

# Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire

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

## National Mental Health Services Survey (N-MHSS) April 30, 2020

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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

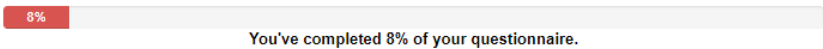
If you do not know your User ID and Password, please refer to the green flyer included in the N-MHSS packet. You can also call our helpline at the following toll-free number to obtain the information: 1-866-778-8782.

**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 xxx-xxxx. Public reporting burden for this collection of information is estimated to average 45 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 15E57-B, Rockville, Maryland 20857.

[Plain Language](#) 

Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire



FACILITY CHARACTERISTICS

A1. Does this treatment facility, at this location, offer:  
SELECT "YES" OR "NO" FOR EACH

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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 mental illness/serious emotional disturbance (SED) in children and substance use disorders	<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

## Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire

\*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

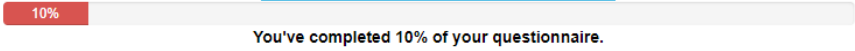
✉ E-Mail the HelpDesk

✘ 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 Administration 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

Save Progress

Start Page Over

Submit and Continue

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>.

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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**

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Mental health treatment		<input type="radio"/>
Substance use treatment		<input checked="" 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"/>



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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**

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A private for-profit organization

A private non-profit organization

A public agency or department

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

**SELECT ONE ONLY**

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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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12%

You've completed 12% of your questionnaire.

FACILITY CHARACTERISTICS

A11. Is this facility affiliated with a religious (or faith-based) organization?

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- Yes
- No

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**\*A12. 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**

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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	<input type="checkbox"/>
15. Other	<input type="checkbox"/> Please specify
16. None of these mental health treatment modalities are offered	<input type="checkbox"/>

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**\*A13.** Does this facility offer pharmacotherapy, that is, the use of antipsychotics for the treatment of serious mental illness (SMI)?

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Yes

No

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

\*A13a. 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>Haldol</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"/>

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

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 <div style="border: 1px solid black; padding: 2px; width: 100%;">Please specify</div>

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**\*A14. 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**

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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"/>



**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**A16. 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**

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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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**\*A17. What age groups are accepted for treatment at this facility?**

SELECT "YES" OR "NO" FOR EACH

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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

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**\*A18.** 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

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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 clients (LGBTQ)	<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"/> <input type="text" value="Please specify"/>
20. No dedicated or exclusively designed programs or groups are offered	<input type="checkbox"/>

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**\*A19. 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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- Yes  
 No

**\*A20. Does this facility offer services for psychiatric emergencies onsite?**

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- Yes  
 No

**\*A21. Does this facility offer mobile/off-site psychiatric crisis services?**

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- Yes  
 No

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**\*A22.** 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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Yes

No

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**\*A23. 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"/>

**A23a. At this facility, who provides mental health treatment services in a language other than English?**

**SELECT ONE ONLY**

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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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**\*A23a1. Do staff provide mental health treatment services in Spanish at this facility?**

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- Yes  
 No

**A23a2. Do staff at this facility provide mental health treatment services in any other languages?**

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- Yes  
 No

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

\*A23b. 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



Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire

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

FACILITY CHARACTERISTICS

A24. Which of these quality improvement practices are part of this facility's standard operating procedures?

SELECT "YES" OR "NO" FOR EACH

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1. Continuing education requirements for professional staff	<input type="radio"/> Yes <input type="radio"/> No
2. Regularly scheduled case review with a supervisor	<input type="radio"/> Yes <input type="radio"/> No
3. Regularly scheduled case review by an appointed quality review committee	<input type="radio"/> Yes <input type="radio"/> No
4. Client outcome follow-up after discharge	<input type="radio"/> Yes <input type="radio"/> No
5. Continuous quality improvement processes	<input type="radio"/> Yes <input type="radio"/> No
6. Periodic client satisfaction surveys	<input type="radio"/> Yes <input type="radio"/> No
7. Clinical provider peer review (CPPR)	<input type="radio"/> Yes <input type="radio"/> No
8. Root cause analysis (RCA)	<input type="radio"/> Yes <input type="radio"/> No

Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire

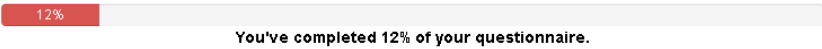
\*A25. Which of the following statements BEST describes this facility's smoking policy for clients?

