Center *for* Rural Health

Telebehavioral Health in North Dakota: 2017

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**SCHOOL OF MEDICINE
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The Center for Rural Health

The Center for Rural Health (CRH), established in 1980, is one of the nation's most experienced organizations committed to providing leadership in rural health. The CRH mission is to connect resources and knowledge to increase the health status of people in rural communities. The CRH serves as a resource to healthcare providers, health organizations, citizens, researchers, educators, and policymakers across North Dakota and the nation. Activities are targeted toward identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns. Although many specific activities constitute the agenda of the Center, four core areas serve as the focus: (1) education and information dissemination; (2) program development and community assistance; (3) research and evaluation; and (4) policy analysis.

Executive Summary

In July 2017, research staff at the CRH were contacted by the Behavioral Health Division of the North Dakota Department of Human Services (NDDHS) to determine the status of behavioral health services provided in North Dakota using telehealth. As part of the CRH study, healthcare facilities (i.e., rural and urban hospitals, long-term care, and community health centers), public health departments, and mental health and substance-use-related programs across the state were surveyed regarding telebehavioral health services they provided or received, as well as about demographic information and payer sources. In this report, providers refer to organizations that offer the clinical intervention of telebehavioral health services; receivers are the facilities that host the clinical telebehavioral health intervention. Facilities that indicated they did not offer or receive telebehavioral health services were asked to indicate potential barriers. This report provides an overview of the telebehavioral health services that exist within the state.

Key Findings

- At least 10 facilities provide telebehavioral health services to North Dakota facilities, and at least 44 facilities receive telebehavioral health services in the state.

- Providers were about equally likely to offer mental health, substance abuse, or both types of telebehavioral health services. Receivers primarily reported delivering mental health telebehavioral services to their clients.

- Only 60.0% of facilities reported providing telebehavioral health services to children and adolescents 17 years of age and younger. Only 36.6% of receivers reported delivering services to this same age group.

- When asked if their facility had enough provider time to meet the need for telebehavioral health services, 80.0% of provider respondents said they did not.

- Receiver types of telebehavioral health services were primarily nursing homes and outpatient settings, delivering services to seniors and adults.

- Among respondents who did not utilize telebehavioral health services, most indicated they did not plan to do so in the future.

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Introduction

Mental health and substance abuse issues are becoming progressively significant aspects of healthcare in today's society. In fact, at their current trajectory, it is expected they will exceed physical diseases as a primary cause of disability by the year 2020 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018b). These disorders can impact the well-being of and have significant implications not only for affected individuals, but also their loved ones and even their communities. As a result, increasing efforts have been made to connect these individuals with behavioral healthcare providers so they are able to obtain the needed services.

SAMHSA's 2017 National Survey on Drug Use and Health provides a glimpse into the current prevalence rates across the country. For example, it is estimated that 46.6 million American adults ages 18 and older (18.9%) had experienced some form of mental illness in the last year (SAMHSA, 2018a). Additionally, 19.7 million individuals ages 12 and older had a substance use disorder connected to alcohol or illicit drug use.

Mental health and substance use issues are likewise present in North Dakota, with 2015-2016 SAMHSA estimates indicating that approximately 97,000 individuals over the age of 18 (17.1%) experienced some form of mental illness (SAMHSA, 2016). Additionally, an estimated 51,000 individuals over the age of 18 (9.0%) were reported as having a substance use disorder in the last year.

Despite the influence and difficulties associated with these issues, such disorders are often treatable, with many individuals subsequently experiencing recovery (SAMHSA, 2017). As a result, efforts toward providing individuals with the resources they need are an important step in reducing mental health and substance use issues.

Working to connect individuals with qualified behavioral healthcare professionals can be difficult if there are few professionals or programs nearby to provide such services. This is the case in North Dakota, where it is estimated that approximately 291,463 residents (slightly more than one-third of the population) live in mental health professional shortage areas (HPSAs) (Bureau of Health Workforce, 2018). This translates into 48 out of 53 North Dakota counties being designated as mental health professional shortage areas (Center for Rural Health [CRH], 2018). As a result, it can be difficult to obtain the mental health and substance use services needed in such areas.

One potential approach to addressing this shortage, as well as increasing the availability of behavioral healthcare professionals, is through the use of telebehavioral health services. Also known as telemental health, e-therapy, or online counseling, among others, this service utilizes technology to provide mental health services across different locations (Epstein Becker Green, 2019). This approach is similar to the concept of telehealth (or telemedicine), which allows physicians or other healthcare providers to practice medicine with patients who are in different locations. Although the North Dakota Board of Medical Examiners has developed a definition for telehealth (2014), no description of telebehavioral health services currently exists (Epstein Becker Green, 2016). As a result, for the purposes of this report, telebehavioral health was subsequently defined as:

> The use of electronic communication and information technologies to provide or support real-time psychiatric, psychological, mental health, marriage and family, social work services, and/or addiction counseling at a distance. This includes the use of video conferencing (i.e., the internet, smartphone, tablet, PC desktop system, etc.) or other interactive communication technology to provide behavioral health assessment, diagnosis, intervention, consultation, supervision, education, and information to a client/patient across a distance.

Telebehavioral health services has the potential to increase connections between individuals and the mental healthcare and substance abuse treatment they require, particularly in underserved areas. Because of this, the purpose of the current study was to examine what telebehavioral health services are offered across the state of North Dakota, and look at the demographic and payer factors of such programs. Throughout this report, a few distinctions with regard to the provision of telebehavioral health services are included. For example, providers are defined as the facility that offers the clinical intervention of telebehavioral health services. In contrast, receivers refers to facilities that host the client/patient who receives the clinical telebehavioral health intervention.

The findings in this report are based on data collected during a two-week period in 2017, as well as the addition of one response collected in 2018. The findings illustrate various demographic factors regarding the provision and receiving or utilization of telebehavioral health services in North Dakota.

The results included in this report are accurate summaries of facilities who received and responded to the survey. As a result, it may not be representative of all telebehavioral health services existing in the state. However, the current report does provide a starting point to better understand what telebehavioral health services are available in the state.

Methods

Survey Development

CRH staff and researchers developed a questionnaire addressing telebehavioral programs and related demographic factors in North Dakota. This tool was developed in partnership with the medical director and director of the Behavioral Health Division from the NDDHS, and the state health officer of the North Dakota Department of Health. Because information was only collected regarding facilities as a whole, and not specific individuals, Institutional Review Board approval was not required for the current study.

The survey, which was created in Qualtrics,[1] was divided into three main branches: facilities that provided mental health and/or substance abuse telebehavioral health services; facilities that received mental health and/or substance abuse telebehavioral health services; and those who did not offer or receive telebehavioral health services. Respondents were asked to indicate what telebehavioral services they provided and/or received, if any. Based on their responses, they were then directed to a specific set of questions tailored to their designated involvement with telebehavioral health services (i.e., provider, receiver, and/or no telebehavioral health question sets).

In the provider and receiver sections of the survey, multiple demographic factors regarding telebehavioral health programs in North Dakota were assessed. These included populations served by telebehavioral health services, how long the services had been offered or received, the types of facilities that provided or hosted the services, payment and insurance options, and the types of technology used. If respondents indicated that they did not currently provide or receive telebehavioral health services, future intentions of doing so were addressed, as well as potential barriers. The final survey consisted of 39 questions: 4 introductory questions, 17 provider questions, 16 receiver questions, and 2 questions for facilities not currently providing services. A full copy of the survey can be found in Appendix A.

Survey Dissemination

Staff at CRH and the NDDHS disseminated the survey electronically to North Dakota healthcare facilities, public health units, human service centers, social services, and other behavioral health providers. The North Dakota Long Term Care Association also disseminated it to their members. Respondents were asked to provide their program information in order to assess the level of behavioral health services currently being provided or received using telebehavioral health in the state. Survey respondents had approximately two weeks in which to complete the survey. One hundred and two responses were collected. The respondent data was subsequently cleaned and prepared for further analysis.

In addition, although a large number of facilities completed the survey, there were still some individual survey questions that were not completed. As a result, unless otherwise noted, the percentages calculated for each respective question were based upon the total number of responses received for the question within each particular group (e.g., providers, receivers, or no telebehavioral health services). Additionally, some survey questions allowed for multiple responses, which may result in totals greater than 100.0%.

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[1] The Qualtrics Research Suite is a powerful online tool available to all faculty, staff, and students at the University of North Dakota for academic purposes. The Research Suite allows researchers the capacity to build complex surveys that fulfill a variety of research needs. This tool can build surveys incorporating features such as branching, skip logic, response timing, video and audio integration, direct export to SPSS and Excel, and many more.

Results

Respondent Facility Type

One hundred and two North Dakota facilities participated in the assessment of telebehavioral health services in North Dakota. These included 38 long-term care facilities (34.5%), 29 critical access hospitals (CAHS) (26.4%), and 15 public health units/departments (13.6%), among others. A full listing of facility type is shown in Table 1. In some cases, facilities completed the survey for multiple sites or locations; as a result, the totals for Table 1 will be greater than 100.0%.

Table 1. Facility Type Listing of North Dakota Telebehavioral Health Survey Respondents (n = 110)
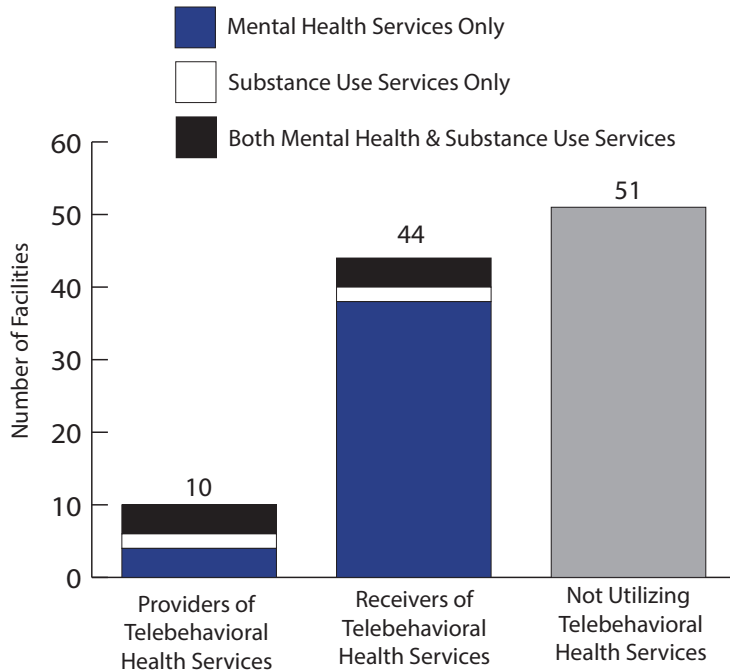
Facility Type	N	Percent
Long-Term Care	38	34.5%
Critical Access Hospital	29	26.4%
Public Health Unit/Department	15	13.6%
Human Service Center	8	7.3%
Tertiary Health System	3	2.7%
Community Health Center/Federally Qualified Health Center	3	2.7%
Outpatient Setting	3	2.7%
Hospital – Inpatient Setting	2	1.8%
Substance Use Disorder Treatment Facility	2	1.8%
Psychiatric Hospital	2	1.8%
Residential Treatment Setting	1	0.9%
Partial Hospitalization/Day Treatment	1	0.9%
Telemedicine Company	1	0.9%
SUD/Facility/Treatment Provider	1	0.9%
Private-for-Profit Behavioral Health Agency	1	0.9%

