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U.S. Department of Health and Human Services

FORM APPROVED:
OMB No. 0930-XXXX
APPROVAL EXPIRES: XX/XX/20XX

**Welcome to the
2014 National Mental Health Services Survey
(N-MHSS)**

April 30, 2014

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

THIS IS A SECURE SITE

Conducted by:
Mathematica Policy Research

User Name Password

If you do not know your User ID and Password, please refer to the web 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 45 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857.

[Plain Language](#)

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Welcome to the 2014 National Mental Health Services Survey (N-MHSS) 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 *ABC Psychological Services, XYZ East 21st Street*. 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 *ABC Psychological Services, XYZ East 21st Street*, unless otherwise specified in the questionnaire.
- If this is a **separate psychiatric unit of a general hospital**, consider the psychiatric unit as the relevant "facility" for the purpose of this survey.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <http://info.nmhss.org>.

Please keep a copy of your completed questionnaire for your records

- If you have questions, please contact:

MATHEMATICA POLICY RESEARCH
1-866-778-9752
NMHSS@mathematica-mpr.com.

IMPORTANT INFORMATION

***Asterisked Questions.** Information from asterisked (*) questions is published in SAMHSA's online Behavioral Health Treatment Services Locator, found at <http://findtreatment.samhsa.gov>, unless you designate otherwise in question C1 of this questionnaire.

Mapping Feature in Locator. Complete and accurate name and address information is needed for SAMHSA's online Behavioral Health Treatment Services Locator so it can correctly map the facility's location.

Eligibility for Locator. Only facilities that provide mental health treatment and complete this questionnaire are eligible to be listed in the online Behavioral Health Treatment Services Locator. If you have any questions regarding eligibility, please contact the N-MHSS helpline at 1-866-778-9752.

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National Mental Health Services Survey (N-MHSS)

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

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 nmhss@mathematica-mpr.com.

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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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Who will be primarily responsible for completing this questionnaire?

This information will only be used if we need to contact you about your responses. It will not be published.

SELECT ONE ONLY

- Ms.
- Mrs.
- Mr.
- Dr.
- Other (Please specify:)

First Name

Last Name

Title

Optional Information:

Telephone number (If different from main facility number):

() - ext

Fax number (If different from main facility number):

() -

Respondent Email Address

Facility Email Address

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A1. Does this facility, at this location, that is, *ABC Psychological Services, XYZ East 21st Street*, offer?

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Mental health intake	<input type="radio"/>	<input type="radio"/>
2. Mental health diagnostic evaluation	<input type="radio"/>	<input type="radio"/>
3. Mental health information and referral (<i>also includes emergency programs that provide services in person or by telephone</i>)	<input type="radio"/>	<input type="radio"/>
*4. Mental health treatment (<i>interventions such as therapy or psychotropic medication that treat a person's mental health problem or condition, reduce symptoms, and improve behavioral functioning and outcomes</i>)	<input type="radio"/>	<input type="radio"/>
5. Substance abuse treatment	<input type="radio"/>	<input type="radio"/>
6. Administrative services	<input type="radio"/>	<input type="radio"/>

Submit Page and Continue

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***A3. What levels of care are offered at this facility, at this location, for mental health treatment?**

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. 24-hour hospital inpatient care	<input type="radio"/>	<input type="radio"/>
2. 24-hour residential care	<input type="radio"/>	<input type="radio"/>
3. Less than 24-hour partial hospitalization	<input type="radio"/>	<input type="radio"/>
4. Less than 24-hour outpatient care	<input type="radio"/>	<input type="radio"/>

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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

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 only](#)
- [Residential treatment center for adults only](#)
- [Other residential treatment setting](#)
- [Veterans Administration medical center \(VAMC\)/facility](#)
- [Community mental health center](#)
- [Outpatient mental health facility](#)
- [Multi-setting mental health facility](#) (non-hospital residential plus outpatient or day treatment or partial hospitalization)
- Other (Please specify:)

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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

- Yes
- No

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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

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A6. Is this facility a Federally Qualified Health Center (FQHC)?

