National Mental Health Services Survey (N-MHSS): 2014

Center for Behavioral Health Statistics and Quality Substance Abuse and Mental Health Services Administration

Codebook

Acknowledgements

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DESCRIPTION OF THE NATIONAL MENTAL HEALTH SERVICES SURVEY (N-MHSS)

The 2014 National Mental Health Services Survey (N-MHSS) was conducted from April 2014 through January 2015. The N-MHSS collects information from all known facilities¹ in the United States, both public and private, that provide mental health treatment services to people with mental illness. The Center for Behavioral Health Statistics and Quality (CBHSQ) of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, plans and directs the N-MHSS.

The N-MHSS provides the mechanism for quantifying the dynamic character and composition of the mental health treatment delivery system. It is the only source of national and state-level data on the mental health services delivery system reported by both publicly-operated and privately-operated specialty mental health care facilities. The N-MHSS is designed to collect data on the location, characteristics, and utilization of organized mental health treatment service providers for facilities within the scope of the survey throughout the 50 states, the District of Columbia, and the U.S. territories.² The N-MHSS complements, but does not duplicate, the information collected through SAMHSA's survey of substance abuse treatment facilities, the National Survey of Substance Abuse Treatment Services (N-SSATS).

The N-MHSS provides the mechanism for quantifying the dynamic character and composition of the U.S. mental health treatment delivery system. The objective of the N-MHSS is to collect data that can be used for multiple purposes:

- To assist SAMHSA and state and local governments in assessing the nature and extent of services provided in state-funded, state-operated, and private non-profit and for-profit mental health treatment facilities, and in forecasting mental health treatment resource requirements;
- To update SAMHSA's Inventory of Behavioral Health Services (I-BHS), an inventory of all known mental health and substance abuse treatment facilities in the United States, which can be used as a frame for future surveys of these facilities;
- To describe the nature and scope of mental health treatment services and conduct comparative analyses for the nation and states; and
- To update the information in the mental health component of SAMHSA's online Behavioral Health Treatment Services Locator, which includes a searchable database of some licensed and accredited public and private facilities for the provision of mental health treatment. The Locator is available at https://findtreatment.samhsa.gov.

¹ Entities responding to the N-MHSS are referred to as "facilities." Survey coverage provides definitions of the types of mental health treatment facilities included in the N-MHSS.

² In the 2014 N-MHSS, the territories included American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands.

Data Collection Procedures for the 2014 N-MHSS

Field period and reference date

The field period for the 2014 N-MHSS, which included mailing and data collection operations, ran from April 4, 2014, through January 26, 2015.

Survey universe

• The 2014 N-MHSS survey universe included 21,681 facilities across the United States and its jurisdictions. Most facilities in the 2014 N-MHSS frame were identified from the updated database produced after fielding the 2010 and 2012 N-MHSS, supplemented by the 2013 mental health augmentation and new facilities that states requested be added to the I-BHS.

Survey coverage

The following types of mental health treatment facilities were included in the 2014 N-MHSS:

- *Psychiatric hospitals*—Facilities licensed and operated as state/public psychiatric hospitals or as state-licensed private psychiatric hospitals that primarily provide 24-hour inpatient care to persons with mental illness. They may also provide 24-hour residential care and/or less than 24-hour care (i.e., outpatient, partial hospitalization), but these additional service settings are not requirements.
- *General hospitals with a separate inpatient psychiatric unit*—Licensed general hospitals (public or private) that provide inpatient mental health services in separate psychiatric units. These units must have specifically allocated staff and space for the treatment of persons with mental illness. The units may be located in the hospital itself or in a separate building that is owned by the hospital. Throughout this report (text, figures, and tables), these facilities will be referred to as general hospitals.
- *Veterans Administration (VA) medical centers*—Facilities operated by the U.S. Department of Veterans Affairs, including general hospitals with separate psychiatric inpatient units, residential treatment programs, and/or psychiatric outpatient clinics.
- Outpatient or day treatment or partial hospitalization mental health facilities—Facilities that (1) provide only outpatient mental health services to ambulatory clients, typically for less than three hours at a single visit or (2) provide only partial day mental health services to ambulatory clients, typically in sessions of three or more hours on a regular schedule. A psychiatrist generally assumes the medical responsibility for all clients and/or for the direction of their mental health treatment. Throughout this report (text, figures, and tables), these facilities will be referred to as outpatient mental health facilities.
- *Residential treatment centers (RTCs) for children*—Facilities not licensed as psychiatric hospitals that primarily provide individually-planned programs of mental health treatment in a residential care setting for children under age 18. (Some RTCs for children may also treat young adults.) RTCs for children must have a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's or doctoral degree. To qualify as an RTC, the primary reason for admission of more than half of the clients must be mental illness or emotional disturbance that can be classified by DSM-III/DSM-III-R, DSM-IV/DSM-IV-

TR, DSM-V, or ICD-9-CM/ICD-10-CM codes, other than codes for intellectual disability, developmental disorders, and substance use disorders.

- *Residential treatment centers (RTCs) for adults*—Facilities not licensed as psychiatric hospitals that primarily provide individually-planned programs of mental health treatment in a residential care setting for adults.
- *Multi-setting mental health facilities*³ (*non-hospital residential plus outpatient and/or day treatment/partial hospitalization*)—Facilities that provide mental health services in two or more service settings (residential and outpatient and/or day treatment/partial hospitalization) and are not classified as a psychiatric hospital, general hospital, medical center, or residential treatment center.
- *Community mental health center (CMHC)*—Facilities that either (1) provide outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) provide 24-hour emergency care services; (3) provide day treatment or other partial hospitalization services, or psychosocial rehabilitation services; (4) provide screening for patients being considered for admission to state mental health facilities to determine the appropriateness of the admission; and (5) meet applicable licensing or certification requirements for CMHCs in the state in which it is located.
- *Other type of residential treatment facility*—Facilities not licensed as a psychiatric hospital, whose primary purpose is to provide individually-planned programs of mental health treatment services in a residential care setting and is not specifically for children only or adults only.
- *Other* refers to another type of hospital or mental health facility not defined in the categories above.

Exclusions

The 2014 N-MHSS survey universe excluded: (1) Department of Defense (DoD) military treatment facilities; (2) individual private practitioners or small group practices not licensed as a mental health clinic or center; and (3) jails or prisons.

Facilities are not eligible for inclusion in the survey universe if they only provide one or more of the following services: crisis intervention services, psychosocial rehabilitation, cognitive rehabilitation, intake, referral, mental health evaluation, health promotion, psychoeducational services, transportation services, respite services, consumer-run/peer support services, housing services, and legal advocacy. Residential facilities whose primary function is not to provide specialty mental health treatment services are also not eligible for inclusion in the N-MHSS survey universe.

Content

The 2014 N-MHSS survey instrument was a 15-page document with 38 numbered questions (Appendix A). Topics included:

• Facility type, operation, and primary treatment focus

³ The classification of psychiatric hospital, general hospital, medical center, or residential treatment center—any of which can offer mental health services in two or more service settings—takes precedence over a multi-setting classification.

- Facility treatment characteristics (e.g., settings of care; mental health treatment approaches, supportive services/practices, and special programs offered; crisis intervention team availability; and seclusion and restraint practices)
- Facility operating characteristics (e.g., age groups accepted; services provided in non-English languages; and smoking policy)
- Facility management characteristics (e.g., computerized functionality; licensure, certification, and accreditation; standard operating procedures; and sources of payment and funding)
- Client demographic characteristics

Data collection

Three data collection modes were employed: a secure web-based questionnaire, a paper questionnaire sent by mail, and a computer-assisted telephone interview (CATI). Approximately three weeks before the survey reference date (April 30, 2014), an advance letter from SAMHSA was mailed to the attention of the facility directors of all eligible facilities to alert them to expect the survey and to request their participation in the N-MHSS (Appendix B). The letter also served to update records with new address information received from the U.S. Postal Service. A data collection packet (including the questionnaire, SAMHSA cover letter, definition package, state-specific letter of support, information on completing the survey on the web, fact sheet of Frequently Asked Questions, and postage-paid business-reply envelope) was mailed to each facility in July 2014. The web-based survey also became available in May. Each facility had the option of completing the paper questionnaire and returning it by mail or completing the questionnaire via the secure survey website.

During the data collection phase, contract personnel were available by telephone to answer facilities' questions concerning the survey. Web-based support for facilities completing the questionnaire on the web was also available. Multiple reminder letters were sent to non-respondents over the course of the data collection period via fax, mail, and email. To increase the survey response rate, state mental health agency representatives were contacted during the data collection period to inform them of their state's progress and to request additional help in encouraging responses. Blaise®-to-web follow-up of non-respondents began in August 2014 and ended in late January 2015.

Eligibility and unit response rate

Table 1.1 presents a summary of eligibility and response rate information. Of the 21,681 mental health treatment facilities in the survey, 23.0 percent were found to be ineligible for the survey because they did not provide mental health treatment services, had a primary treatment focus of substance abuse services or general health care, provided treatment for incarcerated persons only (i.e., in jails or prisons), or were an individual or small group mental health practice not licensed or certified as a mental health center or clinic.

Eighty-eight percent of the 16,687 eligible facilities completed the survey, including 1,070 facilities that provided administrative services only. Three-quarters of the respondents that were eligible for the report (74.9 percent) completed the survey on the web, 7.4 percent through the mail, and 17.7 percent on the telephone.

	Number	Percent
Total facilities in survey	21,681	100.0
Closed/ineligible	4,994	23.0
Eligible	16,687	77.0
Total eligible	16,687	100.0
Non-respondents	1,981	11.9
Respondents	14,706	88.1
Excluded from report	1,530	10.4
Administrative only	1,070	7.3
Uncategorized roll-ups ¹	418	27.3
Out-of-scope facilities	42	2.7
Eligible for report	13,176	89.6
Mode of response	13,176	100
Internet ¹	9,875	74.9
Mail	973	7.4
Telephone	2,328	17.7

Table 1.1. N-MHSS facilities, by status and mode of response: 2014

¹ Facilities whose client counts were included in or "rolled into" other facilities' counts and whose facility characteristics were not reported separately.

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2014 National Mental Health Services Survey (N-MHSS).

Facility Reporting and Selection for the 2014 N-MHSS Report and Public Use File

Of the 16,687 eligible facilities in the survey, 14,706 (88.1 percent) completed the survey. The facility respondents included 1,070 facilities that provided administrative services only, 418 uncategorized roll-up facilities, and an additional 42 facilities that were later identified as being out-of-scope; these three groups of facilities are excluded from the public use file. The excluded facilities and reasons for exclusion fell into three categories:

(1) A total of 1,070 administrative-only facilities were excluded. These facilities are included in SAMHSA's online Behavioral Health Treatment Services Locator; however, given that these facilities did not provide direct mental health treatment services, they were considered out-of- scope for this public use file.

(2) An additional 418 facilities whose client counts were included in or "rolled into" other facilities counts and whose facility characteristics were not reported were excluded from this public use file.

(3) A review of the facilities that reported their facility type and operation as "Other" found 42 to be out-of-scope, so they were excluded from the analysis in this public use file.

After the exclusion of the 1,530 facilities, data from 13,176 eligible respondent facilities were included in this 2014 N-MHSS public use file.

Quality Assurance

All mail questionnaires underwent a manual review for consistency and missing data. Calls to facilities clarified questionable responses and obtained missing data. After data entry, automated quality assurance reviews were conducted. The reviews incorporated the rules used in manual editing plus consistency checks not readily identified by manual review. The web-based questionnaire was programmed to be self-editing; that is, respondents were prompted to complete missing responses and to confirm or correct inconsistent responses on critical items. The CATI questionnaire was similarly programmed.

Imputation for N-MHSS

See Appendix E of the report for a more comprehensive overview of the imputation process for missing client count data.

Response Rates

The final unit response rate for eligible facilities was 88.1 percent. Extensive follow-up during data collection and careful editing maximized item response; the item response rates averaged approximately 96.9 percent across all 171 separate items (See Appendix D of the report).

Data Considerations and Limitations

As with any data collection effort, certain procedural considerations and data limitations must be taken into account when interpreting data from the 2014 N-MHSS. Some general issues are listed below. Considerations and limitations of specific data items are discussed where the data are presented.

- The N-MHSS is a voluntary survey and while every effort is made to obtain responses from all known mental health treatment facilities within the scope of the survey, some facilities did not respond. There was no adjustment for the 11.9 percent facility non-response.
- The N-MHSS is a point-prevalence survey. It provides information on the mental health treatment system and its clients as of a pre-selected reference date (April 30, 2014). Client counts reported here do not represent annual totals. Rather, the N-MHSS provides a "snapshot" of mental health treatment facilities and clients on an average day or month.
- Multiple responses were allowed for certain questionnaire items (e.g., services provided in non-English languages and type of payment or insurance accepted for mental health treatment services). Tabulations of data for these items include the total number of facilities reporting each response category.

Frequencies

CASEID: CASE IDENTIFICATION NUMBER

Program generated case (record) identifier.

