

**Behavioral Health Information Technologies and Standards  
Task 7.2 Quantitative Data Collection**

**Attachment X: Survey Questionnaire Screenshots**

## Survey Introduction

OMB No. 0930-XXXX; Expiration Date: xx/xx/xx

### Purpose

The survey collects data on the current state of adoption of health information technologies by behavioral health providers. The responses will be collected from program managers, via the program directors of eight grant programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

### Design

The survey dynamically updates questions based on the previous response. If the available response options don't completely describe grant activities, please use your best judgment. There is a comment box at the end of each section where you may provide additional information.

### Navigation

The survey cannot be saved for completion at a later time! Plan to complete the survey in one sitting. It takes an average of 22 minutes to complete, depending on responses. Once the required contact information fields are completed, use the "Next" and "Previous" buttons on the bottom of the screen to navigate to any section of the survey.

### Response

The "Submit" button appears at the bottom of the final page of the survey. Once you submit the survey by clicking this button, you will be routed to a "Thank You" page. Each screen includes a button marked "Exit this survey." Clicking this button also submits your answers. If you exit the survey by mistake, please contact the Help Desk for support at [BHITSHelp@thenationalcouncil.org](mailto:BHITSHelp@thenationalcouncil.org), or call 1-888-XXX-XXXX.

### Key Terms

Definitions for key terms are included at the beginning of each Section. These phrases or keywords also appear as blue text in the questions. Hover your cursor over the blue text to view the pop-up definition. Contact the Help Desk (see below) for a list of key terms and definitions.

### Participation is Voluntary

You can choose whether or not to take the survey. You can skip any questions or stop without finishing the survey. Whether or not you complete the survey will not affect any services you receive from SAMHSA. Only aggregate data will appear in the survey report. Data collected are available to SAMHSA at the individual and grant program levels.

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[IF YOU ARE READY TO START THE SURVEY NOW, CLICK HERE](#)

OR

**Copy and paste this link to your desktop, to begin at a later date/time.**

<https://www.surveymonkey.com/r/SAMHSASurvey>

Close

## Section 1: Grantee Program Information and Characteristics (Page 1)

### BHITS Survey

#### Section 1: Grantee Program Information and Characteristics

##### (Name of) Grantee Program Information

**\* Grantee program contact information:**

Organization Name:

Address:

City:

State:

**\* Who is completing this survey? (Please select one of the following options)**

Grant Project Director

Grant Project Manager

Other (please specify)

**\* Your contact information (note: this information will only be used to contact you if necessary, to ensure response validity and reliability):**

Name:

Title:

Phone #:

Email address:

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Next

## Section 1: Grantee Program Information and Characteristics (Page 2 - Top)

### Section 1: Grantee Program Information and Characteristics

#### Section 1 Key Terms

**Geographic setting:** United States Bureau of the Census definitions for "Urban" and "Rural." The Census Bureau identifies two-types of urban areas: Urbanized Areas of 50,000 people or more, and Urban Clusters of at least 2,500 and less than 50,000 people (popular term is "suburban"). "Rural" encompasses all population, housing and territory not included within a "suburban" or Urban Area.

**How engaged are the organization's leaders in planning and implementing the grant? (Please select one of the following options)**

- Very engaged – The grant is an organizational "change agent" and the organization's administration actively participates in planning and implementing the grant.
- Engaged – Organizational administrators participate, but the grant does not affect the organization's plans or operations.
- Somewhat engaged – Organizational administrators are not involved, but division leadership actively participate in planning and implementation.
- Not engaged – The grant does not engage organizational or divisional leadership in planning and implementation.
- Not sure
- Other (please specify)

**Section 1: Grantee Program Information and Characteristics (Page 2 - Continued)**

Please identify the types of services provided to individuals and patients participating or enrolled in the grant program, either paid for by the grant or by other sources. (Please check all that apply)

	Inpatient Services	Outpatient Services	Both Inpatient and Outpatient Services	N/A or Not Sure
Substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental mental disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-occurring mental health and substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention services (i.e., tobacco intervention and cessation, care management, health and wellness coaching and education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please specify)

In what type of [geographic setting](#) are most of the grant-funded services provided? (Please select one of the following options)

