Attachment 1.0

<u>CMHS Cover Letter</u>

January 11, 2008

[Salutation] [First & Last Name]   Org ID: xxxxxx Facility ID: xx
[Title]
[Organization Name
[Organization Address]
[City, [State] [Zipcode]

Dear [Salutation] [Last Name]:

I am asking for your help in completing the 2008 National Survey of Mental Health Treatment Facilities (NSMHTF).   This is a recurrent nationwide survey conducted by the Center for Mental Health Services (CMHS). We have enclosed a questionnaire, information sheets, and a postage-paid return envelope. For your convenience, several options are available for responding: (1) Internet, (2) Mail, or (3) Fax. Please use only one method of response.

The purpose of the survey is to continue the biennial survey of key characteristics of services provided by mental health facilities (including general hospitals with separate psychiatric living units). The survey examines type of services provided, facility accreditation, and current caseload.

The information you provide will be used to update the *National Mental Health Information Center's Mental Health Services Locator* (**http://mentalhealth.samhsa.gov/databases/**). This online Directory is used extensively by mental health professionals, as well as consumers, to locate mental health facilities across the country. Not responding to this Inventory may result in your facility (or facilities) being listed incorrectly in this online Directory.

Please take the time to complete the questionnaire by **Friday, February 15, 2008.** If you have any questions, please call our Survey Help Line from 8:00 a.m. to 5:00 p.m. Eastern Time.

Best regards,

Daniel Foley
Project Officer, Survey, Analysis, and Financing Branch
Division of State and Community Systems Development
Center for Mental Health Services

Enclosures

Attachment 1.1

Criteria Used to Determine Facility Eligibility

2008 National Survey of Mental Health Treatment Facilities

Criteria Used to Determine Facility Eligibility

A mental health facility must have each of the following five characteristics:

1. **Formal establishment by law, regulation, charter, license, or agreement;**

2. **An established organizational structure, including a staffing structure;**

3. **A primary goal for all or part of the facility of improving the mental health of its clientele;**

4. **A clientele with psychiatric, psychological, or associated social adjustment impairments;**

5. **Provision of mental health services.**

If you have comments or questions regarding the criteria for being considered a mental health facility, please contact the help line at 1 (800) 722-6194.

Attachment 1.2

<u>Service Descriptions</u>

QUESTION 6 – MENTAL HEALTH SERVICES DEFINITIONS

Intake services – Services designed to briefly assess the type and degree of a client/patient's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service.

Diagnostic Evaluation – The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect data sufficient to permit a case formulation, and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety, or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation. Services may include interviews, psychological testing, physical examinations including speech/hearing, and laboratory studies.

Information and Referral Services – Information services are those designed to impart information on the availability of clinical resources and how to access them. Referral services are those that direct, guide, or link a client/patient with appropriate services provided outside of the facility.

Psychiatric Emergency Walk-in Services – These provide psychiatric care in emergency situations and are staffed by workers specifically trained for this purpose. They include crisis intervention, which enables the individual, family members and friends to cope with the emergency while maintaining the individual's status as a functioning community member to the greatest extent possible, and a facility which is open for a patient to walk in.

Suicide Prevention – Suicide prevention encompasses identification of risk factors; staff education on identifying the distinguishing attributes of suicidal behavior and using methods of risk detection; assessment, intervention, and management of suicidal patients. It may feature a variety of therapeutic approaches, treatment of underlying mental disorders and/or substance abuse treatment, pharmacotherapy when indicated, supportive services, and education of the consumer and family members. Hotlines help individuals in suicidal crisis to contact the nearest suicide prevention and mental health service provider.

Case Management – This service helps people arrange for appropriate services and supports. A case manager coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the client/patient and family are met.

Psychosocial Rehabilitation Services – These are therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, skills training includes grooming, bodily care, feeding, social skills training, and development of basic language skills.

Vocational Rehabilitation Services – These are services that include job finding/development; assessment and enhancement of work-related skills – such as writing a resume or taking part in an interview -- attitudes, and behaviors; as well as provision of job experience to clients/patients. It also includes transitional employment.

Legal Advocacy – Legal services are provided to ensure the protection and maintenance of a client/patient's legal rights.

Education Services – Locating or providing a full range of educational services from basic literacy through the General Equivalency Diploma and college courses. These include special education at the pre-primary, primary, secondary, and adult levels.

Housing Services – Housing services are designed to assist individuals in finding and maintaining appropriate housing arrangements.

Consumer-Run Services – These are mental health treatment or support services that are provided by mental health consumers. They include social clubs, peer-support groups, and other peer-organized or consumer-run activities such as evaluations of consumer satisfaction of mental health treatment.

Chronic Disease/Illness Management – Chronic Disease Management (CDM) is a systematic approach to improving health care for people with chronic disease. Central to most CDM approaches are patient self-management, physician education, and organizational support. Among the variety of strategies employed are case management, continuous quality improvement, disease management (DM) and the chronic care model (CCM).

Disease Management (DM) programs identify appropriate candidates for Chronic Disease Management (CMD), develop a long-term care strategy using evidence-based medicine guidelines, provide patient education to bring about behavior change, apply appropriate medical services to support the physician's treatment plan, and collect, evaluate and disseminate information on outcomes to physicians and other providers of care.

The Chronic Care Model (CCM) is a strategy for adapting medical practice to better meet the needs of the management of chronic disease. It identifies the essential elements of a heath care system that encourages high-quality chronic disease care as the following:

1. Community: Connect medical practices with community health resources.
2. Health System: Adjust the goals, policies, and financial incentives of health care organizations to the management of chronic disease as a priority.
3. Self-management Report: Assist patients to become effective self-managers of their chronic disease.
4. Delivery System Design: Structure the delivery system to enhance team management.
5. Decision Support: Integrate evidence-based guidelines into daily practice decision-making.
6. Clinical Information Systems: Institute clinical information systems that provide physician reminders for noncompliance with guidelines, feedback to physicians on compliance with chronic disease performance measures, and patient registries for population-based care.

Attachment 1.3

<u>Mental Health Therapeutic Approaches</u>

QUESTION 7 - MENTAL HEALTH TREATMENT APPROACHES

Interpersonal Psychotherapy – Through one-on-one conversations, this approach focuses on the patient's current life and relationships within the family, social, and work environments. The goal is to identify and resolve problems with insight, as well as build on strengths.

Group Therapy – This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to (1) help them get relief from distress and (2) possibly modify their behavior.

Couples Counseling/Family Therapy – These two similar approaches to therapy involve discussions and problem-solving sessions facilitated by a therapist; sometimes with the couple or entire family group; sometimes with individuals. Such therapy can help couples and family members improve their understanding of, and the way they respond to, one another. This type of therapy can resolve patterns of behavior that might lead to more severe mental illness. Family therapy can help educate the individuals about the nature of mental disorders and teach them skills to cope better with the effects of having a family member with a mental illness, such as how to deal with feelings of anger or guilt.

Behavior Modification – This approach applies learning and conditioning principles to modify overt behaviors, which are those behaviors obvious to everyone, including, the client.

Cognitive/Behavioral Therapy – A combination of cognitive and behavioral therapies, this approach helps people change negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive, less stressful lives.

Activity Therapy – This approach **i**ncludes art, dance, music, recreational and occupational therapies, and psychodrama.

Electroconvulsive Therapy – Also known as ECT, this technique uses low voltage electrical stimulation of the brain to treat some forms of major depression, acute mania, and some forms of schizophrenia. This potentially life-saving technique is considered only when other therapies have failed, when a person is seriously medically ill and/or unable to take medication, or when a person is very likely to commit suicide. Substantial improvements in the equipment, dosing guidelines, and anesthesia have significantly reduced the side effects.

Psychotropic Medication Therapy – This approach encompasses the prescription and administration of psychotropic medications; assessment of drug effectiveness, efficacy, and risks versus benefits; as well as monitoring and treating side effects.

Attachment 1.4

<u>Supportive Services</u>

Question 8 – SUPPORTIVE PRACTICES

Supported Housing – Supported housing is independent normal housing with flexible, individualized supportive services to allow client/patients to maintain as much independence as possible.

Supported Employment – These supportive services include assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities.

Assertive Community Treatment – This multi-disciplinary clinical team approach provides 24-hour intensive community services in the individual's natural setting that help those with serious mental illness live in the community.

