

## Behavioral Health Survey Questions

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### The National Council for Behavioral Health's Information Technology Survey

#### ***PLEASE READ BEFORE COMPLETING THE QUESTIONNAIRE***

Most of the questions in this survey ask about your organization. If you have any questions about how the term "organization" applies, please call 202-774-1656 or email [BHITSHelp@thenationalcouncil.org](mailto:BHITSHelp@thenationalcouncil.org).

- Please answer ONLY for the organization whose name and location are indicated, unless otherwise specified in the questionnaire.
- Please keep a copy of your completed questionnaire for your records.
- If you have questions, contact:

The National Council for Behavioral Health  
1400 K Street NW | Suite 400 | Washington, D.C. 20005  
202-774-1656  
[adrianoB@thenationalcouncil.org](mailto:adrianoB@thenationalcouncil.org)


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## Behavioral Health Survey Questions

### SECTION A: ELIGIBILITY TO PARTICIPATE IN THE SURVEY

1. Do you have the knowledge and/or experience to answer questions about your organization's use of health information technology, such as electronic health records?

- Yes—Continue to section B
- No

 If not, please forward the invitation to the individual within your organization who can answer these questions.

### SECTION B: ORGANIZATION CHARACTERISTICS

This section asks about characteristics of your organization.

1. Which of the following categories describes your organization? Check all that apply.

- Psychiatric hospital
- Separate inpatient psychiatric unit of a general hospital
- Inpatient substance use treatment
- Residential treatment center for children
- Residential treatment center for adults
- Other type of residential treatment organization
- Veterans Administration medical center (VAMC) or other VA health care organization
- Community mental health center (CMHC)
- Partial hospitalization/day treatment organization
- Outpatient mental health organization
- Outpatient substance use organization
- Multi-setting mental health organization (nonhospital residential plus either outpatient and/or partial hospitalization/day treatment)
- Federally Qualified Health Center (FQHC)
- Solo or small group practice
- Jail, prison, or detention center that provides treatment exclusively for incarcerated persons or juvenile detainees
- Other: \_\_\_\_\_

2. What is the primary treatment area(s) of your organization? Check all that apply.

- Mental health treatment
- Substance use treatment
- Mix of mental health and substance use treatment (neither is primary)
- General health care
- Other service focus (Specify: \_\_\_\_\_)

3. Is this organization operated by (Check one response only):

- A private for-profit organization

## Behavioral Health Survey Questions

- A private non-profit organization
- A public agency or department

**4. Is your organization part of a larger health system? Check one response only.**

- Yes
- No

**5. What age groups are accepted for treatment at this organization? Check all that apply.**

- Children (12 years or younger)
- Adolescents (13-17 years)
- Young adults (18-25)
- Adults (26-64 years)
- Older Adults (over 64 years)

**6. Please indicate the number of full-time equivalents (FTEs) that work in your organization:**

- 0-25
- 26-100
- 101-250
- 251-500
- 501+

**7. What is the approximate volume of patient/client encounters that occur annually at your organization?**

- Fewer than 1,000
- 1,000-4,999
- 5,000-9,999
- 10,000-24,999
- 25,000-49,999
- 50,000 or more
- My organization does not provide direct care or services to individuals
- I don't know

**8. Please indicate your organization's funding sources (check all that apply)**

- Community Mental Health Block Grants
- Community Service Block Grants
- Other Block Grants (e.g. substance abuse, prevention)
- Federal Discretionary Funds
- Medicaid
- Medicaid Managed Care
- Medicare
- Federal military insurance such as Tricare
- IHS/Tribal/Urban (ITU) funds
- Self Pay/Cash
- Uninsured
- Private Health Insurance/HMO
- State-financed health insurance plan other than Medicaid

**Behavioral Health Survey Questions**

- State mental health agency (or equivalent) funds
- State welfare or child and family services agency funds
- State corrections or juvenile justice agency funds
- State education agency funds
- Other state government funds
- County or local government funds
- U.S. Department of Veterans Affairs funds
- Other Grants
- Other (Specify: \_\_\_\_\_)

**9. Do you participate in any of the following Delivery System Reform Initiatives or Models (check all that apply)?**

- Patient Centered Medical Home or Health Home
- Accountable-Care Organization
- Value Base Payment Contract
- Other

