

Telehealth Service Delivery for the Pennsylvania Behavioral Health System: Stakeholder Survey Input During COVID-19

Final Report December 16, 2020



This report was prepared by Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS), Bureau of Policy, Planning, and Program Development (BPPPD), along with support from the Department of Drug and Alcohol Programs (DDAP).

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Support for survey development and outreach was provided by the Pennsylvania HealthChoices Primary Contractors, Behavioral Health Managed Care Organizations, and the Coalition for the CommonHealth.

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Telehealth is so much more helpful and attainable for me as a single father...I was able to keep and engage in more appointments.

Telehealth should be used more often! Many of our children loved telehealth and looked forward to it!

Telehealth was very convenient...didn't have to use public transportation and wait in a waiting room, which together can be 3+ hours.

Introduction

The Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) recognizes the critical role that telehealth plays in ensuring that Pennsylvania citizens have access to behavioral health services while maintaining their ability to promote public health by complying with stay-at-home orders and other social distancing measures. As such, OMHSAS issued [Telehealth Guidelines Related to COVID-19](#) just eleven days after Governor Tom Wolf's initial emergency disaster declaration, allowing for substantially increased flexibilities within the Pennsylvania Medicaid system to provide behavioral health services using telehealth delivery.

OMHSAS also recognized that the rapidly increased flexibility for telehealth delivery of services provided an opportunity to hear from our stakeholders on their experience with the modality and provide input into the future of behavioral health services in Pennsylvania. As such, OMHSAS has undertaken an extensive engagement initiative including outreach to stakeholder groups, the creation of a telehealth steering committee, holding focus group meetings, and conducting three statewide surveys. This report summarizes the results of the telehealth surveys conducted in spring 2020.

Key Survey Findings

Individual and Family Survey

- 7,029 respondents
- 80% White, 10% African American, 4% Self Identify, 1% Asian, .65% American Indian, .16% Native Hawaiian or Pacific Islander
- 90% non-Hispanic, 7% Hispanic or Latinx, 3% No response
- 92% of respondents report receiving services with the same frequency or more often than before COVID-19
- 96% of respondents received telehealth services at home
- 55% of respondents stated that they needed to cancel or reschedule appointments less often when using telehealth
- 75% of respondents want to continue using telehealth for at least some of their services after COVID-19
- Respondents noted that telehealth reduced the following treatment barriers: Travel time (66%), Transportation issues (58%), Conflicts with work (36%), Scheduling Issues (40%), and Child Care/Family Caregiving demands (30%)
- Lack of/limited internet and lack of/limited access to internet capable devices were the two most common barriers identified to receiving services through telehealth



Behavioral Health Practitioner Surveys

- 2,776 responses to the surveys
- 69% clinicians, 31% non-clinician
- 85% White, 7% African American, 3% self-identify, 2% No response
- 92% Non-Hispanic, 5% Hispanic/Latinx, 3% No response
- 54% of practitioners reported using little or no telehealth service delivery prior to COVID-19
- 56% anticipate using telehealth to deliver services a considerable amount (over 50%) after COVID-19
- 83% of respondent found that increased flexibility on telehealth rules improved access to services considerably or significantly
- 57% of respondents felt that they can provide effective services using telephone only
- 86% of respondents support new patients being established through telehealth

Individual and Family Survey

Methods

The survey included questions regarding the experience of individuals receiving behavioral health services and their families prior to the COVID-19 Public Health Emergency (PHE), during the first three months of the PHE, and service preferences following the resolution of the PHE. Respondents were asked twenty multiple choice questions and three open ended questions. Participants were given the option to provide their contact information if they were interested in participating in future stakeholder opportunities. Please see Appendix A for the full text of the Individual/Family Survey.

Survey announcements were distributed through multiple OMHSAS listservs. OMHSAS listserv subscribers include members of the Mental Health Planning Council, county human service agencies, county mental health agencies, single county authority administrators, advocacy organizations, and members of the general public. Stakeholders were encouraged to share with individuals receiving services. HealthChoices Primary Contractors (HC-PCs) and Behavioral Health Managed Care Organizations (BH-MCOs) also assisted with outreach to individuals within their service areas.

The online survey tool, SurveyMonkey was used to collect the majority of responses. The public SurveyMonkey link was open from May 29, 2020 through June 22, 2020. Several additional responses were collected by telephone and data entered into an Excel spreadsheet in partnership with local Consumer Family Satisfaction Teams (CFST).¹ This report analyzes a combined data set including both the telephone collection by CFST and the SurveyMonkey results.

Results

A total of 7,029 survey responses were received. It is not possible to calculate a response rate as the number of individuals who received the survey is unknown. The following charts provide an overview of the statewide results, along with representative comments from survey respondents.

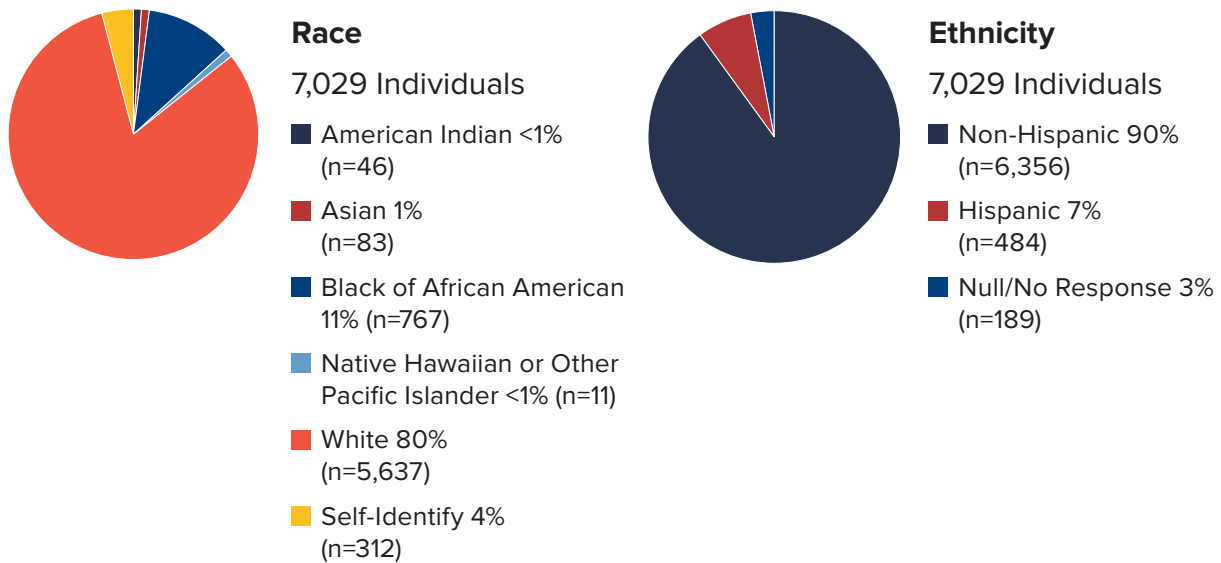
OMHSAS invites our partners across the system to utilize the public dashboard to view survey results for a specific county, region, demographics, etc. The public dashboard can be accessed [here](#).²

¹Consumer Family Satisfaction Teams work as a formal team to determine if individuals receiving behavioral health services and their families are satisfied with services and to help ensure that problems related to service access, delivery and outcomes are identified and resolved in a timely manner. [Call for Change](#), pg 16, accessed 11/5/20.

²https://tableau.pa.gov/t/DHS-Public/views/TelehealthSurvey_FINAL_9420/RespondentDemographics?iframeSized-ToWindow=true&embed=y&showAppBanner=false&display_count=no&showVizHome=no&origin=viz_share_link

