**Customer Feedback Survey on SAMHSA Publication:**

***Medication-Assisted Treatment for Opioid Addiction: 2013 State Profiles***

1. **Product/Activity to be Assessed**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Behavioral Health Statistics and Quality (CBHSQ), periodically produce a report called the *Medication-Assisted Treatment for Opioid Addiction: State Profiles*. Information included in the *State Profiles* is obtained from the annual National Survey of Substance Abuse Treatment Services (N-SSATS) conducted by CBHSQ (OMB No. 0930-0106) as well as other publicly-available datasets including data from the first N-SSATS survey of Opioid Treatment Programs (OTPs). The *State Profiles* include the following information about each state:

* a box with :
	+ state population (from the US Census)
	+ number of patients in substance abuse treatment (from N-SSATS)
	+ number of all substance abuse treatment facilities (from N-SSATS)
	+ contact information for the State’s Opioid Treatment Authority (SOTA)
* a map of each state showing OTP locations (from N-SSATS)
* a table with the following state and national comparisons:
	+ type of treatment (from N-SSATS): maintenance only, detox only, both
	+ number of patients (from N-SSATS): total, methadone, buprenorphine
	+ type of payment accepted (from N-SSATS): cash, private health insurance , Medicare, Medicaid, state, military, sliding scale, no charge
	+ type of OTP operation (from N-SSATS): private non-profit , private for-profit , local government, state government, federal government, tribal
* a table with state and national comparisons of relative percentages of OTPs’ accrediting bodies (from CSAT/DPT OTP database): JCAHO, CARF, COA, NCCHC, state accreditation authority
* a map of the state showing locations of DATA-certified physicians
* a table of the state cumulative distribution of buprenorphine per 100K population by grams weight (from the Drug Enforcement Administration, or DEA) compared to the national distribution; and rank out of the 54 states and territories)

The *2013 State Profiles* serves as an important resource for service providers (staff and administrators of opioid treatment programs, or OTPs); accreditation bodies for OTPs; researchers; advocacy groups; policy-makers at local, State and Federal levels; other Federal agencies (e.g. DEA); as well as individuals seeking relatively current information concerning opioid treatment across the country. The State Profiles report was issued most recently in 2010 and in that year was mailed to, or downloaded by, members of the following groups (among others):

* Opioid treatment programs (OTPs);
* State Opioid Treatment Authorities (SOTAs) and other State-level officials interested more generally in substance abuse treatment;
* Members of advocacy groups, including the American Association for the Treatment of Opioid Dependence, Inc. (AATOD), which has major representation from OTPs in most States;
* Members of state methadone provider associations, largely informal organizations whose membership for the most part belongs to AATOD;
* Members of the media who cover issues related to behavioral health, including prescription drug abuse, pain medications, etc.;
* Patients in opioid treatment and/or their families;
* Accreditation bodies for opioid treatment facilities

State Profiles 2013, currently under development, is being enhanced to appeal to more members of these important stakeholder groups, and substantial efforts are planned to ‘push’ news of the next report out to these groups. In addition to disseminating information about the new report through traditional SAMHSA communication channels, additional efforts will be employed to heighten awareness about the upcoming report.

1. **Summary of Prior Customer Satisfaction Assessments of this Product**

This is a new, one-time data collection.

1. **Objective of Proposed Customer Satisfaction Effort**

The purpose of the customer feedback questionnaire is to determine the reader-audiences’ needs regarding the format and content of the *State Profiles*. The goal is to use that information to enhance the next State Profiles Report toward better meeting the needs of those who consult it. The objectives of the survey are to: 1) determine the readership of the *State Profiles Report*; and 2) determine preferences for its format and content. As computers and web access have become more widely available, it is important to receive current feedback from SAMHSA customers about preferred formats, including what kinds of information they would like available in an interactive form.

1. **Data Analysis Plan**

Qualitative and quantitative data will be compiled from responses to Likert scale and open-ended survey questions. The quantitative analysis will include frequency and percentage distributions of the responses. The qualitative and quantitative data will be summarized in a report to highlight important findings and to present the information to CBHSQ and CSAT management for decision making concerning changes and additions to the format and/or content of the next edition of the State Profiles report.

1. **Overview of Methods to be Used to Collect the Information**
	1. **Data Collection Method**

Data collection for this survey effort will involve similar approaches to those used in 2000 to obtain feedback on the content and format of other SAMHSA publications. SAMHSA will recruit participants via multiple listservs of potential readers and conduct data collection electronically through the Google Forms web-based survey tool. Attachment A is a pdf that includes all screen shots of the web-based survey. Please note that the phrase “Edit this form” will not appear on the respondent version of this web-based survey.