Telebehavioral Health Services in North Dakota

Overall, 10 respondents reported providing telebehavioral health services, 44 reported receiving telebehavioral health services, and 51 neither provided nor received telebehavioral health services (Figure 1). These numbers include three facilities that reported both providing and receiving telebehavioral health services; their results were included in each corresponding section. Additionally, some respondents completed the survey for multiple locations.
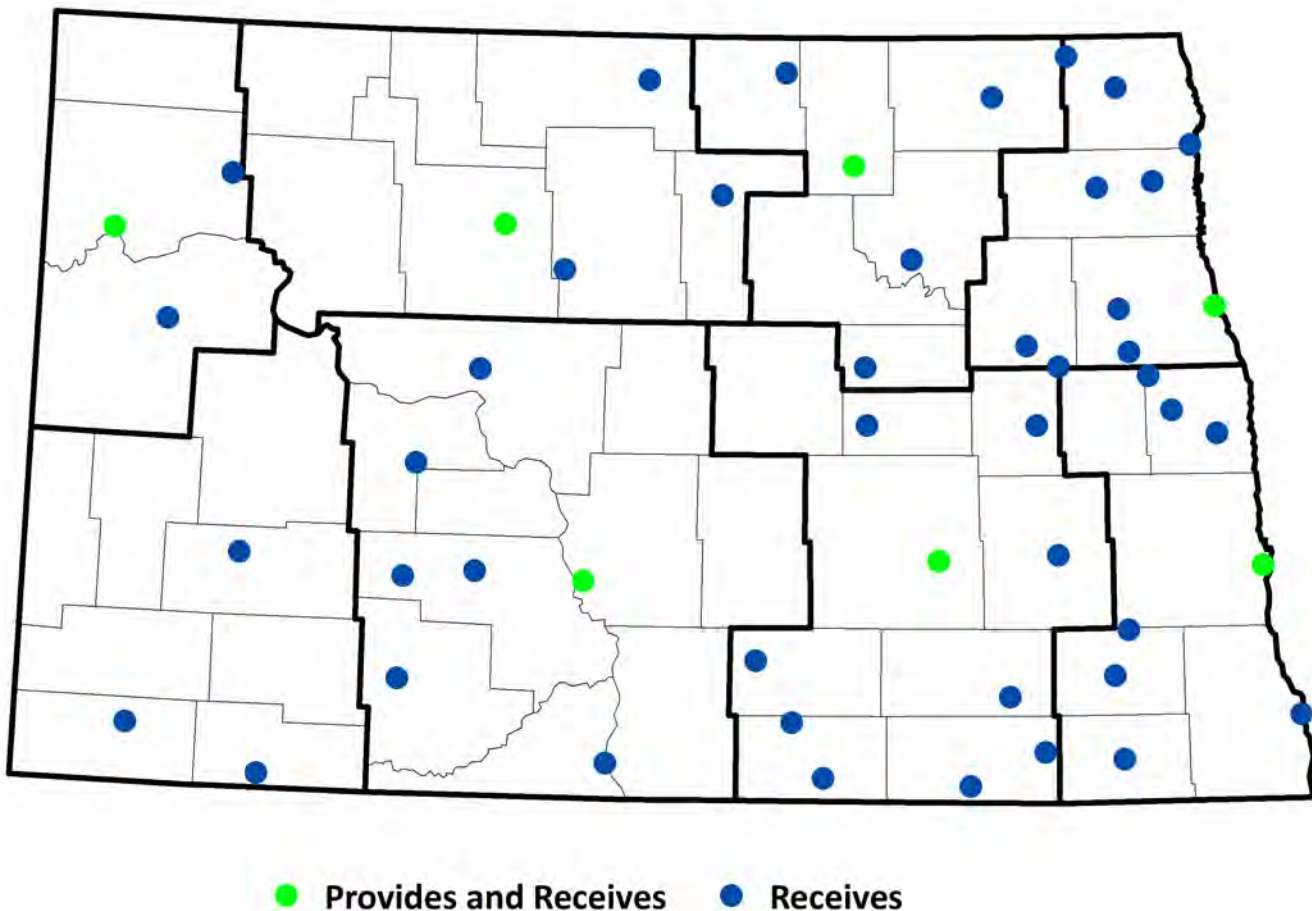
As will be discussed in more detail in subsequent sections, facilities utilizing telebehavioral health services could provide/receive mental health and/or substance abuse services. Among facilities providing telebehavioral health services, four provided both mental health and substance use telebehavioral health programs, four provided only mental health services, and two provided only substance use. Among telebehavioral health receivers, there were four facilities that received both mental health and substance use telebehavioral health programs. Thirty-eight received only mental health services, and two received services for substance abuse.

Figure 1. Number of Facilities Providing, Receiving, or Not Currently Utilizing Telebehavioral Health Services in North Dakota (n = 102)

A map of provider and receiver locations of telebehavioral health services locations is shown in Figure 2. The map contains all current provider and receiver locations that could be extrapolated from survey responses. In some cases, more than one provider and/or receiver existed within the same city. Additionally, one respondent was not included on the map due to providing telebehavioral health services to North Dakota facilities from outside of the state.
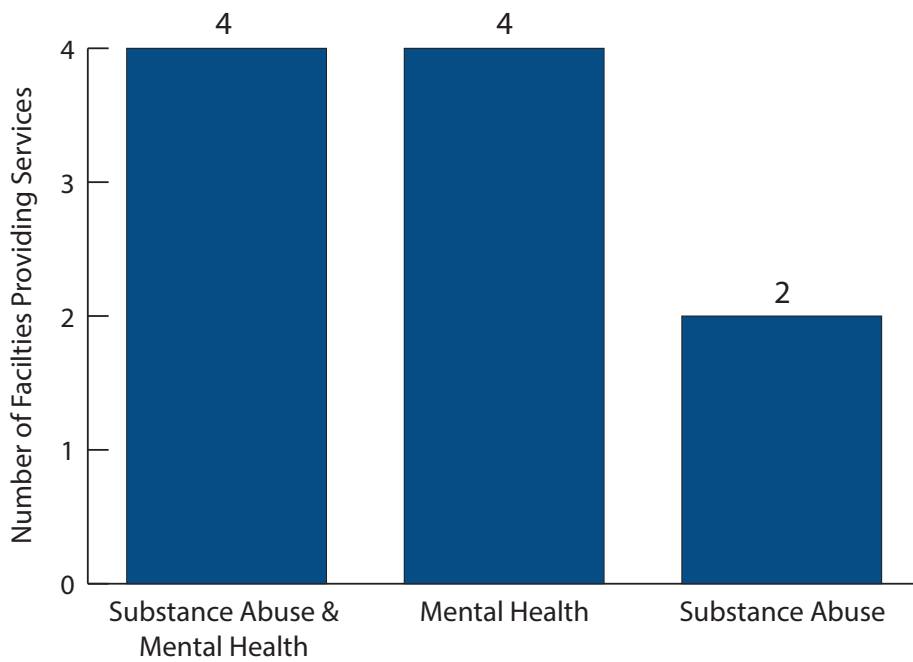
Figure 2. Map of Telebehavioral Health Provider and Receiver Locations in North Dakota

● **Provides and Receives**   ● **Receives**

Providers of Telebehavioral Health Services

Among the respondents surveyed, 10 facilities (9.8%) reported providing telebehavioral health services. These refer to facilities that offer the clinical intervention of telebehavioral health services. Among the 10 provider respondents, four (40.0%) indicated they provided both substance use and mental health telebehavioral health services to clients. Additionally, four (40.0%) solely provided mental health telebehavioral health services; two (20.0%) reported they provided only substance abuse telebehavioral health services (Figure 3).
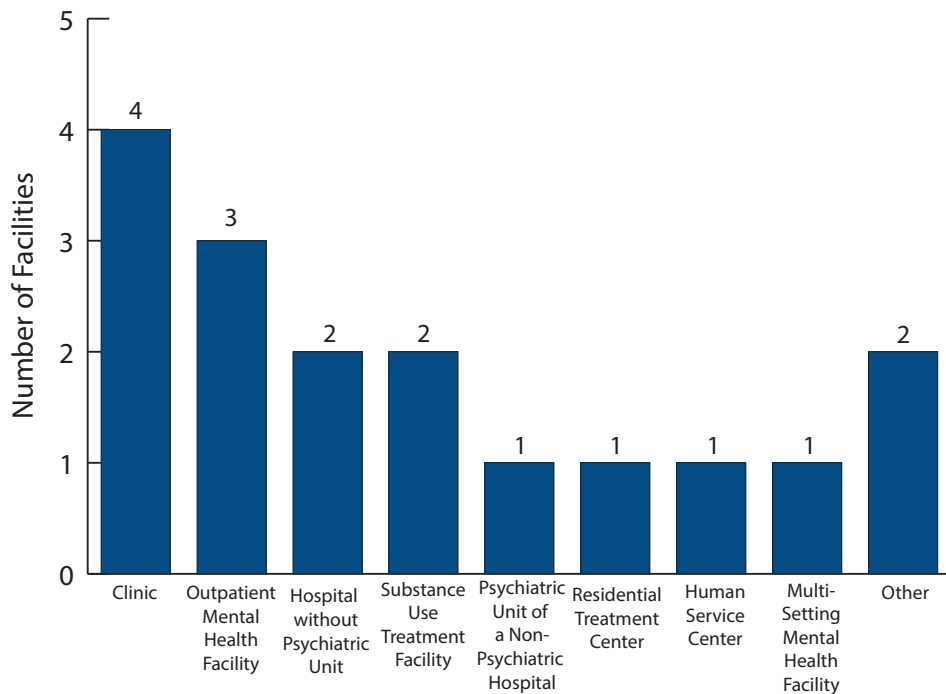
Figure 3. Telebehavioral Health Services Offered by Providers (n = 10)

Provider Facility Type

Respondents were asked to list the type of facility from which they provided telebehavioral health services. Four providers (40.0%) indicated that their facility was a clinic, although locations such as outpatient mental health facilities (n = 3, 30.0%), hospitals without a psychiatric unit (n = 2, 20.0%), or substance use treatment facilities (n = 2, 20.0%) were also common. Responses in the "Other" category included an eCare Hub, as well as a tertiary health system. A visual representation of the various facility and program types is shown in Figure 4.

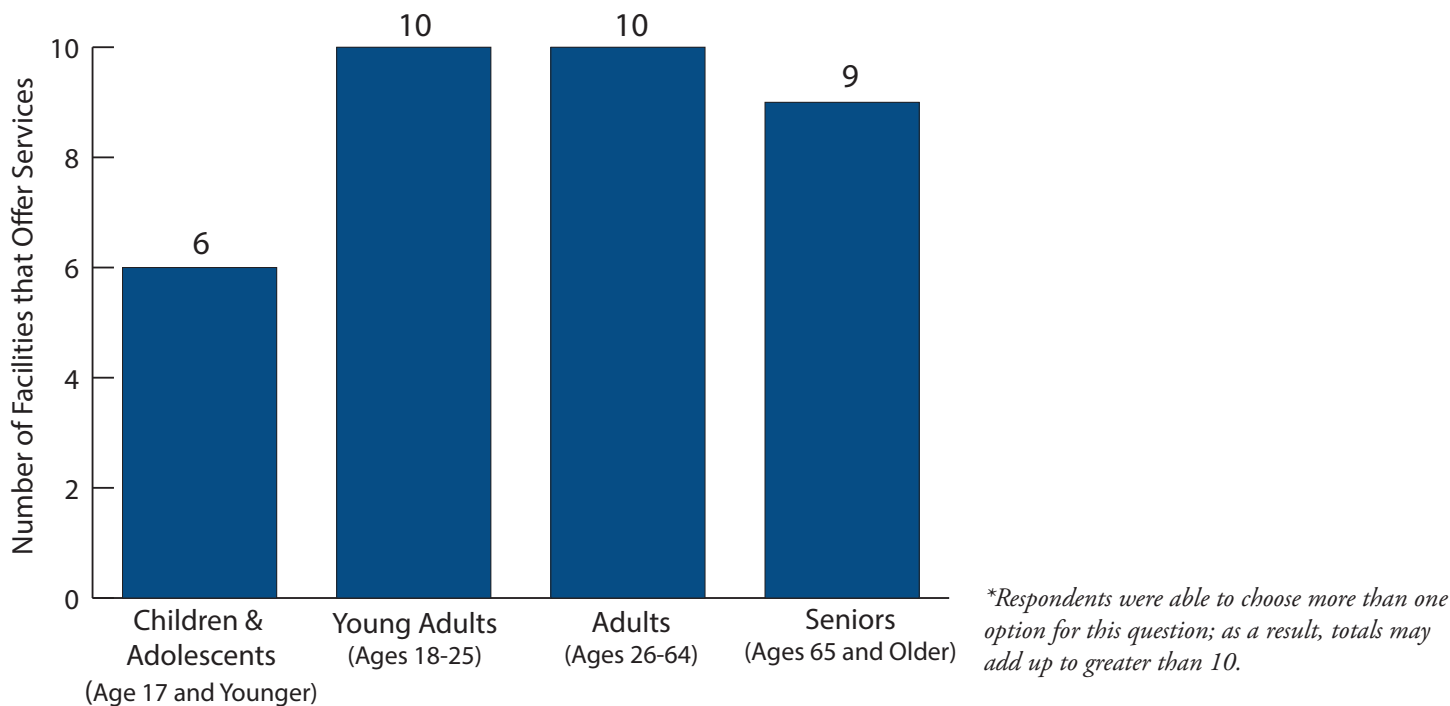**Figure 4. Type of Facility that Provides Telebehavioral Health Services (n = 10)***

*Respondents had the option of choosing more than one response; as a result, totals for the question may add up to greater than 10.

