

Attachment A.2 (N-MHSS-Locator Web Screens for Online Questionnaire)

U.S. Department of Health and Human Services

FORM APPROVED:
OMB No. 0930-0119
APPROVAL EXPIRES: XX/XX/XXXX

**Welcome to the
2012 National Mental Health Services Survey
(N-MHSS)
Locator Survey**

Sponsored by:
**Substance Abuse and Mental Health Services
Administration (SAMHSA)**

THIS IS A SECURE SITE

Conducted by:
Mathematica Policy Research

User Name

Password

Log In

If you do not know your User ID and Password, please refer to the pink flyer included in your survey packet or call our toll free number to obtain the information: 1-866-778-9752.

PLEDGE TO RESPONDENTS

The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(n)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's National Directory of Mental Health Treatment Facilities and the Mental Health Treatment Facility Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.

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 0930-0119. Public reporting burden for this collection of information is estimated to average 25 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 8-1099, Rockville, Maryland 20857.

Welcome to the 2012 National Mental Health Services Survey (N-MHSS) Locator Survey on the Internet.



PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE



INSTRUCTIONS

- Most of the questions in this survey ask about "this facility." By "this facility" we mean [Fill Facility Name and Address] . If you have any questions about how the term "this facility" applies to your facility, please call the N-MHSS helpline at 1-866-778-9752.
- Please answer ONLY for [Fill Facility Name and Address] , unless otherwise specified in the questionnaire.
- If this facility is a separate psychiatric unit of a general hospital, consider the psychiatric unit as the relevant "facility" for the purpose of this survey.
- Please keep a copy of your completed Web questionnaire for your records. You will be given the opportunity to review and print your responses at the end of the questionnaire.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <http://info.nmhsz.org>.
- If you have questions, please contact:

MATHEMATICA POLICY RESEARCH
1-866-778-9752

IMPORTANT INFORMATION

- Asterisked Questions: Information from asterisked (*) questions is published in SAMHSA's online Mental Health Facility Locator, found at <http://dore.samhza.gov/mhlocator>, unless you designate otherwise in question A18 of this questionnaire.
- Mapping Feature in Locator: Complete and accurate name and address information is needed for SAMHSA's online Mental Health Facility Locator so it can correctly map the facility's location.
- Eligibility for Locator: Only facilities that provide mental health treatment services and complete this questionnaire are eligible to be listed in the online Mental Health Facility Locator. If you have any questions regarding eligibility, please contact the N-MHSS helpline at 1-866-778-9752.

- [Click here for "Helpful Hints" on completing this questionnaire on the Web.](#)
- [Click here to preview the questionnaire.](#)
- When you are ready to begin, click on the BEGIN QUESTIONNAIRE button below.

BEGIN QUESTIONNAIRE

Quit

If you have immediate problems or questions, you can reach our helpline at 1-866-778-9752. The helpline is staffed Monday-Friday, 8 AM to 5 PM (Eastern Time). You can leave a message 24 hours a day when staff is not available,
OR
you can send an e-mail to the help desk by clicking on this link nmhsz@mathematica-mpr.com.

National Mental Health Services Survey (N-MHSS) Locator Survey

Substance Abuse and Mental Health Services Administration (SAMHSA)

**When you click the BEGIN QUESTIONNAIRE button below,
you will advance to the actual questionnaire.**

- If you are returning to finish a partially completed questionnaire, you will return to the point where you left off.
- If you are starting a new questionnaire, you will start at the beginning with the first question.
- Please do not scroll through the actual questionnaire to preview questions. This will cause errors and we will need to contact you to collect any missing information.
- Please do not use the "Enter" key to advance to the next screen. This can result in questions being missed. When all questions on the screen have been answered, click the "Submit Page and Continue" button at the bottom of each page.

If you want to [preview the questionnaire, click here](#).
Otherwise, if you are ready to begin the questionnaire, click the button below.

BEGIN QUESTIONNAIRE

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100%

You've completed 0% of your questionnaire!

A. FACILITY CHARACTERISTICS

Below you will find the information currently on record for this facility.