* 1. **Target Audience**

Since the next report will be published online (not available in paper copy), this survey will be sent electronically to representatives of the following audiences, including some that were potentially not aware of past reports but for whom an enhanced report is expected to be of interest. These include:

* + State Opioid Treatment Authorities (SOTAs) and other State-level officials interested more generally in substance abuse treatment;
	+ Board Members of advocacy groups, including the American Association for the Treatment of Opioid Dependence, Inc. (AATOD), which has major representation from OTPs in most States (this will provide key perspectives from the providers/administrators etc. of opioid treatment facilities and ‘the field’);
	+ A selection of OTPs to be contacted directly;
	+ Federal Agencies, such as the Drug Enforcement Administration;
	+ Patient advocacy groups;
	+ Members of media who cover issues related to behavioral health including prescription drug abuse, pain medications, etc.;
	+ Accreditation bodies for opioid treatment facilities;
	+ A few known ‘experts in the field’ who do not fall into above-mentioned groups;
	+ Those who downloaded the 2010 State Profiles;
	+ SAMHSA contractors dealing with OTPs.
	1. **Method for Identifying Respondents**

A number of respondents will be identified by examining data provided by SAMHSA’s Office of Communications concerning individuals who downloaded the 2010 (most recent) State Profiles and provided contact information. In addition, SAMHSA routinely communicates with individuals in the desired categories and can easily identify those SAMHSA would like to include in the respondent group.

* 1. **Universe of Potential Respondents**

The audiences for the report itself, and for this survey, are small but important; for this reason, the number of survey respondents will be kept well below 200:

**Estimated Distribution:**

|  |  |
| --- | --- |
|  | **Quantity on List** |
| **Board Members, AATOD** | 20-30 |
| **OTPs** | 25 |
| **SOTAs and monitors** | Approx. 70 |
| **Accrediting Bodies** | Approx. 6 |
| **Key Patient Advocacy groups for methadone and buprenorphine patients** | 2 |
| **Federal agencies** | Approx. 2-3 |
| **Misc. experts in the field of opioid treatment**  | Approx. 5-10 |
| **TOTAL Estimated Distribution:** | Max. 146 |
| **Estimated Response** | Quantity: 102(70% response rate) |

* 1. **Anticipated Response Rate**

To SAMHSA’s knowledge, minimal feedback has been sought on past editions of this report. SAMSHA is hopeful for a fairly good response rate given efforts proposed to enhance it. These include the following:

* + 1. The survey will be emailed (using Google Forms) to a fairly precise target audience of people most likely to be familiar with the report, and/or to have use of it, and therefore more likely to provide feedback.
		2. The content or proposed new content of the report is, for many of these respondents, helpful or even critical to their work in the field of opioid treatment.
		3. The survey purpose and benefit to the individual will be clearly outlined in the survey and introductory material.
		4. The survey is brief and pertinent.
		5. Use of Google Forms to conduct the survey will provide a more convenient and immediate means for respondents to provide feedback and even to briefly scan a past copy of the report (online) as they do so; the URL to the report can be provided in the body of the introduction to the survey.
		6. The questionnaire format is simple and organized, improving the likelihood that potential respondents will respond. For instance, a small amount of text color will be used to help guide respondents through the instrument.
		7. In most cases, potential respondents belong to groups with whom SAMHSA routinely interacts; each can be contacted prior to sending out the survey either directly by the agency, or through a respected organization familiar to them. In part, this will encourage participation by a trusted source; but also, will help ensure respondents ‘look for’ the invitation email in the event their corporate system sends it to spam.

Due to these efforts to maximize the response rate, SAMHSA estimates a response rate of 70% (approx. 102 responses of 146 recruited).

Since this is a small-scale, voluntary survey, follow-up will be limited to one email reminder to those who have not responded within 2 weeks of administration.

* 1. **Methods Used to Maintain Customer Confidentiality**

Each potential respondent will be contacted by e-mail account; their participation is completely voluntary. Each link to the survey will have a unique identifier, however, no personally identifying information will be collected. Responses will be compiled online in Google Docs, downloaded at the conclusion of the data collection period, and then transferred from Google Docs to the SAMHSA server (and deleted from Google Docs).

1. **Response Burden Estimate**

Testing of the survey indicates an average response time of 10 minutes per questionnaire.

99 (non-Federal) responses x 10 minutes (.167 hours) = 16.53 hours in one year

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Estimated # of Respondents** | **# of Responses per Respondent** | **Hours per Response** | **Total Burden Hours** | **Hourly Wage Rate** | **Total Cost per Year** |
| Respondents (Non-Federal) | 99 | 1 | .167 | 16.53 | $30 | $495.99 |

1. **Contact for Proposed Customer Satisfaction Effort**

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1. **List of Attachments**

**Attachment A:** Customer feedback survey

**Attachment B:** Participant recruitment e-mail