Population and Age Groups Served

Respondents were asked to specify what age groups they provided telebehavioral health services to; the results are shown in Figure 5. Only six facilities (60.0%) reported providing telebehavioral health services to children and adolescents ages 17 and younger. In contrast, 100.0% (n = 10) of provider locations reported offering services to young adults (ages 18-25) and adults (ages 26-64). Nine (90.0%) reported providing services to seniors ages 65 and older. In addition to age groups, provider respondents were also asked if they offered services to special populations. Nine (90.0%) reported providing services to veterans, and 100.0% (n = 10) reported providing services to American Indians.
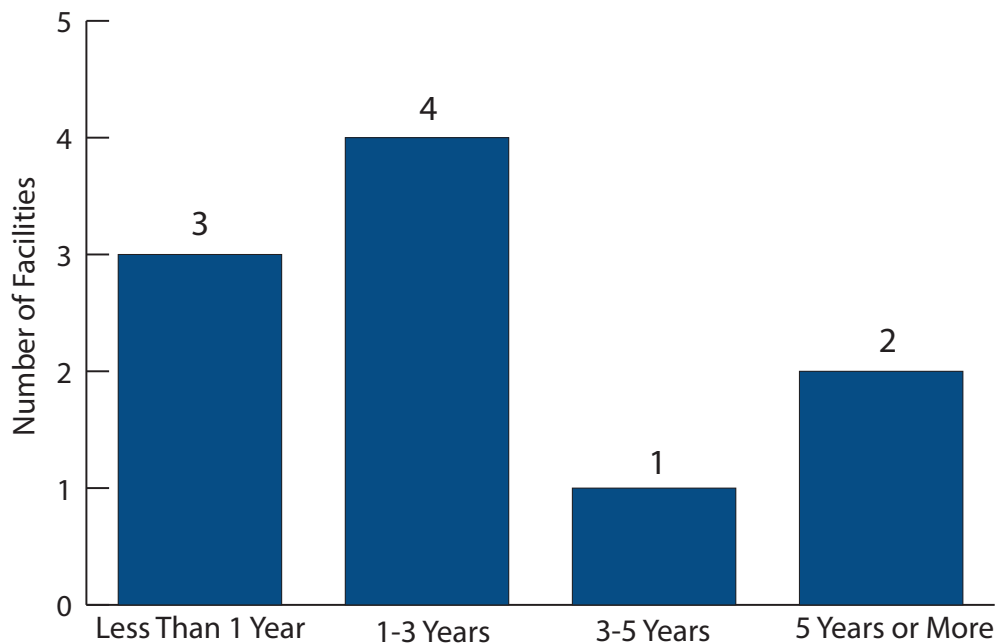
Figure 5. Age Groups to Whom Telebehavioral Health Service Providers Offer Services (n = 10)*

Respondents were able to choose more than one option for this question; as a result, totals may add up to greater than 10.

Length of Telebehavioral Health Service Coverage

The number of years that the facility provided telebehavioral health services to clients was also assessed (Figure 6). The majority of telebehavioral health providers reported offering services for 1-3 years (n = 4, 40.0%). Three (30.0%) provided services for less than one year, whereas two (20.0%) provided services for five years or more. Only one provider (10.0%) had been offering services for 3-5 years.

Figure 6. Number of Years Facility Provided Telebehavioral Health Services (n = 10)

Emergency Telebehavioral Health Services

In addition to the number of years the facilities had been providing services, respondents were also asked if their facilities provided emergency telebehavioral health services. In this context, emergency telebehavioral health services were defined as:
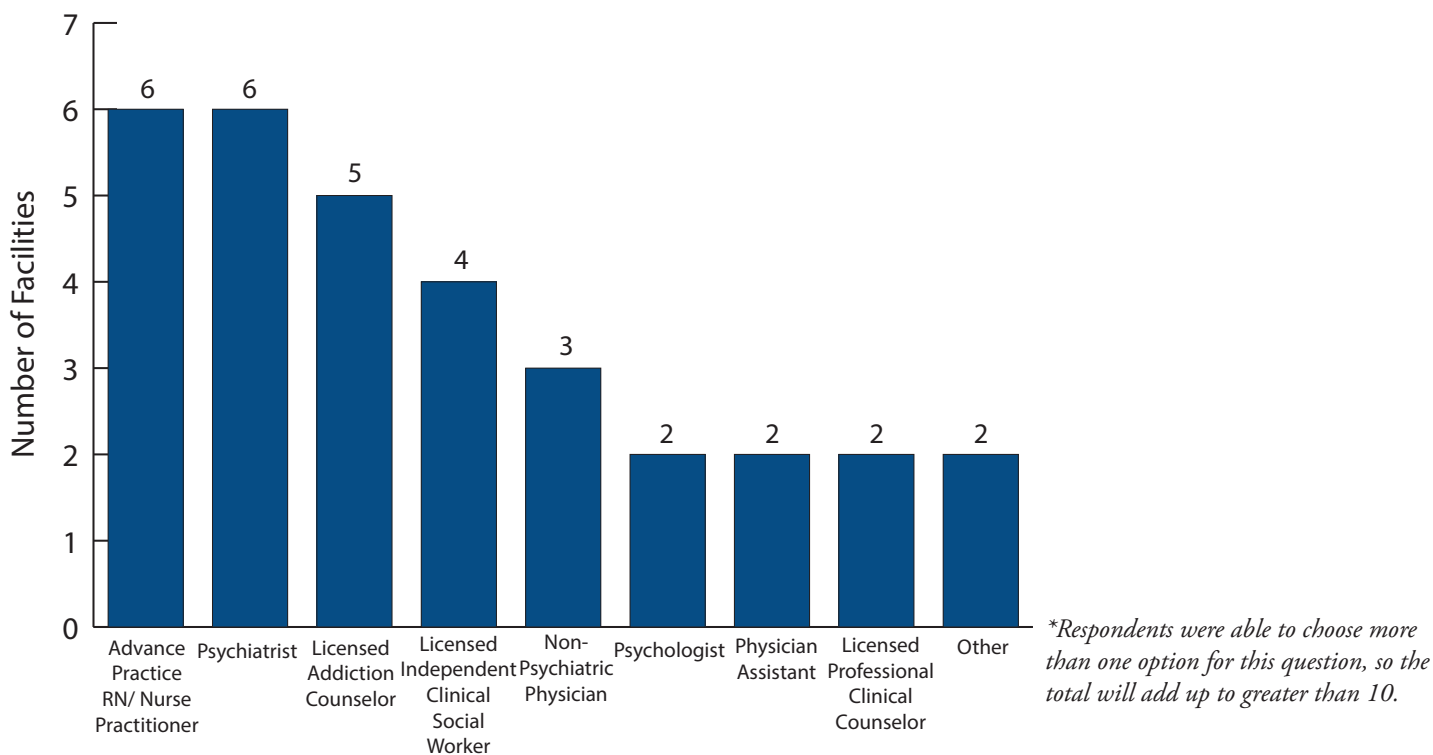
The provision of behavioral health services using electronic communication, video conferencing (i.e., telephone, the internet, smartphone, tablet, a PC desktop system, etc.), or other secure interactive communication technology for clients/patients who present to an emergency department or urgent care and are identified as having a behavioral health crisis that may present a danger to themselves or others and are in need of immediate assistance.

Among the 10 provider respondents, three (30.0%) indicated they provided emergency telebehavioral health services. The facility type of respondents who provided emergency services included a tertiary health system, hospital – inpatient setting, and telemedicine company. The remaining seven (70.0%) did not provide emergency telebehavioral health services.

Provider Practitioner Types

Respondents were also asked to indicate the types of practitioners who provided telebehavioral health services to clients. As can be seen in Figure 7, advance practice registered nurse/nurse practitioners (n = 6, 60.0%) and psychiatrists (n = 6, 60.0%) were the most commonly reported practitioners to provide telebehavioral health services. This was followed by licensed addiction counselors (n = 5, 50.0%), licensed independent clinical social workers (n = 4, 40.0%), and non-psychiatric physicians (n = 3, 30.0%). The "Other" category included one respondent (10.0%) who indicated that registered nurses provided services at their facility, as well as one respondent who indicated that counseling graduate students under the supervision of a licensed psychologist also provided services (10.0%).

Figure 7. Telebehavioral Health Services Provider Practitioner Types (n = 10)*

Respondents were able to choose more than one option for this question, so the total will add up to greater than 10.

Providers were asked if their facility had enough provider time to meet the need for telebehavioral health services (i.e., whether they had enough behavioral health providers to offer services based on their existing telebehavioral health service demand). Providers overwhelmingly indicated that they did not have sufficient provider time to meet their needs (n = 8, 80.0%). Among these, one respondent reported that all of their sites wanted to add additional days or hours; another needed a provider for assessment; and one indicated that there was a shortage of licensed addiction counselors. Only two facilities (20.0%) reported they had enough provider time to meet their need for telebehavioral health services.
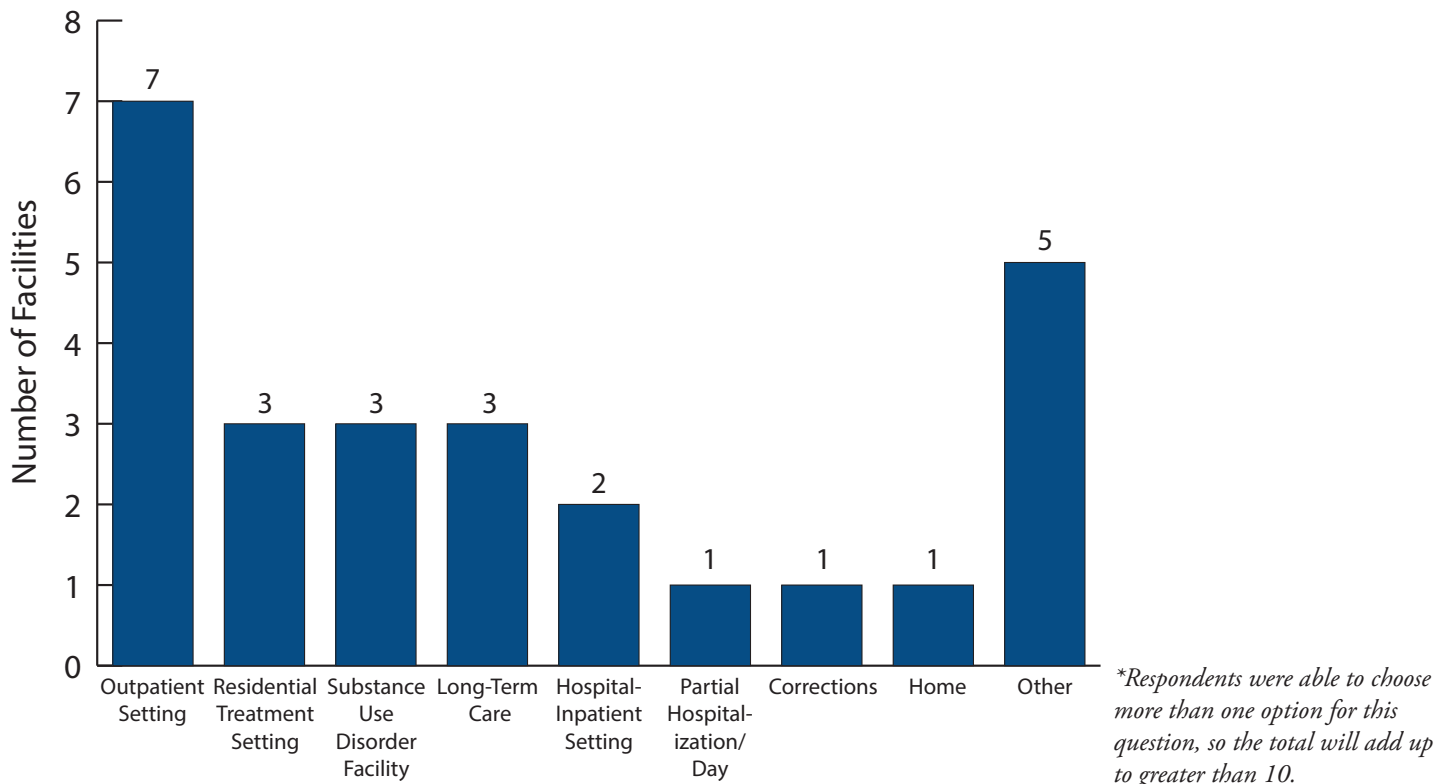
Receiver Site Demographics

Provider respondents (n = 9) indicated that their facility offered telebehavioral health services to approximately 11 receiver facilities on average. This number varied, however, with some facilities providing services to only one or two locations, whereas other facilities provided services for up to 34 facilities. Specifically, seven facilities (77.8%) provided services to fewer than 10 facilities, one (11.1%) provided services to 18 facilities, and the one remaining facility (11.1%) provided services to 34 locations.

