U.S. Department of Health and Human Services

Attachment A.1 (N-MHSS-Locator Questionnaire)
OMB No. 0930-0119
APPROVAL EXPIRES: xx/xx/xxxx
See OMB burden statement on last page

2012 National Mental Health Services Survey (N-MHSS) Locator Survey

Substance Abuse and Mental Health Services Administration

INSTRUCTIONS

- Most of the questions in this survey ask about "this facility". By "this facility" we mean **[Facility Name 1], [Facility Name 2], [Location Address 1], [Location Address 2], [Location City, State, Zip]**. 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 **[Facility Name 1], [Facility Name 2], [Location Address 1], [Location Address 2], [Location City, State, Zip]**, 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.nmhss.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 at http://store.samhsa.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

• PREPARED BY MATHEMATICA POLICY RESEARCH

SECTION A: FACILITY CHARACTERISTICS

The following questions ask about the services currently offered at this facility only, that is, [Facility Name 1], [Facility Name 2] located at [Location Address 1], [Location Address 2], [Location City, State, Zip].

A1. Does this facility, at this location, offer:

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Mental health intake services	1 ☐	0 ☐
2. Mental health diagnostic evaluation	1 ☐	0 ☐
3. Mental health information and referral services *(also includes emergency programs that provide services in person or by telephone)*	1 ☐	0 ☐
4. Mental health treatment services *(services focused on improving the mental well-being of individuals with mental disorders and on promoting their recovery)*	1 ☐	0 ☐
5. Substance abuse treatment services	1 ☐	0 ☐
6. Administrative services	1 ☐	0 ☐

A2. Did you answer "yes" to mental health treatment services in question A1 above (option 4)?

1 ☐ Yes

0 ☐ No ⟶ **SKIP TO B1 (PAGE 4)**

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

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. **24-hour hospital inpatient setting** (psychiatric hospital or general hospital with a separate psychiatric unit)	1 ☐	0 ☐
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)	1 ☐	0 ☐
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)	1 ☐	0 ☐
4. **Outpatient mental health setting** (programs of mental health services provided to clients on an hourly schedule, on an individual or group basis)	1 ☐	0 ☐

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

- *For definitions of facility types, log on to: http://info.nmhss.org*

MARK ONE ONLY

1 ☐ Psychiatric hospital

2 ☐ Separate inpatient psychiatric unit of a general hospital (*consider this psychiatric unit as the relevant "facility" for the purpose of this survey)*

3 ☐ Residential treatment center for children

4 ☐ Residential treatment center for adults

5 ☐ Outpatient or day treatment or partial hospitalization mental health facility

6 ☐ Multi-setting mental health facility (non-hospital residential plus outpatient or day treatment or partial hospitalization)

7 ☐ Other *(Specify*:

_____*)*

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

1 ☐ Yes

0 ☐ No ⟶ **SKIP TO A6**

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.*

1 ☐ Yes

0 ☐ No ⟶ **SKIP TO B1 (PAGE 4)**

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

1 ☐ Yes → **SKIP TO B1 (PAGE 4)**

0 ☐ No

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

MARK ONE ONLY

1 ☐ A private <u>for-profit</u> organization

2 ☐ A private <u>non-profit</u> organization

3 ☐ State mental health agency (SMHA)

4 ☐ Other state government agency or department (e.g., Department of Health)

5 ☐ Regional/district authority or local, county or municipal government

6 ☐ Tribal government

7 ☐ U.S. Federal agency

MARK ONE ONLY

a ☐ Department of Veterans Affairs

b ☐ Department of Defense

c ☐ Indian Health Service

d ☐ Other Federal agency *(Specify*: _____*)*

8 ☐ Other *(Specify*: _____*)*

***A8. Does this facility, at this location, provide treatment services that specifically address:**

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Schizophrenia or other psychoses	1 ☐	0 ☐
2. Mood disorders (e.g., bipolar, depression)	1 ☐	0 ☐
3. Autism/autism spectrum disorders	1 ☐	0 ☐
4. Attention deficit or conduct disorders (e.g., ADHD, disruptive behavior disorder)	1 ☐	0 ☐
5. Anxiety disorders (e.g., PTSD, obsessive-compulsive disorder, phobia disorder)	1 ☐	0 ☐
6. Eating disorders (e.g., anorexia nervosa, bulimia)	1 ☐	0 ☐
7. Other *(Specify*: _____*)*	1 ☐	0 ☐

***A9. What age groups are accepted for treatment <u>at this facility</u>?**

MARK "YES" OR "NO" FOR EACH

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

***A10. This question has two parts.**

Column A – Please indicate the <u>types of clients</u> treated <u>at this location</u>.

