

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire

FORM APPROVED:
OMB No. xxxx-xxxx
APPROVAL EXPIRES: xx/xx/xxxx

National Mental Health Services Survey
(N-MHSS)
April 30, 2021

THIS IS A SECURE SITE

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

Conducted by:
Mathematica Policy Research

U.S. Department of Health and Human Services (HHS)

Although all browsers are supported, Chrome, Firefox, and Safari offer the best user experience completing the online survey.

User ID

Password

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: 1-866-778-9762.

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 facility, 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.

[Plain Language](#) 

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire

8% You've completed 8% of your questionnaire.

FACILITY CHARACTERISTICS

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

SELECT "YES" OR "NO" FOR EACH

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652	
1. Mental health intake	<input type="radio"/> Yes <input type="radio"/> No
2. Mental health diagnostic evaluation	<input type="radio"/> Yes <input type="radio"/> No
3. Mental health information and/or referral (also includes emergency programs that provide services in person or by telephone)	<input type="radio"/> Yes <input type="radio"/> No
*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)	<input type="radio"/> Yes <input type="radio"/> No
*5. Treatment for co-occurring disorders plus either serious mental illness (SMI) in adults and/or serious emotional disturbance (SED) in children	<input type="radio"/> Yes <input type="radio"/> No
6. Substance use disorder treatment	<input type="radio"/> Yes <input type="radio"/> No
7. Administrative or operational services for mental health treatment facilities	<input type="radio"/> Yes <input type="radio"/> No

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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

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1. 24-hour hospital inpatient	<input type="radio"/> Yes <input type="radio"/> No
2. 24-hour residential	<input type="radio"/> Yes <input type="radio"/> No
3. Partial hospitalization/day treatment	<input type="radio"/> Yes <input type="radio"/> No
4. Outpatient	<input type="radio"/> Yes <input type="radio"/> No

Save Progress Start Page Over Submit and Continue

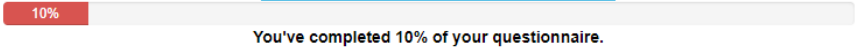
** Information from asterisked (*) questions is published in SAMHSA's online Behavioral Health Treatment Services Locator, found at <https://findtreatment.samhsa.gov>, in SAMHSA's National Directory of Mental Health Treatment Facilities, and other publicly-available listings, unless you designate otherwise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

[← Back](#) [📄 Review my answers](#) [- Remove Facility](#) [✉ E-Mail the HelpDesk](#) [✘ Quit for now](#)

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.

[Review the online TIPS for completing the questionnaire.](#)

[Plain Language](#)



FACILITY CHARACTERISTICS

*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

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Psychiatric hospital	<input type="radio"/>
Separate inpatient psychiatric unit of a general hospital (consider this psychiatric unit as the relevant "facility" for the purpose of this survey)	<input type="radio"/>
Residential treatment center for children	<input type="radio"/>
Residential treatment center for adults	<input type="radio"/>
Other type of residential treatment facility	<input type="radio"/>
Veterans Affairs Medical Center (VAMC) or other VA health care facility	<input type="radio"/>
Community Mental Health Center (CMHC)	<input type="radio"/>
Certified Community Behavioral Health Clinic (CCBHC)	<input type="radio"/>
Partial hospitalization/day treatment facility	<input type="radio"/>
Outpatient mental health facility	<input type="radio"/>
Multi-setting mental health facility (non-hospital residential plus either outpatient and/or partial hospitalization/day treatment)	<input type="radio"/>
Other	<input type="radio"/>

Please specify

12%

You've completed 12% of your questionnaire.

FACILITY CHARACTERISTICS

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

- For a definition of a solo or small group practice, go to: <https://info.nmhss.org>

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- Yes
 No

***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.

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- 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 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>.

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
Yes	<input type="radio"/>
No	<input checked="" type="radio"/>
Don't know	<input type="radio"/>

10%

You've completed 10% of your questionnaire.

FACILITY CHARACTERISTICS

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

SELECT ALL THAT APPLY

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Assisted living or nursing home care	<input type="checkbox"/>
Supported housing	<input type="checkbox"/>
Group homes	<input type="checkbox"/>
Clubhouse services	<input type="checkbox"/>
Emergency shelter (<i>such as homeless, domestic violence, etc.</i>)	<input type="checkbox"/>
Care for only individuals with a developmental disability (<i>that is, significant limitations in intellectual functioning</i>)	<input type="checkbox"/>
None of these services	<input type="checkbox"/>

Save Progress

Start Page Over

Submit and Continue

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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.*

SELECT ONE ONLY

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
Mental health treatment	<input type="radio"/>
Substance use treatment	<input type="radio"/>
Mix of mental health and substance use treatment (<i>neither is primary</i>)	<input type="radio"/>
General health care	<input type="radio"/>
Other service focus	<input type="radio"/>
	<input type="text" value="Please specify"/>

12%

You've completed 12% of your questionnaire.

