**2012 NATIONAL MENTAL HEALTH SERVICES SURVEY-LOCATOR SURVEY**

Hello    Hello, my name is [fill interviewer name] and I am calling concerning the Federal Government's survey of mental health service providers called the National Mental Health Services Survey-Locator Survey. The N-MHSS-Locator Survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

GetDir   May I speak with [fill director name] regarding this facility's 2012 N-MHSS-Locator Survey?

USE UpdateInfo TAB TO ENTER A DIFFERENT PHONE NUMBER

<1>    SPEAKING WITH FACILITY DIRECTOR/APPROPRIATE PERSON [goto Intro]
<2>    CONNECTED TO FACILITY DIRECTOR/APPROPRIATE PERSON [goto Hello2]
<3>    FACILITY DIRECTOR NOT AVAILABLE [goto Callback]
<4>    ANSWERING MACHINE [goto Message_Q]
<5>    WRONG NUMBER [goto Sorry]

Sorry    I'm sorry. Thank you for your time.

Hello2   Hello, my name is [fill interviewer name] and I am calling concerning the Federal Government's survey of mental health service providers called the National Mental Health Services Survey-Locator Survey. The N-MHSS-Locator Survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

[goto Intro]

Intro    Recently you were mailed a letter from Dr. H. Wesley Clark at SAMHSA. This letter requested the participation of your facility in the 2012 N-MHSS-Locator Survey. We are calling at this time to complete the survey. Is this a good time?

<1>    YES, CONTINUE [goto Confirm2]
<2>    SCHEDULE CALLBACK AT CONVENIENT TIME [goto Callback]
<3>    COMPLETING ON THE WEB [Thanks]
<4>    NO LONGER PROVIDES MENTAL HEALTH SERVICES [goto a1a]
<5>    NEVER PROVIDED MENTAL HEALTH SERVICES [goto a1a]
<6>    DUPLICATE FACILITY [goto Duplicate]
<7>    MERGED WITH ANOTHER FACILITY [goto Merged]
<8>    FACILITY CLOSED/NO LONGER EXISTS [goto Thanks2]
<9>    WRONG NUMBER [goto Sorry]

Confirm2   I will be asking you questions about [fill facility name] Located
           at
           [fill address 1]
           [fill address 2]
           [fill City],
           [fill State]
           [fill zip]

           IF NOT CORRECT USE THE UpdateInfo TAB TO UPDATE FACILITY
           INFORMATION

           [goto A1]


RE3        Who could answer facility-specific questions such as which
           types of services are offered at this facility?

           USE UpdateInfo TAB TO ENTER A NEW CONTACT NAME


RE4        Could I speak with [fill contact name]?

           <1>    YES [goto RE5]
           <2>    NOT AVAILABLE – INTERVIEWER: Thank you, I will call
                  back. [goto Callback]
           <3>    CONNECTED TO ANSWERING MACHINE [goto Message_R]


RE5        Hello, my name is [fill interviewer name] and I am calling on
           behalf of the Federal Government's survey of mental health
           services called the National Mental Health Services Survey-
           Locator Survey. This survey is sponsored by SAMHSA, the
           Substance Abuse and Mental Health Services Administration. I have
           a few questions I'd like to ask you.

           <1>    YES, CONTINUE [goto A1]
           <2>    NO, NOT A CONVENIENT TIME [goto Callback]
           <3>    NO, WILL COMPLETE ON WEB [goto Thanks]


Duplicate  Which facility is a duplicate of this one?

           PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO[choose
           from list of facilities or goto MainFacility]


Merged     Which facility was this one merged with?

           PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO[choose
           from list of facilities or goto MainFacility]


MainFacility May I have the name, address and phone number of the facility?

           <1>    CONTINUE


PhoneNumber  Please give me the telephone number, area code first.

           [goto Thanks]

Message_Q  ***QUESTIONNAIRE CALL MESSAGE***
DID YOU LEAVE THE MESSAGE?

      <1>     YES
      <2>     NO


Thanks  Thank you so much for your time. Your responses are very important to the study and we look forward to receiving your     completed questionnaire.


Thanks2  Thank you for your time.


Callback  USE THE 'APPOINTMENT' TAB ABOVE TO MAKE AN APPOINTMENT.


A1  First, I will ask you about the characteristics of the individual facility, [fill facility name] located at [fill location address].

Please answer the following questions referring only to this Mental health facility.

      <1>    CONTINUE TO a1b


A1a  Please confirm if any of the following services are offered at this location.

