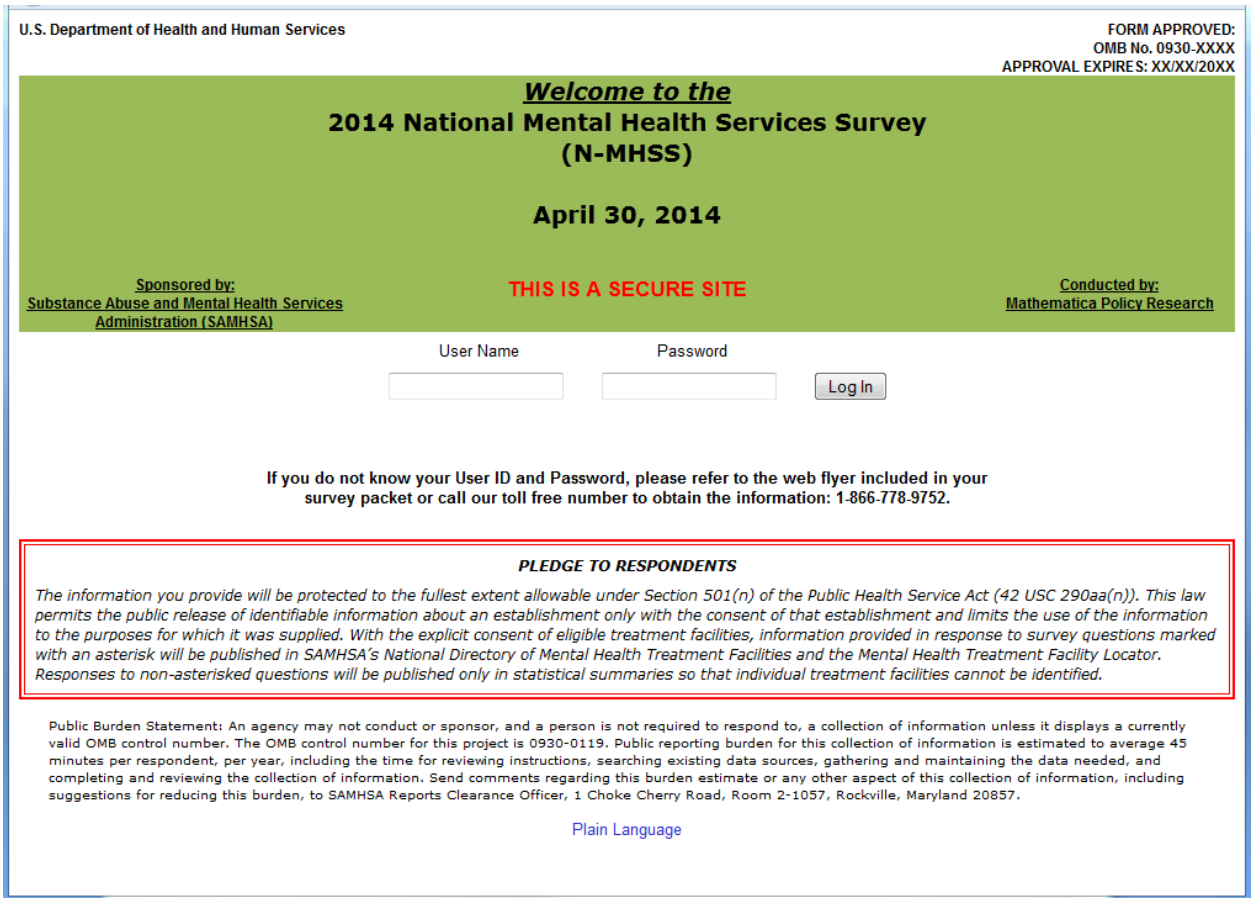


U.S. Department of Health and Human Services

FORM APPROVED:
OMB No. 0930-XXXX
APPROVAL EXPIRES: XX/XX/20XX

Welcome to the

2014 National Mental Health Services Survey
(N-MHSS)

April 30, 2014

Sponsored by:
Substance Abuse and Mental Health Services Administration (SAMHSA)

THIS IS A SECURE SITE

Conducted by:
Mathematica Policy Research

User Name | Password | Log In

If you do not know your User ID and Password, please refer to the web flyer included in your survey packet or call our toll free number to obtain the information: 1-866-778-9752.

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 will be published in SAMHSA's National Directory of Mental Health Treatment Facilities and the Mental Health Treatment Facility Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.

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 45 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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857.

Plain Language

Welcome to the 2014 National Mental Health Services Survey (N-MHSS) on the Internet.

PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE

INSTRUCTIONS

- Most of the questions in this survey ask about "this facility." By "this facility" we mean ***ABC Psychological Services, XYZ East 21st Street***. If you have any questions about how the term "this facility" applies to your facility, please call the N-MHSS helpline at 1-866-778-9752.
- Please answer ONLY for ***ABC Psychological Services, XYZ East 21st Street***, unless otherwise specified in the questionnaire.
- If this is a **separate psychiatric unit of a general hospital**, consider the psychiatric unit as the relevant "facility" for the purpose of this survey.
- For additional information about this survey and definitions of some of the terms used, please visit our website at http://info.nmhss.org.

Please keep a copy of your completed questionnaire for your records

- If you have questions, please 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 http://findtreatment.samhsa.gov, unless you designate otherwise in question C1 of this questionnaire.

Mapping Feature in 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 Locator. Only facilities that provide mental health treatment and complete this questionnaire are eligible to be listed 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.

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

When you click the BEGIN QUESTIONNAIRE button below, you will advance to the actual questionnaire.