SELECT ONE ONLY

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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"/>

# Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire

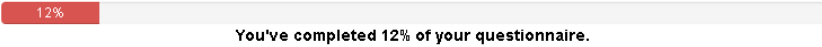


## FACILITY CHARACTERISTICS

A26. In the 12-month period beginning May 1, 2019, and ending April 30, 2020, have staff at this facility used seclusion or restraint with clients?

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

Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire



FACILITY CHARACTERISTICS

A26a. Does this facility have any policies in place to minimize the use of seclusion or restraint?

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

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**A27. Please indicate what method staff members routinely use to accomplish the following work activities.**

**NOTE:** Electronic resources include tools such as electronic health records (EHR) and web portals.  
Please consider e-fax, pdf, or scanned documents as paper documents.

**SELECT ALL THAT APPLY FOR EACH ACTIVITY**

Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

1. Intake	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
2. Scheduling appointments	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
3. Assessment/evaluation	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
4. Treatment plan	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
5. Client progress monitoring	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
6. Discharge	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
7. Referrals	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
8. Issue/receive lab results	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
9. Medication prescribing/dispensing	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
10. Checking medication interactions	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA
11. Store and maintain client health and/or treatment records	<input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR) <input type="checkbox"/> COMPUTER BASED (NON-EHR) <input type="checkbox"/> PAPER <input type="checkbox"/> NA

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

<p>12. Send client health and/or treatment information to providers or sources outside your organization</p>	<p><input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR)  <input type="checkbox"/> COMPUTER BASED (NON-EHR)  <input type="checkbox"/> PAPER  <input type="checkbox"/> NA</p>
<p>13. Recieve client health and/or treatment information from providers or sources outside your organization</p>	<p><input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR)  <input type="checkbox"/> COMPUTER BASED (NON-EHR)  <input type="checkbox"/> PAPER  <input type="checkbox"/> NA</p>
<p>14. Billing</p>	<p><input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR)  <input type="checkbox"/> COMPUTER BASED (NON-EHR)  <input type="checkbox"/> PAPER  <input type="checkbox"/> NA</p>
<p>15. Client or family satisfaction surveys</p>	<p><input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR)  <input type="checkbox"/> COMPUTER BASED (NON-EHR)  <input type="checkbox"/> PAPER  <input type="checkbox"/> NA</p>
<p>16. Updating availability of beds</p>	<p><input type="checkbox"/> ELECTRONIC HEALTH RECORDS (EHR)  <input type="checkbox"/> COMPUTER BASED (NON-EHR)  <input type="checkbox"/> PAPER  <input type="checkbox"/> NA</p>

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**\*A28. Does this facility use a sliding fee scale?**

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

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- Yes  
 No

**A28a. 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 Administration facility, please check "No."*

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- Yes  
 No

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**\*A29. 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 Administration facility, please check "No."*

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Yes

No

**A29a. 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 Administration facility, please check "No."*

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Yes

No



**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**\*A30. 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.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**A31. 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"/>

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

The next section of the questionnaire will ask about the number of patients/clients receiving mental health treatment at your facility. It may be helpful to view the types of questions we will be asking before completing this section.

[View Client Count Worksheet](#)

You will be able to report on the number of patients/clients receiving mental health treatment in a variety of ways, whichever is easiest for you.

You can report client counts in two different ways: individually or in a group. If you report client counts individually, you will enter the specific clients counts associated with that facility. If you report client counts in a group, you will report a combined sum for two or more facilities in your network. You will do this by selecting facilities in your network and assigning them to a group. If you report client counts for a group, you will only have to report one set of counts for the facilities in that group. You will select those facilities on upcoming screens. You can report both individually and in groups, if that is how your client count information is available.