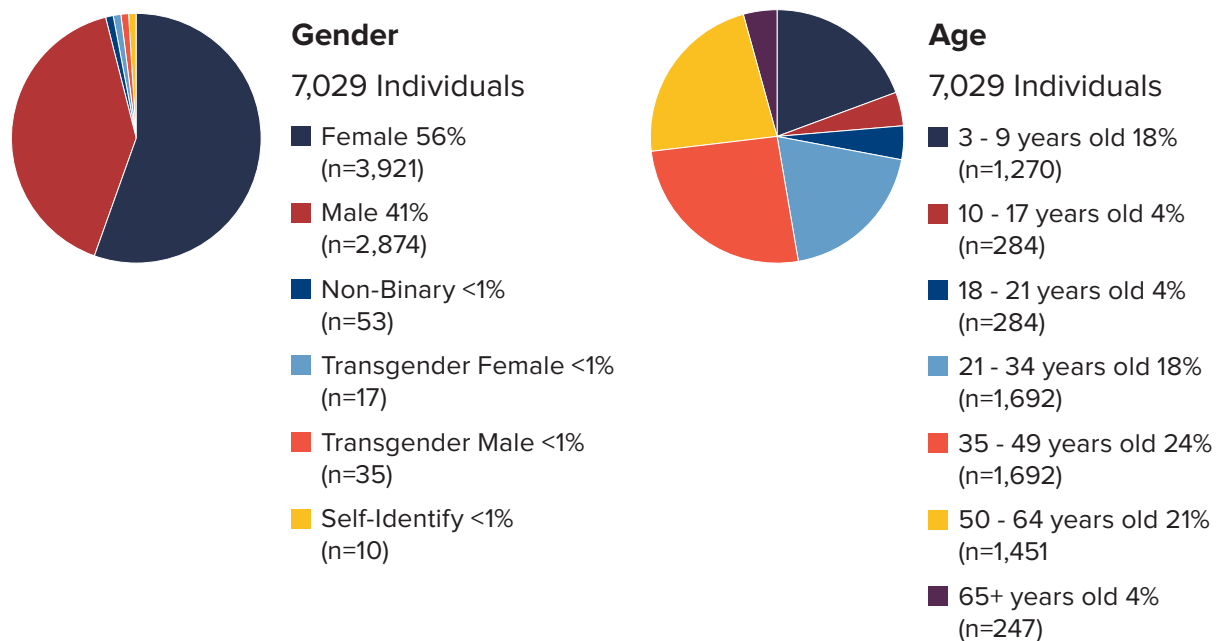
Demographics: Race and Ethnicity

Respondents were asked to identify the race and ethnicity of the individual receiving behavioral health services.



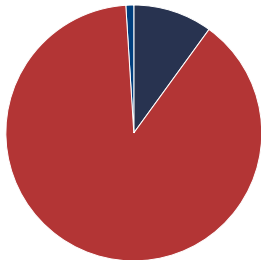
Demographics: Gender and Age

Respondents were asked to identify the age range and gender of the individual receiving behavioral health services.



Telehealth Usage: Prior to and During COVID-19

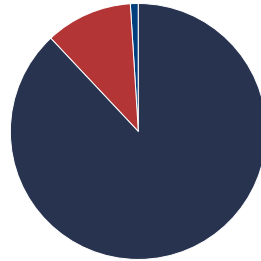
Respondents were asked yes/no questions regarding the use of telehealth prior to the COVID-19 PHE and during the initial COVID-19 PHE. As anticipated with the increased flexibility of state and federal telehealth policy during the COVID-19 PHE, the use of telehealth for the delivery of behavioral health services within the Pennsylvania Behavioral Health System increased dramatically in the first months of the PHE.



Used Telehealth Prior to COVID-19

7,029 Individuals

- Yes 10% (n=685)
- No 89% (n=6,282)
- No response <1% (n=62)



Used Telehealth Since COVID-19

7,029 Individuals

- Yes 88% (n=6,201)
- No 11% (n=769)
- No response <1% (n=59)

[Telehealth] is very helpful to be able to use sign language via my phone during COVID to still see my counselor.

Being able to receive my therapy remotely helped me to stay calm and avoid a crisis situation.

Telehealth made it a lot easier to keep all appointments. I take medical transportation and will be on the van for 5 or 6 hours.

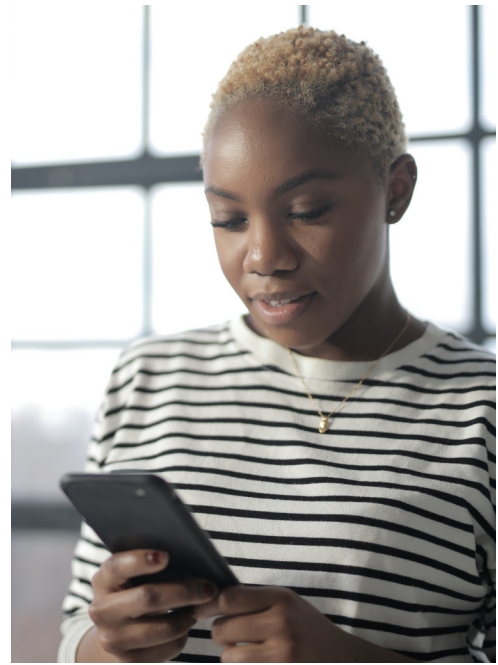
As parents, we were more able to participate in IBHS sessions...and could better transition skills in the home.

Living in a rural county where services are few and far between, telehealth appointments have been a godsend. It gives the person options for their treatment that are not available in [their] community.

Before I missed a lot of sessions because I didn't have gas money... or someone to watch the kids. This telehealth is a lot less stressful for me.

Service Access During COVID-19

Respondents were asked several questions regarding the frequency and length of services provided during the COVID-19 PHE to gauge the impact of telehealth on access to services. Prior to the COVID-19 PHE most behavioral health services delivered through telehealth required that the recipient go to their provider's office where they would be connected with the remote behavioral health practitioner. Telehealth guidance issued in response to the PHE provided for increased flexibilities that broadly allowed individuals to receive remote behavioral health services from their homes or other non-office locations for the first time, and resulted in 97% of respondents receiving their services from their home during the PHE.



The increased flexibility to receive services from home through telehealth supported individuals in following Governor Wolf's stay-at-home orders and other social distancing practices during the COVID-19 PHE. Telehealth flexibilities also reduced barriers that many individuals experience while accessing traditional in-person services, with the most frequent including:

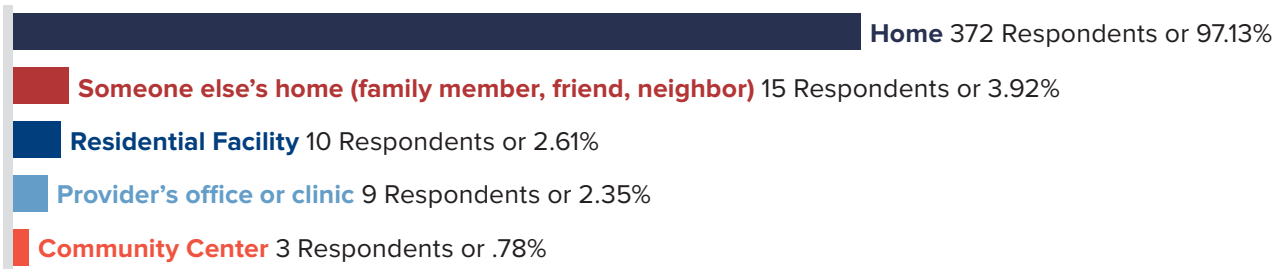
- 64% of respondents reported reduced barrier of travel time/distance
- 60% of respondents reported reduced barrier of transportation access issues
- 42% of respondents reported reduced barrier of scheduling issues due to work
- 40% of respondents reported reduced barrier of scheduling for non-work reasons
- 30% of respondents reported reduced barrier of childcare or other family care giving barriers

As a result of the increased flexibility for telehealth service delivery, over 90% of respondents reported that services were received as often or more often than prior to the COVID-19 PHE. 55% of respondents reported that appointments were canceled or rescheduled less often, while under 5% of respondents reported an increased need for cancellations/rescheduling. OMHSAS is aware of anecdotal reporting of difficulty maintaining session length; however, most respondents in this survey reported that on average their sessions lasted longer than 31 minutes (70.41%).

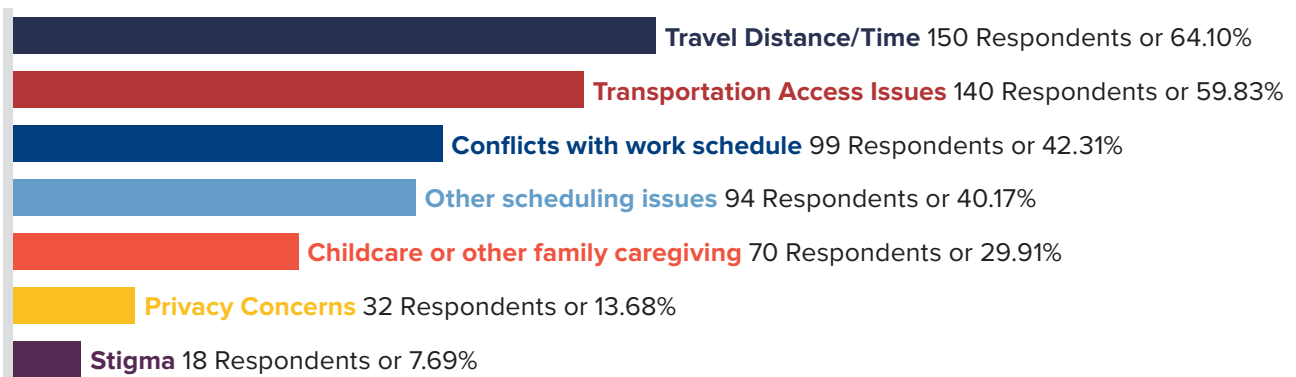
Most respondents indicated that they did not want any in-person services (47%) or received all the in-person services they felt they needed (9%) during the COVID-19 PHE. A significant number of respondents reported difficulty accessing some (13%) or all (31%) of the in-person services they felt they needed during the first three months of the COVID-19 PHE.

