

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 January 31, 2020. 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. This request includes a full-scale N-MHSS instrument for data collection in 2020 and 2022 (Attachment A.1), an abbreviated N-MHSS-Locator Survey instrument for data collection in 2021 (Attachment A.2), and the N-MHSS Between-Survey Updates in 2020, 2021, and 2022 (Attachment A.2); and

As background, the U.S. government has been collecting information on mental health services since 1840. From 1840 to 1946, the U.S. Bureau of the Census collected mental health services information. Following the creation of the National Institute of Mental Health (NIMH) in 1946, the present-day Department of Health and Human Services (HHS) continued the collection of information on mental health services from 1947 through 1968. The series of surveys to collect mental health services information, through the Inventory of Mental Health Organizations (IMHO), began in 1969 under the direction of NIMH. Responsibility for the IMHO was transferred to SAMHSA at the time of its creation in 1992. Renamed the National Survey of Mental Health Treatment Facilities in 2008, and the National Mental Health Services Survey in 2010, this series of specialty mental health provider surveys has existed, in one form or another, for the past 50 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.

Included in this request are two versions of the N-MHSS survey: a full-version N-MHSS (Attachment A.1) which includes one-day client counts to be conducted in 2020 and 2022, and an abbreviated N-MHSS in 2021 (Attachment A.2) which is a version without client counts, fielded every other year in efforts to minimize burden on respondents while still obtaining timely, crucial, current data on clients. Also included in this request is the Between-Survey Updates to the N-MHSS, to be conducted between the annual surveys to collect information on new facilities for inclusion in the Treatment Locator. The Between-Survey Updates, which contains questions used primarily to populate the Locator, is described later in this section and is provided at Attachment A.2.

The alternating schedule of both versions (full-cycle and abbreviated) was implemented to reduce burden on facilities. A similar schedule was implemented for the National Survey of Substance Abuse Treatment Services (N-SSATS). The current N-MHSS OMB clearance includes this alternating schedule in which data on facility operational characteristics and utilization are collected every other year.

In any one year, one survey with client counts (either N-SSATS or N-MHSS) and the other survey without client counts (either N-SSATS or N-MHSS) will be fielded. Conducting two full-length/all question surveys every year would not be practical and could be burdensome for the approximately 15.5 percent of behavioral health facilities that provide both substance use and mental health treatment services. However, it is important to collect these client count data to be able to provide current and accurate numbers of clients in treatment at the local level for community projections needs and funding.

Both versions of the N-MHSS will be conducted through an online web survey, with a mail questionnaire option and telephone follow-up of non-respondents. The online version is the primary response mode, with about 90.2 percent of facilities responding online in 2018. Attachments A.3 and A.4 provide a copy of the web screens for the 2020 and the 2021 N-MHSS online response option (the 2022 N-MHSS will be exactly as the 2020 N-MHSS, with the exception of reference dates). The online survey utilizes the same survey questions as the N-MHSS paper questionnaire and imposes no additional burden for respondents. In actuality, burden for respondents is lessened because the skip patterns are programmed in so respondents see only the questions that apply to them based on their responses and many questions are pre-filled if the facility replied the previous year because services responses often remain consistent from year to year. Both web versions are scalable and display well on smart phones and tablets.

In addition to the alternating versions of the N-MHSS, a Between-Survey Update N-MHSS will be conducted periodically as new facilities are identified. This is a procedure for collecting the services data from newly identified facilities between main cycles of the N-MHSS in an effort to keep the listing of treatment facilities in the online Behavioral Health Treatment Services Locator up-to-date. The Between-Survey Update data collection from newly identified facilities allows facilities to be added to the Locator in a timelier manner, without waiting a full year for the next regular N-MHSS survey. The Between-Survey Update will be conducted with an online instrument and by telephone.

