

Attachment A.4— 2018 N-MHSS Web Screens for Online Questionnaire

U.S. Department of Health and Human Services

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

National Mental Health Services Survey (N-MHSS) Monday, April 30, 2018

THIS IS A SECURE SITE

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

Conducted by:
Mathematica Policy Research

User ID

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Log In

If you do not know your User ID and Password, please refer to the green flyer included in the N-MHSS packet. You can also call our helpline at the following 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 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.

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

[Plain Language](#)

Welcome to the 2017 National Mental Health Services Survey (N-MHSS)



**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 **Bradford Health Services Huntsville Adult/Adolescent, 1600 Browns Ferry Road**. If you have any questions about how the term "this facility" applies to your facility, please call 1-866-778-9752.
- Please answer **ONLY** for **Bradford Health Services Huntsville Adult/Adolescent, 1600 Browns Ferry Road**, unless otherwise specified in the questionnaire.
- If this is a **separate inpatient psychiatric unit of a general hospital**, consider the psychiatric unit as the relevant "facility" for the purposes 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 the survey and definitions for some of the terms, please visit our website at <https://info.nmhss.org>.

IMPORTANT INFORMATION

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

Mapping feature in online 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 online Locator: Only facilities that provide mental health treatment services 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.

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. Please email NMHSS@mathematica-mpr.com or call 1-866-778-9752 to report any necessary updates for saved answers from a previous session.
- 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 are inactive for 15 minutes, for security purposes, your session will time out. All previous answers will have been saved, and you will continue from the point where you left off, when you log back in to complete the survey.

To preview the printer-friendly version of the questionnaire, [click here](#).

To preview the online version of 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 8 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.

If you are inactive for 15 minutes, for security purposes, your session will time out. All previous answers will have been saved, and you will continue from the point where you left off, when you log back in to complete the survey.

[Plain Language](#)

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.

	Prefix	First Name	MI	Last Name	Suffix
Facility Director:	<input type="text"/>	<input type="text" value="Marissa"/>	<input type="text"/>	<input type="text" value="Torres"/>	<input type="text"/>

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 () -

Who is 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

Middle Initial

Last Name

Title

Optional Information:

Telephone number (If different from main facility number):

() - ext

Fax number (If different from main facility number):

() -

Email Address:

Facility Email Address:

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

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Mental health intake (see definition)	<input type="radio"/>	<input type="radio"/>
2. Mental health diagnostic evaluation (see definition)	<input type="radio"/>	<input type="radio"/>
3. Mental health information and/or referral (also includes emergency programs that provide services in person or by telephone) (see definition)	<input type="radio"/>	<input type="radio"/>
*4. Mental health treatment (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) (see definition)	<input type="radio"/>	<input type="radio"/>
5. Substance abuse treatment (see definition)	<input type="radio"/>	<input type="radio"/>
6. Administrative services for mental health treatment facilities (see definition)	<input type="radio"/>	<input type="radio"/>

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Submit Page and Continue

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*A3. **Mental health treatment** is provided in which of the following service settings at this facility, at this location?

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. 24-hour hospital inpatient (see definition)	<input type="radio"/>	<input type="radio"/>
2. 24-hour residential (see definition)	<input type="radio"/>	<input type="radio"/>
3. Partial hospitalization/day treatment (see definition)	<input type="radio"/>	<input type="radio"/>
4. Outpatient (see definition)	<input type="radio"/>	<input type="radio"/>

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

- For definitions of facility types, go to: <https://info.nmhss.org>

SELECT ONE ONLY

- Psychiatric hospital (see definition)
- Separate inpatient psychiatric unit of a general hospital (consider this psychiatric unit as the relevant "facility" for the purpose of this survey) (see definition)
- Residential treatment center for children (see definition)
- Residential treatment center for adults (see definition)
- Other type of residential treatment facility (see definition)
- Veterans Administration medical center (VAMC) or other VA health care facility (see definition)
- Community mental health center (CMHC) (see definition)
- Partial hospitalization/day treatment facility (see definition)
- Outpatient mental health facility (see definition)
- Multi-setting mental health facility (non-hospital residential plus either outpatient and/or partial hospitalization/day treatment) (see definition)
- Other (see definition) (Please specify:)

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

- Yes
- No

Submit Page and Continue

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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

Submit Page and Continue

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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 do not receive grants, but have met the requirements to receive grants under Section 330 according to U.S. Department of Health and Human Services.
- For a complete definition of a FQHC, go to: <https://info.nmhss.org>.

