2017 National Mental Health Services Survey (N-MHSS)

April 28, 2017

Substance Abuse and Mental Health Services Administration (SAMHSA)

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

CHECK ONE

☐ Information is complete and correct, no changes needed
☐ All missing or incorrect information has been corrected
Would you prefer to complete this questionnaire online?  See the green flyer enclosed in your questionnaire packet for the Internet address and your unique User ID and Password. You can log on and off the survey website as often as needed to complete the questionnaire. When you log on again, the program will take you to the next unanswered question. If you need additional help or information, call the N-MHSS helpline at 1-866-778-9752.

INSTRUCTIONS

- All of the questions in this survey ask about "this facility." By "this facility" we mean the specific treatment facility or program whose name and location are printed on the front cover. If you have any questions about how the term "this facility" applies to your facility, please call 1-866-778-9752.
- Please answer ONLY for the specific facility or program whose name and location are printed on the front cover.
- If this is a separate inpatient psychiatric unit of a general hospital, consider the psychiatric unit as the relevant "facility" for the purpose of this survey.
- For additional information about the survey and definitions for some of the terms, please visit our website at: https://info.nmhss.org.
- Return the completed questionnaire in the envelope provided, or fax it to 1-609-799-0005. (Please reference "N-MHSS" on your fax.) Please keep a copy of your completed questionnaire for your records.
- If you have any questions or need additional blank surveys, contact:

  MATHEMATICA POLICY RESEARCH
  1-866-778-9752
  NMHSS@mathematica-mpr.com

IMPORTANT INFORMATION

* Asterisked questions. Information from asterisked (*) questions is published in SAMHSA’s online Behavioral Health Treatment Services Locator, found at https://findtreatment.samhsa.gov, in SAMHSA’s National Directory of Mental Health Treatment Facilities, and other publicly-available listings, unless you designate otherwise in question C1, page 6, of this questionnaire.

Mapping feature in online Locator. Complete and accurate name and address information is needed for SAMHSA’s online Behavioral Health Treatment Services Locator so it can correctly map the facility’s location.

Eligibility for online Locator. Only facilities that provide mental health treatment and complete this questionnaire are eligible to be listed as mental health facilities in the online Behavioral Health Treatment Services Locator. If you have any questions regarding eligibility, please contact the N-MHSS helpline at 1-866-778-9752.
**SECTION A: FACILITY CHARACTERISTICS**

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

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

MARK “YES” OR “NO” FOR EACH

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental health intake</td>
<td>☐ 0</td>
</tr>
<tr>
<td>2. Mental health diagnostic evaluation</td>
<td>☐ 0</td>
</tr>
<tr>
<td>3. Mental health information and/or referral (also includes emergency programs that provide services in person or by telephone)</td>
<td>☐ 0</td>
</tr>
<tr>
<td>*4. Mental health treatment</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

(interventions such as therapy or psychotropic medication that treat a person’s mental health problem or condition, reduce symptoms, and improve behavioral functioning and outcomes)

5. Substance abuse treatment | ☐ 0 |
6. Administrative services for mental health treatment facilities | ☐ 0 |

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

1 ☐ Yes
0 ☐ No ➔ **SKIP TO C3 (PAGE 6)**

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

MARK “YES” OR “NO” FOR EACH

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 24-hour hospital inpatient</td>
<td>☐ 0</td>
</tr>
<tr>
<td>2. 24-hour residential</td>
<td>☐ 0</td>
</tr>
<tr>
<td>3. Partial hospitalization/day treatment</td>
<td>☐ 0</td>
</tr>
<tr>
<td>4. Outpatient</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

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

For definitions of facility types, go to: [https://info.nmhss.org](https://info.nmhss.org)

**MARK ONE ONLY**

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

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

1 ☐ Yes
0 ☐ No ➔ **SKIP TO A6 (BELOW)**

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

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

1 ☐ Yes
0 ☐ No ➔ **SKIP TO C3 (PAGE 6)**

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](https://info.nmhss.org)

1 ☐ Yes
0 ☐ No
d ☐ Don’t know
A7. What is the primary treatment focus of this facility, at this location?

- Separate psychiatric units in general hospitals should answer for just their unit and NOT for the entire hospital.

MARK ONE ONLY

1 □ Mental health treatment
2 □ Substance abuse treatment → SKIP TO C3 (PAGE 6)
3 □ Mix of mental health and substance abuse treatment (neither is primary)
4 □ General health care
5 □ Other service focus (Specify: ___________________________)

A8. Is this facility a jail, prison, or detention center that provides treatment exclusively for incarcerated persons or juvenile detainees?

1 □ Yes → SKIP TO C3 (PAGE 6)
0 □ No

*A9. Is this facility operated by:

MARK ONE ONLY

1 □ A private for-profit organization
2 □ A private non-profit organization SKIP TO A10 (TOP OF NEXT COLUMN)
3 □ A public agency or department

*A9a. Which public agency or department?

