

Attachment 1

OMB No. 0930-XXXX

Expiration Date: xx/xx/xx

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-XXXX. Public reporting burden for this collection of information is estimated to average 22 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Behavioral Health Information Technologies Survey

Introduction

Many items on the questionnaire were drawn from or adapted from other sources. These sources are:

- HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health, 2012 conducted by the National Council for Behavioral Healthcare (NCBH)
- National Survey of Substance Abuse Treatment Services, 2013 sponsored by SAMHSA (N-SSATS)
- National Mental Health Services Survey, 2014 sponsored by SAMHSA (N-MHSS)
- Assessing Adoption of Effective Health Information Technology Questionnaire, 2005 conducted by Medical Group Management Association (MGMA) Center for Research
- Community Chronic Care Network (CCCN): Technical Readiness, date unknown conducted by Pajaro Valley Community Health, Watsonville CA
- Community Clinics Initiative Information Management Assessment, 2005 conducted by the Community Clinics Initiatives, San Francisco, CA (CCI)
- HIMSS Analytics Mobile Technology Survey, 2013 conducted by the Healthcare Information and Management Systems Society (HIMMS)
- Telehealth in State Substance Use Disorder (SUD), 2009, Conducted by the National Association of State Alcohol and Drug Abuse Directors (NASADAD)

This cross-referencing to sources for individual items will be removed from the final version of the survey administered to SAMHSA grantees.

The survey will be administered as a web-based instrument. Skip logic patterns, which are presented here, will be automated in the web implementation. The layout of individual questions will also differ on the web version.

Instructions for the Respondent

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 toward 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, or call 202-684-7457.

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.

Help Desk

BHITSHelp@thenationalcouncil.org
202-684-7457

[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>

Section 1: Grantee Program Information and Characteristics

1) * Grantee program contact information:

Organization Name: _____

Address: _____

City: _____

State: _____

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

Grant Project Director

Grant Project Manager

Other (please specify) _____

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

Name: _____

Title: _____

Phone Number: (____) ____ - _____

Email Address: _____

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 terms is “suburban”). “Rural” encompasses all population, housing and territory not included within a “suburban” or urban area.

4) How engaged are the organization’s leaders in planning and implementing the grant? (Please select one 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) _____

5) 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	N/A or Not sure

			Outpatient Services	
Substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health 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 (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) 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 2500, less than 50,000)
- Both urban/suburban and rural settings
- Not applicable
- Not sure
- Other (please specify)

7) 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
a. Self-pay (includes sliding scale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid (e.g., managed care organization contracted by state for adult or child health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. State Behavioral Health Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Indian Health Services (if the organization is a tribal facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Military insurance (i.e., TRICARE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) You may use the space below to add comments about “Section 1: Grantee Program Information and Characteristics”

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.

1) 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) → **SKIP to Section 4, Question 1**
- Not applicable → **SKIP to Section 4, Question 1**
- Not sure → **SKIP to Section 4, Question 1**

0 Other (please specify) _____

(If "Other" is selected → **SKIP to Question 6**)

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.

2) 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) _____

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

- Yes
- No → **SKIP to Question 6**
- Not applicable → **SKIP to Section 4, Question 1**
- Not sure → **SKIP to Section 4, Question 1**
- Other (please specify) _____
(If "Other" is selected, → **SKIP to Question 6**)

4) 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) _____

5) 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) _____

6) 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) _____

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.

7) For each of the grant award 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 answer per activity)

	Computer Only	Paper Only	Both Computer and Paper	Not Sure	Not Applicable
Initial screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intake (assessment/evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring patients to external providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving patient referrals from external providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal service referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing clinical lab test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with patients around service events (i.e., scheduling appointments, following up on "no shows")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking for drug-drug interactions and drug allergies using an Active Medication List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborating with patient's social support network (e.g., family, friends, peer support specialists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient and family satisfaction surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) You may use the space below to add your comments about "Section 2: Grant-funded Program Information Technology Resources"

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.

- 1) 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 → **SKIP to Question 3**
 - No, grant-funded program staff using a work-computer DO NOT use a certified Electronic Health Record system to complete activities.
 - Not applicable → **SKIP to Section 4, Question 1**
 - Not sure → **SKIP to Section 4, Question 1**
 - Other (please specify) _____
(If "Other" is selected, → **SKIP to Section 4, Question 1**)

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.