Will you be reporting client count information at this time, OR will you, another facility, or another individual report the counts at a later time?

- I will report client counts now.
- The counts will be reported at a later time.

Submit and Continue

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

If possible, it is preferred that you report clients for each facility individually. However, we realize that is not always possible.

Are you able to report individual client counts for one or more of your facilities?

- Yes, report individual client counts
- No, report only group client counts

Submit and Continue

⏪ Back

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Please select from the list below the facilities you will report client counts for individually.

Bradford Health Services - Mobile  
Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

Submit and Continue

◀ Back

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

You can combine the client counts for more than one facility so that you will only have to report one set of counts for them. You may find it is easier to create a group of facilities that offer similar services.

NOTE: If you choose to report both individual and group client counts, you will report the individual counts first, and then repeat the questions for your group counts.

Would you like to create a client count group?

Yes

No

Submit and Continue

◀ Back

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

**To avoid double-counting clients, we need to know which facilities will be included in your counts. You can choose the facilities now, or we can call you at a later time for your list of facilities. How will you report this information to us?**

- I prefer to choose the facilities now.
- Please call me for the list of facilities included in these counts.

Submit and Continue

◀ Back

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

The default name for this group is "Group 1." You can change the default name below to better identify this group.

- For example, if you are going to report client counts by setting, you may want to name the group by its setting, e.g., "Outpatient."

Enter Group Name:

Group 1

Please select from the list below the facilities you will report client counts for in this group.

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Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

Our records indicate that the facilities listed below are also in your network. Please select any of these facilities that you will be reporting client counts for. You will have the opportunity to enter additional facility information on a subsequent screen if a facility you will be reporting for is not listed below.

Please select from the list below the facilities you will report client counts for in this group.

Lighthouse Counseling Center Inc -  
Addiction Recovery Program  
1001 Mimosa Park Road, Suite 150  
Shelbyville, IN 46176

Lighthouse Counseling Center Inc -  
Another Chance  
111 Coliseum Boulevard  
Indianapolis, IN 46208

Lighthouse Counseling Center Inc -  
Addiction Recovery Program  
3430 North Jackson Highway, Suites  
A and B

Are there other facilities you will report client counts for in this group?

Yes

No

Submit and Continue

◀ Back



## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Please provide the facility name, location address, and phone number for each of the additional facilities you will include in the client counts. Also, indicate if that facility offers hospital inpatient, residential, and/or outpatient substance use treatment at that location.

Facility Name Line 1	
<input type="text"/>	
Facility Name Line 2	
<input type="text"/>	
Location Address Line 1	
<input type="text"/>	
Location Address Line 2	
<input type="text"/>	
Location City	
<input type="text"/>	
Location State	
<input type="text" value="Please Select"/>	
Location Zip	
<input type="text"/>	
Facility Phone	Extension
<input type="text"/>	<input type="text"/>
Facility Email Address	
<input type="text"/>	
<input type="checkbox"/> HOSPITAL INPATIENT	
<input type="checkbox"/> RESIDENTIAL	
<input type="checkbox"/> OUTPATIENT	
<input type="checkbox"/> PARTIAL HOSPITALIZATION/DAY TREATMENT	

Is there another facility for which you want to report client counts in the group called Group 1?

Yes

No

Submit and Continue

← Back

## National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

**If you would like to make any changes to the name of Group 2, please do so below.**

- **For example, if you chose facilities by setting, you may want to name the group by its setting, e.g., "Outpatient."**

Enter Group Name:

Group 2

**Would you like to create an additional group of facilities to report their combined client counts?**

Yes

No

Submit and Continue

◀ Back

Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire

12%

You've completed 12% of your questionnaire.

CLIENT/PATIENT COUNT INFORMATION  
24-HOUR HOSPITAL INPATIENT COUNTS

**B3.** On April 30, 2020, did any patients receive 24-hour hospital inpatient mental health treatment at this facility, at this location?