There was wide variation in the number of clients to whom providers reported offering services through receiver sites (n = 9). The average number of clients was 435 (median = 81), although this number is influenced by some facilities that provided services to large numbers of clients. Across facilities, the number of clients receiving services ranged from a minimum of 11 to approximately 2,900 per month. Specifically, five respondents (55.6%) reported they provided services for 100 or fewer individuals; two (22.2%) provided services for between 100 and 200 clients, and two (22.2%) provided services for 200 clients or more.

The type of receiver facility location was also assessed; this refers to the facility type where clients receive telebehavioral health services (Figure 8). According to provider respondents, clients were most likely to be seen for telebehavioral health services in outpatient settings (n = 7, 70.0%). Locations such as residential treatment settings (n = 3, 30.0%), substance use disorder facilities (n =3, 30.0%), and long-term care (n = 3, 30.0%) were also common responses. "Other" category responses consisted of services that were received in an emergency room (n = 2, 20.0%); one (10.0%) reported providing services to clinics and a psychiatric hospital; one (10.0%) wrote they were in the process of developing jail coverage; and one reported that they provided services to a student health center (10.0%). Additionally, one facility also reported providing telebehavioral health services to individuals in their homes (10.0%).

Figure 8. Receiver Facility Type (n = 10)*

Respondents were able to choose more than one option for this question, so the total will add up to greater than 10.

Telebehavioral Health Services Availability

Respondents were asked open-ended questions about the number of days per week and hours per day their facility provided telebehavioral health services to clients in receiver facilities (n = 10). Regarding days per week, one facility (10.0%) indicated they provided services around the clock throughout the year. Another (10.0%) reported that constant on-call coverage was also available for their emergency room and in-patient coverage, but they provided services for two days each week in their clinic. In addition, two providers (20.0%) indicated they offered services three days a week, and four (40.0%) reported providing services five days a week. One (10.0%) reported being available 4 days per week, but were only seeing clients 2-3 days per

week on average. Another (10.0%) indicated they provided services five days a week but were available seven days a week for emergencies. As a whole, most provider facilities appeared to offer telebehavioral health services two to five days a week, with some locations offering additional hours for emergency services.
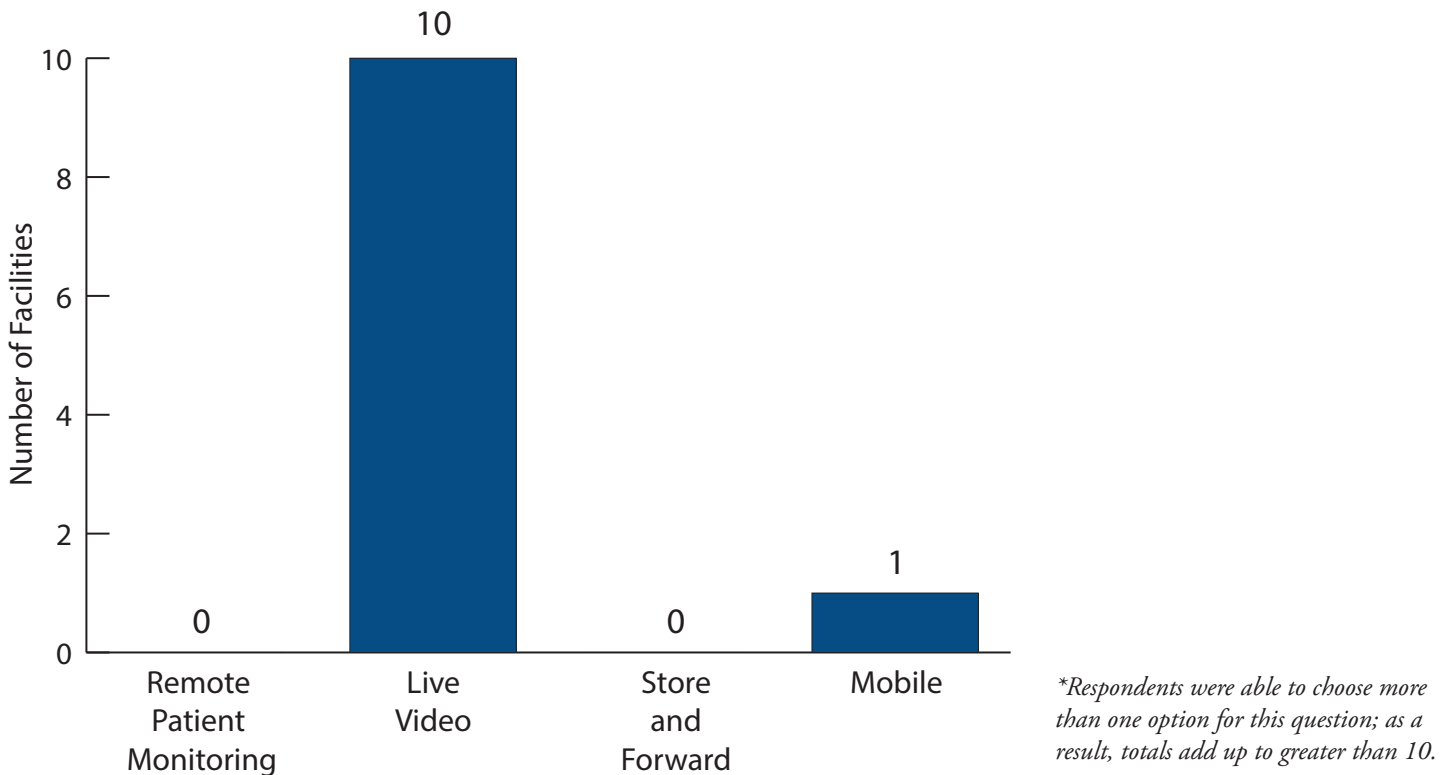
The number of hours per day that provider facilities offered telebehavioral health services also varied (n = 10). Seven providers (70.0%) indicated that they provided telebehavioral services between 2-9 hours per day; one (10.0%) reported they provided services for 12-16 hours per week. On the higher end were facilities that reported providing services for up to 20 or 24 hours a day (n = 2, 20.0%). Among the facilities listed above, 30.0% provided 24-hour-a-day coverage for emergency situations.

Respondents were also asked the average amount of time it takes for patients to get appointments (n = 9). One facility (11.1%) reported they provided on-demand behavioral health assessment services through their emergency room. Two respondents (22.2%) indicated that it would take about one day to get an appointment, whereas three (33.3%) reported that it would be within one to two weeks. Other facilities had longer waiting times, such as one to two months (n = 2, 22.2%); one respondent (11.1%) said the wait time was unknown. Approximately 25.0% of the provider facilities listed above specifically indicated that if an emergency appointment was necessary, the client could be accommodated much earlier as needed.

Technology

Provider respondents were also asked what technology equipment was necessary in order to provide telebehavioral health services. Results are shown in Figure 9. Live video was overwhelmingly the most popular choice, with all respondents indicating this as their method of telebehavioral health services delivery. One respondent also reported using mobile, whereas another indicated that mobile services also would be developed within six months.
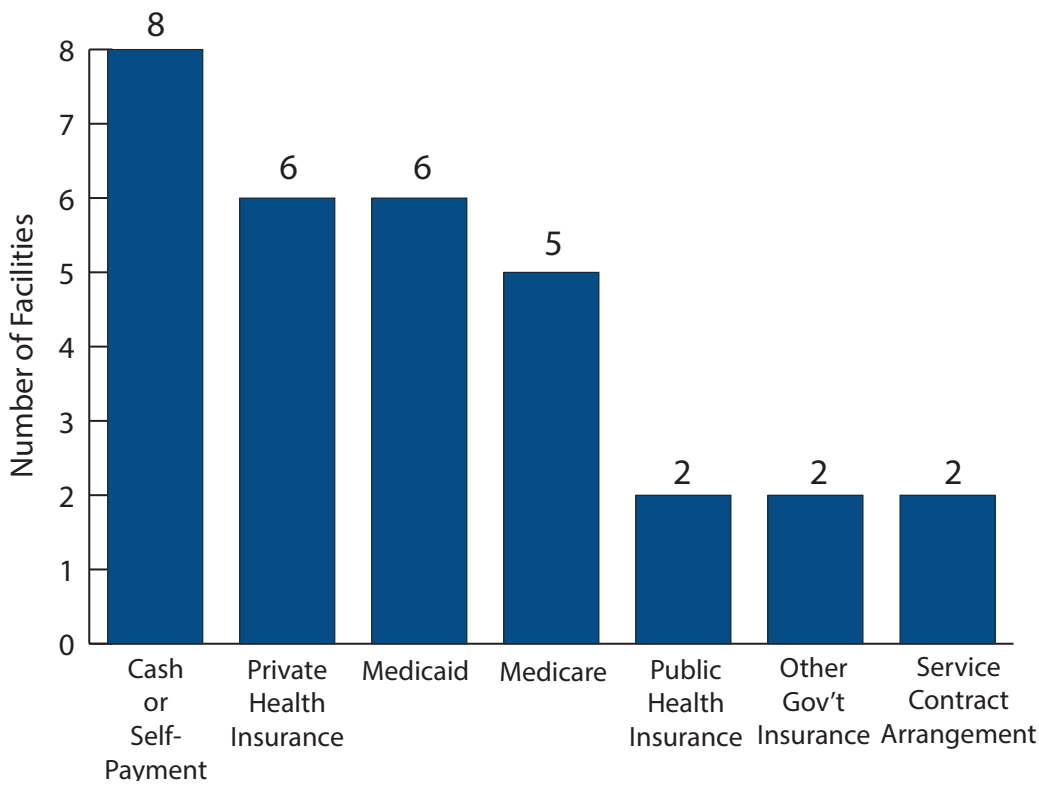
Figure 9. Type of Technology Used to Deliver Telebehavioral Health Services (n = 10)

Respondents were able to choose more than one option for this question; as a result, totals add up to greater than 10.

Payment Information

Providers were asked to indicate what payment and insurance options were accepted for telebehavioral health services provided by their facilities. As seen in Figure 10, most facilities accepted a wide variety of payments, with cash or self-payment being the most common (n = 8, 80.0%). Private health insurance (n = 6, 60.0%), Medicaid (n = 6, 60.0%), and Medicare (n = 5, 50.0%) were also frequently used. Five respondents (50.0%) did not offer payment assistance. Among the five (50.0%) that did, common forms included a substance use disorder (SUD) voucher, sliding scale, or working with the client to come up with an attainable payment option.