- Urban area (50,000 or more)
- Suburban ("urban cluster" of at least 2,500, but less than 50,000)
- Both urban/suburban and rural settings
- Not applicable
- Not sure
- Other (please specify)

**Section 1: Grantee Program Information and Characteristics (Page 2 - Bottom)**

Are services provided within the grant-funded program eligible for reimbursement by any of these payer sources? (Please select one service per payer source)

	Eligible	Not Eligible	Not Sure
Self-pay (includes sliding scale)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid (e.g., managed care organization contracted by the state for adult or child health care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Behavioral Health Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services (if the organization is a tribal facility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military insurance (i.e., TRICARE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please specify)

You may use the space below to add comments about "Section 1: Grantee Program Information and Characteristics"

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## Section 2: Grantee Program Information Technology Resources (Page 3)

### Section 2: Grantee Program Information Technology Resources

#### Section 2 Key Terms

**Work-computer:** Laptop, pad, or desktop owned by the organization and used by grant-funded program staff.

**Work email account:** Operated by the organization and assigned to groups or individual staff for work activities.

**Intranet:** Allows work-computers to share resources such as printers or a connection to the Internet.

What percentage of the staff working in the grant-funded program use a [work-computer](#)? (Please select one of the following options)

- 100% (all)
- 75-99% (most)
- 50-74% (majority)
- 25-49% (some)
- 1-24% (selected)
- 0% (none)
- Not applicable
- Not sure
- Other (please specify)

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Prev

Next

## Section 2: Grantee Program Information Technology Resources (Page 4 - Top)

### Section 2: Grantee Program Information Technology Resources

#### Section 2 Key Terms

**Work-computer:** Laptop, pad, or desktop owned by the organization and used by grant-funded program staff.

**Work email account:** Operated by the organization and assigned to groups or individual staff for work activities.

**Intranet:** Allows work-computers to share resources such as printers or a connection to the Internet.

Do the [work-computers](#) used by the grant-funded program staff share printers or access a shared location for storing electronic files and folders (commonly called an [intranet](#))? (Please select one of the following options)

- Yes
- No
- Not applicable
- Not sure
- Other (please specify)

Are the [work-computers](#) connected to the Internet (i.e., World Wide Web)? (Please select one of the following options)

- Yes
- No
- Not applicable
- Not sure
- Other (please specify)



**Section 2: Grantee Program Information Technology Resources (Page 4 - Continued)**

**When in the office, does the Internet connection used by the grant-funded program staff usually meet the program needs? (Please select one of the following options)**

- Always
- Most of the time
- Sometimes
- Never
- Other (please specify)

**When "in the field," does the Internet connection used by the grant-funded program staff usually meet the program's needs? (Please select one of the following options)**

- Always
- Most of the time
- Sometimes
- Never
- Do not use Internet in the field
- Other (please specify)

## Section 2: Grantee Program Information Technology Resources (Page 4 - Bottom)

Do most (75% - 100%) or all of the grant-funded program staff have their own work-email account, for use in implementing grant-funded program activities? (Please select one of the following options)

- Yes
- No
- Not applicable
- Not sure
- Other (please specify)

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Prev

Next

## Section 2: Grantee Program Information Technology Resources (Page 5 - Top)

### Section 2: Grantee Program Information Technology Resources

#### Section 2 Key Terms

**Work-computer:** Laptop, pad, or desktop owned by the organization and used by grant-funded program staff.

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**Intranet:** Allows work-computers to share resources such as printers or a connection to the Internet.

For each of the grant program-level activities, please indicate the type of data collection instrument(s) program staff use to complete most of their day-to-day activities. (Please check only one instrument per activity)

	Computer Only	Paper Only	Both Computer and Paper	Not Sure	Not Applicable
Initial screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intake (assessment/evaluation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring patients to external providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving patient referrals from external providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing internal service referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing clinical lab test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating with patients around service events (i.e., scheduling appointments, following up on "no shows")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking for drug-drug interactions and drug allergies using an Active Medication List	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 2: Grantee Program Information Technology Resources (Page 5 - Bottom)

Collaborating with patient's social support network (e.g., family, friends, peer support specialists)

Patient and family satisfaction surveys

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Prev

Next

## Section 3: Certified Electronic Health Record Technology (Page 6)

BHITS Survey

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### Section 3: Certified Electronic Health Record Technology

#### Section 3 Key Terms:

**Certified Electronic Health Record** systems are approved by the Office of the National Coordinator for Health Information Technology testing and certification bodies, and can be used to meet the criteria for Meaningful Use. These products are listed in the [Certified Health Information Technology Product List](#).