- *FQHCs include: (1) all organizations that receive grants under Section 330 of the Public Health Service Act; and (2) other organizations that have not received grants to date, but have met the requirements to receive grants under Section 330 according to U.S. Department of Health and Human Services.*

- Yes
- No

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A7. What is the primary treatment focus of this facility, at this location?

- *Separate psychiatric units in a general hospital should answer for just their unit and NOT for the entire hospital*

SELECT ONE ONLY

- Mental health treatment
- Substance abuse treatment
- Mix of mental health and substance abuse treatment (neither is primary)
- General health care
- Other service focus (Please specify:)

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A8. Is this facility a jail, prison, or detention center that provides treatment exclusively for incarcerated persons or juvenile detainees?

- Yes
- No

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***A9. Is this facility operated by:**

SELECT ONE ONLY

A private for-profit organization

A private non-profit organization

A public agency or department

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A9a. Which public agency or department?**

SELECT ONE ONLY

- State mental health authority (SMHA)
- Other state government agency or department (e.g., Department of Health)
- Regional/district authority or local, county, or municipal government
- Tribal government
- Department of Veterans Affairs
- Indian Health Service
- Other (Please specify:)

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A10. Is this facility affiliated with a religious organization?

- Yes
- No

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***A11. Which of these mental health treatment approaches are offered at this facility, at this location?**

- For definitions of treatment approaches, log on to: <http://info.nmhss.org>.

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Activity therapy	<input type="radio"/>	<input type="radio"/>
2. Behavior modification	<input type="radio"/>	<input type="radio"/>
3. Cognitive/behavioral therapy	<input type="radio"/>	<input type="radio"/>
4. Couples/family therapy	<input type="radio"/>	<input type="radio"/>
5. Electroconvulsive therapy	<input type="radio"/>	<input type="radio"/>
6. Group therapy	<input type="radio"/>	<input type="radio"/>
7. Individual psychotherapy	<input type="radio"/>	<input type="radio"/>
8. Integrated dual disorders treatment	<input type="radio"/>	<input type="radio"/>
9. Psychotropic medication	<input type="radio"/>	<input type="radio"/>
10. Telemedicine therapy	<input type="radio"/>	<input type="radio"/>
11. Other (Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A12. Which of these supportive services and practices are offered at this facility, at this location?**

- For definitions of supportive practices, log on to: <http://info.nmhss.org>.

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Assertive community treatment	<input type="radio"/>	<input type="radio"/>
2. Case management	<input type="radio"/>	<input type="radio"/>
3. Chronic disease/illness management (CDM)	<input type="radio"/>	<input type="radio"/>
4. Consumer-run (peer support) services	<input type="radio"/>	<input type="radio"/>
5. Court-ordered outpatient treatment	<input type="radio"/>	<input type="radio"/>
6. Education services	<input type="radio"/>	<input type="radio"/>
7. Family psychoeducation	<input type="radio"/>	<input type="radio"/>
8. Housing services	<input type="radio"/>	<input type="radio"/>
9. Illness management and recovery (IMR)	<input type="radio"/>	<input type="radio"/>
10. Legal advocacy	<input type="radio"/>	<input type="radio"/>
11. Nicotine replacement therapy	<input type="radio"/>	<input type="radio"/>
12. Non-nicotine smoking/tobacco cessation medications (by prescription)	<input type="radio"/>	<input type="radio"/>
13. Psychiatric emergency walk-in services	<input type="radio"/>	<input type="radio"/>
14. Psychosocial rehabilitation services	<input type="radio"/>	<input type="radio"/>
15. Screening for tobacco use	<input type="radio"/>	<input type="radio"/>
16. Suicide prevention services	<input type="radio"/>	<input type="radio"/>
17. Supported employment	<input type="radio"/>	<input type="radio"/>
18. Supported housing	<input type="radio"/>	<input type="radio"/>
19. Therapeutic foster care	<input type="radio"/>	<input type="radio"/>
20. Tobacco cessation counseling	<input type="radio"/>	<input type="radio"/>
21. Vocational rehabilitation services	<input type="radio"/>	<input type="radio"/>
22. Other (Please specify:)	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

* Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.