Figure 10. Provider Payment and Insurance Options for Telebehavioral Health Services (n = 10)*

Respondents were able to choose more than one option for this question, so the total will add up to greater than 10.

Other Analyses

Electronic Health Record

Provider respondents were asked if they utilized an electronic health record, and if so, what type (n = 10). Eight respondents (80.0%) indicated they used an electronic health record, with common types including Bradoc, Celerity LLC, EPIC, Meditech, Allscripts, Methasoft, Titanium, and Netsmart Technologies. The remaining two (20.0%) did not report using electronic health records.

North Dakota Health Information Network

Respondents were also asked if they utilized the North Dakota Health Information Network to access patient information, and if they did not, their reasons for not doing so (n = 10). While four (40.0%) did utilize this service, six (60.0%) reported not using it. Reasons mentioned for not using the program included 42 CFR Part II restrictions, needing more education on it, not having access, or that the program was too cumbersome.

Receivers of Telebehavioral Health Services

Among the respondents surveyed, 44 facilities (43.6%) reported they received telebehavioral health services. These refer to the facilities that host the client who receives the clinical telebehavioral health intervention. Among the 44 receiver respondents, 38 (86.4%) indicated they received only mental health telebehavioral health services. Additionally, two (4.5%) solely provided substance abuse telebehavioral health services. The remaining four (9.1%) provided both substance abuse and mental health telebehavioral health services (Figure 11).
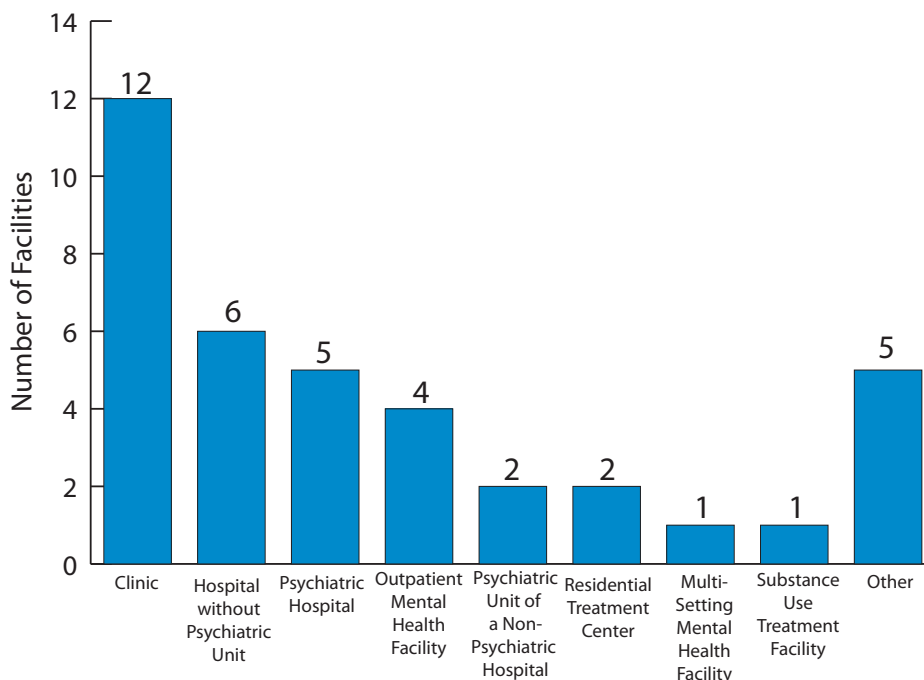
Figure 11. Telebehavioral Health Services Delivered by Receivers (n = 44)

Provider Site Demographics

Respondents were asked what type of facility they received telebehavioral health services from (i.e., the type of facility that provided the telebehavioral health services to their facility; Figure 12). Most receivers indicated the facility they received services from was a clinic (n = 12, 35.3%), hospital without a psychiatric unit (n = 6, 17.7%), or a psychiatric hospital (n = 5, 14.7%). Outpatient mental health facilities were also frequently utilized (n = 4, 11.8%). Those in the "Other" category included independent physician/physician practices and private groups.

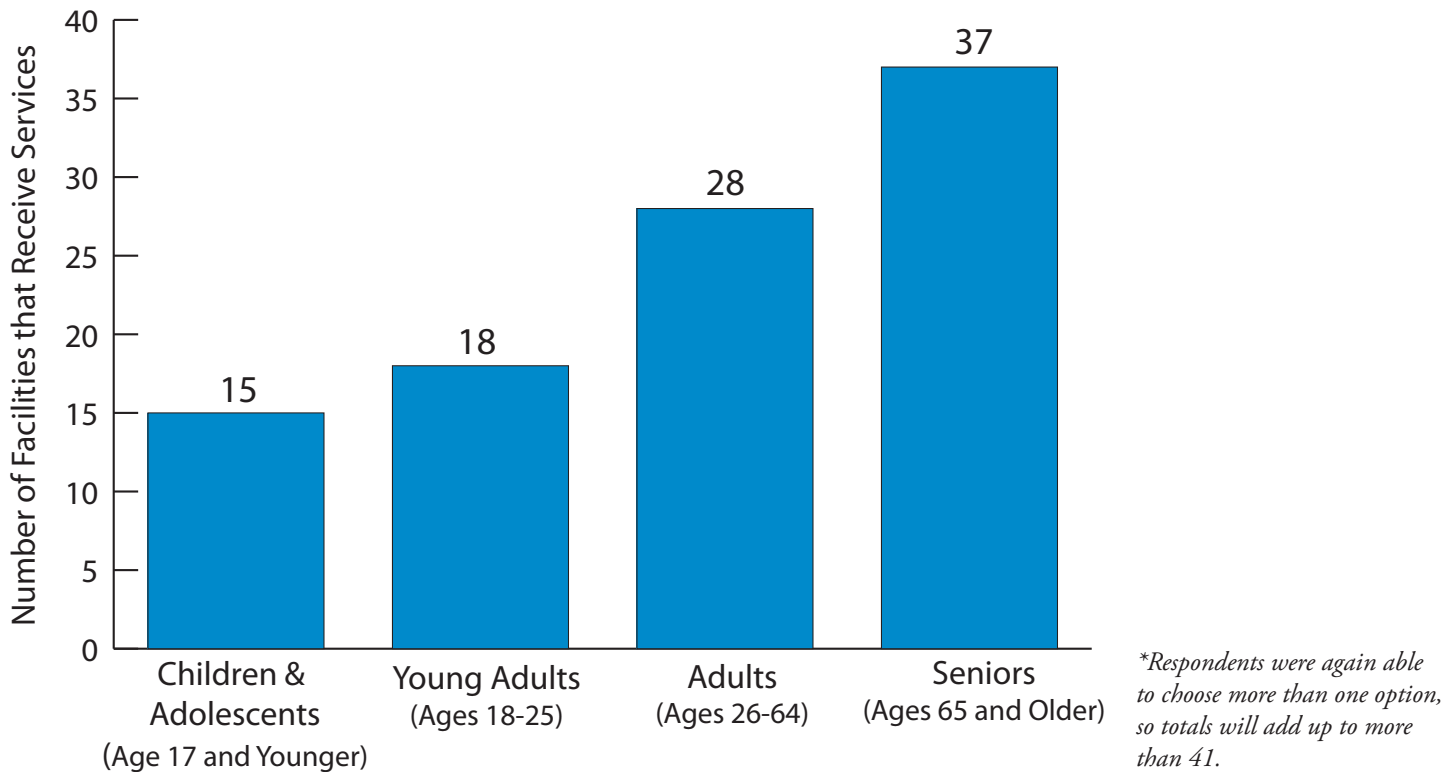**Figure 12. Type of Facility Providing Telebehavioral Health Services (n = 34)***

Respondents were able to choose more than one option for this question; as a result, totals add up to greater than 34.

Respondents were asked to name the locations currently providing telebehavioral health services to their facilities (n = 37). The majority of receivers indicated they only received telebehavioral services from one provider facility (n = 34, 91.9%). Only one facility (2.7%) received services from two providers; two (5.4%) received services from three providers.

Population and Age Groups Served

Respondents were asked to choose what age groups they received telebehavioral health services for; the results are shown in Figure 13. The majority of facilities received telebehavioral health services for seniors ages 65 and older (n = 37, 90.2%). This was followed by adults (ages 26-64; n = 28, 68.3%) and young adults (ages 18-25; n = 18, 43.9%). Only 15 facilities (36.6%) reported receiving telebehavioral health services for children and adolescents ages 17 and younger. In addition to age groups, receiver respondents were also asked if they delivered services to special populations. Here, 17 (41.5%) reported receiving services for veterans, and 13 (31.7%) reported receiving services for American Indians.

Figure 13. Age Groups Receiving Telebehavioral Health by Receiving Facility (n = 41)*

*Respondents were again able to choose more than one option, so totals will add up to more than 41.

Length of Telebehavioral Health Service Coverage

The number of years the facility received telebehavioral health services for clients was also assessed (Figure 14). The majority of telebehavioral health receivers had only been receiving services for clients for less than one year (n = 21, 50.0%). Eleven respondents (26.2%) had been receiving services for 1-3 years, and seven (16.7%) had been receiving telebehavioral health services for 3-5 years. Only three (7.1%) had been delivering services for five years or more.

Figure 14. Number of Years Facility Received Telebehavioral Health Services (n = 42)

Emergency Telebehavioral Health Services

In addition to the number of years the facilities had been receiving services, respondents were also asked if their facilities received emergency telebehavioral health services. In this context, emergency telebehavioral health services were defined as:
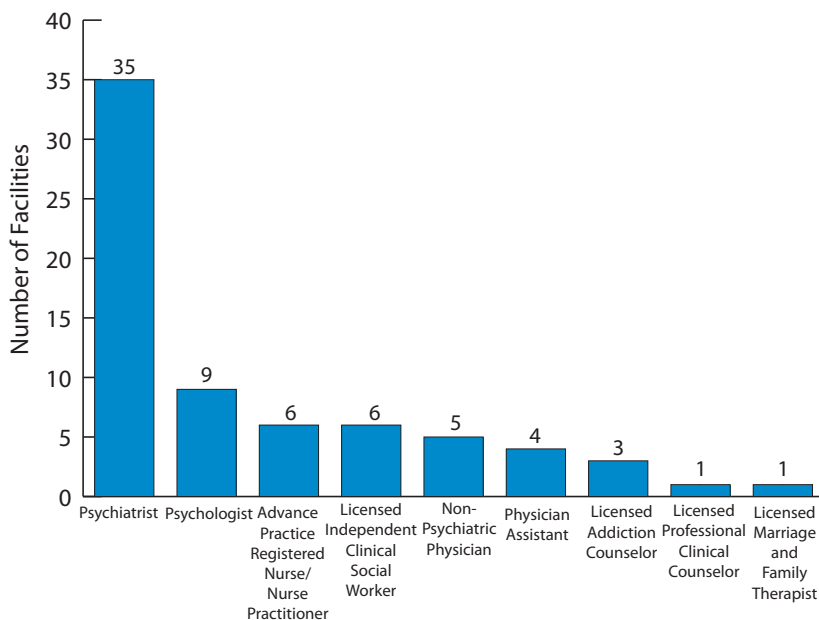
The provision of behavioral health services using electronic communication, video conferencing (i.e., telephone, the internet, smartphone, tablet, a PC desktop system, etc.), or other secure interactive communication technology for clients/patients who present to an emergency department or urgent care and are identified as having a behavioral health crisis that may present a danger to themselves or others and are in need of immediate assistance.

Among the 44 respondents, 21 (47.8%) responded they received emergency telebehavioral health services. Facility types of respondents who received emergency services included 11 CAHs, 8 long-term care facilities, 1 tertiary health system, and 1 hospital-inpatient setting. The remaining 23 (52.3%) did not receive emergency telebehavioral health services.

Provider Practitioner Types

Respondents were also asked to indicate the types of practitioners who provided telebehavioral health services to clients in their receiving facilities. As can be seen in Figure 15, psychiatrists (n = 35, 85.4%) were the most commonly reported type of practitioner. This was followed by psychologists (n = 9, 22.0%), advance practice registered nurse/nurse practitioners (n = 6, 14.6%), and licensed independent clinical social workers (n = 6, 14.6%), among others.