- **If you are returning to finish a partially completed questionnaire, you will return to the point where you left off.**
- **If you are starting a new questionnaire, you will start at the beginning with the first question.**
- **Please do not scroll through the actual questionnaire to preview questions. This will cause errors and we will need to contact you to collect any missing information.**
- **Please do not use the "Enter" key to advance to the next screen. This can result in questions being missed. When all questions on the screen have been answered, click the "Submit Page and Continue" button at the bottom of each page.**

If you want to preview the questionnaire, click here.
Otherwise, if you are ready to begin the questionnaire, click the button below.

BEGIN QUESTIONNAIRE

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 5 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 by clicking on this link nmhss@mathematica-mpr.com.

Plain Language

Below you will find the information currently on record for this facility:

- ○ Yes, the information below is correct as shown.
- ○ No, some information below is incorrect or missing. **(Make your corrections below)**
- ○ No, all information below is incorrect. **(Make your corrections below)**

Edit or add to the fields below to correct your facility's information and delete any incorrect information.

Facility Director: First Name [Greg] Middle [ ] Last [Blume]

Facility Name Line 1 [ABC Psychological Services]

Facility Name Line 2 [ ]

Location Address:

Street Address [XYZ East 21st Street]

Street Address 2 [ ]

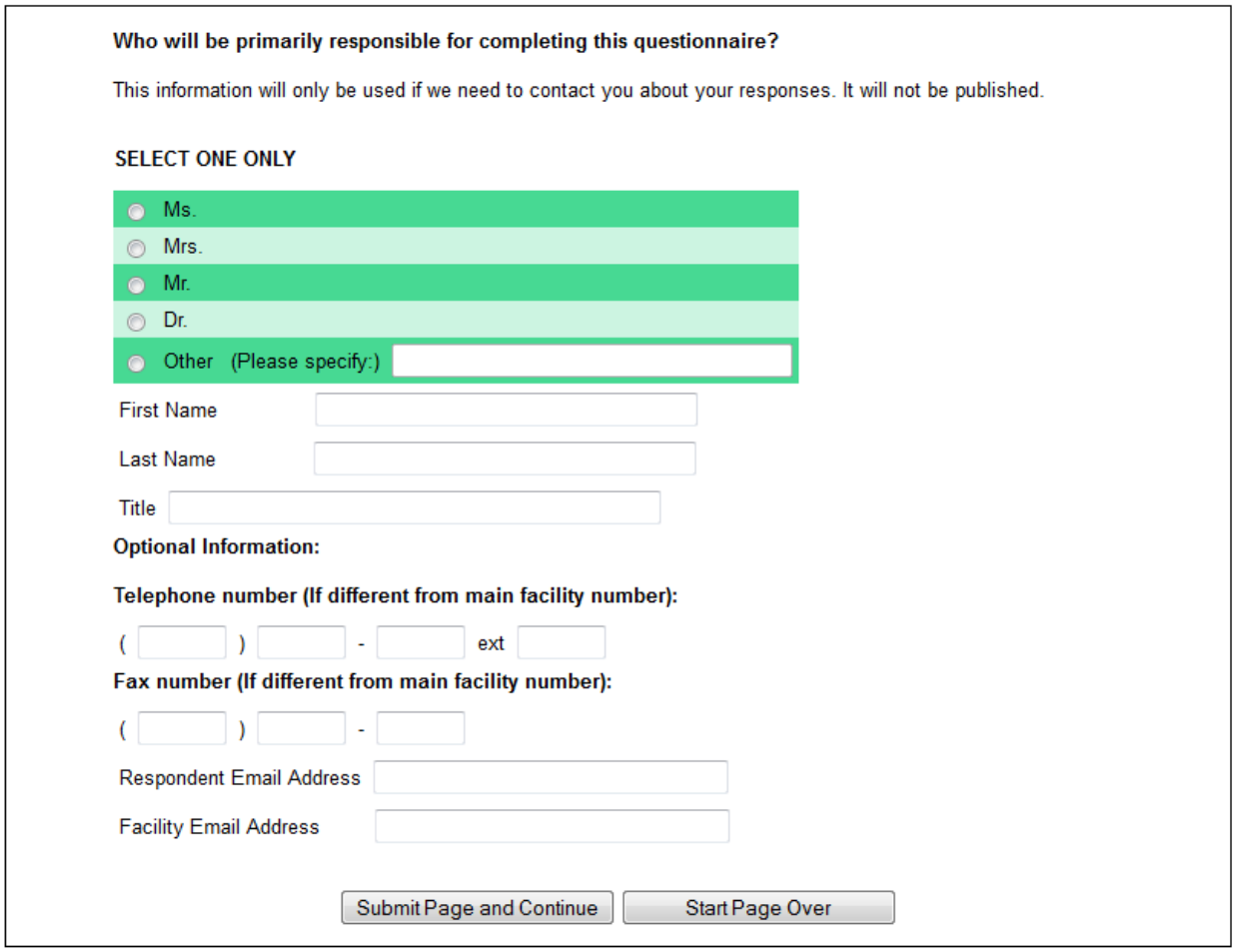
City [Appleton]

State [Wisconsin] Zip [54914]

Facility Telephone Number ([999]) [888] - [6666] ext [ ]

Facility Fax Number ([ ]) [ ] - [ ]

[Submit Page and Continue] [Start Page Over]



Who will be primarily responsible for completing this questionnaire?