MARK ONE ONLY

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

*A10. Which of these mental health treatment approaches are offered at this facility, at this location?

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

MARK ALL THAT APPLY

1 □ Individual psychotherapy
2 □ Couples/family therapy
3 □ Group therapy
4 □ Cognitive behavioral therapy
5 □ Dialectical behavior therapy
6 □ Behavior modification
7 □ Integrated dual disorders treatment
8 □ Trauma therapy
9 □ Activity therapy
10 □ Electroconvulsive therapy
11 □ Telemedicine/telehealth therapy
12 □ Psychotropic medication
13 □ Other (Specify: ___________________________)
14 □ None of these mental health treatment approaches are offered
**A11.** Which of these services and practices are offered at this facility, at this location?

- For definitions, go to: [https://info.nmhss.org](https://info.nmhss.org)

**MARK ALL THAT APPLY**

1. Assertive community treatment (ACT)
2. Intensive case management (ICM)
3. Case management (CM)
4. Court-ordered outpatient treatment
5. Chronic disease/illness management (CDM)
6. Illness management and recovery (IMR)
7. Integrated primary care services
8. Diet and exercise counseling
9. Family psychoeducation
10. Education services
11. Housing services
12. Supported housing
13. Psychosocial rehabilitation services
14. Vocational rehabilitation services
15. Supported employment
16. Therapeutic foster care
17. Legal advocacy
18. Psychiatric emergency walk-in services
19. Suicide prevention services
20. Consumer-run (peer support) services
21. Screening for tobacco use
22. Smoking/tobacco cessation counseling
23. Nicotine replacement therapy
24. Non-nicotine smoking/tobacco cessation medications (by prescription)
25. Other (Specify: ________________________________)
26. None of these services and practices are offered

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**A12.** What age groups are accepted for treatment at this facility?

**MARK “YES” OR “NO” FOR EACH**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (12 or younger)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adolescents (13-17)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Young adults (18-25)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adults (26-64)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Seniors (65 or older)</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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**A13.** Does this facility offer a mental health treatment program or group that is dedicated or designed exclusively for clients in any of the following categories?

- If this facility treats clients in any of these categories, but does not have a specifically tailored program or group for them, **DO NOT** mark the box for that category.

**MARK ALL THAT APPLY**

1. Children/adolescents with serious emotional disturbance (SED)
2. Transitional age young adults
3. Persons 18 and older with serious mental illness (SMI)
4. Seniors or older adults
5. Persons with Alzheimer’s or dementia
6. Persons with co-occurring mental and substance use disorders
7. Persons with eating disorders
8. Persons with a diagnosis of post-traumatic stress disorder (PTSD)
9. Persons who have experienced trauma (excluding persons with a PTSD diagnosis)
10. Persons with traumatic brain injury (TBI)
11. Veterans
12. Active duty military
13. Members of military families
14. Lesbian, gay, bisexual, or transgender clients (LGBT)
15. Forensic clients (referred from the court/judicial system)
16. Persons with HIV or AIDS
17. Other special program or group (Specify: ________________________________)
18. No dedicated or exclusively designed programs or groups are offered
**A14.** Does this facility offer a crisis intervention team that handles acute mental health issues at this facility and/or off-site?

1. Yes
2. No

**A15.** Does this facility provide mental health treatment services in sign language at this location for the deaf and hard of hearing (for example, American Sign Language, Signed English, or Cued Speech)?

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

1. Yes
2. No

**A16.** Does this facility provide mental health treatment services in a language other than English at this location?

1. Yes
2. No, only English → SKIP TO A17 (NEXT COLUMN)

**A16a.** At this facility, who provides mental health treatment services in a language other than English?

MARK ONE ONLY

1. Staff who speak a language other than English
2. On-call interpreter (in person or by phone) brought in when needed → SKIP TO A17 (NEXT COLUMN)
3. BOTH staff and on-call interpreter

**A16a1.** Do staff provide mental health treatment services in Spanish at this facility?

1. Yes
2. No → SKIP TO A16b (TOP OF NEXT COLUMN)

**A16a2.** Do staff at this facility provide mental health treatment services in any other languages?

1. Yes → SKIP TO A16b (TOP OF NEXT COLUMN)
2. No → SKIP TO A17 (NEXT COLUMN)

**A17.** Which of the following statements BEST describes this facility's smoking policy for clients?

MARK ONE ONLY

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

**A16b.** In what other languages do staff provide mental health treatment services at this facility?

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

MARK ALL THAT APPLY

**American Indian or Alaska Native:**

1. Hopi
2. Lakota
3. Navajo
4. Ojibwa
5. Yupik
6. Other American Indian or Alaska Native Language (Specify: ________________________________ )

**Other Languages:**

7. Arabic
8. Any Chinese language
9. Creole
10. Farsi
11. French
12. German
13. Greek
14. Hebrew
15. Hindi
16. Hmong
17. Any Chinese language
18. Japanese
19. Korean
20. Polish
21. Portuguese
22. Russian
23. Tagalog
24. Vietnamese
25. Any other language (Specify: ________________________________ )
**A18.** Does this facility use a sliding fee scale?
- Not applicable to Veterans Administration facilities.