**Meaningful Use (MU):** Patient health information is captured and used according to technology and data standards and criteria found in Federal statute.

**Electronic Exchange:** Electronic movement of health-related information among organizations according to nationally recognized standards to facilitate access to and retrieval of clinical data. The process provides safer, timelier, efficient, effective, equitable, patient-centered care.

**Patient Portal:** A patient portal is a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, patients can view personal health information.

**Patient Health Information Summaries:** A clinical or transfer-of-care summary of patient health information that meets the descriptive criteria for Meaningful Use found in Federal statute.

Do the grant-funded program staff who use a computer access a [certified Electronic Health Record](#) to complete activities? (Please select one of the following options)

- Yes, grant-funded program staff use a certified Electronic Health Record system to complete activities.
- No, grant-funded program staff using a work-computer DO NOT use a certified Electronic Health Record system to complete activities.
- Not applicable
- Not sure
- Other (please specify)

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Prev

Next

## Section 3: Certified Electronic Health Record Technology (Page 7)

BHITS Survey

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### Section 3: Certified Electronic Health Record Technology

#### Section 3 Key Terms:

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Please select the BEST option below to describe the grant-funded program's current status in implementing [certified Electronic Health Record technology](#). (Please select one of the following options)

- The organization is in the process of selecting and implementing a [certified Electronic Health Record](#) system, or upgrading a non-certified Electronic Health Record System to certified.
- The grant-funded program staff use a non-certified Electronic Health Record system. There are no plans to upgrade this system to certified.
- Neither the organization nor the grant-funded program has access to an Electronic Health Record system, certified or not-certified.
- Not applicable
- Not sure
- Other (please specify)

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## Section 3: Certified Electronic Health Record Technology (Page 8 - Top)

### Section 3: Certified Electronic Health Record Technology

#### Section 3 Key Terms:

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**Patient Health Information Summaries:** A clinical or transfer-of-care summary of patient health information that meets the descriptive criteria for Meaningful Use found in Federal statute.

Why did the organization implementing the grant-funded program decide to implement a [certified Electronic Health Record](#) system? (Please check all that apply)

- Maintain competitive advantage
- Ability to communicate with other providers to improve care
- Improve program operations
- Improve care coordination
- Position the program for growth and expansion
- Improve billing and collections
- Capture data to improve reporting capabilities
- Not sure
- Other (please specify)

**Section 3: Certified Electronic Health Record Technology (Page 8 - Continued)**

Do staff assess Internet-based patient access to their personal health information via the [certified Electronic Health Record's](#) secure patient portal? (Please select one of the following options)

- Yes
- No
- Not sure
- Other (please specify)

Do the grant-funded program staff use the [certified Electronic Health Record](#) to generate [Patient Health Information Summaries](#)? (Please select one of the following options)

- Yes
- No
- Not sure
- Other (please specify)

Do grant-funded program staff [electronically exchange Patient Health Information Summaries](#) among a network of providers in order to coordinate individual patient care? (Please select one of the following options)

- Yes
- No
- Not sure
- Other (please specify)



**Section 3: Certified Electronic Health Record Technology (Page 8 - Bottom)**

What method(s) are available by grant-funded program staff to [electronically exchange patient health information](#)? (Please check all that apply)

- "Direct" secure messaging for point-to-point exchange of "specially protected" patient health information
- Participation in the state or regional health information exchange
- Participation in a specialty "behavioral health" state or regional health information exchange
- None
- Not sure
- Other (please specify)

Please indicate your use of [certified Electronic Health Record](#) technology to implement the processes in the table below. (Please select one response per activity)

	Yes	No	Not Sure	Not Applicable
Receive clinical lab test results electronically, including these results as structured data in the patients' electronic records?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submit patient prescriptions electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively encourage patients to use the <a href="#">Electronic Health Record Patient Portal</a> to access their personal health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Section 3: Certified Electronic Health Record Technology (Page 9 - Top)

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### Section 3: Certified Electronic Health Record Technology

#### Section 3 Key Terms:

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**Patient Health Information Summaries:** A clinical or transfer-of-care summary of patient health information that meets the descriptive criteria for Meaningful Use found in Federal statute.

