

NATIONAL MENTAL HEALTH SERVICES SURVEY
2017 N-MHSS

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

GetDir May I speak with [fill director name] regarding this facility's 2017 N-MHSS survey?

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

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

[goto Intro]

Intro Recently you were mailed a letter from J. Neil Russell at SAMHSA along with a letter from your State or Federal Agency Mental Health Director. Both letters requested the participation of your facility in the 2017 N-MHSS. We are calling at this time to complete the survey. Is this a good time?

- <1> YES, CONTINUE [goto BeginSurvey]
- <2> SCHEDULE CALLBACK AT CONVENIENT TIME [goto Callback]
- <3> COMPLETING ON THE WEB [Thanks]
- <4> NO LONGER PROVIDES MENTAL HEALTH TREATMENT [goto BeginSurvey]
- <5> NEVER PROVIDED MENTAL HEALTH SERVICES [goto BeginSurvey]
- <6> DUPLICATE FACILITY [goto Duplicate]
- <7> MERGED WITH ANOTHER FACILITY [goto Merged]
- <8> FACILITY CLOSED/NO LONGER EXISTS [goto Thanks2]
- <9> SATELLITE FACILITY [goto Satellite]
- <10> WRONG NUMBER [goto Sorry]
- <11> COMPLETING BY MAIL [goto Thanks]
- <12> FACILITY IS A JAIL/PRISON [goto vJail]

BeginSurvey

NOTE: SINCE 2014, THE CATI INSTRUMENT ENDS AT THIS POINT. INTERVIEWERS FOLLOW THE INSTRUCTIONS DETAILED BELOW, TO LAUNCH THE WEB UTILITY. USING A UNIQUE INTERVIEWER URL FOR TRACKING PURPOSES, THE TELEPHONE SURVEY IS COMPLETED WITH THE RESPONDENT USING THE ONLINE INSTRUMENT.

Click on the three dots to connect to the Web Browser.

DO NOT CLICK THE THREE DOTS MORE THAN ONCE. IF NECESSARY, EXIT BLAISE AND RE-OPEN THE CASE TO RECONNECT TO THE BROWSER.

YOU SHOULD HAVE ONLY ONE BROWSER WINDOW OPEN WHILE ACCESSING THE WEB INSTRUMENT.

IF YOUR BROWSER DOES NOT APPEAR TO OPEN, CONFIRM IF THERE IS A BROWSER WINDOW MINIMIZED AT THE BOTTOM OF YOUR SCREEN. IF THERE IS, CLOSE IT.

WHILE IN THE WEB INSTRUMENT, DO NOT CLOSE YOUR BROWSER WINDOW UNTIL THE CASE IS COMPLETE OR AFTER A BREAK OFF.

IF YOU ARE UNABLE TO ACCESS THE WEB INSTRUMENT, OR HAVE ANY PROBLEMS OR QUESTIONS, CONTACT THE FLOOR SUPERVISOR IMMEDIATELY.

Duplicate

Which facility is a duplicate of this one?

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO

[choose from list of facilities or goto MainFacility]

Merged

Which facility was this one merged with?

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO

[choose from list of facilities or goto MainFacility]

Satellite

Which facility is this one associated with?

For the purpose of this survey a satellite facility is one that does not have permanent staff on location. Often times staff will travel from another location to provide treatment on a limited schedule.

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO

[choose from list of facilities or goto MainFacility]

Sorry

I'm sorry. Thank you for your time.

[goto Thanks2]

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

<1> YES, THAT IS CORRECT [goto Thanks2]
<0> NO, THAT IS NOT CORRECT [goto Intro]

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

<1> CONTINUE

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

<1> Yes
<2> No

[goto Thanks]

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

Thanks2 Thank you for your time.

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

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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 xxxx-xxxx. 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857.

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 may be published in SAMHSA's online Behavioral Health Treatment Services Locator, the *National Directory of Mental Health Treatment Facilities*, and other publically available listings. Responses to non-asterisked questions will be published with no direct link to individual treatment facilities.