Figure 15. Telebehavioral Health Services Provider Practitioner Types (n = 41)*

Respondents were able to choose more than one option for this question; totals will add up to greater than 41.
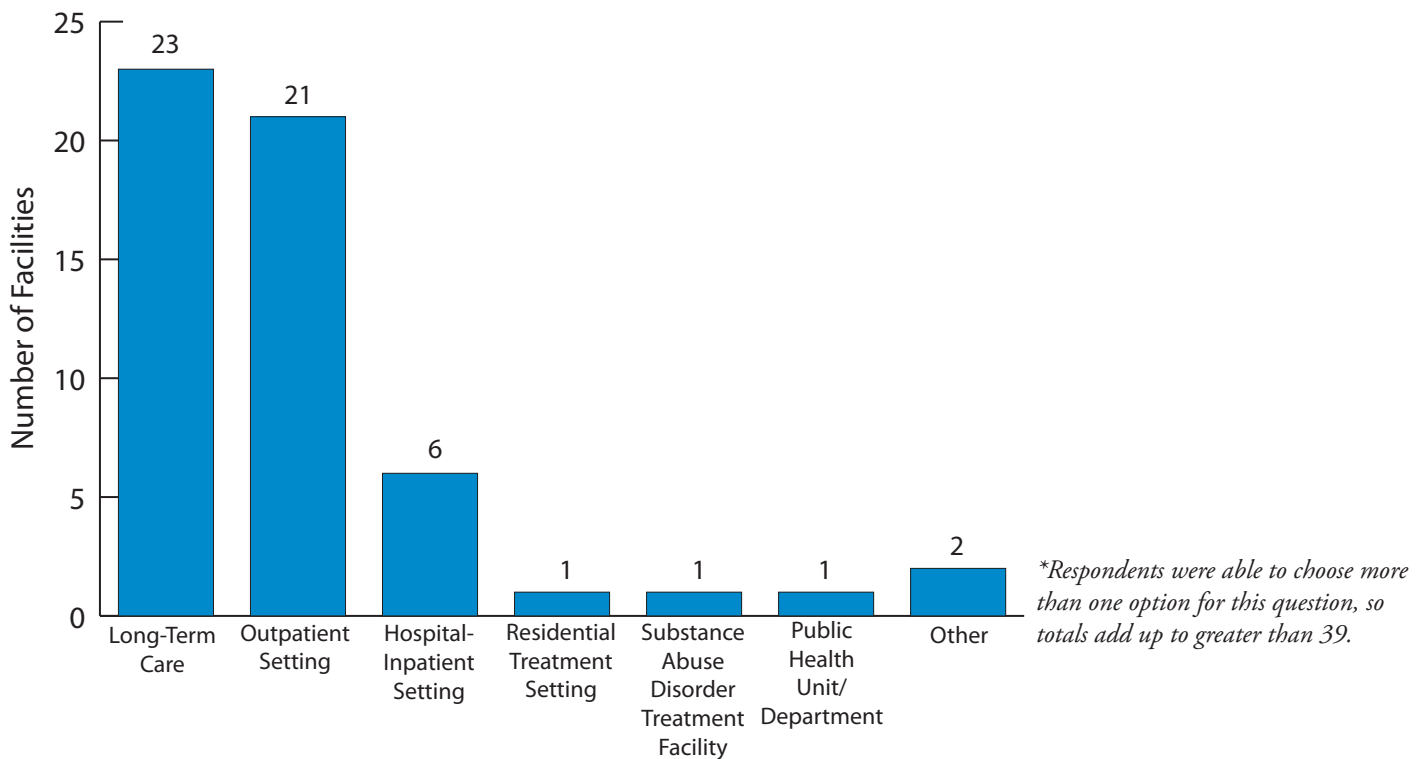
Receiver respondents were asked whether the behavioral health professionals who provided telebehavioral services to their facility were employed, contracted, or if there was another type of arrangement (n = 37). Most receiver facilities (n = 30, 81.1%) reported they contracted with the behavioral health providers to receive services. Three (8.1%) indicated they employed professionals. Six (16.2%) stated they utilized a different type of setup, such as in-kind services, independent providers, or service agreements. Respondents were able to choose more than one answer, so totals add up to greater than 37.

Receiver Site Demographics

Respondents were asked to provide the number of locations that currently received telebehavioral health services (n = 36). Most receiver facilities (n = 33, 91.7%) indicated that such services were only received at one location (i.e., their facility). Two respondents (5.6%) indicated they received telebehavioral health services at two locations, and one (2.8%) received services at five locations in North Dakota.

Respondents were also asked about the type of facility in which they received telebehavioral health services (i.e., the receiver site in which clients are seen). According to receivers, most clients were primarily seen in long-term care facilities (n = 23, 59.0%) and outpatient settings (n = 21, 53.9%), followed by hospitals – inpatient settings (n = 6, 15.4%). For answers in the "Other" category, both respondents reported that clients were seen in the emergency room (Figure 16).

Figure 16. Facility Type in which Patients Receiving Telebehavioral Health Services Are Being Seen (n = 39)*

*Respondents were able to choose more than one option for this question, so totals add up to greater than 39.

The number of patients who received telebehavioral health services in each facility also varied greatly (n = 38). While some respondents indicated they were unsure or stated that services were available as needed (n = 3, 7.9%), others noted that their system implementation was still too new to report numbers yet (n = 2, 5.3%). Seventeen (44.7%) reported they typically saw fewer than 10 clients at their receiver site; four (10.5%) said they received between 10 and 15 clients; and five (13.2%) saw between 20 and 27 clients. Four (10.5%) reported seeing between 30 and 40 clients per month, and three (7.9%) saw more than 50.

Telebehavioral Health Services Availability

Respondents were also asked open-ended questions to indicate the number of days per week and hours per day that their facilities received telebehavioral health services for clients (n = 39). Regarding the number of days that services were received, 13 respondents (33.3%) indicated they received services for clients approximately 1-2 days per month, although some offered them as few as 1 day every 2-3 months, or ½ day every other month (n = 2, 5.1%). Eleven respondents (28.2%) reported delivering services two or fewer days per week; two (5.1%) received services between three and five days a week. Only two respondents (5.1%) respondents indicated that services were received seven days a week. In one facility (2.6%), services were only used in the emergency department. Finally, many of the receivers reported they only delivered services to clients as needed (n = 8, 20.5%).
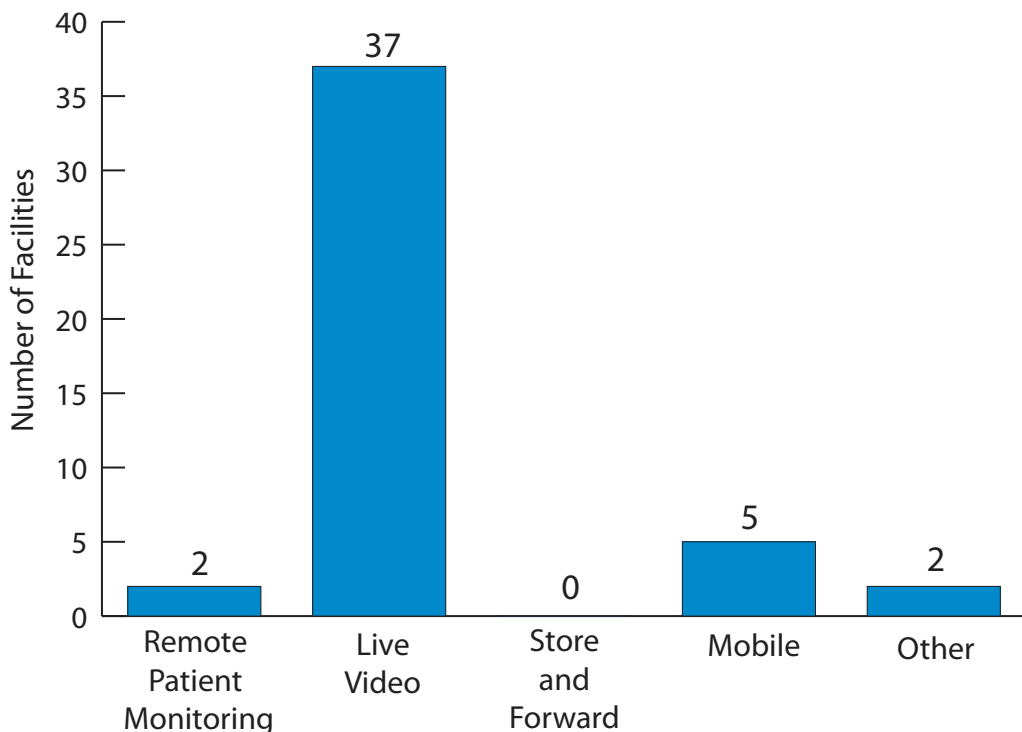
The number of hours per day that receiver facilities delivered telebehavioral health services also varied (n = 38). Eight (21.1%) reported that appointments were provided as needed or they were unsure of the number of hours. Two facilities (5.3%) offered 3-4 hours of telebehavioral health services every other month. In addition, seven respondents (18.4%) offered services between one hour and eight hours each month. Most locations indicated they received services for six or fewer hours each day (n = 18, 47.4%), with only three (7.9%) reporting eight hours a day.

Receivers were also asked how long it takes to obtain a telebehavioral health appointment (n = 30). Thirteen (43.3%) indicated they were unsure or that the provider facility handled scheduling, that services were received as needed, that there was a standing arrangement, or that appointments were already made on a scheduled basis. Three respondents (10.0%) said clients could get an appointment the same day, whereas seven (23.3%) reported that clients could get an appointment in a week or less. Additionally, seven (23.3%) indicated it took one month for clients to get an appointment. In emergency cases, however, many respondents reported that clients could obtain appointments sooner.

Technology

Receiver respondents were also asked what technology equipment was necessary in order to receive telebehavioral health services in their facilities. Results are shown in Figure 17. The majority of respondents (n = 37, 92.5%) indicated they utilized live video as the primary method of receiving telebehavioral health services. Mobile (n = 5, 12.5%) and remote patient monitoring (n = 2, 5.0%) were also utilized. No respondents utilized Store and Forward technology. The "Other" category was based on one response in which the respondent noted a laptop app was used.

Figure 17. Type of Technology Used to Deliver Telebehavioral Health Services (n = 40)*

* Respondents were able to choose more than one option for this question, so totals add up to greater than 40.

Payment Information

Receivers were asked to indicate what payment and insurance options were accepted for telebehavioral health services received by their facility. As seen in Figure 18, facilities were most likely to accept Medicaid (n = 29, 76.3%), Medicare (n = 27, 71.1%), private health insurance (n = 22, 57.9%), and cash or self-payment (n = 17, 44.7%), among others. Of those who indicated "Other," one respondent reported Medicare supplements; the remaining indicated the provider of telebehavioral health services does the billing. Twenty-seven respondents (75.0%) did not offer payment assistance. Among the nine (25.0%) that did, charity care was frequently mentioned; other options included grants, substance use disorder (SUD) vouchers, and other forms of financial assistance.

