

## National Mental Health Services Survey (N-MHSS)

### SUPPORTING STATEMENT

#### **B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

##### **1. Respondent Universe and Sampling Methods**

The National Mental Health Services Survey (N-MHSS) will be a multimode (web, paper, and CATI) data collection of all eligible mental health treatment facilities currently operating in the United States, its territories, and the District of Columbia. The N-MHSS will collect information at the facility, or point-of-service, level from those entities that provide mental health treatment services. In addition, eligible facilities must have a primary treatment focus of providing mental health, or an equal mix of mental health and substance abuse treatment services. Facilities are excluded if they are jails, prisons, or other organizations that provide treatment solely for incarcerated persons; Department of Defense (DoD) military treatment facilities (MTF) <http://www.tricare.mil/mtf/>; or individual or small group mental health practices.

The survey frame for the N-MHSS includes mental health facilities that provide 24-hour hospital inpatient care; 24-hour residential care; day treatment or partial hospitalization; and outpatient care. The types of mental health treatment facilities include public and private psychiatric hospitals, general hospitals with separate psychiatric units, Veterans Affairs medical centers, residential treatment centers for children and/or adults; community mental health centers; outpatient clinics; and multi-setting (nonhospital) mental health facilities.

A full enumeration of all eligible mental health facilities is planned; therefore, no formal sampling plan is needed. A census survey is the preferred method for the N-MHSS because the data are meant to populate SAMHSA's online Behavioral Health Treatment Services Locator. The data will also be used to provide national and state-level information on the number and characteristics of mental health treatment facilities (annually), and on the number and characteristics of clients served in these mental health treatment facilities (biennially). The estimated universe of mental health facilities is expected to be approximately 17,000 facilities at the start of data collection (see column 1 of the tables found in Section A.12).

The overall response rate for the full-scale N-MHSS conducted in 2010 was 94 percent. The response rate for the 2012 N-MHSS-Locator Survey was 91 percent due to a shorter period of time allocated for the field work phase in the government contract to conduct the survey. It is expected that the response rates for the proposed full-scale N-MHSS to be conducted in 2014 and 2016, and the proposed N-MHSS-Locator Survey to be conducted in 2015 will be in the 90 to 94 percent range.

## **2. Information Collection Procedures**

The N-MHSS is designed to be a complete enumeration of all known specialty mental health treatment facilities in the nation. Respondents to the N-MHSS will be encouraged to complete the survey questionnaire via the web using a secure, password-protected dedicated survey website. Facilities that do not respond by web will be given the opportunity to complete the survey using a paper questionnaire. Those that do not respond by either web or paper questionnaire will be contacted by telephone and offered the option of completing the questionnaire by telephone (CATI). Instructional material including definitions of key terms, frequently asked questions (FAQs), and helpline/contact information will be available on an online information website (Attachment A.11). Examples of the advance letter and of the cover letter which includes a flyer with online questionnaire access instructions are included as Attachments A.5 and A.6.

The N-MHSS instrument is designed to collect the characteristics of facilities that provide mental health treatment services. These characteristics include: facility name; street address; telephone number; intake telephone number; website address; type of facility; ownership; type of care settings offered; treatment focus; age groups of clients served; languages spoken; selected types of mental health treatment and support services/practices offered; specialized service programs offered; and sources of payment accepted for services provided. The full-scale N-MHSS instrument will also collect the number and characteristics of persons served in these facilities. The client characteristics include: age, gender, race, ethnicity, and legal status. In addition, the full-scale N-MHSS will collect the number of beds, proportion of persons with co-occurring mental and substance use disorders, an annual count of treatment admissions, and the proportion of these admissions who were military veterans.

The source of the survey frame of facilities for the N-MHSS is the Inventory of Behavioral Health Services (I-BHS) (OMB No. 0930-0106). The I-BHS is routinely updated by contacting various organizations related to the provision of mental health services and asking them for existing lists of the facilities they operate or represent. These organizations include federal and state agencies, and national professional associations, such as the U.S. Department of Veterans Affairs, Centers for Medicare & Medicaid Services, state mental health agencies (SMHAs), the National Association of State Mental Health Program Directors, the National Association of Psychiatric Health Systems, and the American Hospital Association.

An advance letter will be sent to facilities to notify them that the survey is coming, and inform them of the purpose of the N-MHSS and their potential inclusion on SAMHSA's online Behavioral Health Treatment Services Locator. The letter will also serve as a tool for identifying closed facilities or facilities that have moved. Envelopes will be marked as "Return Service Requested" and undeliverable mail will be returned with new address information noted. The N-MHSS database will be updated with the new address and the advance letter will be resent. This will ensure that the majority of addresses in the database are current.

Several weeks later, a survey packet will be sent to facilities that will include a cover letter from SAMHSA/CBHSQ that provides information about SAMHSA, the purpose of the survey, and how the information to be collected will be used to populate SAMHSA's online Behavioral Health Treatment Services Locator. The letter will also include the survey website address and

the toll-free helpline telephone number. Enclosed with the cover letter will be the online questionnaire access instructions that contain the facility's unique user ID and password, and the data collection procedures to be followed on the web.