STATE: State abbreviations

Value	Label	Unweighted Frequency	%
AK	Alaska	100	0.8%
AL	Alabama	201	1.5%
AR	Arkansas	265	2.0%
AS	American Samoa	2	0.0%
AZ	Arizona	436	3.3%
CA	California	880	6.7%
CO	Colorado	202	1.5%
СТ	Connecticut	251	1.9%
DC	District of Columbia	39	0.3%
DE	Delaware	43	0.3%
FL	Florida	546	4.1%
GA	Georgia	229	1.7%
GU	Guam	2	0.0%
HI	Hawaii	63	0.5%
IA	Iowa	176	1.3%
ID	Idaho	210	1.6%
IL	Illinois	480	3.6%
IN	Indiana	319	2.4%
KS	Kansas	139	1.1%
KY	Kentucky	205	1.6%
LA	Louisiana	176	1.3%
MA	Massachusetts	354	2.7%
MD	Maryland	309	2.3%
ME	Maine	209	1.6%
MI	Michigan	355	2.7%
MN	Minnesota	241	1.8%
МО	Missouri	226	1.7%
MS	Mississippi	207	1.6%
MT	Montana	108	0.8%
NC	North Carolina	395	3.0%
ND	North Dakota	29	0.2%
NE	Nebraska	114	0.9%
NH	New Hampshire	65	0.5%
NJ	New Jersey	352	2.7%
NM	New Mexico	68	0.5%
NV	Nevada	46	0.3%
NY	New York	1,110	8.4%
OH	Ohio	582	4.4%
OK	Oklahoma	164	1.2%

STATE: State abbreviations

Value	Label	Unweighted Frequency	%
OR	Oregon	194	1.5%
PA	Pennsylvania	635	4.8%
PR	Puerto Rico	109	0.8%
RI	Rhode Island	68	0.5%
SC	South Carolina	133	1.0%
SD	South Dakota	55	0.4%
TN	Tennessee	321	2.4%
ТХ	Texas	340	2.6%
UT	Utah	119	0.9%
VA	Virginia	316	2.4%
VI	Virgin Islands	9	0.1%
VT	Vermont	85	0.6%
WA	Washington	260	2.0%
WI	Wisconsin	462	3.5%
WV	West Virginia	117	0.9%
WY	Wyoming	55	0.4%
	Total	13,176	100%

Variable type: Character

MHINTAKE: Offers mental health intake services

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

MARK "YES" OR "NO" FOR EACH

1. Mental health intake services

Value	Label	Unweighted Frequency	%
0	No	1,636	12.4%
1	Yes	11,540	87.6%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHDIAGEVAL: Offers mental health diagnostic evaluation

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

MARK "YES" OR "NO" FOR EACH

2. Mental health diagnostic evaluation

Value	Label	Unweighted Frequency	%
0	No	1,917	14.5%
1	Yes	11,259	85.5%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHREFERRAL: Offers mental health information and referral services

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

MARK "YES" OR "NO" FOR EACH

3. Mental health information and/or referral services (also includes emergency programs that provide services in person or by telephone)

Value	Label	Unweighted Frequency	%
0	No	2,542	19.3%
1	Yes	10,634	80.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATMT: Offers substance abuse treatment services

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

MARK "YES" OR "NO" FOR EACH

5. Substance abuse treatment

Value	Label	Unweighted Frequency	%
0	No	6,362	48.3%
1	Yes	6,814	51.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ADMINSERV: Offers administrative services

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

MARK "YES" OR "NO" FOR EACH

6. Administrative services

Value	Label	Unweighted Frequency	%
0	No	4,667	35.4%
1	Yes	8,509	64.6%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SETTINGIP: 24-hour hospital inpatient

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

1. 24-hour hospital inpatient

Value	Label	Unweighted Frequency	%
0	No	11,144	84.6%
1	Yes	2,032	15.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SETTINGRC: 24-hour residential

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

2. 24-hour residential

Value	Label	Unweighted Frequency	%
0	No	10,603	80.5%
1	Yes	2,573	19.5%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SETTINGDTPH: Less than 24-hour partial hospitalization/day treatment

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

3. Less than 24-hour partial hospitalization/day treatment

Value	Label	Unweighted Frequency	%
0	No	10,894	82.7%
1	Yes	2,282	17.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SETTINGOP: Less than 24-hour outpatient

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

4. Less than 24-hour outpatient

Value	Label	Unweighted Frequency	%
0	No	3,499	26.6%
1	Yes	9,677	73.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FACILITYTYPE: Facility type

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

* For definitions of facility types, log on to: http://info.nmhss.org

MARK ONE ONLY

If 1/2/3/4/5/6, SKIP TO A7 (NEXT PAGE) in the questionnaire

Facility type

Value	Label	Unweighted Frequency	%
1	Psychiatric hospital	667	5.1%
2	Separate inpatient psychiatric unit of gen. hosp.	1,149	8.7%
3	Residential treatment center for children only	675	5.1%
4	Residential treatment center for adults only	1,232	9.4%
5	Other type of residential treatment facility	577	4.4%
6	Veterans Administration medical center (VAMC)	354	2.7%
7	Community mental health center (CMHC)	3,155	23.9%
8	Outpatient mental health facility	4,534	34.4%
9	Multi-setting mental health facility	572	4.3%
10	Other	261	2.0%
	Total	13,176	100%

* Minimum: 1

* Maximum: 10

FOCUS: Primary focus

A7. What is the primary 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

If 2, skip to C4 (PAGE 11) in the questionnaire

Primary focus

Value	Label	Unweighted Frequency	%
1	Mental health treatment	8,833	67.0%
3	Mix of mental health and substance abuse treatment	3,602	27.3%
4	General health care	322	2.4%
5	Other service focus	419	3.2%
	Total	13,176	100%

* Minimum: 1

* Maximum: 5

OWNERSHP: Ownership

A9. Is this facility operated by:

MARK ONE ONLY

If 1 or 2, skip to A10 (NEXT COLUMN) in the questionnaire

Ownership

Value	Label	Unweighted Frequency	%
1	Private-for-profit organization	2,293	17.4%
2	Private non-profit organization	8,462	64.2%
3	A public agency or department	2,421	18.4%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

PUBLICAGENCY: Public Agency or Department

A9a. Which Public Agency or department?

MARK ONE ONLY

Public Agency or Department

Value	Label	Unweighted Frequency	%
1	State mental health authority (SMHA)	501	3.8%
2	Other state government agency or department	472	3.6%
3	Regional/district authority	872	6.6%
4	Tribal government	13	0.1%
5	Dept of Veterans Affairs	404	3.1%
6	Indian Health Service	7	0.1%
7	Other	152	1.2%
-2	Logical skip	10,755	81.6%
	Total	13,176	100%

* Minimum: 1 * Maximum: 7

RELIG: Facility is affiliated with a religious organization

A10.Is this facility affiliated with a religious organization?

Facility is affiliated with a religious organization

Value	Label	Unweighted Frequency	%
0	No	12,186	92.5%
1	Yes	964	7.3%
-1	Missing	26	0.2%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATPSYCHOTHRPY: Individual psychotherapy

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

MARK "YES" OR "NO" FOR EACH

1. Individual psychotherapy

Value	Label	Unweighted Frequency	%
0	No	1,518	11.5%
1	Yes	11,597	88.0%
-1	Missing	59	0.4%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATFAMTHRPY: Couples/family therapy

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

MARK "YES" OR "NO" FOR EACH

2. Couples/family therapy

Value	Label	Unweighted Frequency	%
0	No	3,755	28.5%
1	Yes	9,333	70.8%
-1	Missing	87	0.7%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATGRPTHRPY: Group therapy

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

MARK "YES" OR "NO" FOR EACH

3. Group therapy

Value	Label	Unweighted Frequency	%
0	No	2,129	16.2%
1	Yes	10,935	83.0%
-1	Missing	111	0.8%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATCOGTHRPY: Cognitive/behavioral therapy

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

MARK "YES" OR "NO" FOR EACH

4. Cognitive/behavioral therapy

Value	Label	Unweighted Frequency	%
0	No	1,588	12.1%
1	Yes	11,509	87.3%
-1	Missing	77	0.6%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATDIALTHRPY: Dialectical behavior therapy

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

MARK "YES" OR "NO" FOR EACH

5. Dialectical behavior therapy

Value	Label	Unweighted Frequency	%
0	No	6,545	49.7%
1	Yes	6,519	49.5%
-1	Missing	108	0.8%
-3	Don't know	2	0.0%
-5	Refused	2	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATBEHAVMOD: Behavior modification

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

MARK "YES" OR "NO" FOR EACH

6. Behavior modification

Value	Label	Unweighted Frequency	%
0	No	4,151	31.5%
1	Yes	8,931	67.8%
-1	Missing	92	0.7%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATDUALMHSA: Integrated dual disorders treatment

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

MARK "YES" OR "NO" FOR EACH

7. Integrated dual disorders treatment

Value	Label	Unweighted Frequency	%
0	No	5,422	41.2%
1	Yes	7,647	58.0%
-1	Missing	103	0.8%
-3	Don't know	2	0.0%
-5	Refused	2	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATTRAUMATHRPY: Trauma therapy

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

MARK "YES" OR "NO" FOR EACH

8. Trauma therapy

Value	Label	Unweighted Frequency	%
0	No	3,845	29.2%
1	Yes	9,228	70.0%
-1	Missing	101	0.8%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATACTVTYTHRPY: Activity therapy

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

MARK "YES" OR "NO" FOR EACH

9. Activity therapy

Value	Label	Unweighted Frequency	%
0	No	6,768	51.4%
1	Yes	6,281	47.7%
-1	Missing	125	0.9%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATELECTRO: Electroconvulsive therapy

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

MARK "YES" OR "NO" FOR EACH

10. Electroconvulsive therapy

Value	Label	Unweighted Frequency	%
0	No	12,429	94.3%
1	Yes	617	4.7%
-1	Missing	128	1.0%
-5	Refused	2	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATTELEMEDINCE: Telemedicine therapy

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

MARK "YES" OR "NO" FOR EACH

11. Telemedicine therapy

Value	Label	Unweighted Frequency	%
0	No	10,213	77.5%
1	Yes	2,797	21.2%
-1	Missing	165	1.3%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATPSYCHOMED: Psychotropic medication

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

MARK "YES" OR "NO" FOR EACH

12. Psychotropic medication

Value	Label	Unweighted Frequency	%
0	No	2,524	19.2%
1	Yes	10,566	80.2%
-1	Missing	84	0.6%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TREATOTH: Other

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

MARK "YES" OR "NO" FOR EACH

13. Other

Value	Label	Unweighted Frequency	%
0	No	11,929	90.5%
1	Yes	1,237	9.4%
-1	Missing	9	0.1%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ASSERTCOMM: Assertive community treatment (ACT)

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

1. Assertive community treatment (ACT)

Value	Label	Unweighted Frequency	%
0	No	11,230	85.2%
1	Yes	1,807	13.7%
-1	Missing	138	1.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHINTCASEMGMT: Intensive case management (ICM)

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

2. Intensive case management (ICM)

Value	Label	Unweighted Frequency	%
0	No	9,567	72.6%
1	Yes	3,455	26.2%
-1	Missing	152	1.2%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHCASEMGMT: Case management (CM)

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

3. Case management (CM)

Value	Label	Unweighted Frequency	%
0	No	4,352	33.0%
1	Yes	8,640	65.6%
-1	Missing	183	1.4%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHCHRONIC: Chronic disease/illness management (CDM)

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

4. Chronic disease/illness management (CDM)

Value	Label	Unweighted Frequency	%
0	No	10,545	80.0%
1	Yes	2,464	18.7%
-1	Missing	165	1.3%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHCONSUMER: Consumer-run (peer support) services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

5. Consumer-run (peer support) services

Value	Label	Unweighted Frequency	%
0	No	9,545	72.4%
1	Yes	3,478	26.4%
-1	Missing	150	1.1%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHCOURTORDERED: Court-ordered outpatient treatment

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

6. Court-ordered outpatient treatment

Value	Label	Unweighted Frequency	%
0	No	6,730	51.1%
1	Yes	6,331	48.0%
-1	Missing	108	0.8%
-3	Don't know	5	0.0%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

DIETEXERCOUNSEL: Diet and exercise counseling

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

7. Diet and exercise counseling

Value	Label	Unweighted Frequency	%
0	No	8,574	65.1%
1	Yes	4,482	34.0%
-1	Missing	116	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHEDUCATION: Education services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

8. Education services

Value	Label	Unweighted Frequency	%
0	No	7,647	58.0%
1	Yes	5,405	41.0%
-1	Missing	121	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FAMPSYCHED: Family psychoeducation

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

9. Family psychoeducation

Value	Label	Unweighted Frequency	%
0	No	4,675	35.5%
1	Yes	8,389	63.7%
-1	Missing	109	0.8%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHHOUSING: Housing services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

10. Housing services

Value	Label	Unweighted Frequency	%
0	No	9,945	75.5%
1	Yes	3,111	23.6%
-1	Missing	118	0.9%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ILLNESSMGMT: Illness management and recovery (IMR)

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

11. Illness management and recovery (IMR)

Value	Label	Unweighted Frequency	%
0	No	8,942	67.9%
1	Yes	4,087	31.0%
-1	Missing	144	1.1%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

PRIMARYCARE: Integrated primary care services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

12. Integrated primary care services

Value	Label	Unweighted Frequency	%
0	No	9,902	75.2%
1	Yes	3,123	23.7%
-1	Missing	148	1.1%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHLEGAL: Legal advocacy

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

13. Legal advocacy

Value	Label	Unweighted Frequency	%
0	No	11,908	90.4%
1	Yes	1,121	8.5%
-1	Missing	144	1.1%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHNICOTINEREP: Nicotine replacement therapy

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

14. Nicotine replacement therapy

Value	Label	Unweighted Frequency	%
0	No	10,259	77.9%
1	Yes	2,780	21.1%
-1	Missing	134	1.0%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SMOKINGCESSATION: Non-nicotine smoking/tobacco cessation medication

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

15. Non-nicotine smoking/tobacco cessation medication

Value	Label	Unweighted Frequency	%
0	No	10,010	76.0%
1	Yes	3,015	22.9%
-1	Missing	148	1.1%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHEMGCY: Psychiatric emergency walk-in services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

16. Psychiatric emergency walk-in services

Value	Label	Unweighted Frequency	%
0	No	8,909	67.6%
1	Yes	4,151	31.5%
-1	Missing	113	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHPSYCHREHAB: Psychosocial rehabilitation services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

17. Psychosocial rehabilitation services

Value	Label	Unweighted Frequency	%
0	No	7,379	56.0%
1	Yes	5,674	43.1%
-1	Missing	120	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHTOBACCOUSE: Screening for tobacco use

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

18. Screening for tobacco use

Value	Label	Unweighted Frequency	%
0	No	7,114	54.0%
1	Yes	5,943	45.1%
-1	Missing	115	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHSUICIDE: Suicide prevention services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

19. Suicide prevention services

Value	Label	Unweighted Frequency	%
0	No	4,389	33.3%
1	Yes	8,660	65.7%
-1	Missing	124	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SUPPEMPLOY: Supported employment

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

20. Supported employment

Value	Label	Unweighted Frequency	%
0	No	10,473	79.5%
1	Yes	2,586	19.6%
-1	Missing	114	0.9%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SUPPHOUSING: Supported housing

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

21. Supported housing

Value	Label	Unweighted Frequency	%
0	No	10,722	81.4%
1	Yes	2,297	17.4%
-1	Missing	154	1.2%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FOSTERCARE: Therapeutic foster care

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

22. Therapeutic foster care

Value	Label	Unweighted Frequency	%
0	No	12,187	92.5%
1	Yes	823	6.2%
-1	Missing	163	1.2%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHTOBACCOCESS: Tobacco cessation counseling