Please rate the significance of grant-funded program STAFF and PATIENT barriers to adopting [certified Electronic Health Record](#) technology. (Please select one response per barrier)

	Not Encountered or Not Applicable	Encountered but Not Significant	Mildly Significant	Moderately Significant	Very Significant
Lack of health literacy (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of computer literacy (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of computer access (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of training / education (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of interest (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interstate professional licensing issues (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other types of professional licensing (program staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health literacy (patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of computer literacy (patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of computer access (patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 3: Certified Electronic Health Record Technology (Page 9 - Bottom)**

Lack of training / education (patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of interest (patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language proficiency barriers for BOTH staff and patients (i.e., information is not in patient's language; patient is not literate in the language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient health information summary reports are not user-friendly for BOTH staff and patients (i.e., not easily understood by the patients, not accessible to staff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please specify):

You may use the space below to add comments on STAFF and PATIENT barriers to adopting [certified Electronic Health Record technology](#).

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## Section 3: Certified Electronic Health Record Technology (Page 10 - Top)

### Section 3: Certified Electronic Health Record Technology

**Section 3 Key Terms:**

**Certified Electronic Health Record** systems are approved by the Office of the National Coordinator for Health Information Technology testing and certification bodies, and can be used to meet the criteria for Meaningful Use. These products are listed in the [Certified Health Information Technology Product List](#).

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**Patient Health Information Summaries:** A clinical or transfer-of-care summary of patient health information that meets the descriptive criteria for Meaningful Use found in Federal statute.

Please rate the significance of SYSTEMIC barriers to adopting the [certified Electronic Health Record technology](#), encountered by the organization implementing the grant-funded services. (Please select one response per barrier)

	Not Encountered or Not Applicable	Encountered but Not Significant	Mildly Significant	Moderately Significant	Very Significant
Upfront financial costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing costs (i.e., licensing, maintenance, training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No financial or other types of incentives to support stakeholder buy-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost revenue during implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of skills to properly select an Electronic Health Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of dedicated staff to implement an Electronic Health Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of project management expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 3: Certified Electronic Health Record Technology (Page 10 - bottom)**

Lack of dedicated staff to maintain an Electronic Health Record

Provider resistance

Privacy concerns

Unaddressed Electronic Health Record-product deficiencies

Other

(Please specify):

You may use the space below to add comments on the SYSTEMIC barriers to adopting [certified Electronic Health Record technology](#).

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Prev

Next

## Section 4: Use of Telehealth (includes Telemedicine) (Page 11)

### Section 4: Use of Telehealth (includes Telemedicine)

#### Section 4 Key Terms:

**Telehealth:** The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Do the grant-funded program staff use [telehealth](#) technology to provide patient services? (Please select one of the following options)

- Yes
- No
- Not sure
- Not applicable
- Other (please specify)

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Prev

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**Section 4: Use of Telehealth (includes Telemedicine) (Page 12 - Top)**

BHITS Survey						Exit this survey
Section 4: Use of Telehealth (includes Telemedicine)						
<b>Section 4 Key Terms:</b>						
<p><b>Telehealth:</b> The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.</p>						
<b>What types of <a href="#">telehealth</a> technology are used, and for what services? (Please check all that apply)</b>						
	Telephone	Email	Web-Assisted Video Conferencing	Telehealth Not Used for this Service	Not Applicable to this Project	
Counseling (individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling (group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation (includes specialist consultation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer specialist support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual-based prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Section 4: Use of Telehealth (includes Telemedicine) (Page 12 - Bottom)**

What type of grant-funded program staff may provide these services using [telehealth](#)? (Please check all that apply)

	Psychiatrist	Licensed Psychologist	Licensed Clinical Social Worker	Certified Addiction Treatment Counselor	Other (please specify)
Counseling (individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling (group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer specialist support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual-based prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify the program staff subset "Other" for the services listed

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**Section 4: Use of Telehealth (includes Telemedicine) (Page 13 - Top)**

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**Section 4: Use of Telehealth (includes Telemedicine)**