OMHSAS has heard an overwhelming preference from individuals and their families that the increased use of telehealth add new flexibilities to the behavioral health system, rather than replace in-person services. OMHSAS is monitoring the service system closely to ensure that service choices available to individuals served and their families are enhanced by telehealth, not limited by it.

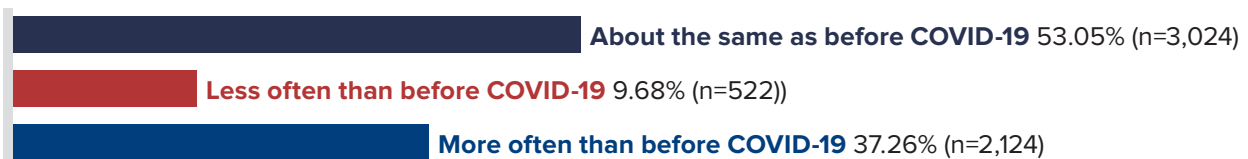
Where did you/your family member use telehealth services during COVID-19?



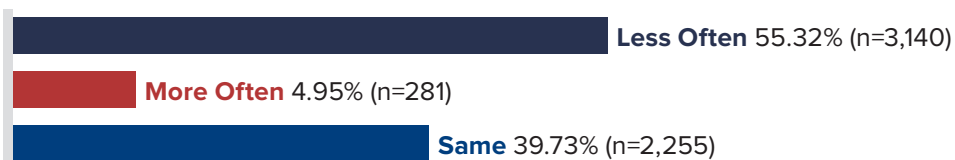
Did telehealth reduce any of these challenges to receiving services for you/your family member:



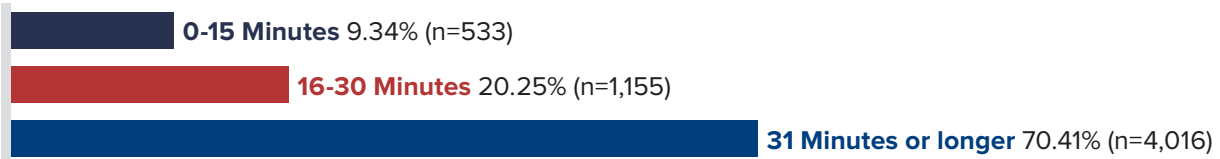
How often did you/your family member receive services during COVID-19 through telehealth?



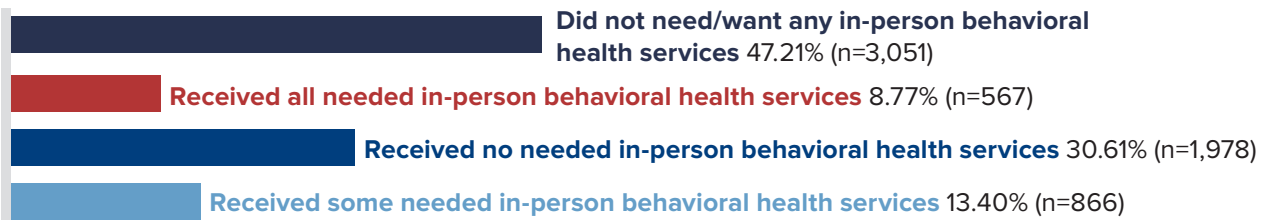
Compared to receiving services in person, how frequently did you/your family member need to cancel/reschedule telehealth appointment?



How long did your telehealth service sessions typically last?



During COVID-19, did you/your family member receive any services in-person?



I hope that telehealth is still going to be an option. I have 3 children and when any are sick...I have to cancel my therapy appointment and I'm not always able to re-schedule in a time that is convenient. This service has been a lifesaver in keeping up with my mental health during these trying times in our world.

My daughter is a teenager. They live by the computer and smart phone. It was often embarrassing for her to go to therapy in an office setting. She was more confident and motivated to meet with her therapist on telehealth.

Can work from home and do my visit on my lunch break.

As a single parent with two medically fragile special needs children [telehealth] made it accessible for all of us to receive valuable therapies and treatments.

My dad has advanced Alzheimer's and the fact that I do not need to leave the house and arrange for care for my parents has been such a blessing. I hope we can continue with telehealth.

It is easier to "open up" to a therapist when in a more comfortable (home) place. My therapy has been MUCH more effective because of this. My relationship with my therapist has improved, too.

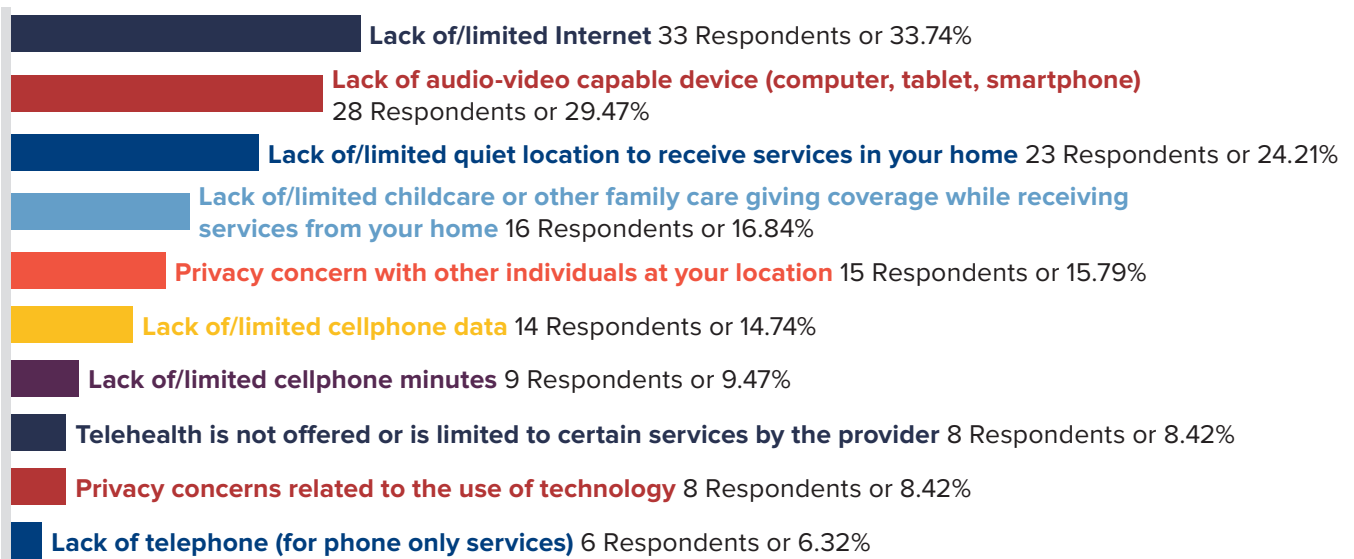
Telehealth Barriers

There is an overall increase in the availability of and access to behavioral health services as a result of the traditional barriers that telehealth eliminates/reduces; however, many respondents indicated experiencing new barriers related to technological access.

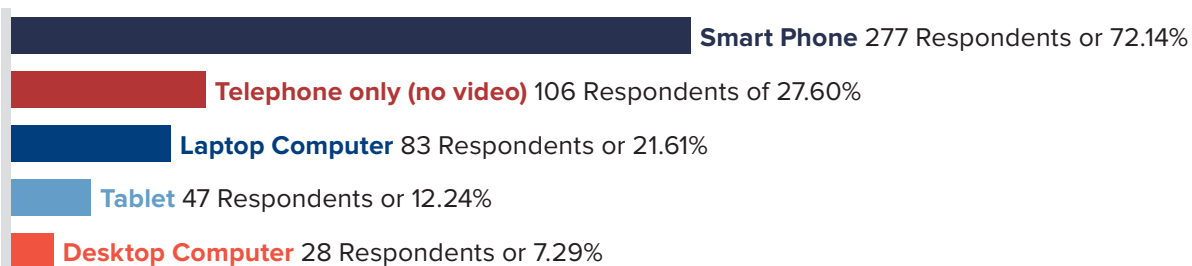
The majority of the survey responses were completed through a web-based platform and much of the outreach efforts for the survey were conducted by e-mail announcement. Although telephone surveys were conducted, it is likely that individuals with limited internet and device access are underrepresented in the survey results.



Were there any barriers that limited you/your family member's use of telehealth during COVID-19?