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

23. Tobacco cessation counseling

Value	Label	Unweighted Frequency	%
0	No	8,882	67.4%
1	Yes	4,101	31.1%
-1	Missing	189	1.4%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHVOCREHAB: Vocational rehabilitation services

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

24. Vocational rehabilitation services

Value	Label	Unweighted Frequency	%
0	No	10,912	82.8%
1	Yes	2,093	15.9%
-1	Missing	168	1.3%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

MHOTH: Other

A12. Which of these services and practices are offered at this facility, at this location:

* For definitions, log on to: http://info.nmhss.org

MARK "YES" OR "NO" FOR EACH

25. Other

Value	Label	Unweighted Frequency	%
0	No	12,479	94.7%
1	Yes	667	5.1%
-1	Missing	28	0.2%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

CHILDAD: Children (aged 12 or younger)

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

MARK "YES" OR "NO" FOR EACH

1. Children (aged 12 or younger)

Value	Label	Unweighted Frequency	%
0	No	5,752	43.7%
1	Yes	7,424	56.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ADOLES: Adolescents (13-17)

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

MARK "YES" OR "NO" FOR EACH

2. Adolescents (13-17)

Value	Label	Unweighted Frequency	%
0	No	5,030	38.2%
1	Yes	8,146	61.8%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

YOUNGADULTS: Young adults (18-25)

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

MARK "YES" OR "NO" FOR EACH

3. Young adults (18-25)

Value	Label	Unweighted Frequency	%
0	No	1,856	14.1%
1	Yes	11,320	85.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ADULT: Adults (26-64)

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

MARK "YES" OR "NO" FOR EACH

4. Adults (26-64)

Value	Label	Unweighted Frequency	%
0	No	2,289	17.4%
1	Yes	10,887	82.6%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SENIORS: Seniors (65 or older)

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

MARK "YES" OR "NO" FOR EACH

5. Seniors (65 or older)

Value	Label	Unweighted Frequency	%
0	No	2,830	21.5%
1	Yes	10,346	78.5%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SED: Children/adolescents with serious emotional disturbance (SED)

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"

MARK "YES" OR "NO" FOR EACH

1. Children/adolescents with serious emotional disturbance (SED)

Value	Label	Unweighted Frequency	%
0	No	8,088	61.4%
1	Yes	5,070	38.5%
-1	Missing	16	0.1%
-3	Don't know	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TAYOUNGADULTS: Transitional age young adults

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"

MARK "YES" OR "NO" FOR EACH

2. Transitional age young adults

Value	Label	Unweighted Frequency	%
0	No	9,602	72.9%
1	Yes	3,505	26.6%
-1	Missing	68	0.5%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SPMI: Persons with serious mental illness (SMI)

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"

MARK "YES" OR "NO" FOR EACH

3. Persons with serious mental illness (SMI)

Value	Label	Unweighted Frequency	%
0	No	5,386	40.9%
1	Yes	7,707	58.5%
-1	Missing	81	0.6%
-3	Don't know	2	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC63: Seniors or older adults

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"

MARK "YES" OR "NO" FOR EACH

4. Seniors or older adults

Value	Label	Unweighted Frequency	%
0	No	8,810	66.9%
1	Yes	4,299	32.6%
-1	Missing	66	0.5%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ALZHDEMENTIA: Persons with Alzheimer's or dementia

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"

MARK "YES" OR "NO" FOR EACH

5. Persons with Alzheimer's or dementia

Value	Label	Unweighted Frequency	%
0	No	11,605	88.1%
1	Yes	1,467	11.1%
-1	Missing	103	0.8%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC31: Persons with co-occurring mental and substance abuse disorders

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"

MARK "YES" OR "NO" FOR EACH

6. Persons with co-occurring mental and substance abuse disorders

Value	Label	Unweighted Frequency	%
0	No	6,156	46.7%
1	Yes	6,981	53.0%
-1	Missing	37	0.3%
-3	Don't know	2	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SPECGRPEATING: Persons with eating disorders

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"

MARK "YES" OR "NO" FOR EACH

7. Persons with eating disorders

Value	Label	Unweighted Frequency	%
0	No	10,881	82.6%
1	Yes	2,199	16.7%
-1	Missing	95	0.7%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC32: Persons with HIV or AIDS

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"

MARK "YES" OR "NO" FOR EACH

8. Persons with HIV or AIDS

Value	Label	Unweighted Frequency	%
0	No	11,018	83.6%
1	Yes	2,055	15.6%
-1	Missing	102	0.8%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

POSTTRAUM: Persons with post-traumatic stress disorder (PTSD)

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"

MARK "YES" OR "NO" FOR EACH

9. Persons with post-traumatic stress disorder (PTSD)

Value	Label	Unweighted Frequency	%
0	No	7,282	55.3%
1	Yes	5,827	44.2%
-1	Missing	66	0.5%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC113: Veterans

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"

MARK "YES" OR "NO" FOR EACH

10. Veterans

Value	Label	Unweighted Frequency	%
0	No	10,384	78.8%
1	Yes	2,708	20.6%
-1	Missing	83	0.6%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC114: Active duty military

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"

MARK "YES" OR "NO" FOR EACH

11. Active duty military

Value	Label	Unweighted Frequency	%
0	No	11,641	88.4%
1	Yes	1,438	10.9%
-1	Missing	96	0.7%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC115: Members of military families

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"

MARK "YES" OR "NO" FOR EACH

12. Members of military families

Value	Label	Unweighted Frequency	%
0	No	10,830	82.2%
1	Yes	2,221	16.9%
-1	Missing	124	0.9%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

TRAUMATICBRAIN: Persons with traumatic brain injury (TBI)

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"

MARK "YES" OR "NO" FOR EACH

13. Persons with traumatic brain injury (TBI)

Value	Label	Unweighted Frequency	%
0	No	11,447	86.9%
1	Yes	1,578	12.0%
-1	Missing	150	1.1%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC62: Lesbian, gay, bisexual, or transgender clients (LGBT)

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"

MARK "YES" OR "NO" FOR EACH

14. Lesbian, gay, bisexual, or transgender clients (LGBT)

Value	Label	Unweighted Frequency	%
0	No	9,885	75.0%
1	Yes	3,161	24.0%
-1	Missing	129	1.0%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC61: Forensic clients (referred from the court/judicial system)

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"

MARK "YES" OR "NO" FOR EACH

15. Forensic clients (referred from the court/judicial system)

Value	Label	Unweighted Frequency	%
0	No	9,509	72.2%
1	Yes	3,543	26.9%
-1	Missing	123	0.9%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SRVC35: Other special program

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"

MARK "YES" OR "NO" FOR EACH

16. Other special program

Value	Label	Unweighted Frequency	%
0	No	12,455	94.5%
1	Yes	720	5.5%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

CRISISTEAM2: Offers a crisis intervention team that handles acute mental health issues at this facility and/or off-site

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

Offers a crisis intervention team that handles acute mental health issues at this facility and/or off-site

Value	Label	Unweighted Frequency	%
0	No	6,893	52.3%
1	Yes	6,238	47.3%
-1	Missing	43	0.3%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

HEARIMPAIR: Offers Treatment for the hearing impaired

A16. Does this facility offer mental hralth treatment services for the hearing-impared?

Offers Treatment for the hearing impaired

Value	Label	Unweighted Frequency	%
0	No	5,755	43.7%
1	Yes	7,285	55.3%
-1	Missing	135	1.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG: Provides treatment in a language other than English

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

If "NO" skip to A18 (NEXT COLUMN) in the questionnaire

Provides treatment in a language other than English

Value	Label	Unweighted Frequency	%
0	No	6,137	46.6%
1	Yes	6,991	53.1%
-1	Missing	48	0.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG16: Staff provides treatment in Spanish

17a. Do staff provide mental health treatment services in Spanish at this facility?

Staff provides treatment in Spanish

Value	Label	Unweighted Frequency	%
0	No	1,568	11.9%
1	Yes	5,389	40.9%
-1	Missing	34	0.3%
-2	Logical skip	6,185	46.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG_B: Staff provides treatment in any other language

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

If "NO" skip to A18 (NEXT COLUMN) in the questionnaire

Staff provides treatment in any other language

Value	Label	Unweighted Frequency	%
0	No	5,360	40.7%
1	Yes	1,624	12.3%
-1	Missing	7	0.1%
-2	Logical skip	6,185	46.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG1: Treatment in Hopi

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.

MARK ALL THAT APPLY

American Indian or Alaskan Native: 1. Hopi

Value	Label	Unweighted Frequency	%
0	No	1,583	12.0%
1	Yes	29	0.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG2: Treatment in Lakota

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.

MARK ALL THAT APPLY

American Indian or Alaskan Native: 2. Lakota

Value	Label	Unweighted Frequency	%
0	No	1,588	12.1%
1	Yes	24	0.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG3: Treatment in Navajo

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.

MARK ALL THAT APPLY

American Indian or Alaskan Native: 3. Navajo

Value	Label	Unweighted Frequency	%
0	No	1,565	11.9%
1	Yes	47	0.4%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG21: Treatment in Ojibwa

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.

MARK ALL THAT APPLY

American Indian or Alaskan Native: 4. Ojibwa

Value	Label	Unweighted Frequency	%
0	No	1,590	12.1%
1	Yes	22	0.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG4: Treatment in Yupik

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.

MARK ALL THAT APPLY

American Indian or Alaskan Native: 5. Yupik

Value	Label	Unweighted Frequency	%
0	No	1,589	12.1%
1	Yes	23	0.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG5: Treatment in Other Native American/Alaska Native

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.

MARK ALL THAT APPLY

American Indian or Alaskan Native:

6. Other Native American or Alaska Native language

Value	Label	Unweighted Frequency	%
0	No	1,589	12.1%
1	Yes	23	0.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG6: Treatment in Arabic

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.

MARK ALL THAT APPLY

Other Languages: 7. Arabic

Value	Label	Unweighted Frequency	%
0	No	1,380	10.5%
1	Yes	232	1.8%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG7: Treatment in Chinese

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.

MARK ALL THAT APPLY

Other Languages: 8. Any Chinese Language

Value	Label	Unweighted Frequency	%
0	No	1,310	9.9%
1	Yes	302	2.3%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG8: Treatment in Creole

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.

MARK ALL THAT APPLY

Other Languages: 9. Creole

Value	Label	Unweighted Frequency	%
0	No	1,328	10.1%
1	Yes	284	2.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG9: Treatment in French

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.

MARK ALL THAT APPLY

Other Languages: 10. French

Value	Label	Unweighted Frequency	%
0	No	1,245	9.4%
1	Yes	367	2.8%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG10: Treatment in German

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.

MARK ALL THAT APPLY

Other Languages: 11. German

Value	Label	Unweighted Frequency	%
0	No	1,455	11.0%
1	Yes	157	1.2%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG22: Treatment in Greek

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.

MARK ALL THAT APPLY

Other Languages: 12. Greek

Value	Label	Unweighted Frequency	%
0	No	1,533	11.6%
1	Yes	79	0.6%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG11: Treatment in Hmong

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.

MARK ALL THAT APPLY

Other Languages: 13. Hmong

Value	Label	Unweighted Frequency	%
0	No	1,492	11.3%
1	Yes	120	0.9%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG19: Treatment in Italian

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.

MARK ALL THAT APPLY

Other Languages: 14. Italian

Value	Label	Unweighted Frequency	%
0	No	1,491	11.3%
1	Yes	121	0.9%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG23: Treatment in Japanese

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.

MARK ALL THAT APPLY

Other Languages: 15. Japanese

Value	Label	Unweighted Frequency	%
0	No	1,495	11.3%
1	Yes	117	0.9%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG12: Treatment in Korean

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.

MARK ALL THAT APPLY

Other Languages: 16. Korean

Value	Label	Unweighted Frequency	%
0	No	1,424	10.8%
1	Yes	188	1.4%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG13: Treatment in Polish

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.

MARK ALL THAT APPLY

Other Languages: 17. Polish

Value	Label	Unweighted Frequency	%
0	No	1,480	11.2%
1	Yes	132	1.0%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG14: Treatment in Portuguese

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.

MARK ALL THAT APPLY

Other Languages: 18. Portuguese

Value	Label	Unweighted Frequency	%
0	No	1,399	10.6%
1	Yes	213	1.6%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG15: Treatment in Russian

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.

MARK ALL THAT APPLY

Other Languages: 19. Russian

Value	Label	Unweighted Frequency	%
0	No	1,294	9.8%
1	Yes	318	2.4%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG20: Treatment in Tagalog

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.

MARK ALL THAT APPLY

Other Languages: 20. Tagalog

Value	Label	Unweighted Frequency	%
0	No	1,400	10.6%
1	Yes	212	1.6%
-1	Missing	12	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG17: Treatment in Vietnamese

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.

MARK ALL THAT APPLY

Other Languages: 21. Vietnamese

Value	Label	Unweighted Frequency	%
0	No	1,355	10.3%
1	Yes	258	2.0%
-1	Missing	11	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LANG18: Treatment in other language

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.

MARK ALL THAT APPLY

Other Languages: 22. Any other language

Value	Label	Unweighted Frequency	%
0	No	1,136	8.6%
1	Yes	479	3.6%
-1	Missing	9	0.1%
-2	Logical skip	11,552	87.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

CONTED: Continuing education requirements for professional staff

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

MARK "YES" OR "NO" FOR EACH

1. Continuing education requirements for professional staff

Value	Label	Unweighted Frequency	%
0	No	777	5.9%
1	Yes	12,379	94.0%
-1	Missing	20	0.2%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

CASEREV: Regularly scheduled case review with a supervisor

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

MARK "YES" OR "NO" FOR EACH

2. Regularly scheduled case review with a supervisor

Value	Label	Unweighted Frequency	%
0	No	782	5.9%
1	Yes	12,366	93.9%
-1	Missing	28	0.2%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

QUALREV: Regularly scheduled case review by an appointed quality review committee

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

MARK "YES" OR "NO" FOR EACH

3. Regularly scheduled case review by an appointed quality review committee

Value	Label	Unweighted Frequency	%
0	No	3,727	28.3%
1	Yes	9,403	71.4%
-1	Missing	42	0.3%
-3	Don't know	3	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

OUTFUP: Client outcome follow-up after discharge

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

MARK "YES" OR "NO" FOR EACH

4. Client outcome follow-up after discharge

Value	Label	Unweighted Frequency	%
0	No	5,330	40.5%
1	Yes	7,806	59.2%
-1	Missing	39	0.3%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

UTREV: Periodic utilization review

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

MARK "YES" OR "NO" FOR EACH

5. Periodic utilization review

Value	Label	Unweighted Frequency	%
0	No	1,147	8.7%
1	Yes	11,983	90.9%
-1	Missing	44	0.3%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SATSUR: Periodic client satisfaction surveys

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

MARK "YES" OR "NO" FOR EACH

6. Periodic client satisfaction surveys

Value	Label	Unweighted Frequency	%
0	No	734	5.6%
1	Yes	12,395	94.1%
-1	Missing	47	0.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

SMOKINGPOLICY: Smoking Policy

A19. Which statement below BEST describes this facility smoking policy for clients?

