

National Mental Health Services Survey (N-MHSS)

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), is requesting approval for a revision to the National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119) which expires on June 30, 2015. This requested revision seeks approval for a full-scale N-MHSS instrument for data collection in 2014 and 2016 (Attachment A.1), and an abbreviated N-MHSS-Locator Survey instrument for data collection in 2015 and for the Between-Survey Updates in 2014, 2015, and 2016 (Attachment A.2).

The N-MHSS provides national and state-level data on the number and characteristics of mental health treatment facilities in the United States. This data collection is authorized by Section 505(b) [42 USC 290aa—4] of the Public Health Service Act which mandates the collection of data on the number and variety of public and private nonprofit mental health programs and persons who receive care from them.

As background, the U.S. government has been collecting information on mental health services since 1840. From 1840 to 1946, the U.S. Bureau of the Census collected mental health services information. Following the creation of the National Institute of Mental Health (NIMH) in 1946, the present-day Department of Health and Human Services (HHS) continued the collection of information on mental health services from 1947 through 1968. The series of surveys to collect mental health services information, through the Inventory of Mental Health Organizations (IMHO), began in 1969 under the direction of NIMH. Responsibility for the IMHO was transferred to SAMHSA at the time of its creation in 1992. Renamed the National Survey of Mental Health Treatment Facilities in 2008, and the National Mental Health Services Survey in 2010, this series of specialty mental health provider surveys has existed, in one form or another, for the past 44 years. Since 1969, the goals and content of this data collection effort have been fairly consistent: obtaining basic data on the number and types of specialty mental health service providers, their characteristics and the services they provide. This data collection effort is part of the longest continuous series in American public health and is the *only* mechanism for obtaining national and state-level data about the specialty mental health care delivery system.

The next cycle of the N-MHSS in 2014 will serve to update the mental health component of SAMHSA's online Behavioral Health Treatment Services Locator available at <http://findtreatment.samhsa.gov>. The last complete update of the Locator was based on information collected in the 2012 N-MHSS-Locator Survey, an abbreviated version of the survey. Additional updates to the Locator were made during the N-MHSS update activity conducted on a rolling basis in 2013. CBHSQ plans to conduct a full-scale N-MHSS in Spring

2014 and Spring 2016. The full-scale N-MHSS will collect not only information needed to update the Locator, such as facility location, organizational characteristics, and services/ programs provided, but also information on service utilization. In 2015, CBHSQ plans to conduct the abbreviated N-MHSS-Locator Survey to collect only the information needed to update the online Locator. This cycle of alternating years of full and abbreviated data collection will assure that data on the Locator will be continually updated. In addition, CBHSQ plans to maintain a continuous mechanism to add new facilities that are identified between regular survey cycles to the Locator. This survey will be known as the N-MHSS Between-Survey Update. Both the Locator Survey and the Between-Survey Update will use the same abbreviated N-MHSS-Locator Survey instrument.

2. Purpose and Use of Information

The purpose of the N-MHSS continues to be the collection of information about mental health treatment service providers across the nation and the services they provide to persons with mental illness. Most importantly, the data derived from the survey will be used to populate SAMHSA's online Behavioral Health Treatment Services Locator, a free online tool that persons nationwide, including mental health consumers, family members, and behavioral health professionals, can use to locate mental health treatment facilities in their area that provide the particular type(s) of mental health treatment services and other facility-based services that individuals are seeking.

To meet the need for a comprehensive and current enumeration of mental health facilities throughout the nation, the N-MHSS must be fielded each year to provide the database for SAMHSA's online Locator. The database for the online Locator will include facility-level information, such as type of facility; what entity owns/operates the facility; selected services offered by the facility; types of payment accepted; specially-designed programs offered; languages in which services are provided; availability of services for the hearing-impaired; and basic contact information so that the individual can schedule an appointment.

SAMHSA/CBHSQ will also use the information collected from the N-MHSS to update SAMHSA's Inventory of Behavioral Health Services (I-BHS). The I-BHS is the database of all specialty mental health and substance abuse treatment facilities known to SAMHSA. In turn, the I-BHS will provide the survey frame for the N-MHSS and a sampling frame of substance abuse and mental health treatment facilities for other potential national surveys.

The data file derived from the N-MHSS will be used to produce state-level reports that can be accessed by each state mental health agency as part of a long-standing, in-kind federal-state partnership in mental health data collection and reporting. Results from the N-MHSS can be used to respond to requests from researchers interested in the number of facilities that provide mental health treatment in a specific type of facility (e.g., residential treatment centers for children) and other more detailed information on services nationwide and within each state.

