

2020 National Mental Health Services Survey (N-MHSS) Client Counts Worksheet

Important Instructions for 2020 N-MHSS

Located on the back of this instructions page is a worksheet consisting of **questions B1 through B8** from the 2020 N-MHSS. These questions contain several important components of information that will be collected during your completion of the client counts section of the survey. To **preview** the client counts section for wording and specifics of who to count, please visit <https://info.nmhss.org> and click on the questionnaire.

To save time, and to complete the survey more efficiently on the Internet, you may wish to gather this information prior to beginning the survey. If you do collect this information ahead of time, **please be sure to keep this sheet accessible** for when you complete the questionnaire online. Although this is not a necessary step to completing the questionnaire, it may ease your survey completion process. Please keep the following points in mind when completing this worksheet.

- **Questions B1 through B8** on the N-MHSS ask about the number of clients in treatment on **April 30, 2020**. If possible, report clients for *this facility only*.
- If you have multiple facilities in your network/organization, please write your **“Facility/Group name”** in the space provided at the top of the worksheet on the back of these instructions to keep track of each of your facility’s client counts. It might be helpful to make a copy of the worksheet for each facility/group.
- You may use **estimated information** to indicate your client counts if necessary.
- When completing the demographic information at “Sex,” “Age,” “Ethnicity,” “Race,” and “Legal Status,” you may use either numbers OR percents, whichever is more convenient.
- Please refer to the **enclosed green flyer** in your survey packet to obtain your facility’s web survey login information.
- Please **transfer all of the information** from your client counts worksheet into the client counts section of the web survey.

2020 National Mental Health Services Survey (N-MHSS) Client Counts Worksheet

Facility/Group name: _____ Total facilities reported in client counts: _____

HOSPITAL INPATIENT CLIENT COUNTS
SKIP THIS SECTION IF NO HOSPITAL INPATIENTS
Hospital Inpatients on April 30, 2020

B3a. _____ HOSPITAL INPATIENTS TOTAL

SEX _____ Male
_____ Female
CATEGORY TOTAL: (Should=B3a or 100%)

AGE _____ 0 – 17
_____ 18 – 64
_____ 65 and older
CATEGORY TOTAL: (Should=B3a or 100%)

ETHNICITY
_____ Hispanic or Latino
_____ Not Hispanic or Latino
_____ Unknown or not collected
CATEGORY TOTAL: (Should=B3a or 100%)

RACE
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White
_____ Two or more races
_____ Unknown or not collected
CATEGORY TOTAL: (Should=B3a or 100%)

LEGAL STATUS
_____ Voluntary
_____ Involuntary, non-forensic
_____ Involuntary, forensic
CATEGORY TOTAL: (Should=B3a or 100%)

NUM OF BEDS
_____ Number of hospital inpatient beds specifically designated for providing mental health treatment. (If none, enter '0')

OUTPATIENT/PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS
SKIP THIS SECTION IF NO OUTPATIENT CLIENTS
Outpatient Clients on April 30, 2020

B5a. _____ OUTPATIENT CLIENTS TOTAL

SEX _____ Male
_____ Female
CATEGORY TOTAL: (Should=B5a or 100%)

AGE _____ 0 – 17
_____ 18 – 64
_____ 65 and older
CATEGORY TOTAL: (Should=B5a or 100%)

ETHNICITY
_____ Hispanic or Latino
_____ Not Hispanic or Latino
_____ Unknown or not collected
CATEGORY TOTAL: (Should=B5a or 100%)

RACE
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White
_____ Two or more races
_____ Unknown or not collected
CATEGORY TOTAL: (Should=B5a or 100%)

LEGAL STATUS
_____ Voluntary
_____ Involuntary, non-forensic
_____ Involuntary, forensic
CATEGORY TOTAL: (Should=B5a or 100%)

RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS
SKIP THIS SECTION IF NO RESIDENTIAL CLIENTS
Residential (Non-Hospital) Clients on April 30, 2020

B4a. _____ RESIDENTIAL CLIENTS TOTAL

SEX _____ Male
_____ Female
CATEGORY TOTAL: (Should=B4a or 100%)

AGE _____ 0 – 17
_____ 18 – 64
_____ 65 and older
CATEGORY TOTAL: (Should=B4a or 100%)

ETHNICITY
_____ Hispanic or Latino
_____ Not Hispanic or Latino
_____ Unknown or not collected
CATEGORY TOTAL: (Should=B4a or 100%)

RACE
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White
_____ Two or more races
_____ Unknown or not collected
CATEGORY TOTAL: (Should=B4a or 100%)

LEGAL STATUS
_____ Voluntary
_____ Involuntary, non-forensic
_____ Involuntary, forensic
CATEGORY TOTAL: (Should=B4a or 100%)

NUM OF BEDS
_____ Number of residential beds specifically designated for providing mental health treatment. (If none, enter '0')

ALL MENTAL HEALTH CARE SETTINGS

Percent of Co-occurring Clients/Patients in Treatment on April 30, 2020
_____ % Diagnosed co-occurring mental and substance use disorder

Percent of mental health treatment admissions, readmissions, and incoming transfers on April 30, 2020

- **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.

Percent of military veteran admissions reported in previous question
_____ % Military veterans