MARK ONE ONLY

Smoking Policy

Value	Label	Unweighted Frequency	%
1	Not permitted to smoke anywhere outside or within	6,030	45.8%
2	Permitted in designated outdoor area(s)	5,895	44.7%
3	Permitted anywhere outside	1,144	8.7%
4	Permitted in designated indoor area(s)	56	0.4%
5	Permitted anywhere inside	13	0.1%
6	Permitted anywhere without restriction	7	0.1%
-1	Missing	29	0.2%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 1

* Maximum: 6

USEDSECLUSION: Staff have used seclusion/restraint practices

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?

Staff have used seclusion/restraint practices

Value	Label	Unweighted Frequency	%
0	No	10,339	78.5%
1	Yes	2,793	21.2%
-1	Missing	42	0.3%
-3	Don't know	2	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

ADOPTSECLUSION: Facility has policies to minimize seclusion/restraint

A20a. Does this facility have any policies in place to minimize the use of seclusion or restraint?

Facility has policies to minimize seclusion/restraint

Value	Label	Unweighted Frequency	%
0	No	3,004	22.8%
1	Yes	10,061	76.4%
-1	Missing	104	0.8%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
-6	Not applicable	5	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

INTKE: Intake

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.

1. Intake

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	4,100	31.1%
2	Paper Only	1,412	10.7%
3	Both Electronic and Paper	7,268	55.2%
-1	Missing	43	0.3%
-6	Not applicable	353	2.7%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

SCHEDULE: Scheduling appointments

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.

2. Scheduling appointments

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	6,595	50.1%
2	Paper Only	1,443	11.0%
3	Both Electronic and Paper	4,303	32.7%
-1	Missing	46	0.3%
-6	Not applicable	789	6.0%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

ASSESS: Assessment/evaluation

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.

3. Assessment/evaluation

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	6,271	47.6%
2	Paper Only	1,457	11.1%
3	Both Electronic and Paper	4,246	32.2%
-1	Missing	113	0.9%
-5	Refused	1	0.0%
-6	Not applicable	1,088	8.3%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

TXPLAN: Treatment plan

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.

4. Treatment plan

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	6,036	45.8%
2	Paper Only	1,771	13.4%
3	Both Electronic and Paper	5,231	39.7%
-1	Missing	48	0.4%
-6	Not applicable	90	0.7%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

PROGRESS: Client progress monitoring

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.

5. Client progress monitoring

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	6,627	50.3%
2	Paper Only	1,576	12.0%
3	Both Electronic and Paper	4,846	36.8%
-1	Missing	52	0.4%
-5	Refused	1	0.0%
-6	Not applicable	74	0.6%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

DSCHRG: Discharge

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.

6. Discharge

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	5,959	45.2%
2	Paper Only	1,559	11.8%
3	Both Electronic and Paper	5,463	41.5%
-1	Missing	57	0.4%
-6	Not applicable	138	1.0%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

REF: Referrals

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.

7. Referrals

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	2,831	21.5%
2	Paper Only	2,660	20.2%
3	Both Electronic and Paper	7,294	55.4%
-1	Missing	104	0.8%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
-6	Not applicable	285	2.2%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

LAB: Issue/receive lab results

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.

8. Issue/receive lab results

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	2,880	21.9%
2	Paper Only	2,583	19.6%
3	Both Electronic and Paper	5,494	41.7%
-1	Missing	72	0.5%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
-6	Not applicable	2,144	16.3%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

DISP: Prescribing/dispensing medication

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.

9. Prescribing/dispensing medication

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	2,437	18.5%
2	Paper Only	2,490	18.9%
3	Both Electronic and Paper	6,137	46.6%
-1	Missing	77	0.6%
-3	Don't know	2	0.0%
-6	Not applicable	2,033	15.4%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

MEDINT: Checking medication interactions

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.

10. Checking medication interactions

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	4,767	36.2%
2	Paper Only	1,551	11.8%
3	Both Electronic and Paper	4,660	35.4%
-1	Missing	108	0.8%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
-6	Not applicable	2,088	15.8%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

HLTHREC: Health records

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.

11. Health records

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	3,646	27.7%
2	Paper Only	2,092	15.9%
3	Both Electronic and Paper	6,748	51.2%
-1	Missing	132	1.0%
-3	Don't know	2	0.0%
-5	Refused	1	0.0%
-6	Not applicable	555	4.2%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

INTEROP: Collaboration with a client's other providers (such as primary care provider)

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.

12. Collaboration with a client's other providers (such as primary care provider)

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	1,437	10.9%
2	Paper Only	3,190	24.2%
3	Both Electronic and Paper	8,237	62.5%
-1	Missing	48	0.4%
-5	Refused	1	0.0%
-6	Not applicable	263	2.0%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

BILL: Billing

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.

13. Billing

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	6,499	49.3%
2	Paper Only	499	3.8%
3	Both Electronic and Paper	5,472	41.5%
-1	Missing	115	0.9%
-3	Don't know	1	0.0%
-5	Refused	1	0.0%
-6	Not applicable	589	4.5%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

SATSURVEY: Client or family satisfaction surveys

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.

14. Client or family satisfaction surveys

Value	Label	Unweighted Frequency	%
1	Computer/ Electronic Only	673	5.1%
2	Paper Only	7,655	58.1%
3	Both Electronic and Paper	4,116	31.2%
-1	Missing	134	1.0%
-3	Don't know	1	0.0%
-6	Not applicable	597	4.5%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

FEESCALE: Sliding fee scale.

A22. Does this facility use a sliding fee scale?

* Not applicable to Veterans Administration facilities.

If "NO" skip to A23 (NEXT COLUMN) in the questionnaire

Sliding fee scale.

Value	Label	Unweighted Frequency	%
0	No	5,377	40.8%
1	Yes	7,377	56.0%
-1	Missing	90	0.7%
-3	Don't know	2	0.0%
-6	Not applicable	330	2.5%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

PAYASST: Offer treatment at no charge.

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

* Not applicable to Veterans Administration facilities.

If "NO" skip to A24 (BELOW) in the questionnaire

Offer treatment at no charge.

Value	Label	Unweighted Frequency	%
0	No	5,939	45.1%
1	Yes	6,759	51.3%
-1	Missing	147	1.1%
-5	Refused	1	0.0%
-6	Not applicable	330	2.5%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK1: Accepts cash or self-payment

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

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

1. Accepts cash or self-payment

Value	Label	Unweighted Frequency	%
0	No	1,968	14.9%
1	Yes	10,819	82.1%
-1	Missing	2	0.0%
-3	Don't know	387	2.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK2: Private health insurance

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

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

2. Private health insurance

Value	Label	Unweighted Frequency	%
0	No	2,685	20.4%
1	Yes	10,134	76.9%
-1	Missing	2	0.0%
-3	Don't know	354	2.7%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK8: Accepts Medicare payments

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

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

3. Accepts Medicare payments

Value	Label	Unweighted Frequency	%
0	No	3,875	29.4%
1	Yes	8,856	67.2%
-1	Missing	2	0.0%
-3	Don't know	443	3.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK5: Accepts Medicaid payments

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

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

4. Accepts Medicaid payments

Value	Label	Unweighted Frequency	%
0	No	1,355	10.3%
1	Yes	11,506	87.3%
-1	Missing	1	0.0%
-3	Don't know	314	2.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK10: Accepts state financed health insurance other than Medicaid

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

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

5. Accepts state financed health insurance other than Medicaid

Value	Label	Unweighted Frequency	%
0	No	3,834	29.1%
1	Yes	7,326	55.6%
-1	Missing	2	0.0%
-3	Don't know	2,013	15.3%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDSMHA: State mental health agency or equivalent funds

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

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

6. State mental health agency or equivalent funds

Value	Label	Unweighted Frequency	%
0	No	3,514	26.7%
1	Yes	7,562	57.4%
-1	Missing	1	0.0%
-3	Don't know	2,098	15.9%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDSTATEWELFARE: State welfare or child and family services agency funds

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

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

7. State welfare or child and family services agency funds

Value	Label	Unweighted Frequency	%
0	No	5,477	41.6%
1	Yes	5,497	41.7%
-1	Missing	2	0.0%
-3	Don't know	2,198	16.7%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDSTATEJUV: State corrections or juvenile justice agency funds

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

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

8. State corrections or juvenile justice agency funds

Value	Label	Unweighted Frequency	%
0	No	6,976	52.9%
1	Yes	3,917	29.7%
-3	Don't know	2,281	17.3%
-5	Refused	1	0.0%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDSTATEEDUC: State education agency funds

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

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

9. State education agency funds

Value	Label	Unweighted Frequency	%
0	No	7,779	59.0%
1	Yes	2,448	18.6%
-1	Missing	2	0.0%
-3	Don't know	2,946	22.4%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDOTHSTATE: Other state government funds

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

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

10. Other state government funds

Value	Label	Unweighted Frequency	%
0	No	5,491	41.7%
1	Yes	4,606	35.0%
-1	Missing	4	0.0%
-3	Don't know	3,074	23.3%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDLOCALGOV: County or local government funds

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

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

11. County or local government funds

Value	Label	Unweighted Frequency	%
0	No	4,864	36.9%
1	Yes	6,020	45.7%
-1	Missing	1	0.0%
-3	Don't know	2,290	17.4%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDCSBG: Community Service Block Grants

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

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

12. Community Service Block Grants

Value	Label	Unweighted Frequency	%
0	No	7,070	53.7%
1	Yes	2,811	21.3%
-1	Missing	3	0.0%
-3	Don't know	3,291	25.0%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDCMHG: Community Mental Health Block Grants

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

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

13. Community Mental Health Block Grants

Value	Label	Unweighted Frequency	%
0	No	6,284	47.7%
1	Yes	3,808	28.9%
-1	Missing	1	0.0%
-3	Don't know	3,082	23.4%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK15: Federal military insurance such as TRICARE

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

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

14. Federal military insurance such as TRICARE

Value	Label	Unweighted Frequency	%
0	No	5,543	42.1%
1	Yes	5,771	43.8%
-1	Missing	1	0.0%
-3	Don't know	1,860	14.1%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

FUNDVA: US Department of Veterans Affairs funds

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

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

15. US Department of Veterans Affairs funds

Value	Label	Unweighted Frequency	%
0	No	7,413	56.3%
1	Yes	2,713	20.6%
-1	Missing	1	0.0%
-3	Don't know	3,048	23.1%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK17: IHS/638 contract care funds

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

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

16. IHS/638 contract care funds

Value	Label	Unweighted Frequency	%
0	No	6,936	52.6%
1	Yes	595	4.5%
-1	Missing	2	0.0%
-3	Don't know	5,642	42.8%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

REVCHK2A: Other

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

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

17. Other

Value	Label	Unweighted Frequency	%
0	No	11,817	89.7%
1	Yes	386	2.9%
-3	Don't know	972	7.4%
-5	Refused	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LICENMH: State mental health authority

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.

MARK "YES" OR "NO" FOR EACH

1. State mental health authority

Value	Label	Unweighted Frequency	%
0	No	3,113	23.6%
1	Yes	9,830	74.6%
-1	Missing	219	1.7%
-3	Don't know	14	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LICENSED: State substance abuse agency

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.

MARK "YES" OR "NO" FOR EACH

2. State substance abuse agency

Value	Label	Unweighted Frequency	%
0	No	8,709	66.1%
1	Yes	4,214	32.0%
-1	Missing	244	1.9%
-3	Don't know	9	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LICENPH: State department of health

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.

MARK "YES" OR "NO" FOR EACH

3. State department of health

Value	Label	Unweighted Frequency	%
0	No	6,548	49.7%
1	Yes	6,319	48.0%
-1	Missing	299	2.3%
-3	Don't know	10	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LICENHOS: Hospital licensing authority

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.

MARK "YES" OR "NO" FOR EACH

4. Hospital licensing authority

Value	Label	Unweighted Frequency	%
0	No	10,834	82.2%
1	Yes	2,046	15.5%
-1	Missing	288	2.2%
-3	Don't know	8	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

JCAHO: The Joint Commission (JC)

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.

MARK "YES" OR "NO" FOR EACH

5. The Joint Commission (JC)

Value	Label	Unweighted Frequency	%
0	No	8,591	65.2%
1	Yes	4,278	32.5%
-1	Missing	300	2.3%
-3	Don't know	7	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

CARF: Commission on Accreditation of Rehabilitation Facilities (CARF)

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.

MARK "YES" OR "NO" FOR EACH

6. Commission on Accreditation of Rehabilitation Facilities (CARF)

Value	Label	Unweighted Frequency	%
0	No	9,856	74.8%
1	Yes	3,008	22.8%
-1	Missing	304	2.3%
-3	Don't know	8	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

COA: Council on Accreditation (COA)

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.

MARK "YES" OR "NO" FOR EACH

7. Council on Accreditation (COA)

Value	Label	Unweighted Frequency	%
0	No	11,215	85.1%
1	Yes	1,509	11.5%
-1	Missing	439	3.3%
-3	Don't know	13	0.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

LICENSEDFCS: Department of Family and Children's Services

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.

MARK "YES" OR "NO" FOR EACH

8. Department of Family and Children's Services

Value	Label	Unweighted Frequency	%
0	No	10,266	77.9%
1	Yes	2,556	19.4%
-1	Missing	344	2.6%
-3	Don't know	9	0.1%
-7	Multiple responses	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

OTHSTATE: Other national, state, or local organization

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.

