

Complete the 2020 N-MHSS Online!



1st Option

Access the survey at:
<https://survey.nmhss.org>

Enter User ID and Password

USER ID:

PASSWORD:

2nd Option

Scan the QR Code

Open the camera application on your smartphone and scan it over the QR code to get to the survey and enter your **USER ID** and **PASSWORD**.



STATE ID: [STATE ID]
[FAC NAME1]: [FAC NAME 2]
[LOCATION ADDRESS 1]
[LOCATION ADDRESS 2]
[CITY], [STATE] [ZIP]

Questions? Want to request a paper questionnaire?

Telephone Helpline: **1-866-778-9752**
(8 a.m. to 8 p.m. ET)

E-mail: nmhss@mathematica-mpr.com

Thank you in advance for your participation!

Frequently Asked Questions (FAQs) 2020 National Mental Health Services Survey (N-MHSS)

- 1. We do not provide mental health treatment services at this location. Do we still need to complete the questionnaire?** Yes, we still need to hear from you so we can update our records. However, the number of questions you will be asked is minimal.
- 2. This facility is privately owned. We don't get any Federal, State, or local funds. Should we participate in the survey?** Yes, it is *very important* to have information about all mental health treatment providers so that we can properly describe our national mental health treatment network, including service availability.
- 3. Is it mandatory that I complete this survey?** Your participation is *very important*. Because the N-MHSS is the most comprehensive source of data on mental health treatment facilities in the nation, policymakers at local, State, and Federal levels use information from the N-MHSS to determine the extent of services available and what new or expanded services may be needed. Facilities that respond to the survey are listed in SAMHSA's online Behavioral Health Treatment Services Locator, which can be found at: <https://findtreatment.samhsa.gov>.
- 4. Another facility in our organization will report our information in their questionnaire. Do we need to do anything?** Yes, *we do need to hear from you!* Section A of the 2020 N-MHSS questionnaire is designed to collect information about the services offered at each individual facility. Even if another facility is providing information on the number of clients in treatment at this facility, every facility should answer Section A of the questionnaire for itself.
- 5. My facility's information is the same as last year; why can't you use that information?** Here is some good news! If you completed the 2019 N-MHSS, your responses to questions that typically do not change from year to year will be prefilled in the online questionnaire. All you need to do for these questions is check them, correct if necessary, and click the Submit button. Enclosed in the packet you received in the mail is a green flyer that provides the Internet address and your facility's unique user ID and password, which are required to access your facility's questionnaire on the Internet.
- 6. We would like to participate, but we do not want our facility to be listed on SAMHSA's online Behavioral Health Treatment Services Locator. Is this possible?** Yes, you can still participate in the survey. Near the end of the survey questionnaire, there is a question that asks whether or not you want the facility listed on the Locator.
- 7. My organization has multiple facilities that participate in the N-MHSS, can I complete multiple web surveys at once?** Yes! If you are responsible for completing the N-MHSS for more than one location, you can complete multiple web surveys at the same time.
- 8. Will I be able to go back and change answers?** Yes, you will see a button to update your answers and have the ability to jump back and update previously-answered questions, even if you have left the session and logged off. You will be able to go back in and make corrections until you click on the final submit button and receive your confirmation number.
- 9. Our facility offers telemedicine/telehealth to clients; how should this be reported and what modes of service does this include?** Telemedicine/telehealth programs are growing approaches to mental health treatment involving electronic communication between facility and client. This "remote" technological approach includes the use of email, Internet, Web, mobile, interactive video, patient portals and desktop programs. Although you may not consider telemedicine/telehealth to be regular outpatient treatment, please count it as such for the purpose of the survey.
- 10. If I report client counts for multiple facilities, how do I report which facilities I am including?** There are two ways that you can report your additional facilities in the online survey: (1) you may enter each facility that you are reporting for through the web survey, which involves entering or selecting the facility name, location address, and facility phone number, or (2) you may request that Mathematica Policy Research call you for the list of additional facilities.
- 11. Where can I find more information about terms used in the N-MHSS?** Definitions for some of the terms used in the N-MHSS can be found at <https://info.nmhss.org>. You can also call the N-MHSS helpline at 1-866-778-9752.
- 12. How do I achieve the best online experience?** Although all browsers are supported, Chrome, Firefox, and Safari offer the best experience completing the online survey. When using a mobile device, it is recommended that you view the screen horizontally (landscape orientation).

