

## **MHANJ – ICMS Telehealth Study Description – 2021**

### Purpose

The purpose of this survey was to evaluate ICMS consumers' experiences with teletherapy.

### Methods

#### Sampling

Random sampling was used to survey ICMS consumers within the state of New Jersey. Full time ICMS case managers were initially tasked with asking the first client of the day for five days to participate in the survey. Due to time and staffing constraints, the sampling exceeded the five days and final consumers per county can be seen below. Additionally, in high census areas (Essex, Middlesex, Camden), case managers were tasked with sampling a total of ten clients, resulting in a total sampling frame of 878 ICMS consumers. Figure 1 is presented and explained below with additional sampling information.

### Measures

An electronic survey was administered by the case managers. In June 2020, a pilot study was conducted to gather preliminary information about consumers experiences. Results from the pilot were then used to inform the survey used for this study. Questions for consumers included demographics, Likert type scales (please rate on a scale of 1 to 4), and others regarding various experiences with teletherapy.

### Results

878 ICMS consumers were asked to participate in the electronic survey. Of those asked, 95% agreed to participate (n=832). Demographics were also gathered for respondents. Camden County (n=141) and Essex County (n=93) had the highest number of respondents while more than half of the respondents (58%) were over 45 years of age. Figure 1 shows the annual census estimates for each county, the total responses per county and the percentage of consumers represented in this study. Burlington and Morris counties were oversampled in this survey while Gloucester, Cumberland, Somerset and Cape May counties were under sampled.

Figure 1. ICMS Census and Demographic Breakdown

	ICMS Census as of 12/2020	Responses per county	% represented by Survey
Atlantic	189	39	21%
Bergen	110	30	27%
Burlington	32	36	113%
Camden	232	141	61%
Cape May	154	7	5%
Cumberland	593	13	2%
Essex	227	93	41%
Gloucester	255	19	7%
Hudson	77	20	26%
Hunterdon	165	16	10%
Mercer	95	26	27%
Middlesex	85	16	19%
Monmouth	195	61	31%
Morris	30	30	100%
Ocean	243	28	12%
Passaic	130	38	29%
Salem	267	34	13%
Somerset	170	10	6%
Sussex	130	14	11%
Union	105	50	48%
Warren	123	35	28%
<b>TOTAL</b>	<b>3607</b>	<b>759</b>	

Information was also gathered on ICMS services. Half of respondents (50.46%) have been receiving ICMS services for over a year. Respondents were referred to ICMS services most often from community agencies (47.17%) and hospitals (34%) with a small percentage being referred from jail or prisons (<1%).

The majority of respondents (91%) have participated in teletherapy since the start of the COVID 19 pandemic, with most reporting they have received teletherapy for case management services (92%). Respondents have also received teletherapy for outpatient services (45%), partial care (23%) program and intensive outpatient program (6%). Of those receiving teletherapy, the majority (91%) have used phone calls, followed by video conferencing (39%) and chat/text with providers (37%).

### Likert Scale Questions

Participants were asked to respond to statements based on a scale of 1-4 with 1 representing “strongly disagree” and 4 representing “strongly agree.” The majority of respondents (86%) were receiving in person services prior to the pandemic (mean =3.4). On average, more than half of the respondents (66%) had never used telehealth/teletherapy before the pandemic (mean=2.9).

Participants also reported positive feelings towards teletherapy. The majority felt that telehealth was a safe way to seek care during the pandemic (95%, mean= 3.5) and a great alternative to in person care (81%, mean=3.2). Respondents also agreed that teletherapy was effective had treating their condition (78%, mean=3.08). The majority of respondents also agreed that teletherapy was very convenient (90%, mean=3.4) and allowed participants to feel connected to others while social interactions are limited due to the pandemic (83%, mean=3.2). Despite these positive feelings towards teletherapy, less than half of participants indicated a preference for virtual online services (41%, mean=2.37).

Participants were asked the ways in which they found telehealth/teletherapy both helpful and challenging. Respondents found teletherapy most helpful as they were able to save time of traveling (84%, mean=3.2), followed by not having to arrange transportation (82%, mean=3.2), saving money on transportation (77%, mean=3.1), flexibility with work schedule (62%, mean=2.89) or not needing to arrange childcare (50%, mean=2.6). In contrast, less than half of participants indicated difficulty with telehealth/teletherapy due to limited computer access (43.88%, mean=2.4) while even less indicated limited access to a phone (17.26% mean= 1.86) or limited privacy (17.39, mean =1.88).