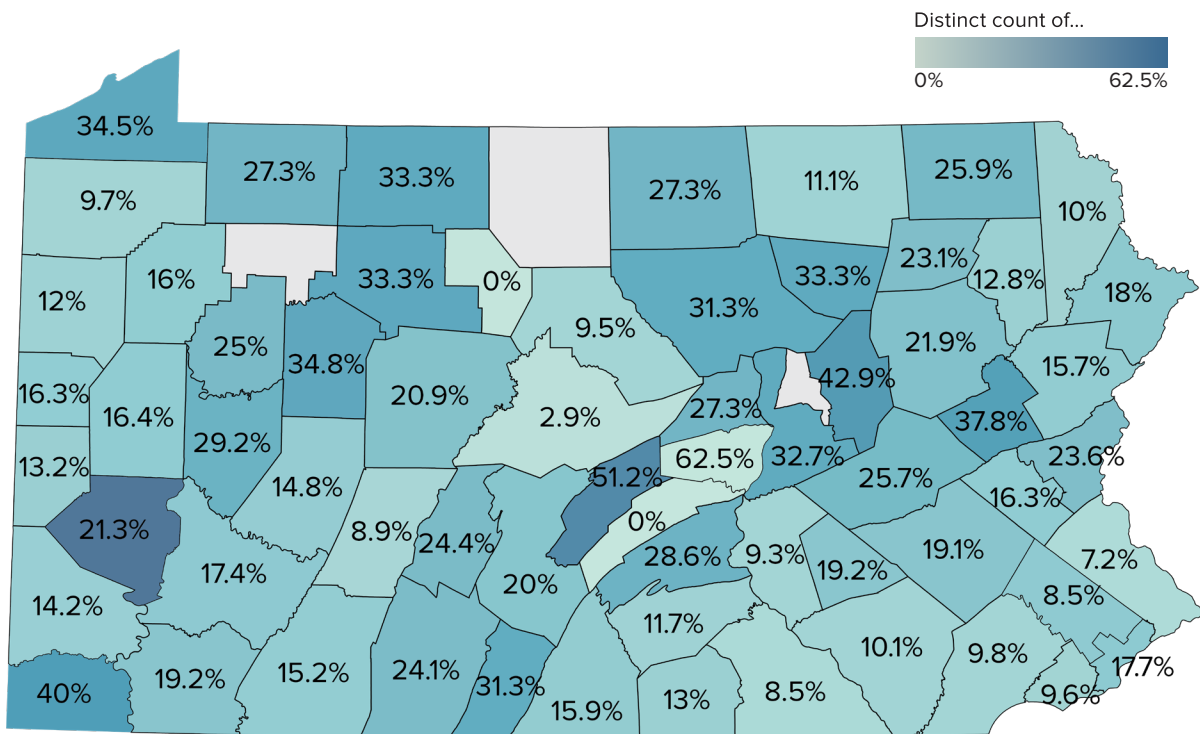


What devices did you/your family member use for telehealth services during COVID-19?

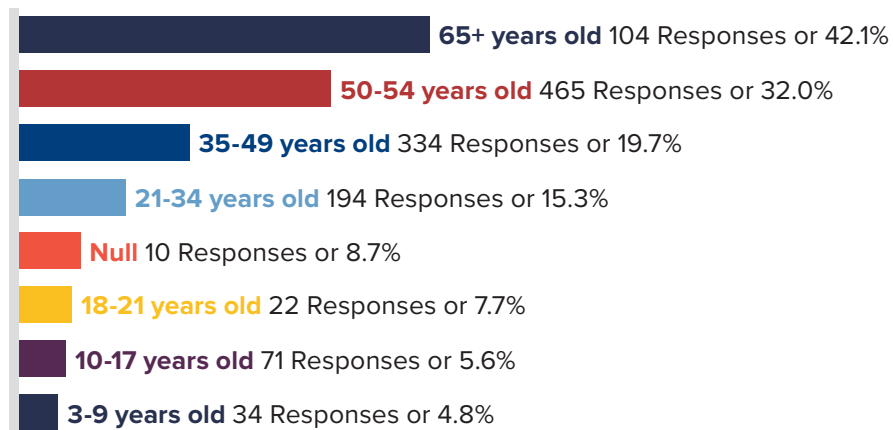


Telephone Only (no video)

Percentage of Respondents who indicated telephone only access (no video) as the only available device for telehealth service delivery.



Respondents Reporting Telephone Only Access (no video) by Age Group





Service Effectiveness with Telehealth

Respondents were asked to rank how helpful each of the services they or their family member received during the COVID-19 PHE were on a 1-5 likert scale (Note: on the dashboard these results have been scaled to 100 for clearer visualization). This survey was conducted during the early increase in telehealth usage due to the COVID-19 PHE. As a result, rankings may be impacted by hurdles associated with implementing a new program. While some services may not be clinically appropriate for telehealth delivery, it is possible that higher intensity services, which received lower ratings of helpfulness on the current survey, may benefit with additional resources, time, and adaption to the delivery method.

The services rated as most helpful when delivered through telehealth were, in order from most helpful to least:

1. Individual Therapy
2. Medication Visits
3. Psychiatric Rehabilitation- Individual Services
4. Medication Assisted Treatment
5. Certified Peer Support Specialists
6. Mental Health Case Management

The services rated least helpful when delivered through telehealth were, in order from least helpful to most helpful:

1. Partial Hospitalization (Intensive Outpatient)
2. Children's Residential Treatment
3. Psychiatric Inpatient
4. Assertive Community Treatment
5. Adult Residential Treatment
6. Group Services

During this time, I experienced suicidal ideations and each service provider helped me through this difficult time with extra appointments, phone calls, and safety-checks [through telehealth].

Post COVID-19 Telehealth Preferences

Survey respondents were asked about preferences for service delivery following the resolution of the COVID-19 PHE. A substantial portion of respondents (78%) would prefer to receive at least some of their behavioral health services through telehealth after the COVID-19 PHE, emphasizing the importance of choice for individuals receiving services and their families.

After COVID-19, how would you like to receive services for yourself/your family member?



Behavioral Health Services Practitioner Surveys

Methods

The behavioral health services practitioner surveys included questions related to the practitioner's experience with providing behavioral health services using telehealth prior to the COVID-19 PHE, during the first four months of the PHE, and the practitioner's preferences for service delivery following the resolution of the PHE. However, the primary focus of the survey was to develop an understanding of the impact of telehealth on the delivery of services during COVID-19. The surveys included 17 multiple choice questions, five of which included a comment field for the respondent to provide additional context to their answer, and one open ended question. Respondents were given the option to provide their contact information if they were interested in participating in future stakeholder opportunities.

To allow for targeted outreach two parallel surveys were created; one for clinicians and one for non-clinical behavioral health professionals. Both surveys included the same questions and the results were combined by OMHSAS during the data review process. The clinician survey was targeted to psychiatrists (MD/DO), non-psychiatrist physicians (MD/DO), licensed psychologists, physician's assistants, certified registered nurse practitioners, additional nursing licenses, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors. The non-clinical professional survey was targeted to psychiatric rehabilitation staff, Clubhouse staff, certified peer specialists (CPS), CPS supervisors, certified recovery specialists, certified family recovery specialists, mental health case managers (intensive case management, blended case management, resource coordination), substance use disorder case managers, supported employment/education specialists, housing specialists, homeless service specialists and "other" behavioral health service practitioners. Please see Appendix B and Appendix C for the full text versions of each survey.

Survey announcements were distributed through multiple OMHSAS listservs. OMHSAS listserv subscribers include members of the Mental Health Planning Council, county human service agencies, county mental health-intellectual disability agencies, single county authority administrators, advocacy organizations, and members of the general public. Stakeholder were encouraged to share with their membership.

The online survey tool, SurveyMonkey was used to collect responses. The public SurveyMonkey link was open from July 8, 2020 to July 22, 2020. The results were reviewed and cleaned, and visualization was completed by OMHSAS.