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Paramus, NJ 07652

- Yes  
 No

62%

You've completed 62% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR HOSPITAL INPATIENT COUNTS

B3a. On April 30, 2020, 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

✘ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back



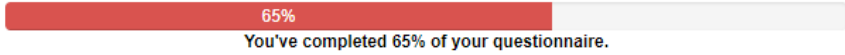
**CLIENT/PATIENT COUNT INFORMATION**  
**24-HOUR HOSPITAL INPATIENT COUNTS**

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>GENDER : TOTAL (NUMBER)</b>	<b>0</b>
GENDER: Male (NUMBER)	<input type="text"/>
GENDER: Female (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>GENDER : TOTAL (PERCENT)</b>	<b>0</b>
GENDER: Male (PERCENT)	<input type="text"/>
GENDER: Female (PERCENT)	<input type="text"/>



**CLIENT/PATIENT COUNT INFORMATION**  
**24-HOUR HOSPITAL INPATIENT COUNTS**

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>AGE: TOTAL (NUMBER)</b>	<b>0</b>
AGE: 0 - 17 (NUMBER)	<input type="text"/>
AGE: 18 - 64 (NUMBER)	<input type="text"/>
AGE: 65 and older (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>AGE: TOTAL (PERCENT)</b>	<b>0</b>
AGE: 0 - 17 (PERCENT)	<input type="text"/>
AGE: 18 - 64 (PERCENT)	<input type="text"/>
AGE: 65 and older (PERCENT)	<input type="text"/>



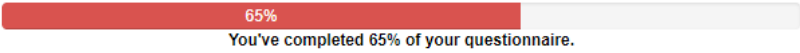
### CLIENT/PATIENT COUNT INFORMATION 24-HOUR HOSPITAL INPATIENT COUNTS

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>ETHNICITY: TOTAL (NUMBER)</b>	<b>0</b>
ETHNICITY: Hispanic or Latino (NUMBER)	<input type="text"/>
ETHNICITY: Not Hispanic or Latino (NUMBER)	<input type="text"/>
ETHNICITY: Unknown or not collected (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>ETHNICITY: TOTAL (PERCENT)</b>	<b>0</b>
ETHNICITY: Hispanic or Latino (PERCENT)	<input type="text"/>
ETHNICITY: Not Hispanic or Latino (PERCENT)	<input type="text"/>
ETHNICITY: Unknown or not collected (PERCENT)	<input type="text"/>



**CLIENT/PATIENT COUNT INFORMATION**  
**24-HOUR HOSPITAL INPATIENT COUNTS**

**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%.

Bradford Health Services - Mobile Regional Facility  
 200 Cherry Street  
 Indianapolis, IN 46204

<b>RACE: TOTAL (NUMBER)</b>	<b>0</b>
RACE: American Indian or Alaska Native (NUMBER)	<input type="text"/>
RACE: Asian (NUMBER)	<input type="text"/>
RACE: Black or African American (NUMBER)	<input type="text"/>
RACE: Native Hawaiian or other Pacific Islander (NUMBER)	<input type="text"/>
RACE: White (NUMBER)	<input type="text"/>
RACE: Two or more races (NUMBER)	<input type="text"/>
RACE: Unknown or not collected (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility  
 200 Cherry Street  
 Indianapolis, IN 46204

<b>RACE: TOTAL (PERCENT)</b>	<b>0</b>
RACE: American Indian or Alaska Native (PERCENT)	<input type="text"/>
RACE: Asian (PERCENT)	<input type="text"/>
RACE: Black or African American (PERCENT)	<input type="text"/>
RACE: Native Hawaiian or other Pacific Islander (PERCENT)	<input type="text"/>
RACE: White (PERCENT)	<input type="text"/>
RACE: Two or more races (PERCENT)	<input type="text"/>
RACE: Unknown or not collected (PERCENT)	<input type="text"/>