Approval is requested to conduct the full-scale N-MHSS, the N-MHSS Locator Survey, and the Between-Survey Update, as follows:

- 1) Full-scale N-MHSS in 2020 and 2022 (questionnaire which includes detailed one-day client counts is provided at Attachment A.1);
- 2) N-MHSS-Locator Survey in 2021 (questionnaire is provided at Attachment A.2); and
- 3) Between-Survey Update N-MHSS for new facilities (uses an abbreviated questionnaire and is provided at Attachment A.2).

2. Purpose and Use of Information

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

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

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

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

In addition to collecting information about the characteristics of the treatment service location, the full-scale N-MHSS will collect facility-level information on treatment service utilization including the number of clients served on the survey reference data (one-day census count) and the demographic characteristics of these clients. This information is critical to meet the needs of: (a) policymakers at the national and state levels for current data on the availability and utilization of mental health services for budgeting, planning, and research; (b) mental health facilities themselves for their program-planning efforts; (c) university researchers and national health-related companies for determining the need for service providers (access to care) in underserved areas; and (d) the U.S. Congress or offices within HHS which make periodic data requests for statistics, such as number of psychiatric beds or number of persons by legal status (i.e., voluntary treatment or involuntary commitment).

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

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

Changes to Questionnaire

The N-MHSS questionnaire consists of three sections: Facility Characteristics (Section A), Client/Patient Count Information (Section B), and General Information (Section C). For this cycle, the 2020 and the 2022 full-scale N-MHSS will ask the three section. The 2021 N-MHSS-Locator Survey will ask only Sections A and C.

Based on feedback from telephone interviewer debriefings, participating facilities, and subject-matter experts in the behavioral health field, SAMHSA is seeking approval for the following changes (a detailed questionnaire changes are provided at Attachment A.1a between 2018 and 2020 N-MHSS and Attachment A.2a between 2019 and 2021 N-MHSS):

Section A

- Question A1, Category 5: Added this category, "Treatment for co-occurring mental illness /serious emotional disturbance (SED) in children and substance use disorders", in response to questions/concerns from the public.
- Question A1, Category 6: Changed the term "Substance abuse treatment" to "Substance use disorder treatment" to use the appropriate term recommended in the field.
- Question A4, Category 8: Brand new category, as requested by experts in the field and facilities calling the helpline to have this category added.
- Questions A7: Brand new question that has been incorporated from the BHSIS Augmentation Screener to further identify specific types mental health facilities
- Question A8, Category 2: Changed the term "Substance abuse treatment" to "Substance use treatment" to use the appropriate term recommended in the field.
- Question A11: As suggested by SAMHSA's Center for Mental Health Services (CMHS), the correct term in the question is "modalities" rather than "approaches." Also added five new categories: cognitive remediation, integrated mental health and substance use treatment, and Eye Movement Desensitization and Reprocessing (EMDR) therapy, Transcranial Magnetic

Stimulation (TMS), and Ketamine Infusion Therapy (KIT). The first two were proposed by SAMHSA's CMHS, the third category was incorporated, as it was the write-in entry for this question that had the highest frequency count in prior years, and the fourth and fifth categories were proposed by SAMHSA's Chief Medical Officer.