      <1>    CONTINUE TO a1b


A1b  Does this facility, <u>at this location,</u> [fill location address], offer:

|  | YES | NO |
|---|---|---|
| Mental health intake services | (1) | (0) |
| Mental health diagnostic evaluation | (1) | (0) |
| Mental health information and referral services | (1) | (0) |
|   (also includes emergency programs that provide services in person or by telephone) | | |
| Mental health treatment services | (1) | (0) |
|   (services focused on improving the mental well-being of individuals with mental disorders and on promoting their recovery) [if NO, goto B1] | | |
| Substance abuse treatment services | (1) | (0) |
| Administrative services | (1) | (0) |

(d) DON'T KNOW
(r) REFUSED

A3        In which of these settings are mental health treatment services offered at this facility, at this location?

|  | YES | NO |
|---|---|---|
| 24-hour hospital inpatient setting (psychiatric hospital or general hospital with a separate psychiatric unit) | (1) | (0) |
| 24-hour residential setting (24-hour, overnight, psychiatric care in a residential non-inpatient setting such as a residential treatment center for adults or children) | (1) | (0) |
| Day treatment or partial hospitalization setting (structured programs of treatment, activity, or other mental health services provided in clusters of 3 or more hours per day) | (1) | (0) |
| Outpatient mental health setting (programs of mental health services provided to clients on an hourly schedule, on an individual or group basis) | (1) | (0) |

(d) DON'T KNOW
(r) REFUSED


A4        Which <u>one</u> category best describes this facility, at this location?

INTERVIEWER: FOR DEFINITIONS OF FACILITY TYPES <u>CLICK HERE</u>

INTERVIEWER:  CODE ONE ONLY

<1> Psychiatric hospital [goto a6]
<2> Separate inpatient psychiatric unit of a general hospital

    IF CATEGORY <2> IS CODED DISPLAY: Consider this psychiatric unit as the relevant entity when the word "facility" is used in this survey [goto a6]

<3> Residential treatment center for children [goto a6]
<4> Residential treatment center for adults [goto a6]
<5> Outpatient or day treatment or partial hospitalization mental health facility
<6> Multi-setting mental health facility (non-hospital residential <u>plus</u> outpatient or day treatment or partial hospitalization)
<7> Other (SPECIFY) [specify] END WITH //

<d> DON'T KNOW
<r> REFUSED


A5        Is this facility a solo practice or small group practice?

PROBE IF NECESSARY: Please answer "yes" or "no" for this question.

4

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                  <1> YES
                  <0> NO [goto a6]

                  <d> DON'T KNOW
                  <r> REFUSED


A5a        Is this facility licensed or accredited as a mental health clinic
           or mental health center?

                  PROBE IF NECESSARY: Do not count the licenses or credentials of
                                      individual practitioners.

                  <1> YES
                  <0> NO [goto b1]

                  <d> DON'T KNOW
                  <r> REFUSED


A6         Is this facility a jail, prison, or detention center that
           provides treatment exclusively for incarcerated persons or
           juvenile detainees?

                  <1> YES
                  <0> NO [goto a7]

                  <d> DON'T KNOW [goto a7]
                  <r> REFUSED [goto a7]


A6a        Just to confirm, this facility provides mental health treatment
           services only to incarcerated persons or juvenile detainees. Is
           that correct?

                  <1> YES, THAT IS CORRECT [goto b1]
                  <0> NO, THAT IS NOT CORRECT


A7         Is this facility operated by:

                  INTERVIEWER:  CODE ONE ONLY

                  <1> a private for-profit organization [goto a8]
                  <2> a private non-profit organization [goto a8]
                  <3> state mental health agency (SMHA) [goto a8]
                  <4> other state government agency or department
                      (such as, Department of Health) [goto a8]
                  <5> regional/district authority or local, county
                      or municipal government [goto a8]
                  <6> tribal government [goto a8]
                  <7> U.S. Federal agency [goto a7a]
                  <8> Other (SPECIFY) [specify] END WITH //   [goto a8]

                  <d> DON'T KNOW
                  <r> REFUSED


A7a        Which U.S. Federal agency is this facility operated by:
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5

<1> Department of Veterans Affairs
<2> Department of Defense
<3> Indian Health Service
<4> Other Federal agency (SPECIFY) [specify] END WITH //

<d> DON'T KNOW
<r> REFUSED


A8          Does this facility, at [fill location address], provide treatment
            services that specifically address:

|  | YES | NO |
|---|---|---|
| Schizophrenia or other psychoses | (1) | (0) |
| Mood disorders (such as, bipolar, depression) | (1) | (0) |
| Autism/autism spectrum disorders | (1) | (0) |
| Attention deficit or conduct disorders (such as, ADHD, disruptive behavior disorder) | (1) | (0) |
| Anxiety disorders (such as, PTSD, obsessive-compulsive disorder, phobia disorder) | (1) | (0) |
| Eating disorders (such as, anorexia nervosa, bulimia) | (1) | (0) |
| Other (SPECIFY) [specify] END WITH // | (1) | (0) |