Family Psychoeducation – Family psychoeducation involves a partnership among consumers, families and supporters, and practitioners. Through relationship building, education, collaboration, and problem solving, family psychoeducation helps consumers and their families and supporters to:

- Learn about mental illness
- Master new ways of managing their mental illness
- Reduce tension and stress within the family
- Provide social support and encouragement to each other
- Focus on the future
- Find ways for families and supporters to help consumers in their recovery

Integrated Dual Disorders Treatment – This treatment occurs when a person receives combined treatment for mental illness and substance abuse from the same clinician or treatment team. Effective integrated treatment programs view recovery as a long-term, community-based process. The approach includes:

- Individualized treatment, based on a person's current stage of recovery
- Education about the combined illnesses
- Assertive outreach to client/patients
- Intensive case management
- Help with housing and supported employment among other services
- Money management
- Relationships and social support
- Counseling designed especially for those with co-occurring disorders

(Continued on other side)

1

Illness Management and Recovery – IMR is a standardized individual or group format program based on five evidence-based practices.

- *Psychoeducation* teaches about mental illness and its treatment, which improves consumers' understanding of their disorder and their capacity for informed treatment decision-making.
- *Behavioral tailoring* helps consumers fit taking medication into daily routines by building in natural reminders (such as putting one's toothbrush by one's medication dispenser), which improves medication adherence and can prevent relapses and re-hospitalizations.
- *Relapse prevention training* teaches consumers how to recognize situations that trigger relapses and the early warning signs of a relapse and develops a plan for responding to those signs in order to stop them before they worsen and interfere with functioning.
- *Coping skills training* bolsters consumers' ability to deal with persistent symptoms by helping them identify and practice coping strategies, which can decrease distress and the severity of symptoms.
- *Social skills training* helps consumers strengthen their social supports and bonds with others by practicing interpersonal skills in role plays and real life situations, resulting in more rewarding relationships and better illness management.

FOR CHILDREN

Therapeutic Foster Care – A service which provides treatment for troubled children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturing family home.

Multisystemic Therapy – MST addresses the multidimensional nature of behavior problems in troubled youth. Treatment focuses on those factors in each youth's social network that are contributing to his or her antisocial behavior. The primary goals of MST programs are to decrease rates of antisocial behavior and other clinical problems, improve functioning (e.g., family relations, school performance), and achieve these outcomes at a cost savings by reducing the use of out-of-home placements such as incarceration, residential treatment, and hospitalization. The ultimate goal of MST is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources. MST is delivered in the natural environment (in the home, school, or community). The typical duration of home-based MST services is approximately 4 months, with multiple therapist-family contacts occurring weekly. MST addresses risk factors in an individualized, comprehensive, and integrated fashion, allowing families to enhance protective factors. Specific treatment techniques used to facilitate these gains are based on empirically supported therapies, including behavioral, cognitive behavioral, and pragmatic family therapies.

Functional Family Therapy – Functional Family Therapy is a family intervention program for dysfunctional youth, including those with problems such as conduct disorder, violent acting-out, and substance abuse. It is conducted both in clinic settings as an outpatient therapy and as a home-based model. This therapeutic model identifies specific phases of treatment, which organize intervention in a coherent manner, thereby allowing clinicians to maintain focus in the context of considerable family and individual disruption. Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success.

Attachment 1.5

<u>Seclusion and Restraint Definitions</u>

2008 National Survey of Mental Health Treatment Facilities

Question 16 – Seclusion and Restraint Definitions

Seclusion - The involuntary confinement of a client/patient alone in a room or area from which the client/patient is physically prevented from leaving.

Restraint - Any manual method or physical or mechanical device, material or equipment, that immobilizes or reduces the ability of a client/patient to move his or her arms, legs, body or head freely, attached or adjacent to the client/patient's body, that he or she cannot easily remove that restricts freedom of movement or normal access to one's body. Also a restraint is a drug or medication when it is used as a restriction to manage the client/patient's behavior or restrict the client/patient's freedom of movement and is not a standard treatment or dosage for the client/patient's condition.

Attachment 1.6

Mental Health Facilities Type Definitions

2008 National Survey of Mental Health Treatment Facilities

Question 18 - MENTAL HEALTH FACILITY TYPE DEFINITIONS

Psychiatric Hospital - A facility operated as a hospital by the State (e.g. State mental hospital) or licensed as a hospital by the State (e.g. private psychiatric hospital), whose primary purpose is to provide inpatient care to patients with mental illness or emotional disturbance.

Residential Treatment Center for Severely Emotionally Disturbed Children - A facility 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 for children and youth younger than 18. This type of facility must have a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's or a doctoral degree. The primary reason for admission of more than half of the clients is mental illness that can be classified by DSM-IV, DSM-III/DSM-IIIR/ICD-9-CM/ICD-10-CM codes, other than the codes for mental retardation, developmental disorders, and substance-related disorders, such as drug abuse and alcoholism.

Residential Treatment Center for Adults – A facility 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 for adults.

Separate Psychiatric Living Unit of a General Hospital - A general hospital (public or private) that provides inpatient mental health services in at least one separate psychiatric living unit. This unit must have specifically allocated staff and space for the treatment of persons with mental illness. The unit may be located in the hospital itself or in a separate building, either adjacent or more remote, that is owned by the general hospital.

Outpatient/Partial Care Mental Health Facility - A facility that provides only outpatient mental health services to ambulatory clients/patients for **less** than 3 hours at a single visit, on an individual, group or family basis, usually in a clinic or similar facility. A psychiatrist generally assumes the medical responsibility for all clients/patients or direction of the mental health treatment. Also can be a facility that provides only partial care mental health services to ambulatory clients/patients in sessions of 3 or more hours on a regular schedule.

Multi-setting (non-hospital) Mental Health Facility - A facility that provides mental health services in two service settings (residential and outpatient setting) and is not classified as a psychiatric or general hospital or as a residential treatment center for emotionally disturbed children. *(The classification of psychiatric hospital, general hospital, or residential treatment center for emotionally disturbed children takes precedence over a multi-setting classification, even if two settings are offered.)*

Other - Any other type of facility or hospital not defined in the categories above. Please choose this category ONLY if you are sure that you cannot use one of the above categories.

Attachment 1.7

<u>Service Settings</u>

Service Settings: What do they mean?

There are three service settings used in this Survey:

Inpatient (IP) – 24-hour inpatient psychiatric care in a hospital setting

Residential Care (RC) – 24-hour or overnight psychiatric care in a residential, non-inpatient, setting

Outpatient or Partial Care (OP/PC) – less than 24-hour, not overnight, psychiatric care, such as ambulatory outpatient counseling or partial day care

Examples of facilities that have **IP** service settings include psychiatric hospitals or general hospitals with separate psychiatric inpatient units. **IP** service settings are typically licensed by the State and provide both medical and psychiatric treatment on a 24-hour basis.

Examples of facilities that have **RC** service settings include residential treatment centers for children or adults, residential supportive centers, and multi-service community mental health centers. These facilities do NOT provide traditional hospital care for their clients.

Examples of facilities that have **OP/PC** service settings include the traditional mental health outpatient clinic, the multi-service community mental health center, and the partial day care center.

When responding to this Survey, please combine all of your service programs by setting (e.g., multiple OP/PC programs).

Please keep these points in mind when responding to the Survey. If you have any questions about how to classify your service programs into service settings, please call the Survey Hotline and we will assist you.

(See other side for response mode information)

Attachment 1.8

<u>Response Modes</u>

2008 National Survey of Mental Health Treatment Facilities
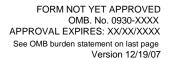
THREE WAYS TO RESPOND

(1)   Questionnaire Internet Submission

- Point your web browser to http://mhsurvey.s-3.com

- Enter your ID and password (found on the pink information sheet).

- Enter your data, then check your data and fix it if necessary.

- When your data are correct, click on Done

- Make corrections on your Mental Health Service Location Verification Form and mail it using the enclosed postage-paid envelope.

(2)   Questionnaire Fax Submission

- Complete the paper questionnaire using black ink.

- Fax the questionnaire to 301-628-XXXX or 301-628-XXXX- Attn: 2008 NSMHTF.

- Make corrections on your Mental Health Service Location Verification Form and mail it using the enclosed postage-paid envelope.

(3)   All Mail Submission

- Complete both the questionnaire and the Mental Health Service Location Verification Form by hand.

- Mail the completed documents in the enclosed postage-paid envelope.

Please choose only 1 method of response

(See other side for Service Setting information)

Attachment 1.9

<u>Questionnaire</u>

US Department of Health and Human Services

FORM NOT YET APPROVED
OMB. No. 0930-XXXX
APPROVAL EXPIRES: XX/XX/XXXX
See OMB burden statement on last page
Version 12/19/07

2008 National Survey of Mental Health Treatment Facilities

Substance Abuse and Mental Health Services Administration

PLEASE REVIEW THE INFORMATION PRINTED BELOW IN THE LEFT COLUMN.
PLEASE MAKE ANY CORRECTIONS USING THE RIGHT COLUMN BELOW.

