

# **2015 National Mental Health Services Survey (N-MHSS)**

**April 30, 2015**

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



**PLEASE READ THIS ENTIRE PAGE BEFORE  
COMPLETING THE QUESTIONNAIRE**

**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 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 questions or need additional blank forms, 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>, 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 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

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| 1. Mental health intake.....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Mental health diagnostic evaluation.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Mental health information and/or referral (also includes emergency programs that provide services in person or by telephone).....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| *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)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Substance abuse treatment.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 6. Administrative services for mental health treatment.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

- 1 ☐ Yes  
0 ☐ No → **SKIP TO C4 (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

- |   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| 1. 24-hour hospital inpatient .....                             | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. 24-hour residential .....                                    | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Less than 24-hour partial hospitalization/day treatment..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Less than 24-hour outpatient.....                            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

- For definitions of facility types, go to: <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: \_\_\_\_\_)

SKIP  
TO  
A7  
(NEXT  
PAGE)

**A5. Is this facility a solo practice or 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 C4 (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>

- 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**

- ☐ Mental health treatment
- ☐ Substance abuse treatment → **SKIP TO C4 (PAGE 6)**
- ☐ Mix of mental health and substance abuse treatment (neither is primary)
- ☐ General health care
- ☐ Other service focus (*Specify:* \_\_\_\_\_)

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

- ☐ Yes → **SKIP TO C4 (PAGE 6)**
- ☐ No

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

**MARK ONE ONLY**

- ☐ A private for-profit organization → **SKIP TO A10 (NEXT COLUMN)**
- ☐ A private non-profit organization → **SKIP TO A10 (NEXT COLUMN)**
- ☐ A public agency or department → **SKIP TO A9a (TOP OF NEXT COLUMN)**

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

**MARK ONE ONLY**

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

- ☐ Individual psychotherapy
- ☐ Couples/family therapy
- ☐ Group therapy
- ☐ Cognitive/behavioral therapy
- ☐ Dialectical behavior therapy
- ☐ Behavior modification
- ☐ Integrated dual disorders treatment
- ☐ Trauma therapy
- ☐ Activity therapy
- ☐ Electroconvulsive therapy
- ☐ Telemedicine therapy
- ☐ Psychotropic medication
- ☐ Other (*Specify:* \_\_\_\_\_)
- ☐ 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>

**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

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

MARK "YES" OR "NO" FOR EACH

- |                                  | YES                        | NO                         |
|----------------------------------|----------------------------|----------------------------|
| 1. Children (12 or younger)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Adolescents (13-17) .....     | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Young adults (18-25) .....    | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Adults (26-64) .....          | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Seniors (65 or older) .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**\*A13. Does this facility offer a mental health treatment program or group 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 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 who have experienced trauma
- 9 ☐ Persons with post-traumatic stress disorder (PTSD)
- 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 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  
0 ☐ No

**\*A15. Does this facility offer mental health treatment services for the deaf and hard of hearing?**

- 1 ☐ Yes  
0 ☐ No

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

- 1 ☐ Yes  
0 ☐ 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  
0 ☐ 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  
0 ☐ No → **SKIP TO A17 (NEXT COLUMN)**

**\*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 Native 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 ☐ Italian  
18 ☐ Japanese  
19 ☐ Korean  
20 ☐ Polish  
21 ☐ Portuguese  
22 ☐ Russian  
23 ☐ Tagalog  
24 ☐ Vietnamese  
25 ☐ Any other language (*Specify:* \_\_\_\_\_)

**\*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

**\*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?**

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

	YES	NO	DON'T KNOW
1. Cash or self-payment.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
2. Private health insurance .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
3. Medicare .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
4. Medicaid.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
5. State-financed health insurance plan other than Medicaid.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
6. State mental health agency (or equivalent) funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
7. State welfare or child and family services agency funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
8. State corrections or juvenile justice agency funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
9. State education agency funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
10. Other state government funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
11. County or local government funds ...	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
12. Community Service Block Grants ....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
13. Community Mental Health Block Grants .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
14. Federal military insurance (such as TRICARE) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
15. U.S. Department of Veterans Affairs funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
16. IHS/Tribal/Urban (ITU) funds .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
17. Other (Specify: .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>



**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" OR "NO" FOR EACH

- |   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| 1. State mental health authority .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. State substance abuse agency .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. State department of health .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. State or local Department of Family and Children's Services .....                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Hospital licensing authority .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 6. The Joint Commission (JC) .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 7. Commission on Accreditation of Rehabilitation Facilities (CARF) .....            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 8. Council on Accreditation (COA) .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 9. Centers for Medicare and Medicaid Services (CMS) .....                           | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 10. Other national organization, or federal, state, or local agency (Specify: ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**\*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>

- 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)?**

- 1 ☐ Yes
- 0 ☐ No → SKIP TO C3

**\*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](http://www.yourfacility.com))

Website: \_\_\_\_\_

**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.

- 1 ☐ Yes
- 0 ☐ No → SKIP TO C4

**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 

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(NPI is a 10-digit numeric ID)

**C4. 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 06667\_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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857