Column B – For each "yes" in Column A, indicate whether this facility offers a specially-designed mental health treatment program or group <u>exclusively</u> for that type of client.

TYPE OF CLIENT	Column A: CLIENTS TREATED YES	Column A: CLIENTS TREATED NO	Column B: OFFERS SPECIALLY DESIGNED PROGRAM OR GROUP YES	Column B: OFFERS SPECIALLY DESIGNED PROGRAM OR GROUP NO
1. Children with serious emotional disturbance (SED)	1 ☐	0 ☐	1 ☐	0 ☐
2. Adults with serious mental illness (SMI)	1 ☐	0 ☐	1 ☐	0 ☐
3. Seniors or older adults	1 ☐	0 ☐	1 ☐	0 ☐
4. Individuals with Alzheimer's or dementia	1 ☐	0 ☐	1 ☐	0 ☐
5. Individuals with co-occurring mental and substance abuse disorders	1 ☐	0 ☐	1 ☐	0 ☐
6. Individuals with post-traumatic stress disorder (PTSD)	1 ☐	0 ☐	1 ☐	0 ☐
7. Veterans	1 ☐	0 ☐	1 ☐	0 ☐
8. Active duty military	1 ☐	0 ☐	1 ☐	0 ☐
9. Members of military families	1 ☐	0 ☐	1 ☐	0 ☐
10. Individuals with traumatic brain injury (TBI)	1 ☐	0 ☐	1 ☐	0 ☐
11. Lesbian, gay, bisexual, transgender, or questioning clients (LGBTQ)	1 ☐	0 ☐	1 ☐	0 ☐
12. Forensic clients (referred from the court/judicial system)	1 ☐	0 ☐	1 ☐	0 ☐
13. Other special program			1 ☐	0 ☐
(*Specify below:* _____*)*				

***A11. Which of these <u>services</u> are offered at this facility, at this location?**

- *For definitions of these services, log on to: <u>http://info.nmhss.org</u>*

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Consumer-run (peer support) services	1 ☐	0 ☐
2. Psychiatric emergency walk-in services.	1 ☐	0 ☐
3. Telemedicine therapy	1 ☐	0 ☐

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

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No, only English → **SKIP TO A14**

***A13a. In what other languages do staff provide mental health treatment services <u>at this facility</u>?**

- *Do not count languages provided only by on-call interpreters.*

MARK ALL THAT APPLY

American Indian or Alaska Native:

1 ☐ Hopi
2 ☐ Lakota
3 ☐ Navajo
4 ☐ Ojibwa
5 ☐ Yupik
6 ☐ Other Native American Indian or Alaska Native language

(Specify: _____*)*

Other Languages:

1 ☐ Arabic
2 ☐ Any Chinese Language
3 ☐ Creole
4 ☐ French
5 ☐ German
6 ☐ Greek
7 ☐ Hmong
8 ☐ Italian
9 ☐ Japanese
10 ☐ Korean
11 ☐ Polish
12 ☐ Portuguese
13 ☐ Russian
14 ☐ Spanish
15 ☐ Tagalog
16 ☐ Vietnamese
17 ☐ Any other language *(Specify:*

_____*)*

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

1 ☐ Yes

0 ☐ No → **SKIP TO A15**

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.*

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO A16**

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.*

1 ☐ Yes

0 ☐ No

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

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Medicaid	1 ☐	0 ☐
2. Medicare	1 ☐	0 ☐
3. State-financed health insurance plan other than Medicaid	1 ☐	0 ☐
4. Federal military insurance (e.g., TRICARE)	1 ☐	0 ☐
5. Cash or self-payment (i.e., out-of-pocket)	1 ☐	0 ☐
6. Private health insurance	1 ☐	0 ☐
7. IHS/638 contract care funds	1 ☐	0 ☐

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

INTAKE TELEPHONE NUMBER(S):

1. (____) _____ - _____ ext._____

2. (____) _____ - _____ ext._____

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

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

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO A20**

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

- *Please enter the address exactly as it should be entered in order to access your site.*

Website: _____

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

- *<u>Exclude</u> the NPI numbers of individual practitioners and of groups of practitioners.*

1 ☐ Yes

0 ☐ No → **SKIP TO B1 (PAGE 4)**

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 | | | | | | | | | | |

SECTION B: CONTACT INFORMATION

B1. **Who was primarily responsible for completing this form?** *This information will only be used if we need to contact you about your responses. It will not be published.*

MARK ONE ONLY

1 ☐ Ms. 2 ☐ Miss 3 ☐ Mrs. 4 ☐ Mr. 5 ☐ Dr.

6 ☐ Other *(Specify: _____)*

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

FAX NUMBER:

( ) - -

Area Code Extension

PHONE NUMBER:

( ) - -

Area Code Extension

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.