(d) DON'T KNOW
(r) REFUSED


A9          What age groups are accepted for treatment
            at this facility?

|  | YES | NO |
|---|---|---|
| <1> Children (aged 17 or younger) | (1) | (0) |
| <2> Young adults (18-25) | (1) | (0) |
| <3> Adults (26 or older) | (1) | (0) |

(d) DON'T KNOW
(r) REFUSED


A10a        The next series of questions asks what types of clients are
            treated at this location. For each type of client treated at this
            facility, I will ask if this facility has a specially-designed
            mental health treatment program or group exclusively designed for
            that type of client.


            Does [fill facility name] treat [fill with client types 1-12) at
            this location?

|  | YES | NO |
|---|---|---|
| Children with serious emotional disturbance (SED) | (1) | (0) |
| Adults with serious mental illness (SMI) | (1) | (0) |
| Seniors or older adults | (1) | (0) |
| Individuals with Alzheimer's or dementia | (1) | (0) |

Individuals with co-occurring mental and substance
  abuse disorders                                      (1) (0)
Individuals with post-traumatic stress
  disorder (PTSD)                                      (1) (0)
Veterans                                               (1) (0)
Active duty military                                   (1) (0)
Members of military families                           (1) (0)
Individuals with traumatic brain injury (TBI)          (1) (0)
Lesbian, gay, bisexual, transgender, or
  questioning clients (LGBTQ)                          (1) (0)
Forensic clients (referred from the court/
  judicial system)                                     (1) (0)


(d) DON'T KNOW
(r) REFUSED


A10b      [ask for all A10a1-12 = <1>]]
          Does this facility offer a specially-designed mental health
          treatment program or group exclusively for…


                                                       YES  NO

Children with serious emotional disturbance (SED)      (1) (0)
Adults with serious mental illness (SMI)               (1) (0)
Seniors or older adults                                (1) (0)
Individuals with Alzheimer's or dementia               (1) (0)
Individuals with co-occurring mental and substance
  abuse disorders                                      (1) (0)
Individuals with post-traumatic stress
  disorder (PTSD)                                      (1) (0)
Veterans                                               (1) (0)
Active duty military                                   (1) (0)
Members of military families                           (1) (0)
Individuals with traumatic brain injury (TBI)          (1) (0)
Lesbian, gay, bisexual, transgender, or
  questioning clients (LGBTQ)                          (1) (0)
Forensic clients (referred from the court/
  judicial system)                                     (1) (0)
Specially-designed mental health treatment program or
  group exclusively for any other type of client
  (SPECIFY) [specify] END WITH //                              (1)
  (0)

(d) DON'T KNOW
(r) REFUSED


A11       Which of these services are offered at this facility, at this
          location?

          INTERVIEWER: For DEFINITIONS OF THESE SERVICES CLICK HERE


                                                       YES     NO

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Consumer-run (peer support) services            (1)    (0)
Psychiatric emergency walk-in services          (1)    (0)
Telemedicine therapy                            (1)    (0)
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(d) DON'T KNOW
(r) REFUSED

A12      Does this facility offer mental health services for the hearing-
         impaired?

         <1> YES
         <0> NO

         <d> DON'T KNOW
         <r> REFUSED

A13      Does this facility provide mental health treatment services in a
         language other than English at this location?

         <1> YES
         <0> No, only English [goto a14]

         <d> DON'T KNOW [goto a14]
         <r> REFUSED [goto a14]

A13a     In what other languages do staff provide mental health treatment
         services at this facility? Do not count languages provided only
         by on-call interpreters.

          <1> Hopi
          <2> Lakota
          <3> Navajo
          <4> Ojibwa
          <5> Yupik
          <6> Other Native American Indian or
              Alaska Native language (Specify) [specify]

          <7>  Arabic
          <8>  Any Chinese language
          <9>  Creole
          <10> French
          <11> German
          <12> Greek
          <13> Hmong
          <14> Italian
          <15> Japanese
          <16> Korean
          <17> Polish
          <18> Portuguese
          <19> Russian
          <20> Spanish
          <21> Tagalog
          <22> Vietnamese
          <23> Any other language (SPECIFY) [specify] END WITH //

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          <d> DON'T KNOW
          <r> REFUSED


A14       Does this facility offer treatment at no charge to clients who
          cannot afford to pay?