FACILITY CHARACTERISTICS

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

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- Yes
 No

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

SELECT ONE ONLY

		University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
A private <u>for-profit</u> organization		<input type="radio"/>
A private <u>non-profit</u> organization		<input checked="" type="radio"/>
A public agency or department		<input type="radio"/>

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

SELECT ONE ONLY

		University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
State Mental Health Authority (<i>SMHA</i>)		<input type="radio"/>
Other state government agency or department (<i>e.g., Department of Health</i>)		<input checked="" type="radio"/>
Regional/district authority or county, local, or municipal government		<input type="radio"/>
Tribal government		<input checked="" type="radio"/>
Indian Health Service		<input type="radio"/>
Department of Veterans Affairs		<input checked="" type="radio"/>
Other		<input type="radio"/>
		<input type="text" value="Please specify"/>

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

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

SELECT ALL THAT APPLY

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652	
1. Individual psychotherapy	<input type="checkbox"/>
2. Couples/family therapy	<input type="checkbox"/>
3. Group therapy	<input type="checkbox"/>
4. Cognitive behavioral therapy	<input type="checkbox"/>
5. Dialectical behavior therapy	<input type="checkbox"/>
6. Cognitive remediation	<input type="checkbox"/>
7. Integrated mental health and substance use treatment	<input type="checkbox"/>
8. Trauma therapy	<input type="checkbox"/>
9. Activity therapy	<input type="checkbox"/>
10. Electroconvulsive therapy	<input type="checkbox"/>
11. Transcranial Magnetic Stimulation (TMS)	<input type="checkbox"/>
12. Ketamine Infusion Therapy (KIT)	<input type="checkbox"/>
13. Eye Movement Desensitization and Reprocessing (EMDR) therapy	<input type="checkbox"/>
14. Telemedicine/telehealth therapy (including Internet, Web, mobile, and desktop programs)	<input type="checkbox"/>
15. Other	<input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; width: 100%;">Please specify</div>
16. None of these mental health treatment modalities are offered	<input type="checkbox"/>

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

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	<input type="radio"/> Yes <input type="radio"/> No

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

SELECT ALL THAT APPLY FOR EACH MEDICATION

FIRST-GENERATION ANTIPSYCHOTIC		Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204
1. Chlorpromazine (<i>Thorazine</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
2. Droperidol (<i>Inapsine</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
3. Fluphenazine (<i>Prolixin</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
4. Haloperidol (<i>Haldo</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
5. Loxapine (<i>Loxitane</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
6. Perphenazine (<i>Trilafon/Etrafon/Triavil/Triptafen</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
7. Pimozide (<i>Orap</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
8. Prochlorperazine (<i>Compazine/Compro</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
9. Thiothixene (<i>Navane</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
10. Thioridazine (<i>Mellaril/Melleri</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
11. Trifluoperazine (<i>Stelazine</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
12. Other first-generation antipsychotics	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY <input type="text" value="Please specify"/>	

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SECOND-GENERATION ANTIPSYCHOTIC		Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204
13. Aripiprazole (<i>Abilify</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
14. Asenapine (<i>Saphris/Sycrest</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
15. Clozapine (<i>Clozaril</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
16. Iloperidone (<i>Fanapt</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
17. Olanzapine (<i>Zyprexa</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
18. Paliperidone (<i>Invega Trinza</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
19. Quetiapine (<i>Seroquel</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
20. Risperidone (<i>Risperdal</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
21. Ziprasidone (<i>Geodon</i> ®)	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY	
22. Other second-generation antipsychotics	<input type="checkbox"/> ORAL <input type="checkbox"/> INJECTABLE <input type="checkbox"/> LONG-ACTING INJECTABLE <input type="checkbox"/> NOT USED AT THIS FACILITY <input type="text" value="Please specify"/>	

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***A13. 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