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

SELECT ONE ONLY

- ○ Ms.
- ○ Mrs.
- ○ Mr.
- ○ Dr.
- ○ Other (Please specify:)

First Name

Last Name

Title

Optional Information:

Telephone number (If different from main facility number):

( ) - ext

Fax number (If different from main facility number):

( ) -

Respondent Email Address

Facility Email Address

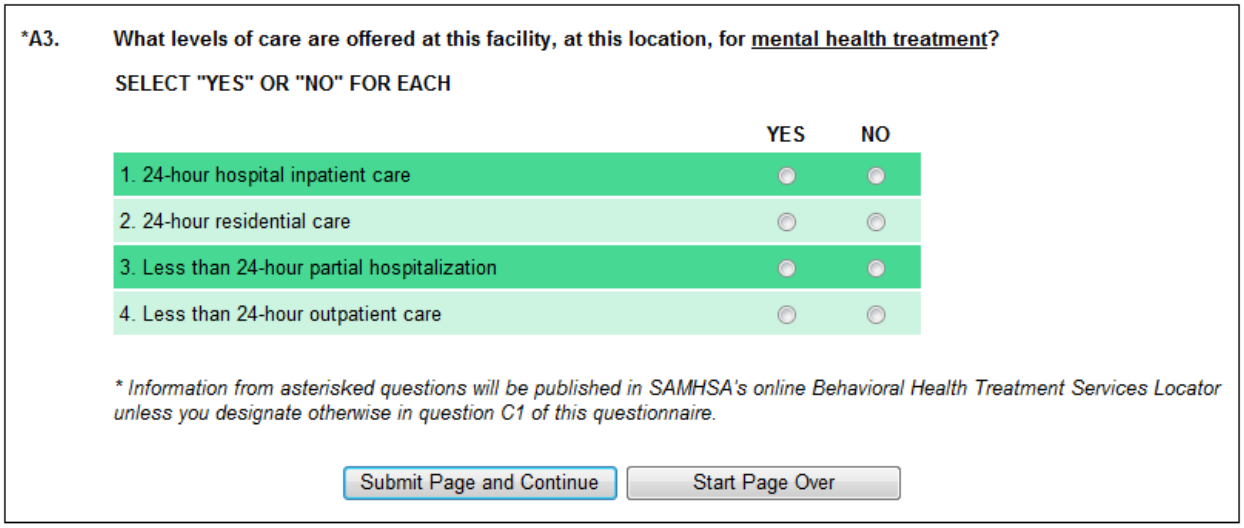
Submit Page and Continue | Start Page Over

A1. **Does this facility, <u>at this location</u>, that is, *ABC Psychological Services, XYZ East 21st Street*, offer?**

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Mental health intake	○	○
2. Mental health diagnostic evaluation	○	○
3. Mental health information and referral *(also includes emergency programs that provide services in person or by telephone)*	○	○
*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)*	○	○
5. Substance abuse treatment	○	○
6. Administrative services	○	○

Submit Page and Continue | Start Page Over



***A3. What levels of care are offered at this facility, at this location, for mental health treatment?**

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. 24-hour hospital inpatient care	○	○
2. 24-hour residential care	○	○
3. Less than 24-hour partial hospitalization	○	○
4. Less than 24-hour outpatient care	○	○

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

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

SELECT ONE ONLY

- ○ Psychiatric hospital
- ○ Separate inpatient psychiatric unit of a general hospital *(consider this psychiatric unit as the relevant "facility" for the purpose of this survey)*
- ○ Residential treatment center for children only
- ○ Residential treatment center for adults only
- ○ Other residential treatment setting
- ○ Veterans Administration medical center (VAMC)/facility
- ○ Community mental health center
- ○ Outpatient mental health facility
- ○ Multi-setting mental health facility (non-hospital residential plus outpatient or day treatment or partial hospitalization)
- ○ Other (Please specify:) _____

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

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

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

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.*

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

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 have not received grants to date, but have met the requirements to receive grants under Section 330 according to U.S. Department of Health and Human Services.*

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

A7. **What is the primary treatment focus of this facility, at this location?**

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

SELECT ONE ONLY

- ○ Mental health treatment
- ○ Substance abuse treatment
- ○ Mix of mental health and substance abuse treatment (neither is primary)
- ○ General health care
- ○ Other service focus (Please specify:)

Submit Page and Continue | Start Page Over

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

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

***A9. Is this facility operated by:**

SELECT ONE ONLY

- (•) A private for-profit organization
- ( ) A private non-profit organization
- ( ) A public agency or department

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

[Submit Page and Continue] [Start Page Over]

***A9a. Which public agency or department?**

SELECT ONE ONLY

- State mental health authority (SMHA)
- Other state government agency or department (e.g., Department of Health)
- Regional/district authority or local, county, or municipal government
- Tribal government
- Department of Veterans Affairs
- Indian Health Service
- Other (Please specify:)

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

A10. Is this facility affiliated with a religious organization?

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

***A11. Which of these mental health treatment approaches are offered at this facility, at this location?**

- *For definitions of treatment approaches, log on to: http://info.nmhss.org.*

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Activity therapy	○	○
2. Behavior modification	○	○
3. Cognitive/behavioral therapy	○	○
4. Couples/family therapy	○	○
5. Electroconvulsive therapy	○	○
6. Group therapy	○	○
7. Individual psychotherapy	○	○
8. Integrated dual disorders treatment	○	○
9. Psychotropic medication	○	○
10. Telemedicine therapy	○	○
11. Other (Please specify:)	○	○

