

**National Substance Use and Mental Health Services Survey (N-SUMHSS)
SUPPORTING STATEMENT**

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

N-SUMHSS: The National Substance Use and Mental Health Services (N-SUMHSS) will be a multimode (web, paper, and the computer-assisted telephone interview (CATI)) data collection of all eligible substance use and mental health treatment facilities currently operating in the United States and its jurisdictions. The N-SUMHSS will collect information at the facility, or point-of-service, level from those entities that provide treatment services. In addition, eligible facilities must have a primary treatment focus of providing mental health, substance use or a mix of mental health and substance use 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 solo practices (with the exception of those explicitly requested to be surveyed by a state substance use agency).

The survey frame for the N-SUMHSS includes substance use and mental health facilities that provide hospital inpatient care; residential care; day treatment or partial hospitalization; and outpatient care. The types of treatment facilities include public and private psychiatric hospitals; general hospitals with separate psychiatric units; Veterans Affairs medical centers; addiction recovery centers; residential treatment centers for children and/or adults; community mental health centers; outpatient clinics; and other types of substance use and mental health facilities that provide treatment services.

The universe for the N-SUMHSS includes all known substance use and mental health treatment facilities in the United States and its jurisdictions. The universe, derived from the Inventory of Behavioral Health Services (I-BHS), is shown in the table below as of April 30, 2020.

TREATMENT FACILITIES	TOTAL TREATMENT FACILITIES ON I-BHS (as of April 30, 2020)	SUBSTANCE USE FACILITIES	MENTAL HEALTH FACILITIES
I-BHS substance use and mental health treatment facilities	36,868	21,994	14,874

Sampling

There is currently no sampling in N-SUMHSS. A complete census is needed because N-SUMHSS will be the only source of information for SAMHSA's Behavioral Health Treatment Services Locator and the *National Directory of Drug and Alcohol Abuse Treatment Program* and the *National Directory of Mental Health Treatment Facilities*. Without doing a census, SAMHSA would not have information on substance use and mental health facilities for members of the public seeking treatment. A sample of treatment facilities would not be feasible for the locator because information for all facilities would not be listed. Additionally, a complete census for client counts every year is necessary for the following reasons.

1. The substance use and mental health fields and states are in need of not only national, but state-level and sub-state statistical data for comparative analyses of access to care (needs assessment) and service utilization across the various components of the substance use and mental health treatment service delivery system.

The delivery system is comprised of various types of treatment through many different operation structures. Within those basic types of treatment are specific types of facilities that serve specific needs or populations. For example, some facilities treat exclusively certain types of client, such as adolescents only, women only, men only, opioid clients, DUI/DWI clients, active military, active military and their dependents, veterans, and members of recognized tribes, etc. Facilities differ in the numbers of clients they can serve, and the designations of "small, medium, or large" vary based on the specific types of clients they serve and type of treatment offered. Some facilities are in metropolitan areas and others are in rural areas. Some facilities are in established networks where resources are shared and others are stand-alone facilities. Also, among these many various treatment types and offerings, there are the various operating structures: private for profit, private nonprofit, state government, local/community/county government, tribal government, and federal government, with breakouts of Department of Defense, Veteran's Affairs, Indian Health Service, and other federal government.

The ability to generate county- and state-level figures for which the field is in need of for the comparative analyses described previously, would be lost using a sampling method. There are many different combinations of types of treatment and attributes of the treatment system that would need to be considered.

Numbers of clients are needed in small areas (counties and communities) to aid in assessing and forecasting needs and allocation of resources. For example, during recent hurricanes, SAMHSA was asked for numbers of substance use and mental health clients in affected counties so states could provide appropriate and sufficient care in evacuation areas. Again accurate, locale specific numbers were needed. A sample could likely not provide sufficiently accurate numbers for disaster relief in small, defined areas.

2. Accurate numbers are needed by the White House, Congress, states, and counties for trends projections so adequate resources can be allocated. States and counties will use the N-SUMHSS numbers of clients to make funding decisions and to educate their

communities as to the need for increased treatment.

If only a sample of facilities collected client caseload data in the 2021 N-SUMHSS, for example, then the ability to use measure of size calculations for the next N-SUMHSS would be lost, especially with an approximate 10 percent turnover of facilities. The variables used for measure of size (i.e., reported counts of persons in treatment within a type of treatment as of the survey reference date) would only be available from the 2021 sampled facilities that remain in the universe and not the universe of substance use treatment facilities.