          <1> YES
          <0> NO [goto a15]

          <d> DON'T KNOW [goto a15]
          <r> REFUSED [goto a15]



A14a      Do you want the availability of free care for eligible clients
          published in SAMHSA's online Mental Health Facility Locator?

          PROBE IF NECESSARY: The Locator will inform potential clients to
                              call   the   facility   for   information   on
                              eligibility.

          <1> YES
          <0> NO

          <d> DON'T KNOW
          <r> REFUSED


A15       Does this facility use a sliding fee scale?

          <1> YES
          <0> NO [goto a16]

          <d> DON'T KNOW [goto a16]
          <r> REFUSED [goto a16]



A15a      Do you want the availability of a sliding fee scale published in
          SAMHSA's online Mental Health Facility Locator?

           PROBE IF NECESSARY: The Locator will explain that sliding fee
                               scales are based on income and other factors.

          <1> YES
          <0> NO

          <d> DON'T KNOW
          <r> REFUSED


A16       Which of the following types of client payments or insurance are
          accepted by this facility for mental health treatment services?
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|  | YES | NO |
|---|---|---|
| Medicaid | (1) | (0) |

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                Medicare                                      (1)   (0)
                State-financed health insurance plan other
                   than Medicaid                              (1)   (0)
                Federal military insurance
                   PROBE IF NECESSARY: Insurance such as
                         TRICARE)                             (1)   (0)
                Cash or self-payment
                   PROBE IF NECESSARY: This includes payments
                         made out-of-pocket                  (1)   (0)
                Private health insurance                      (1)   (0)
                IHS/638 contract care funds                   (1)   (0)

                (d) DON'T KNOW
                (r) REFUSED
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A17        What telephone number(s) should a potential client call to
           schedule a mental health intake appointment at this facility?

           INTERVIEWER: IF R TELLS YOU THE INTAKE NUMBER IS THE SAME AS THE
           NUMBER YOU CALLED, YOU MUST CONFIRM THAT NUMBER. IT IS FILLED AT
           THE END OF RESPONSE NUMBER 3 FOR THIS PURPOSE. YOU CANNOT ASSUME
           R KNOWS WHICH NUMBER YOU CALLED TO REACH THEM.

           <1>    TO RECORD INTAKE PHONE NUMBER(S)
           <2>    DOES NOT APPLY
           <3>    SAME NUMBER YOU JUST CALLED [fill adialphone]
           <4>    SAME NUMBER YOU JUST CALLED [fill adialphone] PLUS ANOTHER
                  NUMBER

           ENTER NUMERIC PHONE NUMBER (OPTIONAL): @phn
           ENTER EXTENSION (OPTIONAL) @ext
           ENTER NUMERIC PHONE NUMBER (OPTIONAL): @phn2
           ENTER EXTENSION (OPTIONAL) @ext2

             OR

           ENTER ALPHA PHONE NUMBER (OPTIONAL): @ac3   @phn3
           ENTER EXTENSION (OPTIONAL) @ext3
           ENTER ALPHA PHONE NUMBER (OPTIONAL): @ac4   @phn4
           ENTER EXTENSION (OPTIONAL) @ext4


           <d> DON'T KNOW
           <r> REFUSED


A18        Information about facility characteristics and services offered
           can be published in SAMHSA's online Mental Health Facility
           Locator. Does this facility want to be listed in the Locator?

           PROBE IF NECESSARY: The Mental Health Facility Locator can be
                              found at: http://store.samhsa.gov/MHLocator

           <1> YES
           <0> NO

           <d> DON'T KNOW
           <r> REFUSED

A19        Does this facility have a website or web page with information about the facility's mental health treatment programs?

           <1> YES
           <0> NO [goto a20]

           <d> DON'T KNOW [goto a20]
           <r> REFUSED [goto a20]


A19a       What is this facility's website address?

           Please tell me the address exactly as it should be entered in order to access your site.

           <1> RECORD


           <d> DON'T KNOW
           <r> REFUSED


A20        Does this <u>facility</u> have a National Provider Identifier (NPI) number?

            INTERVIEWER: <u>EXCLUDE</u> THE NPI NUMBERS OF INDIVIDUAL
                         PRACTITIONERS AND OF GROUPS OF PRACTITIONERS.

           <1> YES
           <0> NO [goto b1]

           <d> DON'T KNOW [goto b1]
           <r> REFUSED [goto b1]


A20a       What is the NPI number for this facility?

           INTERVIEWER: IF THE FACILITY HAS MORE THAN ONE NPI NUMBER,
                        RECORD ONLY THE PRIMARY NUMBER.

           <1> RECORD NPI NUMBER

           <d> DON'T KNOW
           <r> REFUSED


B1         ENTER RESPONDENT'S NAME. IF UNKNOWN, ASK.