MARK "YES" OR "NO" FOR EACH

9. Other national, state, or local organization

Value	Label	Unweighted Frequency	%
0	No	11,895	90.3%
1	Yes	1,189	9.0%
-1	Missing	91	0.7%
-3	Don't know	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

OTHFAC: Client counts for only this facility, this plus others, none

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

MARK ONE ONLY

If 1 skip to B3 (PAGE 7) in the questionnaire

If 2 skip to B2 (BELOW) in the questionnaire

Client counts for only this facility, this plus others, none

Value	Label	Unweighted Frequency	%
1	Only this facility	10,661	80.9%
2	This faciity plus others	680	5.2%
3	Another facility reports numbers	1,835	13.9%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

FACNUM: Number of facilities in client count data

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

CONTINUE WITH QUESTION B3 (TOP OF NEXT PAGE) in the questionnaire

Number of facilities in client count data

Value	Label	Unweighted Frequency	%
1	2 to 5 facilities	579	4.4%
2	6 to 10 facilities	43	0.3%
3	11 to 30 facilities	19	0.1%
-2	Logical skip	12,535	95.1%
	Total	13,176	100%

* Minimum: 1

* Maximum: 3

IPSERV: Did any patients receive 24-hour hospital inpatient mental health services, 4/30/14?

B3. On April 30, 2014, did any patients receive 24-hour hospital inpatient mental health treatment at this facility, at this location?

IF 'YES' GO TO B3a in the questionnare

IF 'NO' SKIP TO B4 (PAGE 8) in the questionnaire

Did any patients receive 24-hour hospital inpatient mental health services, 4/30/14?

Value	Label	Unweighted Frequency	%
0	No	11,190	84.9%
1	Yes	1,986	15.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

IPTOTAL: Total Number of 24-hour hospital inpatients

B3a. On April 30, 2014, how many patients received 24-hour hospital inpatient mental health treatment at this facility?

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

CONTINUE WITH QUESTION B3b in the questionnaire

Total Number of 24-hour hospital inpatients

Value	Label	Unweighted Frequency	%
1	1 to 10	383	2.9%
2	11 to 20	518	3.9%
3	21 to 30	259	2.0%
4	31 to 40	200	1.5%
5	41 to 50	132	1.0%
6	51 to 75	187	1.4%
7	76 to 100	88	0.7%
8	101 to 250	168	1.3%
9	More than 250	51	0.4%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPSEXTOTM: Total male clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total male clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	11	0.1%
1	1 to 10	854	6.5%
2	11 to 20	442	3.4%
3	21 to 30	242	1.8%
4	31 to 40	119	0.9%
5	41 to 50	81	0.6%
6	51 to 75	102	0.8%
7	76 to 100	32	0.2%
8	101 to 250	83	0.6%
9	More than 250	20	0.2%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPSEXPERM: Percent male clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent male clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	11	0.1%
1	More than 0 to 10	5	0.0%
2	More than 10 to 20	21	0.2%
3	More than 20 to 30	59	0.4%
4	More than 30 to 40	200	1.5%
5	More than 40 to 50	657	5.0%
6	More than 50 to 75	843	6.4%
7	More than 75 to 100	190	1.4%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPSEXTOTF: Total female clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total female clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	63	0.5%
1	1 to 10	906	6.9%
2	11 to 20	464	3.5%
3	21 to 30	212	1.6%
4	31 to 40	107	0.8%
5	41 to 50	66	0.5%
6	51 to 75	87	0.7%
7	76 to 100	40	0.3%
8	101 to 250	36	0.3%
9	More than 250	5	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPSEXPERF: Percent female clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent female clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	63	0.5%
1	More than 0 to 10	36	0.3%
2	More than 10 to 20	62	0.5%
3	More than 20 to 30	100	0.8%
4	More than 30 to 40	356	2.7%
5	More than 40 to 50	686	5.2%
6	More than 50 to 75	637	4.8%
7	More than 75 to 100	46	0.3%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPAGETOT017: Total clients/patients 0-17 years old at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients 0-17 years old at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,427	10.8%
1	1 to 10	203	1.5%
2	11 to 20	155	1.2%
3	21 to 30	74	0.6%
4	31 to 40	38	0.3%
5	41 to 50	42	0.3%
6	51 to 75	25	0.2%
7	76 to 100	10	0.1%
8	101 to 250	10	0.1%
9	More than 250	2	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPAGEPER017: Percent clients/patients 0-17 years old at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients 0-17 years old at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,427	10.8%
1	More than 0 to 10	39	0.3%
2	More than 10 to 20	118	0.9%
3	More than 20 to 30	108	0.8%
4	More than 30 to 40	91	0.7%
5	More than 40 to 50	40	0.3%
6	More than 50 to 75	28	0.2%
7	More than 75 to 100	135	1.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPAGETOT1864: Total clients/patients 18-64 years old at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients 18-64 years old at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	226	1.7%
1	1 to 10	432	3.3%
2	11 to 20	513	3.9%
3	21 to 30	250	1.9%
4	31 to 40	165	1.3%
5	41 to 50	89	0.7%
6	51 to 75	127	1.0%
7	76 to 100	47	0.4%
8	101 to 250	105	0.8%
9	More than 250	32	0.2%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPAGEPER1864: Percent clients/patients 18-64 years old at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients 18-64 years old at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	226	1.7%
1	More than 0 to 10	35	0.3%
2	More than 10 to 20	38	0.3%
3	More than 20 to 30	36	0.3%
4	More than 30 to 40	50	0.4%
5	More than 40 to 50	86	0.7%
6	More than 50 to 75	439	3.3%
7	More than 75 to 100	1,076	8.2%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPAGETOT65: Total client/patients 65 plus years old at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total client/patients 65 plus years old at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	631	4.8%
1	1 to 10	996	7.6%
2	11 to 20	240	1.8%
3	21 to 30	49	0.4%
4	31 to 40	22	0.2%
5	41 to 50	12	0.1%
6	51 to 75	17	0.1%
7	76 to 100	5	0.0%
8	101 to 250	13	0.1%
9	More than 250	1	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPAGEPER65: Percent client/patients 65 plus years old at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent client/patients 65 plus years old at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	631	4.8%
1	More than 0 to 10	418	3.2%
2	More than 10 to 20	370	2.8%
3	More than 20 to 30	191	1.4%
4	More than 30 to 40	97	0.7%
5	More than 40 to 50	47	0.4%
6	More than 50 to 75	64	0.5%
7	More than 75 to 100	168	1.3%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPETHTOTHISP: Total Hispanic clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Hispanic or Latino clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,307	9.9%
1	1 to 10	510	3.9%
2	11 to 20	79	0.6%
3	21 to 30	39	0.3%
4	31 to 40	14	0.1%
5	41 to 50	14	0.1%
6	51 to 75	13	0.1%
7	76 to 100	2	0.0%
8	101 to 250	7	0.1%
9	More than 250	1	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPETHPERHISP: Percent Hispanic clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Hispanic or Latino clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,307	9.9%
1	More than 0 to 10	305	2.3%
2	More than 10 to 20	169	1.3%
3	More than 20 to 30	81	0.6%
4	More than 30 to 40	51	0.4%
5	More than 40 to 50	23	0.2%
6	More than 50 to 75	21	0.2%
7	More than 75 to 100	29	0.2%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPETHTOTNONHISP: Total Non-Hispanic clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Not Hispanic or Latino clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	889	6.7%
1	1 to 10	290	2.2%
2	11 to 20	305	2.3%
3	21 to 30	134	1.0%
4	31 to 40	73	0.6%
5	41 to 50	56	0.4%
6	51 to 75	71	0.5%
7	76 to 100	51	0.4%
8	101 to 250	91	0.7%
9	More than 250	26	0.2%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPETHPERNONHISP: Percent Non-Hispanic clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Not Hispanic or Latino clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	889	6.7%
1	More than 0 to 10	6	0.0%
2	More than 10 to 20	5	0.0%
3	More than 20 to 30	13	0.1%
4	More than 30 to 40	14	0.1%
5	More than 40 to 50	25	0.2%
6	More than 50 to 75	121	0.9%
7	More than 75 to 100	913	6.9%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPETHTOTUNK: Total unknown ethnicity clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total unknown or not collected ethnicity clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	978	7.4%
1	1 to 10	261	2.0%
2	11 to 20	219	1.7%
3	21 to 30	111	0.8%
4	31 to 40	131	1.0%
5	41 to 50	77	0.6%
6	51 to 75	100	0.8%
7	76 to 100	38	0.3%
8	101 to 250	57	0.4%
9	More than 250	14	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPETHPERUNK: Percent unknown ethnicity clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent unknown or not collected ethnicity clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	978	7.4%
1	More than 0 to 10	90	0.7%
2	More than 10 to 20	21	0.2%
3	More than 20 to 30	4	0.0%
4	More than 30 to 40	6	0.0%
5	More than 40 to 50	11	0.1%
6	More than 50 to 75	7	0.1%
7	More than 75 to 100	869	6.6%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACETOTINDIAN: Total American Indian/Alaska Native clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total American Indian/Alaska Native clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,834	13.9%
1	1 to 10	143	1.1%
2	11 to 20	6	0.0%
3	21 to 30	2	0.0%
4	31 to 40	0	0.0%
5	41 to 50	0	0.0%
6	51 to 75	0	0.0%
7	76 to 100	1	0.0%
8	101 to 250	0	0.0%
9	More than 250	0	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACEPERINDIAN: Percent American Indian/Alaska Native clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent American Indian/Alaska Native clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,834	13.9%
1	More than 0 to 10	110	0.8%
2	More than 10 to 20	26	0.2%
3	More than 20 to 30	4	0.0%
4	More than 30 to 40	3	0.0%
5	More than 40 to 50	4	0.0%
6	More than 50 to 75	2	0.0%
7	More than 75 to 100	3	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACETOTASIAN: Total Asian clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Asian clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,676	12.7%
1	1 to 10	286	2.2%
2	11 to 20	16	0.1%
3	21 to 30	3	0.0%
4	31 to 40	1	0.0%
5	41 to 50	1	0.0%
6	51 to 75	2	0.0%
7	76 to 100	0	0.0%
8	101 to 250	1	0.0%
9	More than 250	0	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 8

IPRACEPERASIAN: Percent Asian clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Asian clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,676	12.7%
1	More than 0 to 10	257	2.0%
2	More than 10 to 20	40	0.3%
3	More than 20 to 30	10	0.1%
4	More than 30 to 40	2	0.0%
5	More than 40 to 50	0	0.0%
6	More than 50 to 75	1	0.0%
7	More than 75 to 100	0	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 6

IPRACETOTBLK: Total Black clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Black or African American clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,211	9.2%
1	1 to 10	482	3.7%
2	11 to 20	123	0.9%
3	21 to 30	43	0.3%
4	31 to 40	36	0.3%
5	41 to 50	18	0.1%
6	51 to 75	24	0.2%
7	76 to 100	19	0.1%
8	101 to 250	28	0.2%
9	More than 250	2	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPRACEPERBLK: Percent Black clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Black or African American clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,211	9.2%
1	More than 0 to 10	158	1.2%
2	More than 10 to 20	175	1.3%
3	More than 20 to 30	119	0.9%
4	More than 30 to 40	95	0.7%
5	More than 40 to 50	96	0.7%
6	More than 50 to 75	101	0.8%
7	More than 75 to 100	31	0.2%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACETOTHAWPAC: Total Native Hawaiian/Pacific Islander clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Native Hawaiian or Other Pacific Islander clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,921	14.6%
1	1 to 10	56	0.4%
2	11 to 20	2	0.0%
3	21 to 30	2	0.0%
4	31 to 40	1	0.0%
5	41 to 50	2	0.0%
6	51 to 75	0	0.0%
7	76 to 100	0	0.0%
8	101 to 250	2	0.0%
9	More than 250	0	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 8

IPRACEPERHAWPAC: Percent Native Hawaiian/Pacific Islander clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Native Hawaiian or Other Pacific Islander clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,921	14.6%
1	More than 0 to 10	52	0.4%
2	More than 10 to 20	3	0.0%
3	More than 20 to 30	3	0.0%
4	More than 30 to 40	1	0.0%
5	More than 40 to 50	1	0.0%
6	More than 50 to 75	2	0.0%
7	More than 75 to 100	3	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACETOTWHIT: Total White clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total White clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	958	7.3%
1	1 to 10	415	3.1%
2	11 to 20	285	2.2%
3	21 to 30	88	0.7%
4	31 to 40	48	0.4%
5	41 to 50	35	0.3%
6	51 to 75	60	0.5%
7	76 to 100	38	0.3%
8	101 to 250	50	0.4%
9	More than 250	9	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPRACEPERWHIT: Percent White clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent White clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	958	7.3%
1	More than 0 to 10	19	0.1%
2	More than 10 to 20	26	0.2%
3	More than 20 to 30	51	0.4%
4	More than 30 to 40	82	0.6%
5	More than 40 to 50	116	0.9%
6	More than 50 to 75	251	1.9%
7	More than 75 to 100	483	3.7%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACETOTMR: Total mixed race clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total two or more races clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,735	13.2%
1	1 to 10	201	1.5%
2	11 to 20	22	0.2%
3	21 to 30	14	0.1%
4	31 to 40	6	0.0%
5	41 to 50	3	0.0%
6	51 to 75	2	0.0%
7	76 to 100	0	0.0%
8	101 to 250	3	0.0%
9	More than 250	0	0.0%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 8