- Questions A12 and A12a: These are brand new questions, based on request from SAMHSA's Policy Lab. The questions ask about pharmacotherapy and specific first- and second-generation antipsychotics, as well as the method of administration for each medication.
- Question A14: Added the category "Assisted Outpatient Treatment (AOT)" as recommended by SAMHSA's Assistant Secretary (Category 5). Changed the term to "peer support services" (Category 21) as recommended by experts in the field. Added five infectious disease screening categories: Testing for Hepatitis B (HBV), Testing for Hepatitis C (HCV), HIV testing, STD testing and TB screening as recommended by SAMHSA's Chief Medical Officer (Categories 22-26).
- Questions A15 and A16: Question A15 is a screener question for facilities responding to option 5 in A1, in order to answer the following question. Question A16 is a brand new question suggested by SAMHSA's Assistant Secretary, and the intention is to find out which services are provided for clients with co-occurring mental health and substance use disorders.
- Question A17: Divided the group "Children" into two categories: Young children (0-5) and Children (6-12).
- Question A18: Changed second and fourth categories to "Young Adults" and "Older Adults" to make it consistent with question A17. Added new category on persons experiencing first-episode psychosis as requested by SAMHSA's CMHS. Added new category on Persons who have experienced intimate partner violence, domestic violence as recommended by SAMHSA's Chief Medical Officer. Updated response category: "Lesbian, gay, bisexual, or transgender clients (LGBT)" to "Lesbian, gay, bisexual, transgender, or queer/questioning clients (LGBTQ)" as recommended by SAMHSA's Chief Medical Officer.
- Questions A20 and A21: Brand new questions on psychiatric services onsite and mobile/off-site crisis services as requested by SAMHSA's CMHS.
- Question A24: Replaced "periodic utilization review" with "Continuous quality improvement processes" as recommended by SAMHSA's CMHS (Category 5). Added two new categories: Clinical provider peer review (CPPR) and Root cause analysis (RCA) as recommended by SAMHSA's Chief Medical Officer (Categories 7 and 8).
- Question A27: Added category #16 ("Updating availability of beds") as requested by SAMHSA's CMHS. As recommended by SAMHSA's Assistant Secretary, a new column was added ("Electronic Health Records (EHR)") to differentiate facilities using electronic health records from other computer-based applications. Based on that decision, the second column has been renamed "Computer-Based (non-EHR)." Also, this question allows

respondents to mark all that apply to capture facilities that use a combination of paper and any of the electronic resources for the work activities listed in the question.

- Question A30: Added category #14 (“Federal grants”) as recommended by SAMHSA’s Assistant Secretary. Also added category #17 (“Private or Community foundation”) based on analysis of write-in entries.

Section C: Added new question: Does this facility want the street address and/or mailing address to be listed in SAMHSA’s online Behavioral Health Treatment Services Locator and Mental Health Directory? This question was added to give facilities the option to list which address they wanted to make available in the Locator/directories, as some facilities expressed not wanting to share their physical location for security purposes or mailing address to avoid junk mail.

3. Use of Information Technology

The N-MHSS will use multiple technologies and applications in order to minimize respondent burden and improve the quality of the data collected. These include a web-based, self-administered survey; computer-assisted telephone interviewing (CATI); an automated data entry program; and a centralized database application that maintains survey frame information and manages the data collection modes (web, paper, CATI), simultaneously. The web screens for the 2020 and 2021 online surveys are included as Attachments A.3 and A.4, respectively, and a CATI questionnaire is included as Attachment A.5.

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

- Facility Tracking and Data Editing System (F-TADES), a specially developed application that will store and organize facility information, manage and monitor survey progress, and field multiple data collection modes simultaneously for the survey
- ConfirmIt application for developing the web survey. ConfirmIt is a multi-mode survey development and support application. It is an omni-mode application development system, that allows for developments of survey instrumentation once, to furnish both CAWI and CATI mode of instrument.
- Visual Studio.Net 2017 for creation of the Internet pages
- ConfirmIt to create computer-assisted telephone interviews
- SAS 9.4 for the production of all data files

The N-MHSS will be offered in multiple modes, including a web version that respondents can log onto using a unique user ID and password assigned to their facility. Based on trend data from prior N-MHSS cycles, it is expected that 90 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 ConfirmIt program, as well as programmed skip patterns. Web respondents will be able to move back and forth in the survey and edit their responses and suspend the survey and come back to the same point in the questionnaire at a later time.

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

4. Efforts to Identify Duplication

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

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

CBHSQ also collects data on substance use treatment facilities through the National Survey on Substance Abuse Treatment Services (N-SSATS). However, the data collected focuses on substance use treatment services. The N-MHSS will *complement* and not *duplicate* the information collected through the N-SSATS.