In addition to collecting information about the characteristics of the treatment service location, the full-scale N-MHSS will collect facility-level information on treatment service utilization including the number of clients served on the survey reference data (one-day census count) and the demographic characteristics of these clients. This information is critical to

meet the needs of: (a) policymakers at the national and state levels for current data on the availability and utilization of mental health services for budgeting, planning, and research; (b) mental health facilities themselves for their program-planning efforts; (c) university researchers and national health-related companies for determining the need for service providers (access to care) in underserved areas; and (d) the U.S. Congress or offices within HHS which make periodic data requests for statistics, such as number of psychiatric beds or number of persons by legal status (i.e., voluntary treatment or involuntary commitment).

The N-MHSS database also provides a valuable resource tool for the general public who visit the websites of other HHS offices and national professional organizations/associations, for example, the NIMH at <http://nimh.nih.gov/health/find-help/index.shtml>; the Office of Adolescent Health (OAH) at <http://www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/>; and Mental Health America at http://www.mentalhealthamerica.net/go/find_therapy.

In addition to SAMHSA publications, data derived from the N-MHSS will be published in the National Center for Health Statistics' (NCHS) *Health, United States*, and in the World Health Organization's (WHO), Department of Mental Health and Substance Abuse, *Mental Health Atlas*.

3. Use of Information Technology

The N-MHSS will use multiple technologies and applications in order to minimize respondent burden and improve the quality of the data collected. These include a web-based, self-administered survey; computer-assisted telephone interviewing (CATI); an automated data entry program; and a centralized database application that maintains survey frame information and manages the data collection modes (web, paper, CATI), simultaneously. The web screens for the online web survey are included as Attachment A.3, and a CATI questionnaire is included as Attachment A.4.

The N-MHSS will use the latest technology for all data collection applications:

- Facility Tracking and Data Editing System (F-TADES), a specially developed application that will store and organize facility information, manage and monitor survey progress, and field multiple data collection modes simultaneously for the survey
- WebServ 2, an SQL 2005 ASP.NET application for developing the web survey
- Visual Studio.Net 2005 for creation of the Internet pages
- Blaise 4.8 to create computer-assisted telephone interviews
- Viking, a full-featured data entry software that runs on Unix for entering responses from completed paper questionnaires
- SAS 9.3 for the production of all data files

The N-MHSS will be offered in multiple modes, including a web version that respondents can log onto using a unique user ID and password assigned to their facility. Based on results of the full-scale 2010 N-MHSS and SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS) (OMB No. 0930-0106), it is expected that approximately 60 percent of all respondents will choose to complete the survey online. Facilities that choose to use the Internet will be assisted by data validations that are built into the WebServ2 program, as well as programmed skip patterns. Web respondents will be able to move back and forth in the survey and edit their responses and suspend the survey and come back to the same point in the questionnaire at a later time.

The N-MHSS will also use Blaise CATI to collect data from facilities that do not respond by web or mail. In addition, Blaise will support the scheduling, monitoring, and documentation of all telephone calls made to the respondent. The N-MHSS will include an informational website for facilities that contains the questionnaire, as well as all definitional and instructional material. It also will include links to related SAMHSA sites, a description of the study and its goals, and a link to view current response rates by state.

4. Efforts to Identify Duplication

The N-MHSS is the only data collection that provides a comprehensive database of all known mental health treatment facilities throughout the U.S. No other federal agency or private organization collects information about the types of public and nongovernmental facilities that comprise the behavioral health care service delivery system on a state and national level. The information on mental health facilities already available from other data collection efforts cannot be used because the scope of coverage is limited or available data typically are outdated and not standardized across types of facilities. For example, the American Hospital Association (AHA) collects limited information on psychiatric hospitals in its annual survey of hospitals. However, neither the scope of coverage nor the data collected are in the detail required by SAMHSA for use by the public seeking to find treatment through the online Locator.

No other national organization or federal agency collects standardized information on mental health treatment services across particular types of mental health facilities, such as outpatient mental health centers, residential treatment centers for children, and multi-setting community mental health facilities.

CBHSQ also collects data on substance abuse treatment facilities through the N-SSATS. However, the data collected focuses on substance abuse treatment services. The N-MHSS will *complement* and not *duplicate* the information collected through the N-SSATS.

5. Involvement of Small Entities

The N-MHSS involves small entities. The following methods will be used to minimize reporting burden for small entities in particular and for all respondents in general:

- The surveys are designed to collect the absolute minimal amount of information required for the intended use of the data.