**2020 National Mental Health Services Survey
(N-MHSS)**

DEFINITIONS PACKET

**Please call the N-MHSS Helpline at 1-866-778-9752
if you need additional information**

Question A1. Mental Health Services/Treatment Offered at Facility

- A1.1 **Mental health intake** includes services designed to briefly assess the type and degree of a person’s mental health condition to determine whether services are needed and to link him or her to the most appropriate and available service.
- A1.2 **Mental health diagnostic evaluation** includes 1) establishment of a psychiatric diagnosis; or 2) collection of data sufficient to permit a case formulation; or 3) development of an initial treatment plan with particular considerations of any immediate interventions that may be needed to ensure the patient’s safety, or, if the evaluation is a re-assessment of a person in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation. Services may include interviews, psychological testing, physical examinations including speech/hearing, and lab studies.
- A1.3 **Mental health information and/or referral** is provided by mental health professionals who use their experience and understanding of the behavioral health care system to provide in-person and telephone assistance to individuals looking for information about mental health treatment options and the availability of mental health services. Staff connect persons (on an emergency and non-emergency basis) to needed treatment and service resources (e.g., inpatient, residential, or outpatient care; counseling; rehabilitation; psychoeducation; housing; legal; peer support; and case management).
- A1.4 **Mental health treatment** includes 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.
- A1.5 **Treatment for co-occurring mental illness/serious emotional disturbance (SED) in children and substance use disorders** refers to treatment services intended to help their clients’ ability to function as a result of either or both disorders. By definition, serious mental illness is someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. For people under the age of 18, the term “Serious Emotional Disturbance” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

Question A1. Mental Health Services/Treatment Offered at Facility (continued)

- A1.6 **Substance use disorder treatment** refers to a broad range of activities or services, including identification of the problem (and engaging the individual in treatment); brief interventions; assessment of substance abuse and related problems including histories of various types of abuse; diagnosis of the problem(s); and treatment planning, including counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with alcohol or other drug problems (Institute of Medicine, 1990).
- A1.7 **Administrative or operational services** include services related to the provision of administrative and operational functions (e.g., workforce/staff management, financial/billing management) of a mental health treatment facility or facilities. Administrative services do not include the direct provision of mental health treatment.

Question A3. Service Setting Providing Mental Health Treatment at Facility

- A3.1 **24-hour hospital inpatient** is a structured service setting or program that provides overnight care delivered within a psychiatric hospital or in a designated and staffed separate psychiatric service or unit of a general hospital/medical center, specifically for the treatment of mental health clients.
- A3.2 **24-hour residential** is a structured service setting or program that provides short-or long-term overnight care delivered in a specialty mental health facility/hospital/center/clinic, specifically for the treatment of mental health clients. It is an intensive treatment setting or program distinct from a hospital inpatient setting or program, and provides supervised living coupled with supportive mental health services.
- A3.3 **Partial hospitalization/day treatment** is a structured service setting or program that provides ambulatory (not overnight) care delivered in a specialty mental health facility/hospital/center/clinic, specifically for mental health clients. Care is generally provided for more than 3 hours per day for more than 2 days per week. It is an alternative to or distinct from a hospital inpatient or a residential treatment setting or program. This setting or program is not custodial, and allows for transition of the client to an outpatient level of care.
- A3.4 **Outpatient** is a structured service setting or program that provides ambulatory (not overnight) care delivered in a specialty mental health facility/hospital/center/clinic, specifically for the treatment of mental health clients. Care is generally provided for visits of 3 hours or less in duration and 1 or 2 days per week. This includes intensive outpatient treatment (IOP).