2) 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 [certified Electronic Health Record](#) system, or upgrading a non-certified Electronic Health Record System to certified. → **SKIP to Question 9 in this Section**
- The grant-funded program staff use a non-certified Electronic Health Record system. There are no plans to upgrade this system to certified. → **SKIP to Question 9 in this Section**
- Neither the organization nor the grant-funded program has access to an Electronic Health Record system, certified or not-certified. → **SKIP to Question 9 in this Section**
- Not applicable → **SKIP to Section 4, Question 1**
- Not sure → **SKIP to Section 4, Question 1**
- Other (please specify) _____
(If "Other" is selected, → **SKIP to Question 9 in this Section**)

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.

3) 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) _____

4) 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) _____

5) 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 → **Skip to Question 9**
- Not sure → **Skip to Question 9**
- Other (please specify) _____
(If "Other" is selected, → **Skip to Question 9**)

6) 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 → **Skip to Question 8**
- Other (please specify) _____
(If "Other" is selected, → **Skip to Question 8**)

7) What method(s) are available to 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) _____

8) 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submit patient prescriptions electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively encourage patients to use the Electronic Health Record Patient Portal to access their personal health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

9) 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 by Not Significant	Midly Significant	Moderately Significant	Very Significant
Lack of health literacy (program staff)	0	0	0	0	0
Lack of computer literacy (program staff)	0	0	0	0	0
Lack of computer access (program staff)	0	0	0	0	0
Lack of training/education (program staff)	0	0	0	0	0
Lack of interest (program staff)	0	0	0	0	0
Interstate professional licensing issues (program staff)	0	0	0	0	0
Other types of professional licensing (program staff)	0	0	0	0	0
Lack of health literacy (patients)	0	0	0	0	0
Lack of computer literacy (patients)	0	0	0	0	0
Lack of computer access (patients)	0	0	0	0	0
Lack of training/education (patients)	0	0	0	0	0
Lack of interest (patients)	0	0	0	0	0
Language proficiency barriers for BOTH staff and patients (i.e., information is not in patient's language; patient is not literate in the language)	0	0	0	0	0
Patient health information summary	0	0	0	0	0

reports are not user-friendly for BOTH staff and patients (i.e., not easily understood by the patients, not accessible ot staff, etc.)					
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):					

10) You may use the space below to add your comments on STAFF and PATIENT barriers to adopting [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.

11) 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 by Not Significant	Midly Significant	Moderately Significant	Very Significant
Upfront Financial Costs	0	0	0	0	0
Ongoing Costs (i.e., licensing, maintenance, training)	0	0	0	0	0
No financial or other types of incentives to support stakeholder buy-in	0	0	0	0	0
Lost revenue during implementation	0	0	0	0	0
Lack of skills to properly select an Electronic Health Record	0	0	0	0	0
Lack of dedicated staff to implement an Electronic Health Record	0	0	0	0	0
Lack of project management expertise	0	0	0	0	0
Lack of dedicated staff to maintain an Electronic Health Record	0	0	0	0	0
Provider resistance	0	0	0	0	0
Privacy concerns	0	0	0	0	0
Unaddressed Electronic Health Record-product	0	0	0	0	0

deficiencies					
Other (Please specify)	0	0	0	0	0

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

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.

- 1) Do the grant-funded program staff use [telehealth](#) technology to provide patient services? (Please select one of the following options)
- Yes
 - No → **Skip to Question 6**
 - Not sure → **Skip to Question 6**
 - Not applicable → **Skip to Question 6**
 - Other (please specify) _____
(If "Other" is selected, → **Skip to Question 6**)

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.

2) What types of [telehealth](#) technology are used, and for what services? (Please check all that apply)

	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"/>

3) 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

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.

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

	Mild to Moderate Depression	Mild to Moderate Anxiety	Bipolar Disorder	PostTraumatic 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

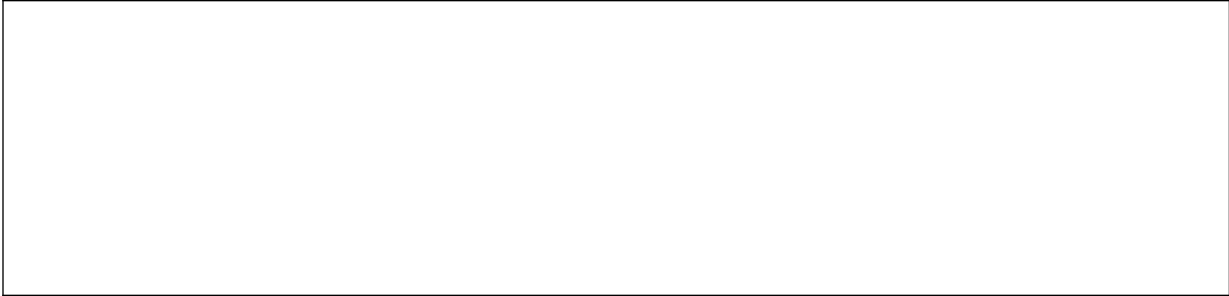
5) How does the grant-funded program use [telehealth](#) technology to support the delivery of services? (Please check all that apply)

- 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) _____

6) 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) _____

7) You may use the space below to add comments on “Section 4: Use of Telehealth”



Section 5: Mobile Technology (mHealth)

Definitions of terms used in Section 5:

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.

