

# **Disaster Technical Assistance Center Disaster Mental Health Needs Assessment and Customer Satisfaction Survey Supporting Statement**

## **A. Justification**

### **1. Circumstances of Data Collection**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting OMB approval for two data collection instruments: the Disaster Behavioral Health Needs Assessment (DBHNA) and the Customer Satisfaction Survey. The National Response Framework (NRF), signed by the President in 2008, establishes the framework for a comprehensive, national, “all-hazards” approach to domestic incident response. The NRF outlines how communities, States, the Federal Government, and private-sector and nongovernmental partners will work together in a coordinated fashion to plan for and develop comprehensive response plans for all types of emergency events. SAMHSA is the agency responsible for preparing States, Territories, and local entities to meet behavioral health needs during recovery from disasters.

Within SAMHSA, the Center for Mental Health Services (CMHS) has the lead for assisting States and local communities with developing guidelines for their disaster mental health plans that are based on an all-hazards approach. Ideally, this type of planning approach anticipates a wide variety of incidents, ranging from natural disasters to transportation accidents and bioterrorism incidents.

In addition to supporting State and territorial planning efforts, SAMHSA and SAMHSA’s Disaster Technical Assistance Center (DTAC) collaborate with the Federal Emergency Management Agency (FEMA) on the Crisis Counseling Assistance and Training Program (CCP). The CCP provides supplemental assistance to States, U.S. Territories, and federally recognized tribes (hereafter referred to as ‘States’). The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) of 1974 authorizes FEMA to fund mental health assistance and training activities in areas that have received a Presidential disaster declaration. The CMHS works with FEMA through an interagency agreement to provide technical assistance (TA) and consultation, training for State and local mental health personnel, grant administration and program oversight for the CCP.

The CCP supports a variety of services, ranging from short-term interventions with individuals and groups experiencing psychological sequelae to longer-term behavioral health interventions that assist individuals and groups with recovery after large-scale natural and human-caused disasters. These interventions involve assisting disaster survivors with understanding their current situations and reactions, mitigating additional stress, and reviewing survivors’ options. The interventions also promote the use or development of coping strategies, provide emotional support, and encourage linkages with other individuals and agencies, which may help survivors recover to their pre-disaster levels of functioning.

To better serve jurisdictions, SAMHSA created SAMHSA DTAC in 2002. SAMHSA DTAC provides TA to States in response to, and in preparation for, mental health and substance abuse needs associated with catastrophic events and emergencies, such as natural disasters, bioterrorism, mass criminal victimization, and environmental disasters. In the aftermath of a disaster or other traumatic event, State and local mental health and substance abuse agencies

can contact SAMHSA DTAC for assistance with the resulting mental health and substance abuse needs. TA specialists respond by identifying suitable publications and other materials, arranging for the deployment of expert consultants, or coordinating other support services. SAMHSA DTAC also assists States that are eligible for a CCP by providing TA related to completing applications, developing a plan of services, and identifying staff needs for the CCP.

Since 2002, SAMHSA DTAC has provided TA on disaster mental health planning and crisis counseling services. TA has supported both the implementation of CCP programs after disasters and the integration of crisis counseling services into comprehensive all-hazards plans to ensure better delivery of services after disasters. After the terrorist attacks on the World Trade Center and the subsequent anthrax attacks, the Nation became acutely aware of the need for comprehensive all-hazards plans that include crisis counseling services. Since then, the Nation has experienced increases in both funding and activity across a spectrum of preparedness- and response-related programs. The crisis counseling field has been no exception.

Over the course of the last 8 years, the science behind crisis counseling has grown, and natural disasters like Hurricane Katrina and the Florida Gulf Coast hurricanes have re-emphasized the need for plans that can be adapted to respond to both human-caused and natural disasters. States have been engaged in ongoing all-hazards planning efforts and have made progress in developing infrastructure to respond effectively to community mental health needs after disasters, which means that the needs and challenges that jurisdictions face have changed and evolved over time.

SAMHSA DTAC will be responsible for administering the two data collection instruments and analyzing the data collected from the surveys. SAMHSA DTAC will use data from both instruments to inform and improve current and future TA activities.

## **2. Purpose and Use of the Information Collection**

SAMHSA DTAC has provided TA to States over the last 8 years. However, in that time, SAMHSA DTAC has conducted neither a customer satisfaction survey nor a national needs assessment. As a result, SAMHSA DTAC does not have comprehensive feedback on the services it provides. These data are necessary to assess SAMHSA DTAC's impact on and effectiveness in supporting jurisdictional planning efforts. Both of the proposed data collection efforts will provide feedback on the overall effectiveness of SAMHSA DTAC's services, ongoing needs at the national level, and areas that require enhanced TA services.