5. Involvement of Small Entities

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

- The surveys are designed to collect the absolute minimal amount of information required for the intended use of the data.
- The use of Internet technologies provides respondents the opportunity to easily complete a web-based, self-administered survey that will decrease the time between data collection and error resolution since the web survey will automatically check responses for errors, such as inconsistent responses, and will automatically follow the proper skip

patterns to display the next appropriate question based on the respondent's previous response(s).

- Computer-assisted telephone interviewing (CATI) will be implemented for respondents who do not wish to or cannot respond on the web.
- All of the instructions for each question are included with the question rather than on a separate instruction page. This saves the respondent the time and trouble of turning pages between the questionnaire and an accompanying instruction manual.
- An informational website that includes the survey's purpose and definitions of key terms will be set up for respondents. This will allow those responding on the Internet to have the survey and the definitions open simultaneously in their web browser.
- Contractor staff will be available, via a toll-free telephone helpline and an e-mail helpdesk to answer any questions that respondents may have regarding the N-MHSS.

6. Consequences if Information Collected Less Frequently

If the requested information is not collected, federal program activities will suffer in several ways. First, SAMHSA will not be following what is stipulated in Section 505(b) [42 USC 290aa—4] of the Public Health Service Act. SAMHSA's mission is to reduce the impact of mental and substance use disorders on the nation's communities through policies and programs that build resilience and facilitate recovery. One way that SAMHSA advances this mission is by making available to the public an online tool – SAMHSA's Behavioral Health Treatment Services Locator which enables mental health service consumers, their families and mental health professionals to find appropriate mental health care in their area. The usefulness of the Locator is directly related to the completeness and accuracy of the information it contains; thus, an annual N-MHSS with continuous data collection from newly identified facilities and updates relative to facilities that have closed or merged is essential for maintaining a high quality, up-to-date treatment facility locator.

The full-scale N-MHSS is only conducted every other year to reduce burden. If the proposed N-MHSS is not conducted or conducted less frequently, critical information about mental health treatment services offered to consumers in need of such services will not be available to this most vulnerable segment of the nation's population. Data on the numbers and characteristics of persons treated in these specialty mental health facilities will be outdated and unavailable to the behavioral health services research community, national health provider organizations, and the states in need of such data to measure the volume of service utilization to meet the needs of policymakers and program planners for financial and human resource allocation. In conjunction with data in the I-BHS, the information collected in the N-MHSS will provide the survey frame for periodically conducted specialized surveys of mental health service providers and persons served.

In addition, the Locator is authorized by the 21st Century Cures Act (Public Law 114-255, Section 9006; 42 U.S.C. 290bb-36d). SAMHSA endeavors to keep the Locator current. All information in the Locator is updated monthly from facility responses to SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS) and National Mental Health

Services Survey (N-MHSS). New facilities that have completed an abbreviated survey and met all the qualifications are added monthly. Updates to facility names, addresses, telephone numbers, and services are made weekly for facilities informing SAMHSA of changes.

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

A Federal Register notice was published on September 30, 2019 (84 FR 51609). No public comments were received.

Subject-area experts were consulted to review the survey instruments. At SAMHSA, three major offices/centers participated in the review: the Center for Mental Health Services (CMHS), the Office of the Chief Medical Officer (OCMO), and the National Mental Health and Substance Use Policy Lab. The review also included representatives from other behavioral health organizations. These experts included:

Saul Levin
CEO and Medical Director
American Psychiatric Association
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Brad Bachman
Manager, State Advocacy and Government Relations
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Theresa Nguyen
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Angela Kimball
Acting CEO
National Alliance on Mental Illness
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9. Payment to Respondents

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

10. Assurance of Confidentiality

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

The N-MHSS collects only facility-level information. For N-MHSS data reports, facility data are aggregated by state or by facility type and do not identify specific facilities. The public-use data file for the N-MHSS masks the identity of individual facilities.