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

***A12. Which of these supportive services and practices are offered at this facility, at this location?**

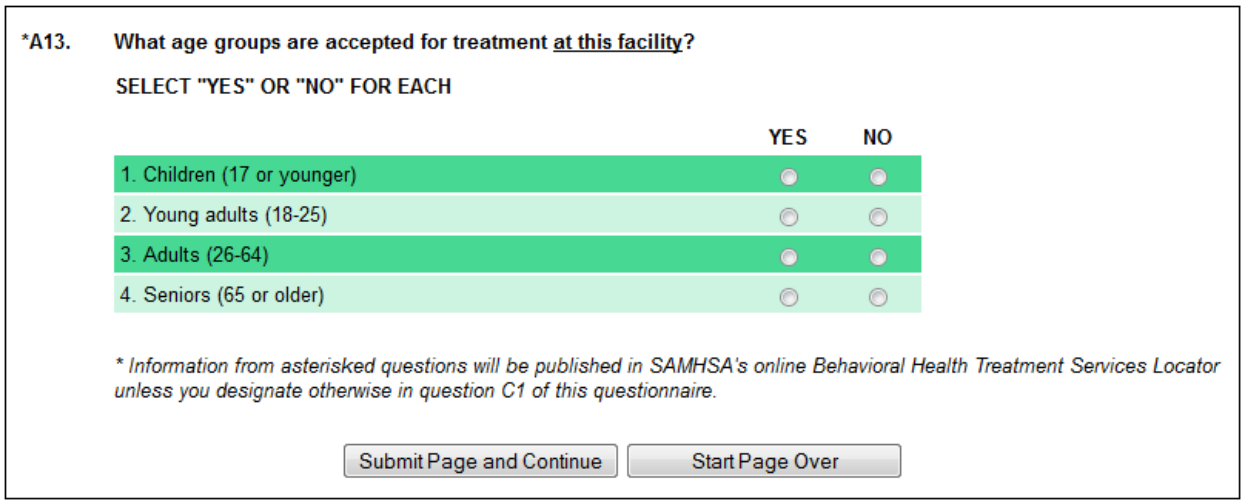
- *For definitions of supportive practices, log on to: http://info.nmhss.org.*

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Assertive community treatment	○	○
2. Case management	○	○
3. Chronic disease/illness management (CDM)	○	○
4. Consumer-run (peer support) services	○	○
5. Court-ordered outpatient treatment	○	○
6. Education services	○	○
7. Family psychoeducation	○	○
8. Housing services	○	○
9. Illness management and recovery (IMR)	○	○
10. Legal advocacy	○	○
11. Nicotine replacement therapy	○	○
12. Non-nicotine smoking/tobacco cessation medications (by prescription)	○	○
13. Psychiatric emergency walk-in services	○	○
14. Psychosocial rehabilitation services	○	○
15. Screening for tobacco use	○	○
16. Suicide prevention services	○	○
17. Supported employment	○	○
18. Supported housing	○	○
19. Therapeutic foster care	○	○
20. Tobacco cessation counseling	○	○
21. Vocational rehabilitation services	○	○
22. Other (Please specify:)	○	○

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over



***A13. What age groups are accepted for treatment at this facility?**

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Children (17 or younger)	○	○
2. Young adults (18-25)	○	○
3. Adults (26-64)	○	○
4. Seniors (65 or older)	○	○

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

***A14. Does this facility offer a mental health treatment program or group designed exclusively for:**

- *If you treat these clients for mental health, but do not have a specifically tailored program or group for them, check "NO."*

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Children with serious emotional distrubance (SED)	○	○
2. Adults with serious mental illness (SMI)	○	○
3. Seniors or older adults	○	○
4. Persons with Alzheimer's or dementia	○	○
5. Persons with co-occurring mental and substance use disorders	○	○
6. Persons with eating disorders	○	○
7. Persons with HIV or AIDS	○	○
8. Persons with post-traumatic stress disorder (PTSD)	○	○
9. Veterans	○	○
10. Active duty military	○	○
11. Members of military families	○	○
12. Persons with traumatic brain injury (TBI)	○	○
13. Lesbian, gay, bisexual, or transgender clients (LGBT)	○	○
14. Forensic clients (referred from the court/judicial system)	○	○
15. Other special program (Please specify:)	○	○

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

***A15. Does this facility offer a crisis intervention team that handles acute mental health issues at this facility and/or off-site?**

- ○ Yes
- ○ No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

***A16. Does this facility offer mental health treatment services for the hearing-impaired?**

- ○ Yes
- ○ No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

***A17. Does this facility provide mental health treatment services in a language other than English at this location?**

- Yes
- No, only English

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

***A17a. Do staff provide mental health treatment services in Spanish at this facility?**

- ○ Yes
- ○ No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

A17b. Do staff at this facility provide mental health treatment services in any other languages?

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

***A17c. 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:

- ☐ Hopi
- ☐ Lakota
- ☐ Navajo
- ☐ Ojibwa
- ☐ Yupik
- ☐ Other Native American Indian or Alaska Native language (Specify:)

Other Languages:

- ☐ Arabic
- ☐ Any Chinese Language
- ☐ Creole
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Hmong
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Any other language (Specify:)

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

A18. **Which of these quality assurance practices are part of this facility's standard operating procedures?**

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Monitoring continuing education requirements for professional staff	○	○
2. Regularly scheduled case review with a supervisor	○	○
3. Regularly scheduled case review by an appointed quality review committee	○	○
4. Client/patient outcome follow-up after discharge	○	○
5. Periodic utilization review	○	○
6. Periodic client/patient satisfaction surveys	○	○

Submit Page and Continue | Start Page Over

***A19. Which statement(s) below BEST describe(s) this facility's smoking policy for clients?**

SELECT ONE ONLY

- ○ Not permitted to smoke anywhere outside or within any building
- ○ Permitted in designated outdoor area(s)
- ○ Permitted anywhere outside
- ○ Permitted in designated indoor area(s)
- ○ Permitted anywhere inside
- ○ Permitted anywhere without restriction

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

A20. **In the 12-month period beginning May 1, 2013, and ending April 30, 2014, have staff at this facility used seclusion or restraint with clients?**

