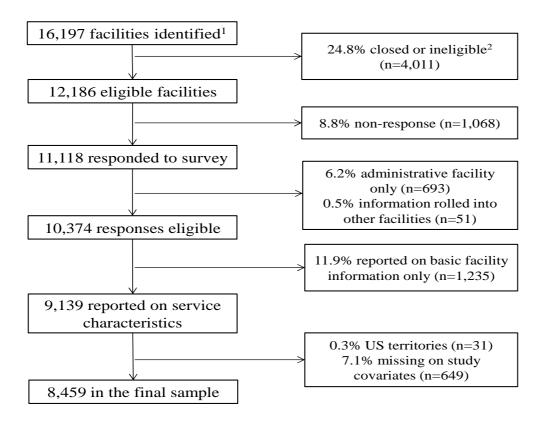
## Online Supplement Figure. Flowchart of Mental Health Facilities Selected, 2010 N-MHSS



<sup>&</sup>lt;sup>1</sup> Mental health facilities were identified from 2008 SAMHSA database and supplemented by facilities identified from professional organizations and Centers for Medicare and Medicaid Services. The survey frame did not include solo practitioners, Department of Defense military treatment facilities, tribally-operated facilities, jails, prisons, or the majority of facilities within the Veterans Health Administration (VHA) health care system.

<sup>&</sup>lt;sup>2</sup> These facilities were not eligible for the study due to any of the following reasons: did not provide mental health treatment services, primary treatment focus was not mental health services or mix of mental health and substance abuse services, provided treatment for incarcerated persons only, or practices were individual or small group practice that were not licensed or certified as a mental health center or clinic.

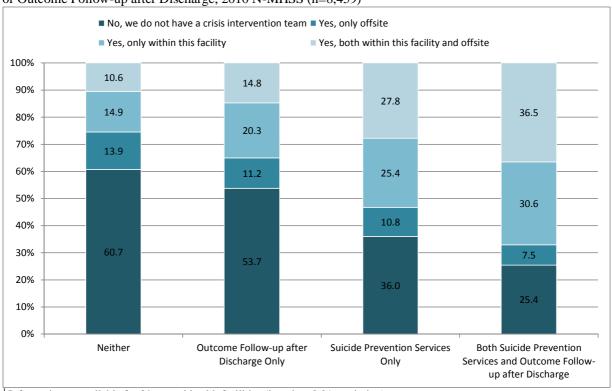
## **Details on Measures**

During the data collection, the respondents were offered a definition packet which defined suicide prevention services as, "...include[ing] identifying risk factors; educating staff on identifying the signs of suicidal behavior and using methods to detect risk; and...assess[ing], interven[ing], and manag[ing] of suicidal patients including treatment of an underlying mental or substance abuse disorder, and us[ing] psychotropic medication, supportive services, and education. Hotlines help individuals to contact the nearest suicide prevention mental health provider." Although the follow-up after discharge was not specifically targeted at suicide prevention, this item was deemed important because of the importance of outcome follow-up after discharge as part of the suicide prevention efforts in mental health facilities (1).

1. Olfson M, Marcus SC, Bridge JA: Focusing suicide prevention on periods of high risk. JAMA 311:1107–1108, 2014 PubMed

## **Online Supplement Figure**

Operation of Crisis Intervention Teams across Mental Health Facilities Offering Suicide Prevention Services or Outcome Follow-up after Discharge, 2010 N-MHSS (n=8,459)<sup>1</sup>



Information unavailable for 29 mental health facilities (less than 0.01% missing)

Online Supplement Table. Adjusted Associations between Facility-level Characteristics and Facility Offering Suicide Prevention Services, 2010 N-MHSS n=8,459 (Adjusted Odds Ratio (AOR) (95%CI))