The N-MHSS contains a unique identifier assigned to each facility. This number is used to facilitate tracking, monitor response rates, ensure adequate quality control, assess analytic consistency from survey to survey, and produce SAMHSA’s online Behavioral Health Treatment Services Locator and *National Directory of Mental Health Treatment Facilities*, which are available to the public.

11. Questions of a Sensitive Nature

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

12. Estimates of Annualized Hour Burden

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

Facility Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Hourly Cost
Facilities in full scale 2020 N-MHSS universe	17,000	1	17,000	0.75	12,750	\$47.95	\$611,363
Facilities in Between-Survey Update, 2020 ¹	1,700	1	1,700	0.42	714	\$47.95	\$34,236
Facilities in 2021 N-MHSS-Locator Survey universe	17,000	1	17,000	0.42	7,140	\$47.95	\$342,363
Facilities in Between-Survey Update, 2021 ¹	1,700	1	1,700	0.42	714	\$47.95	\$34,236
Facilities in 2022	17,000	1	17,000	0.75	12,750	\$47.95	\$611,363

full-scale N-MHSS universe							
Facilities in Between-Survey Update, 2020 ¹	1,700	1	1,700	0.42	714	\$47.95	\$34,236
Average Annual Total	18,700	1	18,700	0.59	11,118	\$47.95	\$533,108

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

TABLE 2. Summary of Estimated Annual Burden for the N-MHSS				
Facility Respondent	Number of Respondents	Responses per Respondent	Average Hours per Response	Total Burden Hours
Facilities in full-survey N-MHSS universe in 2020 and 2022	17,000	1	0.75	12,750
Newly identified facilities in Between-Survey Update in 2017, 2018, and 2019 ^{1,2}	1,700	1	0.42	714
Facilities in N-MHSS-Locator Survey universe in 2021	17,000	1	0.42	7,140
Average Annual Total	18,700	1	0.59	11,118

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

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

Basis for Burden Hour Estimate:

Based on documentation available from the results of the 2016 and 2018 web-based surveys, the time to complete the survey online was an average of 35 minutes. An estimated 10 minutes has been added to the 35 minutes to reflect the additional time required to search existing data sources to report the client counts and demographic information. The N-MHSS-Locator Survey questionnaire is an abbreviated version of the full-scale N-MHSS questionnaire. Based on reductions in the size of the survey instrument (total number of pages and questions), and prior field experience in the fielding of the 2015 and the 2017 N-MHSS-Locator Surveys, the estimated time for response to the N-MHSS-Locator Survey questionnaire is 25 minutes (0.42 hours).

Basis for Hourly Wage Rate Estimate:

The facility staff that completes the N-MHSS questionnaires is generally mid- to senior-level staff, often the director him/herself. The estimated hourly wage rate is based on the median hourly pay of \$47.95 for medical and health service managers as reported in the Bureau of Labor Statistics, U.S. Department of Labor *Occupational Outlook Handbook, 2018-19 Edition*, Medical and Health Service Managers, at <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>.

13. Estimates of Annualized Cost Burden to Respondents

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

14. Estimates of Annualized Cost Burden to Government

The annualized cost to the Government for the N-MHSS component of the SAMHSA/ CBHSQ data collection contract is estimated to be \$2,750,000. The N-MHSS contract-related activities included in this estimate are described below. The total annualized cost to the Government including the contract monitoring activities of one FTE is estimated to be \$3,110,000.

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

Preparation of Annual Summary Data Report, Analytic Files and Public-Use Files.

These activities include production of a N-MHSS analytic data file with accompanying documentation in SAS and ASCII format; production of a N-MHSS summary data report including text and table preparation; production of print and electronic versions of the report for publication on SAMHSA's website; production of PDF and HTML versions of the data report that are 508 compliant; production of an electronic 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 three FTEs totals approximately \$360,000.

