

OMB No. xxxx-xxxx

APPROVAL EXPIRES: xx/xx/xxxx

See OMB burden statement on last page

2021 National Mental Health Services Survey (N-MHSS)

April 30, 2021

Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

***PLEASE REVIEW THE FACILITY INFORMATION PRINTED ABOVE.
CROSS OUT ERRORS AND ENTER CORRECT OR MISSING INFORMATION.***

CHECK ONE

- Information is complete and correct, no changes needed
- All missing or incorrect information has been corrected



**PLEASE READ THIS ENTIRE PAGE BEFORE
COMPLETING THE QUESTIONNAIRE**

Would you prefer to complete this questionnaire online? See the green flyer enclosed in your questionnaire packet for the Internet address and your unique User ID and Password. You can log on and off the survey website as often as needed to complete the questionnaire. When you log on again, the program will take you to the next unanswered question. If you need additional help or information, call the N-MHSS helpline at 1-866-778-9752.

INSTRUCTIONS

- All of the questions in this survey ask about “this facility.” By “this facility” we mean the specific treatment facility or program whose name and location are printed on the front cover. 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 the specific facility or program whose name and location are printed on the front cover, 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 purpose of this survey.
- For additional information about the survey and definitions for some of the terms, please visit our website at: **<https://info.nmhss.org>**.
- Return the completed questionnaire in the envelope provided, or fax it to 1-609-799-0005. (Please reference “N-MHSS” on your fax.) **Please keep a copy of your completed questionnaire for your records.**
- If you have any questions or need additional blank surveys, contact:

MATHEMATICA
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 <https://findtreatment.samhsa.gov>, in SAMHSA's *National Directory of Mental Health Treatment Facilities*, and other publicly-available listings, unless you designate otherwise in question C1, page 9, 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 and complete this questionnaire are eligible to be listed as mental health facilities 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.

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for this facility only, that is, the treatment facility or program at the location listed on the front cover.

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

MARK "YES" OR "NO" FOR EACH

YES NO

- 1. Mental health intake.....1 0
- 2. Mental health diagnostic evaluation.....1 0
- 3. Mental health information and/or.....1 0
referral (also includes emergency programs that provide services in person or by telephone)
- *4. Mental health treatment.....1 0
(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)
- *5. Treatment for co-occurring.....1 0
disorders plus either serious mental illness (SMI) in adults and/or serious emotional disturbance (SED) in children
- 6. Substance use disorder treatment.....1 0
- 7. Administrative or operational services...1 0
for mental health treatment facilities

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

- 1 Yes → **SKIP TO A3 (TOP OF NEXT COLUMN)**
- 0 No → **SKIP TO C2 (PAGE 9)**

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

MARK "YES" OR "NO" FOR EACH

YES NO

- 1. 24-hour hospital inpatient.....1 0
- 2. 24-hour residential.....1 0
- 3. Partial hospitalization/day treatment....1 0
- 4. Outpatient.....1 0

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



For

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

MARK ONE ONLY

- 1 Psychiatric hospital
- 2 Separate inpatient psychiatric unit of a general hospital (*consider this psychiatric unit as the relevant "facility" for the purpose of this survey*)
- 3 Residential treatment center for children
- 4 Residential treatment center for adults
- 5 Other type of residential treatment facility
- 6 Veterans Affairs Medical Center (VAMC) or other VA health care facility
- 7 Community Mental Health Center (CMHC)
- 8 Certified Community Behavioral Health Clinic (CCBHC)
- 9 Partial hospitalization/day treatment facility
- 10 Outpatient mental health facility
- 11 Multi-setting mental health facility (*non-hospital residential plus either outpatient and/or partial hospitalization/day treatment*)
- 12 Other (*Specify:* _____)

SKIP TO
A7
(NEXT
PAGE)

SKIP TO
A5 (TOP
OF
NEXT
PAGE)

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

- 1 Yes
- 0 No → SKIP TO A6 (BELOW)

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

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

- 1 Yes
- 0 No → SKIP TO C2 (PAGE 9)

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

● 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 the U.S. Department of Health and Human Services.

● For a complete definition of a FQHC, go to: <https://info.nmhss.org>

- 1 Yes
- 0 No
- d Don't know

A7. Does this facility, at this location, provide any of the following services?

MARK ALL THAT APPLY

- 1 Assisted living or nursing home care
- 2 Supported housing
- 3 Group homes
- 4 Clubhouse services
- 5 Emergency shelter (such as homeless, domestic violence, etc.)
- 6 Care for only individuals with a developmental disability (that is, significant limitations in intellectual functioning)
- 7 None of these services

A8. 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.