- Yes, the information below is correct as shown.
- No, some information below is incorrect or missing. **(Make your corrections below)**
- No, all information below is incorrect. **(Make your corrections below)**

Edit or add to the fields below to correct your facility's information and delete any incorrect information.

Facility Director: First Name Middle Last

Facility Name Line 1

Facility Name Line 2

Location Address:

Street Address

Street Address 2

City

State Zip

Facility Telephone Number () - ext

Facility Fax Number () -

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You've completed 5% of your questionnaire!

A. FACILITY CHARACTERISTICS

Who was primarily responsible for completing this survey? This information will only be used if we need to contact you about your responses. It will not be published.

SELECT ONE ONLY

- Ms.
- Miss
- Mrs
- Mr
- Dr
- Other (Specify:)

First Name

Last Name

Email Address

PHONE NUMBER () -

FAX NUMBER () -

Submit Page and Continue

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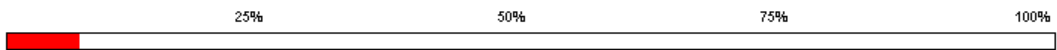
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You've completed 7% of your questionnaire!

A. FACILITY CHARACTERISTICS

A1. Does this facility at this location, that is, *[Fill Facility Name and Address]* offer:

SELECT "YES" OR "NO" FOR EACH

| | YES | NO |
|---|-----------------------|-----------------------|
| 1. Mental health intake services | <input type="radio"/> | <input type="radio"/> |
| 2. Mental health diagnostic evaluation | <input type="radio"/> | <input type="radio"/> |
| 3. Mental health information and referral services <i>(also includes emergency programs that provide services in person or by telephone)</i> | <input type="radio"/> | <input type="radio"/> |
| 4. Mental health treatment services <i>(services focused on improving the mental well-being of individuals with mental disorders and on promoting their recovery)</i> | <input type="radio"/> | <input type="radio"/> |
| 5. Substance abuse treatment services | <input type="radio"/> | <input type="radio"/> |
| 6. Administrative services | <input type="radio"/> | <input type="radio"/> |

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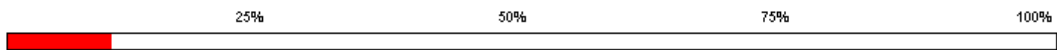
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You've completed 10% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

SELECT "YES" or "NO" FOR EACH

| | YES | NO |
|--|-----------------------|-----------------------|
| 1. 24-hour hospital inpatient setting (psychiatric hospital or general hospital with a separate psychiatric unit) | <input type="radio"/> | <input type="radio"/> |
| 2. 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) | <input type="radio"/> | <input type="radio"/> |
| 3. 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) | <input type="radio"/> | <input type="radio"/> |
| 4. Outpatient mental health setting (programs of mental health services provided to clients on an hourly schedule, on an individual or group basis) | <input type="radio"/> | <input type="radio"/> |

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You've completed 12% of your questionnaire!

A. FACILITY CHARACTERISTICS

*A4. Which ONE category best describes this facility, at this location?

- For definitions of facility types, click here: <http://info.nmhss.org/Definitions>

SELECT ONE ONLY

- [Psychiatric Hospital](#)
- [Separate inpatient psychiatric unit of a general hospital](#) (consider this psychiatric unit as the relevant "facility" for the purpose of this survey)
- [Residential treatment center for children](#)
- [Residential treatment center for adults](#)
- [Outpatient or day treatment or partial hospitalization mental health facility](#)
- [Multi-setting mental health facility](#) (non-hospital residential plus outpatient or day treatment or partial hospitalization)
- [Other](#) (Specify:)

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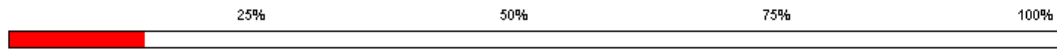
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You've completed 13% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No

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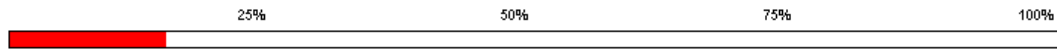
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You've completed 15% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Do not count the licenses or credentials of individual practitioners.