**CLIENT/PATIENT COUNT INFORMATION**  
**24-HOUR HOSPITAL INPATIENT COUNTS**

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>LEGAL STATUS : TOTAL (NUMBER)</b>	<b>0</b>
LEGAL STATUS: Voluntary (NUMBER)	<input type="text"/>
LEGAL STATUS: Involuntary, non-forensic (NUMBER)	<input type="text"/>
LEGAL STATUS: Involuntary, forensic (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>LEGAL STATUS : TOTAL (PERCENT)</b>	<b>0</b>
LEGAL STATUS: Voluntary (PERCENT)	<input type="text"/>
LEGAL STATUS: Involuntary, non-forensic (PERCENT)	<input type="text"/>
LEGAL STATUS: Involuntary, forensic (PERCENT)	<input type="text"/>

68%

You've completed 68% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR HOSPITAL INPATIENT COUNTS

B3c. On April 30, 2020 , 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

✘ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back

12%

You've completed 12% of your questionnaire.

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

**B4.** On April 30, 2020, did any clients receive 24-hour residential mental health treatment at this facility, at this location?

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Paramus, NJ 07652

Yes

No

72%

You've completed 72% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

B4a. On April 30, 2020, 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

✘ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back



## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>GENDER : TOTAL (NUMBER)</b>	<b>0</b>
GENDER: Male (NUMBER)	<input style="width: 90%;" type="text"/>
GENDER: Female (NUMBER)	<input style="width: 90%;" type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>GENDER : TOTAL (PERCENT)</b>	<b>0</b>
GENDER: Male (PERCENT)	<input style="width: 90%;" type="text"/>
GENDER: Female (PERCENT)	<input style="width: 90%;" type="text"/>



## CLIENT/PATIENT COUNT INFORMATION

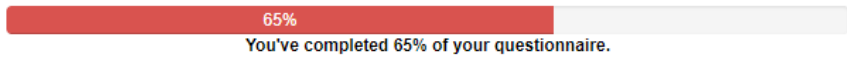
### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>AGE: TOTAL (NUMBER)</b>	<b>0</b>
AGE: 0 - 17 (NUMBER)	<input type="text"/>
AGE: 18 - 64 (NUMBER)	<input type="text"/>
AGE: 65 and older (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>AGE: TOTAL (PERCENT)</b>	<b>0</b>
AGE: 0 - 17 (PERCENT)	<input type="text"/>
AGE: 18 - 64 (PERCENT)	<input type="text"/>
AGE: 65 and older (PERCENT)	<input type="text"/>



## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

**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%.

	Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204
<b>ETHNICITY: TOTAL (NUMBER)</b>	<b>0</b>
ETHNICITY: Hispanic or Latino (NUMBER)	<input style="width: 90%;" type="text"/>
ETHNICITY: Not Hispanic or Latino (NUMBER)	<input style="width: 90%;" type="text"/>
ETHNICITY: Unknown or not collected (NUMBER)	<input style="width: 90%;" type="text"/>

	Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204
<b>ETHNICITY: TOTAL (PERCENT)</b>	<b>0</b>
ETHNICITY: Hispanic or Latino (PERCENT)	<input style="width: 90%;" type="text"/>
ETHNICITY: Not Hispanic or Latino (PERCENT)	<input style="width: 90%;" type="text"/>
ETHNICITY: Unknown or not collected (PERCENT)	<input style="width: 90%;" type="text"/>



## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>RACE: TOTAL (NUMBER)</b>	<b>0</b>
RACE: American Indian or Alaska Native (NUMBER)	<input type="text"/>
RACE: Asian (NUMBER)	<input type="text"/>
RACE: Black or African American (NUMBER)	<input type="text"/>
RACE: Native Hawaiian or other Pacific Islander (NUMBER)	<input type="text"/>
RACE: White (NUMBER)	<input type="text"/>
RACE: Two or more races (NUMBER)	<input type="text"/>
RACE: Unknown or not collected (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>RACE: TOTAL (PERCENT)</b>	<b>0</b>
RACE: American Indian or Alaska Native (PERCENT)	<input type="text"/>
RACE: Asian (PERCENT)	<input type="text"/>
RACE: Black or African American (PERCENT)	<input type="text"/>
RACE: Native Hawaiian or other Pacific Islander (PERCENT)	<input type="text"/>
RACE: White (PERCENT)	<input type="text"/>
RACE: Two or more races (PERCENT)	<input type="text"/>
RACE: Unknown or not collected (PERCENT)	<input type="text"/>





## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

**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 B.4a.TOTAL BOX.
- If percents are used - each category total should equal 100%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>LEGAL STATUS : TOTAL (NUMBER)</b>	<b>0</b>
LEGAL STATUS: Voluntary (NUMBER)	<input type="text"/>
LEGAL STATUS: Involuntary, non-forensic (NUMBER)	<input type="text"/>
LEGAL STATUS: Involuntary, forensic (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>LEGAL STATUS : TOTAL (PERCENT)</b>	<b>0</b>
LEGAL STATUS: Voluntary (PERCENT)	<input type="text"/>
LEGAL STATUS: Involuntary, non-forensic (PERCENT)	<input type="text"/>
LEGAL STATUS: Involuntary, forensic (PERCENT)	<input type="text"/>

78%

You've completed 78% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

### 24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

B4c. On April 30, 2020, 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

✘ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back



### CLIENT/PATIENT COUNT INFORMATION

*LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)*

**B5.** During the month of April 2020, did any clients receive less than 24-hour mental health treatment at this facility, at this location?

INCLUDE OUTPATIENT OR PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENT COUNTS

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

- Yes
- No

83%

You've completed 83% of your questionnaire.

### CLIENT/PATIENT COUNT INFORMATION

*LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)*

B5a. During the month of April 2020, 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, 2020.
- **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

✘ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back



### CLIENT/PATIENT COUNT INFORMATION

LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)

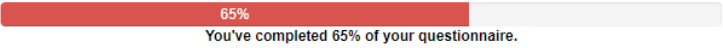
**B5b.** For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care you reported previously. Use either numbers OR percents, whichever is more convenient.

- 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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>GENDER : TOTAL (NUMBER)</b>	<b>0</b>
GENDER: Male (NUMBER)	<input type="text"/>
GENDER: Female (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>GENDER : TOTAL (PERCENT)</b>	<b>0</b>
GENDER: Male (PERCENT)	<input type="text"/>
GENDER: Female (PERCENT)	<input type="text"/>



### CLIENT/PATIENT COUNT INFORMATION

LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care 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%.

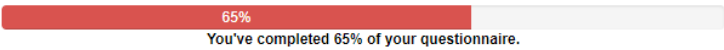
Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

AGE: TOTAL (NUMBER)	0
AGE: 0 - 17 (NUMBER)	<input type="text"/>
AGE: 18 - 64 (NUMBER)	<input type="text"/>
AGE: 65 and older (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

AGE: TOTAL (PERCENT)	0
AGE: 0 - 17 (PERCENT)	<input type="text"/>
AGE: 18 - 64 (PERCENT)	<input type="text"/>
AGE: 65 and older (PERCENT)	<input type="text"/>

Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire



CLIENT/PATIENT COUNT INFORMATION

LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care reported previously. Use either numbers OR percents, whichever is more convenient.

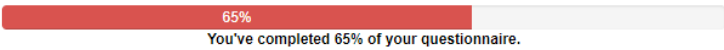
- If numbers are used - each category total should equal the number reported in the B5a TOTAL BOX.
- If percents are used - each category total should equal 100%.

Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

<b>ETHNICITY: TOTAL (NUMBER)</b>	<b>0</b>
ETHNICITY: Hispanic or Latino (NUMBER)	<input type="text"/>
ETHNICITY: Not Hispanic or Latino (NUMBER)	<input type="text"/>
ETHNICITY: Unknown or not collected (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

<b>ETHNICITY: TOTAL (PERCENT)</b>	<b>0</b>
ETHNICITY: Hispanic or Latino (PERCENT)	<input type="text"/>
ETHNICITY: Not Hispanic or Latino (PERCENT)	<input type="text"/>
ETHNICITY: Unknown or not collected (PERCENT)	<input type="text"/>



### CLIENT/PATIENT COUNT INFORMATION

LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)

B5b. For each of the following categories, please provide a breakdown of the Clients in Less Than 24-Hour Care 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%.

Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

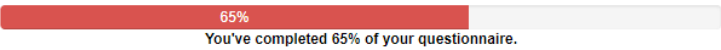
<b>RACE: TOTAL (NUMBER)</b>	<b>0</b>
RACE: American Indian or Alaska Native (NUMBER)	<input type="text"/>
RACE: Asian (NUMBER)	<input type="text"/>
RACE: Black or African American (NUMBER)	<input type="text"/>
RACE: Native Hawaiian or other Pacific Islander (NUMBER)	<input type="text"/>
RACE: White (NUMBER)	<input type="text"/>
RACE: Two or more races (NUMBER)	<input type="text"/>
RACE: Unknown or not collected (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility  
200 Cherry Street  
Indianapolis, IN 46204

<b>RACE: TOTAL (PERCENT)</b>	<b>0</b>
RACE: American Indian or Alaska Native (PERCENT)	<input type="text"/>
RACE: Asian (PERCENT)	<input type="text"/>
RACE: Black or African American (PERCENT)	<input type="text"/>
RACE: Native Hawaiian or other Pacific Islander (PERCENT)	<input type="text"/>
RACE: White (PERCENT)	<input type="text"/>
RACE: Two or more races (PERCENT)	<input type="text"/>
RACE: Unknown or not collected (PERCENT)	<input type="text"/>



Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire



**CLIENT/PATIENT COUNT INFORMATION**

**LESS THAN 24-HOUR CARE (INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS)**

**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%.

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>LEGAL STATUS : TOTAL (NUMBER)</b>	<b>0</b>
LEGAL STATUS: Voluntary (NUMBER)	<input type="text"/>
LEGAL STATUS: Involuntary, non-forensic (NUMBER)	<input type="text"/>
LEGAL STATUS: Involuntary, forensic (NUMBER)	<input type="text"/>

Bradford Health Services - Mobile Regional Facility 200 Cherry Street Indianapolis, IN 46204	
<b>LEGAL STATUS : TOTAL (PERCENT)</b>	<b>0</b>
LEGAL STATUS: Voluntary (PERCENT)	<input type="text"/>
LEGAL STATUS: Involuntary, non-forensic (PERCENT)	<input type="text"/>
LEGAL STATUS: Involuntary, forensic (PERCENT)	<input type="text"/>

89%

You've completed 89% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

B6. On April 30, 2020, approximately what percent of the mental health treatment clients/patients enrolled at this facility had diagnosed co-occurring mental and substance use disorders?

PERCENT WITH CO-OCCURRING DIAGNOSIS

percent (%)

(if none, enter '0')

Submit Page and Continue

Start Page Over

✕ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back

90%

You've completed 90% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

**B7.** In the 12-month period of May 1, 2019 through April 30, 2020, 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

✕ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

⏪ Back

92%

You've completed 92% of your questionnaire.

## CLIENT/PATIENT COUNT INFORMATION

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

PERCENT MILITARY VETERANS

percent (%)

(If none, enter '0')

Submit Page and Continue

Start Page Over

✘ Quit for now

📄 Review my answers

✉ E-Mail the HelpDesk

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**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

**C1. 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>

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

- Yes  
 No

**C1a. 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

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

Publish the street address

Publish the mailing address

Do not publish either address

**C1b. 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.

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

- Yes  
 No

**Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire**

C3. As you may have noticed, new features have been added to the 2020 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?

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

Save Progress

Start Page Over

Submit and Continue

# Attachment A.4— 2020 N-MHSS Web Screens for Online Questionnaire



## GENERAL INFORMATION

C3a. Please enter your comments below.

	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652

Save Progress   Start Page Over   Submit and Continue

◀ Back

📄 Review my answers

➖ Remove Facility

✉ E-Mail the HelpDesk

✕ Quit for now

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

FORM APPROVED:  
OMB No. XXXX-XXXX  
APPROVAL EXPIRES: XXXX/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: 1-866-778-8782.