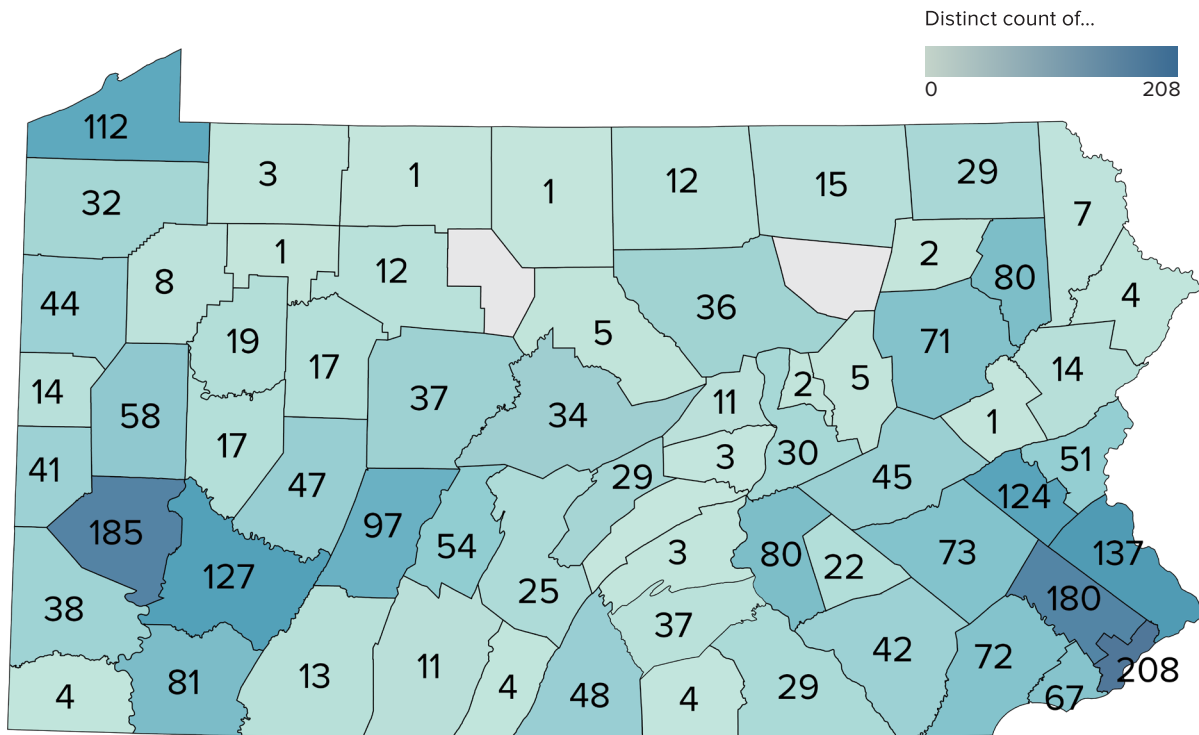
Results

A total of 2,776 survey responses were received. It is not possible to calculate a response rate as the number of individuals who received the survey is unknown. The following charts provide an overview of the statewide survey results, along with comments from survey respondents.

OMHSAS invites our partners across the system to utilize the public dashboard to view survey results for a specific county, region, demographics, etc. The public dashboard can be accessed [here](#).³

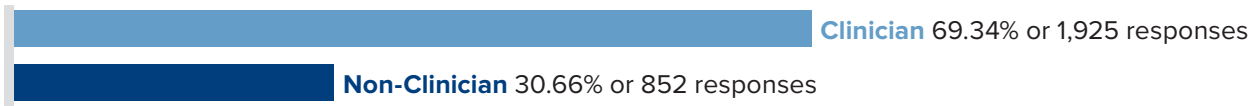
Respondents by County

Survey respondents were asked to identify the county where they provide the majority of their services. Responses were received from 65 of Pennsylvania's 67 counties.

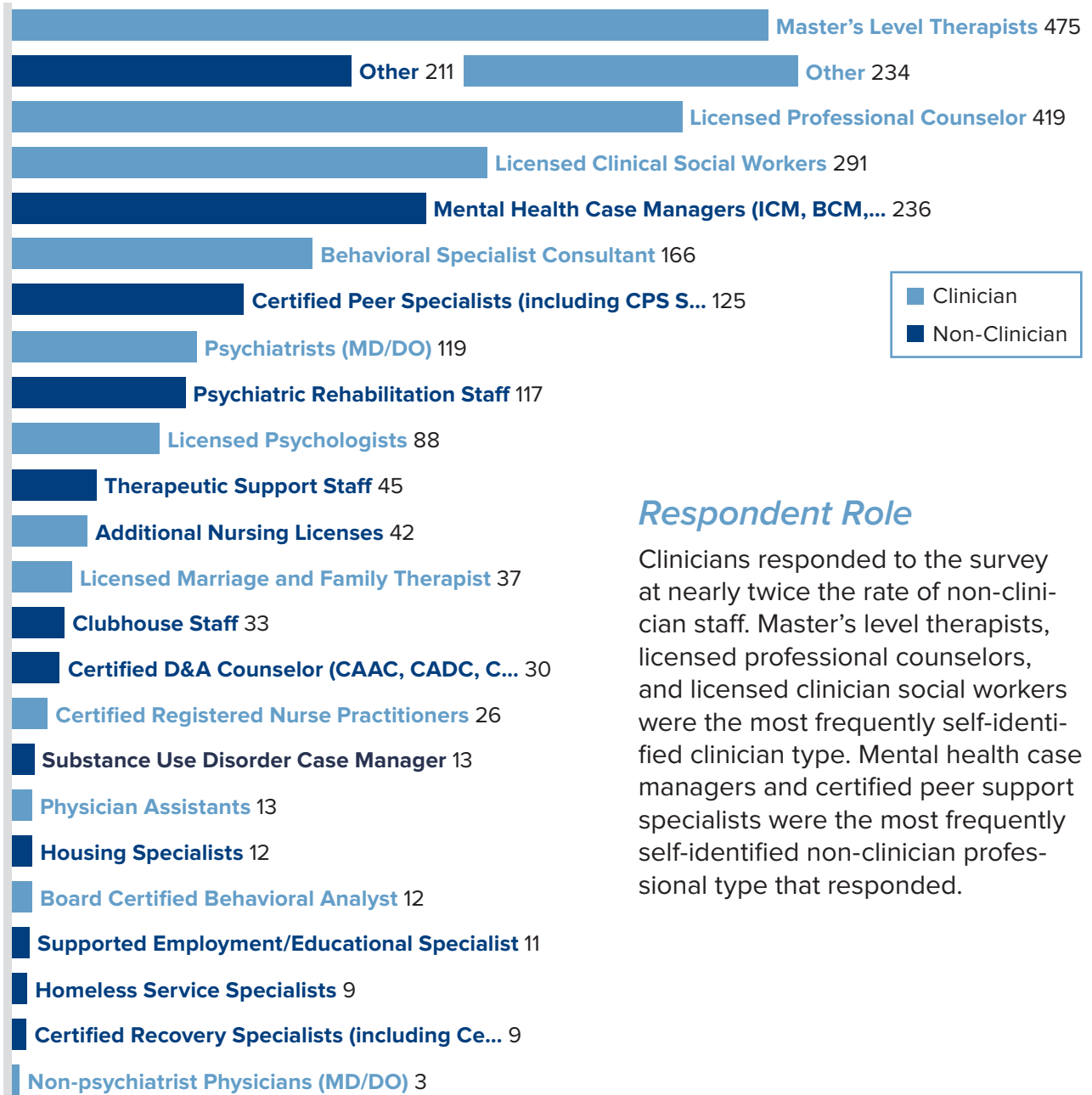


³https://tableau.pa.gov/t/DHS-Public/views/TelehealthSurvey_FINAL_9420/RespondentDemographics?iframeSized-ToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no&:origin=viz_share_link

Clinician or Non-Clinician



Practitioner Type

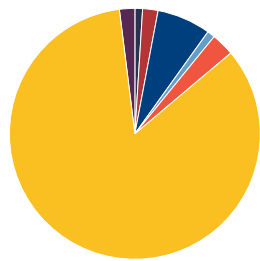


Respondent Role

Clinicians responded to the survey at nearly twice the rate of non-clinician staff. Master's level therapists, licensed professional counselors, and licensed clinician social workers were the most frequently self-identified clinician type. Mental health case managers and certified peer support specialists were the most frequently self-identified non-clinician professional type that responded.

Demographics: Race and Ethnicity

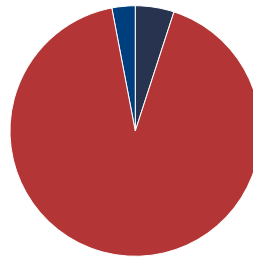
Each respondent was asked to identify their race and ethnicity.



Race

2,776 Individuals

- American Indian <1% (n=11)
- Asian 2% (n=41)
- Black or African American 7% (n=192)
- Native Hawaiian or Other Pacific Islander <1% (n=4)
- Self-Identify 3% (n=92)
- White 85% (n=2,370)
- No Response 2% (n=66)



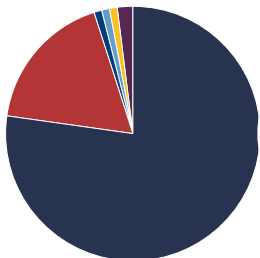
Ethnicity

2,776 Individuals

- Hispanic/Latinx 5% (n=128)
- Non-Hispanic 92% (n=2,565)
- No Response 3% (n=83)

Demographics: Gender and Age

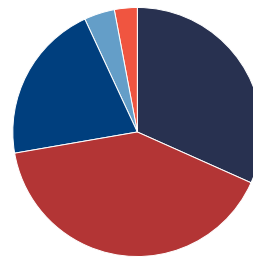
Respondents were asked to identify their age range and gender.



