**Tele-Behavioral Health Survey Questions**

**(4/28/16)**

1. **Which of following session(s) of the *Enhancing Access to Behavioral Health Care: A Webcast Series on Tele-Behavioral Health, (*which aired on Thursdays in April-May 2016) did you attend? Please check all that apply.**
* **Thursday, April 14, 2016:** *An Introduction to Tele-Behavioral Health: What’s New and Why it Makes Sense*
* **Thursday, April 28, 2016:** *Finger Lakes Community Health Center Tele-behavioral Health Model*
* **Thursday, May 19, 2016:** *Implementing Technology Assisted Care in Behavioral Health Settings: A Framework for Change*
* **I did not attend any sessions***🡪* SKIP TO END OF SURVEY
1. **Overall, attending the *Tele-behavioral Health Webcast Series* session(s)increased my awareness and knowledge of the topics presented.**
* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree
1. **Overall, attending the *Tele-behavioral Health Webcast Series* session(s)was useful.**
* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain why: [OPEN TEXT BOX]

1. **How long has your organization/practice provided tele-behavioral health services??**
* My organization/practice does not provide tele-behavioral health services*🡪* **SKIP TO ITEM #7**
* 6 months or less
* 7-12 months
* 13-24 months
* More than 24 months

1. **On average for the past six (6) months, how many tele-behavioral health sessions did your organization/practice provide per month?**
* None
* 1-5 sessions per month
* 6-10 sessions per month
* 11-20 sessions per month
* More than 20 sessions per month

**Did your participation in the *Tele-behavioral Health Webcast Series* in April and May contribute to an increase in the number of tele-behavioral health sessions your organization/practice now provides per month?**

* Yes, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Please estimate how many tele-behavioral health sessions your organization/practice expects to provide in the next six (6) months?**
* None
* 1-50 sessions
* 51-100 sessions
* 101-200 sessions
* More than 200 sessions

**8) Which of the following barrier(s) is/are preventing your organization/practice from using tele-behavioral health services? Please check all that apply.**

* We have had no barriers to using tele-behavioral health services.
* Challenges with financing/reimbursement for tele-behavioral health services
* Lack of or limited implementation expertise
* Challenges with workflow redesign
* Cost of technology required to implement tele-behavioral health services
* Lack of or limited training available
* Geographic area or organizational staffing shortage
* Other (Please list any other barriers):

**9) Which of the following barrier(s) is/are preventing your organization/practice from expanding tele-behavioral health services? Please check all that apply.**

* We do not provide tele-behavioral health services at this time.
* We have had no barriers to expanding tele-behavioral health services.
* Challenges with financing/reimbursement for tele-behavioral health services
* Lack of or limited implementation expertise
* Challenges with workflow redesign
* Cost of technology required to implement tele-behavioral health services
* Lack of or limited training available
* Geographic area or organizational staffing shortage
* Other (Please list any other barriers):
1. **Is there anything else you would like to add about the *Tele-behavioral Health Webcast Series* or anything else included in this survey?**

**Thank You for Your Feedback!**