		University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
1. Assertive community treatment (ACT)		<input type="checkbox"/>
2. Intensive case management (ICM)		<input type="checkbox"/>
3. Case management (CM)		<input type="checkbox"/>
4. Court-ordered treatment		<input type="checkbox"/>
5. Assisted Outpatient Treatment (AOT)		<input type="checkbox"/>
6. Chronic disease/illness management (CDM)		<input type="checkbox"/>
7. Illness management and recovery (IMR)		<input type="checkbox"/>
8. Integrated primary care services		<input type="checkbox"/>
9. Diet and exercise counseling		<input type="checkbox"/>
10. Family psychoeducation		<input type="checkbox"/>
11. Education services		<input type="checkbox"/>
12. Housing services		<input type="checkbox"/>
13. Supported housing		<input type="checkbox"/>
14. Psychosocial rehabilitation services		<input type="checkbox"/>
15. Vocational rehabilitation services		<input type="checkbox"/>
16. Supported employment		<input type="checkbox"/>
17. Therapeutic foster care		<input type="checkbox"/>
18. Legal advocacy		<input type="checkbox"/>
19. Psychiatric emergency walk-in services		<input type="checkbox"/>
20. Suicide prevention services		<input type="checkbox"/>
21. Peer support services		<input type="checkbox"/>
22. Testing for Hepatitis B (HBV)		<input type="checkbox"/>
23. Testing for Hepatitis C (HCV)		<input type="checkbox"/>
24. HIV testing		<input type="checkbox"/>
25. STD testing		<input type="checkbox"/>
26. TB screening		<input type="checkbox"/>
27. Screening for tobacco use		<input type="checkbox"/>
28. Smoking/vaping/tobacco cessation counseling		<input type="checkbox"/>
29. Nicotine replacement therapy		<input type="checkbox"/>
30. Non-nicotine smoking/tobacco cessation medications (by prescription)		<input type="checkbox"/>
31. Other		<input type="checkbox"/>
		<input type="text" value="Please specify"/>
32. None of these services and practices are offered		<input type="checkbox"/>

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

SELECT ALL THAT APPLY

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
1. Detoxification (medical withdrawal)	<input type="checkbox"/>
2. Medication assisted treatment for alcohol use disorder (for example, disulfiram, acamprosate)	<input type="checkbox"/>
3. Medication assisted treatment for opioid use disorder (for example, buprenorphine, methadone, naltrexone)	<input type="checkbox"/>
4. Individual counseling	<input type="checkbox"/>
5. Group counseling	<input type="checkbox"/>
6. 12-Step groups	<input type="checkbox"/>
7. Case management	<input type="checkbox"/>
8. None of these services are offered	<input type="checkbox"/>

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***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.*

SELECT "YES" OR "NO" FOR EACH

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652	
1. Young children (0-5)	<input type="radio"/> Yes <input type="radio"/> No
2. Children (6-12)	<input type="radio"/> Yes <input type="radio"/> No
3. Adolescents (13-17)	<input type="radio"/> Yes <input type="radio"/> No
4. Young adults (18-25)	<input type="radio"/> Yes <input type="radio"/> No
5. Adults (26-64)	<input type="radio"/> Yes <input type="radio"/> No
6. Older adults (65 or older)	<input type="radio"/> Yes <input type="radio"/> No

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***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.

SELECT ALL THAT APPLY

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Birmingham, AL 35294	
1. Children/adolescents with serious emotional disturbance (SED)	<input type="checkbox"/>
2. Young adults	<input type="checkbox"/>
3. Persons 18 and older with serious mental illness (SMI)	<input type="checkbox"/>
4. Older adults	<input type="checkbox"/>
5. Persons with Alzheimer's or dementia	<input type="checkbox"/>
6. Persons with co-occurring mental and substance use disorders	<input type="checkbox"/>
7. Persons with eating disorders	<input type="checkbox"/>
8. Persons experiencing first-episode psychosis	<input type="checkbox"/>
9. Persons who have experienced intimate partner violence, domestic violence	<input type="checkbox"/>
10. Persons with a diagnosis of post-traumatic stress disorder (PTSD)	<input type="checkbox"/>
11. Persons who have experienced trauma (excluding persons with a PTSD diagnosis)	<input type="checkbox"/>
12. Persons with traumatic brain injury (TBI)	<input type="checkbox"/>
13. Veterans	<input type="checkbox"/>
14. Active duty military	<input type="checkbox"/>
15. Members of military families	<input type="checkbox"/>
16. Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) clients	<input type="checkbox"/>
17. Forensic clients (referred from the court/ judicial system)	<input type="checkbox"/>
18. Persons with HIV or AIDS	<input type="checkbox"/>
19. Other special program or group	<input type="checkbox"/> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">Please specify</div>
20. No dedicated or exclusively designed programs or groups are offered	<input type="checkbox"/>

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

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	<input type="radio"/> Yes <input type="radio"/> No

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

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
	<input type="radio"/> Yes <input type="radio"/> No

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

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
	<input type="radio"/> Yes <input type="radio"/> No

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***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*)?