Gender

2,776 Individuals

- Female 78% (n=2,161)
- Male 18% (n=508)
- Non-Binary <1% (n=15)
- Self-Identify 1% (n=24)
- Transgender Female no responses
- Transgender Male .1% (n=4)
- No Response 2% (n=64)



Age

2,776 Individuals

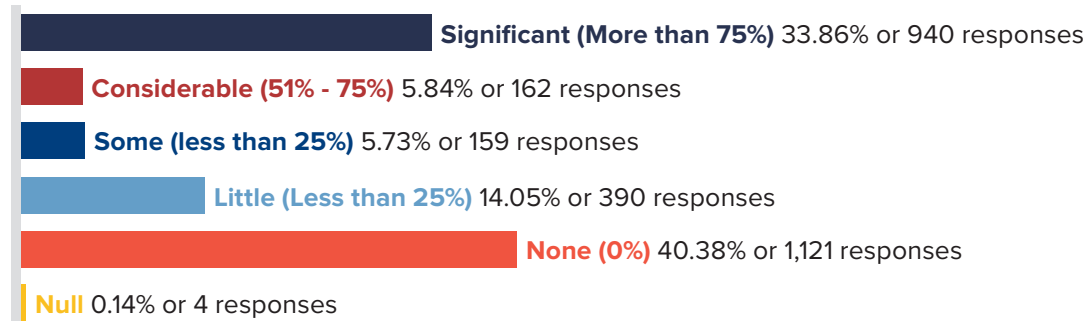
- 18 - 34 years old 32% (n=876)
- 35 - 49 years old 41% (n=1,129)
- 50 - 64 years old 21% (n=575)
- 65+ years old 4% (n=1230)
- No Response 3% (n=73)

Telehealth Usage: Prior to and during COVID-19

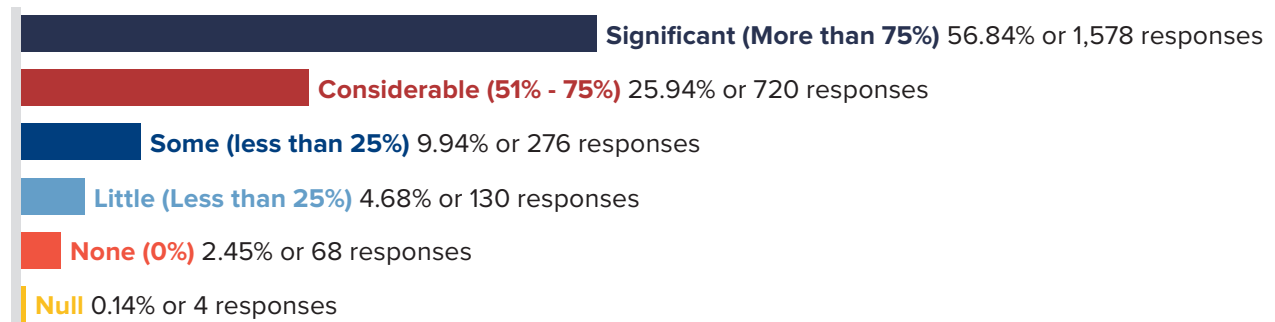
Respondents were asked to provide baseline information about their use of telehealth. More than half of respondents (54.43%) reported using little or no telehealth delivery prior to the COVID-19 PHE. During the COVID-19 PHE, nearly 93% of respondents reported that telehealth provided at least some increased access to care, with most of those respondents seeing the increase as considerable (25.94%) or significant (56.84%). Additionally, most respondents reported at least some improvement in the quality of their interactions (85.67%) and again most of these respondents saw the improvements as considerable (33.25%) or significant (33.00%). Survey respondents were also asked if telehealth had an observable positive impact on racial inequities in behavioral health. While most respondents reported observing no impact, those who did indicated it was positive (27.59%). Less than 2% indicated observing a negative impact.



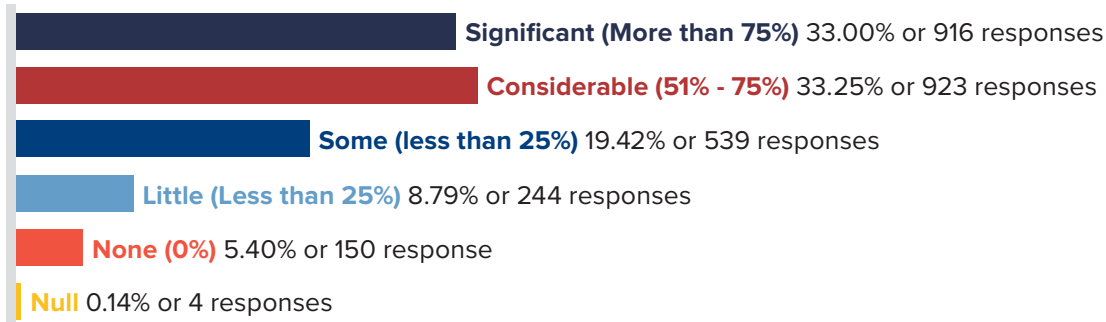
To what extent did you use telehealth (telephone and/or video) to provide services prior to COVID-19?



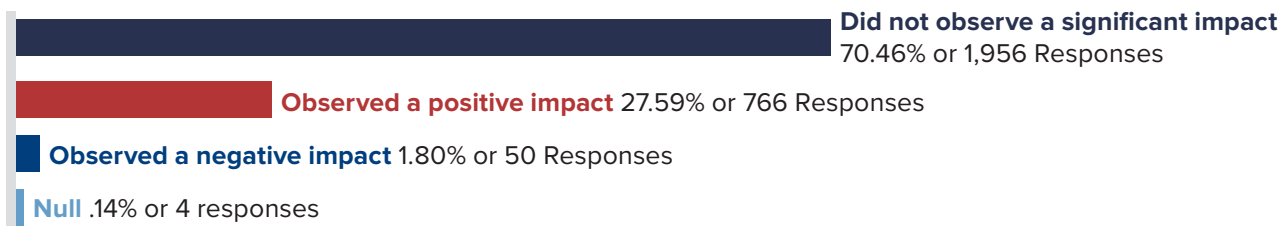
To what extent have you found the expanded telehealth rules to improve access to services?



To what extent have the expanded telehealth rules improved the quality of your interaction?



Do you feel telehealth has been able to positively impact racial inequities in behavioral health services?



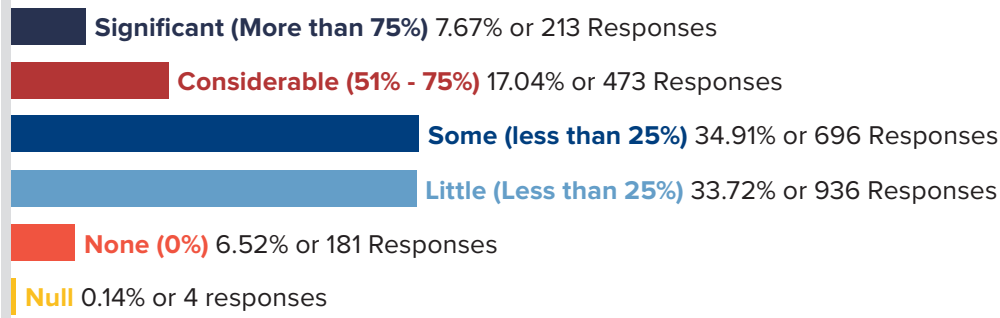
The pandemic disproportionately impacted people of color from a health perspective. Telehealth access assured contact with trained [mental health professionals] throughout the lockdown and beyond.

Some people with diversity concerns did not feel safe going out for sessions with the recent issues with race. However, they reported that telehealth offered them an option to be safe and still get the mental health treatment that was needed.

Telehealth Barriers

The majority of respondents (60%) reported at least some issues with technology for the individuals they serve.

How significant are problems of technology (cell phone availability, internet access, etc.) for the individuals that you serve?



To improve telehealth services, we would need more up to date devices (cellphones, laptops, desktops). It would also be helpful if we could collaborate with a cellphone provider to donate refurbished or older model devices for participants that don't have their own.

Post COVID-19 Telehealth Input

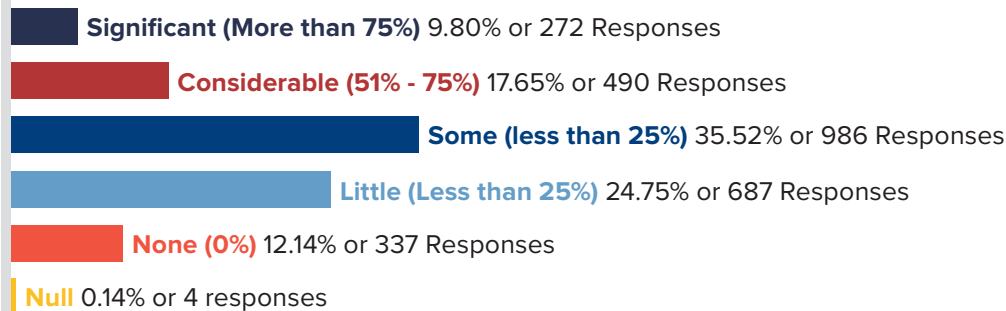
Respondents were asked several questions regarding the future of telehealth after the resolution of the COVID-19 PHE. Most respondents (62.97%) indicated at least some need for additional training in telehealth.