**Section 4 Key Terms:**

**Telehealth:** The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

**What are the target population subsets for [telehealth](#) services? (Please check all that apply)**

	Mild to Moderate Depression	Mild to Moderate Anxiety	Bipolar Disorder	Post Traumatic Stress Disorder	Schizophrenia	Phobias / Panic Attacks / OCD	Substance Use Disorder	Other (please specify)
Counseling (individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling (group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer specialist support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual-based prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify the target population subset "Other" for the services listed

**Section 4: Use of Telehealth (includes Telemedicine) (Page 13 - Bottom)**

How does the grant-funded program use [telehealth](#) technology to support the delivery of services? (Please check all that apply)

- Grand rounds (case consultation)
- Clinical or administrative staff meetings
- In-service training
- Continuing professional education
- Other distance learning
- Not applicable
- Not sure
- Other (please specify)

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## Section 4: Use of Telehealth (includes Telemedicine) (Page 14)

### Section 4: Use of Telehealth (includes Telemedicine)

#### Section 4 Key Terms:

**Telehealth:** The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

What are the barriers to using [telehealth](#) within the grant-funded program? (Please check all that apply)

- Privacy / HIPAA concerns not addressed
- Limited or no reimbursements for services
- No model for services delivery
- Hardware and/or software funding issues
- Limited access to technology infrastructure to support its use
- Confidentiality (42 CFR Part 2) concerns
- Lack of training
- Not applicable
- Not sure
- Other (please specify)

You may use the space below to add comments on "Section 4: Use of Telehealth"

## Section 5: Mobile Technology (mHealth) (Page 15)

### Section 5: Mobile Technology (mHealth)

#### Section 5 Key Terms:

**Mobile Technology (when used as a tool in healthcare):** The generation, aggregation, and dissemination of health information via mobile and wireless devices using cellular technology.

**Mobile Health (mHealth) Tools:** Use of mobile devices, Smartphone apps, patient monitoring devices and/or other wireless devices for health-related services and/or communications - these last two may also be considered as a category under Telehealth.

**Mobile Health (mHealth) Apps:** The software that runs on smartphones or tablets that manage personal health maintenance and health tracking applications.

Do the grant-funded program staff use [mobile technologies](#) to provide patient services? (Please select one of the following options)

- Yes
- No
- Not sure
- Not applicable
- Other (please specify)

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Prev

Next

## Section 5: Mobile Technology (mHealth) (Page 16 - Top)

### Section 5: Mobile Technology (mHealth)

#### Section 5 Key Terms:

**Mobile Technology (when used as a tool in healthcare):** The generation, aggregation, and dissemination of health information via mobile and wireless devices using cellular technology.

**Mobile Health (mHealth) Tools:** Use of mobile devices, Smartphone apps, patient monitoring devices and/or other wireless devices for health-related services and/or communications - these last two may also be considered as a category under Telehealth.

**Mobile Health (mHealth) Apps:** The software that runs on smartphones or tablets that manage personal health maintenance and health tracking applications.

What types of [mobile technology tools](#) are used by the grant-funded project staff to support their day-to day work activities? (Please check all that apply)

- Tablet or laptop computer
- Smart-phone used to access Internet
- Cell phone (texting and messaging on cell phone networks, not Internet)
- Pager
- Grant-funded program staff don't use mobile technology to support their day-to-day work activities
- Not applicable
- Not sure
- Other (please specify)

**Section 5: Mobile Technology (mHealth) (Page 16 - Continued)**

**How do grant-funded program staff use [mobile technology tools](#) to support the implementation of grant funded program day-to-day activities? (Please check all that apply)**

- Remote monitoring of patient activities of daily living
- Look up non-personal health information (i.e., access clinical guidelines)
- View patient information (i.e., view appointment times)
- Secure communication regarding patients (i.e., texting, emailing other providers)
- Use for educational purposes (i.e., to better engage patients in their own care)
- Refer patients to use of apps for health-related issues (i.e., to track behaviors, moods, help manage symptoms)
- Offer access to support for preventive health care (i.e., wellness management, nutrition, exercise)
- Provide guidance or assistance to a peer support specialist
- Ensure peer-to-peer support
- Not applicable
- Not sure
- Other (please specify)

**How do patients use [mobile technology tools](#) to participate in their prevention, treatment, and/or recovery? (Please check all that apply)**