1 ☐ Yes
0 ☐ No → SKIP TO A19 (BELOW)

**A18a.** Do you want the availability of a sliding fee scale published in SAMHSA’s online Behavioral Health Treatment Services Locator?
- Not applicable to Veterans Administration facilities.
- The Locator will explain that sliding fee scales are based on income and other factors.

1 ☐ Yes
0 ☐ No

**A19.** Does this facility offer treatment at no charge to clients who cannot afford to pay?
- Not applicable to Veterans Administration facilities.

1 ☐ Yes
0 ☐ No → SKIP TO A20 (TOP OF NEXT COLUMN)

**A19a.** Do you want the availability of treatment at no charge for eligible clients published in SAMHSA’s online Behavioral Health Treatment Services Locator?
- Not applicable to Veterans Administration facilities.
- The Locator will inform potential clients to call the facility for information on eligibility.

1 ☐ Yes
0 ☐ No

**A20.** Which of the following types of client payments, insurance, or funding are accepted by this facility for mental health treatment services?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash or self-payment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Private health insurance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Medicare</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Medicaid</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. State-financed health insurance plan other than Medicaid</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. State mental health agency (or equivalent) funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. State welfare or child and family services agency funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. State corrections or juvenile justice agency funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. State education agency funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Other state government funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. County or local government funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Community Service Block Grants</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Community Mental Health Block Grants</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Federal military insurance (such as TRICARE)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. U.S. Department of Veterans Affairs funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. IHS/Tribal/Rural (ITU) funds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

(Specify: ______________________________ )
A21. From which of these agencies or organizations does this facility have licensing, certification, or accreditation?

- Do not include personal-level credentials or general business licenses such as a food service license.

MARK “YES,” “NO” OR “DON’T KNOW” FOR EACH

YES NO DON’T KNOW
1. State mental health authority...... 1 0 d
2. State substance abuse agency... 1 0 d
3. State department of health........... 1 0 d
4. State or local Department of Family and Children’s Services ... 1 0 d
5. Hospital licensing authority........ 1 0 d
6. The Joint Commission............... 1 0 d
7. Commission on Accreditation of Rehabilitation Facilities (CARF) .................... 1 0 d
8. Council on Accreditation (COA). 1 0 d
9. Centers for Medicare and Medicaid Services (CMS). ...... 1 0 d
10. Other national organization, or federal, state, or local agency .... 1 0 d

(Specify: __________________________)

*A22. What telephone number(s) should a potential client call to schedule an intake appointment?

INTAKE TELEPHONE NUMBER(S):
1. (______) ________ - __________ ext. __________
2. (______) ________ - __________ ext. __________

SECTION C: GENERAL INFORMATION

C1. If eligible, does this facility want to be listed in SAMHSA’s online Behavioral Health Treatment Services Locator?

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

MARK ONE ONLY
1  □ Yes  → GO TO C1a (TOP OF NEXT COLUMN)
0  □ No  → GO TO C2 (NEXT COLUMN)

C1a. To increase public awareness of behavioral health services, SAMHSA may be sharing facility contact information with large commercially available Internet search engines, such as Google, Bing, Yahoo!, etc. Do you want your facility information shared on these Internet search engines?

- Information to be shared would be: facility name, location address, telephone number, and website address.

MARK “YES,” “NO” OR “DON’T KNOW” FOR EACH

YES NO DON’T KNOW
1  □ Yes
0  □ No

C2. Does this facility have a website or web page with information about the facility’s mental health treatment program(s)?

GO TO C3 (BELOW)

*C2a. What is this facility’s website address?

- Please enter the address exactly as it should be entered in order to access your site.
- Do not enter http:// (for example, enter www.yourfacility.com)

Website: _________________________

C3. Who was primarily responsible for completing this form?

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

MARK ONE ONLY
1  □ Ms.  2  □ Mrs.  3  □ Mr.  4  □ Dr.  5  □ Other (Specify: __________________________)

Name: ___________________________

Title: ____________________________

Phone Number: (______) ________ - __________ Ext. __________

Fax Number: (______) ________ - __________

Email Address: _______________________

Facility Email Address: __________________

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

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

PLEDGE TO RESPONDENTS: The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(n)). 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 eligible 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 0930-0119. Public reporting burden for this collection of information is estimated to average 25 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857.