

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 February 28, 2013. 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 a result of a recent internal reorganization of data collection activities within SAMHSA, responsibility for the N-MHSS has moved from SAMHSA's Center for Mental Health Services (CMHS) to the CBHSQ, which has primary responsibility for the collection, analysis and dissemination of behavioral health data within the agency. The N-MHSS and related activities are key components of this reorganization.

An immediate need under N-MHSS in 2012 is to update SAMHSA's online Mental Health Facility Locator available at <http://store.samhsa.gov/mhlocator>. This Locator was last updated with information from the full-scale 2010 N-MHSS. Another full-scale N-MHSS is anticipated within about two years, and a revised request for OMB approval for that data collection will be submitted. However, until then, CBHSQ plans to conduct an abbreviated version of the N-MHSS on an annual basis, to collect only the information needed to update the Locator, such as facility name and address changes, specific services offered, and special groups served. Those data are becoming out of date on the Locator and need a method for updating this information. Other fields not needed for updating the Locator, such as client counts and client demographics, will not be collected in the Locator survey. In addition, CBHSQ plans to institute a continuous mechanism to add new facilities to the Locator. Both activities will use the same abbreviated N-MHSS-Locator instrument.

This requested revision seeks approval for an abbreviated survey instrument, henceforth referred to as the N-MHSS-Locator questionnaire (Attachment A.1), to accommodate two related N-MHSS activities:

- 1) collection of information from the N-MHSS universe of mental health treatment facilities during 2012, 2013, and 2014. This abbreviated subset of N-MHSS data will update and expand SAMHSA's existing online Mental Health Facility Locator which was last updated with information obtained from the full-scale 2010 N-MHSS; and

- 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.

A similar mental health treatment facility locator activity was a by-product of the full-scale N-MHSS conducted in 2010 and prior mental health service provider surveys conducted by SAMHSA and previously by the NIMH. Through these surveys, basic contact information about each of the mental health organizations/facilities that participated in the survey was made available from NIMH and later SAMHSA from 1973 through 2000 in a published format called the *Mental Health Directory*. This publication, which listed the organizations/facilities by state, was mailed to each survey participant, each state office of mental health, and also to the general public upon request. This publication was gradually replaced as the information became available via the Internet through SAMHSA's online Mental Health Facility Locator where consumers, family members and mental health professionals could find mental health treatment facilities that provided needed services in the local community.

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 NIMH in 1946, the present-day Department of Health and Human Services (DHHS) 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 40 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.

2. Purpose and Use of Information

The purpose of the N-MHSS-Locator survey continues to be the collection of information about mental health 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 Mental Health Facility Locator, a free online tool that individuals from across the nation 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.

The database for the 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.

The survey targets the specialty mental health service delivery sector, collecting information about the characteristics of the treatment site (point of contact) service location.

In addition, SAMHSA/CBHSQ will use the information collected from the N-MHSS-Locator survey to update SAMHSA's Inventory of Behavioral Health Services (I-BHS), formerly the Inventory of Substance Abuse Treatment Services (I-SATS). The I-BHS is a database of all specialty mental health and substance abuse treatment facilities known to SAMHSA and a source of national data on the number and location of these facilities. In turn, the I-BHS will provide a complete and accurate survey frame for a full-scale N-MHSS to be conducted in the future and a sampling frame of substance abuse and mental health treatment facilities for other surveys (such as the SAMHSA Survey of Revenues and Expenditures (SSR&E) (OMB No. 0930-0308). It will also provide a resource for other federal agencies and national professional organizations/associations in helping persons visiting their websites (e.g., NIMH at <http://www.nimh.nih.gov/health/topics/getting-help-locate-services/index.shtml> and Mental Health America at http://www.mentalhealthamerica.net/go/find_therapy).

The data file derived from the N-MHSS-Locator survey 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-Locator survey 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.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this proposed data collection and had no comments.

3. Use of Information Technology

The N-MHSS-Locator survey 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); and a centralized database application that maintains survey frame information and manages the data collection modes (web, CATI), simultaneously. The web screens for the online web survey are included as Attachment A.2, and a CATI questionnaire is included as Attachment A.3.

The surveys 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

- SAS 9.3 for the production of all data files

The N-MHSS-Locator survey 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 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, suspend the survey and come back to the same point in the questionnaire later.

The N-MHSS-Locator survey will also use Blaise CATI to collect data from facilities that do not respond by web. In addition, Blaise will support the scheduling, monitoring, and documentation of all telephone calls made to the respondent. The N-MHSS-Locator survey 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

SAMHSA is the only national source 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 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 services across particular mental health facility types such as outpatient mental health clinics, 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 services. The N-MHSS-Locator survey will *complement* and not *duplicate* the information collected through the N-SSATS.

5. Involvement of Small Entities

The N-MHSS-Locator survey 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 N-MHSS-Locator survey that will decrease the time between data collection and error resolution since the web survey will automatically check responses for errors such as skipped questions.
- 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 line and an e-mail address to answer any questions that respondents may have regarding the N-MHSS-Locator survey.

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 Mental Health Facility 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-Locator survey with continuous data collection from newly identified facilities is essential for maintaining a high quality, up-to-date treatment facility locator.