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

A20a. **In the 12-month period beginning May 1, 2013, and ending April 30, 2014, has your facility adopted any initiatives to reduce the use of seclusion or restraint?**

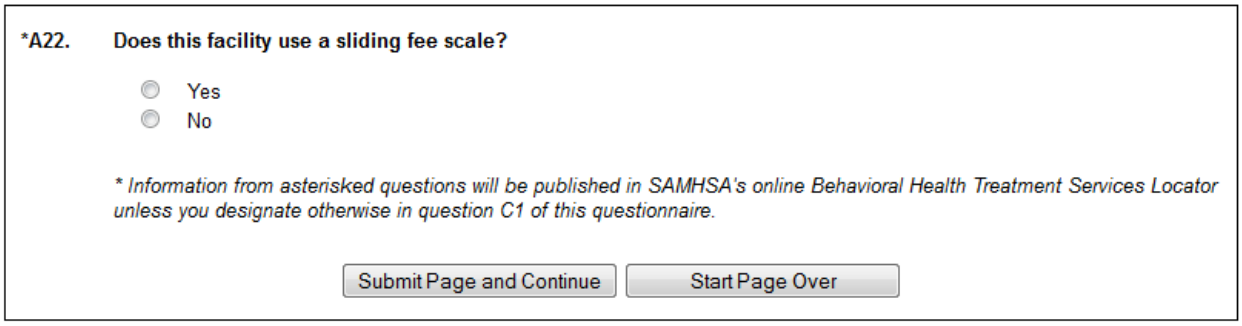
- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

A21. **For each of the following functions, please indicate if staff members routinely use computer or electronic resources, paper only, or a combination of both to complete the function.**

	Computer/ Electronic Only	Paper Only	Both Electronic and Paper	N/A
1. Intake	○	○	○	○
2. Scheduling appointments	○	○	○	○
3. Assessment/evaluation	○	○	○	○
4. Treatment plan	○	○	○	○
5. Discharge	○	○	○	○
6. Referrals	○	○	○	○
7. Issue/receive lab results	○	○	○	○
8,. Billing	○	○	○	○
9. Client progress monitoring	○	○	○	○
10. Prescribing/dispensing medication	○	○	○	○
11. Checking medication interactions	○	○	○	○
12. Health records	○	○	○	○
13. Collaboration with a client's other providers (such as primary care provider)	○	○	○	○
14. Client or family satisfaction surveys	○	○	○	○

Submit Page and Continue | Start Page Over

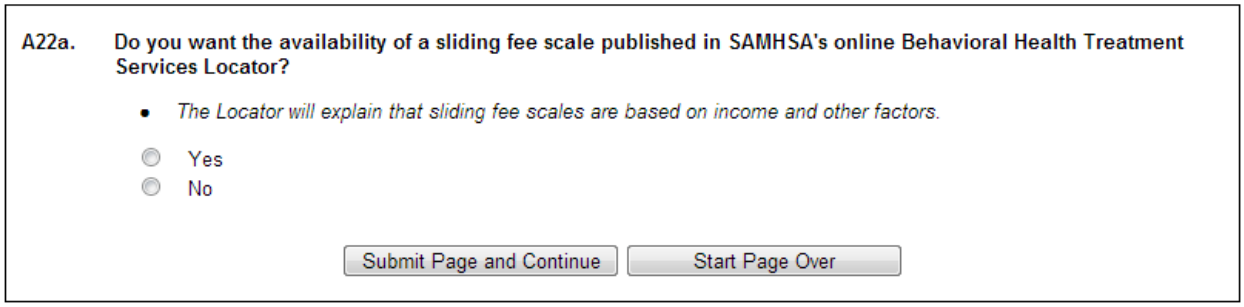


***A22. Does this facility use a sliding fee scale?**

- ○ Yes
- ○ No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over


A22a. Do you want the availability of a sliding fee scale published in SAMHSA's online Behavioral Health Treatment Services Locator?
The Locator will explain that sliding fee scales are based on income and other factors.
Yes
No
Submit Page and Continue
Start Page Over

***A23. Does this facility offer treatment at no charge to clients who cannot afford to pay?**

- ○ Yes
- ○ No

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

A23a. Do you want the availability of free care 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.*

( ) Yes
( ) No

Submit Page and Continue | Start Page Over

***A24. Which of the following types of client payments, insurance, or funding are accepted by this facility for mental health treatment services?**

SELECT "YES," "NO," OR "DON'T KNOW" FOR EACH

	YES	NO	DON'T KNOW
1. Cash or self-payment	○	○	○
2. Private health insurance	○	○	○
3. Medicare	○	○	○
4. Medicaid	○	○	○
5. State-financed health insurance plan other than Medicaid	○	○	○
6. State mental health agency (or equivalent) funds	○	○	○
7. State welfare or child and family services agency funds	○	○	○
8. State corrections or juvenile justice agency funds	○	○	○
9. State education agency funds	○	○	○
10. Other state government funds	○	○	○
11. County or local government funds	○	○	○
12. Community Service Block Grants	○	○	○
13. Community Mental Health Block Grants	○	○	○
14. Federal military insurance (such as TRICARE)	○	○	○
15. U.S. Department of Veterans Affairs funds	○	○	○
16. IHS/638 contract care funds	○	○	○
17. Other (Please specify:)	○	○	○

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

A25. From which of these 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 "YES" OR "NO" FOR EACH

	YES	NO
1. State mental health authority	○	○
2. State substance abuse agency	○	○
3. State department of health	○	○
4. Hospital licensing authority	○	○
5. The Joint Commission (JC)	○	○
6. Commission on Accreditation of Rehabilitation Facilities (CARF)	○	○
7. Council on Accreditation (COA)	○	○
8. Department of Family and Children's Services	○	○
9. Medicare	○	○
10. Medicaid	○	○
11. Other national, state, or local organization (Please specify:)	○	○