FACILITY INFORMATION BOX

Current Information	Corrections
Facility Name (Line 1)	**Facility Name (Line 1)**
Facility Name (Line 2)	**Facility Name (Line 2)**
Street Address	**Street Address**
Mailing Address (if different)	**Mailing Address (if different)**
City **State** **Zip Code** **ZipFour**	**City** **State** **Zip Code** **ZipFour**
Phone Number **Extension**	**Phone Number** **Extension**
Fax Number	**Fax Number**
Facility Director	Facility Director

Current Web Site Address -- If the web address in the box below is correct, please check here: ☐

Corrected Web Site Address -- If the box above is blank or the web address is incorrect, enter the correct address below.

A. Is this the Main Administrative Facility? Yes ☐ No ☐

B. Are mental health services provided at this facility? Yes ☐ (Go to the next page and continue with the questionnaire)

No ☐ (Go to Question C)

C. Which of the following statements best describes this facility? ←

CHECK ONE ONLY

☐ It is an administrative facility only

☐ It provides substance abuse services

☐ It provides developmental disability services

☐ It performs some other service. Please specify:

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CMHS FACILITY ID

Please complete the contact information in Section E (*page 12*) and return the questionnaire.

INSTRUCTIONS

- Most of the questions in this questionnaire ask about <u>this facility</u>. By <u>this facility</u> we mean the specific treatment facility whose name and location are printed in the Facility Information Box on the front cover. If you have any questions about how the phrase <u>this facility</u> applies to your facility, please call the survey helpline at 1-800-722-6194.

  [**NOTE**: If you have corrected the address, please consider the facility at the corrected address.]

- Answer ONLY for the specific facility whose name and location are printed on the front cover, unless otherwise specified in the questionnaire.

- Return the completed questionnaire in the envelope provided. Please keep a copy for your records.

- If you have any further questions or need additional blank forms, contact the survey helpline at:

  1-800-722-6194
  mhsurvey@s-3.com

  Or write to:
  Social & Scientific Systems, Inc.
  PO Box 8548
  Silver Spring, MD 20907-9907

Would You Rather Complete the Questionnaire Online?

You can choose to respond to this questionnaire using the Internet at http://mhsurvey.s-3.com/. See the pink information sheet enclosed in your questionnaire packet for your unique user ID and password. If this information has been misplaced, please contact the survey helpline at 1-800-722-6194.

IMPORTANT INFORMATION

- Information from asterisked (*) questions will be published in SAMHSA's online *Mental Health Services Locator* and will be available online at **http://mentalhealth.samhsa.gov/databases/**.

- Note that complete and accurate name and address information is needed for SAMHSA's online *Mental Health Services Locator* so it can correctly map the facility's location.

- Only facilities designated as eligible by SAMHSA will be listed in SAMHSA's online *Mental Health Services Locator*. The orange information sheet included in your packet describes the criteria used to determine eligibility. If you have any further concerns or questions regarding eligibilty, please contact the survey helpline at 1-800-722-6194.

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CMHS FACILITY ID

2

SECTION A:
SERVICE CHARACTERISTICS

Section A asks about this facility's client/patients and services. Remember: This questionnaire asks about this facility *only*, the facility at the location listed in the Facility Information Box on the front cover.

1. In which of following settings are mental health services provided at this facility?

CHECK ALL SETTINGS THAT APPLY

☐ 24-hour hospital inpatient care

☐ 24-hour residential care

☐ Less than 24-hour outpatient/partial care

*2. Are substance abuse services also provided at this facility (the facility listed in the Facility Information Box on the front cover of the questionnaire)?

☐ Yes ➝ CONTINUE WITH QUESTION 2a

☐ No ➝ SKIP TO QUESTION 3

> ***2a. In which of the following settings are substance abuse services provided at this facility?**
>
> *(CHECK ALL SETTINGS THAT APPLY)*
>
> ☐ 24-hour hospital inpatient care
>
> ☐ 24-hour residential care
>
> ☐ Less than 24-hour outpatient/partial care

*3. What is the primary service focus at this facility?

CHECK ONE ONLY

☐ Mental health services

☐ Substance abuse services

☐ Mix of mental health and substance abuse services *(neither is primary)*

☐ General health care *(neither mental health nor substance abuse services is primary)*

☐ Other service focus; please specify:

CMHS FACILITY ID

ANSWER ALL REMAINING QUESTIONS FOR MENTAL HEALTH SERVICES ONLY. (EXCLUDE ALL NON-MENTAL HEALTH SERVICES FROM YOUR RESPONSES.)

*4. What telephone number(s) should a potential client/patient call to schedule a mental health intake appointment at this facility?

INTAKE TELEPHONE NUMBER(S)

1. (☐☐☐) - ☐☐☐ - ☐☐☐☐   ☐☐☐☐
Extension

2. (☐☐☐) - ☐☐☐ - ☐☐☐☐   ☐☐☐☐
Extension

> **4a. What are the hours of operation for the intake telephone number(s)?**
>
> From [:] AM   To [:] AM
>
> [:] PM   [:] PM
>
> **Days of the Week:** [   ]

☐ This facility does not accept telephone calls for mental health intake appointments.

*5. Does this facility operate a 24/7 hotline that responds to persons experiencing acute mental health problems?

- *A hotline is a telephone service, available and staffed 24 hours a day, 7 days a week, that provides information, referral, and immediate counseling to the client/patient in a crisis situation.*

- *DO NOT consider 911, or the local police number, a hotline for the purpose of this survey.*

☐ Yes ➝ CONTINUE WITH QUESTION 5a

☐ No ➝ SKIP TO QUESTION 6

> ***5a. Enter the hotline telephone number(s) below.**
>
> HOTLINE TELEPHONE NUMBER(S):
>
> (☐☐☐) - ☐☐☐ - ☐☐☐☐   ☐☐☐☐
> Extension
>
> (☐☐☐) - ☐☐☐ - ☐☐☐☐   ☐☐☐☐
> Extension

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*6. **Which of the following mental health services are provided at this facility?** *For definitions of mental health services, please see the blue information sheet.*

CHECK ALL THAT APPLY

a. ☐ Intake services

b. ☐ Diagnostic evaluation

c. ☐ Information and referral services

d. ☐ Psychiatric emergency walk-in services

e. ☐ Suicide prevention services

f. ☐ Case management

g. ☐ Psychosocial rehabilitation services

h. ☐ Vocational rehabilitation services

i. ☐ Legal advocacy

j. ☐ Education services

k. ☐ Housing services

l. ☐ Consumer-run services

m. ☐ Chronic disease/illness management

n. ☐ Other; please specify:

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*7. **Which of the following mental health treatment approaches are provided at this facility?** *For definitions of mental health treatment approaches, please see the purple information sheet.*

CHECK ALL THAT APPLY

a. ☐ Interpersonal psychotherapy

b. ☐ Group therapy

c. ☐ Couples counseling/family therapy

d. ☐ Behavior modification

e. ☐ Cognitive/Behavioral therapy

f. ☐ Activity therapy

g. ☐ Electroconvulsive therapy

h. ☐ Psychotropic medication therapy

i. ☐ Other; please specify:

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8. **Many people in recovery benefit from a number of supportive practices. Which of the following are provided by this facility?** *For definitions of the supportive practices listed, please see the green information sheet.*

CHECK ALL THAT APPLY

ADULTS

a. ☐ Supported housing

b. ☐ Supported employment

c. ☐ Assertive community treatment

d. ☐ Family psychoeducation

e. ☐ Integrated dual disorders treatment

f. ☐ Illness management and recovery (IMR)

CHILDREN/ADOLESCENTS

g. ☐ Therapeutic foster care

h. ☐ Multisystemic therapy

i. ☐ Functional family therapy

9. **Does an acute care crisis intervention treatment team operate from this facility?**

☐ Yes, within facility only

☐ Yes, off site only

☐ Yes, within facility and off site

☐ No

*10. **Please identify the following functions at your facility that are accomplished using computerized systems:**

a. ☐ Computerized results reporting (e.g., laboratory results, psychological testing)

b. ☐ Computerized Physician Order Entry (CPOE) or outpatient prescriptions/directions

c. ☐ Sending to and receiving clinical data from other providers

d. ☐ Creating and transmitting referrals to other providers or services (e.g., employment placement, housing assistance, vocational training)

e. ☐ Treatment plan creation and maintenance

f. ☐ Problem list creation and maintenance

g. ☐ Medication interaction checking

h. ☐ Billing/claims preparation and submission

i. ☐ Patient scheduling

j. ☐ Process note-taking

k. ☐ Other; please specify:

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Draft

CMHS FACILITY ID

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*11. **Indicate which age/gender categories of client/patients are accepted for treatment <u>at this facility</u>?**