Approximately three weeks after the initial mailing, a first thank you/reminder letter will be sent to non-responding facilities (Attachment A.7). The letter will thank facilities that have recently responded, and respondents who have not completed the web questionnaire, will be encouraged to log on to the survey website and complete the survey online. For facilities that have not completed the web questionnaire six weeks after the survey packet mailing, a second packet will be mailed including the same materials as the first packet with the addition of a paper questionnaire. A copy of the cover letter for the second mailing is included as Attachment A.9. Approximately three weeks after the second packet mailing, a second thank you/reminder letter will be sent to encourage them to log on to the survey website and complete the survey online, or to complete the survey through a CATI interview over the telephone (Attachment A.8). Interviewers will be trained to complete the full CATI interview if that is the facility's preference. Interview calls will be made to the facility director or the person designated by the director to schedule a time to complete the full CATI interview. Calls will be scheduled using an automated scheduler, and a message will be left after two attempts to contact the facility director. That message will include the survey helpline telephone number and a survey ID reference number for the facility director or designated person to use when returning the call. At the end of the data collection period, a final letter will be sent to all survey respondents expressing SAMHSA's appreciation for their participation in the N-MHSS (Attachment A.10).

Throughout this process, the survey frame will be managed through a centralized application, Facility Tracking and Data Editing System (F-TADES), a specially-developed application that will store and organize facility information, and manage and monitor survey progress. WebServ2 (the web survey application) and Blaise (the CATI application) both interface with F-TADES which stores contact information for each mental health facility in the survey frame file, and continuously tracks and monitors the status of each facility. The data from the web and CATI will be saved directly into the master data file in F-TADES. The web and CATI instruments will prevent and identify errors through the programming of edit specifications, thus, most web and CATI errors are resolved as the respondent completes the survey. Paper questionnaires returned in the mail will be manually reviewed by editors trained on the survey. Retrieval calls will be placed to respondents to clarify missing or inconsistent information. Responses will then be data entered using Viking data entry software, and loaded into the master data file in F-TADES.

### **3. Methods to Maximize Response Rates**

It is critical to make communication between the mental health treatment facilities and the government contractor conducting the N-MHSS for SAMHSA/CBHSQ as fluid and easy as possible. The following methods will be used to maximize response rate for the N-MHSS:

- **Advance letter** from SAMHSA/CBHSQ addressed to mental health treatment facility directors/administrators that introduces the survey, explains its purpose, states the importance of the survey, and the value of voluntary participation.

- To handle **undelivered mail** resulting from the letter and survey packet mailings, a return address service will be requested of the U.S. Postal Service. This service instructs the Postal Service to return undeliverable mail with a sticker showing the correct address. The facility's contact information will then be corrected in the F-TADES database. For other returned mail, the contractor will attempt to determine the correct address (by use of the telephone and the Internet) and if found, update the database and resend the letters to the correct location.
- **Tracing and locating efforts** to determine if a facility is still in business, closed or merged with another facility.
- The **web survey** allows respondents to complete the N-MHSS entirely on the Internet with editing procedures built into the online survey questionnaire.
- A **N-MHSS website** will provide information, instructions, definitions, frequently asked questions (FAQs), and the web version of the questionnaire to facility respondents who will be able to access the site using the facility's unique user ID and password.
- **Reminder letters and reminder calls** to encourage facilities that have not yet responded by web or mail to do so if they can.
- **Telephone interviews (CATI)** with facilities that did not respond by web or mail. It is expected that most facilities that do not complete the web questionnaire will complete the CATI.
- **Paper questionnaires** will be available upon request and will be included in the second survey packet mailing to accommodate facilities that prefer to complete the survey on paper. Prepaid business reply envelopes will be provided for convenience.
- A **toll-free telephone helpline** available for facilities to call with questions about the survey. Facilities can call the helpline to report a change in the facility director or contact person for the survey or to change an answer submitted in response to the questionnaire.

#### 4. Tests of Procedures

Debriefings with the nine mental health facilities that participated in the N-MHSS pretest (A.8) to test refinements to the survey instruments resulted in minor adjustments to the survey instruments. The data collection procedures to be used in the proposed N-MHSS data collections are the same as those used in previous survey efforts, and were well tested during the 2012 N-MHSS-Locator Survey and the recently conducted full-scale 2013 N-SSATS.

#### 5. Statistical Consultants/Individuals Collecting and/or Analyzing Data

The data are collected under a contract with Synectics for Management Decisions, Inc., (Synectics) which has a subcontract with Mathematica Policy Research for the N-MHSS instrument design; development of the web survey and survey website; field work; and data entry

and cleaning. Synectics is responsible for management of the I-BHS systems; statistical aspects of the N-MHSS including development of the imputation procedures, imputation of missing data; and creation of a final imputed data file and codebook. Synectics is also responsible for the creation of the Locator database, and preparation of the *National Directory* and the N-MHSS analytic report.

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## LIST OF ATTACHMENTS

Attachment A.1— 2014 N-MHSS (Full-Scale) Paper Questionnaire

- Attachment A.2— 2015 N-MHSS-Locator Survey Paper Questionnaire (also for Between-Survey Update)
- Attachment A.3— 2014 N-MHSS Web Screens for Online Questionnaire
- Attachment A.4— 2014 N-MHSS CATI Questionnaire
- Attachment A.5— 2014 N-MHSS Advance Letter
- Attachment A.6— 2014 N-MHSS Cover Letter (First Mailing) and Online Questionnaire Access Instructions
- Attachment A.7— 2014 N-MHSS First Thank You/Reminder Letter
- Attachment A.8— 2014 N-MHSS Second Thank You/Reminder Letter
- Attachment A.9— 2014 N-MHSS Cover Letter (Second Mailing) and Online Questionnaire Access Instructions
- Attachment A.10— 2014 N-MHSS Thank You Notification for Completed Surveys
- Attachment A.11— 2014 N-MHSS Online Information Site Materials
- Attachment A.12— List of Expert Panel Members, November 2011