Regarding the future scope of telehealth, there is a clear consensus among providers that new clients could be established through telehealth delivered services (85.77%). Respondents had a split opinion on preserving the use of telephone only services (no video). Respondents opposed to continuing telephone only services after the resolution of the PHE (43.08%) cited concerns that certain behavioral health services were not clinically appropriate without video and that the use of telephone only needed to take into account the particular service and individual being served. Respondents supporting the use of telephone only following the resolution of the PHE (57.77%) cited concerns that requiring a return to audio-vidéo would exclude vulnerable individuals who don't have the economic means to obtain internet and internet capable devices. Advocates of preserving telephone-only service delivery recommended allowing clinical judgment to make determinations for appropriate use.

Respondents were asked to identify interventions/services or populations that are not appropriate for telehealth delivery. A majority (76.26%) of respondents did feel there were some populations for whom telehealth may not be a viable modality, with the most com-

mon populations and modalities identified as: crisis services, skill building/social skills, young children, individuals with severe mental illness (including psychosis, delusions, risk of harm to self or others), and play therapy.

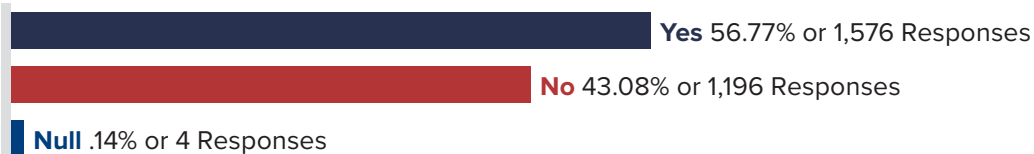
Based on your experience, do you feel you need more training on telehealth for your



Would you support new patients being established through telehealth?



Would you support new patients being established through telehealth?



Are there populations for whom telehealth may not be a viable modality for receiving services?



Are there interventions/services that you provide that are not appropriate for telehealth delivery?



Appendix A: Individual and Family Telehealth Survey

1. Introduction

During COVID-19, the Pennsylvania Department of Human Services (DHS) wanted to make sure that everyone could stay at home safely and still receive needed behavioral health services. Along with our system partners, we significantly increased telehealth and telephone service delivery.

The Office of Mental Health and Substance Abuse Services (OMHSAS) is the DHS Program Office responsible for the Behavioral Health Medicaid Program. OMHSAS is now asking for your help. We want to make sure that future behavioral health services through telehealth meet your ongoing needs. This survey is for individuals who received behavioral health services and their families. If both you and a family member received services, you may complete the survey separately for each individual. Thank you for sharing your experiences with us!

Questions about this survey can be directed to: RA-PWTBHS@pa.gov

Definitions

This survey uses the following terms.

Behavioral Health Services: includes mental health, drug & alcohol (also known as substance use disorder) and co-occurring mental health/drug & alcohol services.

COVID-19: The 2019 novel coronavirus is a new virus that causes respiratory illness in people and can spread from person-to-person.

Telehealth: in this survey telehealth is specifically referring to behavioral health services delivered through telehealth. Telehealth allows health care services to be provided remotely through audio-visual technology. Telehealth does not include telephone only (audio without video), however, during the COVID19 emergency, telephone only has been temporarily allowable when individuals served do not have access to technology such as smart phones, computers, and/or internet access.

Services: this survey refers to behavioral health services only.

This OMHSAS Survey will close on Monday June 22, 2020.

*1. I am answering this survey as:

- An individual receiving mental health and/or drug and alcohol services
- A family member of an individual receiving mental health and/or drug and alcohol
- None of the above

2. Background Information

*2. County where the individual receiving services lives:

3. Age of the individual receiving services:

- 3-9 years old
- 10-17 years old
- 18-21 years old
- 21-34 years old
- 35-49 years old
- 50-64 years old
- 65+ years old

4. Gender of the individual receiving services:

- Female
- Male
- Non-Binary/Gender Non-Conforming/Gender Queer
- Transgender Female
- Transgender Male
- Self-Identity (please specify)

5. Race of the individual receiving services:

- American Indian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Self-Identity (please specify)

6. Ethnicity of the individual receiving services:

- Hispanic or Latino/Latina/Latinx
- Non-Hispanic or Non-Latino/Latina/Latinx

*7. What type(s) of services do you/your family member receive?

- Mental Health Services
- Drug and Alcohol Services
- Both Mental Health and Drug and Alcohol Services

***8. Did you/your family use telehealth before COVID-19?**

- Yes
- No

***9. Have you/your family member used telehealth during COVID-19?**

- Yes
- No

3. Telehealth During COVID19

10. What device(s) did you/your family member use for telehealth services during COVID-19? (Select all that apply)

- Desktop Computer
- Laptop Computer
- Tablet
- Smart Phone
- Telephone only (no video)
- Other (please specify)

11. Where did you/your family member use telehealth services during COVID-19? (Select all that apply)

- Home
- Provider's office or clinic
- Someone else's home (family member, friend, neighbor)
- Residential Facility Community Center
- Other (please specify)

12. How often did you/your family member receive services during COVID-19 through telehealth?

- More often than before COVID-19
- About the same as before COVID-19
- Less often than before COVID-19

13. Were the average length of your service sessions during COVID-19...

- Longer than before COVID-19
- About the same as before COVID-19
- Shorter than before COVID-19

14. How long did your telehealth service sessions typically last?

- 0-15 minutes
- 16-30minutes
- 31 minutes or longer Other (please specify)

15. Compared to receiving services in person, how frequently did you/your family member need to cancel/reschedule telehealth appointments?

- Appointments scheduled through telehealth were cancelled/rescheduled less often than in-person appointments.
- Appointments scheduled through telehealth were cancelled/rescheduled about the same number of times as in-person appointments.
- Appointments schedule through telehealth were cancelled/rescheduled more often than in-person appointments.

***16. Did telehealth reduce any of these challenges to receiving services for you/your family member: (select all that apply):**

- Transportation Access Issues
- Travel Distance/Time
- Conflicts with work schedule
- Other scheduling issues
- Childcare or other family caregiving
- Privacy concerns
- Stigma
- Not Applicable
- Other (please specify)

***17. How helpful was the specific behavioral health service you/your family member received through telehealth during COVID-19?**

	Very Helpful	Helpful	Neutral	Slightly Helpful	Not at All Helpful	Does Not Apply
Psychiatric Outpatient						
Individual Therapy						
Group Therapy						
Medication Visit						
Partial Hospital						
Assertive Community Treatment						

	Very Helpful	Helpful	Neutral	Slightly Helpful	Not at All Helpful	Does Not Apply
Outpatient D&A						
Individual Therapy						
Group Therapy						
MH Case Management						
Psychiatric Rehabilitation						
Individual Services						
Group Services						
Adult Residential Treatment						
Children's Residential Treatment (PRTF, RTF)						
Psychiatric Inpatient Treatment						
Family-Based Mental Health Services						
Intensive Behavioral Health Services/ Behavioral Health Rehabilitation Services						
Therapeutic Support Staff/Behavioral Health Technician						
Peer Support Services						
Certified Peer Support Specialists						
Certified Recovery Specialist Services						
Other						

If you chose other, please specify:

18. Please provide any additional comments on specific service(s) you/your family member received

***19. Were there any barriers that limited you/your family member's use of telehealth during COVID-19?(Please select all that apply)**

- Lack of audio-video capable device (computer, tablet, smartphone)
- Lack of telephone (for phone only services)
- Lack of/limited Internet
- Lack of/limited cellphone data
- Lack of/limited cellphone minutes
- Lack of/limited quiet location to receive services in your home
- Lack of/limited childcare or other family care giving coverage while receiving services from your home
- Privacy concerns related to the use of technology
- Privacy concern with other individuals at your location
- Telehealth is not offered or is limited to certain services by the provider
- There were no barriers
- Other (please specify)

20. Is there anything else you want to share about you/your family members experience with telehealth?

***21. During COVID-19, did you/your family member receive any services in-person?**

- Received all needed in-person behavioral health services
- Received some needed in-person behavioral health services
- Received no needed in-person behavioral health services
- Did not need/want any in-person behavioral health services

4. Telehealth after COVID19

***22. After COVID19, how would you like to receive services for yourself your family member?**

- Receive all or most services in-person
- Receive all or most services through telehealth
- Receive services through a blend of in-person and telehealth delivery

23. What else should OMSHAS consider for the future of telehealth?

24. Would you be interested in participating in a focus group to share more input on telehealth? If so, please list your contact email and phone number below.

Email Address

Phone Number

Thank you for completing the OMHSAS Telehealth Survey. Your input is important, and we appreciate the time you have taken to share your thoughts and experiences with us. If you have questions about this survey or behavioral health telehealth in Pennsylvania, please contact: RA-PWTBHS@pa.gov

Appendix B: Direct Behavioral Health Services Practitioners Survey – Clinicians

1. Introduction

During COVID-19, the Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) wanted to ensure that as many citizens as possible could stay at home safely and still receive needed behavioral health services. Along with our system partners, we significantly increased telehealth and telephone service delivery.