CHECK YES OR NO FOR EACH CATEGORY

	YES	NO
a. Children/adolescents (17 or younger)	☐	☐
b. Adult women (18-64)	☐	☐
c. Adult men (18-64)	☐	☐
d. Seniors (65 or Older)	☐	☐

*12. **Indicate whether the specially designed service programs listed below are provided <u>at this facility</u>.**

CHECK YES OR NO FOR EACH SPECIAL PROGRAM TYPE

	YES	NO
a. Specially designed program to treat children who are severely emotionally disturbed (SED)	☐	☐
b. Specially designed program to treat adults with severe and persistent mental illness (SPMI)	☐	☐
c. Specially designed program to treat seniors with Alzheimer's/ dementia	☐	☐
d. Specially designed program to treat persons with co-occurring mental illness and substance abuse disorders	☐	☐
e. Specially designed program to treat forensic (referred from your State's judicial system) client/patients	☐	☐
f. Specially designed programs to treat post-traumatic stress disorder	☐	☐
g. Other special program; please specify:	☐	☐

[ ]

*13. **Does this facility provide mental health services for the hearing-impaired?**

☐ Yes

☐ No

*14. **In what languages does staff provide mental health services <u>at this facility</u>?**

CHECK ALL THAT APPLY

a. ☐ English

b. ☐ Spanish

c. ☐ Other; please specify:

[ ]

CMHS FACILITY ID

[ ][ ][ ][ ][ ][ ][ ][ ][ ]

15. **Indicate whether the following quality assurance practices are in place <u>at this facility</u>?**

CHECK YES OR NO FOR EACH PRACTICE

	YES	NO
a. Required continuing education for staff	☐	☐
b. Regularly scheduled case review with a supervisor	☐	☐
c. Regularly scheduled case review by an appointed quality review committee	☐	☐
d. Client/patient outcome follow-up after discharge	☐	☐
e. Periodic utilization review	☐	☐
f. Periodic client/patient satisfaction surveys	☐	☐

16. **In the 12-month period beginning January 1, 2007, and ending December 31, 2007:**

	YES	NO
a. Has staff <u>at this facility</u> used seclusion or restraint practices with clients?	☐	☐
b. Has training <u>been provided to</u> staff <u>at this facility</u> on alternatives to seclusion and restraint practices?	☐	☐

SECTION B: GENERAL FACILITY CHARACTERISTICS

17. **Sometimes there is a reason (e.g., the facility is primarily a residence) when a mental health facility would <u>not</u> want to be listed in a public directory. Indicate below whether this facility (*the facility listed in the Facility Information Box on the front cover of the questionnaire*) should, or should <u>not</u>, be published in** SAMHSA's online *Mental Health Services Locator*?

CHECK ONE ONLY

☐ Publish

☐ Do not publish; please explain:

[ ]

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*18. **Check one box below that best describes this type of facility (the facility listed in the Facility Information Box on the front cover of the questionnaire).** *Use the yellow information sheet, Mental Health Facilities Type Definitions, to classify this facility correctly.*

CHECK ONE ONLY

☐ Psychiatric hospital

☐ Residential treatment center for emotionally disturbed children

☐ Residential treatment center for adults

☐ Separate psychiatric unit of a general hospital

☐ Outpatient/partial care mental health facility

☐ Multi-setting (non-hospital) mental health facility

☐ Other; please specify:

___

*19. **This facility is owned by:**

CHECK ONE ONLY

☐ A private partnership

☐ A private corporation

☐ State mental health agency (SMHA)

☐ State government (e.g., Department of Health) other than the SMHA

☐ Regional/district (e.g., hospital district authority)

☐ County government

☐ City or municipal government

☐ Other; please describe:

___

20. **Is this facility part of a <u>for-profit</u> or part of a <u>non-profit</u> organization?**

CHECK ONE ONLY

☐ For-profit

☐ Non-profit (includes not-for-profit)

*21. **Is this facility affiliated with a religious organization?**

☐ Yes; please specify:

___

☐ No

22. **Does this facility use a sliding fee scale?** *Note that the answer to this question will not be published in SAMHSA's online Mental Health Services Locator.*

☐ Yes

☐ No

CMHS FACILITY ID

___

23. **Does this facility offer treatment at no charge to client/patients who cannot afford to pay?** *Note that the answer to this question will not be published in SAMHSA's online Mental Health Services Locator.*

☐ Yes

☐ No

24. **Which of the following types of client/patient payments (direct or indirect) or insurance are accepted by this facility for mental health services?**

CHECK ALL THAT APPLY

a. ☐ Medicaid

b. ☐ Medicare

c. ☐ State mental health agency (or equivalent) funds

d. ☐ Other state government funds; specify:

___

e. ☐ Local government funds

f. ☐ Other public funds; specify:

___

g. ☐ Community Service Block Grants

h. ☐ Community Mental Health Block Grants

i. ☐ Other Federal block grants; specify:

___

j. ☐ Client/patient fees

k. ☐ Private Insurance

l. ☐ Other private funds; specify:

___

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6

25. **Does this facility provide mental health treatment services through any managed care organizations (MCOs)?**

- *Managed care plans have arrangements with certain health care providers who give services to plan members, usually at discounted rates. Examples include managed behavioral healthcare organizations (MBHOs), health maintenance organizations (HMOs), and preferred provider organizations (PPOs).*

☐ Yes - Continue with Q25a

☐ No - Skip to Q26

*25a. What is the main MCO through which your facility provides mental health treatment services? Please specify:

*26. **Does this facility have licensing, certification, or accreditation from any of the following organizations?**

- *Include only licensing, accreditation, etc., related to the provision of behavioral health services.*

- *Do not include general business licenses, fire marshal approvals, personal-level credentials, food service licenses, etc.*

CHECK YES OR NO FOR EACH CATEGORY

	YES	NO
a. State mental health agency	☐	☐
b. State substance abuse agency	☐	☐
c. State department of health	☐	☐
d. Hospital licensing authority	☐	☐
e. JCAHO (*Joint Commission on Accreditation of Healthcare Organizations*)	☐	☐
f. CARF (*Commission on Accreditation of Rehabilitation Facilities*)	☐	☐
g. NCQA (*National Committee for Quality Assurance*)	☐	☐
h. COA (*Council on Accreditation for Children & Family Services*)	☐	☐
i. Another state or local agency or other organization; please specify:	☐	☐

CMHS FACILITY ID

27. **If available, enter the National Provider Identifier (NPI) for this facility.**

NPI

SECTION C: CLIENT/PATIENT COUNTS

IMPORTANT: Questions in this section ask for counts at different time periods, e.g., the single day of December 31, 2007, the month of December 2007, the last 90 days before December 31, 2007, and the full 12-month period ending on December 31, 2007. <u>Please pay close attention to the time period specified in each question</u>. If the counts are not available for December 31, 2007, use the last day of the most recent month for which data are available.

Include in your counts all client/patients receiving mental health treatment, even if mental health is their secondary diagnosis or if a mental illness has not yet been formally determined.

28. **For the client/patient counts requested in this section, indicate below the number of facilities that are included in your counts. Although counts for <u>this facility only</u> are preferred, it may be that you are unable to break your data down into separate facilities.**

☐ Only this facility

☐ This facility plus others

This Facility	1
+ Additional Facilities	
= Total Facilities	

When we receive your questionnaire, we will contact you for a list of the other facilities included in your client counts.

IMPORTANT: The questions in this section ask for counts or percents based on the service settings <u>you checked in question 1</u> at the beginning of the questionnaire.

If you checked <u>24-Hour Hospital Inpatient Setting</u>, complete Section <u>C1</u>.

If you checked <u>24-Hour Residential Care Setting</u>, complete Section <u>C2</u>.

If you checked <u>Less than 24-Hour Outpatient/Partial Care Setting</u>, complete Section <u>C3</u>.

Section <u>C4</u> (and the remainder of the questionnaire) should be completed by <u>all</u> mental health providers.

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SECTION C1: 24-HOUR HOSPITAL INPATIENT CARE SETTING

29. **On December 31, 2007, did any client/patients receive mental health services in a 24-hour hospital inpatient care setting at this facility (the facility listed in the Facility Information Box on the front cover of the questionnaire)?**

☐ **Yes** ➜ **ANSWER QUESTIONS 29a, 29b, AND 29c**

☐ **No** ➜ **SKIP TO QUESTION 30**

29a. **On December 31, 2007, how many client/patients received mental health services in a 24-hour hospital inpatient care setting at this facility?**

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

HOSPITAL INPATIENT TOTAL BOX

29b. **For each category below enter either the number or the percent of client/patients from the HOSPITAL INPATIENT TOTAL BOX in Question 29a.**

Using the total number of client/patients specified in Question 29a, please give a breakdown of the client/patient population for each category below. You may use numbers (#) **OR** percents (%). Numbers in each box should add to the total in Question 29a. Percents should add to 100%.