Submit Page and Continue | Start Page Over

***A26. What telephone number(s) should a potential client call to schedule an intake appointment?**

Numeric Entry
[example: (888) 555-3456]

1. Enter intake telephone number here: ( ) - ext
2. If applicable, enter secondary intake number here: ( ) - ext

Alphanumeric Entry
[example: (888) 555-HELP]

1. Enter intake telephone number here: ( ) ext
2. If applicable, enter secondary intake number here: ( ) ext

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

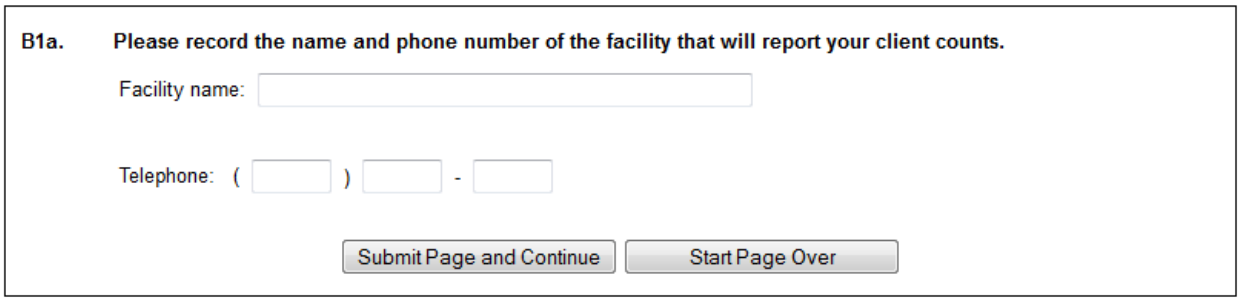
Submit Page and Continue | Start Page Over

B1. **Although reporting for only the clients/patients treated at this facility is preferred, we realize that may not be possible. Will the client/patient counts reported in this questionnaire include...**

SELECT ONE ONLY

- ○ Only this facility
- ○ This facility plus others
- ○ Another facility in the organization will report client counts for this facility

Submit Page and Continue | Start Page Over


B1a. Please record the name and phone number of the facility that will report your client counts.
Facility name:
Telephone: ( ) -
Submit Page and Continue
Start Page Over

B2. **How many facilities will be included in the reported client counts?**

Enter the number of additional facilities included in client counts in the box below.

This facility: **1**

+ ADDITIONAL FACILITIES

Submit Page and Continue | Start Page Over

B3. **On April 30, 2014, did any patients receive 24-hour hospital inpatient mental health treatment at *ABC Psychological Services, at XYZ East 21st Street*?**

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

B3a. **On April 30, 2014, how many patients received 24-hour hospital inpatient mental health treatment at *ABC Psychological Services*?**

- *DO NOT count family members, friends, or other non-treatment patients*

HOSPITAL INPATIENTS TOTAL BOX

Submit Page and Continue | Start Page Over

B. CLIENT/PATIENT COUNT INFORMATION

24-HOUR RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

B3b. **For each category below, please provide a breakdown of the Hospital Inpatients reported in the B3a TOTAL BOX. 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 above*
- *If percents are used - each category total should equal 100%*

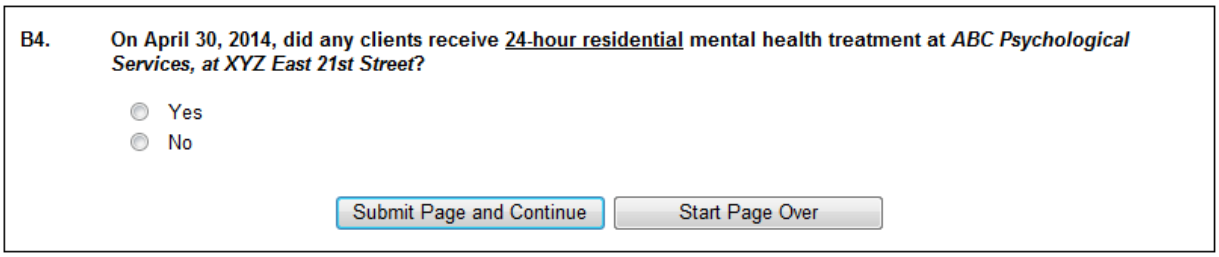
		NUMBER	OR	PERCENT
GENDER	Male			
	Female			
	CATEGORY TOTAL: (Should =B3a or 100)			
AGE	0 - 17			
	18 - 64			
	65 and older			
	CATEGORY TOTAL: (Should =B3a or 100)			
ETHNICITY	Hispanic or Latino			
	Not Hispanic or Latino			
	Unknown or not collected			
	CATEGORY TOTAL: (Should =B3a or 100)			
RACE	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)			

Submit Page and Continue | Start Page Over

B3c. **On April 30, 2014, 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


B4. On April 30, 2014, did any clients receive 24-hour residential mental health treatment at ABC Psychological Services, at XYZ East 21st Street?
Yes
No
Submit Page and Continue
Start Page Over

B4a. **On April 30, 2014, how many clients received 24-hour residential mental health treatment at *ABC Psychological Services*?**

- *DO NOT count family members, friends, or other non-treatment clients*

RESIDENTIAL CLIENTS TOTAL BOX

Submit Page and Continue | Start Page Over

B4b. **For each category below, please provide a breakdown of the Residential Clients reported in the B4a TOTAL BOX. 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 above*
- *If percents are used - each category total should equal 100%*