**10. Does your organization have on site health IT (Information Technology) staff and/or a Director of IT/MIS (Management Information Systems) or CIO (Chief Information Officer)? Check all that apply.**

- Yes, full time staff person
- Yes, part-time staff person
- Yes, full time Director or CIO
- Yes, part-time Director or CIO
- No, but available through a service contract
- No

**11a. What is your role within the organization?**

- Senior Executive within organization (e.g. Director, Chief Executive Officer)
- Chief Information Technology Officer
- Other IT staff role
- Grant Program Director
- Grant Program Manager
- Other (please specify: \_\_\_\_\_)

**11b. Please provide your contact information (note: this information will only be used to contact you if necessary, to ensure response validity and reliability of the responses):**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**12. Which SAMHSA grantee program(s) does your organization participate? Check all that apply.**

- Screening Brief Intervention and Referral to Treatment (SBIRT)

## Behavioral Health Survey Questions

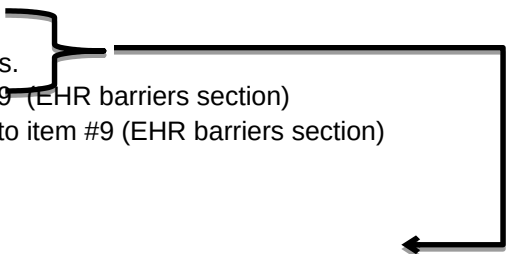
- Grants to Expand Care Coordination Targeted Capacity Expansion (TCE) Through the use of Technology-Assisted Care (TAC) in Targeted Areas of Need
- Medication Assisted Treatment (MAT) – Prescription Drug and Opioid Addiction (PDOA)
- Offender Re-Entry Program (ORP)
- Cooperative Agreement to Benefit Homeless Individuals (CABHI)
- Minority Serving Institutions (MSIs) partnerships with Community-Based Organizations (CBOs)
- HIV Capacity Building Initiative (CBI)
- Primary Behavioral Health Care Integration (PBHCI)
- National Child Traumatic Stress Initiative (NCTSI)
- Garrett Lee Smith Youth Suicide Prevention Program (GLS)
- None of the above
- Don't know

13. If available, please provide your grantee identification number below.

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### SECTION C: EHR ADOPTION

1. Does your organization use an electronic health record (EHR)? Do not include billing record systems.

- Yes, we exclusively use an EHR. No paper charts.
  - Yes, we use a combination of an EHR and paper charts.
  - No, but we plan to implement an EHR— Skip to item #9 (EHR barriers section)
  - No, and we have no plan to implement an EHR—Skip to item #9 (EHR barriers section)
- 

## Behavioral Health Survey Questions

**1a. If your organization uses an EHR, please indicate whether EHRs are used across all or some facilities within your organization.**

- We use EHRs across all the facilities/sites within our organization
- We use EHRs across some of the facilities/sites within our organization
- Not applicable (e.g. only one facility within organization)
- Do not know

**1b. Which types of facilities within your organization use an EHR (either fully or partially)?  
Select all that apply.**

- Psychiatric hospital
- Separate inpatient psychiatric unit of a general hospital
- Inpatient substance use treatment
- Residential treatment center for children
- Residential treatment center for adults
- Other type of residential treatment organization
- Veterans Administration medical center (VAMC) or other VA health care organization
- Community mental health center (CMHC)
- Partial hospitalization/day treatment organization
- Outpatient mental health organization
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- Multi-setting mental health organization (nonhospital residential plus either outpatient and/or partial hospitalization/day treatment)
- Federally Qualified Health Center (FQHC)
- Solo or small group practice
- Jail, prison, or detention center that provides treatment exclusively for incarcerated persons or juvenile detainees
- Other: \_\_\_\_\_

**2. Please indicate the name of your EHR system vendor(s). Please select all that apply across your organization.**

- Accumedic
- AMS
- Askesis
- Cerner
- Co-Centrix
- E-Clinical Works
- Core Solutions
- Credible Behavioral Healthcare Software
- Echo Group
- EPIC

## Behavioral Health Survey Questions

- GE
- Methasoft
- Meditech
- Methware
- Netanalytics
- Netsmart
- NextGen
- Profiler
- Qualifacts
- Smart Management
- SAMS
- Tower Systems
- Valant
- Welligent
- Other \_\_\_\_\_
- Don't know