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***A13. What age groups are accepted for treatment at this facility?**

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Children (17 or younger)	<input type="radio"/>	<input type="radio"/>
2. Young adults (18-25)	<input type="radio"/>	<input type="radio"/>
3. Adults (26-64)	<input type="radio"/>	<input type="radio"/>
4. Seniors (65 or older)	<input type="radio"/>	<input type="radio"/>

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A14. Does this facility offer a mental health treatment program or group designed exclusively for:**

- *If you treat these clients for mental health, but do not have a specifically tailored program or group for them, check "NO."*

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Children with serious emotional disturbance (SED)	<input type="radio"/>	<input type="radio"/>
2. Adults with serious mental illness (SMI)	<input type="radio"/>	<input type="radio"/>
3. Seniors or older adults	<input type="radio"/>	<input type="radio"/>
4. Persons with Alzheimer's or dementia	<input type="radio"/>	<input type="radio"/>
5. Persons with co-occurring mental and substance use disorders	<input type="radio"/>	<input type="radio"/>
6. Persons with eating disorders	<input type="radio"/>	<input type="radio"/>
7. Persons with HIV or AIDS	<input type="radio"/>	<input type="radio"/>
8. Persons with post-traumatic stress disorder (PTSD)	<input type="radio"/>	<input type="radio"/>
9. Veterans	<input type="radio"/>	<input type="radio"/>
10. Active duty military	<input type="radio"/>	<input type="radio"/>
11. Members of military families	<input type="radio"/>	<input type="radio"/>
12. Persons with traumatic brain injury (TBI)	<input type="radio"/>	<input type="radio"/>
13. Lesbian, gay, bisexual, or transgender clients (LGBT)	<input type="radio"/>	<input type="radio"/>
14. Forensic clients (referred from the court/judicial system)	<input type="radio"/>	<input type="radio"/>
15. Other special program (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A15. Does this facility offer a crisis intervention team that handles acute mental health issues at this facility and/or off-site?**

- Yes
- No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A16. Does this facility offer mental health treatment services for the hearing-impaired?**

- Yes
- No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A17. Does this facility provide mental health treatment services in a language other than English at this location?**

- Yes
- No, only English

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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***A17a. Do staff provide mental health treatment services in Spanish at this facility?**

- Yes
- No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A17b. Do staff at this facility provide mental health treatment services in any other languages?

- Yes
- No

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***A17c. In what other languages do staff provide mental health treatment services at this facility?**

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

SELECT ALL THAT APPLY

American Indian or Alaska Native:

<input type="checkbox"/>	Hopi
<input type="checkbox"/>	Lakota
<input type="checkbox"/>	Navajo
<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"/>	Creole
<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"/>	Tagalog
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Any other language (Specify: <input type="text"/>)

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A18. Which of these quality assurance practices are part of this facility's standard operating procedures?

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Monitoring continuing education requirements for professional staff	<input type="radio"/>	<input type="radio"/>
2. Regularly scheduled case review with a supervisor	<input type="radio"/>	<input type="radio"/>
3. Regularly scheduled case review by an appointed quality review committee	<input type="radio"/>	<input type="radio"/>
4. Client/patient outcome follow-up after discharge	<input type="radio"/>	<input type="radio"/>
5. Periodic utilization review	<input type="radio"/>	<input type="radio"/>
6. Periodic client/patient satisfaction surveys	<input type="radio"/>	<input type="radio"/>

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***A19. Which statement(s) below BEST describe(s) this facility's smoking policy for clients?**

SELECT ONE ONLY

- Not permitted to smoke anywhere outside or within any building
- Permitted in designated outdoor area(s)
- Permitted anywhere outside
- Permitted in designated indoor area(s)
- Permitted anywhere inside
- Permitted anywhere without restriction

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A20. In the 12-month period beginning May 1, 2013, and ending April 30, 2014, have staff at this facility used seclusion or restraint with clients?