- Yes
- No

Submit Page and Continue

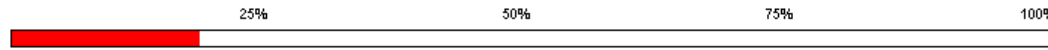
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You've completed 18% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No

Submit Page and Continue

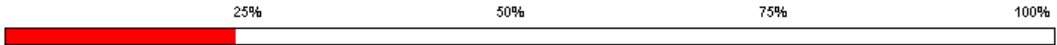
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You've completed 22% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A7. Is this facility operated by:**

SELECT ONE ONLY

- A private for-profit organization
- A private non-profit organization
- State mental health agency (SMHA)
- Other state government agency or department (e.g., Department of Health)
- Regional/district authority or local, county, or municipal government
- Tribal government
- U.S. Federal agency
- Other (Specify:)

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You've completed 23% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

SELECT ONE ONLY

- Department of Veterans Affairs
- Department of Defense
- Indian Health Service
- Other Federal agency (Specify:)

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You've completed 25% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A8. Does this facility, at this location, provide treatment services that specifically address:**
SELECT "YES" OR "NO" FOR EACH

| | YES | NO |
|--|-----------------------|-----------------------|
| 1. Schizophrenia or other psychoses | <input type="radio"/> | <input type="radio"/> |
| 2. Mood disorders (e.g., bipolar, depression) | <input type="radio"/> | <input type="radio"/> |
| 3. Autism/autism spectrum disorders | <input type="radio"/> | <input type="radio"/> |
| 4. Attention deficit or conduct disorders (e.g., ADHD, disruptive behavior disorder) | <input type="radio"/> | <input type="radio"/> |
| 5. Anxiety disorders (e.g., PTSD, obsessive-compulsive disorder, phobia disorder) | <input type="radio"/> | <input type="radio"/> |
| 6. Eating disorders (e.g., anorexia nervosa, bulimia) | <input type="radio"/> | <input type="radio"/> |
| 7. Other (Specify: <input type="text"/>) | <input type="radio"/> | <input type="radio"/> |

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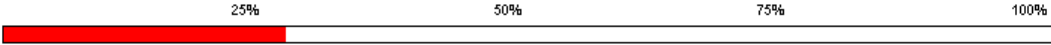
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You've completed 27% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

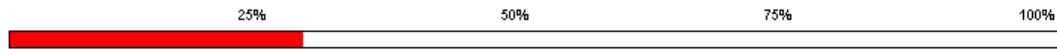
SELECT "YES" OR "NO" FOR EACH

| | YES | NO |
|----------------------------------|-----------------------|-----------------------|
| 1. Children (aged 17 or younger) | <input type="radio"/> | <input type="radio"/> |
| 2. Young adults (18-25) | <input type="radio"/> | <input type="radio"/> |
| 3. Adults (26 or older) | <input type="radio"/> | <input type="radio"/> |

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You've completed 28% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A1. Does this facility treat children with serious emotional disturbance (SED) at this location?

- Yes
- No

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You've completed 30% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B1. Does this facility offer a specially-designed mental health treatment program or group exclusively for children with serious emotional disturbance (SED)?**

- Yes
- No

** Information from asterisked questions will be published in SAMHSA's online Mental Health Facility Locator unless you designate otherwise in question A18 of this questionnaire.*

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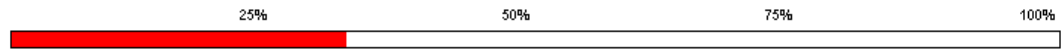
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You've completed 32% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A2. Does this facility treat adults with serious mental illness (SMI) at this location?

- Yes
- No

Submit Page and Continue

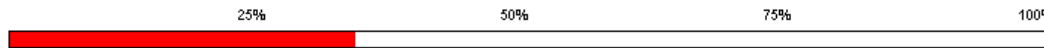
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You've completed 33% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B2. Does this facility offer a specially-designed mental health treatment program or group exclusively for adults with serious mental illness (SMI)?**

- Yes
- No

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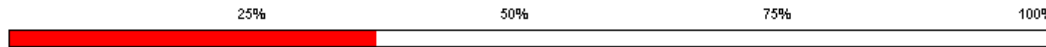
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You've completed 35% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A3. Does this facility treat seniors or older adults at this location?