- Look up information about a diagnosis, medications, etc.
- Access information related to clinical care (i.e., view appointment times)
- Communicate with peers
- Communicate with staff
- Participate in grant-related activities (i.e., groups, individual sessions)
- Download and use apps for health-related issues (i.e., to track behaviors, moods, help manage symptoms)
- Obtain support for preventive health care (i.e., wellness management, nutrition, exercise)
- Not applicable
- Not sure
- Other (please specify)

**Section 5: Mobile Technology (mHealth) (Page 16 - Bottom)**

**What types of mobile apps do grant-funded program staff use to monitor and support patient engagement? (Please check all that apply)**

	Mobile apps for monitoring patient activities and symptoms	Mobile apps for supporting patients
Physical activity/exercise	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition and food intake	<input type="checkbox"/>	<input type="checkbox"/>
Chronic health condition indicators (e.g., hypertension)	<input type="checkbox"/>	<input type="checkbox"/>
Mood	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>
Use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Use of illicit drugs	<input type="checkbox"/>	<input type="checkbox"/>
Online self-help (e.g., Websites)	<input type="checkbox"/>	<input type="checkbox"/>
Peer-to-peer support	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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## Section 5: Mobile Technology (mHealth) (Page 17 - Top)

### Section 5: Mobile Technology (mHealth)

#### Section 5 Key Terms:

**Mobile Technology (when used as a tool in healthcare):** The generation, aggregation, and dissemination of health information via mobile and wireless devices using cellular technology.

**Mobile Health (mHealth) Tools:** Use of mobile devices, Smartphone apps, patient monitoring devices and/or other wireless devices for health-related services and/or communications - these last two may also be considered as a category under Telehealth.

**Mobile Health (mHealth) Apps:** The software that runs on smartphones or tablets that manage personal health maintenance and health tracking applications.

What are the barriers to using [mobile technology tools](#) within the grant-funded program? (Please check all that apply)

- Privacy / HIPAA concerns inadequately addressed
- Limited or no reimbursements for services
- No model for services delivery
- Patients can't afford mobile technology tools
- Hardware and/or software funding limitations
- Limited access to technology infrastructure to support its use (i.e., limited or poor cell phone or connectivity)
- Confidentiality (42 CFR Part 2) concerns
- Lack of training
- Not applicable
- Not sure
- Other (please specify)



**Section 5: Mobile Technology (mHealth) (Page 17 - Bottom)**

You may use the space below to add comments on "Section 5: Mobile Technology"

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[Prev](#) [Next](#)

## Section 6: Social Media (Page 18)

### Section 6: Social Media

#### Section 6 Key Terms:

**Social Media:** Computer or mobile device mediated tools that allow people to create, share or exchange information, ideas, and pictures/videos in virtual communities and networks. Examples include Web sites that support real-time interaction with others, Twitter, Facebook, applications for messaging or texting.

Do the grant-funded program staff use [social media](#) in the workplace to support the prevention and treatment of behavioral health disorders? (Please select one of the following options)

- Yes
- No
- Not applicable
- Not sure
- Other (please specify)

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Prev

Next



**Section 6: Social Media (Page 19 - Bottom)**

Patient storage of, access to and/or use of personal health record data

Other activities supported (specify in comment box)

Other (please specify)

**You may use the space below to add comments on "Section 3: Social Media"**

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Prev

Next

## Section 6: Social Media (Page 20)

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### Section 6: Social Media

#### Section 6 Key Terms:

**Social Media:** Computer or mobile device mediated tools that allow people to create, share or exchange information, ideas, and pictures/videos in virtual communities and networks. Examples include Web sites that support real-time interaction with others, Twitter, Facebook, applications for messaging or texting.

**Does the grant-funded program enable technology-based services (i.e., services such as use of certified electronic health information technologies, telehealth, use of mobile technologies and social media) that would not be available without the grant infrastructure? (Please select one of the following options)**

- Yes, the grant-funded program enables technology-based services
- No, the grant-funded program does not enable technology-based services
- Not applicable
- Not sure
- Other (please specify)

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Prev

Next

## Thank You (Page 21)

BHITS Survey

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### Thank You for Your Participation!

Thank you for completing this survey. Your time and consideration are deeply appreciated.

Should you have any questions, please do not hesitate to contact the Technical Assistance Help Desk:

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Prev

Done - submit answers