15. Changes in Burden

Currently, the average annual burden hours for the full-scale 2019 N-MHSS Survey is 9,724 hours based on an estimated response time of 25 minutes for an estimated 17,000 facility respondents. SAMHSA/CBHSQ is now requesting an average annual total burden of 11,118 hours for the N-MHSS. This increase of 1,394 hours is due to the survey versions included in this request (two full-scale and one abbreviated, as opposed to two abbreviated and one full-scale in the prior request). This number is based on an estimated response time of 45 minutes for an estimated 17,000 facility respondents in the full-scale survey in 2020 and 2022, an estimated response time of 25 minutes for an estimated 17,000 facility respondents in the Locator Survey in 2021, and an estimated response time of 25 minutes for an estimated 1,700 facility respondents in the Between-Survey Update in 2020, 2021, and 2022.

16. Time Schedule, Publication and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

Activity	Completion Date
2020 N-MHSS¹	
Finalization the survey frame from the I-BHS, development of data collection materials and instrument (web, paper, and CATI)	February 2020
Creation of an informational and survey website	February 2020
Development of system for tracking/monitoring survey response status	March 2020
Advance letter mailing	March 2020
First cover letter mailing, including instructions for how to complete survey on the Internet	April 2020
First thank you/reminder letter mailing	May 2020
Second cover letter mailing, including paper questionnaire and prepaid return business reply envelope	June 2020
Second thank you/reminder letter mailing	July 2020
CATI interviewer training, and begin full interview calls to non-respondents	August 2020

¹ N-MHSS activities for subsequent years will be on a similar schedule

Thank you notification to survey respondents	Ongoing throughout data collection
Development of machine cleaning specifications and creation of data file	January 2021
Update Mental Health Facility Locator database	Ongoing throughout data collection
Publication of the <i>National Directory of Mental Health Treatment Facilities</i>	March 2021
Development of analytic data file	April 2021
Analytic report	June 2021
Public use data files	June 2021
Process updates/changes to existing information in the I-BHS on a monthly basis	Ongoing throughout data collection

b. Analyses and Publications

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

- **Behavioral Health Treatment Services Locator** – This searchable web-based system on the Internet will link the facility listings to an online mapping function (see: <https://findtreatment.samhsa.gov>). Updates to add eligible new facilities and update changes to existing information will be made as needed. The mental health facility database is also made available to the office within HHS with responsibility for maintenance of the new federal website, www.MentalHealth.gov.
- **National Directory of Mental Health Treatment Facilities** – This publication, available electronically through SAMHSA’s website (www.samhsa.gov), will include information on the same facilities that are listed in the online Locator. The facilities will be presented alphabetically by State, and within each State, alphabetized by city and then by facility name within the city. Information about each facility will include: facility name; street address; telephone number; intake telephone number; website address; type of facility; ownership; type of care setting offered; age groups of clients served; languages spoken; selected types of services offered; special programs offered; payment assistance offered; and accepted sources of payment for services.

- **N-MHSS Annual Data Report** – This publication will present the main findings from the N-MHSS including descriptive analyses of facility counts by facility characteristics, such as type of facility, service setting offered, and ownership. Descriptive analyses on client counts by demographic characteristics will also be included in reports generated from data collected in the full-scale N-MHSS.
- **Public-Use Data Files** – Public-use (release) data files of N-MHSS data will be available for downloading and for online analysis at the Substance Abuse and Mental Health Data Archive (SAMHDA) website, <http://datafiles.samhsa.gov/>.
- **Other Reports** – Selected data from the N-MHSS file (e.g., facility counts by type of facility) will be included in other statistical compilations, including, for example, the CDC/NCHS publication: *Health, United States*. In addition, analytic reports presenting N-MHSS data will be included in the SAMHSA/CBHSQ *Short Report*, a statistical publication series available on the SAMHSA website.

17. Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification Statement

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