- Yes
- No

Submit Page and Continue

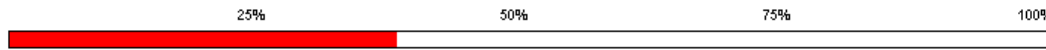
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You've completed 37% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B3. Does this facility offer a specially-designed mental health treatment program or group exclusively for seniors or older adults?**

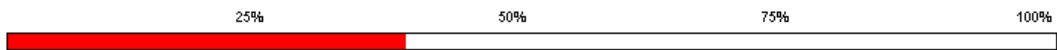
- Yes
- No

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You've completed 38% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A4. Does this facility treat individuals with Alzheimer's or dementia at this location?

Yes
 No

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You've completed 40% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B4. Does this facility offer a specially-designed mental health treatment program or group exclusively for individuals with Alzheimer's or dementia?**

- Yes
 No

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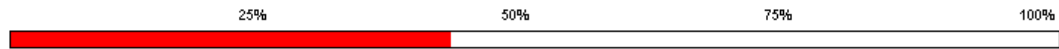
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You've completed 42% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A5. Does this facility treat individuals with co-occurring mental and substance abuse disorders at this location?

- Yes
- No

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You've completed 43% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B5. Does this facility offer a specially-designed mental health treatment program or group exclusively for individuals with co-occurring mental and substance abuse disorders?**

- Yes
- No

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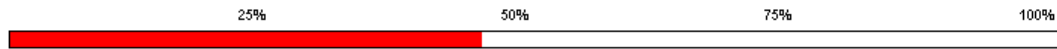
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you can send an e-mail to the help desk by clicking on this link nmhss@mathematica-mpr.com.



You've completed 45% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A6. Does this facility treat individuals with post-traumatic stress disorder (PTSD) at this location?

- Yes
- No

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You've completed 47% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B6. Does this facility offer a specially-designed mental health treatment program or group exclusively for individuals with post-traumatic stress disorder (PTSD)?**

- Yes
 No

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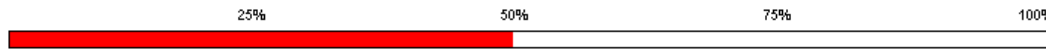
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You've completed 48% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A7. Does this facility treat veterans at this location?

- Yes
- No

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You've completed 50% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B7. Does this facility offer a specially-designed mental health treatment program or group exclusively for veterans?**

- Yes
- No

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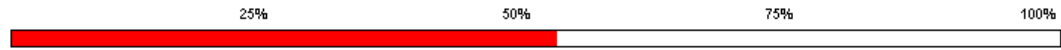
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You've completed 52% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A8. Does this facility treat active duty military at this location?

- Yes
- No

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You've completed 53% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B8. Does this facility offer a specially-designed mental health treatment program or group exclusively for active duty military?**

- Yes
- No

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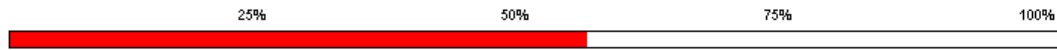
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You've completed 55% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A9. Does this facility treat members of military families at this location?

- Yes
- No

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You've completed 57% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B9. Does this facility offer a specially-designed mental health treatment program or group exclusively for members of military families?**

- Yes
 No

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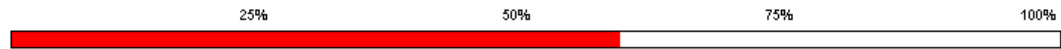
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You've completed 58% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A10. Does this facility treat individuals with traumatic brain injury (TBI) at this location?

- Yes
- No

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You've completed 60% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B10. Does this facility offer a specially-designed mental health treatment program or group exclusively for individuals with traumatic brain injury (TBI)?**

- Yes
 No

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You've completed 62% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A11. Does this facility treat lesbian, gay, bisexual, transgender, or questioning clients (LGBTQ) at this location?