USE NUMBERS (#) OR PERCENTS (%)

SEX

	#	%
Male		
Female		
	TOTAL= Q29a	100%

AGE

	#	%
0-17		
18-64		
65 & up		
	TOTAL= Q29a	100%

ETHNICITY

	#	%
Hispanic		
Non-Hispanic		
	TOTAL= Q29a	100%

RACE

	#	%
White		
Black		
American Indian or Alaskan Native		
Asian or Pacific Islander		
Mixed Race		
	TOTAL= Q29a	100%

LEGAL STATUS

	#	%
Voluntary		
Involuntary, non-forensic		
Involuntary, forensic		
	TOTAL= Q29a	100%

Draft

29c. On December 31, 2007, how many hospital inpatient beds **at this facility** were set up and staffed for the provision of mental health services?

**ENTER A NUMBER
(IF NONE WERE SET UP
ON DECEMBER 31, ENTER "0")**

Number of beds [   ]

SECTION C2: 24-HOUR RESIDENTIAL CARE SETTING

30. On December 31, 2007, did any client/patients receive mental health services in a 24-hour residential care setting **at this facility** (the facility listed in the Facility Information Box on the front cover of the questionnaire)?

☐ Yes ➤ **ANSWER QUESTIONS 30a, 30b, AND 30c**

☐ No ➤ **SKIP TO QUESTION 31**

30a. On December 31, 2007, how many client/patients received mental health services in a 24-hour residential care setting **at this facility**?

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

RESIDENTIAL TOTAL BOX [   ]

30b. For each category below enter **either** the number **or** the percent of client/patients from the RESIDENTIAL TOTAL BOX in Question 30a.

Using the total number of client/patients specified in Question 30a, please give a breakdown of the client/patient population for each category below. You may use numbers (#) **OR** percents (%). Numbers in each box should add to the total in Question 30a. Percents should add to 100%.

USE NUMBERS (#) OR PERCENTS (%)

SEX

	#	%
Male		
Female		

TOTAL= Q30a   **100%**

AGE

	#	%
0-17		
18-64		
65 & up		

TOTAL= Q30a   **100%**

ETHNICITY

	#	%
Hispanic		
Non-Hispanic		

TOTAL= Q30a   **100%**

RACE

	#	%
White		
Black		
American Indian or Alaskan Native		
Asian or Pacific Islander		
Mixed Race		

TOTAL= Q30a   **100%**

LEGAL STATUS

	#	%
Voluntary		
Involuntary, non-forensic		
Involuntary, forensic		

TOTAL= Q30a   **100%**

Draft

30c. On December 31, 2007, how many residential beds at this facility were set up and staffed for the provision of mental health services?

**ENTER A NUMBER
(IF NONE WERE SET UP
ON DECEMBER 31, ENTER "0")**

Number of beds

SECTION C3: LESS THAN 24-HOUR OUTPATIENT/PARTIAL CARE SETTING

31. During the month of December 2007, did any client/patients receive mental health services in an outpatient care setting at this facility (the facility listed in the Facility Information Box on the front cover of the questionnaire)?

☐ Yes ➤ **ANSWER QUESTIONS 31a AND 31b**

☐ No ➤ **SKIP TO QUESTION 32**

31a. As of December 31, 2007, how many active client/patients were enrolled for services in an outpatient care setting at this facility?

An active outpatient client/patient is someone who: (1) was seen at this facility at least once during the 90 days before December 31, 2007;
AND
(2) was still enrolled in treatment on December 31, 2007.

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

OUTPATIENT TOTAL BOX

31b. For each category below enter either the number or the percent of client/patients from the OUTPATIENT TOTAL BOX in Question 31a.

Using the total number of client/patients specified in Question 31a, please give a breakdown of the client/patient population for each category below. You may use numbers (#) **OR** percents (%). Numbers in each box should add to the total in Question 31a. Percents should add to 100%.

USE NUMBERS (#) OR PERCENTS (%)

SEX

	#	%
Male		
Female		
	TOTAL= Q31a	**100%**

AGE

	#	%
0-17		
18-64		
65 & up		
	TOTAL= Q31a	**100%**

ETHNICITY

	#	%
Hispanic		
Non-Hispanic		
	TOTAL= Q31a	**100%**

RACE

	#	%
White		
Black		
American Indian or Alaskan Native		
Asian or Pacific Islander		
Mixed Race		
	TOTAL= Q31a	**100%**

LEGAL STATUS

	#	%
Voluntary		
Involuntary, non-forensic		
Involuntary, forensic		
	TOTAL= Q31a	**100%**

Draft

SECTION C4: ALL MENTAL HEALTH CARE SETTINGS

SECTION D: COMMENTS

Please use the box below to elaborate on any of the information requested or provided in this questionnaire. Use additional sheets of paper if more space is needed. If applicable, indicate the number of the question to which your comments refer.

32.   **Approximately what percent of the mental health treatment client/patients enrolled on December 31, 2007, at the facility listed in the Facility Information Box on the front cover of the questionnaire, had a diagnosed co-occurring mental health and substance abuse disorder?**

   PERCENT OF CLIENT/PATIENTS _____ %
   (IF NONE, ENTER "0")

33.   **In the 12-month period beginning January 1, 2007, and ending December 31, 2007, what was the total number of admissions, readmissions, and transfers to this facility that received mental health treatment?** *Count every admission and re-admission in this 12-month period. If a person was admitted 3 times, count this as 3 admissions. Exclude returns from unauthorized absence (escape, AWOL, elopement).*

   - *FOR OUTPATIENT CLIENT/PATIENTS, consider an admission to be the initiation of a course of treatment. Count admissions into treatment, not individual treatment visits.*

   - *IF DATA FOR THIS TIME PERIOD are not available, use the most recent 12-month period for which data are available.*

   - *Count all admissions in which client/patients received mental health treatment, even if mental health was their secondary diagnosis.*

   NUMBER OF MENTAL HEALTH ADMISSIONS IN 12-MONTH PERIOD

34.   **Of the total number of admissions listed in the box above, what proportion were military veterans?**

   Please give your best estimate _____ %

   ☐ Data collected but not available
   ☐ Data not collected

SECTION E: CONTACT INFORMATION

Person Responsible for Completing This Survey

CHECK ONE ONLY

☐ Ms.   ☐ Miss   ☐ Mrs.   ☐ Mr.   ☐ Dr.   ☐ Other; please specify: _____

First Name

Last Name

Title

Email Address

Phone Number

(___) - ___ - ____   **Extension** ____

Fax Number

(___) - ___ - ____

Thank you for your participation. Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:

Social & Scientific Systems, Inc.
P.O. Box 8548
Silver Spring, MD 20907-9907

Draft

CMHS FACILITY ID

Attachment 2.0

<u>Current List of Publications</u>

2008 National Survey of Mental Health Treatment Services

Current List of Publications

1. Center for Mental Health Services, *Mental Health, United States, 2004.* Manderscheid, R.W., and Berry, J.T., eds. DHHS Pub No. (SMA)-06-4195. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.

2. National Center for Health Statistics, *Health, United States, 2006.* DHHS Pub. No. 2006-1232, Hyattsville, Maryland: Centers for Disease Control, 2006.

3. U.S. Census Bureau, *Statistical Abstract of the United States: 2006* (125th Edition.) Washington, D.C., 2005.

4. New Freedom Commission on Mental Health. *Subcommittee on Acute Care: Background Paper*. DHHS Pub. No. SMA-04-3876. Rockville, MD: 2004.

5. Center for Mental Health Services, Mental Health Directory, 2000, compiled by Manderscheid, R.W.; Atay, J.E.; Brown, D.; and Henderson, M.J. DHHS, Pub. No. (SMA) 01-3503. Washington, DC: Supt. of Docs, U.S. Gov. Print. Office, 2001.

6. Manderscheid RW, Henderson MJ, Witkin MJ, Atay JE. Contemporary Mental Health Systems and Managed Care. in Horwitz, Allan V. and Scheid, Teresa L. (Eds), *A Handbook for the study of Mental Health Systems*, Cambridge University Press, 1999.

7. Manderscheid RW, Henderson MJ, Witkin MJ, Atay JE. Contemporary Mental Health Systems and Managed Care, *International Journal of Mental Health Systems*, Vol. 27, No.4, Winter 1998-1999, pp.5-25.

8. Manderscheid RW, Henderson MJ, Witkin MJ, Atay JE. The U.S. mental health system of the 1990s, the challenges of managed care, *International Journal of Law and Psychiatry*, Vol. 23, No. 3-4, pp.245-259.