MARK ONE ONLY

- 1 Mental health treatment
- 2 Substance use treatment → SKIP TO C2 (PAGE 9)
- 3 Mix of mental health and substance use treatment (neither is primary)
- 4 General health care

vice focus (Specify: _____)

A9. Is this facility a jail, prison, or detention center that provides treatment exclusively for incarcerated persons or juvenile detainees?

- 1 Yes → SKIP TO C2 (PAGE 9)
- 0 No → SKIP TO A10 (TOP OF NEXT PAGE)

***A10. Is this facility operated by:**

MARK ONE ONLY

- 1 A private for-profit organization }
2 A private non-profit organization
3 A public agency or department

SKIP
TO
A11
(BELOW)

***A10a. Which public agency or department?**

MARK ONE ONLY

- 1 State Mental Health Authority (SMHA)
- 2 Other state government agency or department (e.g., Department of Health)
- 3 Regional/district authority or county, local, or municipal government
- 4 Tribal government
- 5 Indian Health Service
- 6 Department of Veterans Affairs
- 7 Other (Specify: _____)

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

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

MARK ALL THAT APPLY

- 1 Individual psychotherapy
- 2 Couples/family therapy
- 3 Group therapy
- 4 Cognitive behavioral therapy
- 5 Dialectical behavior therapy
- 6 Cognitive remediation
- 7 Integrated mental health and substance use treatment
- 8 Trauma therapy
- 9 Activity therapy
- 10 Electroconvulsive therapy
- 11 Transcranial Magnetic Stimulation (TMS)
- 12 Ketamine Infusion Therapy (KIT)
- 13 Eye Movement Desensitization and Reprocessing (EMDR) therapy
- 14 Telemedicine/telehealth therapy (including Internet, Web, mobile, and desktop programs)
- 15 Other (Specify: _____)
- 16 None of these mental health treatment modalities are offered

***A12. Does this facility offer pharmacotherapy, that is, the use of antipsychotics for the treatment of serious mental illness (SMI)?**

1 Yes

0 No → SKIP TO A13 (TOP OF NEXT PAGE)

***A12a. Which of the following antipsychotics are used for the treatment of SMI at this facility, at this location?**

FIRST-GENERATION ANTIPSYCHOTIC	MARK ALL THAT APPLY FOR EACH MEDICATION			
	ORAL	INJECTABLE	LONG-ACTING INJECTABLE	NOT USED AT THIS FACILITY
1. Chlorpromazine (<i>Thorazine</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Droperidol (<i>Inapsine</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Fluphenazine (<i>Prolixin</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Haloperidol (<i>Haldol</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Loxapine (<i>Loxitane</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Perphenazine (<i>Trilafon/Etrafon/Triavil/Triptafen</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Pimozide (<i>Orap</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. Prochlorperazine (<i>Compazine/Compro</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Thiothixene (<i>Navane</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Thioridazine (<i>Mellaril/Melleril</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. Trifluoperazine (<i>Stelazine</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. Other first-generation antipsychotics (<i>Specify:</i> _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECOND-GENERATION ANTIPSYCHOTIC	MARK ALL THAT APPLY FOR EACH MEDICATION			
	ORAL	INJECTABLE	LONG-ACTING INJECTABLE	NOT USED AT THIS FACILITY
13. Aripiprazole (<i>Abilify</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. Asenapine (<i>Saphris/Sycrest</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. Clozapine (<i>Clozaril</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. Iloperidone (<i>Fanapt</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. Olanzapine (<i>Zyprexa</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. Paliperidone (<i>Invega Trinza</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. Quetiapine (<i>Seroquel</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. Risperidone (<i>Risperdal</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. Ziprasidone (<i>Geodon</i> ®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. Other second- antipsychotics (<i>Specify:</i> _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

***A13. Which of these services and practices are offered at this facility, at this location?**

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

MARK ALL THAT APPLY

- 1 Assertive community treatment (ACT)
- 2 Intensive case management (ICM)
- 3 Case management (CM)
- 4 Court-ordered treatment
- 5 Assisted Outpatient Treatment (AOT)
- 6 Chronic disease/illness management (CDM)
- 7 Illness management and recovery (IMR)
- 8 Integrated primary care services
- 9 Diet and exercise counseling
- 10 Family psychoeducation
- 11 Education services
- 12 Housing services
- 13 Supported housing
- 14 Psychosocial rehabilitation services
- 15 Vocational rehabilitation services
- 16 Supported employment
- 17 Therapeutic foster care
- 18 Legal advocacy
- 19 Psychiatric emergency walk-in services
- 20 Suicide prevention services
- 21 Peer support services
- 22 Testing for Hepatitis B (HBV)
- 23 Testing for Hepatitis C (HCV)
- 24 HIV testing
- 25 STD testing
- 26 TB screening
- 27 Screening for tobacco use
- 28 Smoking/vaping/tobacco cessation counseling
- 29 Nicotine replacement therapy
- 30 Non-nicotine smoking/tobacco cessation medications (by prescription)
- 31 Other (*Specify:* _____)
- 32 None of these services and practices are offered

