

N-SUMHSS 202X CATI INTERVIEWER INSTRUCTIONS

ANSWERING MACHINE TEXT:

Hello, my name is _____. I am calling regarding the Federal Government's annual survey of substance use and mental health services providers, called the N-SUMHSS. Our records do not show a response from [FACNAME1] [FACNAME2]. It is vital that you complete this survey so your facility and the populations you serve are represented. Please take the time to log on to [https:\[INSERT\]](https:[INSERT]) and complete this survey. If you have not received your access code in the mail or have any questions, please call us at xxx-xxx-xxxx and mention user ID [DISPLAY MASTER ID].

INT01 – Hello, this is [INTERVIEWER NAME] calling from [INSERT] about the Federal Government's annual survey of substance use and mental health treatment providers, called the N-SUMHSS. This survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

Is this:

[FACNAME1]

[FACNAME2]

Located at:

[LOCADD1]

[LOCADD2]

[LOCCITY], [LOCSTATE] [LOCZIP5]-[LOCZIP4]

01 Yes, information is correct

02 Yes, but with edits to Facility Information

10 Callback

20 Refusal

D1 Answering Machine - target facility/respondent

D2 Answering Machine - clearly not target facility/respondent

D3 Answering Machine - unsure if target facility/respondent Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

FAC_EDIT

What is the correct facility name?

1 Enter response [TEXT BOX]

What is the correct second part of the facility name?

1 Enter response [TEXT BOX]

What is the correct address?

1 Enter response [TEXT BOX]

What is the correct city?

1 Enter response [TEXT BOX]

What is the correct state or territory?

What is the correct five-digit zip code?

1 Enter response [NUMBER BOX]

What are the last four digits of the nine-digit zip code?

1 Enter response [NUMBER BOX]

Q2 – May I speak with [IF DIRFIRST=0 AND DIRLAST=0 INSERT "the facility director"; IF NOT(DIRFIRST=0) INSERT "<DIRFIRST>"; IF NOT(DIRLAST=0) INSERT "<DIRLAST>"]?

- 1 Speaking with respondent
- 2 Transferring to respondent
- 3 Respondent Voice Mail
- 4 No such person
- 5 Respondent not available
- 9 REFUSED

NEW_FNAME

May I have the first name of the current facility director or another person knowledgeable about this facility's daily operations?

- 1 Enter name [TEXT BOX]
- 9 REFUSED

NEW_LNAME

May I have the last name of the current facility director or another person knowledgeable about this facility's daily operations?

- 1 Enter name [TEXT BOX]
- 9 REFUSED

Can you connect me with that person now?

- 1 Speaking with respondent
- 2 Transferring to respondent
- 3 Respondent Voice Mail [GO TO AM_CNT]
- 4 Respondent not available
- 9 REFUSED

Pre Q3 – Hello, this is [INTERVIEWER NAME] calling from [INSERT] about the Federal Government's annual survey of substance use and mental health treatment providers, called the N-SUMHSS. This survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

Q3 – All facilities in the United States that provide substance use and/or mental health treatment services were sent the 202X N-SUMHSS packet. Our records indicate that we have not received your facility’s responses. Did your facility receive the N-SUMHSS packet?

INTERVIEWER NOTE FOR REFERENCE:

[FACNAME1] [FACNAME2]

Located at:

[LOCADD1] [LOCADD2] [LOCCITY], [LOCSTATE] [LOCZIP5]-[LOCZIP4]

INTERVIEWER NOTE: The mailed packet contained:

1. Letter requesting your facility’s participation from SAMHSA and your State/Territory or Federal agency
2. A blue flyer with information on how to complete the survey on the internet
3. A fact sheet and Frequently Asked Questions with answers
4. An N-SUMHSS Client Counts worksheet

01 Yes, received the packet

02 No, did not receive or unknown

03 No longer provide Substance Use or Mental Health Services

04 Never Provided Substance Use or Mental Health Services

05 Merged with another facility

06 Duplicate Facility

07 Facility Closed

08 Satellite facility

09 Facility is a Jail/Prison

10 Respondent Voice Mail [GO TO AM_CNT]

99 REFUSED

JAIL Just to confirm, this facility provides substance use or mental health treatment services only to incarcerated persons or juvenile detainees. Is that correct?

1 Yes

2 No

9 REFUSED

Q3C Okay, can you confirm that you have received the 202X N-SUMHSS Packet?

01 Yes, received the packet

02 No, did not receive or unknown

03 No longer provide Substance Use or Mental Health Services

04 Never Provided Substance Use or Mental Health Services

05 Merged with another facility

06 Duplicate Facility

07 Facility Closed

08 Satellite facility

99 REFUSED

Q4A – Okay, let’s confirm your contact information and we can resend the packet. Is your mailing address...?