Question A4. Mental Health Facility Type

- A4.1 **Psychiatric hospital** is a facility licensed and operated as a **state/public** psychiatric hospital or as a **private** psychiatric hospital licensed by the state that primarily provides 24-hour inpatient care to persons with mental illness. It may also provide 24-hour residential care and/or less than 24-hour care (e.g., outpatient, day treatment, partial hospitalization), but these additional service settings are not requirements.
- A4.2 **Separate inpatient psychiatric unit of a general hospital** is a licensed general hospital (public or private) that provides inpatient mental health services in at least one separate psychiatric living unit. This unit must have specifically allocated staff and space (beds) for the treatment of persons with mental illness. The unit may be located in the hospital itself or in a separate building, either adjacent or more remote, and is owned by the hospital. It may also provide 24-hour residential care and/or less than 24-hour care (e.g., outpatient, day treatment, partial hospitalization), but these additional service settings are not requirements.
- A4.3 **Residential treatment center for children (RTC)** is a facility not licensed as a psychiatric hospital that primarily provides individually planned programs of mental health treatment in a residential care setting for children and youth younger than 18. (Some RTCs for children may accept persons through age 21.) This type of facility must have a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's or a doctoral degree.
- A4.4 **Residential treatment center for adults** is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned programs of mental health treatment services in a residential care setting for adults.
- A4.5 **Other type of residential treatment facility** is a facility not licensed as a psychiatric hospital, whose primary purpose is to provide individually planned programs of mental health treatment services in a residential care setting and is not specifically for children only or adults only.
- A4.6 **Veterans Administration Medical Center (VAMC) or other VA health care facility** is a facility operated by the U.S. Department of Veterans Affairs, including general hospitals, and/or residential treatment programs, and/or psychiatric outpatient clinics.

Question A4. Mental Health Facility Type (continued)

- A4.7 **Community Mental Health Center (CMHC)** is a facility that (1) provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) provides 24-hour emergency care services; (3) provides day treatment or other partial hospitalization services, or psychosocial rehabilitation services; (4) provides screening for patients being considered for admission to state mental health facilities to determine the appropriateness of the admission; and (5) meets applicable licensing or certification requirements for CMHCs in the state in which it is located. (<https://www.cms.gov/>)
- A4.8 **Certified Community Behavioral Health Clinic (CCBHC)** CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care. The demonstration program represents the largest investment in mental health and addiction care in generations. (<https://www.thenationalcouncil.org>)
- A4.9 **Partial hospitalization (PH) facility** is a medically-supervised facility that offers comprehensive, coordinated, and structured clinical services in a time-limited series of structured, face-to-face therapeutic sessions organized at various levels of intensity/frequency. Services are provided for diagnostic evaluation, active treatment of a condition, or to prevent relapse, hospitalization, or incarceration. The PH facility may be freestanding or part of a broader system that is distinct or a separately-organized unit that is neither residential nor inpatient. PH is an alternative to inpatient care; is transitional care following an inpatient stay in lieu of continued hospitalization; and is a step-down from inpatient care. PH is less than 24-hour care available at least 5 days per week and may be offered on a half-day, weekend, or evening hours basis.
- Day treatment (DT) facility** is a facility that offers culturally/linguistically appropriate, comprehensive, and coordinated treatment services/activities in a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity/frequency to assist persons served in achieving goals identified in person-centered plans. DT may prevent/minimize the need for a more intensive level of treatment. DT functions as a step-down from inpatient care or partial hospitalization or as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community. DT is less than 24-hour care that is typically available at least 4 days per week and may be offered on a half-day, weekend, or evening hours basis.
- A4.10 **Outpatient mental health facility** is a facility that primarily provides ambulatory clients/patients with less than 24-hour outpatient mental health services for generally less than 3 hours at a single visit. Services are provided on an individual, group or family basis, usually in a clinic or similar facility. A psychiatrist generally assumes the medical responsibility for all clients/patients or direction of the mental health treatment.

Question A4. Mental Health Facility Type (continued)

- A4.11 **Multi-setting mental health facility (non-hospital residential plus either outpatient and/or partial hospitalization/day treatment)** is a facility that provides mental health services in two service settings (residential and outpatient setting) and is not classified as a psychiatric hospital, general hospital, medical center, CMHC, or as a residential treatment center. *(The classification of psychiatric hospital, general hospital, medical center, CMHC, or residential treatment center – offering two service settings – takes precedence over a multi-setting classification).*
- A4.12 **Other** refers to any other type of hospital or mental health facility not defined in the categories above. Please choose this category **ONLY** if you are sure that you cannot use one of the above categories.