IPRACEPERMR: Percent mixed race clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent two or more races clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,735	13.2%
1	More than 0 to 10	142	1.1%
2	More than 10 to 20	54	0.4%
3	More than 20 to 30	23	0.2%
4	More than 30 to 40	13	0.1%
5	More than 40 to 50	5	0.0%
6	More than 50 to 75	3	0.0%
7	More than 75 to 100	11	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPRACETOTUNK: Total unknown race clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total unknown or not collected race clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	797	6.0%
1	1 to 10	343	2.6%
2	11 to 20	248	1.9%
3	21 to 30	135	1.0%
4	31 to 40	137	1.0%
5	41 to 50	93	0.7%
6	51 to 75	111	0.8%
7	76 to 100	41	0.3%
8	101 to 250	63	0.5%
9	More than 250	18	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPRACEPERUNK: Percent unknown race clients/patients at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent unknown or not collected race clients/patients at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	797	6.0%
1	More than 0 to 10	154	1.2%
2	More than 10 to 20	55	0.4%
3	More than 20 to 30	19	0.1%
4	More than 30 to 40	13	0.1%
5	More than 40 to 50	6	0.0%
6	More than 50 to 75	7	0.1%
7	More than 75 to 100	935	7.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPLEGALTOTVOL: Total clients/patients with voluntary legal status at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with voluntary legal status at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	170	1.3%
1	1 to 10	713	5.4%
2	11 to 20	467	3.5%
3	21 to 30	214	1.6%
4	31 to 40	127	1.0%
5	41 to 50	79	0.6%
6	51 to 75	104	0.8%
7	76 to 100	47	0.4%
8	101 to 250	57	0.4%
9	More than 250	8	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPLEGALPERVOL: Percent clients/patients with voluntary legal status at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with voluntary legal status at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	170	1.3%
1	More than 0 to 10	109	0.8%
2	More than 10 to 20	87	0.7%
3	More than 20 to 30	100	0.8%
4	More than 30 to 40	109	0.8%
5	More than 40 to 50	168	1.3%
6	More than 50 to 75	372	2.8%
7	More than 75 to 100	871	6.6%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPLEGALTOTNONFOREN: Total clients/patients with involuntary (non-forensic) legal status at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with involuntary (non-forensic) legal status at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	545	4.1%
1	1 to 10	748	5.7%
2	11 to 20	288	2.2%
3	21 to 30	133	1.0%
4	31 to 40	74	0.6%
5	41 to 50	34	0.3%
6	51 to 75	56	0.4%
7	76 to 100	36	0.3%
8	101 to 250	62	0.5%
9	More than 250	10	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPLEGALPERNONFOREN: Percent clients/patients with involuntary (non-forensic) legal status at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with involuntary (non-forensic) legal status at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	545	4.1%
1	More than 0 to 10	189	1.4%
2	More than 10 to 20	175	1.3%
3	More than 20 to 30	178	1.4%
4	More than 30 to 40	165	1.3%
5	More than 40 to 50	181	1.4%
6	More than 50 to 75	249	1.9%
7	More than 75 to 100	304	2.3%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPLEGALTOTFOREN: Total clients/patients with involuntary (forensic) legal status at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with involuntary (forensic) legal status at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	None	1,717	13.0%
1	1 to 10	110	0.8%
2	11 to 20	33	0.3%
3	21 to 30	24	0.2%
4	31 to 40	18	0.1%
5	41 to 50	11	0.1%
6	51 to 75	18	0.1%
7	76 to 100	15	0.1%
8	101 to 250	32	0.2%
9	More than 250	8	0.1%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

IPLEGALPERFOREN: Percent clients/patients with involuntary (forensic) legal status at this 24-hour hospital inpatient facility

B3b. For each category below, please provide a breakdown of the hospital inpatients reported in the B3a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with involuntary (forensic) legal status at this 24-hour hospital inpatient facility

Value	Label	Unweighted Frequency	%
0	0	1,717	13.0%
1	More than 0 to 10	63	0.5%
2	More than 10 to 20	41	0.3%
3	More than 20 to 30	26	0.2%
4	More than 30 to 40	34	0.3%
5	More than 40 to 50	28	0.2%
6	More than 50 to 75	30	0.2%
7	More than 75 to 100	47	0.4%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

IPBEDS: Number of hospital inpatient beds set up/staffed at facility

B3c. On April 30, 2014, how many hospital inpatient beds at this facility were specifically designated for providing mental health treatment?

Number of hospital inpatient beds set up/staffed at facility

Value	Label	Unweighted Frequency	%
1	1 to 10	167	1.3%
2	11 to 20	496	3.8%
3	21 to 30	359	2.7%
4	31 to 40	183	1.4%
5	41 to 50	170	1.3%
6	51 to 75	278	2.1%
7	76 to 100	101	0.8%
8	101 to 250	182	1.4%
9	More than 250	50	0.4%
-2	Logical skip	11,190	84.9%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCSERV: Any clients received 24-hour residential mental health services, 4/30/14?

B4. On April 30, 2014, did any clients receive 24-hour residential mental health treatment at this facility, at this location?

IF 'YES' GO TO B4a, in the quesionnaire

IF 'NO' SKIP TO B5, PAGE 9 in the questionnaire

Any clients received 24-hour residential mental health services, 4/30/14?

Value	Label	Unweighted Frequency	%
0	No	10,593	80.4%
1	Yes	2,583	19.6%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

RCTOTAL: Total number of 24-hour residential clients

B4a. On April 30, 2014, how many clients received 24-hour residential mental health treatment at this facility?

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

CONTINUE WITH QUESTION B4b in the questionnaire

Total number of 24-hour residential clients

Value	Label	Unweighted Frequency	%
1	1 to 10	970	7.4%
2	11 to 20	640	4.9%
3	21 to 30	321	2.4%
4	31 to 40	172	1.3%
5	41 to 50	116	0.9%
6	51 to 75	181	1.4%
7	76 to 100	94	0.7%
8	101 to 250	80	0.6%
9	More than 250	9	0.1%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCSEXTOTM: Total male clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total male clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	240	1.8%
1	1 to 10	1,249	9.5%
2	11 to 20	490	3.7%
3	21 to 30	245	1.9%
4	31 to 40	114	0.9%
5	41 to 50	76	0.6%
6	51 to 75	100	0.8%
7	76 to 100	34	0.3%
8	101 to 250	32	0.2%
9	More than 250	3	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCSEXPERM: Percent male clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent male clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	240	1.8%
1	More than 0 to 10	5	0.0%
2	More than 10 to 20	24	0.2%
3	More than 20 to 30	45	0.3%
4	More than 30 to 40	191	1.4%
5	More than 40 to 50	435	3.3%
6	More than 50 to 75	960	7.3%
7	More than 75 to 100	683	5.2%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCSEXTOTF: Total female clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total female clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	433	3.3%
1	1 to 10	1,428	10.8%
2	11 to 20	378	2.9%
3	21 to 30	151	1.1%
4	31 to 40	77	0.6%
5	41 to 50	51	0.4%
6	51 to 75	43	0.3%
7	76 to 100	7	0.1%
8	101 to 250	15	0.1%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 8

RCSEXPERF: Percent female clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent female clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	433	3.3%
1	More than 0 to 10	50	0.4%
2	More than 10 to 20	141	1.1%
3	More than 20 to 30	271	2.1%
4	More than 30 to 40	459	3.5%
5	More than 40 to 50	534	4.1%
6	More than 50 to 75	418	3.2%
7	More than 75 to 100	277	2.1%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCAGETOT017: Total clients/patients 0-17 years old at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients 0-17 years old at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,506	11.4%
1	1 to 10	350	2.7%
2	11 to 20	226	1.7%
3	21 to 30	132	1.0%
4	31 to 40	107	0.8%
5	41 to 50	73	0.6%
6	51 to 75	104	0.8%
7	76 to 100	54	0.4%
8	101 to 250	30	0.2%
9	More than 250	1	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCAGEPER017: Percent clients/patients 0-17 years old at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients 0-17 years old at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,506	11.4%
1	More than 0 to 10	21	0.2%
2	More than 10 to 20	17	0.1%
3	More than 20 to 30	14	0.1%
4	More than 30 to 40	8	0.1%
5	More than 40 to 50	26	0.2%
6	More than 50 to 75	76	0.6%
7	More than 75 to 100	915	6.9%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCAGETOT1864: Total clients/patients 18-64 years old at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients 18-64 years old at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	701	5.3%
1	1 to 10	1,008	7.7%
2	11 to 20	468	3.6%
3	21 to 30	155	1.2%
4	31 to 40	71	0.5%
5	41 to 50	42	0.3%
6	51 to 75	62	0.5%
7	76 to 100	36	0.3%
8	101 to 250	34	0.3%
9	More than 250	6	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCAGEPER1864: Percent clients/patients 18-64 years old at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients 18-64 years old at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	701	5.3%
1	More than 0 to 10	154	1.2%
2	More than 10 to 20	70	0.5%
3	More than 20 to 30	32	0.2%
4	More than 30 to 40	55	0.4%
5	More than 40 to 50	56	0.4%
6	More than 50 to 75	143	1.1%
7	More than 75 to 100	1,372	10.4%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCAGETOT65: Total client/patients 65 plus years old at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total client/patients 65 plus years old at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,959	14.9%
1	1 to 10	546	4.1%
2	11 to 20	51	0.4%
3	21 to 30	11	0.1%
4	31 to 40	7	0.1%
5	41 to 50	4	0.0%
6	51 to 75	4	0.0%
7	76 to 100	1	0.0%
8	101 to 250	0	0.0%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCAGEPER65: Percent client/patients 65 plus years old at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used—each category total should equal 100 percent.

Percent client/patients 65 plus years old at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,959	14.9%
1	More than 0 to 10	221	1.7%
2	More than 10 to 20	208	1.6%
3	More than 20 to 30	74	0.6%
4	More than 30 to 40	46	0.3%
5	More than 40 to 50	27	0.2%
6	More than 50 to 75	21	0.2%
7	More than 75 to 100	27	0.2%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCETHTOTHISP: Total Hispanic clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Hispanic or Latino clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,485	11.3%
1	1 to 10	943	7.2%
2	11 to 20	87	0.7%
3	21 to 30	36	0.3%
4	31 to 40	19	0.1%
5	41 to 50	7	0.1%
6	51 to 75	5	0.0%
7	76 to 100	1	0.0%
8	101 to 250	0	0.0%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCETHPERHISP: Percent Hispanic clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used—each category total should equal 100 percent.

Percent Hispanic or Latino clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,485	11.3%
1	More than 0 to 10	424	3.2%
2	More than 10 to 20	321	2.4%
3	More than 20 to 30	155	1.2%
4	More than 30 to 40	78	0.6%
5	More than 40 to 50	53	0.4%
6	More than 50 to 75	22	0.2%
7	More than 75 to 100	45	0.3%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCETHTOTNONHISP: Total Non-Hispanic clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Not Hispanic or Latino clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	665	5.0%
1	1 to 10	879	6.7%
2	11 to 20	463	3.5%
3	21 to 30	173	1.3%
4	31 to 40	85	0.6%
5	41 to 50	78	0.6%
6	51 to 75	136	1.0%
7	76 to 100	64	0.5%
8	101 to 250	33	0.3%
9	More than 250	7	0.1%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCETHPERNONHISP: Percent Non-Hispanic clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Not Hispanic or Latino clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	665	5.0%
1	More than 0 to 10	10	0.1%
2	More than 10 to 20	8	0.1%
3	More than 20 to 30	7	0.1%
4	More than 30 to 40	19	0.1%
5	More than 40 to 50	36	0.3%
6	More than 50 to 75	232	1.8%
7	More than 75 to 100	1,606	12.2%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCETHTOTUNK: Total unknown ethnicity clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total unknown or not collected ethnicity clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,842	14.0%
1	1 to 10	288	2.2%
2	11 to 20	132	1.0%
3	21 to 30	136	1.0%
4	31 to 40	63	0.5%
5	41 to 50	37	0.3%
6	51 to 75	38	0.3%
7	76 to 100	24	0.2%
8	101 to 250	22	0.2%
9	More than 250	1	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCETHPERUNK: Percent unknown ethnicity clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent unknown or not collected ethnicity clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,842	14.0%
1	More than 0 to 10	44	0.3%
2	More than 10 to 20	28	0.2%
3	More than 20 to 30	13	0.1%
4	More than 30 to 40	8	0.1%
5	More than 40 to 50	3	0.0%
6	More than 50 to 75	11	0.1%
7	More than 75 to 100	634	4.8%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTINDIAN: Total American Indian/Alaska Native clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total American Indian/Alaska Native clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	2,279	17.3%
1	1 to 10	281	2.1%
2	11 to 20	15	0.1%
3	21 to 30	5	0.0%
4	31 to 40	2	0.0%
5	41 to 50	0	0.0%
6	51 to 75	1	0.0%
7	76 to 100	0	0.0%
8	101 to 250	0	0.0%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 6

RCRACEPERINDIAN: Percent American Indian/Alaska Native clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent American Indian/Alaska Native clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	2,279	17.3%
1	More than 0 to 10	172	1.3%
2	More than 10 to 20	62	0.5%
3	More than 20 to 30	16	0.1%
4	More than 30 to 40	20	0.2%
5	More than 40 to 50	9	0.1%
6	More than 50 to 75	15	0.1%
7	More than 75 to 100	10	0.1%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTASIAN: Total Asian clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Asian clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	2,260	17.2%
1	1 to 10	313	2.4%
2	11 to 20	4	0.0%
3	21 to 30	5	0.0%
4	31 to 40	1	0.0%
5	41 to 50	0	0.0%
6	51 to 75	0	0.0%
7	76 to 100	0	0.0%
8	101 to 250	0	0.0%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 4

RCRACEPERASIAN: Percent Asian clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Asian clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	2,260	17.2%
1	More than 0 to 10	241	1.8%
2	More than 10 to 20	62	0.5%
3	More than 20 to 30	11	0.1%
4	More than 30 to 40	5	0.0%
5	More than 40 to 50	1	0.0%
6	More than 50 to 75	0	0.0%
7	More than 75 to 100	3	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTBLK: Total Black clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Black or African American clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,107	8.4%
1	1 to 10	1,122	8.5%
2	11 to 20	176	1.3%
3	21 to 30	72	0.5%
4	31 to 40	44	0.3%
5	41 to 50	27	0.2%
6	51 to 75	19	0.1%
7	76 to 100	10	0.1%
8	101 to 250	6	0.0%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 8

RCRACEPERBLK: Percent Black clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Black or African American clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,107	8.4%
1	More than 0 to 10	223	1.7%
2	More than 10 to 20	345	2.6%
3	More than 20 to 30	202	1.5%
4	More than 30 to 40	226	1.7%
5	More than 40 to 50	183	1.4%
6	More than 50 to 75	201	1.5%
7	More than 75 to 100	96	0.7%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTHAWPAC: Total Native Hawaiian/Pacific Islander clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Native Hawaiian or Other Pacific Islander clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	2,502	19.0%
1	1 to 10	73	0.6%
2	11 to 20	3	0.0%
3	21 to 30	3	0.0%
4	31 to 40	0	0.0%
5	41 to 50	0	0.0%
6	51 to 75	0	0.0%
7	76 to 100	1	0.0%
8	101 to 250	0	0.0%
9	More than 250	1	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCRACEPERHAWPAC: Percent Native Hawaiian/Pacific Islander clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Native Hawaiian or Other Pacific Islander clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	2,502	19.0%
1	More than 0 to 10	64	0.5%
2	More than 10 to 20	8	0.1%
3	More than 20 to 30	3	0.0%
4	More than 30 to 40	1	0.0%
5	More than 40 to 50	0	0.0%
6	More than 50 to 75	0	0.0%
7	More than 75 to 100	5	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTWHIT: Total White clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total White clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	695	5.3%
1	1 to 10	1,123	8.5%
2	11 to 20	398	3.0%
3	21 to 30	120	0.9%
4	31 to 40	77	0.6%
5	41 to 50	65	0.5%
6	51 to 75	78	0.6%
7	76 to 100	13	0.1%
8	101 to 250	11	0.1%
9	More than 250	3	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCRACEPERWHIT: Percent White clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent White clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	695	5.3%
1	More than 0 to 10	33	0.3%
2	More than 10 to 20	91	0.7%
3	More than 20 to 30	100	0.8%
4	More than 30 to 40	186	1.4%
5	More than 40 to 50	210	1.6%
6	More than 50 to 75	552	4.2%
7	More than 75 to 100	716	5.4%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTMR: Total mixed race clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total two or more races clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,987	15.1%
1	1 to 10	543	4.1%
2	11 to 20	30	0.2%
3	21 to 30	9	0.1%
4	31 to 40	5	0.0%
5	41 to 50	5	0.0%
6	51 to 75	4	0.0%
7	76 to 100	0	0.0%
8	101 to 250	0	0.0%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 6

RCRACEPERMR: Percent mixed race clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used—each category total should equal 100 percent.