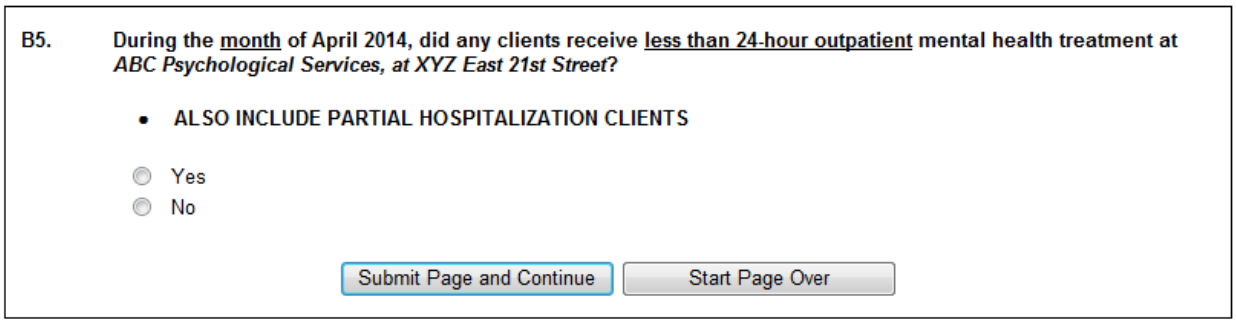
		NUMBER	OR	PERCENT
GENDER	Male			
	Female			
	CATEGORY TOTAL: (Should =B4a or 100)			
AGE	0 - 17			
	18 - 64			
	65 and older			
	CATEGORY TOTAL: (Should =B4a or 100)			
ETHNICITY	Hispanic or Latino			
	Not Hispanic or Latino			
	Unknown or not collected			
	CATEGORY TOTAL: (Should =B4a or 100)			
RACE	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)			

Submit Page and Continue | Start Page Over

B4c. **On April 30, 2014, 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


B5. During the month of April 2014, did any clients receive less than 24-hour outpatient mental health treatment at ABC Psychological Services, at XYZ East 21st Street?
• ALSO INCLUDE PARTIAL HOSPITALIZATION CLIENTS
Yes
No
Submit Page and Continue
Start Page Over

B5a. **During the month of April 2014, how many clients received <u>outpatient</u> mental health treatment at *ABC Psychological Services*?**

- *ONLY INCLUDE those seen at this facility <u>at least once</u> durinig the month of April, AND <u>who were still enrolled in treatment on April 30, 2014</u>*
- *DO NOT count family members, friends, or other non-treatment clients*

OUTPATIENT CLIENTS TOTAL BOX

Submit Page and Continue | Start Page Over

B. CLIENT/PATIENT COUNT INFORMATION

LESS THAN 24-HOUR OUTPATIENT CLIENT COUNTS

B5b. **For each category below, please provide a breakdown of the Outpatient Clients reported in the B5a TOTAL BOX. 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 above*
- *If percents are used - each category total should equal 100%*

		NUMBER	OR	PERCENT
GENDER	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)			

Submit Page and Continue | Start Page Over

B6. **On April 30, 2014, approximately what percent of the mental health treatment clients enrolled at this facility had diagnosed co-occurring mental and substance use disorders?**

PERCENT WITH CO-OCCURRING DIAGNOSIS _____ %
(If none, enter '0')

Submit Page and Continue | Start Page Over

B7. **In the 12-month period of May 1, 2013 through April 30, 2014, 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 trreatment, not individual treatment visits*
- ***WHEN MENTAL HEALTH DISORDER IS A SECONDARY DIAGNOSIS:*** *Count all admissions where clients 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

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

PERCENT MILITARY VETERANS _____ %
(If none, enter '0')

Submit Page and Continue | Start Page Over

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 http://findtreatment.samhsa.gov*

( ) Yes
( ) No

Submit Page and Continue | Start Page Over

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

- ○ Yes
- ○ No

Submit Page and Continue | Start Page Over

***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)*

** Information from asterisked questions will be published in SAMHSA's online Behavioral Health Treatment Services Locator unless you designate otherwise in question C1 of this questionnaire.*

Submit Page and Continue | Start Page Over

C3. Does this facility have a National Provider Identifier (NPI) number?

- *Do not include the NPI numbers of individual practitioners and of groups of practitioners.*

( ) Yes
( ) No

Submit Page and Continue | Start Page Over

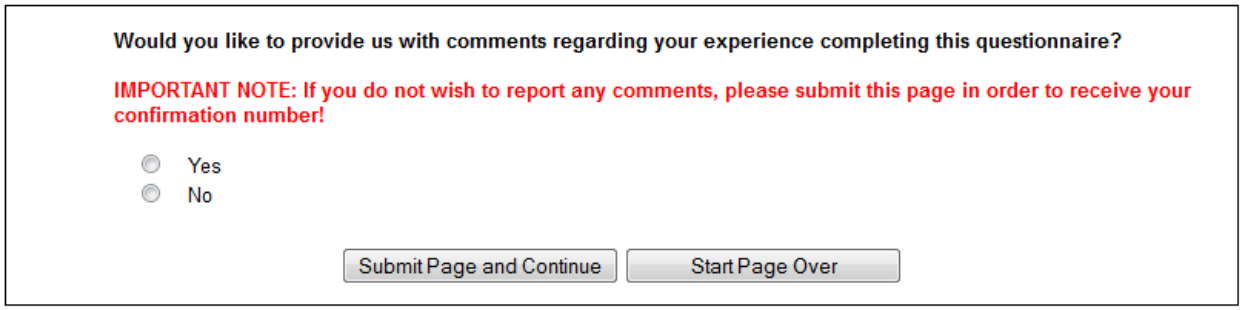
C3a. What is the NPI number for this facility?