In partnership with the Coalition 4 Common Health (C4CH), OMHSAS is seeking input from clinicians who are actively providing direct services to individuals and their families to help guide long term policy on behavioral health telehealth.

Questions about this survey can be directed to: RA-PWTBHS@pa.gov

Non Clinician Behavioral Health Practitioners (such as Certified Peer Specialists, Certified Recovery Specialists, Case Managers, and Psychiatric Rehabilitation Staff) can complete the non-clinician survey at: <https://www.surveymonkey.com/r/TelehealthDirectServiceProfessionals>

Definitions

This survey uses the following terms.

Behavioral Health: includes mental health, drug & alcohol (also known as substance use disorder) and co-occurring mental health/drug & alcohol services.

Telehealth: in this survey telehealth is specifically referring to behavioral health services delivered through telehealth. Telehealth allows health care services to be provided remotely through audio-visual technology. Telehealth does not include telephone only (audio without video), however, during the COVID19 emergency, telephone only has been temporarily allowable when individuals served do not have access to technology such as smart phones, computers, and/or internet access.

Clinical Services: This survey refers to behavioral health services only.

This Survey will close on DATE.

***1. Clinician Type**

- Psychiatrists (MD/DO)
- Non-psychiatrist Physicians (MD/DO)
- Licensed Psychologists
- Physician's Assistants
- Certified Registered Nurse Practitioners
- Additional Nursing Licenses
- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor
- Other (please specify)

2. Telehealth Feedback

***2. To what extent did you use telehealth (telephone and/or video) to provide clinical services prior to COVID 19?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51% - 75%)
- Significant (More than 75%)

***3. To what extent have you found the expanded telehealth rules to improve access to clinical service?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51% - 75%)

***4. To what extent have the expanded telehealth rules improved the quality of your clinical interaction?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51% - 75%)
- Significant (More than 75%)

***5. If the expanded telehealth rules are continued, to what extent will you use telehealth after the COVID 19 crisis subsides?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***6. In your experience is there a need for more training for practitioners on use of telehealth?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***7. How significant are problems of technology (cell phone availability, internet access, etc.) for the individuals that you serve?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51% - 75%)
- Significant (More than 75%)

***8. Are there populations for whom telehealth may not be a viable modality for delivering clinical services?**

- Yes
- No

Comments

***9. Are there clinical services/modalities that are not appropriate for telehealth delivery?**

- Yes
- No

Comments

***10. Would you support new patients being established through telehealth?**

Yes

No

Comments

***11. Do you feel that you can provide effective clinical services using telephone only?**

Yes

No

Comments

***12. Do you feel telehealth has been able to positively impact racial inequities in behavioral health services?**

Observed a positive impact

Observed a negative impact

Did not observe a significant impact

Comments

13. What recommendations would you have for improving the use of telehealth in providing behavioral health services and supports?

3. Background Information

14. County where the majority of your services are provided:

15. Age:

18 - 34 years old

35 - 49 years old

50 - 64 years old

65+ years old

16. Gender:

Female

Male

Non-Binary/Gender Non-Conforming/Gender Queer

- Transgender Female
- Transgender Male
- Self-Identity (please specify)

17. Race:

- American Indian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Self-Identity (please specify)

18. Ethnicity:

- Hispanic or Latino/Latina/Latinx
- Non-Hispanic or Non-Latino/Latina/Latinx

4. Survey Closure

19. Would you be interested in participating in a focus group to share more input on telehealth? If so, please list your contact email and phone number below.

Name:

Email Address:

Phone Number:

Thank you for completing the OMHSAS/C4CH Direct Service Clinician Telehealth Survey. Your input is important, and we appreciate the time you have taken to share your thoughts and experiences with us. If you have questions about this survey or behavioral health telehealth in Pennsylvania, please contact: RA-PWTBHS@pa.gov

Appendix C: Direct Behavioral Health Services Practitioners Survey – Non-Clinicians

1. Introduction

During COVID-19, the Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) wanted to ensure that as many citizens as possible could stay at home safely and still receive needed behavioral health services. Along with our system partners, we significantly increased telehealth and telephone service delivery.

OMHSAS is seeking input from non-clinician direct behavioral health service providers who are actively providing direct services to individuals and their families to help guide long term policy on behavioral health telehealth.

Questions about this survey can be directed to: RA-PWTBHS@pa.gov

Licensed behavioral health clinicians (such as a Psychologist, Physician, Physician Assistant, Nurse Practitioner, Nurse, or Licensed Therapist (LPC, LCSW, LMFT)) please complete the clinician survey at: <https://www.surveymonkey.com/r/TelehealthClinicianSurvey2020>

Definitions for this survey

Behavioral Health: includes mental health, drug & alcohol (also known as substance use disorder) and co-occurring mental health/drug & alcohol services.

Direct Services: this survey refers to direct behavioral health services only

Expanded Telehealth Rules: Refers to the OMHSAS Memo issued on March 15, 2020 and updated on May 5, 2020 that allowed for a significant expansion of behavioral health services that could be provided through telehealth during the COVID-19 state of emergency. The memo is available: <https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/OMHSAS%20COVID-19%20Telehealth%20Expansion-%20Final%203.15.20.pdf>

Telehealth: in this survey telehealth is specifically referring to behavioral health services delivered through telehealth. Telehealth allows health care services to be provided remotely through audio-visual technology. Telehealth does not include telephone only (audio without video), however, during the COVID19 emergency, telephone only has been temporarily allowable when individuals served do not have access to technology such as smart phones, computers, and/or internet access.

This Survey will close on DATE.

***1. Which type of direct service behavioral health provider role are you currently working as?**

- Psychiatric Rehabilitation Staff
- Clubhouse Staff
- Certified Peer Specialists (including CPS Supervisors)
- Certified Recovery Specialists (including Certified Family Recovery Specialists)
- Mental Health Case Managers (ICM, BCM, RC)
- Substance Use Disorder Case Manager
- Supported Employment/Education Specialists Housing Specialists
- Homeless Service Specialists
- Other (specify in the comment box)

2. Telehealth Feedback

***2. To what extent did you use telehealth (telephone and/or video) to provide behavioral health services prior to COVID 19?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***3. To what extent have you found the expanded telehealth rules to improve access to the specific behavioral health service that you provide (such as peer support services, case management, etc)?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***4. To what extent have the expanded telehealth rules improved the quality of your interaction with individuals who you serve?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***5. If the expanded telehealth rules are continued, to what extent will you use telehealth after the COVID 19 crisis subsides?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***6. Based on your experience, do you feel you need more training on telehealth for your role?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

(Optional) Specify any specific training/guidance you feel is needed for your role related to telehealth

***7. How significant are problems of technology (cell phone availability, internet access, etc.) for the individuals that you serve?**

- None (0%)
- Little (less than 25%)
- Some (25%-50%)
- Considerable (51%-75%)
- Significant (More than 75%)

***8. Are there populations for whom telehealth may not be the best way to provide behavioral health services?**

- Yes
- No

If yes, please specify

***9. Are there interventions that you provide that are not appropriate for telehealth delivery?**

- Yes
- No

If yes, please specify

***10. Would you be in favor of new clients starting services through telehealth?**

Yes

No

Comments

***11. Do you feel that you can provide effective behavioral health services using telephone only?**

Yes

No

(Optional) Please specify why or why not

***12. Do you feel telehealth has been able to positively impact racial inequities in behavioral health services?**

Observed a positive impact

Observed a negative impact

Did not observe a significant impact

Comments

13. What recommendations would you have for improving the use of telehealth in providing behavioral health services and supports?

3. Background Information

All demographic questions below are regarding the direct-service behavioral health staff person themselves (the person answering this survey)

14. County where the majority of your services are provided

15. Age

18 - 34 years old

35 - 49 years old

50 - 64 years old

65+ years old

16. Gender:

Female

Male

- Non-Binary/Gender Non-Conforming/Gender Queer
- Transgender Female
- Transgender Male
- Self-Identity (please specify)

17. Race:

- American Indian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Self-Identity (please specify)

18. Ethnicity:

- Hispanic or Latino/Latina/Latinx
- Non-Hispanic or Non-Latino/Latina/Latinx

4. Survey Closure

19. Would you be interested in participating in a focus group to share more input on telehealth? If so, please list your contact email and phone number below.

Name:

Email Address:

Phone Number:

Thank you for completing the OMHSAS Direct Service Non-Clinician Behavioral Telehealth Survey. Your input is important, and we appreciate the time you have taken to share your thoughts and experiences with us. If you have questions about this survey or behavioral health telehealth in Pennsylvania, please contact: RA-PWTBHS@pa.gov