9. Office of Applied Studies, Substance Abuse and Mental Health Statistics Source Book, 1998, Rouse, Beatrice A. (Ed), DHHS, Pub. No. (SMA) 98-3170. 1998.

Attachment 3.0

<u>Solicitation Letter for Outside Reviewers</u>

[SAMHSA Letterhead]

August 29, 2007

[Salutation] [First & Last Name] [Title]
[Organization Name]
[Organization Address]
[City, [State] [Zipcode]

Dear [Salutation] [Last Name]:

In the first quarter of 2008, the federal Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration, will field the 2008 National Survey of Mental Health Treatment Facilities (NSMHTF). In preparation for submitting our supporting statement to the federal Office of Management and Budget (OMB), who justifies the need for the survey and the estimated public response burden, we are asking you or a member of your staff to review and critique the document and give us your comments. Specifically, the OMB seeks views from outside the agency on "*the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.*"

We have included copies of information sheets and the questionnaire that will be mailed to the respondents and ask that you critique them as well, including the clarity, relevance, and unambiguous use of terminology. Also, please review the reasonableness of the Notification of Burden statement on the form (last page of questionnaire) and the reasonableness of the $40 hourly rate (including fringe) used to estimate the cost of completing the questionnaire. Please markup the documents and return them using the enclosed Federal Express envelope. We will formally respond to all of your comments.

If you have any questions that you would like to ask, please feel free to contact us at (240) 381-5022 (Jim Maedke, email: JMaedke@s-3.com) or (240) 276-1766 (Daniel Foley, email: daniel.foley@samhsa.hhs.gov). Your help in making this data collection a success is greatly appreciated. Please send your comments by September 21, 2007.

Sincerely,

James Maedke
Project Manager

Daniel Foley
Project Officer, Survey, Analysis and Financing Branch
Division of State and Community Systems Development
Center for Mental Health Services

Enclosures

Attachment 3.1

<u>Summary of Outside Reviewers' Comments</u>

Summary of Comments from Outside Reviewers

For this Supporting Statement, we were pleased to receive detailed comments from four of the nine solicited reviewers. One reviewer was from the National Center for Health Statistics, two were from State Mental Health Agency offices, and one was from the Department of Veterans Affairs. All respondents were thanked for their time and effort on the review of the Statement.

There was an overwhelming positive response to the Supporting Statement by the reviewers. This included not only the protocol for collecting the data as outlined in the Statement itself, but also for the new questionnaire, instructions, and inserts that substantially reduce respondent burden. The reviewers were especially pleased with the reduction in complexity of the questions. The format of the questions and response categories in the questionnaire were endorsed as clear and unambiguous. In addition, all reviewers felt that providing three modes for responding (mail, fax, & Internet), and, involving the State Mental Health Agency in fielding the survey, would help with improving the response rate. Finally, the reviewers agreed that the deployment of a formal Computer Assisted Telephone Interview for non-responders would significantly improve the response rate and the quality of follow-up data collection efforts.

In addition to the positive comments, the reviewers also recommended substantive changes for the questionnaire and in particular for the associated inserts. One area that was significantly changed was the definition inserts. From the definition of *outpatient* to the exclusion of *psychometric testing* as a therapeutic approach, clarifications were made to all the Supporting Statement attachments that described and defined mental health service related concepts.

Another area that was improved was the description of service settings. For the purposes of the Survey, we traditionally break up services into one of three main categories: (1) Inpatient care, defined as 24-hour psychiatric hospital care; (2) Residential care, defined as 24-hour care in a non-psychiatric hospital setting; and (3) Outpatient care, defined as less than 24-hour care in either an ambulatory setting or a partial day setting. The reviewers directed us to consider certain exceptions to these three settings including inpatient care provided in the community but not at the level of a psychiatric hospital and residential care that was only custodial in nature. These comments were used to update our inserts.

The reviewers in general found fault with the Therapeutic Approaches question. Their comments resulted in us dropping certain approaches, adding new ones, and re-writing some of them to use more common terminology. This question on therapeutic approaches was completely re-written based on their comments and further review on our part. In addition, several reviewer comments regarding the need to ascertain evidence-based performance measures and quality assurance monitors, resulted in a two new questions.

A number of reviewers also felt that a centralized response burden for a mental health organization that had up to around five service locations was reasonable but that mental health organizations with more than five locations may require more consideration of a coordinated approach for the collection of facility-level data among these large organizations. Ideally, each service location will complete their own questionnaire; however, in some organizations, there may be only one respondent that will complete questionnaires for all sites. Although the reviewers noted a decrease in the amount of time necessary to complete one questionnaire after multiple administrations, the response burden for large organizations may be proportionately larger if the questionnaires are completed centrally. The reviewers' comments have resulted in the creation of coordinated data collection plans and procedures for organizations that choose to complete all questionnaires at their headquarters and have more than five service locations.

Finally, regarding the estimation of the cost of response burden, the reviewers agreed that $40 per hour was a reasonable estimate of the typical labor cost for completing the questionnaire.

Attachment 4.0

Sample Mental Health US Table

Table 1. Number of mental health organizations, by type of organization:
United States, selected years, 1970-2004[1]

Type of organization	1970	1976	1980	1986	1990	1992	1994	1998	2000	2002	2004
Number of mental health organizations											
All organizations	3,005	3,480	3,727	4,747	5,284	5,498	5,392	5,722	4,541	4,301	4,159
State and county mental hospitals	310	303	280	285	273	273	256	229	223	222	237
Private psychiatric hospitals	150	182	184	314	462	475	430	348	269	253	264
Non-Federal general hospitals with separate psychiatric services	797	870	923	1,351	1,674	1,616	1,612	1,707	1,373	1,285	1,290
VA medical centers[2]	115	126	136	139	141	162	161	145	142	140	—
Federally funded community mental health centers	196	517	691	—	—	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	261	331	368	437	501	497	459	461	475	508	458
All other mental health organizations[3]	1,176	1,151	1,145	2,221	2,233	2,475	2,474	2,832	2,059	1,893	1,910
Number with 24-hour hospital or residential treatment care											
All organizations	1,734	2,273	2,526	3,039	3,430	3,415	3,827	3,729	3,199	3,032	2,891
State and county mental hospitals	310	303	280	285	273	273	256	229	223	222	237
Private psychiatric hospitals	150	182	184	314	462	475	430	348	269	253	264
Non-Federal general hospitals with separate psychiatric services	664	791	843	1,287	1,571	1,517	1,531	1,593	1,325	1,232	1,230
VA medical centers[2]	110	112	121	124	130	133	135	123	133	131	—
Federally funded community mental health centers	196	517	691	—	—	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	261	331	368	437	501	497	459	461	475	508	458
All other mental health organizations[3]	43	37	39	592	493	520	1,016	975	774	686	702
Number with less than 24-hour care[4]											
All organizations	2,156	2,318	2,431	2,946	3,189	3,390	4,087	4,386	3,536	3,367	3,219
State and county mental hospitals	195	147	100	83	84	75	70	60	61	61	67
Private psychiatric hospitals	100	60	54	114	176	198	347	263	235	213	216
Non-Federal general hospitals with separate psychiatric services	376	303	299	497	633	618	875	965	815	784	796
VA medical centers[2]	100	113	127	137	141	161	148	128	115	116	—
Federally funded community mental health centers	196	517	691	200	—	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	48	57	68	99	163	167	227	210	285	312	249
All other mental health organizations[3]	1,141	1,121	1,092	2,016	1,992	2,171	2,420	2,760	2,025	1,881	1,891

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. VA Medical Centers were not surveyed in 2004. Also, the 2004 organization counts INCLUDE territories.

[1] Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979-80, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1980-98 data with those of earlier years. VA Medical Centers were not surveyed in 2004. The organization counts for 2004 *includes* territories.
[2] Includes Department of Veterans Affairs (formerly Veterans Administration) (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.
[3] Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.
[4] The survey format was changed in 1994 and partial care is now included with outpatient, and together are called "less than 24-hour care".