**3. Does your organization use a certified EHR system?** *Certified EHRs are tested and certified by the Office of the National Coordinator for Health IT certification program and their use may meet the criteria for Meaningful Use in the EHR Incentive Program. These products are listed in the [Certified Health Information Technology Product List](#).*

- 1 Yes                      2 No                      3 Do not know

**4. Do eligible clinicians (e.g. psychiatrists, other physicians and nurse practitioners) in your organization participate in the CMS (Medicaid or Medicare) EHR Incentive Program (Meaningful Use)?**

- 1 Yes
- 2 No
- 3 Not applicable--we don't have any eligible providers working in our organization
- 4 Don't know

**5. Does your organization use your EHR to record any of the following elements of a clients' chart? Check all that apply.**

- 1 Intake assessment
- 2 Behavioral health screenings or tools
- 3 Treatment plans
- 4 Monitoring client progress
- 5 Discharge plans
- 6 Referrals
- 7 Don't know

6. Does your organization <u>use</u> your EHR to: <i>CHECK ONLY ONE BOX PER ROW.</i>	Yes	No	Don't know	NA
<b>Record patient history and demographic information?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Record social and behavioral determinants of health (employment, housing)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Record clinical notes?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Behavioral Health Survey Questions

Record patients' medications and allergies?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Record problem lists?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Order prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Electronically send prescriptions to the pharmacy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Review warnings of medication allergies, drug-drug interactions or contraindications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reconcile medications when admitting, discharging, and/or transitioning clients between care settings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Order lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
View lab results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### Client Access to their Medical Records

7. Does your EHR allow clients to...	Yes	No	Don't Know	NA
a. Exchange secure messages with your clinicians/counselors?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Electronically view their medical record (e.g. health and behavioral health information) online?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Download their medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### Benefits and Barriers of EHR adoption

8. Has your organization's use of EHR system...	Yes	No	Don't know	NA
Enhanced overall care for clients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. Which of the following were or are barriers to adopting an EHR system experienced by your organization? Indicate all those that apply.	Yes	No	Do not know
a. Finding an EHR system that meets your organization's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Limited or lack of IT staff to support EHR adoption	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Cost of purchasing and maintaining an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Loss of productivity during the transition to an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



## Behavioral Health Survey Questions

9. Which of the following were or are barriers to adopting an EHR system experienced by your organization? Indicate all those that apply.	Yes	No	Do not know
e. Staff resistance to use EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Interstate professional licensing issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Privacy or security concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

### SECTION D. INTEROPERABILITY AND EXCHANGE

1. Does your organization **ONLY** use paper-based methods (e.g. fax or mail) to send AND receive patient health information with providers outside your organization?

Yes (Skip to #13, question on barriers to interoperability)     No     Don't Know

2. When a patient transitions to another provider outside your organization, does your organization routinely send patient health information (e.g. labs, medications, summary of care records) using any of the following methods? *Check all that apply*

	Yes	No	Don't know
Mail or fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eFax using EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure messaging (via DIRECT or other secure protocol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider portal (i.e., post to portal or download from portal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via health information exchange organization or other third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interface connection with other EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. When a patient transitions from another provider outside your organization, does your organization routinely receive patient health information (e.g. labs, medications, summary of care records) using any of the following methods? *Check all that apply*


	Yes	No	Don't know
Mail or fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eFax using EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure messaging (via DIRECT or other secure protocol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider portal (i.e., post to portal or download from portal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via health information exchange organization or other third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interface connection with other EHRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Behavioral Health Survey Questions

4. Does your organization electronically send and/or receive summary of care documents in a **structured format with providers outside your organization on a routine basis**? *Note: Electronic excludes e-Fax or scanned documents. An example of a summary of care document includes a Continuity of Care Document (CCD).*

- Yes, send only
- Yes, receive only
- Yes, send and receive
- No, neither send nor receive
- Do not know
- Not applicable

5. Do staff within your organization **electronically search or query for clients' health information (e.g., medications, outside encounters) from providers or other sources outside your organization**? *Electronic does not refer to e-Fax or scanned documents.*

- Yes       No, but do have the capability       No, don't have capability       Do not know
- 

5a. How do staff **electronically search or query for clients health information from sources outside your organization**?