2. Information Collection Procedures

a. I-BHS On-line, Facility Applications, and Augmentation

I-BHS Online: I-BHS is designed to be continuously updated by states as they license or certify facilities, decertify or cancel licenses for facilities, and learn of facilities that have gone out of business or moved. The update process is online, so states can easily update information on the facilities in their states. The I-BHS Online update forms used by state representatives to enter or change facility registration are included as Attachment A1.

I-BHS Facility Applications: New facilities can request to be included in I-BHS through an online facility application form found on the locator (<https://findtreatment.samhsa.gov>). I-BHS staff will verify all facility requests to avoid duplication or the addition of inappropriate facilities to I-BHS. The information on new facilities will also be passed to the cognizant state agency for possible designation as state-approved. The I-BHS facility registration form is provided at Attachment A2.

I-BHS Augmentation: The facility information provided by states is augmented by SAMHSA through searches of directories and other data bases. In 2019, the data bases searched for substance use treatment facilities included the ABI (American Business Information) file and the American Hospital Association (AHA) directory and for mental health treatment facilities included the ABI and AHA, as well as NASMPHD-National Association of State Mental Health Program Directors, American Residential Treatment Association, and the National Council for Behavioral Health. All potential treatment facilities identified from these sources are matched to the I-BHS to identify duplicates. In addition, a processing step matches the potential new facilities against augmentation runs from prior years, to eliminate facilities that had been identified and screened out in earlier augmentation efforts. The remaining unmatched facilities are then screened by phone to identify those that provide substance use treatment or mental health treatment services. These screening phone calls and the survey often generate reports of additional facilities, because respondents will volunteer that their parent organization has treatment facilities at several sites. The facilities identified in this way are also matched against the I-BHS, and the questionable matches and non-matches are screened by phone. There will be an

augmentation each year, several months prior to the start of the N-SUMHSS. The augmentation screener questionnaire used to screen the questionable matches and non-matches is included as Attachment A3.

b. N-SUMHSS

The 2021 N-SUMHSS will be conducted through an online web survey, with a mail questionnaire option and telephone follow-up of non-respondents. An advance letter will be mailed to the facility director six weeks before the March 31 reference date, notifying/reminding them of the survey. A cover letter, a set of on-line access instructions, and a list of frequently asked questions (FAQs), will be mailed on or about March 31. (See Attachment B5 for a copy of the advance letter, Attachment B6 for a copy of the cover letter, online questionnaire instructions, and FAQs, Attachment B1 for a copy of the 2021 questionnaire, Attachment B3 for a copy of the screens for the online response option, and Attachment B12 for a copy of the web pages for the N-SUMHSS information website.)

Approximately four weeks after the initial mailing, a thank you/reminder letter will be faxed or mailed to all facilities (see Attachment B7 for a copy of the thank you/reminder letter). Facilities that have not responded by the last week in May will be sent a second packet including a cover letter, Frequently Asked Questions, a state profile, and instructions for completing the questionnaire on the web. (See Attachment B8 for a copy of the second mailing cover letter.) Facilities that have not responded by the middle of July will be sent a third packet including a cover letter, web flyer, Frequently Asked Questions, state profile, and paper version of the questionnaire (See Attachment B9 for a copy of the third mailing cover letter.)

Reminder calls will begin in mid-June. During the initial reminder call, respondents will be encouraged to respond by mail or web, but they may also respond by telephone. After every facility has received one reminder call, all telephone efforts will be directed toward completing the questionnaire by telephone through a CATI interview (see Attachment B4 for a copy of the 2021 N-SUMHSS CATI questionnaire.) The CATI follow-up will continue through the end of October.

At the end of data collection, which happens around November, a final letter will be sent to all responding facilities thanking them for their completion of the N-SUMHSS questionnaire (see Attachment B10 for a copy of the completion thank you letter).

The N-SUMHSS BC survey will be conducted during the year, using a subset of the N-SUMHSS questions, so that facilities do not have to wait a full year to be added to the online Locator. An advance letter will be sent to the new facility describing the *Locator* and inviting the facility to call a toll-free number to schedule a brief interview. (See Attachment B11 for a copy of the N-SUMHSS BC advance letter and Attachment B2 for a copy of the N-SUMHSS BC) If the facility does not call, the N-SUMHSS survey contractor will make one attempt to contact the facility by telephone. Facilities that complete the N-SUMHSS BC, and those that do not, will be included in the next full N-SUMHSS survey.