***Disaster Behavior Health Needs Assessment.*** The DBHNA will assist SAMHSA DTAC in identifying jurisdictions that need assistance with integrating mental health and substance abuse into their preparedness plans. SAMHSA DTAC will use the DBHNA to identify gaps and trends in crisis counseling planning across the country and to inform future TA and training for State and local behavioral health authorities. The DBHNA will help to determine the impact of SAMHSA DTAC's TA on planning efforts and how well SAMHSA DTAC supports jurisdictions' abilities to meet community mental health needs after disaster.

There are two versions of the DBHNA: the **State/Territory Coordinator Disaster Behavioral Health Needs Assessment** (Attachment A.1) and the **Local Provider Disaster Behavioral Health Needs Assessment** (Attachment A.2). These DBHNAs are designed to collect information on disaster behavioral health (DBH) preparedness and response. SAMHSA will use

this information to inform policy development, measure overall program impact, and improve the quality of services that State and local providers receive (including training and TA). Improved services will lead to (1) better integration of DBH needs with all-hazards disaster preparedness and response and (2) improved outcomes at the State and local levels.

The **State/Territory Coordinator Disaster Behavioral Health Needs Assessment** will do the following:

- Collect information on DBH preparedness and response activities that are difficult to complete.
- Collect information on DBH preparedness and response activities that require additional training and TA.
- Identify barriers to completing DBH preparedness and response activities.
- Identify potential solutions for addressing DBH preparedness and response barriers.
- Identify methods for delivering DBH training and TA.
- Assess the level of DBH training and TA that is needed.
- Assess State coordinators' awareness of the training and TA services that SAMHSA DTAC offers.
- Identify specific incident or population activities that warrant enhanced training and TA.
- Describe the backgrounds and experience of State coordinator participants.
- Collect information on program operations and staffing for DBH.
- Describe American Indian Tribal Community involvement in DBH preparedness and response.

The **Local Provider Disaster Behavioral Health Needs Assessment** will do the following:

- Identify barriers to completing DBH preparedness and response activities.
- Identify potential solutions for addressing DBH preparedness and response barriers.
- Identify methods for receiving DBH training and TA.
- Assess the level of DBH training and TA that is needed.
- Assess local providers' awareness of the training and TA services SAMHSA DTAC offers.
- Describe the backgrounds and experience of local provider participants.
- Collect information on program operations and staffing for DBH.

**Customer Satisfaction Survey.** The Customer Satisfaction Survey (Attachment B.1) will collect data from SAMHSA DTAC customers to ensure that the assistance SAMHSA DTAC provides is on track, applicable, useful, and well received. Specifically, the Customer Satisfaction Survey will collect the experiences and perspectives of (1) those who have requested TA (e.g., behavioral health coordinators, project coordinators, local providers) and (2) those who subscribe to SAMHSA DTAC e-communications. The Customer Satisfaction Survey will assess the following:

- General familiarity with SAMHSA DTAC services and resources;
- Usage of SAMHSA DTAC services and resources;
- Customer satisfaction with SAMHSA DTAC TA, the SAMHSA DTAC website, SAMHSA DBHIS resources, and SAMHSA DTAC e-communication resources; and
- Areas for improvement and enhancement of SAMHSA DTAC services and resources

### 3. Use of Information Technology

Through the use of technology, SAMHSA DTAC has made every effort to limit the burden on individual respondents who participate in the DBHNA and the Customer Satisfaction Survey. Both data collection instruments will be administered via the web.

***Disaster Behavioral Health Needs Assessment.*** Both versions of the DBHNA will be administered online and will be programmed to include simplified screens and intuitive navigational controls (e.g., previous and next page buttons, progress bar) that have been designed to achieve greater accuracy in response entry and greater participant usability. Administering the DBHNA as a web-based instrument allows for the use of sophisticated branching so that each respondent will be presented with only those questions relevant to his or her State and program; irrelevant questions will be masked through skip logic. Each DBHNA participant will be asked to classify his or her primary role in terms of disaster mental health, disaster substance abuse, or both. Depending on response, participants may receive a reduced number of items specific to work experiences (i.e., only mental health items, only substance abuse items). Branching will also be used for questions regarding American Indian Tribal Community involvement in DBH planning. In the demographic section, if a State coordinator indicates that he or she works for a certain State previously identified as having a total American Indian Reservation population of 1,000 or more, he or she will be asked to complete additional items on American Indian Tribal Community DBH involvement—questions that some participants will not complete.

***Customer Satisfaction Survey.*** The Customer Satisfaction Survey will be administered online and will include simplified screens and intuitive navigational controls (e.g., previous and next page buttons, progress bar) designed to achieve greater accuracy in response entry and greater respondent usability. Administering the Customer Satisfaction Survey as a web-based instrument allows for the use of sophisticated branching so that respondents will be presented with only relevant questions that are based on their experiences. This branching will mask irrelevant questions through skip logic. For example, only respondents who answer positively to visiting the SAMHSA DTAC website will be asked specific questions about their satisfaction with the site. The look and feel of the web survey instrument will be customized using SAMHSA DTAC logos and colors, as appropriate.