- The use of Internet technologies provides respondents the opportunity to easily complete a web-based, self-administered survey that will decrease the time between data collection and error resolution since the web survey will automatically check responses for errors, such as inconsistent responses, and will automatically follow the proper skip patterns to display the next appropriate question based on the respondent's previous response(s).
- Computer-assisted telephone interviewing (CATI) will be implemented for respondents who do not wish to or cannot respond on the web.
- All of the instructions for each question are included with the question rather than on a separate instruction page. This saves the respondent the time and trouble of turning pages between the questionnaire and an accompanying instruction manual.
- An informational website that includes the survey's purpose and definitions of key terms will be set up for respondents. This will allow those responding on the Internet to have the survey and the definitions open simultaneously in their web browser.
- Contractor staff will be available, via a toll-free telephone helpline and an e-mail helpdesk to answer any questions that respondents may have regarding the N-MHSS.

6. Consequences if Information Collected Less Frequently

If the requested information is not collected, federal program activities will suffer in several ways. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on the nation's communities through policies and programs that build resilience and facilitate recovery. One way that SAMHSA advances this mission is by making available to the public an online tool – SAMHSA's Behavioral Health Treatment Services Locator which enables mental health service consumers, their families and mental health professionals to find appropriate mental health care in their area. The usefulness of the Locator is directly related to the completeness and accuracy of the information it contains; thus, an annual N-MHSS with continuous data collection from newly identified facilities and updates relative to facilities that have closed or merged is essential for maintaining a high quality, up-to-date treatment facility locator.

In addition, the N-MHSS further supports SAMHSA's Strategic Initiative No. 7: *Data, Outcomes and Quality*. Through this Initiative, SAMHSA is focused on "realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities. This SAMHSA Initiative aims to improve the quality and availability of data and information and promote the dissemination of effective, evidence-based interventions and services."

The full-scale N-MHSS is only conducted every other year to reduce burden. If the proposed N-MHSS is not conducted or conducted less frequently, critical information about mental health treatment services offered to consumers in need of such services will not be available to this most vulnerable segment of the nation's population. Data on the numbers and characteristics of persons treated in these specialty mental health facilities will be outdated and unavailable to the behavioral health services research community, national health provider organizations, and the

states in need of such data to measure the volume of service utilization to meet the needs of policymakers and program planners for financial and human resource allocation. Finally, in conjunction with data in the I-BHS, the information collected in the N-MHSS will provide the survey frame for periodically conducted specialized surveys of mental health service providers and persons served.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

This data collection complies fully with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice soliciting public comment on this data collection required in 5CFR 1320.8(d) was published in the *Federal Register* on Friday, September 6, 2013 (Vol. 78, page 54902). No public comments were received.

In November 2011, SAMHSA/CBHSQ convened a day-long expert panel meeting in Gaithersburg, Maryland. This panel included representatives from academia and federal agencies, and was charged with considering expansion of the N-MHSS survey frame and the identification of survey questions and expanded categories that would provide useful information for inclusion in the online Locator and for analysis. A list of the expert panel members is included as Attachment A.12. Based on recommendations received, refinements were made to survey questions on the N-MHSS questionnaire. For example, a refinement was made to the survey question regarding languages spoken by staff in the provision of treatment services at the facility (Attachment A.1, question A17). This refinement reduces respondent burden, and is consistent with a similar survey question about languages that has been used successfully in the N-SSATS. In addition, a refinement was made to the response options for the survey question regarding “type of facility” (Attachment A.1, question A4) which provides for more definitive categories that facilities can select from, thus, reducing the burden on facilities to write in a response.

More recently, additional subject-area experts were consulted to further refine the survey instruments. Included were representatives from the mental health service research community and other federal agencies. These experts included:

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A pretest and debriefings were also conducted with nine mental health treatment facilities to test the refinements to the survey instruments which included expanded survey question categories and formatting changes. The pretest participants included:

- Alice Badger, Southern Thirty Adolescent Center, Mount Vernon, IL
- Robert Ball, Idaho Youth Ranch Main Campus, Rupert, ID
- Dixie Church, Lafayette County Positive Living Center, Oxford, MS
- Diana Knaebe, Heritage Behavioral Health Center, Decatur, IL
- Don Parker, Carrier Clinic, Belle Mead, NJ
- Marguerite Pedley, Princeton House Behavioral Health, Princeton, NJ
- Lyles Seavy, Billings Clinic - Psychiatric Services, Billings, MT
- Margie Sullivan, Grant Blackford Mental Health Inc., Cornerstone Behavioral Health, Marion, IN
- Dr. Doug Tynan, Nemours duPont Hospital - Division of Behavioral Health, Wilmington, DE

The Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this OMB request.