Attachment 5.0

<u>Sample State Table</u>

Table 8a.   Patient Census in 24-hr Hospital or Residential Care Settings
By State, According to Patient Census Indicators: 2004 IMHO

State	Number of Organizations	First Day Census	Additions	Episodes[1]	Last Day Beds
United States	2,891	180,466	2,712,700	2,893,167	212,231
Excluding Territories	2,879	179,386	2,697,221	2,876,607	210,990
Alabama	51	4,442	36,228	40,670	4,806
Alaska	20	474	8,852	9,326	570
Arizona	33	1,631	29,489	31,119	1,960
Arkansas	39	1,555	33,564	35,119	1,950
California	197	18,208	228,291	246,499	21,042
Colorado	40	2,384	28,815	31,199	2,861
Connecticut	61	2,828	44,574	47,402	3,351
Delaware	13	686	6,238	6,924	824
D.C.	13	1,138	13,126	14,264	1,359
Florida	121	8,392	150,154	158,545	9,901
Georgia	61	5,093	89,368	94,462	6,080
Hawaii	11	380	4,798	5,178	446
Idaho	12	513	8,963	9,476	647
Illinois	150	7,056	131,006	138,062	8,414
Indiana	82	4,271	53,399	57,670	5,261
Iowa	43	1,701	30,191	31,892	1,943
Kansas	23	979	22,281	23,260	1,313
Kentucky	51	2,407	51,691	54,098	3,027
Louisiana	49	1,863	47,707	49,570	2,403
Maine	27	1,746	20,062	21,808	2,234
Maryland	67	4,004	54,967	58,971	4,595
Massachusetts	122	8,787	120,244	129,031	10,002
Michigan	89	5,235	69,747	74,982	5,879
Minnesota	58	3,304	55,677	58,981	3,982
Mississippi	54	3,188	46,676	49,864	4,026
Missouri	71	3,661	69,174	72,835	4,427
Montana	11	601	8,682	9,283	666
Nebraska	24	1,249	12,529	13,778	1,408
Nevada	11	499	12,822	13,321	647
New Hampshire	25	969	11,693	12,662	1,103
New Jersey	85	6,581	73,606	80,187	7,515
New Mexico	25	1,124	12,551	13,675	1,268
New York	192	19,908	216,099	236,007	21,812

[1] First Day Census + Additions

2004 STATE TABLES

Table 8a. Patient Census in 24-hr Hospital or Residential Care Settings
By State, According to Patient Census Indicators: 2004 IMHO

State	Number of Organizations	First Day Census	Additions	Episodes[1]	Last Day Beds
North Carolina	69	3,435	88,199	91,634	4,446
North Dakota	17	553	9,319	9,872	645
Ohio	131	5,493	109,992	115,485	6,695
Oklahoma	39	1,649	44,445	46,094	2,112
Oregon	36	2,176	17,391	19,567	2,412
Pennsylvania	176	11,563	168,992	180,555	13,765
Rhode Island	18	865	15,855	16,720	1,008
South Carolina	29	1,390	29,830	31,220	1,740
South Dakota	13	670	7,155	7,825	797
Tennessee	55	3,359	70,691	74,050	4,146
Texas	104	5,709	132,145	137,854	7,504
Utah	25	2,016	11,588	13,605	2,246
Vermont	18	918	8,194	9,112	644
Virginia	76	6,048	66,758	72,807	6,994
Washington	44	2,378	32,182	34,560	2,679
West Virginia	25	1,080	20,614	21,694	1,408
Wisconsin	61	2,793	55,507	58,300	3,428
Wyoming	12	436	5,099	5,535	594
American Samoa	0	0	0	0	0
Guam	1	252	1,899	2,151	273
Puerto Rico	9	747	13,295	14,042	882
Virgin Islands	2	82	285	367	85

[1] First Day Census + Additions

Attachment 6.0

<u>Pilot Design</u>

Pilot Design

Overview

The 2008 National Survey of Mental Health Treatment Facilities (NSMHTF), a national survey sponsored by the Center for Mental Health Services (CMHS), surveys all mental health facilities in the 50 States, District of Columbia, and eight Territories. The NSMHTF surveys facilities, or points-of-service, as opposed to organizations. All previous surveys, known collectively as the Inventory of Mental Health Organizations (IMHO), have surveyed mental health organizations. This meant that responses were aggregated across different treatment locations. Roughly 45% of the mental health organizations in the nation have more than one service location. Since the content of the questionnaire for the 2008 NSMHTF is completely different from previous cycles, and since the observation level has changed to the facility, it's important to test how well the new "instrument" will do at measuring mental health services.

The questionnaire is very similar to the 2007 National Survey Substance Abuse Treatment Services (N-SSATS). Although the questionnaire for the N-SSATS has been successfully fielded for the last decade, this will be the first time an N-SSATS-like questionnaire will be fielded to mental health facilities.

Survey Goal and Objectives

Goal: To collect service data from all mental health facilities in the nation.

Objective 1: Collect information relevant to consumers and make that information available to the public via the National Mental Health Center's web site.

Objective 2: Collect information at the point-of-service level to make this survey comparable to the National Survey of Substance Abuse Treatment Services conducted by SAMHSA's Office of Applied Studies conducted on an annual basis.

Objective 3: Retain the organization structure (i.e., identify the headquarters facility and the organization director) of each mental health provider.

Objective 4: For numerical questions, enable the quantitative answers from each facility to be summed to the organization level. This is needed to continue the longitudinal analyses conducted across survey cycles.

Pilot Goal and Objectives

Goal: To evaluate the efficacy and response burden of the 2008 NSMHTF questionnaire

Objective 1: To determine the relevance of the questionnaire mailing packet inserts.

Objective 2: To determine a realistic response burden (elapsed minutes).

Objective 3: To complete the Pilot Questionnaire and, in general, provide feedback about the experience completing the Survey questionnaire.

Objective 4: To identify problems with the questionnaire including (a) unclear phrasing, (b) inclusion of superfluous questions, and (c) absence of key questions.

OMB Considerations

OMB requires Federal agencies to obtain their approval before conducting a survey with more than nine respondents. For this pilot, we will be counting respondents as mental health organization directors. This will result in nine respondents which meets the OMB requirement.

Timeline

Currently, the OMB Package for the 2008 NSMHTF is scheduled to be sent to OMB by mid-September; therefore, all Pilot activities will conclude by Friday, September 14th, 2007. The findings of the Pilot will be added to the final OMB Submission.

To meet this deadline, it will be necessary to send the Pilot packages by Friday, August 10, 2007. The Pilot members will then have three weeks to complete the Pilot materials and return them to SSS. The deadline for return of the Pilot materials will be Friday, August 31, 2007. This will give us two weeks to summarize the findings and modify the OMB Package.

Selection of Pilot Members

Historically, there have been six organization types used in the analysis of the IMHO. They are:

1. Public Psychiatric Hospital;
2. Private Psychiatric Hospital;
3. Residential Treatment Center for Children with Severe Emotional Disturbance;
4. General Hospital with a Separate Psychiatric Unit;
5. Outpatient Mental Health Clinic;
6. Multi-Service mental health organization that provides both outpatient and residential services.

We will choose one organization for each of these types. To get to the nine OMB limit, we will select another Residential Treatment Center, another Outpatient Clinic, and another Multi-Service organization. This will result in nine respondents.

We will restrict our universe to the neighboring States of Delaware, Maryland, Pennsylvania, West Virginia, and Virginia. Respondents will be drawn at random within the six organization types. Attachment 1 shows a list of the Pilot respondents.

To extent possible, given the short timeline for the Pilot, refusals will be replaced to maintain the nine respondent sample size. Late refusals will probably not be replaced because the feedback from the Pilot participants needs to be added to the final OMB Package.

Pilot Materials

The following three documents will be included in the mailing packet:

1. A cover letter;
2. A Questionnaire;
3. Feedback Form

The cover letter will introduce the survey, request their help in conducting the Pilot, set August 31st as the deadline, and provide cursory instructions. The cover letter will be signed by Jeff Buck of the CMHS. The cover letter will also include an exemption for the Pilot participants from the main survey in early 2008. See Attachment 2 for the cover letter.

The survey packet will include a cover letter, inserts, and a questionnaire. To maximize the usefulness of the Pilot, the Survey Packet will appear very similar to the actual packet to be mailed to all organizations in early 2008. To this end, the Survey Questionnaire along with the supporting documents will be included. Additionally, the questionnaire to be included will be the latest Teleform version. Attachment 2.8 of the OMB Supporting Statement contains the questionnaire.

The Feedback Form (see Attachment 3) will ask straight-forward questions about the questionnaire response experience. This will include the appropriateness of the cover letter, all inserts, and the questionnaire itself. The questionnaire will include questions related to response burden and the time needed to study the survey packet materials, complete the questionnaire, and return the completed questionnaire. The Feedback Form will also contain a section for general comments. The findings from the Feedback Form will be summarized in the OMB submission. Suggested changes to the questionnaire will be reviewed and implemented if found to be appropriate.

Pilot Procedures

The Pilot packets will be mailed to the respondents via Federal Express. It is hoped that this will raise the 'visibility' of the Pilot materials and subsequently increase the likelihood of participation. A pre-paid Federal Express envelope will be included in the packet for the respondents to return the materials.