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

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	<input type="radio"/> Yes <input type="radio"/> No

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

- You should answer "Yes" if either staff or an on-call interpreter provides this service.

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Yes	<input type="radio"/>
No, only English	<input type="radio"/>

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

SELECT ONE ONLY

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652	
Staff who speak a language other than English	<input type="radio"/>
On-call interpreter (<i>in person or by phone</i>) brought in when needed	<input checked="" type="radio"/>
BOTH staff and on-call interpreter	<input type="radio"/>

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

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	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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	<input type="radio"/> Yes <input type="radio"/> No

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***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.

SELECT ALL THAT APPLY

AMERICAN INDIAN OR ALASKA NATIVE:

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652	
Hopi	<input type="checkbox"/>
Lakota	<input type="checkbox"/>
Navajo	<input type="checkbox"/>
Ojibwa	<input type="checkbox"/>
Yupik	<input type="checkbox"/>
Other American Indian or Alaska Native language	<input type="checkbox"/>
Please specify	

OTHER LANGUAGES:

Arabic	<input type="checkbox"/>
Any Chinese language	<input type="checkbox"/>
Creole	<input type="checkbox"/>
Farsi	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hindi	<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	<input type="checkbox"/>
Please specify	

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

SELECT ONE ONLY

University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652	
<u>Not permitted</u> to smoke anywhere outside or within any building	<input type="radio"/>
Permitted in <u>designated outdoor</u> area(s)	<input type="radio"/>
Permitted <u>anywhere outside</u>	<input type="radio"/>
Permitted in <u>designated indoor</u> area(s)	<input type="radio"/>
Permitted <u>anywhere inside</u>	<input type="radio"/>
Permitted <u>anywhere without restriction</u>	<input type="radio"/>

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

- *Sliding fee scales are based on income and other factors.*
- *If this is a Veterans Affairs facility, please check "No."*

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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	<input type="radio"/> Yes <input type="radio"/> No

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire

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

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

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	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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	<input type="radio"/> Yes <input type="radio"/> No

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

SELECT ALL THAT APPLY

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

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire

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.

SELECT ALL THAT APPLY

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1. State mental health authority	<input type="checkbox"/>
2. State substance abuse agency	<input type="checkbox"/>
3. State department of health	<input type="checkbox"/>
4. State or local Department of Family and Children's Services	<input type="checkbox"/>
5. Hospital licensing authority	<input type="checkbox"/>
6. The Joint Commission	<input type="checkbox"/>
7. Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="checkbox"/>
8. Council on Accreditation (COA)	<input type="checkbox"/>
9. Centers for Medicare and Medicaid Services (CMS)	<input type="checkbox"/>
10. Other national organization, or federal, state, or local agency	<input type="checkbox"/> <input type="text" value="Please specify"/>
11. We do not have licensing, certification, or accreditation from any of these organizations	<input type="checkbox"/>

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire

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>

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	<input type="radio"/> Yes <input type="radio"/> No

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?

SELECT ALL THAT APPLY

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Publish the <u>street</u> address	<input type="checkbox"/>
Publish the <u>mailing</u> address	<input type="checkbox"/>
Do <u>not</u> publish either address	<input type="checkbox"/>

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.

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	<input type="radio"/> Yes <input type="radio"/> No

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire

C2. As you may have noticed, new features have been added to the 2021 N-MHSS. We value your input regarding your experience using these new features, completing the survey overall, and any general feedback or input you would like to provide.

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

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	<input type="radio"/> Yes <input type="radio"/> No

Attachment A.5— 2021 N-MHSS Web Screens for Online Questionnaire



You've completed 99% of your questionnaire.

GENERAL INFORMATION

C2a. Please enter your comments below.

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Empty text input area for comments.

Empty text input area for comments.

Save Progress Start Page Over Submit and Continue

◀ Back

📄 Review my answers

⊖ Remove Facility

✉ E-Mail the HelpDesk

✕ Quit for now