- Yes
- No

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A20a. In the 12-month period beginning May 1, 2013, and ending April 30, 2014, has your facility adopted any initiatives to reduce the use of seclusion or restraint?

- Yes
 No

A21. For each of the following functions, please indicate if staff members routinely use computer or electronic resources, paper only, or a combination of both to complete the function.

	Computer/ Electronic Only	Paper Only	Both Electronic and Paper	N/A
1. Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Scheduling appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Assessment/evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Issue/receive lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Client progress monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Prescribing/dispensing medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Checking medication interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Health records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Collaboration with a client's other providers (such as primary care provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Client or family satisfaction surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***A22. Does this facility use a sliding fee scale?**

- Yes
- No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A22a. Do you want the availability of a sliding fee scale published in SAMHSA's online Behavioral Health Treatment Services Locator?

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

- Yes
- No

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***A23. Does this facility offer treatment at no charge to clients who cannot afford to pay?**

- Yes
- No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A23a. Do you want the availability of free care for eligible clients published in SAMHSA's online Behavioral Health Treatment Services Locator?

- *The Locator will inform potential clients to call the facility for information on eligibility.*

- Yes
- No

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***A24. Which of the following types of client payments, insurance, or funding are accepted by this facility for mental health treatment services?**

SELECT "YES," "NO," OR "DON'T KNOW" FOR EACH

	YES	NO	DON'T KNOW
1. Cash or self-payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. State-financed health insurance plan other than Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. State mental health agency (or equivalent) funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. State welfare or child and family services agency funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. State corrections or juvenile justice agency funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. State education agency funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other state government funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. County or local government funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Community Service Block Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Community Mental Health Block Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Federal military insurance (such as TRICARE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. U.S. Department of Veterans Affairs funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. IHS/638 contract care funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Other (Please specify:) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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A25. From which of these organizations does this facility have licensing, certification, or accreditation?

- *Do not include personal-level credentials or general business licenses such as a food service license.*

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. State mental health authority	<input type="radio"/>	<input type="radio"/>
2. State substance abuse agency	<input type="radio"/>	<input type="radio"/>
3. State department of health	<input type="radio"/>	<input type="radio"/>
4. Hospital licensing authority	<input type="radio"/>	<input type="radio"/>
5. The Joint Commission (JC)	<input type="radio"/>	<input type="radio"/>
6. Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>
7. Council on Accreditation (COA)	<input type="radio"/>	<input type="radio"/>
8. Department of Family and Children's Services	<input type="radio"/>	<input type="radio"/>
9. Medicare	<input type="radio"/>	<input type="radio"/>
10. Medicaid	<input type="radio"/>	<input type="radio"/>
11. Other national, state, or local organization (Please specify:)	<input type="radio"/>	<input type="radio"/>

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***A26. What telephone number(s) should a potential client call to schedule an intake appointment?**

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

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

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B1. Although reporting for only the clients/patients treated at this facility is preferred, we realize that may not be possible. Will the client/patient counts reported in this questionnaire include...

SELECT ONE ONLY

- Only this facility
- This facility plus others
- Another facility in the organization will report client counts for this facility

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B1a. Please record the name and phone number of the facility that will report your client counts.

Facility name:

Telephone: () -

Screens)

B2. How many facilities will be included in the reported client counts?

Enter the number of additional facilities included in client counts in the box below.

This facility: 1

+ ADDITIONAL FACILITIES

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B3. On April 30, 2014, did any patients receive 24-hour hospital inpatient mental health treatment at ABC Psychological Services, at XYZ East 21st Street?

- Yes
- No

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B3a. On April 30, 2014, how many patients received 24-hour hospital inpatient mental health treatment at ABC Psychological Services?