In addition, the N-MHSS-Locator survey further supports SAMHSA’s Strategic Initiative No. 7: *Data, Outcomes and Quality*. This Initiative “takes advantage of a revitalized national interest in data activities and new technologies to establish a more robust behavioral health information infrastructure for the Nation. SAMHSA ... [serves] as the lead voice in addressing mental and substance use disorders within national health reform efforts. SAMHSA also will work to ensure that those most vulnerable have access to high-quality prevention, treatment, and recovery services.” If the proposed N-MHSS-Locator survey 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. Finally, the information collected in the N-MHSS-Locator survey will provide the survey frame for the full-scale N-MHSS and 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 March 2, 2012 (Vol.77, No.42, page 12861). No 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.8. Based on recommendations received, a refinement was made to the survey question on the N-MHSS questionnaire regarding languages spoken by staff in the provision of treatment services at the facility. In the N-MHSS-Locator survey (question A13a), respondents will be able to select, from an expanded list of languages, the appropriate response(s) rather than being required to write/type in their response(s). This refinement reduces respondent burden, and is consistent with a similar survey question about languages that has been used successfully in the N-SSATS (OMB No. 0930-0106). In addition, a survey question (A20) to obtain the facility's National Provider Number (NPI) has been added to the N-MHSS Locator survey questionnaire based on a similar survey question used successfully in the N-SSATS. Finally, a refinement was made to the N-MHSS questionnaire regarding the facility's treatment focus i.e., the treatment services question (A8) provides for more refined and appropriate response categories similar to those used successfully in the Opioid Treatment Program (OTP) survey (OMB No. 0930-0319). Because clearance is requested for a N-MHSS instrument already used, with only modest refinements that have been used successfully in other SAMHSA/CBHSQ instruments, a pretest was not conducted.

9. Payment to Respondents

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

10. Assurance of Confidentiality

A Pledge to Respondents completing the N-MHSS-Locator survey 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)). 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 Locator.

11. Questions of a Sensitive Nature

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

12. Estimates of Annualized Hour Burden

The estimated annual burden for the N-MHSS-Locator survey is detailed in the following table:

Facility Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Wage Rate	Total Hourly Cost
N-MHSS-Locator primary data collection	15,000	1	15,000	0.42	6,300	\$40	\$252,000
N-MHSS-Locator new facilities ¹	1,500	1	1,500	0.42	630	\$40	\$25,200
Total	16,500		16,500		6,930		\$277,200

¹ 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.

Approval for conducting the N-MHSS-Locator survey is requested for the years 2012, 2013 and 2014.

Basis for Burden Hour Estimate:

The estimated response burden for completion of the full-scale 2010 N-MHSS was one hour. The N-MHSS-Locator questionnaire is an abbreviated version of the entire N-MHSS questionnaire, with a 60 percent reduction in the total number of pages (from 10 to 4 pages), and a 45 percent reduction in the total number of questions (from 47 to 26 questions). Based on these reductions in the size of the survey instrument, the estimated time for response to the N-MHSS-Locator questionnaire is 25 minutes (0.42 hours).

Basis for Hourly Wage Rate Estimate:

The estimated hourly wage rate is based on consultation with the nine-member mental health facility pretest group for the full-scale 2010 N-MHSS which assessed an average \$40 hourly wage plus fringe for mid- to senior-level staff who are often the facility directors or administrative officers.

13. Estimates of Annualized Cost Burden to Respondents

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

14. Estimates of Annualized Cost Burden to Government

The annualized cost to the Government for the SAMHSA/CBHSQ data collection contract is estimated to be **\$2,200,000**.

Data Collection, Data Processing and Creation of Merged Data File. These activities include management of all aspects of survey frame development, including identification of primary and secondary sources for listings of mental health treatment facilities; operation of a toll-free telephone helpline; creation, maintenance and security of an informational and survey website available to facility respondents during the active data collection period; 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**.

The total annualized cost to the government is **\$2,340,000**.

15. Changes in Burden

The total burden hours for the full-scale 2010 N-MHSS was 13,000 hours based on an estimated response time of one hour for an estimated 13,000 facility respondents. For the 2012 N-MHSS-Locator survey, the estimated burden is 6,930 hours based on an estimated 16,500 facility respondents. The increase in 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. The increase is also due to the N-MHSS-Locator update activity which identifies and collects data from new facilities on a rolling basis.

Although the facility universe is larger, there will be a net decrease in burden of 6,070 hours due to an adjustment in that the revised N-MHSS survey instrument is substantially reduced in size, and the estimated time to complete the survey has been reduced from 60 minutes to 25 minutes.

16. Time Schedule, Publication and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

Activity	Completion Date
N-MHSS-Locator	
	July 2012
	July 2012
	August 2012
	August 2012
	August 2012
	September 2012
	October 2012
	November 2012
	January 2013
	March 2013
	March 2013
	April 2013
	June 2013
	June 2013

I-BHS	
	Ongoing

b. Analyses and Publications

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

- **Treatment Locator** -- This searchable web-based system on the Internet will link the facility listings to an online mapping function similar to the existing Substance Abuse Treatment Locator at (<http://findtreatment.samhsa.gov>). Updates to add eligible new facilities and update changes to existing information will be made as needed.
- **National Directory of Mental Health Treatment Facilities** -- This publication 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, address, telephone number, specific services offered, and special client groups served, with the last items in coded entries. A CD version of this publication will also be made available.
- **N-MHSS Annual Summary Data Report** -- This publication will present the main findings from the N-MHSS-Locator survey including descriptive analyses of facility counts by type of facility, service setting offered, and ownership.
- **State N-MHSS-Locator Feedback Reports** -- Each State that requests it will receive a report or file containing N-MHSS-Locator data for that State.
- **Public-Use Data Files** – Public-use (release) data files of N-MHSS-Locator 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-Locator file (e.g., facility counts by type of facility) will be included in other statistical compilations, including, for example, the SAMHSA publication: *Behavioral Health*, and the CDC/NCHS publication: *Health, United States*. In addition, analytic reports presenting N-MHSS-Locator data will be included in the SAMHSA/CBHSQ *Short Report*, a statistical publication series available on the SAMHSA website.

17. Display of Expiration Date

An exemption for the requirement to display the expiration date is not requested.

18. Exceptions to Certification Statement

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