopped offering in-person visits due to the COVID-19 pandemic.
 - I/they did not want to do in-person visits due to safety concerns regarding the COVID-19 pandemic.
 - I/they do not have transportation to a provider.
 - I/they need to stay home to care for someone.
 - Telehealth is more convenient.
 - I am/they are more comfortable using telehealth than in-person services.
11. If COVID-19 was not a factor, how would you or the person in your care prefer to use telehealth for behavioral health services?
- I/they prefer to use only telehealth services.
 - I/they prefer to use both telehealth and face-to-face services.
 - I/they prefer to use only face-to-face services.
 - I am/they are unsure.

Satisfaction

12. Please rate your or the person in your care's experience with each way you/they received behavioral health services. [Populate based on Q7]

	Poor	Fair	Neutral	Good	Excellent
In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone call (audio only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video (audio and video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. [Skip to Q14 if "Phone call" is not selected on Q12] Please rate your or the person in your care's level of agreement with the following statements about **phone-based** behavioral health telehealth services. A phone call is audio only with no video option. This can include Google Voice or other Internet calls.

For phone calls	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel comfortable communicating with my provider using phone-based telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider pays attention to me and is polite over phone-based telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use phone-based telehealth services again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For phone calls	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I want to continue using phone-based telehealth services after the COVID-19 pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with phone-based telehealth services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. [Skip to Q15 if “Video” is not selected in Q12.] Please rate your or the person in your care’s level of agreement with the following statements about **video-based** behavioral health telehealth services. Video-based telehealth includes Skype, Zoom, FaceTime, Doxy, or other video chatting applications. This includes video chatting even if your camera is off.

For Video-based	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel comfortable communicating with my provider using video-based telehealth services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider pays attention to me and is polite over video-based telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about the privacy of my home on video-based telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to keep my video turned off during my telehealth appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use video-based telehealth services again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to continue using video-based telehealth services after the COVID-19 pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with video-based telehealth services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical Quality

15. Please rate your or the person in your care’s level of agreement with the following statements about behavioral health telehealth services **in general**.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
It is easy to connect to my telehealth visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided adequate instructions on how to connect via telehealth before my visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have issues hearing, seeing, or otherwise talking to my provider during our visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider has issues hearing, seeing, or otherwise talking to me during our visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I have concerns with the privacy and security of telehealth services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accessibility

16. Please rate your or the person in your care's level of agreement with the following statements about behavioral health telehealth services **in general**.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Telehealth visits help me feel better and reach my health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My provider is on time to my telehealth appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can schedule a telehealth appointment that works for my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am less likely to miss or cancel a telehealth visit than an in-person visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time in completing this survey!

Appendix B: Number of Consumers by County of Residence

County	Number	Percentage	County	Number	Percentage	County	Number	Percentage
Alcona	4	0.2%	Gratiot	42	1.8%	Missaukee	4	0.2%
Alger	15	0.6%	Hillsdale	10	0.4%	Monroe	1	0.0%
Allegan	0	0.0%	Houghton	1	0.0%	Montcalm	11	0.5%
Alpena	8	0.3%	Huron	4	0.2%	Montmorency	1	0.0%
Antrim	5	0.2%	Ingham	10	0.4%	Muskegon	3	0.1%
Arenac	1	0.0%	Ionia	1	0.0%	Newaygo	0	0.0%
Baraga	1	0.0%	Iosco	90	3.8%	Oakland	17	0.7%
Barry	14	0.6%	Iron	0	0.0%	Oceana	1	0.0%
Bay	5	0.2%	Isabella	32	1.4%	Ogemaw	34	1.4%
Benzie	13	0.6%	Jackson	22	0.9%	Ontonagon	0	0.0%
Berrien	0	0.0%	Kalamazoo	2	0.1%	Osceola	12	0.5%
Branch	1	0.0%	Kalkaska	5	0.2%	Oscoda	13	0.6%
Calhoun	8	0.3%	Kent	201	8.6%	Otsego	5	0.2%
Cass	0	0.0%	Keweenaw	0	0.0%	Ottawa	88	3.7%
Charlevoix	7	0.3%	Lake	0	0.0%	Presque Isle	1	0.0%
Cheboygan	16	0.7%	Lapeer	14	0.6%	Roscommon	1	0.0%
Chippewa	21	0.9%	Leelanau	0	0.0%	Saginaw	147	6.3%
Clare	30	1.3%	Lenawee	0	0.0%	Sanilac	7	0.3%
Clinton	3	0.1%	Livingston	12	0.5%	Schoolcraft	5	0.2%
Crawford	2	0.1%	Luce	10	0.4%	Shiawassee	4	0.2%
Delta	114	4.9%	Mackinac	4	0.2%	St. Clair	118	5.0%
Dickinson	0	0.0%	Macomb	9	0.4%	St. Joseph	0	0.0%
Eaton	2	0.1%	Manistee	22	0.9%	Tuscola	2	0.1%
Emmet	11	0.5%	Marquette	50	2.1%	Van Buren	2	0.1%
Genesee	208	8.9%	Mason	0	0.0%	Washtenaw	12	0.5%
Gladwin	18	0.8%	Mecosta	29	1.2%	Wayne	658	28.0%
Gogebic	6	0.3%	Menominee	0	0.0%	Wexford	9	0.4%
Grand Traverse	6	0.3%	Midland	70	3.0%	Unknown	32	1.4%

N = 2,347