- *DO NOT count family members, friends, or other non-treatment patients*

HOSPITAL INPATIENTS
TOTAL BOX

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B. CLIENT/PATIENT COUNT INFORMATION
24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

Screens)

B3b. For each category below, please provide a breakdown of the Hospital Inpatients reported in the B3a TOTAL BOX. Use either numbers OR percents, whichever is more convenient.

- If numbers are used - each category total should equal the number reported in the B3a TOTAL BOX above
- If percents are used - each category total should equal 100%

	NUMBER	OR	PERCENT
GENDER Male	<input type="text"/>		<input type="text"/>
Female	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B3a or 100)	<input type="text"/>		<input type="text"/>
AGE 0 - 17	<input type="text"/>		<input type="text"/>
18 - 64	<input type="text"/>		<input type="text"/>
65 and older	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B3a or 100)	<input type="text"/>		<input type="text"/>
ETHNICITY Hispanic or Latino	<input type="text"/>		<input type="text"/>
Not Hispanic or Latino	<input type="text"/>		<input type="text"/>
Unknown or not collected	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B3a or 100)	<input type="text"/>		<input type="text"/>

RACE American Indian or Alaska Native	<input type="text"/>		<input type="text"/>
Asian	<input type="text"/>		<input type="text"/>
Black or African American	<input type="text"/>		<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>		<input type="text"/>
White	<input type="text"/>		<input type="text"/>
Two or more races	<input type="text"/>		<input type="text"/>
Unknown or not collected	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B3a or 100)	<input type="text"/>		<input type="text"/>
LEGAL STATUS Voluntary	<input type="text"/>		<input type="text"/>
Involuntary, non-forensic	<input type="text"/>		<input type="text"/>
Involuntary, forensic	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B3a or 100)	<input type="text"/>		<input type="text"/>

Screens)

B3c. On April 30, 2014, how many hospital inpatient beds at this facility were specifically designated for providing mental health treatment?

NUMBER OF BEDS
(If none, enter 0)

Submit Page and Continue

Start Page Over

Screens)

B4. On April 30, 2014, did any clients receive 24-hour residential mental health treatment at *ABC Psychological Services, at XYZ East 21st Street*?

- Yes
- No

Submit Page and Continue

Start Page Over

Screens)

B4a. On April 30, 2014, how many clients received 24-hour residential mental health treatment at *ABC Psychological Services*?

- *DO NOT count family members, friends, or other non-treatment clients*

RESIDENTIAL CLIENTS
TOTAL BOX

Submit Page and Continue

Start Page Over

Screens)

B4b. For each category below, please provide a breakdown of the Residential Clients reported in the B4a TOTAL BOX. Use either numbers OR percents, whichever is more convenient.

- If numbers are used - each category total should equal the number reported in the B4a TOTAL BOX above
- If percents are used - each category total should equal 100%

	NUMBER	OR	PERCENT
GENDER Male	<input type="text"/>		<input type="text"/>
Female	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B4a or 100)	<input type="text"/>		<input type="text"/>
AGE 0 - 17	<input type="text"/>		<input type="text"/>
18 - 64	<input type="text"/>		<input type="text"/>
65 and older	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B4a or 100)	<input type="text"/>		<input type="text"/>
ETHNICITY Hispanic or Latino	<input type="text"/>		<input type="text"/>
Not Hispanic or Latino	<input type="text"/>		<input type="text"/>
Unknown or not collected	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B4a or 100)	<input type="text"/>		<input type="text"/>

RACE American Indian or Alaska Native	<input type="text"/>		<input type="text"/>
Asian	<input type="text"/>		<input type="text"/>
Black or African American	<input type="text"/>		<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>		<input type="text"/>
White	<input type="text"/>		<input type="text"/>
Two or more races	<input type="text"/>		<input type="text"/>
Unknown or not collected	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B4a or 100)	<input type="text"/>		<input type="text"/>
LEGAL STATUS Voluntary	<input type="text"/>		<input type="text"/>
Involuntary, non-forensic	<input type="text"/>		<input type="text"/>
Involuntary, forensic	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B4a or 100)	<input type="text"/>		<input type="text"/>

Submit Page and Continue

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Screens)

B4c. On April 30, 2014, how many residential beds at this facility were specifically designated for providing mental health treatment?