Percent two or more races clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,987	15.1%
1	More than 0 to 10	278	2.1%
2	More than 10 to 20	191	1.4%
3	More than 20 to 30	48	0.4%
4	More than 30 to 40	24	0.2%
5	More than 40 to 50	22	0.2%
6	More than 50 to 75	10	0.1%
7	More than 75 to 100	23	0.2%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCRACETOTUNK: Total unknown race clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total unknown or not collected race clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,629	12.4%
1	1 to 10	457	3.5%
2	11 to 20	145	1.1%
3	21 to 30	148	1.1%
4	31 to 40	68	0.5%
5	41 to 50	43	0.3%
6	51 to 75	40	0.3%
7	76 to 100	27	0.2%
8	101 to 250	24	0.2%
9	More than 250	2	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCRACEPERUNK: Percent unknown race clients/patients at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent unknown or not collected race clients/patients at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,629	12.4%
1	More than 0 to 10	140	1.1%
2	More than 10 to 20	101	0.8%
3	More than 20 to 30	46	0.3%
4	More than 30 to 40	33	0.3%
5	More than 40 to 50	16	0.1%
6	More than 50 to 75	8	0.1%
7	More than 75 to 100	610	4.6%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCLEGALTOTVOL: Total clients/patients with voluntary legal status at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with voluntary legal status at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	372	2.8%
1	1 to 10	1,028	7.8%
2	11 to 20	506	3.8%
3	21 to 30	248	1.9%
4	31 to 40	115	0.9%
5	41 to 50	77	0.6%
6	51 to 75	118	0.9%
7	76 to 100	64	0.5%
8	101 to 250	49	0.4%
9	More than 250	6	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCLEGALPERVOL: Percent clients/patients with voluntary legal status at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with voluntary legal status at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	372	2.8%
1	More than 0 to 10	49	0.4%
2	More than 10 to 20	50	0.4%
3	More than 20 to 30	33	0.3%
4	More than 30 to 40	38	0.3%
5	More than 40 to 50	73	0.6%
6	More than 50 to 75	133	1.0%
7	More than 75 to 100	1,835	13.9%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCLEGALTOTNONFOREN: Total clients/patients with involuntary (non-forensic) legal status at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with involuntary (non-forensic) legal status at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	1,871	14.2%
1	1 to 10	390	3.0%
2	11 to 20	123	0.9%
3	21 to 30	57	0.4%
4	31 to 40	47	0.4%
5	41 to 50	27	0.2%
6	51 to 75	41	0.3%
7	76 to 100	13	0.1%
8	101 to 250	13	0.1%
9	More than 250	1	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

RCLEGALPERNONFOREN: Percent clients/patients with involuntary (non-forensic) legal status at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with involuntary (non-forensic) legal status at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	1,871	14.2%
1	More than 0 to 10	63	0.5%
2	More than 10 to 20	83	0.6%
3	More than 20 to 30	63	0.5%
4	More than 30 to 40	51	0.4%
5	More than 40 to 50	62	0.5%
6	More than 50 to 75	86	0.7%
7	More than 75 to 100	304	2.3%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCLEGALTOTFOREN: Total clients/patients with involuntary (forensic) legal status at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with involuntary (forensic) legal status at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	None	2,175	16.5%
1	1 to 10	282	2.1%
2	11 to 20	52	0.4%
3	21 to 30	19	0.1%
4	31 to 40	15	0.1%
5	41 to 50	11	0.1%
6	51 to 75	12	0.1%
7	76 to 100	7	0.1%
8	101 to 250	10	0.1%
9	More than 250	0	0.0%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 8

RCLEGALPERFOREN: Percent clients/patients with involuntary (forensic) legal status at this 24-hour residential facility

B4b. For each category below, please provide a breakdown of the residential clients reported in the B4a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with involuntary (forensic) legal status at this 24-hour residential facility

Value	Label	Unweighted Frequency	%
0	0	2,175	16.5%
1	More than 0 to 10	75	0.6%
2	More than 10 to 20	70	0.5%
3	More than 20 to 30	38	0.3%
4	More than 30 to 40	37	0.3%
5	More than 40 to 50	34	0.3%
6	More than 50 to 75	31	0.2%
7	More than 75 to 100	123	0.9%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

RCBEDS: Number of residential beds set up/staffed at facility

B4c. On April 30, 2014, how many residential beds at this facility were specifically designated for providing mental health treatment?

Number of residential beds set up/staffed at facility

Value	Label	Unweighted Frequency	%
1	1 to 10	859	6.5%
2	11 to 20	686	5.2%
3	21 to 30	346	2.6%
4	31 to 40	187	1.4%
5	41 to 50	116	0.9%
6	51 to 75	176	1.3%
7	76 to 100	105	0.8%
8	101 to 250	94	0.7%
9	More than 250	14	0.1%
-2	Logical skip	10,593	80.4%
	Total	13,176	100%

* Minimum: 0

* Maximum: 9

OPSERV: Any clients received less than 24-hour mental health services, 4/30/14

B5. During the month of April 2014, did any clients receive less than 24-hour mental health treatment at this facility, at this location?

IF 'YES' GO TO B5a in the questionnaire

IF 'NO' SKIP TO B6 in the questionnaire

INCLUDE OUTPATIENT CLIENTS AND PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS ON THIS PAGE.

Any clients received less than 24-hour mental health services, 4/30/14

Value	Label	Unweighted Frequency	%
0	No	3,197	24.3%
1	Yes	9,979	75.7%
	Total	13,176	100%

* Minimum: 0

* Maximum: 1

OPTOTAL: Total Number of less than 24-hour clients

B5a. During the month of April 2014, how many clients received less than 24-hour mental health treatment at this facility?

ONLY INCLUDE those seen at this facility at least once during the month of April, AND who were still enrolled in treatment on April 30, 2014.

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

CONTINUE WITH QUESTION B5b in the questionnaire

Total Number of less than 24-hour clients

Value	Label	Unweighted Frequency	%
1	1 to 10	554	4.2%
2	11 to 20	499	3.8%
3	21 to 30	548	4.2%
4	31 to 40	358	2.7%
5	41 to 50	383	2.9%
6	51 to 75	706	5.4%
7	76 to 100	656	5.0%
8	101 to 250	2,076	15.8%
9	251 to 500	2,031	15.4%
10	501 to 1000	1,258	9.5%
11	1001 to 1500	433	3.3%
12	More than 1500	477	3.6%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPSEXTOTM: Total male clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total male clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	124	0.9%
1	1 to 10	1,027	7.8%
2	11 to 20	888	6.7%
3	21 to 30	627	4.8%
4	31 to 40	565	4.3%
5	41 to 50	498	3.8%
6	51 to 75	886	6.7%
7	76 to 100	736	5.6%
8	101 to 250	2,508	19.0%
9	251 to 500	1,250	9.5%
10	501 to 1000	610	4.6%
11	1001 to 1500	147	1.1%
12	More than 1500	113	0.9%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPSEXPERM: Percent male clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent male clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	124	0.9%
1	More than 0 to 10	55	0.4%
2	More than 10 to 20	139	1.1%
3	More than 20 to 30	423	3.2%
4	More than 30 to 40	1,553	11.8%
5	More than 40 to 50	3,914	29.7%
6	More than 50 to 75	3,124	23.7%
7	More than 75 to 100	647	4.9%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPSEXTOTF: Total female clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total female clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	90	0.7%
1	1 to 10	1,156	8.8%
2	11 to 20	916	7.0%
3	21 to 30	708	5.4%
4	31 to 40	488	3.7%
5	41 to 50	455	3.5%
6	51 to 75	765	5.8%
7	76 to 100	691	5.2%
8	101 to 250	2,524	19.2%
9	251 to 500	1,268	9.6%
10	501 to 1000	664	5.0%
11	1001 to 1500	190	1.4%
12	More than 1500	64	0.5%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPSEXPERF: Percent female clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent female clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	90	0.7%
1	More than 0 to 10	212	1.6%
2	More than 10 to 20	269	2.0%
3	More than 20 to 30	358	2.7%
4	More than 30 to 40	1,134	8.6%
5	More than 40 to 50	2,696	20.5%
6	More than 50 to 75	4,826	36.6%
7	More than 75 to 100	394	3.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPAGETOT017: Total clients/patients 0-17 years old at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients 0-17 years old at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	2,934	22.3%
1	1 to 10	1,016	7.7%
2	11 to 20	596	4.5%
3	21 to 30	563	4.3%
4	31 to 40	411	3.1%
5	41 to 50	359	2.7%
6	51 to 75	695	5.3%
7	76 to 100	568	4.3%
8	101 to 250	1,687	12.8%
9	251 to 500	744	5.6%
10	501 to 1000	293	2.2%
11	1001 to 1500	61	0.5%
12	More than 1500	52	0.4%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPAGEPER017: Percent clients/patients 0-17 years old at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients 0-17 years old at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	2,934	22.3%
1	More than 0 to 10	777	5.9%
2	More than 10 to 20	1,049	8.0%
3	More than 20 to 30	1,256	9.5%
4	More than 30 to 40	1,235	9.4%
5	More than 40 to 50	507	3.8%
6	More than 50 to 75	548	4.2%
7	More than 75 to 100	1,673	12.7%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPAGETOT1864: Total clients/patients 18-64 years old at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients 18-64 years old at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	827	6.3%
1	1 to 10	981	7.4%
2	11 to 20	666	5.1%
3	21 to 30	518	3.9%
4	31 to 40	426	3.2%
5	41 to 50	370	2.8%
6	51 to 75	711	5.4%
7	76 to 100	612	4.6%
8	101 to 250	2,148	16.3%
9	251 to 500	1,497	11.4%
10	501 to 1000	788	6.0%
11	1001 to 1500	251	1.9%
12	More than 1500	184	1.4%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPAGEPER1864: Percent clients/patients 18-64 years old at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients 18-64 years old at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	827	6.3%
1	More than 0 to 10	584	4.4%
2	More than 10 to 20	332	2.5%
3	More than 20 to 30	282	2.1%
4	More than 30 to 40	367	2.8%
5	More than 40 to 50	707	5.4%
6	More than 50 to 75	3,136	23.8%
7	More than 75 to 100	3,744	28.4%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPAGETOT65: Total client/patients 65 plus years old at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total client/patients 65 plus years old at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	3,253	24.7%
1	1 to 10	2,428	18.4%
2	11 to 20	1,102	8.4%
3	21 to 30	665	5.0%
4	31 to 40	504	3.8%
5	41 to 50	390	3.0%
6	51 to 75	510	3.9%
7	76 to 100	313	2.4%
8	101 to 250	556	4.2%
9	251 to 500	157	1.2%
10	501 to 1000	60	0.5%
11	1001 to 1500	14	0.1%
12	More than 1500	27	0.2%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPAGEPER65: Percent client/patients 65 plus years old at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent client/patients 65 plus years old at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	3,253	24.7%
1	More than 0 to 10	4,259	32.3%
2	More than 10 to 20	1,520	11.5%
3	More than 20 to 30	460	3.5%
4	More than 30 to 40	203	1.5%
5	More than 40 to 50	75	0.6%
6	More than 50 to 75	101	0.8%
7	More than 75 to 100	108	0.8%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPETHTOTHISP: Total Hispanic clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Hispanic or Latino clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	4,121	31.3%
1	1 to 10	2,513	19.1%
2	11 to 20	840	6.4%
3	21 to 30	473	3.6%
4	31 to 40	252	1.9%
5	41 to 50	239	1.8%
6	51 to 75	364	2.8%
7	76 to 100	237	1.8%
8	101 to 250	547	4.2%
9	251 to 500	236	1.8%
10	501 to 1000	103	0.8%
11	1001 to 1500	30	0.2%
12	More than 1500	24	0.2%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPETHPERHISP: Percent Hispanic clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Hispanic or Latino clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	4,121	31.3%
1	More than 0 to 10	3,334	25.3%
2	More than 10 to 20	942	7.1%
3	More than 20 to 30	470	3.6%
4	More than 30 to 40	349	2.6%
5	More than 40 to 50	212	1.6%
6	More than 50 to 75	277	2.1%
7	More than 75 to 100	274	2.1%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPETHTOTNONHISP: Total Non-Hispanic clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Not Hispanic or Latino clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	3,037	23.0%
1	1 to 10	496	3.8%
2	11 to 20	457	3.5%
3	21 to 30	384	2.9%
4	31 to 40	324	2.5%
5	41 to 50	303	2.3%
6	51 to 75	582	4.4%
7	76 to 100	474	3.6%
8	101 to 250	1,572	11.9%
9	251 to 500	1,119	8.5%
10	501 to 1000	781	5.9%
11	1001 to 1500	246	1.9%
12	More than 1500	204	1.5%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPETHPERNONHISP: Percent Non-Hispanic clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Not Hispanic or Latino clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	3,037	23.0%
1	More than 0 to 10	111	0.8%
2	More than 10 to 20	136	1.0%
3	More than 20 to 30	128	1.0%
4	More than 30 to 40	146	1.1%
5	More than 40 to 50	209	1.6%
6	More than 50 to 75	1,000	7.6%
7	More than 75 to 100	5,212	39.6%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPETHTOTUNK: Total unknown ethnicity clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total unknown or not collected ethnicity clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	5,084	38.6%
1	1 to 10	975	7.4%
2	11 to 20	421	3.2%
3	21 to 30	332	2.5%
4	31 to 40	189	1.4%
5	41 to 50	181	1.4%
6	51 to 75	313	2.4%
7	76 to 100	270	2.0%
8	101 to 250	686	5.2%
9	251 to 500	886	6.7%
10	501 to 1000	364	2.8%
11	1001 to 1500	129	1.0%
12	More than 1500	149	1.1%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPETHPERUNK: Percent unknown ethnicity clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent unknown or not collected ethnicity clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	5,084	38.6%
1	More than 0 to 10	1,296	9.8%
2	More than 10 to 20	292	2.2%
3	More than 20 to 30	143	1.1%
4	More than 30 to 40	66	0.5%
5	More than 40 to 50	24	0.2%
6	More than 50 to 75	59	0.4%
7	More than 75 to 100	3,015	22.9%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTINDIAN: Total American Indian/Alaska Native clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total American Indian/Alaska Native clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	7,390	56.1%
1	1 to 10	1,959	14.9%
2	11 to 20	274	2.1%
3	21 to 30	113	0.9%
4	31 to 40	66	0.5%
5	41 to 50	46	0.3%
6	51 to 75	47	0.4%
7	76 to 100	25	0.2%
8	101 to 250	44	0.3%
9	251 to 500	10	0.1%
10	501 to 1000	3	0.0%
11	1001 to 1500	0	0.0%
12	More than 1500	2	0.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPRACEPERINDIAN: Percent American Indian/Alaska Native clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent American Indian/Alaska Native clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	7,390	56.1%
1	More than 0 to 10	2,347	17.8%
2	More than 10 to 20	109	0.8%
3	More than 20 to 30	32	0.2%
4	More than 30 to 40	22	0.2%
5	More than 40 to 50	15	0.1%
6	More than 50 to 75	19	0.1%
7	More than 75 to 100	45	0.3%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTASIAN: Total Asian clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Asian clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	6,927	52.6%
1	1 to 10	2,235	17.0%
2	11 to 20	357	2.7%
3	21 to 30	137	1.0%
4	31 to 40	78	0.6%
5	41 to 50	53	0.4%
6	51 to 75	72	0.5%
7	76 to 100	22	0.2%
8	101 to 250	69	0.5%
9	251 to 500	19	0.1%
10	501 to 1000	9	0.1%
11	1001 to 1500	1	0.0%
12	More than 1500	0	0.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 11