- Tool within EHR to view external results
- Tool within EHR to view external results provided by HIE (HIE sign on)
- Tool outside of EHR (e.g. portal) to view external results
- Other: \_\_\_\_\_
- Do not know

6. Does your EHR integrate or incorporate any type of clinical information (e.g. medications, lab test results) that is received **electronically from providers outside your organization without the need for manual entry**? *Electronic does not refer to e-Fax or scanned documents.*

- 1 Yes       2 No       3 Do not know

### Mechanisms to enable exchange

7. What type of vendor does your organization use to electronically exchange patient health information with providers outside your organization? *Check all that apply.*

- 1 EHR vendor
- 2 Vendor other than EHR vendor (e.g. HIE vendor)
- 3 Don't know
- 4 None
- 5 NA

8. Please indicate your level of participation in a state, regional, and/or local health information exchange (HIE) or health information organization (HIO).

**Behavioral Health Survey Questions**

- a.  HIE/HIO is operational in my area and we are participating and actively exchanging data in at least one HIE/RHIO
- b.  HIE/HIO is operational in my area but we are not participating
- c.  HIE/HIO is not operational in my area
- d.  Do not know

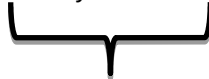
**Benefits and Barriers to Interoperability**

**9. Do providers at your organization routinely have necessary clinical information (e.g. medications, lab tests) available electronically (not e-Fax) from outside providers or sources when treating a patient that was seen by another health care provider/setting?**

- Yes       No       Do not know

**10. How frequently do providers at your organization use patient health information (e.g. medications, lab test results) received electronically (not e-Fax) from outside providers when treating a patient?**

- Often       Sometimes       Rarely       Never       Do not know



**10a. If rarely or never used, please indicate the reason(s) why. Check all that apply.**

- 1.  Information not always available when needed (e.g. not timely)
- 2.  Do not trust accuracy of information
- 3.  Difficult to integrate information in EHR
- 4.  Information not available to view in EHR as part of clinicians' workflow
- 5.  Information not presented in a useful format (e.g. too much, redundant, or unnecessary information)
- 6.  Information not useful
- 7.  Do not know

**11. Please indicate whether your organization has experienced benefits from electronically exchanging health information with providers outside your organization. Note: Electronic health exchange refers to electronically sending, receiving, finding or integrating patient health information.**

	Yes	No	Don't know	NA
<b>a. Improved quality of care</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>b. Increased efficiency</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>c. Increased patient safety (e.g. reductions in medication errors)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>d. Reduced duplicate test ordering</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>e. Enhanced care coordination with providers outside our</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Behavioral Health Survey Questions

**12. Which of the following were or are barriers to electronic health information exchange has your organization experienced?** *Note: Electronic health information exchange refers to electronically sending, receiving, finding or integrating patient health information.*

	Yes	No	Don't know	NA
a. Electronic exchange is cumbersome to do with our EHR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Electronic exchange requires the use of multiple systems or portals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Electronically exchange is more challenging with facilities whose EHR differs from ours.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Providers in our referral network lack the electronic capability to exchange.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There are additional costs to electronically exchange.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. We lack the technical capability to electronically exchange (e.g. lack EHR, lack HIE connection)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Concerns about the privacy and security of health information that is exchanged	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Concerns about being able to separate sensitive health information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Burden associated with obtaining and maintaining patient consent for exchange	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Lack staff and resources to support electronic exchange of information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Do not perceive value from electronic health information exchange	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Legal restrictions on exchange of patient information (e.g. HIPAA, state	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### SECTION E. USE OF OTHER TYPES OF HEALTH IT

**1. Do staff use any of the following types of technology to provide clients services?**

1 **Telehealth.** *Telehealth refers to the use of electronic information and telecommunication technologies (e.g. such as telephone, email and web-assisted videoconferencing) to support long-distance clinical health care.*

2 **Mobile technologies.** *Mobile technologies refers to the use of mobile devices, Smartphone apps, client monitoring devices and/or other wireless devices for health-related services and/or communications.*

3 **Don't Know**

4 **NA**

## Behavioral Health Survey Questions

### 2. Do clients use mobile technology to participate in their prevention, treatment, and/or recovery?

*Mobile technologies refers to the use of mobile devices, Smartphone apps, client monitoring devices and/or other wireless devices for health-related services and/or communications.*

1 Yes

2 No

3 Don't know

4 NA

**Thank you for completing the survey!**