Figure 18. Receiver Payment and Insurance Options for Telebehavioral Health Services (n = 38)*

*Respondents were able to choose more than one answer for this question, so the overall totals are greater than 38.
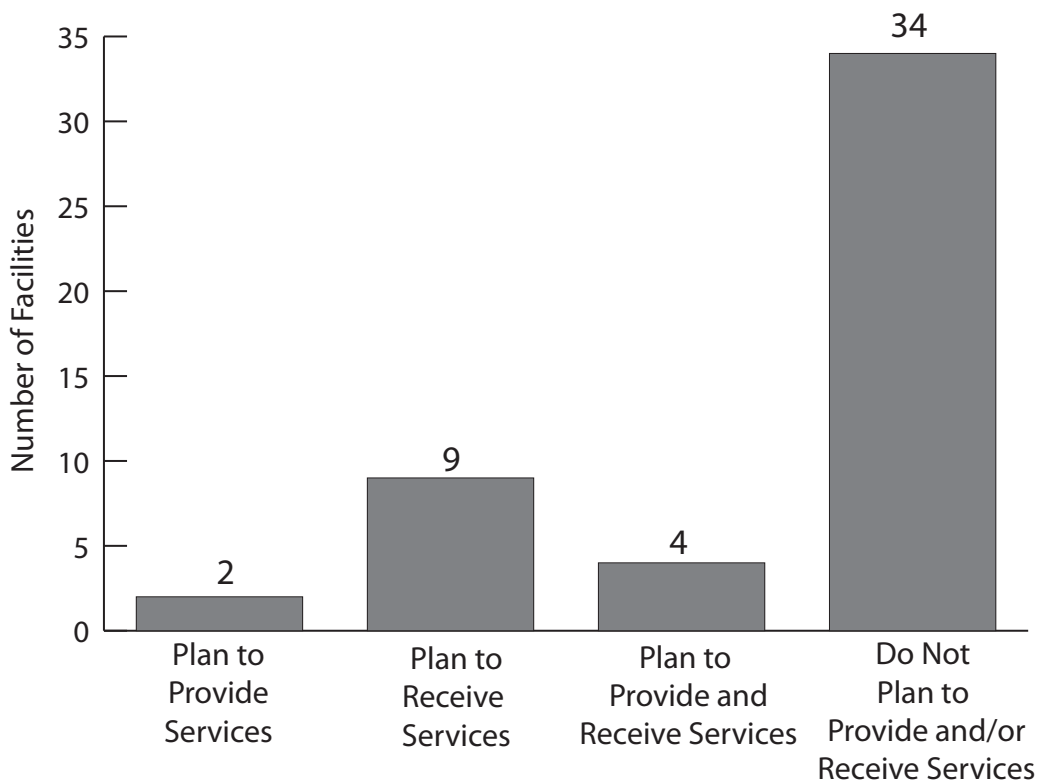
No Current Telebehavioral Health Services

There were 51 facilities (50.5%) that reported they had neither provided nor received telebehavioral health services.

Future Intent to Provide and/or Receive Telebehavioral Health Services

Respondents currently not involved in telebehavioral health services were asked if they planned to provide or receive services in the future. As seen in Figure 19, most facilities did not plan on incorporating telebehavioral health services into their behavioral health program (n = 34, 69.4%). If facilities did plan on utilizing telebehavioral health, they were most likely to report planning to receive it (n = 9, 18.4%).

Figure 19. Future Intent to Utilize Telebehavioral Health Services (n = 49)

Respondents who did not plan to utilize telebehavioral health services in the future consisted of 13 long-term care facilities, 11 public health unit/departments, 5 CAHs, as well as 1 respondent each from a psychiatric hospital, substance use disorder treatment facility, outpatient setting, partial hospitalization/day treatment, and residential treatment setting. Respondents who planned to receive services included five long-term care facilities, three CAHs, and one public health unit/department. Those who planned to provide services included one tertiary health system, and one CAH. Finally, those who planned to provide and receive telebehavioral health services included two public health units/departments and two federally qualified health centers.

Potential Barriers in Utilizing Telebehavioral Health Services

Respondents were asked what the primary challenges or barriers were that prevented them from utilizing telebehavioral health services (Table 2). The most commonly reported barrier was lack of behavioral health providers (n = 17, 36.2%), followed by equipment and staff costs (n = 13, 27.7%), and lack of clear, standardized regulatory guidelines (n = 13, 27.7%). Additionally, 13 respondents (27.7%) reported being able to meet their behavioral health service needs with in-house/local behavioral health providers. There were some respondents who supplied additional reasons, including lack of infrastructure space, telebehavioral health being outside their area of expertise, underutilized services, and being in the process of exploring potential options.

Table 2. Potential Challenges and Barriers in Utilizing Telebehavioral Health Services (n = 47)*

Barrier	N	Percent
Lack of Behavioral Health Providers	17	36.2%
Equipment and Staff Costs	13	27.7%
Lack of Clear, Standardized Regulatory Guidelines	13	27.7%
Practice/Organization Able to Meet Needs with In-house/Local Behavioral Health Providers	13	27.7%
Difficult to Implement and Sustain	10	21.3%
Privacy and Security Concerns	9	19.2%
Providers and Other Health Professional Staff Learning, Utilizing, and Keeping Current on the Equipment/Technology	8	17.0%
Patient/Client Acceptance of Receiving Behavioral Health Services Using Telebehavioral Health	7	14.9%
Telebehavioral Health Services Are Reimbursed at a Lower Rate than In-person or Not-At-All	6	12.8%
IT Staff Not Familiar with Equipment/Telebehavioral Health Technology	5	10.6%
Inadequate Technology and Connectivity Issues	5	10.6%
Provider Acceptance, Still Considered Experimental	3	6.4%
Telemedicine Company	1	0.9%
SUD/Facility/Treatment Provider	1	0.9%
Private-for-Profit Behavioral Health Agency	1	0.9%

Respondents were able to choose more than one option for this question, so percentages add up to greater than 100.0%.

Discussion

Telebehavioral health services fill an important role in delivering mental health and substance abuse services to individuals in North Dakota. Because these services are able to connect health professionals and clients across distances, this technology has the potential to deliver behavioral healthcare to areas that are currently underserved.

The current study examined demographic factors regarding facilities in North Dakota that either provided or received telebehavioral health services, in addition to those that were not presently utilizing it. In this context, providers of telebehavioral health services again refer to facilities that offer the clinical intervention of telebehavioral health services; receivers are those facilities that host the client who receives the clinical telebehavioral health intervention. A brief overview of each telebehavioral health respondent type is provided below.

Telebehavioral Health Providers

There are currently at least 10 facilities providing telebehavioral health services to North Dakota. With two facilities providing substance abuse services, four providing mental health services, and four providing both, there was not a significant difference in types of telebehavioral health programs offered among them. Provider facilities were most likely operating out of a clinic (n = 4, 40.0%), and although they served clients of all age groups, they were especially likely to report providing services to young adults (ages 18-25; 100.0%), adults (ages 26-64; 100.0%), and seniors (ages 65 and older; n = 9, 90.0%).

The majority of telebehavioral health providers had been providing services for approximately 1-3 years (n = 4, 40.0%); most did not offer emergency telebehavioral health services (n = 7, 70.0%). Provider respondents indicated that advance practice RNs/nurse practitioners (n = 6, 60.0%) and psychiatrists (n = 6, 60.0%) were most likely to provide telebehavioral health services to clients in receiver facilities.

On average, respondents provided services to 11 receiver facilities, most of which were outpatient settings (n = 7, 70.0%). The number of clients the facility provided services to varied, with some reporting a minimum of 11 clients and others serving approximately 2,900 per month. All respondents reported using live video (100.0%) as the primary technological requirement.

Regarding payment services, cash or self-payment (n = 8, 80.0%), private health insurance (n = 6, 60.0%), and Medicaid (n = 6, 60.0%) were the most commonly accepted; half (n = 5, 50.0%) did not offer payment assistance.

Telebehavioral Health Receivers

There are currently at least 44 facilities that are receiving telebehavioral health services in North Dakota. The majority of receiver facilities reported primarily delivering mental health services (38), two provided substance abuse services, and three provided both types. Receivers of telebehavioral health were most likely to be in either long-term care (n = 23, 59.0%) or an outpatient setting (n = 21, 53.9%). Similarly, most respondents received services for seniors (ages 65 and older; n = 37, 90.2%), although adults (ages 26-64; n = 28, 68.3%) were also frequently reported.

Half (n = 21) of the facilities had received telebehavioral health services for less than one year, although 11 (26.2%) reported between one and three years. Twenty-three facilities (52.3%) did not receive emergency telebehavioral health services. Receiver respondents were most likely to indicate that psychiatrists (n = 35, 85.4%) were the main behavioral health professionals providing services to their clients.

Most receiver sites only received services from one provider (n = 33, 91.7%). Such services were typically provided to fewer than 10 clients (n = 17, 44.7%), although 16 (42.1%) saw more than 10 clients. With regard to technology, most receiver facilities utilized live video (n = 37, 92.5%), although mobile technologies were also sometimes used (n = 5, 12.5%). Concerning payment, most facilities accepted Medicaid (n = 29, 76.3%) and Medicare (n = 27, 71.1%), among others. Approximately 75.0% did not offer payment assistance.

Facilities Not Currently Utilizing Telebehavioral Health Services

Of the 101 survey respondents, 51 did not report providing or receiving telebehavioral health services. When asked about future intentions, most indicated they did not plan to utilize telebehavioral health services in the future (n = 34, 69.4%), although some facilities did report planning to receive them (n = 9, 18.4%). The most common barrier listed among those not utilizing telebehavioral health services was lack of behavioral health providers (n = 17, 36.2%), followed by equipment and staff costs (n = 13, 27.7%), and lack of clear, standardized regulatory guidelines (n = 13, 27.7%).

DHS Regions

There is at least one telebehavioral health provider facility in each of the eight DHS state regions in North Dakota, with the exception of Region 8; however, there are currently plans in preparation to provide services in that region. As a whole, slightly more of the receiver sites are present on the eastern side of North Dakota, particularly in Regions 4, 5, and 6, although they exist throughout the state.

Rural versus Urban

Among providers of telebehavioral health in North Dakota, nine (75.0%) were located in urban areas and three (25.0%) were in rural areas (one respondent completed the survey for more than one location). One additional provider respondent was a facility located out of state that provided services to North Dakota locations. Of the 44 facilities receiving telebehavioral health services, 33 (75.0%) were in rural areas. Among the 51 facilities that were not currently utilizing telebehavioral health services, 34 (66.7%) were located in rural areas.

Limitations

Telebehavioral services within the state of North Dakota are a very interconnected network of programs, with many facilities providing services to a number of locations, others receiving services from several providers, and some facilities sharing services between multiple locations. As a result, despite efforts to reach out to all the places that could have possibly offered or received telebehavioral health services, it is possible that some locations may not have been surveyed or that some responses may be incomplete. For example, all provider respondents indicated using live video as their only type of technology (with the exception of one facility that used live video and mobile), yet several receiver respondents also reported using remote patient monitoring and mobile services. This discrepancy suggests that not all sites providing or receiving telebehavioral health services to North Dakota were surveyed.

Additionally, despite providing definitions, some facilities may have been mistaken regarding their roles as providers or receivers of services, and may therefore have completed the wrong section of the survey. Responses of this nature were flagged and corrected as necessary. To the best of our knowledge, all potential duplicates of information were removed. For example, if one facility filled out the survey on behalf of other facilities, and responses were obtained from the other facilities, we did not count both responses.

Conclusion

With most provider facilities of telebehavioral health services existing in urban areas and providing services primarily to rural areas, telebehavioral health services provides one way to increase access to behavioral health services for individuals in underserved areas. In addition, many receiver locations had reported offering services for less than one year, indicating that the use of telebehavioral health services in North Dakota is a growing trend in the state.

Although most providers reported offering mental health and/or substance abuse services, receivers of telebehavioral health primarily delivered only mental health services to their clients; reports of substance abuse programs were relatively low. This may be reflective, to some degree, of the type of receiver sites utilizing telebehavioral health services, as 59.0% identified as long-term care facilities, although 53.9% were outpatient settings. In addition, while most provider and receiver facilities reported delivering telebehavioral services to young adults, adults, and seniors, comparably few offered services to children and adolescents 17 and younger (60.0% of providers and 36.6% of receivers).

Results suggest that working to increase the number of behavioral health providers who can provide telebehavioral health services may be beneficial, as 80.0% of provider facilities reported they did not have enough provider time to meet the need for telebehavioral health services. Similarly, lack of behavioral health providers was the most commonly cited barrier among facilities not currently utilizing telebehavioral health services. However, each facility's current demand for telebehavioral health services must be taken in to account, as many locations not currently utilizing services also indicated they were able to meet their behavioral health needs with local providers.

The telebehavioral health programs in North Dakota appear to be in various stages of progress. Many of the receiver programs are still in their early stages and therefore may not deliver services to a large number of clients. In contrast to this are the larger, more established provider facilities that serve close to 3,000 clients per month at receiver sites across the state. As a whole, telebehavioral health programs appear to be serving an important role in connecting clients with needed mental health and substance abuse services across the state.