OPRACEPERASIAN: Percent Asian clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Asian clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	6,927	52.6%
1	More than 0 to 10	2,846	21.6%
2	More than 10 to 20	119	0.9%
3	More than 20 to 30	29	0.2%
4	More than 30 to 40	19	0.1%
5	More than 40 to 50	7	0.1%
6	More than 50 to 75	11	0.1%
7	More than 75 to 100	21	0.2%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTBLK: Total Black clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Black or African American clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	4,225	32.1%
1	1 to 10	1,950	14.8%
2	11 to 20	737	5.6%
3	21 to 30	471	3.6%
4	31 to 40	343	2.6%
5	41 to 50	248	1.9%
6	51 to 75	430	3.3%
7	76 to 100	339	2.6%
8	101 to 250	761	5.8%
9	251 to 500	286	2.2%
10	501 to 1000	144	1.1%
11	1001 to 1500	30	0.2%
12	More than 1500	15	0.1%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPRACEPERBLK: Percent Black clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Black or African American clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	4,225	32.1%
1	More than 0 to 10	2,344	17.8%
2	More than 10 to 20	940	7.1%
3	More than 20 to 30	622	4.7%
4	More than 30 to 40	526	4.0%
5	More than 40 to 50	411	3.1%
6	More than 50 to 75	579	4.4%
7	More than 75 to 100	332	2.5%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTHAWPAC: Total Native Hawaiian/Pacific Islander clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total Native Hawaiian or Other Pacific Islander clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	8,741	66.3%
1	1 to 10	1,020	7.7%
2	11 to 20	106	0.8%
3	21 to 30	34	0.3%
4	31 to 40	21	0.2%
5	41 to 50	18	0.1%
6	51 to 75	17	0.1%
7	76 to 100	5	0.0%
8	101 to 250	10	0.1%
9	251 to 500	5	0.0%
10	501 to 1000	1	0.0%
11	1001 to 1500	1	0.0%
12	More than 1500	0	0.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 11

OPRACEPERHAWPAC: Percent Native Hawaiian/Pacific Islander clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent Native Hawaiian or Other Pacific Islander clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	8,741	66.3%
1	More than 0 to 10	1,175	8.9%
2	More than 10 to 20	34	0.3%
3	More than 20 to 30	8	0.1%
4	More than 30 to 40	9	0.1%
5	More than 40 to 50	2	0.0%
6	More than 50 to 75	4	0.0%
7	More than 75 to 100	6	0.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTWHIT: Total White clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total White clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	3,561	27.0%
1	1 to 10	757	5.7%
2	11 to 20	532	4.0%
3	21 to 30	419	3.2%
4	31 to 40	327	2.5%
5	41 to 50	274	2.1%
6	51 to 75	533	4.0%
7	76 to 100	407	3.1%
8	101 to 250	1,372	10.4%
9	251 to 500	951	7.2%
10	501 to 1000	544	4.1%
11	1001 to 1500	174	1.3%
12	More than 1500	128	1.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPRACEPERWHIT: Percent White clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent White clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	3,561	27.0%
1	More than 0 to 10	300	2.3%
2	More than 10 to 20	276	2.1%
3	More than 20 to 30	319	2.4%
4	More than 30 to 40	492	3.7%
5	More than 40 to 50	559	4.2%
6	More than 50 to 75	1,637	12.4%
7	More than 75 to 100	2,835	21.5%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTMR: Total mixed race clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total two or more races clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	6,806	51.7%
1	1 to 10	1,603	12.2%
2	11 to 20	471	3.6%
3	21 to 30	283	2.1%
4	31 to 40	192	1.5%
5	41 to 50	132	1.0%
6	51 to 75	129	1.0%
7	76 to 100	88	0.7%
8	101 to 250	187	1.4%
9	251 to 500	53	0.4%
10	501 to 1000	30	0.2%
11	1001 to 1500	1	0.0%
12	More than 1500	4	0.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPRACEPERMR: Percent mixed race clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent two or more races clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	6,806	51.7%
1	More than 0 to 10	2,276	17.3%
2	More than 10 to 20	489	3.7%
3	More than 20 to 30	175	1.3%
4	More than 30 to 40	88	0.7%
5	More than 40 to 50	43	0.3%
6	More than 50 to 75	43	0.3%
7	More than 75 to 100	59	0.4%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPRACETOTUNK: Total unknown race clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total unknown or not collected race clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	4,014	30.5%
1	1 to 10	1,296	9.8%
2	11 to 20	506	3.8%
3	21 to 30	417	3.2%
4	31 to 40	255	1.9%
5	41 to 50	190	1.4%
6	51 to 75	336	2.6%
7	76 to 100	322	2.4%
8	101 to 250	880	6.7%
9	251 to 500	996	7.6%
10	501 to 1000	442	3.4%
11	1001 to 1500	139	1.1%
12	More than 1500	186	1.4%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPRACEPERUNK: Percent unknown race clients/patients at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent unknown or not collected race clients/patients at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	4,014	30.5%
1	More than 0 to 10	1,632	12.4%
2	More than 10 to 20	421	3.2%
3	More than 20 to 30	219	1.7%
4	More than 30 to 40	112	0.9%
5	More than 40 to 50	68	0.5%
6	More than 50 to 75	96	0.7%
7	More than 75 to 100	3,417	25.9%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPLEGALTOTVOL: Total clients/patients with voluntary legal status at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with voluntary legal status at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	362	2.7%
1	1 to 10	614	4.7%
2	11 to 20	513	3.9%
3	21 to 30	527	4.0%
4	31 to 40	362	2.7%
5	41 to 50	389	3.0%
6	51 to 75	668	5.1%
7	76 to 100	630	4.8%
8	101 to 250	2,011	15.3%
9	251 to 500	1,943	14.7%
10	501 to 1000	1,147	8.7%
11	1001 to 1500	398	3.0%
12	More than 1500	415	3.1%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPLEGALPERVOL: Percent clients/patients with voluntary legal status at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with voluntary legal status at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	362	2.7%
1	More than 0 to 10	50	0.4%
2	More than 10 to 20	54	0.4%
3	More than 20 to 30	39	0.3%
4	More than 30 to 40	46	0.3%
5	More than 40 to 50	111	0.8%
6	More than 50 to 75	433	3.3%
7	More than 75 to 100	8,884	67.4%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPLEGALTOTNONFOREN: Total clients/patients with involuntary (non-forensic) legal status at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with involuntary (non-forensic) legal status at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	7,653	58.1%
1	1 to 10	904	6.9%
2	11 to 20	365	2.8%
3	21 to 30	238	1.8%
4	31 to 40	149	1.1%
5	41 to 50	135	1.0%
6	51 to 75	174	1.3%
7	76 to 100	87	0.7%
8	101 to 250	175	1.3%
9	251 to 500	62	0.5%
10	501 to 1000	32	0.2%
11	1001 to 1500	4	0.0%
12	More than 1500	1	0.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPLEGALPERNONFOREN: Percent clients/patients with involuntary (non-forensic) legal status at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with involuntary (non-forensic) legal status at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	7,653	58.1%
1	More than 0 to 10	1,326	10.1%
2	More than 10 to 20	456	3.5%
3	More than 20 to 30	179	1.4%
4	More than 30 to 40	99	0.8%
5	More than 40 to 50	65	0.5%
6	More than 50 to 75	68	0.5%
7	More than 75 to 100	133	1.0%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

OPLEGALTOTFOREN: Total clients/patients with involuntary (forensic) legal status at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Total clients/patients with involuntary (forensic) legal status at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	None	8,039	61.0%
1	1 to 10	730	5.5%
2	11 to 20	323	2.5%
3	21 to 30	150	1.1%
4	31 to 40	128	1.0%
5	41 to 50	85	0.6%
6	51 to 75	101	0.8%
7	76 to 100	79	0.6%
8	101 to 250	155	1.2%
9	251 to 500	90	0.7%
10	501 to 1000	69	0.5%
11	1001 to 1500	7	0.1%
12	More than 1500	23	0.2%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

OPLEGALPERFOREN: Percent clients/patients with involuntary (forensic) legal status at this less than 24-hour facility

B5b. For each category below, please provide a breakdown of the Clients in Less Than 24-Hour Care reported in the B5a TOTAL BOX in the questionnaire. 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 in the questionnaire.

* If percents are used-each category total should equal 100 percent.

Percent clients/patients with involuntary (forensic) legal status at this less than 24-hour facility

Value	Label	Unweighted Frequency	%
0	0	8,039	61.0%
1	More than 0 to 10	1,007	7.6%
2	More than 10 to 20	306	2.3%
3	More than 20 to 30	132	1.0%
4	More than 30 to 40	92	0.7%
5	More than 40 to 50	52	0.4%
6	More than 50 to 75	43	0.3%
7	More than 75 to 100	308	2.3%
-2	Logical skip	3,197	24.3%
	Total	13,176	100%

* Minimum: 0

* Maximum: 7

COD_PCT: Percent of clients/patients with co-occurring mental and substance use disorders

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

ALL MENTAL HEALTH CARE SETTINGS - Including 24-Hour Hospital Inpatient, 24-Hour Residential (non-hospital), and Less Than 24-Hour Outpatient and Partial Hospitalization/Day Treatment

Percent of clients/patients with co-occurring mental and substance use disorders

Value	Label	Unweighted Frequency	%
0	0	1,853	14.1%
1	1 to 10	1,808	13.7%
2	11 to 20	1,304	9.9%
3	21 to 30	1,298	9.9%
4	31 to 40	1,033	7.8%
5	41 to 50	938	7.1%
6	51 to 60	551	4.2%
7	61 to 70	469	3.6%
8	71 to 80	518	3.9%
9	81 to 90	235	1.8%
10	91 to 99	85	0.6%
11	100	288	2.2%
-1	Missing	722	5.5%
-2	Logical skip	2,032	15.4%
-3	Don't know	40	0.3%
-5	Refused	1	0.0%
-6	Not applicable	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 11

TOTADMIS: NUMBER OF MENTAL HEALTH TREATMENT ADMISSIONS IN 12-MONTH PERIOD

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.

ALL MENTAL HEALTH CARE SETTINGS - Including 24-Hour Hospital Inpatient, 24-Hour Residential (non-hospital), and Less Than 24-Hour Outpatient and Partial Hospitalization/Day Treatment

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

Value	Label	Unweighted Frequency	%
0	None	401	3.0%
1	1 to 10	869	6.6%
2	11 to 20	536	4.1%
3	21 to 30	386	2.9%
4	31 to 40	298	2.3%
5	41 to 50	310	2.4%
6	51 to 75	560	4.3%
7	76 to 100	495	3.8%
8	101 to 250	1,669	12.7%
9	251 to 500	1,933	14.7%
10	501 to 1000	3,196	24.3%
11	1001 to 1500	937	7.1%
12	More than 1500	1,184	9.0%
-1	Missing	402	3.1%
	Total	13,176	100%

* Minimum: 0

* Maximum: 12

PERCENTVA: Percent of admissions that are veterans

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

ALL MENTAL HEALTH CARE SETTINGS - Including 24-Hour Hospital Inpatient, 24-Hour Residential (non-hospital), and Less Than 24-Hour Outpatient and Partial Hospitalization/Day Treatment

Percent of admissions that are veterans

Value	Label	Unweighted Frequency	%
0	0	4,841	36.7%
1	1 to 10	4,552	34.5%
2	11 to 20	494	3.7%
3	21 to 30	126	1.0%
4	31 to 40	36	0.3%
5	41 to 50	12	0.1%
6	51 to 60	6	0.0%
7	61 to 70	3	0.0%
8	71 to 80	1	0.0%
9	81 to 90	6	0.0%
10	91 to 99	24	0.2%
11	100	272	2.1%
-1	Missing	896	6.8%
-2	Logical skip	1,835	13.9%
-3	Don't know	68	0.5%
-5	Refused	3	0.0%
-6	Not applicable	1	0.0%
	Total	13,176	100%

* Minimum: 0

* Maximum: 11