- Yes
- No

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You've completed 63% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B11. Does this facility offer a specially-designed mental health treatment program or group exclusively for lesbian, gay, bisexual, transgender, or questioning clients (LGBTQ)?**

- Yes
- No

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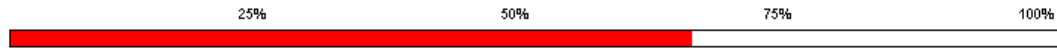
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You've completed 65% of your questionnaire!

A. FACILITY CHARACTERISTICS

A10A12. Does this facility treat forensic clients (referred from the court/judicial system) at this location?

- Yes
- No

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You've completed 67% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B12. Does this facility offer a specially-designed mental health treatment program or group exclusively for forensic clients (referred from the court/judicial system)?**

- Yes
 No

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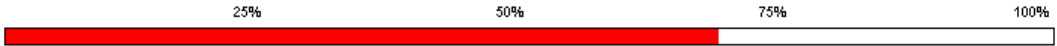
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You've completed 68% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A10B13. Does this facility offer a specially-designed mental health treatment program or group exclusively for any other type of client?**

Yes No

Please Specify

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You've completed 72% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- For definitions of these services, click here: <http://info.nmhss.org/Definitions>

SELECT "YES" OR "NO" FOR EACH

| | YES | NO |
|---|-----------------------|-----------------------|
| 1. Consumer-run (peer support) services | <input type="radio"/> | <input type="radio"/> |
| 2. Psychiatric emergency walk-in services | <input type="radio"/> | <input type="radio"/> |
| 3. Telemedicine therapy | <input type="radio"/> | <input type="radio"/> |

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You've completed 73% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
 No

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You've completed 75% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No, only English

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You've completed 77% of your questionnaire!

A. FACILITY CHARACTERISTICS

*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.

MARK ALL THAT APPLY

American Indian or Alaska Native:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Hopi |
| <input type="checkbox"/> | Lakota |
| <input type="checkbox"/> | Nasajo |
| <input type="checkbox"/> | Ojibwa |
| <input type="checkbox"/> | Yupik |
| <input type="checkbox"/> | Other Native American Indian or Alaska Native language (Specify: <input type="text"/>) |

Other Languages:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Arabic |
| <input type="checkbox"/> | Any Chinese Language |
| <input type="checkbox"/> | Creek |
| <input type="checkbox"/> | French |
| <input type="checkbox"/> | German |
| <input type="checkbox"/> | Greek |
| <input type="checkbox"/> | Hmong |
| <input type="checkbox"/> | Italian |
| <input type="checkbox"/> | Japanese |
| <input type="checkbox"/> | Korean |
| <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | Portuguese |
| <input type="checkbox"/> | Russian |
| <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | Tagalog |
| <input type="checkbox"/> | Vietnamese |
| <input type="checkbox"/> | Any other language (Specify: <input type="text"/>) |

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You've completed 78% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No

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You've completed 80% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- *The Locator will inform potential clients to call the facility for information on eligibility.*
- Yes
 No

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You've completed 82% of your questionnaire!

A. FACILITY CHARACTERISTICS

*A15. Does this facility use a sliding fee scale?

- Yes
 No

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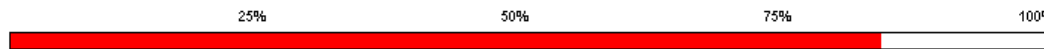
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You've completed 83% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- *The Locator will explain that sliding fee scales are based on income and other factors.*

- Yes
 No

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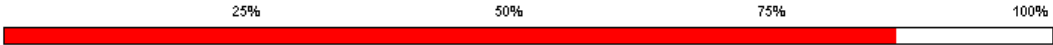
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You've completed 85% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A16. Which of the following types of client payments or insurance are accepted by this facility for mental health treatment services?**

SELECT "YES" OR "NO" FOR EACH

| | YES | NO |
|---|-----------------------|-----------------------|
| 1. Medicaid | <input type="radio"/> | <input type="radio"/> |
| 2. Medicare | <input type="radio"/> | <input type="radio"/> |
| 3. State-financed health insurance plan other than Medicaid | <input type="radio"/> | <input type="radio"/> |
| 4. Federal military insurance (e.g., TRICARE) | <input type="radio"/> | <input type="radio"/> |
| 5. Cash or self-payment (i.e., out-of-pocket) | <input type="radio"/> | <input type="radio"/> |
| 6. Private health insurance | <input type="radio"/> | <input type="radio"/> |
| 7. IHS/638 contract care funds | <input type="radio"/> | <input type="radio"/> |