[FACNAME1]

[FACNAME2]

ATTENTION: [DIRPREFIX] [DIRFIRST] [DIRLAST]

[MAILADD1]

[MAILADD2]

[MAILCITY], [MAILSTATE] [MAILZIP5]-[MAILZIP4]

1 Yes

2 No

9 REFUSED

MAIL_EDIT

What is the correct facility name?

1 Enter response [TEXT BOX]

What is the correct salutation to use?

1 Ms

2 Mr

3 Mrs

4 Dr

5 Other [TEXT BOX]

What is the first name?

1 Enter response [TEXT BOX]

What is the last name?

1 Enter response [TEXT BOX]

What is the correct mailing address?

1 Enter response [TEXT BOX]

What is the correct city?

1 Enter response [TEXT BOX]

What is the correct state or territory?

1 Enter response [TEXT BOX]

What is the correct five-digit zip code?

1 Enter response [NUMBER BOX]

What are the last four digits of the nine-digit zip code?

1 Enter response [NUMBER BOX]

Q4B – Ok, we will prepare to send a new packet this week. I can also give you the log-in details now to complete the online survey.

READ IF DETAILS REQUESTED:

To access the survey, go to [https:\[INSERT\]](https:[INSERT])

Your User ID is [MASTERID].

Your original password from the invitation is [PASSWORD]. If you have already accessed the survey, use the password you created. If you cannot remember your new password, on the login screen, choose “Forgot your password.”

1 Respondent says will complete on the web

2 Respondent says will do survey now

3 Left details with gatekeeper

9 REFUSED

Q5 Ok great. While your participation is voluntary, your response is important so your facility and the populations you serve are represented. I am calling to remind you to please complete the survey online. If your facility participated in last year's survey then most of your answers are already pre-filled to save you time.

- 1 Will complete on the web
- 2 Already completed on the Web
- 3 Problem completing on the web and wants help
- 4 Do phone survey now
- 5 Left details with gatekeeper
- 9 REFUSED

NOTCOMP – Do you have any questions about completing the survey that I might be able to help you with?

IF NEEDED:

If you have any questions please contact us at xxx-xxx-xxxx.

To access the survey, to go https:[INSERT]

Your User ID is [MASTERID].

Your original password from the invitation is [PASSWORD]. If you have already accessed the survey, use the password you created. If you cannot remember your new password, on the login screen, choose “Forgot your password.”

1 Yes

2 No

WILLCOMP – Thank you for taking the time. Your participation helps SAMHSA understand treatment availability and identify gaps in the nation’s treatment services. If you have any questions please contact us at xxx-xxx-xxxx.

DIDALREADY Great. Thank you for taking the time to complete this important survey. We will confirm we have received your responses and if anything is missing we may reach back out to you.

HELP Okay, I can try and help you with your survey. If I am unable to answer your questions, I can give you the number for our Helpdesk.

IF NEEDED:

If you have any questions please contact us at xxx-xxx-xxxx.

To access the survey, to go [https:\[INSERT\]](https:[INSERT])

Your User ID is [MASTERID].

Your original password from the invitation is [PASSWORD]. If you have already accessed the survey, use the password you created. If you cannot remember your new password, on the login screen, choose “Forgot your password.”

Okay, let's go ahead and complete the survey right now. Give me a moment while I pull up your file.

INTERVIEWER:

- CLICK LINK BELOW TO OPEN SURVEY IN A DIFFERENT SCREEN
- AFTER YOU COMPLETE WEB SURVEY WITH RESPONDENT RETURN HERE AND SELECT "COMPLETED WEB SURVEY WITH RESPONDENT"
- IF YOU DID NOT COMPLETE WEB SURVEY WITH RESPONDENT THEN CHOOSE "QUIT" AND ASSIGN APPROPRIATE DISPOSITION (e.g., callback, refusal)

NOSERV

Okay, thank you. We will make that update to our records.

1 Continue

MERGE

What was the name of the facility that this one merged with?

1 Enter facility name [TEXT BOX]

9 REFUSED

What was the address of the facility that this one merged with?

1 Enter facility address [TEXT BOX]

9 REFUSED

DUPLICATE

What is the name of the duplicate facility?

1 Enter facility name [TEXT BOX]

9 REFUSED

What is the address of the duplicate facility?

1 Enter facility address [TEXT BOX]

9 REFUSED

CLOSED

Thank you we'll make that update to our records.

1 Continue

SAT

What is the name of the associated facility?

1 Enter facility name [TEXT BOX]

9 REFUSED

What is the address of the associated facility?

1 Enter facility address [TEXT BOX]

9 REFUSED

THANK – Thank you very much for your time today.