9. Payment to Respondents

No payment or gifts are provided to respondents for participation in the N-MHSS.

10. Assurance of Confidentiality

A Pledge to Respondents completing the N-MHSS is included on the last page of the survey instrument. This pledge states that the information provided will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(n)) – Limitation on the Use of Certain Information. This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions will be published in SAMHSA’s online Behavioral Health Treatment Services Locator.

11. Questions of a Sensitive Nature

The N-MHSS does not include questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The estimated annual burden for the N-MHSS is detailed in the following tables:

Facility Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Hourly Cost
Facilities in 2014 N-MHSS universe	17,000	1	17,000	0.75	12,750	\$40.50	\$516,375
Facilities in Between-Survey Update, 2014 ¹	1,700	1	1,700	0.42	714	\$40.50	28,917
Facilities in 2015 N-MHSS-Locator Survey universe	17,000	1	17,000	0.42	7,140	\$40.50	\$289,170
Facilities in Between-Survey Update, 2015 ¹	1,700	1	1,700	0.42	714	\$40.50	28,917
Facilities in 2016 N-MHSS universe	17,000	1	17,000	0.75	12,750	\$40.50	\$516,375
Facilities in Between-Survey Update, 2016 ¹	1,700	1	1,700	0.42	714	\$40.50	28,917
Average Annual Total	18,700	1	18,700	0.62	11,594	\$40.50	\$469,557

¹ Throughout the year, approximately ten percent of facilities close or merge and a similar number of new facilities are identified.

Facility Respondent	Number of Respondents	Responses per Respondent	Average Hours per Response	Total Burden Hours
Facilities in N-MHSS universe in 2014 and 2016	17,000	1	0.75	12,750
Newly identified facilities in Between-Survey Update in 2014, 2015, and 2016 ^{1,2}	1,700	1	0.42	714
Facilities in N-MHSS-Locator Survey universe in 2015	17,000	1	0.42	7,140
Average Annual Total	18,700	1	0.62	11,594

¹ Throughout the year, approximately ten percent of facilities close or merge and a similar number of new facilities are identified.

² Collection of information on newly identified facilities throughout the year, as they are identified, so that new facilities can quickly be added to the Locator.

Basis for Burden Hour Estimate:

The estimated response burden for completion of the full-scale 2010 N-MHSS was one hour. Based on documentation available from the results of the 2010 web-based survey, the time to complete the survey online was an average of 35 minutes. An estimated 10 minutes has been added to the 35 minutes to reflect the additional time required to search existing data sources to report the client counts and demographic information.

The N-MHSS-Locator Survey questionnaire is an abbreviated version of the full-scale N-MHSS questionnaire. Based on reductions in the size of the survey instrument (total number of pages and questions), and prior field experience in the fielding of the 2012 N-MHSS-Locator Survey, the estimated time for response to the N-MHSS-Locator Survey questionnaire is 25 minutes (0.42 hours).

Basis for Hourly Wage Rate Estimate:

The estimated hourly wage rate is based on the median hourly pay of \$40.52 for medical and health service managers as reported in the Bureau of Labor Statistics, U.S. Department of Labor *Occupational Outlook Handbook, 2012-13 Edition*, Medical and Health Service Managers, at <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital, start-up, operations, or maintenance costs to respondents associated with this data collection.

14. Estimates of Annualized Cost Burden to Government

The annualized cost to the Government for the N-MHSS component of the SAMHSA/CBHSQ data collection contract is estimated to be **\$2,500,000**. The N-MHSS contract-related activities included in this estimate are described below. The total annualized cost to the Government including the contract monitoring activities of one FTE is estimated to be **\$2,640,000**.

Data Collection, Data Processing and Creation of Merged Data File. These activities include creation, maintenance and security of an informational and survey website available to facility respondents during the active data collection period; operation of a toll-free telephone helpline; development of all data collection materials and instruments; mail out of survey materials to facilities including costs for postage, envelopes, printing, processing, and handling; development of editing procedures and procedures for maximizing web questionnaire response rates; development and implementation of a system for tracking and monitoring response status throughout the data collection period; development of procedures for administering the questionnaire via CATI to facilities that have failed to respond by web, including questionnaire development and programming, and interviewer training; development of a tracking system for weekly reporting of data collection progress and status; development of machine cleaning specifications; and creation of a data file.