Characteristics	Neither (ref: Both)			Neither (ref: Suicide Prevention Services Only)			Neither (ref: Follow-up Only)		
	AOR	95% CI	р	AOR	95% CI	р	AOR	95% CI	р
<b>Facility type</b> (reference: Hospital-based setting <sup>1</sup> )									
Outpatient, day treatment or partial									
hospitalization mental health facility	1.67	1.26-2.23	<.001	2.23	1.67-2.97	<.001	1.28	.95-1.73	.107
Residential treatment center	1.21	.88-1.66	.245	2.24	1.62-3.10	<.001	.79	.57-1.08	.141
Multi-setting (non-hospital) MH facility	1.56	.92-2.63	.099	2.14	1.23-3.72	.007	.72	.43-1.20	.206
Offered mental health treatment in multiple <sup>2</sup>									
settings	.86	.65-1.12	.253	1.34	1.01-1.77	.039	1.02	.77-1.34	.913
Primary treatment focus (reference: mental health	services)								
Mix of mental health and substance abuse	.50	.4261	<.001	.77	.64-0.93	.007	.63	.5275	<.001
Facility sponsor/operator (reference: private non-p	rofit orgaı	nization)							
Private-for-profit organization	.51	.3967	<.001	1.25	0.93-1.68	.146	.71	.5592	.009
State mental health agency (SMHA)	.50	.3669	<.001	0.68	0.49-0.92	.014	.90	.65-1.26	.555
Local, county or municipal government	.93	.71-1.22	.595	0.81	0.63-1.04	.093	1.02	.78-1.35	.880
Other	.84	.62-1.14	.274	1.24	0.91-1.68	.168	2.05	1.44-2.9	<.001
Age group of clients/patients accepted for									
treatment (reference: Both youth and adults)									
Adults only	1.90	1.57-2.30	<.001	1.70	1.41-2.05	<.001	1.47	1.22-1.77	<.001
Youth only	.59	.4676	<.001	.92	.72-1.19	.531	.62	.5078	<.001
Disease management and coordination related su	pport ser	vices <sup>3</sup>							
(reference: none)									
One	.28	.2236	<.001	.45	.3656	<.001	.67	.5582	<.001
Two	.15	.1220	<.001	.28	.2236	<.001	.59	.4874	<.001
Three or more	.10	.0814	<.001	.19	.1524	<.001	.56	.4372	<.001
Housing related support services <sup>4</sup> (reference: none	e)								
One	.75	.6292	.006	1.18	.95-1.45	.131	1.09	.89-1.34	.393
Two or three	.69	.5390	.006	.91	.69-1.19	.483	.93	.71-1.23	.631
<b>Employment related support services</b> <sup>5</sup> (reference:	none)								
Either one	.70	.5589	.003	.70	.5589	.003	.95	.73-1.23	.678
Both	.70	.5393	.014	.66	.4988	.005	.92	.68-1.25	.599
Offer psychiatric emergency walk-in services	.26	.2231	<.001	.31	.2637	<.001	.95	.77-1.17	.632
Licensing, certification, or accreditation									
State mental health agency	1.13	.95-1.35	.162	.80	.6795	.011	.98	.83-1.16	.824
Joint Commission	.73	.6088	.001	.75	.6390	.002	1.14	.95-1.37	.163
Commission on Accreditation of	.41	.3351	<.001	1.15	.90-1.46	.253	.32	.2639	<.001

Rehabilitation Facilities									
Medicaid	.68	.5880	<.001	.83	.7198	.023	.95	.81-1.10	.473
Offer special programs for veterans	.35	.2943	<.001	.61	.5075	<.001	.59	.4872	<.001
Total single-day client count (reference: less than 50	))								
50-249	1.35	1.10-1.67	.004	1.10	.89-1.36	.391	1.12	.92-1.36	.257
250 or more	1.57	1.24-1.97	<.001	.88	.70-1.11	.280	1.60	1.28-2.01	<.001
Region (reference: Northeast)									
Midwest	1.18	.94-1.46	.147	1.24	1.00-1.54	.047	1.06	.87-1.29	.587
South	1.37	1.10-1.71	.005	1.04	.84-1.29	.709	.97	.79-1.19	.792
West	1.49	1.18-1.87	.001	.89	.72-1.10	.279	1.77	1.41-2.22	<.001
<b>Urbanicity</b> <sup>6</sup> (reference: large metropolitan counties)									
Medium metro counties	1.08	.89-1.33	.431	1.00	.83-1.22	.967	1.21	1.00-1.46	.055
Small metro counties	.73	.5793	.013	.75	.5996	.021	.98	.77-1.25	.885
Nonmetropolitan counties	.70	.5885	<.001	.80	.6596	.020	.98	.81-1.18	.812

Thospital-based setting consists of psychiatric hospital and separate inpatient psychiatric unit of a general hospital.

Indicated facilities that offered treatment in more than one type of settings, i.e. inpatient, outpatient, or residential.

Disease coordination included assertive community treatment, case management, chronic disease/illness management, illness management and recovery, and psychosocial rehabilitation services.

Housing included supported housing, housing services, and therapeutic foster care.
 Employment included supported employment and vocational rehabilitation services.
 Based on the 2006 National Center for Health Statistics Urban-Rural Classification Scheme for Counties