The nine Pilot participants will not be required to complete the survey again at the beginning of 2008. Because of this, the Pilot respondents will have a special version of the questionnaire containing the appropriate dates. The questionnaire asks for the number of services at the end of a particular date. Those dates will be modified to fit a valid response from the Pilot members.

On the day following the Federal Express mailing of the packet, an SSS staff member will contact the recipient as a means of introduction, to explain the purpose of the pilot, solicit participation, and answer any questions. This staff member will also be available to answer any questions or comments during the three week waiting period. Finally, a staff member will also contact the Pilot respondent the Monday of the last week in August if the packet has not yet been received. This contact will be to encourage the participant to return the materials and to answer any further questions.

To test the Teleform processing, the twelve questionnaires will be scanned into Teleform, read by Teleform, verified by an SSS employee, and stored in a SQL database. This will constitute the first test of the data capture technology.

The responses of the Pilot participants will be reviewed and all comments documented for the OMB submission. Each comment will have a response which will discuss the reason why the comment is not being implemented or how the survey has been modified as directed by the respondent.

Summary

The questionnaire for the 2008 NSMHTF is completely different from questionnaires in earlier IMHO surveys. Although the questionnaire is very similar the N-SSATS, and therefore has been tested with SA providers, the questionnaire has never been fielded with the mental health service sector. This Pilot attempts to gather information from nine mental health providers in an effort to determine if the fielding of the new form will be successful.

Attachment 1

List of Pilot Participants (see Supporting Statement)

Attachment 2

Pilot Cover Letter (see Supporting Statement)

Attachment 3

Feedback Form (see Supporting Statement)

Attachment 6.1

Pilot Cover Letter

[SAMHSA Letterhead]

August 10, 2007

[Salutation] [First & Last Name] [Title]
[Organization Name]
[Organization Address]
[City, [State] [Zipcode]

Dear [Salutation] [Last Name]:

I am asking for your help in evaluating an important new questionnaire. As you may know, every two years, the federal Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration has conducted the Inventory of Mental Health Organizations (IMHO). The purpose of this survey was to collect information about the services offered, number of clients served, staffing, and expenditures from all mental health organizations in the country.

However, after an extensive period of evaluation and re-design, we have reconfigured this data collection effort to obtain information at the point-of-service level (i.e., the facility level). We believe that this change re-focuses our efforts on collecting information that will be more helpful to consumers. Further, the data that we collect will be more comparable to data that SAMHSA collects for substance abuse facilities. We also hope that you will find that the information we are seeking is more readily accessible to you and therefore easier to report. We are calling the facility-based study the National Survey of Mental Health Treatment Facilities (NSMHTF), and it will be a recurrent nationwide survey that will replace the IMHO. Information from the NSMHTF will be used to update the National Mental Health Information Center's *Mental Health Services Locator*. This online directory, **http://mentalhealth.samhsa.gov/databases/** , is used extensively by consumers and mental health professionals to locate mental health services across the country. In early 2008, CMHS will initiate the first wave of this new effort, the 2008 NSMHTF, by sending questionnaires to approximately 12,000 mental health facilities across the nation.

To prepare for this new study, we have randomly sampled your facility to complete the pilot questionnaire for the 2008 NSMHTF survey in advance of the main effort. Your feedback will be invaluable in helping us identify improvements that we can make to the survey prior to the national mailing in early 2008. All the feedback you provide will be included in our official request to the federal Office of Management and Budget (OMB) that we will submit in September requesting authorization to conduct the full survey. This is why your participation is so important. Also, your response to the pilot study will be counted as a response to the 2008 NSMHTF survey and we will not be contacting you again in January.

The enclosed packet contains the following materials:

1. The NSMHTF questionnaire
2. Support documents
3. A Feedback Form to obtain your reactions to the questionnaire

The survey packet contains all the materials that will be sent out for the full survey. Although respondents for the main survey will be able to use the mail, fax, or Web to respond, we can offer this pilot study only as a mail questionnaire. As you complete the NSMHTF questionnaire, please also complete the enclosed Feedback Form and note how long the questionnaire took to complete, items that you had difficulty with, or any comment that you think will be helpful to us as we finalize the questionnaire design.

Shortly after you receive this packet, a staff member from the office of our contractor, Social & Scientific Systems Inc. (SSS), will contact you to discuss the pilot study and your participation and to answer any questions you might have. It is vitally important for us to receive your feedback on the new questionnaire by **Friday, August 31, 2007.** We have enclosed a pre-paid and pre-addressed Fed Ex envelope in order for you to return the completed NSMHTF questionnaire and the Feedback Form.

On behalf of all the staff at CMHS working on this effort, I would like to thank you in advance for helping us create a better survey that we believe will greatly enhance the information that we can make available to mental health professionals and the general public. If you would like to speak to someone immediately about our pilot study, please contact Susan Forrester of SSS at 1 (800) 722-6194.

Sincerely,

Jeffrey A. Buck, PhD
Chief, Survey, Analysis, and Financing Branch
Division of State and Community Systems Development
Center for Mental Health Services

Enclosures

Attachment 6.2

<u>Pilot Feedback Form</u>

Feedback Form for the Pilot Survey
National Survey of Mental Health Treatment Facilities (NSMHTF) Questionnaire

Thank you for completing the pilot survey!   Please take a few minutes to record answers to the questions below in order that we can further improve the questionnaire. When you are finished, please return it, along with the completed NSMHTF questionnaire(s), in the pre-paid Fed Ex envelope. If you have questions, please contact: **Susan Forrester at 1 (800) 722-6194.**

1.	How long did it take you to complete the questionnaire: First Questionnaire Second Questionnaire (if completed)	_____ (# of minutes) _____ _____ (# of minutes)
2.	Were there any questions that you thought were unclear or poorly phrased? ☐ Yes ⎯⎯⎯⎯⎯⎯⟶ ☐ No	Which ones? Question # Comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
3.	Were there any questions that you thought were not appropriate or relevant for your facility? ☐ Yes ⎯⎯⎯⎯⎯⎯⟶ ☐ No	Which ones? Question # Comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
4.	Were there topics that were not addressed that you would like to have seen included? ☐ Yes ⎯⎯⎯⎯⎯⎯⟶ ☐ No	What are they? _____ _____ _____ _____
5.	Were the format of the questionnaire and the "skip" instructions easy to follow? ☐ Yes ☐ No ⎯⎯⎯⎯⎯⎯⟶	Comments: _____ _____ _____ _____ _____ _____

6. Did you find the supporting documents helpful in completing the questionnaire? ☐ Yes ☐ No ⟶	Comments: _____ _____ _____ _____ _____ _____ _____
7. Were the questionnaire instructions clear? ☐ Yes ☐ No ⟶	Comments: _____ _____ _____ _____ _____ _____ _____
8. Do you think the questions were appropriate for the facility, or point-of-service, level? ☐ Yes ☐ No ⟶	Comments: _____ _____ _____ _____ _____ _____ _____
9. Do you think that you would have any difficulty answering questionnaire Sections A and B as part of a telephone interview? ☐ Yes ☐ No ⟶	Comments: _____ _____ _____ _____ _____ _____

10. Please share with us any other comments you have about the questionnaire.

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Attachment 6.3

<u>Summary of Pilot Results</u>

<u>Summary of Pilot Results</u>

We received responses from nine facility directors for the Pilot Study. Eight of the nine sent both the questionnaire and the feedback form. The following is a summary of the questions on the feedback form:

- The length of time to complete the questionnaire averaged 50 minutes; however, most of the responses were 30 minutes or less; therefore, the estimate burden of one hour is reasonable;
- One respondent thought the grammar for Question 10 was poor—this question has been modified. Another respondent was not sure whether to respond to section C since the questionnaire <u>incorrectly</u> used the term "hospital residential"—this error has been corrected. Therefore, six of the eight respondents did not think that any questions were unclear or poorly phrased;
- One respondent stated that they did not collect race or ethnicity information. Therefore, seven of the eight respondents thought all of the questions were relevant;
- No one thought there were important topics that were not addressed in the questionnaire;
- The sample all agreed that the skip instructions were easy to follow;
- All respondents found the supporting documents to be useful;
- Everyone thought that the instructions were clear;
- All stated that the questions were appropriate for the facility level;
- Everyone thought that the questions in Sections A and B were general enough to be answered over the telephone.

Comments on the questionnaire centered on two items: therapeutic approaches and use of languages other then English. Since the Pilot, we have completely re-written the therapeutic approaches question. In addition, many of the comments from the reviewers of the Supporting Statement were added to this question.

In summary, the respondents to the Pilot helped us to (a) find some errors in the questionnaire, (b) make modifications some of the questions, and (c) confirmed that the questionnaire, as a whole, was acceptable.