Yes

No

Don't know

Submit Page and Continue

Start Page Over

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

• *Separate psychiatric units in general hospitals 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:)

Submit Page and Continue

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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

Submit Page and Continue

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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

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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 county, local, or municipal government
- Tribal government
- Indian Health Service
- Department of Veterans Affairs
- Other (Please specify:)

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A10. Is this facility affiliated with a religious organization?

- Yes
- No

Submit Page and Continue

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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, go to: <https://info.nmhss.org>.

SELECT ALL THAT APPLY

- 1. Individual psychotherapy (see definition)
- 2. Couples/family therapy (see definition)
- 3. Group therapy (see definition)
- 4. Cognitive behavioral therapy (see definition)
- 5. Dialectical behavior therapy (see definition)
- 6. Behavior modification (see definition)
- 7. Integrated dual disorders treatment (see definition)
- 8. Trauma therapy (see definition)
- 9. Activity therapy (see definition)
- 10. Electroconvulsive therapy (see definition)
- 11. Telemedicine therapy (see definition)
- 12. Psychotropic medication (see definition)
- 13. Other (Please specify:)
- 14. None of these mental health treatment approaches are offered

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

• For definitions, go to: <https://info.nmhss.org>.

SELECT ALL THAT APPLY

1. Assertive community treatment (ACT) (see definition)
2. Intensive case management (ICM) (see definition)
3. Case management (CM) (see definition)
4. Court-ordered outpatient treatment (see definition)
5. Chronic disease/illness management (CDM) (see definition)
6. Illness management and recovery (IMR) (see definition)
7. Integrated primary care services (see definition)
8. Diet and exercise counseling (see definition)
9. Family psychoeducation (see definition)
10. Education services (see definition)
11. Housing services (see definition)
12. Supported housing (see definition)
13. Psychosocial rehabilitation services (see definition)
14. Vocational rehabilitation services (see definition)
15. Supported employment (see definition)
16. Therapeutic foster care (see definition)
17. Legal advocacy (see definition)
18. Psychiatric emergency walk-in services (see definition)
19. Suicide prevention services (see definition)
20. Consumer-run (peer support) services (see definition)
21. Screening for tobacco use (see definition)
22. Smoking/tobacco cessation counseling (see definition)
23. Nicotine replacement therapy (see definition)
24. Non-nicotine smoking/tobacco cessation medications (by prescription) (see definition)
25. Other (see definition) (Please specify:)
26. None of these services and practices are offered

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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 (12 or younger)	<input type="radio"/>	<input type="radio"/>
2. Adolescents (13-17)	<input type="radio"/>	<input type="radio"/>
3. Young adults (18-25)	<input type="radio"/>	<input type="radio"/>
4. Adults (26-64)	<input type="radio"/>	<input type="radio"/>
5. Seniors (65 or older)	<input type="radio"/>	<input type="radio"/>

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***A14.** Does this facility offer a mental health treatment program or group that is dedicated or designed exclusively for clients in any of the following categories?

- If this facility treats clients in any of these categories, but does not have a specifically tailored program or group for them, **DO NOT** mark the box for that category.

SELECT ALL THAT APPLY

1. Children/adolescents with serious emotional disturbance (SED)
2. Transitional age young adults
3. Persons 18 and older with serious mental illness (SMI)
4. Seniors or older adults
5. Persons with Alzheimer's or dementia
6. Persons with co-occurring mental and substance use disorders
7. Persons with eating disorders
8. Persons with a diagnosis of post-traumatic stress disorder (PTSD)
9. Persons who have experienced trauma (excluding persons with a PTSD diagnosis)
10. Persons with traumatic brain injury (TBI)
11. Veterans
12. Active duty military
13. Members of military families
14. Lesbian, gay, bisexual, or transgender clients (LGBT)
15. Forensic clients (referred from the court/judicial system)
16. Persons with HIV or AIDS
17. Other special program or group
(Please specify:)
18. No dedicated or exclusively designed programs or groups are offered

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Submit Page and Continue

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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

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***A16.** Does this facility provide mental health treatment services in sign language at this location for the deaf and hard of hearing (for example, American Sign Language, Signed English, or Cued Speech)?

- Select "yes" if either staff or an on-call interpreter provides this service.

Yes

No

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Submit Page and Continue

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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

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Submit Page and Continue

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A17a. At this facility, who provides mental health treatment services in a language other than English?

SELECT ONE ONLY

- Staff who speak a language other than English
- On-call interpreter (*in person or by phone*) brought in when needed
- BOTH staff and on-call interpreter

Submit Page and Continue

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***A17a1. Do staff provide mental health treatment services in Spanish at this facility?**

- Yes
- No

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Submit Page and Continue

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A17a2. Do staff at this facility provide mental health treatment services in any other languages?