NUMBER OF BEDS
(if none, enter 0)

Submit Page and Continue

Start Page Over

Screens)

B5. During the month of April 2014, did any clients receive less than 24-hour outpatient mental health treatment at *ABC Psychological Services, at XYZ East 21st Street*?

- ALSO INCLUDE PARTIAL HOSPITALIZATION CLIENTS

- Yes
- No

Submit Page and Continue

Start Page Over

Screens)

B5a. During the month of April 2014, how many clients received outpatient mental health treatment at ABC Psychological Services?

- *ONLY INCLUDE those seen at this facility at least once during the month of April, AND who were still enrolled in treatment on April 30, 2014*
- *DO NOT count family members, friends, or other non-treatment clients*

OUTPATIENT
CLIENTS
TOTAL BOX

Submit Page and Continue

Start Page Over

Screens)

B. CLIENT/PATIENT COUNT INFORMATION
LESS THAN 24-HOUR OUTPATIENT CLIENT COUNTS

Screens)

B5b. For each category below, please provide a breakdown of the Outpatient Clients reported in the B5a TOTAL BOX. Use either numbers OR percents, whichever is more convenient.

- If numbers are used - each category total should equal the number reported in the B5a TOTAL BOX above
- If percents are used - each category total should equal 100%

	NUMBER	OR	PERCENT
GENDER Male	<input type="text"/>		<input type="text"/>
Female	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B5a or 100)	<input type="text"/>		<input type="text"/>
AGE 0 - 17	<input type="text"/>		<input type="text"/>
18 - 64	<input type="text"/>		<input type="text"/>
65 and older	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B5a or 100)	<input type="text"/>		<input type="text"/>
ETHNICITY Hispanic or Latino	<input type="text"/>		<input type="text"/>
Not Hispanic or Latino	<input type="text"/>		<input type="text"/>
Unknown or not collected	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B5a or 100)	<input type="text"/>		<input type="text"/>

RACE American Indian or Alaska Native	<input type="text"/>		<input type="text"/>
Asian	<input type="text"/>		<input type="text"/>
Black or African American	<input type="text"/>		<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>		<input type="text"/>
White	<input type="text"/>		<input type="text"/>
Two or more races	<input type="text"/>		<input type="text"/>
Unknown or not collected	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B5a or 100)	<input type="text"/>		<input type="text"/>
LEGAL STATUS Voluntary	<input type="text"/>		<input type="text"/>
Involuntary, non-forensic	<input type="text"/>		<input type="text"/>
Involuntary, forensic	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (Should =B5a or 100)	<input type="text"/>		<input type="text"/>

Submit Page and Continue

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Screens)

B6. On April 30, 2014, approximately what percent of the mental health treatment clients enrolled at this facility had diagnosed co-occurring mental and substance use disorders?

PERCENT WITH
CO-OCCURRING %
DIAGNOSIS *(if none, enter '0')*

Submit Page and Continue

Start Page Over

Screens)

B7. In the 12-month period of May 1, 2013 through April 30, 2014, how many **mental health treatment** admissions, readmissions, and incoming transfers did this facility have? *Exclude returns from unauthorized absence, such as escape, AWOL, or elopement.*

- **IF DATA FOR THIS TIME PERIOD ARE NOT AVAILABLE:** Use the most recent 12-month period for which data are available
- **OUTPATIENT CLIENTS:** Consider each initiation to a course of treatment as an admission. Count admissions into treatment, not individual treatment visits
- **WHEN MENTAL HEALTH DISORDER IS A SECONDARY DIAGNOSIS:** Count all admissions where clients received mental health treatment

**NUMBER OF MENTAL HEALTH
TREATMENT ADMISSIONS IN**
12-MONTH PERIOD (if none, enter '0')

Submit Page and Continue

Start Page Over

Screens)

B8. What percent of the admissions reported in question B7 were military veterans? Please give your best estimate.