- 1) Do the grant-funded program staff use [mobile technologies](#) to provide patient services? (Please select one of the following options)
- Yes
 - No → Skip to Question 6
 - Not sure → Skip to Question 6
 - Not applicable → Skip to Question 6
 - Other (please specify) _____
(If “Other” is selected, → Skip to Question 6)

Definitions of terms used in Section 5:

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.

2) 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) _____

3) 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 health information (i.e., access clinical guidelines)
- View patient information (i.e., 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 (wellness management, nutrition, exercise)
- Provide guidance or assistance to a peer support specialist
- Ensure peer-to-peer support
- Not applicable → **Skip to Question 6**
- Not sure → **Skip to Question 6**
- Other (please specify) _____
(If "Other" is selected, → **Skip to Question 6**)

4) 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 → **Skip to Question 6**
- Not sure → **Skip to Question 6**
- Other (please specify) _____
(If "Other" is selected, → **Skip to Question 6**)

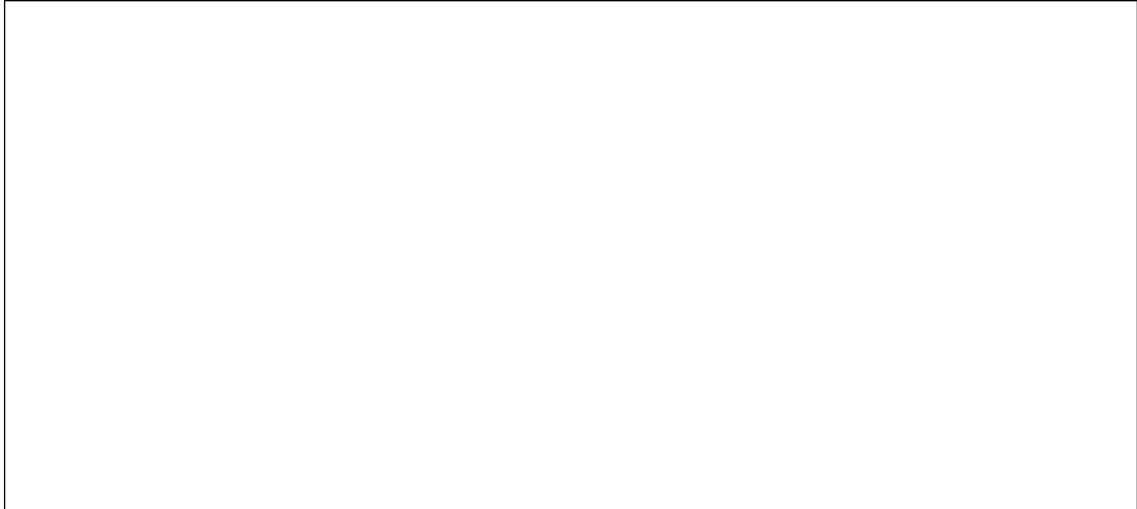
5) What types of mobile apps do grant-funded program staff use to monitor and support patient engagement? (Please check all that apply)

	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 (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

6) 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)

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



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.

- 1) Do the grant-funded program staff use [social media](#) in the workplace to support the prevention and treatment of behavioral health disorders?
- Yes
 - No → Skip to Question 4
 - Not applicable → Skip to Question 4
 - Not sure → Skip to Question 4
 - Other (please specify)
-

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.

- 2) In the table below, please identify the type of [social media](#) used by selecting the grant-funded program activities it supports. (Please check all that apply for each activity)

Activities	Web-sites	Twitter	Face-book	Blog	Vine	Insta-gram	Other (specify in comment box)
Peer-to-peer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disseminating information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-management and self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecting to support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing valued social roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet for self-expression (e.g., journaling, documenting personal experience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relapse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form community partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient storage of, access to and/or use of personal health record data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other activities supported (Specify in comment box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

3) You may use the space below to add comments on "Section 3: 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.

- 4) 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) _____

Thank You

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:

Help Desk

BHITSHelp@thenationalcouncil.org

202-684-7457

“Prev” or “Done – submit answers”