- Yes
- No

Submit Page and Continue

Start Page Over

***A17b. 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:

- Hopi
- Lakota
- Navajo
- Ojibwa
- Yupik
- Other American Indian or Alaska Native language
(Please specify:)

OTHER LANGUAGES:

- Arabic
- Any Chinese Language
- Creole
- Farsi
- French
- German
- Greek
- Hebrew
- Hindi
- Hmong
- Italian
- Japanese
- Korean
- Polish
- Portuguese
- Russian
- Tagalog
- Vietnamese
- Any other language
(Please specify:)

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

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. 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 satisfaction surveys	<input type="radio"/>	<input type="radio"/>

Submit Page and Continue

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*A19. Which of the following statements BEST describes 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

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A20. In the 12-month period beginning May 1, 2017, and ending April 30, 2018, have staff at this facility used seclusion or restraint with clients?

Yes

No

Submit Page and Continue

Start Page Over

A20a. Does this facility have any policies in place to minimize the use of seclusion or restraint?

- Yes
- No

Submit Page and Continue

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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.

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. Scheduling 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. Client progress monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Issue/receive lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Prescribing/dispensing medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Checking medication interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Health records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Collaboration with a client's other providers (such as primary care provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Billing	<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"/>

Submit Page and Continue

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

- *If this is a Veterans Administration facility, please check "No".*

- Yes
- No

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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?

- *If this is a Veterans Administration facility, please check "No."*
- *The Locator will explain that sliding fee scales are based on income and other factors.*

Yes

No

Submit Page and Continue

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

• *If this is a Veterans Administration facility, please check "No."*

Yes

No

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Submit Page and Continue

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A23a. Do you want the availability of treatment at no charge for eligible clients published in SAMHSA's online Behavioral Health Treatment Services Locator?

- *If this is a Veterans Administration facility, please check "No."*
- *The Locator will inform potential clients to call the facility for information on eligibility.*

- Yes
- No

Submit Page and Continue

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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/Tribal/Urban (ITU) funds (see definition)	<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"/>

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A25. From which of these agencies or 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. State or local Department of Family and Children's Services	<input type="radio"/>	<input type="radio"/>
5. Hospital licensing authority	<input type="radio"/>	<input type="radio"/>
6. The Joint Commission (JC)	<input type="radio"/>	<input type="radio"/>
7. Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>
8. Council on Accreditation (COA)	<input type="radio"/>	<input type="radio"/>
9. Centers for Medicare and Medicaid Services (CMS)	<input type="radio"/>	<input type="radio"/>
10. Other national organization, or federal, state, or local agency (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

Submit Page and Continue

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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

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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 the next section of this questionnaire include:

SELECT ONE ONLY

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

Submit Page and Continue

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B1a. Please provide the name and telephone number of the facility that will report your client/patient counts.

Facility name:

Telephone: () - ext

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

This facility:

+ ADDITIONAL FACILITIES

B3. On April 30, 2018, did any patients receive 24-hour hospital inpatient mental health treatment at *this facility*?

- Yes
- No

Submit Page and Continue

Start Page Over

B3a. On April 30, 2018, how many patients received 24-hour hospital inpatient mental health treatment at *this facility*?

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

HOSPITAL INPATIENTS
TOTAL BOX

Submit Page and Continue

Start Page Over

B3b. For each of the following categories, please provide a breakdown of the Hospital Inpatients you reported previously. 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.
- If percents are used - each category total should equal 100%.

GENDER	NUMBER	OR	PERCENT
Male	<input type="text"/>		<input type="text"/>
Female	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (should = B3a or 100%)			100%

Submit Page and Continue

Start Page Over

B3b. For each of the following categories, please provide a breakdown of the Hospital Inpatients you reported previously. 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.
- If percents are used - each category total should equal 100%.

AGE	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B3b. For each of the following categories, please provide a breakdown of the Hospital Inpatients you reported previously. 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.
- If percents are used - each category total should equal 100%.

ETHNICITY	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B3b. For each of the following categories, please provide a breakdown of the Hospital Inpatients you reported previously. 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.
- If percents are used - each category total should equal 100%.

RACE	NUMBER	OR	PERCENT
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%)

100%

Submit Page and Continue

Start Page Over

B3b. For each of the following categories, please provide a breakdown of the Hospital Inpatients you reported previously. 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.
- If percents are used - each category total should equal 100%.

LEGAL STATUS	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B3c. On April 30, 2018, 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

B4. On April 30, 2018, did any clients receive 24-hour residential mental health treatment at *this facility*?