PERCENT MILITARY %
VETERANS *(if none, enter '0')*

Submit Page and Continue

Start Page Over

Screens)

C1. If eligible, does this facility want to be listed in SAMHSA's online Behavioral Health Treatment Services Locator?

- The Locator can be found at <http://findtreatment.samhsa.gov>

- Yes
- No

Submit Page and Continue

Start Page Over

Screens)

C2. Does this facility have a website or web page with information about the facility's mental health treatment program(s)?

- Yes
- No

Submit Page and Continue

Start Page Over

Screens)

***C2a. What is this facility's website address?**

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

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue

Start Page Over

Screens)

C3. Does this facility have a National Provider Identifier (NPI) number?

- *Do not include the NPI numbers of individual practitioners and of groups of practitioners.*

- Yes
- No

Submit Page and Continue

Start Page Over

Screens)

C3a. What is the NPI number for this facility?

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

NPI

(NPI is a 10-digit numeric ID)

Submit Page and Continue

Start Page Over

Screens)

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

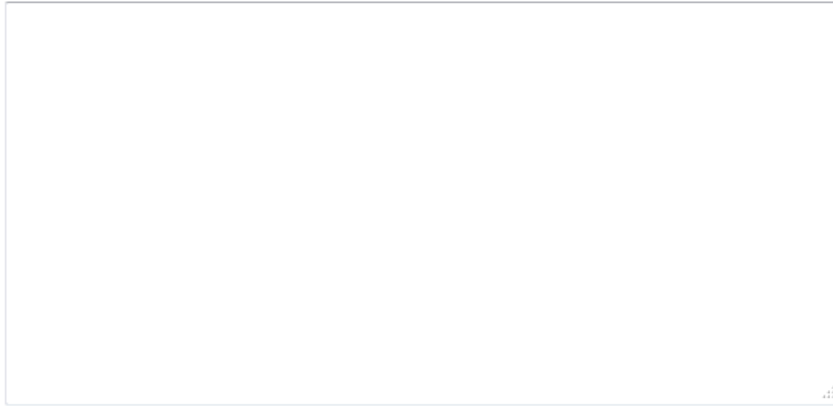
Submit Page and Continue

Start Page Over

Screens)

Please enter your comments below.

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



Maximum 1,000 characters

Submit Page and Continue

Start Page Over

Screens)

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

You are about to submit your survey...

Before quitting this site, please be sure to [review, print out, or save 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".

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,

OR

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

[Plain Language](#)

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank You

Your completed survey has been submitted

YOUR CONFIRMATION NUMBER IS: NM14-462

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,

OR

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

[Plain Language](#)

Screens)

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank you for logging in to the 2014 National Mental Health Services Survey Web questionnaire.

The questionnaire for this facility, that is, ABC Psychological Services Therapeutic Group Home, XYZ East 21st Street, has already been completed. Therefore, this facility's password has been retired.

If you think this is an error or have any questions about this information, please call the N-MHSS helpline at 1-866-778-9752.

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 nmhss@mathematica-mpr.com.

[Plain Language](#)

Screens)

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank you for logging in to the 2014 National Mental Health Services Survey Web questionnaire.

The questionnaire for this facility, that is, ABC Psychological Services, XYZ East 21st Street, has been temporarily suspended awaiting administrative review. A N-MHSS administrator will contact you shortly.

If you think this is an error or have any questions about this information, please call the N-MHSS helpline at 1-866-778-9752.

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 nmhss@mathematica-mpr.com.

[Plain Language](#)

Screens)

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

We will check your facility's name and/or address change to determine whether your facility should be assigned a new web User ID and Password. We apologize for any inconvenience.

An N-MHSS administrator will contact you within one working day to discuss your responses, make corrections to your questionnaire (if necessary), and allow you to complete the remaining questions.

If you have any questions about this information, please call the N-MHSS helpline at (866) 778-9752.

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 nmhs@mathematica-mpr.com.

[Plain Language](#)