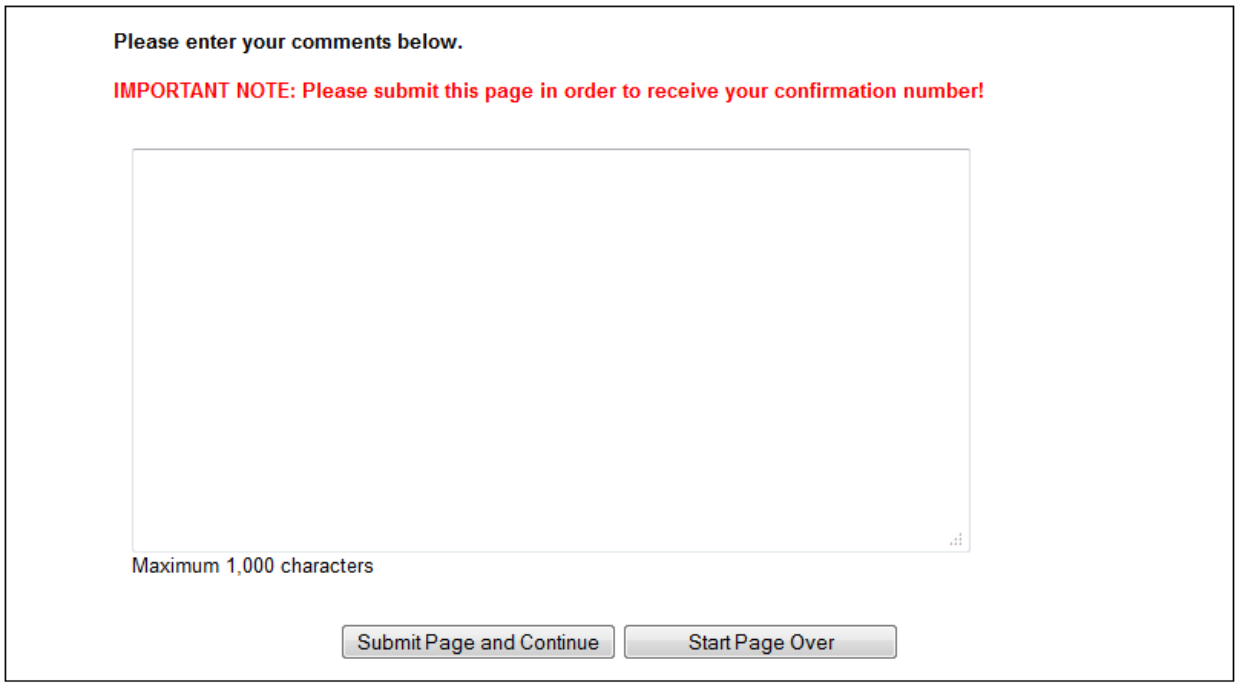
- *If the facility has more than one NPI number, please provide only the primary number.*

NPI

(NPI is a 10-digit numeric ID)

Submit Page and Continue | Start Page Over


Would you like to provide us with comments regarding your experience completing this questionnaire?
IMPORTANT NOTE: If you do not wish to report any comments, please submit this page in order to receive your confirmation number!
Yes
No
Submit Page and Continue
Start Page Over


Please enter your comments below.
IMPORTANT NOTE: Please submit this page in order to receive your confirmation number!
Maximum 1,000 characters
Submit Page and Continue
Start Page Over

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

You are about to submit your survey...

Before quitting this site, please be sure to **review, print out, or save a record by clicking here.**

When you've finished, please click on the "SUBMIT SURVEY" button below.

CAUTION: You will not be able to make any changes after you click "Submit Survey".

Submit Survey

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 5 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 by clicking on this link nmhss@mathematica-mpr.com.

Plain Language

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank You

Your completed survey has been submitted

YOUR CONFIRMATION NUMBER IS: NM14-462

Before quitting this site, please be sure to print out a record.

Click here to print a copy of your answers

- It may take a minute or two to load all of your responses.
- When the page is finished loading, use your browser's print button to print a record of your answers.

If you would like to exit the questionnaire, please click on the "QUIT" button below.

CAUTION: You will not be able to re-enter this survey to print a copy after you click "QUIT" and close your browser.

Thanks again for your participation!

Quit

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 5 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 by clicking on this link nmhss@mathematica-mpr.com.

Plain Language

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank you for logging in to the 2014 National Mental Health Services Survey Web questionnaire.

The questionnaire for this facility, that is, ABC Psychological Services Therapeutic Group Home, XYZ East 21st Street, has already been completed. Therefore, this facility's password has been retired.

If you think this is an error or have any questions about this information, please call the N-MHSS helpline at 1-866-778-9752.

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 5 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 by clicking on this link nmhss@mathematica-mpr.com.

Plain Language

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank you for logging in to the 2014 National Mental Health Services Survey Web questionnaire.

The questionnaire for this facility, that is, ABC Psychological Services, XYZ East 21st Street, has been temporarily suspended awaiting administrative review. A N-MHSS administrator will contact you shortly.

If you think this is an error or have any questions about this information, please call the N-MHSS helpline at 1-866-778-9752.

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 5 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 by clicking on this link nmhss@mathematica-mpr.com.

Plain Language

National Mental Health Services Survey (N-MHSS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

We will check your facility's name and/or address change to determine whether your facility should be assigned a new web User ID and Password. We apologize for any inconvenience.

An N-MHSS administrator will contact you within one working day to discuss your responses, make corrections to your questionnaire (if necessary), and allow you to complete the remaining questions.

If you have any questions about this information, please call the N-MHSS helpline at (866) 778-9752.