- Yes
- No

Submit Page and Continue

Start Page Over

B4a. On April 30, 2018, how many clients received 24-hour residential mental health treatment at *this facility*?

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

RESIDENTIAL CLIENTS
TOTAL BOX

Submit Page and Continue

Start Page Over

B4b. For each of the following categories, please provide a breakdown of the Residential Clients you reported previously. 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.
- If percents are used - each category total should equal 100%.

GENDER	NUMBER	OR	PERCENT
Male	<input type="text"/>		<input type="text"/>
Female	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (should = B4a or 100%)			100%

B4b. For each of the following categories, please provide a breakdown of the Residential Clients you reported previously. 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.
- If percents are used - each category total should equal 100%.

AGE	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B4b. For each of the following categories, please provide a breakdown of the Residential Clients you reported previously. 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.
- If percents are used - each category total should equal 100%.

ETHNICITY	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B4b. For each of the following categories, please provide a breakdown of the Residential Clients you reported previously. 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.
- If percents are used - each category total should equal 100%.

RACE	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B4b. For each of the following categories, please provide a breakdown of the Residential Clients you reported previously. 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.
- If percents are used - each category total should equal 100%.

LEGAL STATUS	NUMBER	OR	PERCENT
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%)			100%

B4c. On April 30, 2018, 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

B5. During the month of April 2018, did any clients receive less than 24-hour outpatient mental health treatment at *this facility*?

INCLUDE OUTPATIENT OR PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENT COUNTS

- Yes
- No

Submit Page and Continue

Start Page Over

B5a. During the month of April 2018, how many clients received less than 24-hour mental health treatment at *this facility*?

- **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, 2018.**
- **DO NOT** count family members, friends, or other non-treatment persons.

OUTPATIENT OR PARTIAL HOSPITALIZATION/
DAY TREATMENT
CLIENT COUNT

Submit Page and Continue

Start Page Over

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care you reported previously. 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.
- If percents are used - each category total should equal 100%.

GENDER	NUMBER	OR	PERCENT
Male	<input type="text"/>		<input type="text"/>
Female	<input type="text"/>		<input type="text"/>
CATEGORY TOTAL: (should = B5a or 100%)			100%

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care you reported previously. 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.
- If percents are used - each category total should equal 100%.

AGE	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care you reported previously. 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.
- If percents are used - each category total should equal 100%.

ETHNICITY	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care you reported previously. 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.
- If percents are used - each category total should equal 100%.

RACE	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care you reported previously. 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.
- If percents are used - each category total should equal 100%.

LEGAL STATUS	NUMBER	OR	PERCENT
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%)			100%

Submit Page and Continue

Start Page Over

B6. Based on the number(s) you reported in the previous set of questions, there were 0 mental health treatment clients/patients enrolled on April 30, 2018. Approximately what percent of the 0 mental health treatment clients/patients enrolled at this facility on April 30, 2018 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

B7. In the 12-month period of May 1, 2017 through April 30, 2018, 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 A MENTAL HEALTH DISORDER IS A SECONDARY DIAGNOSIS:** Count all admissions where clients/patients 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

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

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: <https://findtreatment.samhsa.gov>*

- Yes
- No

Submit Page and Continue

Start Page Over

C1a. To increase public awareness of behavioral health services, SAMHSA may be sharing facility contact information with large commercially available Internet search engines, such as Google, Bing, Yahoo!, etc. Do you want your facility information shared on these Internet search engines?

• *Information to be shared would be: facility name, location address, telephone number, and website address.*

Yes

No

Submit Page and Continue

Start Page Over

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

***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)

Website:

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

Submit Page and Continue

Start Page Over

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

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

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

Yes

No

Submit Page and Continue

Start Page Over

Please enter your comments below.

Submit Page and Continue

Start Page Over

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

You are about to submit your survey...

Before exiting 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.

Please call 1-866-778-9752 to report any necessary changes to your survey.

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

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 8 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.

If you are inactive for 15 minutes, for security purposes, your session will time out. All previous answers will have been saved, and you will continue from the point where you left off, when you log back in to complete the survey.

[Plain Language](#)

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank You for Completing the N-MHSS Questionnaire!

Your completed survey has been submitted.

YOUR CONFIRMATION NUMBER IS: NM18-1134

Before exiting 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 "EXIT" button below.

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

Thanks again for your participation!

EXIT

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 8 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.

If you are inactive for 15 minutes, for security purposes, your session will time out. All previous answers will have been saved, and you will continue from the point where you left off, when you log back in to complete the survey.

[Plain Language](#)