Question A5. Solo or Small Group Practice

- A5. **A small group practice** is usually considered as having 2-5 providers.

Question A6. Federally Qualified Health Center (FQHC)

A6. Federally Qualified Health Center (FQHC) Designation

An entity may qualify as a FQHC if it meets **one** of these requirements (CMS, 2017):

- Is receiving a grant under Section 330 of the Public Health Service (PHS) Act or is receiving funding from such a grant and meets other requirements;
- Is not receiving a grant under Section 330 of the PHS Act, but is determined by the Secretary of the Department of Health and Human Services (HHS) to meet the requirements for receiving such a grant (i.e., qualifies as a FQHC “look-alike”) based on the recommendation of the Health Resources and Services Administration (HRSA);
- Was treated by the Secretary of the Department of HHS for purposes of Medicare Part B as a comprehensive Federally-funded health center as of January 1, 1990;
- Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self-Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.

Question A12. Mental Health Treatment Modalities

- A12.1 **Individual psychotherapy** focuses on a patient's current life and relationships within the family, social, and work environments through one-on-one conversations with a therapist. The goal is to identify and resolve problems with insight, as well as build on strengths.
- A12.2 **Couples/family therapy** are two similar approaches that use discussions and problem-solving sessions, facilitated by a therapist, to help couples and family members improve their understanding of, and the way they respond to, one another. This type of therapy can resolve patterns of behavior that might lead to more severe mental illness. Family therapy can help educate about the nature of mental disorders and teach skills to better cope with the effects of having a family member with a mental illness, such as how to deal with feelings of anger or guilt.
- A12.3 **Group therapy** involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to (1) help them get relief from distress and (2) possibly modify their behavior.
- A12.4 **Cognitive behavioral therapy** is a combination of cognitive and behavioral therapies, helps people change negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive, less stressful lives.
- A12.5 **Dialectical behavior therapy (DBT)** is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT has five components: (1) capability enhancement (skills training); (2) motivational enhancement (individual behavioral treatment plans); (3) generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment); (4) structuring of the environment (programmatically emphasis on reinforcement of adaptive behaviors); and (5) capability and motivational enhancement of therapists (therapist team consultation group). DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance.
- A12.6 **Cognitive remediation** is a type of rehabilitation treatment offering exercises with an aim at improving attention, memory, language and/or executive functions. The expected result is an indirect positive impact on functional deficits affecting everyday life. (<http://www.cognitive-remediation.com/>)

Question A12. Mental Health Treatment Modalities (continued)

- A12.7 **Integrated mental health and substance use treatment** provides combined treatment for mental illness and substance use from the same clinician or treatment team. Effective integrated treatment programs view recovery as a long-term, community-based process. The approach employs counseling designed especially for those with co-occurring disorders.
- A12.8 **Trauma therapy** is an intervention that focuses on reducing or eliminating symptoms, improving functioning, and reducing the long-term negative effects of trauma in persons who have experienced a traumatic event such as physical abuse, sexual abuse, emotional abuse, family tragedy, violence, war, or natural disaster.
- A12.9 **Activity therapy** includes art, dance, music, recreational and occupational therapies, and psychodrama.
- A12.10 **Electroconvulsive therapy** also known as ECT, uses low-voltage electrical stimulation of the brain to treat some forms of major depression, acute mania, and some forms of schizophrenia. This potentially life-saving technique is considered only when other therapies have failed, when a person is seriously medically ill and/or unable to take medication, or when a person is very likely to commit suicide. Substantial improvements in the equipment, dosing guidelines, and anesthesia have significantly reduced the side effects.
- A12.11 **Transcranial Magnetic Stimulation (TMS)**
- A12.12 **Ketamine Infusion Therapy (KIT)**
- A12.13 **Eye Movement Desensitization and Reprocessing (EMDR) therapy** is a unique, nontraditional form of psychotherapy designed to diminish negative feelings associated with memories of traumatic events. (<https://www.psychologytoday.com>)
- A12.14 **Telemedicine/telehealth therapy** is the ability for healthcare providers, working from a distance using telecommunications technology, to communicate with patients, diagnose conditions, provide treatment, and discuss healthcare issues with other providers to ensure quality healthcare services are provided. Other names used for this treatment approach are: e-medicine, e-therapy, e-psychiatry, and telepsychiatry.
- A12.15 **Other** refers to any other type of mental health treatment approaches not defined in the categories above. Please choose this category **ONLY** if you are sure that you cannot use one of the above categories.