3. Methods to Maximize Response Rates

I-BHS: The universe of behavioral health treatment facilities is not static. Experience with the N-SSATS/N-MHSS and I-BHS has shown that in a 12-month period, approximately 12 to 15 percent of facilities close and roughly the same number of “new” facilities are identified. Additionally, another 20 percent of facilities change their basic contact information (name, address, telephone number) each year. Aware of this turnover, SAMHSA takes all reasonable measures to ensure that the I-BHS is as complete as possible. Since no other comprehensive listing of treatment facilities exists against which to judge the completeness of the Inventory, the only avenues available are to collaborate with state agencies to maintain the listings and to do regular augmentations to identify new facilities that state agencies may not have authority over. Facilities remain on the I-BHS until SAMHSA receives evidence that the facility is no longer providing treatment services or is otherwise ineligible. Thus a facility that does not respond to the N-SUMHSS will stay on the I-BHS until there is evidence that it no longer exists.

N-SUMHSS: The methods to maximize response rates will be those that proved successful in the N-SSATS and the N-MHSS. They include:

- advance letters to alert facility directors of the upcoming N-SUMHSS mailing;
- state letters of support mailed with the N-SUMHSS packet;
- an online survey with the option to request a paper questionnaire if preferred;
- pre-filled responses in the online survey for selected questions that have little year-over-year change (e.g., public versus private ownership, hospital type, etc.) The pre-filled responses help reduce burden and improve survey response without impairing the integrity of the data;
- A second mailing packet again providing instructions on how to complete the survey on the web;
- a third mailing packet providing a paper questionnaire to all non-respondents;
- reminder telephone calls, e-mails, faxes, and re-mailings as needed;
- a toll-free N-SUMHSS hotline that facilities may call with questions about the survey;
- an N-SUMHSS e-mail address that enables facilities to e-mail questions about the survey;
- an N-SUMHSS informational website that will provide N-SUMHSS history and other material to respondents;

- tracing and locating efforts to determine whether a facility is still in business, closed, or has merged with another facility; and
- telephone interviews to collect the information from those not responding online or by mailed paper questionnaire.

4. Tests of Procedures

No large-scale pretests (more than 9 respondents) of N-SUMHSS are proposed for the next three years. Most items in the questionnaire have been in place for many years. If rewording or small changes in questions are required during the period of approval, the N-SUMHSS questionnaire would be tested on a small number of facilities (9 or fewer facilities), and the respondents would be debriefed by telephone to verify that they were interpreting the items as intended.

5. Statistical Consultants

The data will be collected under a new contract that will be awarded September 2020.

The contractor will be responsible for the management of the I-BHS systems, the statistical aspects of the N-SUMHSS (primarily imputation of missing data), web instrument programming, field work, data entry, data cleaning, and preparation of the Locator/*National Directory* and the annual N-SUMHSS reports and state profiles. SAMHSA will be responsible for questionnaire design, development of outreach materials, and monitoring data collection activities.

The SAMHSA Project Officer and Co-Project Officer, respectively, are:

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LIST OF ATTACHMENTS

Attachment A1	I-BHS Online State Add/Update Forms
Attachment A2	I-BHS Facility Application Form
Attachment A3	Augmentation Screener Questionnaire
Attachment B1	N-SUMHSS 2021 Questionnaire
Attachment B2	Between Cycles N-SUMHSS (N-SUMHSS BC)
Attachment B3	N-SUMHSS 2021 screens for online questionnaire
Attachment B4	N-SUMHSS 2021 CATI Questionnaire
Attachment B5	N-SUMHSS 2021 Advance Letter
Attachment B6	N-SUMHSS 2021 Cover Letter, Online Questionnaire Access Instructions, and Frequently Asked Questions sheet
Attachment B7	N-SUMHSS 2021 Thank You/Reminder Letter
Attachment B8	N-SUMHSS 2021 Second Mailing Cover Letter
Attachment B9	N-SUMHSS 2021 Third Mailing Cover Letter
Attachment B10	N-SUMHSS 2021 Completion Thank You Letter
Attachment B11	Between Cycles N-SUMHSS (N-SUMHSS BC) Advance Letter
Attachment B12	Web pages for the 2021 N-SUMHSS information website