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Appendix A

Introduction:

In the following study, the term ***telebehavioral health services*** refers to the use of electronic communication and information technologies to provide or support real-time psychiatric, psychological, mental health, marriage and family, social work services, and/or addiction counseling at a distance. This includes the use of video conferencing (i.e., the internet, smartphone, tablet, PC desktop system, etc.) or other interactive communication technology to provide behavioral health assessment, diagnosis, intervention, consultation, supervision, education and information to a client/patient across a distance.

Providing telebehavioral health services refers to the practice/organization that offers the clinical intervention of telebehavioral health services.

Receiving telebehavioral health services refers to the practice/organization that hosts the client/patient that receives the clinical telebehavioral health intervention.

1. What is the <u>name</u> of your practice/organization?

2. What type of facility most accurately reflects your practice/organization?
   - ☐ Tertiary Health System
   - ☐ Human Service Center
   - ☐ Hospital – Inpatient Setting
   - ☐ Residential Treatment Setting
   - ☐ Partial Hospitalization/Day Treatment
   - ☐ Outpatient Setting
   - ☐ Corrections
   - ☐ Long-Term Care
   - ☐ Substance Use Disorder Treatment Facility
   - ☐ Public Health Unit/Department
   - ☐ Home
   - ☐ Other:

3. Please list the *primary* location of your practice/organization.

4. Does your practice/organization engage in the following? Please check all that apply:
   - ☐ <u>Provides</u> substance abuse telebehavioral health services
   - ☐ <u>Provides</u> mental health telebehavioral health services
   - ☐ <u>Receives</u> substance abuse telebehavioral health services
   - ☐ <u>Receives</u> mental health telebehavioral health services
   - ☐ Neither provides nor receives substance abuse or mental health telebehavioral health services

Providers of Substance Abuse and/or Mental Health Telebehavioral Health Services:

Please answer the following questions about telebehavioral health services that your practice/organization ***provides***.

Providing telebehavioral health services refers to the practice/organization that offers the clinical intervention of telebehavioral health services.

5. To what populations does your practice/organization provide telebehavioral health services? Please check all that apply.
   - ☐ Children/Adolescents (Age 17 and Under)
   - ☐ Young Adults (Ages 18-25)
   - ☐ Adults (Ages 26-64)
   - ☐ Seniors (Ages 65 and Older)
   - ☐ Veterans
   - ☐ American Indians

6. In your practice/organization, what type of practitioners provide telebehavioral health services? Please check all that apply.
   - ☐ Non-Psychiatric Physician(s)
   - ☐ Psychiatrist(s)
   - ☐ Psychologist(s)
   - ☐ Advance Practice Registered Nurse (APRN)/Nurse Practitioner
   - ☐ Physician Assistant (PA)
   - ☐ Licensed Addiction Counselor (LAC)
   - ☐ Licensed Independent Clinical Social Worker (LICSW)
   - ☐ Licensed Professional Clinical Counselor (LPCC)
   - ☐ Licensed Marriage and Family Therapist (LMFT)
   - ☐ Other:

7. How many <u>years</u> has your practice/organization offered telebehavioral health services?
   - ☐ Less than 1 year
   - ☐ 1-3 years
   - ☐ 3-5 years
   - ☐ 5 years or more

8. Does your practice/organization provide <u>*emergency*</u> telebehavioral health services? Emergency telebehavioral health services refers to the provision of behavioral health services using electronic communication, video conferencing (i.e., telephone, the internet, smartphone, tablet, a PC desktop system, etc.), or other secure interactive communication technology for clients/patients who present to an emergency department or urgent care and are identified as having a behavioral health crisis that may present a danger to themselves or others and are in need of immediate assistance.
   - ☐ Yes
   - ☐ No

9. From what type of practice/organization do you provide telebehavioral health services?
   - ☐ Clinic
   - ☐ Community Health Center
   - ☐ Hospital without Psychiatric Unit
   - ☐ Psychiatric Hospital
   - ☐ Psychiatric Unit of a Non-Psychiatric Hospital
   - ☐ Residential Treatment Center

- Other Residential Treatment Facility
- Partial Hospitalization/Day Treatment
- Outpatient Mental Health Facility
- Human Service Center
- Multi-setting Mental Health Facility
- Substance Use Treatment Facility
- Local Public Health Unit/Department
- Long-Term Care Facility
- Social Services
- Provider's Home
- Other: _____

10. Please list the <u>practice/organization name</u> and <u>city</u> of the location(s) (North Dakota only) to which your practice is currently providing telebehavioral health services.

11. How many <u>days per week</u> (in total) does your practice/organization provide telebehavioral health services?

12. How many <u>hours per day</u> (in total) does your practice/organization provide telebehavioral health services?

13. How many patients (in total) does your practice/organization provide telebehavioral health services to each month?

14. On average, how long does it take for clients/patients to get an appointment for telebehavioral health services from your practice/organization?

15. Does your practice/organization have enough provider time to meet the need for telebehavioral health services?
- Yes
- No: _____

16. In what type of facility are the clients/patients that you provide telebehavioral health services being seen? Please check all that apply.
- Hospital – Inpatient Setting
- Residential Treatment Setting
- Partial Hospitalization/Day Treatment
- Outpatient Setting
- Corrections
- Long-Term Care
- Substance Use Disorder Treatment Facility
- Public Health Unit/Department
- Home
- Other: _____

17. What technology does your practice/organization use to deliver telebehavioral health services?
    - ☐ Remote Patient Monitoring
    - ☐ Live Video
    - ☐ Store and Forward
    - ☐ Mobile
    - ☐ Other: _____

18. Does your practice/organization utilize an electronic health record? If yes, please indicate what vendor.
    - ☐ Yes: _____
    - ☐ No

19. Do your providers access patient information using the North Dakota Health Information Network (NDHIN)? If not, please indicate why.
    - ☐ Yes
    - ☐ No: _____

20. What payment/insurance options are accepted for telebehavioral health services that are provided by your practice/organization?
    - ☐ Cash or Self-Payment
    - ☐ Private Health Insurance
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ Public Health Insurance
    - ☐ Other Government Insurance
    - ☐ Service Contract Arrangement
    - ☐ Other: _____

21. Is there payment assistance available for telebehavioral health services provided by your practice/organization? If yes, please explain.
    - ☐ Yes: _____
    - ☐ No

Receivers of Substance Abuse and/or Mental Health Telebehavioral Health Services:

Please answer the following questions about telebehavioral health services that your practice/organization ***receives***.

Receiving telebehavioral health services refers to the practice/organization that hosts the client/patient that receives the clinical telebehavioral health intervention.

22. What populations, within your practice/organization, receive treatment through telebehavioral health services? Please check all that apply.
    - ☐ Children/Adolescents (Age 17 and Under)
    - ☐ Young Adults (Ages 18 – 25)
    - ☐ Adults (Ages 26 – 64)
    - ☐ Seniors (Ages 65 and Older)

- ☐ Veterans
- ☐ American Indians

23. What type of practitioner(s) provides the telebehavioral health services to your clients/patients? Please check all that apply.
    - ☐ Non-Psychiatric Physician(s)
    - ☐ Psychiatrist(s)
    - ☐ Psychologist(s)
    - ☐ Advanced Practice Registered Nurse (APRN)/Nurse Practitioner
    - ☐ Physician Assistant (PA)
    - ☐ Licensed Addiction Counselor (LAC)
    - ☐ Licensed Independent Clinical Social Worker (LICSW)
    - ☐ Licensed Professional Clinical Counselor (LPCC)
    - ☐ Licensed Marriage and Family Therapists (LMFT)
    - ☐ Other: _____

24. Are the behavioral health professionals providing telebehavioral health services for your practice/organization:
    - ☐ Employed
    - ☐ Contracted
    - ☐ Other: _____

25. How many <u>years</u> has your practice/organization received telebehavioral health services?
    - ☐ Less than 1 year
    - ☐ 1-3 years
    - ☐ 3-5 years
    - ☐ 5 years or more

26. Please list the <u>practice/organization name</u>, <u>city</u>, and <u>state</u> currently providing telebehavioral health services to your clients/patients.

27. Does your practice/organization receive <u>*emergency*</u> telebehavioral health services? Emergency telebehavioral health services refers to the provision of behavioral health services using electronic communication, video conferencing (i.e., telephone, the internet, smartphone, tablet, a PC desktop system, etc.), or other secure interactive communication technology for clients/patients who present to an emergency department or urgent care and are identified as having a behavioral health crisis that may present a danger to themselves or others and are in need of immediate assistance.
    - ☐ Yes
    - ☐ No

28. From what type of practice/organization do you receive telebehavioral health services?
    - ☐ Clinic
    - ☐ Community Health Center
    - ☐ Hospital without Psychiatric Unit
    - ☐ Psychiatric Hospital

- ☐ Psychiatric Unit of a Non-Psychiatric Hospital
- ☐ Residential Treatment Center
- ☐ Other Residential Treatment Facility
- ☐ Partial Hospitalization/Day Treatment
- ☐ Outpatient Mental Health Facility
- ☐ Human Service Center
- ☐ Multi-setting Mental Health Facility
- ☐ Substance Use Treatment Facility
- ☐ Local Public Health Unit/Department
- ☐ Long-Term Care Facility
- ☐ Social Services
- ☐ Other: _____

29. Please list the practice/organization name and city of the location(s) (North Dakota only) currently receiving telebehavioral health services.

30. How many days per week (in total) does your practice/organization receive telebehavioral health services?

31. How many hours per day (in total) does your practice/organization receive telebehavioral health services?

32. How many patients (in total) does your practice/organization receive telebehavioral health services from each month?

33. On average, how long does it take for clients/patients to get an appointment for telebehavioral health services?

34. In what type of facility are the clients/patients that receive telebehavioral health services being seen? Please check all that apply.
- ☐ Hospital – Inpatient Setting
- ☐ Residential Treatment Setting
- ☐ Partial Hospitalization/Day Treatment
- ☐ Outpatient Setting
- ☐ Corrections
- ☐ Long-Term Care
- ☐ Substance Use Disorder Treatment Facility
- ☐ Public Health Unit/Department
- ☐ Home
- ☐ Other: _____

35. What technology does your practice/organization use to receive telebehavioral health services?
- ☐ Remote Patient Monitoring
- ☐ Live Video
- ☐ Store and Forward
- ☐ Mobile

    ☐ Other: _____

36. What payment/insurance options are accepted for telebehavioral health services that are received by your practice/organization?
    - ☐ Cash or Self-Payment
    - ☐ Private Health Insurance
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ Public Health Insurance
    - ☐ Other Government Insurance
    - ☐ Service Contract Arrangement
    - ☐ Other: _____

37. Is there payment assistance available for telebehavioral health services received by your practice/organization? If yes, please explain.
    - ☐ Yes: _____
    - ☐ No

Do Not Provide or Receive Telebehavioral Health Services:

38. If your practice currently does not provide or receive telebehavioral health services, do you plan to in the future?
    - ☐ Yes, we plan to provide services
    - ☐ Yes, we plan to receive services
    - ☐ Yes, we plan to provide and receive services
    - ☐ No

39. If you do not currently provide or receive telebehavioral health services, what are the primary challenges or barriers for not doing so? Please check all that apply.
    - ☐ Lack of behavioral health providers
    - ☐ Equipment and staff costs
    - ☐ Providers and other health professional staff learning, utilizing, and keeping current on the equipment/technology
    - ☐ IT staff not familiar with equipment/telehealth technology
    - ☐ Inadequate technology and connectivity issues
    - ☐ Difficult to implement and sustain
    - ☐ Provider acceptance, still considered experimental
    - ☐ Client/Patient acceptance of receiving behavioral health services using telehealth
    - ☐ Lack of clear, standardized regulatory guidelines
    - ☐ Privacy and security concerns
    - ☐ Telebehavioral health services are reimbursed at a lower rate than in-person or not at all
    - ☐ Our practice/organization is able to meet the needs with in-house/local behavioral health providers
    - ☐ Other: _____