Question A14. Mental Health Services and Practices

- A14.1 **Assertive community treatment (ACT)**, a multi-disciplinary clinical team approach, helps those with serious mental illness live in the community by providing 24-hour intensive community services in the individual's natural setting.
- A14.2 **Intensive case management (ICM)** is an intensive service that is a key part of the continuum of mental health care and supports for persons with serious mental illness. ICM is more than a brokerage function. It involves building a caring, trusting relationship with the consumer, promoting consumer independence through the coordination of appropriate services, and providing on-going, long-term support as needed by the consumer to function in the least restrictive, most natural environment and achieve an improved quality of life. ICM evolved from assertive community treatment (ACT) and case management (CM). ICM emphasizes frequent contact, small caseloads (<20 cases) and high intensity of care designed to improve planning for and responsiveness to the consumer's multiple service needs. The case manager coordinates required services from across the mental health system as well as other service systems (e.g., criminal justice, social services) as the consumer's service needs change. Intensive case managers fulfill a vital function for consumers by working with them to realize personal recovery goals and providing the support and resources that the consumer needs to achieve goals, stabilize his/her life and improve his/her quality of life.
- A14.3 **Case management (CM)** helps people arrange for appropriate services and supports through a case manager who monitors the needs of clients/patients and their families and coordinates services, such as mental health, social work, health, educational, vocational, recreational, transportation, advocacy, and respite care, as needed.
- A14.4 **Court-ordered treatment** is known by different terms in different states, such as, "assisted outpatient treatment (AOT)," "involuntary outpatient treatment," or "mandatory outpatient treatment." Forty-four states permit the use of court-ordered outpatient treatment as a condition for persons with severe mental illness, who are too ill to seek care voluntarily, to remain in their community. Each state has its own civil commitment laws that establish criteria for determining when court-ordered treatment is appropriate for these individuals.
[\(<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=228>\)](https://www.crimesolutions.gov/ProgramDetails.aspx?ID=228)
- A14.5 **Assisted Outpatient Treatment (AOT)**
- A14.6 **Chronic disease/illness management (CDM)** is a systematic approach to improving health care for people with chronic disease. Central to most CDM approaches are patient self-management, physician education, and organizational support. Among the variety of strategies employed are case management, continuous quality improvement, disease management (DM) and the chronic care model (CCM).

Question A14. Mental Health Services and Practices (continued)

- A14.7 **Illness management and recovery (IMR)** uses a standardized individual or group format based on five evidence-based practices: 1) Psychoeducation, 2) Behavioral tailoring, 3) Relapse prevention training, 4) Coping skills training, and 5) Social skills training.
- A14.8 **Integrated primary care services** address the general health care needs of persons with mental health and substance use problems. These general health care needs include the prevention and treatment of chronic illnesses (e.g., hypertension, diabetes, obesity, and cardiovascular disease) that can be aggravated by poor health habits such as inadequate physical activity, poor nutrition, and smoking. The services include screening, coordinating care among behavioral health care staff and medical staff; and providing linkages to ensure that all patient needs are met in order to promote wellness and produce the best outcomes.
- A14.9 **Diet and exercise counseling** provides guidance (information) and/or assistance (skills training, resources) to persons that emphasizes the connection between physical and mental health. Diet and exercise counseling helps a person learn to make decisions about: (1) good nutrition and healthy eating practices and food choices for health improvement and/or weight management; and (2) choosing physical activities to increase overall health and fitness, with a focus on helping persons reduce their risk for chronic disease and support their recovery.
- A14.10 **Family psychoeducation** helps consumers and their families and supporters, through relationship building, education, collaboration, and problem solving, to: 1) learn about mental illness; 2) master new ways of managing their mental illness; 3) reduce tension and stress within the family; 4) provide social support and encouragement to each other; 5) focus on the future; and 6) find ways for families and supporters to help consumers in their recovery.
- A14.11 **Education services** locate or provide educational services from basic literacy through a general equivalency diploma and college courses, including special education at the pre-primary, primary, secondary, and adult levels.
- A14.12 **Housing services** are designed to assist individuals with finding and maintaining appropriate housing arrangements.
- A14.13 **Supported housing** is independent, normal housing with flexible, individualized supportive services that allow individuals to maintain as much independence as possible.