Preparation of Annual Summary Data Report, Analytic Files and Public-Use Files. These activities include production of a N-MHSS analytic data file with accompanying documentation in SAS and ASCII format; production of a N-MHSS summary data report including text and table preparation; production of print and electronic versions of the report for publication on SAMHSA's website; production of PDF and HTML versions of the data report that are 508 compliant; production of a CD version of the *National Directory of Mental Health Treatment Facilities*; and production of N-MHSS public-use data files and documentation.

Contract Monitoring. The cost for monitoring the contract and carrying out related work including the salary and travel for contractor site visits for one FTE totals approximately **\$140,000**.

15. Changes in Burden

Currently, the total annual burden hours for the abbreviated 2012 N-MHSS-Locator Survey is 6,930 hours based on an estimated response time of 25 minutes for an estimated 16,500 facility respondents. SAMHSA/CBHSQ is now requesting a total annual burden of 11,594 hours for the N-MHSS. The increase of 4,664 hours is due to a program change. The number of mental health facilities is derived from an expanded search of departments/offices within each state with responsibility for the funding or licensing of mental health treatment facilities; of national and regional accreditation entities; and other national provider organizations and associations. This number is based on an estimated response time of 45 minutes for an estimated 17,000 facility respondents in the full-scale survey in 2014 and 2016, an estimated response time of 25 minutes for an estimated 17,000 facility respondents in the Locator Survey in 2015, and an estimated response time of 25 minutes for an estimated 1,700 facility respondents in the Between-Survey Update in 2014, 2015, and 2016. The increase is also due to the N-MHSS Between-Survey Update activity which identifies and collects data from new facilities on a rolling basis throughout the year.

16. Time Schedule, Publication and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

Activity	Completion Date
2014 N-MHSS	
Finalization the survey frame from the I-BHS, development of data collection materials and instrument (web, paper, and CATI)	February 2014
Creation of an informational and survey website	February 2014
Development of system for tracking/monitoring survey response status	March 2014
Advance letter mailing	March 2014
First cover letter mailing, including instructions for how to complete survey on the Internet	April 2014
First thank you/reminder letter mailing	May 2014
Second cover letter mailing, including paper questionnaire and prepaid return business reply envelope	June 2014
Second thank you/reminder letter mailing	July 2014
CATI interviewer training, and begin full interview calls to non-respondents	August 2014
Thank you notification to survey respondents	Ongoing throughout data collection
Development of machine cleaning specifications and creation of data file	January 2015
Update Mental Health Facility Locator database	March 2015
Publication of the <i>National Directory of Mental Health Treatment Facilities</i> on CD	March 2015
Development of analytic data file	April 2015

Analytic report	June 2015
Public use data files	June 2015
Process updates/changes to existing information in the I-BHS on a monthly basis	Ongoing throughout data collection

b. Analyses and Publications

The N-MHSS data will be disseminated in the following manner:

- **Behavioral Health Treatment Services Locator** – This searchable web-based system on the Internet will link the facility listings to an online mapping function (see: <http://findtreatment.samhsa.gov>). Updates to add eligible new facilities and update changes to existing information will be made as needed. The mental health facility database is also made available to the office within HHS with responsibility for maintenance of the new federal website, www.MentalHealth.gov.
- **National Directory of Mental Health Treatment Facilities** – This publication, available as a CD, will include information on the same facilities that are listed in the online Locator. The facilities will be presented alphabetically by State, and within each State, alphabetized by city and then by facility name within the city. Information about each facility will include: facility name; street address; telephone number; intake telephone number; website address; type of facility; ownership; type of care setting offered; age groups of clients served; languages spoken; selected types of services offered; special programs offered; payment assistance offered; and accepted sources of payment for services.
- **N-MHSS Annual Data Report** – This publication will present the main findings from the N-MHSS including descriptive analyses of facility counts by facility characteristics, such as type of facility, service setting offered, and ownership. Descriptive analyses on client counts by demographic characteristics will also be included in reports generated from data collected in the full-scale N-MHSS.
- **Public-Use Data Files** – Public-use (release) data files of N-MHSS data will be available for downloading and for online analysis at the Substance Abuse and Mental Health Data Archive (SAMHDA) website, established and run by the University of Michigan under contract to SAMHSA (<http://www.icpsr.umich.edu/SAMHDA>).
- **Other Reports** – Selected data from the N-MHSS file (e.g., facility counts by type of facility) will be included in other statistical compilations, including, for example, the CDC/NCHS publication: *Health, United States*. In addition, analytic reports presenting N-MHSS data will be included in the SAMHSA/CBHSQ *Short Report*, a statistical publication series available on the SAMHSA website.

17. Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.