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You've completed 87% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A17. What telephone number(s) should a potential client call to schedule a mental health intake appointment at this facility?**

Numeric Entry
[example: (888) 555-3456]

- 1. Enter intake telephone number here: () - ext
- 2. If applicable, enter secondary intake number here: () - ext

Alphanumeric Entry
[example: (888) 555 HELP]

- 1. Enter intake telephone number here: () ext
- 2. If applicable, enter secondary intake number here: () ext

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You've completed 88% of your questionnaire!

A. FACILITY CHARACTERISTICS

A18. Information from asterisked questions will be published in SAMHSA's online Mental Health Facility Locator. Does this facility want to be listed in the Locator?

- The Mental Health Facility Locator can be found at <http://store.samhsa.gov/MHLocator>

- Yes
 No

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You've completed 90% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No

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You've completed 92% of your questionnaire!

A. FACILITY CHARACTERISTICS

***A19a. What is this facility's website address?**

- Enter the address in the box below *EXACTLY* as it should be entered in order to access your site.
- Do not enter *http://* (for example, enter *www.yourfacility.com*)

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You've completed 93% of your questionnaire!

A. FACILITY CHARACTERISTICS

A20. Does this facility have a National Provider Identifier (NPI) number?

- Exclude the NPI numbers of individual practitioners and of groups of practitioners.
- Yes
- No

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OR
you can send an e-mail to the help desk by clicking on this link nmhs@mathematica-mpr.com.

25%

50%

75%

100%

You've completed 95% of your questionnaire!

A. FACILITY CHARACTERISTICS

A20a. What is the NPI number for this facility?

- *If the facility has more than one NPI number, please provide only the primary number.*

NPI

Submit Page and Continue

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25%

50%

75%

100%

You've completed 97% of your questionnaire!

B. GENERAL INFORMATION

Would you like to provide us with comments regarding your experience completing this questionnaire?

IMPORTANT NOTE: If you do not wish to report any comments, please submit this page in order to receive your confirmation number!

- Yes
 No

Submit Page and Continue

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25%

50%

75%

100%



You've completed 98% of your questionnaire!

B. GENERAL INFORMATION

Please enter your comments below.

IMPORTANT NOTE: Please submit this page in order to receive your confirmation number!

A large, empty rectangular text input area with a light gray border. It has a vertical scrollbar on the right side, indicating it can scroll vertically. The area is currently blank.

Submit Page and Continue

Start Page Over

[Quit for now](#)

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National Mental Health Services Survey (N-MHSS) Locator Survey

Substance Abuse and Mental Health Services Administration (SAMHSA)

You are about to submit your survey

Before quitting this site, please be sure to [print out a record by clicking here](#).

When you've finished, please click on the "SUBMIT SURVEY" button below.

CAUTION: You will not be able to make any changes after you click "Submit Survey".

If you have immediate problems or questions, you can reach our helpline at 1-866-778-9752. The helpline is staffed Monday-Friday, 8 AM to 5 PM (Eastern Time). You can leave a message 24 hours a day when staff is not available,
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you can send an e-mail to the help desk by clicking on this link nmhss@mathematica-mpr.com.

National Mental Health Services Survey (N-MHSS) Locator Survey

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank You

Your completed survey has been submitted

YOUR CONFIRMATION NUMBER IS: NM10-11

Before quitting this site, please be sure to print out a record.

[Click here to print a copy of your answers](#)

- It may take a minute or two to load all of your responses.
- When the page is finished loading, use your browser's print button to print a record of your answers.

If you would like to exit the questionnaire, please click on the "QUIT" button below.

CAUTION: You will not be able to re-enter this survey to print a copy after you click "QUIT" and close your browser.

Thanks again for your participation!

Quit

If you have immediate problems or questions, you can reach our helpline at 1-866-778-9752. The helpline is staffed Monday-Friday, 8 AM to 5 PM (Eastern Time). You can leave a message 24 hours a day when staff is not available,
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