Question A14. Mental Health Services and Practices (continued)

- A14.14 **Psychosocial rehabilitation services**, offered individually or in groups, provide therapeutic or intervention services such as daily and community-living skills, self-care and skills training (grooming, bodily care, feeding, social skills training, and basic language skills).
- A14.15 **Vocational rehabilitation services** include job finding/development; assessment and enhancement of work-related skills (such as writing a resume or taking part in an interview), attitudes, and behaviors; as well as providing job experiences to clients/patients. Transitional employment is also included.
- A14.16 **Supported employment** services include assisting individuals with finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities.
- A14.17 **Therapeutic foster care** provides treatment for children within the private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in a nurturing family home.
- A14.18 **Legal advocacy** refers to legal services provided to help protect and maintain a client/patient's legal rights.
- A14.19 **Psychiatric emergency walk-in services** have specifically trained staff to provide psychiatric care, such as crisis intervention, in emergency situations on a walk-in basis. They enable the individual, family members and friends to cope with the emergency while helping the individual function as a member of the community to the greatest extent possible.
- A14.20 **Suicide prevention services** include identifying risk factors; educating staff on identifying the signs of suicidal behavior and using methods to detect risk; and the assessment, intervention, and management of suicidal patients including treatment of an underlying mental or substance use disorder, and use of psychotropic medication, supportive services, and education. Hotlines help individuals to contact the nearest suicide prevention mental health provider.
- A14.21 **Peer support services** are provided by mental health consumers and include mental health treatment or support services, such as social clubs, peer-support groups, and other peer-organized or consumer-run activities (e.g., consumer satisfaction evaluations of mental health treatment).
- A14.22 **Testing for Hepatitis B (HBV)**
- A14.23 **Testing for Hepatitis C (HCV)**

Question A14. Mental Health Services and Practices (continued)

- A14.24 **HIV testing**
- A14.25 **STD testing**
- A14.26 **TB screening**
- A14.27 **Screening for tobacco use** determines a client's use of tobacco products, such as cigarettes, cigars, pipe tobacco, or smokeless tobacco. It is generally recommended that providers screen for tobacco use on a regular basis by asking clients, as they are seen, about their current and past use of tobacco products and their exposure to secondhand smoke or tobacco.
- A14.28 **Smoking/vaping/tobacco cessation counseling** includes interventions for persons who use tobacco and want help with stopping, including behavioral support or counseling in groups or individually.
- A14.29 **Nicotine replacement therapy** administers nicotine to the body by means other than tobacco, without other harmful chemicals found in tobacco. Common forms of nicotine replacement therapy are nicotine patches, nicotine gum or lozenges, nasal spray and inhaler. The goal of nicotine replacement is to prevent cravings in a tobacco user, allowing the person to abstain from tobacco.
- A14.30 **Non-nicotine smoking/tobacco cessation medications (by prescription)** are medications that do not contain nicotine but act on the brain to reduce a person's craving for tobacco. Some common medications are Bupropion (Zyban, Wellbutrin), and Nortriptyline (Pamelor). Medications are often prescribed in conjunction with behavioral counseling or support groups to provide the best chance for achieving long-term smoking abstinence. (<http://www.mayoclinic.com>)
- A14.31 **Other** refers to any other type of mental health service or practice not defined in the categories above. Please choose this category ONLY if you are sure that you cannot use one of the above categories.

Question A24. Standard Operating Procedures

- A24.7 **Clinical provider peer review (CPPR)**
- A24.8 **Root cause analysis (RCA)**

Question A30. Client Payments, Insurance and Funding

A30.17 **IHS/Tribal/Urban (ITU) funds** are direct funds from the Indian Health Service (IHS); tribal funds through 638 contracts; and/or urban funds through congressional Title 5 grants. These funds are considered part of the Indian Health Care System, and can be used for programs that provide behavioral health services, as well as for programs that provide other health-related services.