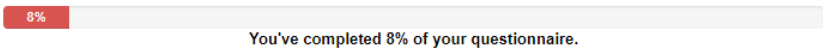
**PLEDGE TO RESPONDENTS:** The information you provide will be protected to the fullest extent allowable under the Public Health Service Act (42 USC 290aa(p)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits 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 15E57-B, Rockville, Maryland 20857.

[Plain Language](#) 



# Attachment A.5— 2021 N-MHSS Web Screens for Online 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  
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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 mental illness/serious emotional disturbance (SED) in children and substance use disorders	<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

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

**\*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

University of Alabama at Birmingham - Another Chance 1713 8th Avenue South, Suite 150 Paramus, NJ 07652	
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

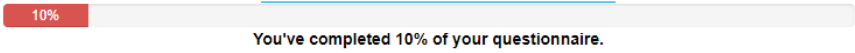
✉ E-Mail the HelpDesk

✘ 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

University of Alabama at Birmingham - Another Chance  
 1713 6th Avenue South, Suite 150  
 Paramus, NJ 07652

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 Administration 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>

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

- 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.

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

- Yes  
 No

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

**\*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

University of Alabama at Birmingham - Another Chance  
1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

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

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

**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 checked="" 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"/>

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

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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1713 6th Avenue South, Suite 150  
Paramus, NJ 07652

- Yes  
 No



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

**\*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"/>	

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

**\*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	<input type="checkbox"/>
15. Other	<input type="checkbox"/> <input type="text" value="Please specify"/>
16. None of these mental health treatment modalities are offered	<input type="checkbox"/>

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

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

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Paramus, NJ 07652

Yes

No

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

\*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>Haldol</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"/>

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

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"/>	

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

**\*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

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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"/>
	Please specify
32. None of these services and practices are offered	<input type="checkbox"/>

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

**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**

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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"/>

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

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

SELECT "YES" OR "NO" FOR EACH

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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



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

**\*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

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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 clients (LGBTQ)	<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"/> <input type="text" value="Please specify"/>
20. No dedicated or exclusively designed programs or groups are offered	<input type="checkbox"/>

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

**\*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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- Yes  
 No

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

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Paramus, NJ 07652

- Yes  
 No

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

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Paramus, NJ 07652

- Yes  
 No

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

**\*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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Parsippany, NJ 07652

Yes

No

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

**\*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

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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 type="radio"/>
BOTH staff and on-call interpreter	<input type="radio"/>

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

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

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- Yes
- No

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

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- Yes
- No

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

**\*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

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

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

SELECT ONE ONLY

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<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"/>

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

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

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

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- Yes  
 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 Administration facility, please check "No."*

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- Yes  
 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 Administration facility, please check "No."*

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Paramus, NJ 07652

Yes

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 Administration facility, please check "No."*

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Yes

No

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

**\*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"/>
	<input type="text" value="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

		University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
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"/>
		Please specify

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

**C1. 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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Paramus, NJ 07652

- Yes  
 No

**C1a. 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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Paramus, NJ 07652

Publish the street address

Publish the mailing address

Do not publish either address

**C1b. 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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- Yes  
 No

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

C3. 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?

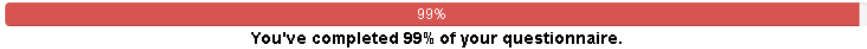
	University of Alabama at Birmingham - Another Chance 1713 6th Avenue South, Suite 150 Paramus, NJ 07652
<input type="radio"/> Yes <input type="radio"/> No	

Save Progress

Start Page Over

Submit and Continue

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



GENERAL INFORMATION

C3a. Please enter your comments below.

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Two large empty rectangular text input areas for providing comments.

Save Progress Start Page Over Submit and Continue

⏪ Back

📄 Review my answers

➖ Remove Facility

✉ E-Mail the HelpDesk

✕ Quit for now