A14. Did you answer “yes” to treatment for co-occurring mental illness/serious emotional disturbance (SED) in children and substance use disorders in question A1 above (option 5)?

- 1 Yes
- 0 No → **SKIP TO A16 (TOP OF NEXT PAGE)**

A15. Which of the following services are provided to clients with co-occurring mental health and substance use disorders at this facility?

MARK ALL THAT APPLY

- 1 Detoxification (medical withdrawal)
- 2 Medication assisted treatment for alcohol use disorder (for example, disulfiram, acamprosate)
- 3 Medication assisted treatment for opioid use disorder (for example, buprenorphine, methadone, naltrexone)
- 4 Individual counseling
- 5 Group counseling
- 6 12-Step groups
- 7 Case management
- 8 None of these services are offered

***A16. What age groups are accepted for treatment at this facility?**

- *If any of the ages that you accept fall within a category below, mark YES to that category.*

MARK "YES" OR "NO" FOR EACH

	<u>YES</u>	<u>NO</u>
1. Young children (0-5).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Children (6-12).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Adolescents (13-17).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Young adults (18-25).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Adults (26-64).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Older adults (65 or older).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

***A17. 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.*

MARK ALL THAT APPLY

- 1 Children/adolescents with serious emotional disturbance (SED)
- 2 Young adults
- 3 Persons 18 and older with serious mental illness (SMI)
- 4 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 experiencing first-episode psychosis
- 9 Persons who have experienced intimate partner violence, domestic violence
- 10 Persons with a diagnosis of post-traumatic stress disorder (PTSD)
- 11 Persons who have experienced trauma (excluding persons with a PTSD diagnosis)
- 12 Persons with traumatic brain injury (TBI)
- 13 Veterans
- 14 Active duty military
- 15 Members of military families
- 16 Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) clients
- 17 Forensic clients (referred from the court/ judicial system)
- 18 Persons with HIV or AIDS
- 19 Other special program or group (*Specify: _____*)
- 20 No dedicated or exclusively designed programs or groups are offered

***A18. Does this facility offer a crisis intervention team that handles acute mental health issues at this facility and/or off-site?**

- 1 Yes
0 No

***A19. Does this facility offer services for psychiatric emergencies onsite?**

- 1 Yes
0 No

***A20. Does this facility offer mobile/off-site psychiatric crisis services?**

- 1 Yes
0 No

***A21. 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)?**

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

- 1 Yes
0 No

***A22. Does this facility provide mental health treatment services in a language other than English at this location?**

- 1 Yes
0 No, only English → **SKIP TO A23 (NEXT COLUMN)**

A22a. At this facility, who provides mental health treatment services in a language other than English?

MARK ONE ONLY

- 1 Staff who speak a language other than English
2 On-call interpreter (*in person or by phone*) brought in when needed → **SKIP TO A23 (NEXT COLUMN)**
3 BOTH staff and on-call interpreter

***A22a1. Do staff provide mental health treatment services in Spanish at this facility?**

- 1 Yes → **SKIP TO A22a2 (TOP OF NEXT COLUMN)**
0 No → **SKIP TO A22b (NEXT COLUMN)**

A22a2. Do staff at this facility provide mental health treatment services in any other languages?

- 1 Yes
0 No → **SKIP TO A23 (BELOW)**

***A22b. In what other languages do staff provide mental health treatment services at this facility?**

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

MARK ALL THAT APPLY

American Indian or Alaska Native:

- 1 Hopi
2 Lakota
3 Navajo
4 Ojibwa
5 Yupik
6 Other American Indian or Alaska Native language (*Specify:* _____)

Other Languages:

- 7 Arabic
8 Any Chinese language
9 Creole
10 Farsi
11 French
12 German
13 Greek
14 Hebrew
15 Hindi
16 Hmong
17 Italian
18 Japanese
19 Korean
20 Polish
21 Portuguese
22 Russian
23 Tagalog
24 Vietnamese
25 Any other language (*Specify:* _____)

***A23. Which of the following statements BEST describes this facility's smoking policy for clients?**

MARK ONE ONLY

- 1 Not permitted to smoke anywhere outside or within any building
2 Permitted in designated outdoor area(s)
3 Permitted anywhere outside
4 Permitted in designated indoor area(s)
5 Permitted anywhere inside
6 Permitted anywhere without restriction

***A24. Does this facility use a sliding fee scale?**

- *Sliding fee scales are based on income and other factors.*
- *Not applicable to Veterans Affairs facilities.*

1 Yes

0 No **SKIP TO A25 (BELOW)**



A24a. Do you want the availability of a sliding fee scale published in SAMHSA's online Behavioral Health Treatment Services Locator?

- *The Locator will inform potential clients to call the facility for information on eligibility.*
- *Not applicable to Veterans Affairs facilities.*

1 Yes

0 No

***A25. Does this facility offer treatment at no charge or minimal payment (for example, \$1) to clients who cannot afford to pay?**

- *Not applicable to Veterans Affairs facilities.*

1 Yes →

0 No **SKIP TO A26 (TOP OF NEXT PAGE)**

A25a. Do you want the availability of treatment at no charge or minimal payment (for example, \$1) 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.*
- *Not applicable to Veterans Affairs facilities.*

1 Yes

0 No

***A26. Which of the following types of client payments, insurance, or funding are accepted by this facility for mental health treatment services?**

MARK ALL THAT APPLY

- 1 Cash or self-payment
- 2 Private health insurance
- 3 Medicare
- 4 Medicaid
- 5 State-financed health insurance plan other than Medicaid
- 6 State mental health agency (or equivalent) funds
- 7 State welfare or child and family services agency funds
- 8 State corrections or juvenile justice agency funds
- 9 State education agency funds
- 10 Other state government funds
- 11 County or local government funds
- 12 Community Service Block Grants
- 13 Community Mental Health Block Grants
- 14 Federal grants
- 15 Federal military insurance (such as TRICARE)
- 16 U.S. Department of Veterans Affairs funds
- 17 IHS/Tribal/Urban (ITU) funds
- 18 Private or Community foundation
- 19 Other (Specify: _____)

A27. 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.

MARK ALL THAT APPLY

- 1 State mental health authority
- 2 State substance abuse agency
- 3 State department of health
- 4 State or local Department of Family and Children's Services
- 5 Hospital licensing authority
- 6 The Joint Commission
- 7 Commission on Accreditation of Rehabilitation Facilities (CARF)
- 8 Council on Accreditation (COA)
- 9 Centers for Medicare and Medicaid Services (CMS)
- 10 Other national organization, or federal, state, or local agency
(Specify: _____)

A28b. To increase public awareness of behavioral health services, SAMHSA may be sharing facility information with large commercially available Internet search engines (such as Google, Bing, Yahoo!, etc.), businesses (such as any .com, .org, .edu, etc.) or individuals asking for this information for any purpose. Do you want your facility information shared?

- Information to be shared would be: facility name, location address, telephone number, website address, and all **asterisked** items in the questionnaire.

- 1 Yes
- 0 No

A28. If eligible, does this facility want to be listed in SAMHSA's online Behavioral Health Treatment Services Locator and Mental Health Directory?

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

- 1 Yes
- 0 No **SKIP TO C1 (NEXT COLUMN)**

A28a. Does this facility want the street address and/or mailing address to be listed in SAMHSA's online Behavioral Health Treatment Services Locator and Mental Health Directory?

MARK ALL THAT APPLY

- 1 Publish the street address
- 2 Publish the mailing address
- 3 Do not publish either address

SECTION C: GENERAL INFORMATION

C1. Who was primarily responsible for completing this form?

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

MARK ONE ONLY

¹ Ms. ² Mr. ³ Mrs. ⁴ Dr.

⁵ Other (Specify: _____)

Name: _____

Title: _____

Phone Number: (____) _____ - _____ Ext. _____

Fax Number: (____) _____ - _____

Email Address: _____

Facility Email Address: _____

ANY ADDITIONAL COMMENTS

**Thank you for your participation. Please return this questionnaire in the envelope provided.
If you no longer have the envelope, please mail this questionnaire to:**

MATHEMATICA

ATTN: RECEIPT CONTROL - Project 50345_1
P.O. Box 2393
Princeton, NJ 08543-2393

PLEDGE TO RESPONDENTS: The information you provide will be protected to the fullest extent allowable under the Public Health Service Act (42 USC 290aa(p)). 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 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 publicly-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 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 15E54, Rockville, Maryland 20857.