### 4. Efforts to Identify Duplication

The information to be collected is not available elsewhere and will be collected only for the purposes of this program. A review of a previous data collection effort involving the CCP (OMB# 093-270), which surveyed survivors of disasters and recipients of CCP services, found no duplication in respondents and data requested.

### 5. Impact on Small Business

The information collected will not have a significant impact on small entities.

### 6. Consequences of Collecting the Data Less Frequently

***Disaster Behavioral Health Needs Assessment.*** The DBHNA will be administered annually. Emergency preparedness and DBH are ever-evolving fields, and SAMHSA DTAC must assess the challenges that States and local provider organizations are facing on a regular basis. With

this data collection, SAMHSA DTAC will be able to (1) identify gaps and trends in crisis counseling planning across the country and (2) inform future TA and training for State and local mental health authorities so that any gaps can be addressed at the State and local levels.

**Customer Satisfaction Survey.** The Customer Satisfaction Survey will be administered four times per year. Without this data collection, SAMHSA DTAC will not have comprehensive feedback on the quality of the services it provides. This feedback is necessary to understand ways in which SAMHSA DTAC can improve its customer service and to ensure that SAMHSA DTAC provides the best possible services to its customers.

## **7. Consistency with the Guidelines of 5 CFR 1320.5(d)(2)**

The data collection is consistent with the guidelines in 5 CFR 1320.5(d)(2).

## **8. Consultation Outside the Agency**

### **a. Federal Register Notice**

A Federal Register notice was published on XXXX XX, 2010 (Volume XX, page XXXX) to solicit comments on the proposed DBHNA and Customer Satisfaction Survey. No comments were received.

### **b. Consultation Outside the Agency**

Consultation on the design, instrumentation, and statistical aspects of the evaluations has occurred with individuals outside of SAMHSA. The lead ICF International consultants are listed below:

John Kunz, Senior Manager  
ICF International  
9300 Lee Highway  
Fairfax, VA 22031  
Tel. 703-934-3627

Randall K. Thomas, Chief Survey Methodologist  
ICF International  
9300 Lee Highway  
Fairfax, VA 22031  
Tel. 703-934-3988

**Disaster Behavioral Health Needs Assessment.** Four State DBH coordinators (listed below) and four local DBH providers were interviewed, for less than a half-hour, regarding the barriers they face while working in their roles and possible solutions to those barriers. The results of these interviews were used to develop response options for the barrier- and solution-rating portions of each DBHNA version.

Curt Drennen  
Disaster Coordinator for Mental Health  
Division of Mental Health Services  
Colorado Department of Human Services

3824 West Princeton Circle  
Denver, CO 80236  
Phone: 303-866-7403  
Fax: 303-866-7428  
Email: curt.drennen@state.co.us

Jenny Wiley  
Disaster Readiness Coordinator  
Missouri Department of Mental Health  
1706 East Elm Street  
Jefferson City, MO 65102  
Phone: 573-751-4730  
Fax: 573-751-7815  
Email: jenny.wiley@dmh.mo.gov

Chance A. Freeman  
Manager Disaster Behavioral Health  
Texas Department of State Health  
Services Department of State Health Services  
909 West 45th Street  
Building 4, Mail Code 2008  
Austin, TX 78751  
Phone: 512-206-5516  
Blackberry: 512-227-5249  
Fax: 512-206-5019  
Email: chance.freeman@dshs.state.tx.us

Jeffery Geibel  
Program Supervisor  
Pennsylvania Department of Health  
The Bureau of Drug and Alcohol Programs  
02 Kline Plaza  
Harrisburg, PA 17104  
Phone: 717-783-8200  
Fax: 717-787-6285  
Email: jgeibel@state.pa.us

**Customer Satisfaction Survey.** SAMHSA DTAC consulted survey methodological experts from ICF International's Survey Research Center (listed above) to inform the design, questionnaire development, and statistical analysis plan of the Customer Satisfaction Survey.

## **9. Payment or Gifts to Respondents**

There will be no payments or gifts given or offered to respondents.

## **10. Assurances of Confidentiality**

**Disaster Behavioral Health Needs Assessment.** Both the State/Territory Coordinator version and the Local Provider version of the DBHNA are web-based to facilitate data entry and

management. Data files that contain personally identifiable information (PII), sensitive information (SI), or both, will be maintained in password-protected folders. Only authorized staff will be given access to the files. Furthermore, access to the files containing PII and SI will be granted only on an as-needed basis and only to those with the necessary clearance to handle the data. In addition, all staff members involved in data analysis are required to undergo security awareness training.

Participant names will not be connected to survey data or reported in the results. Survey data or reported results that are linked to specific State names (e.g., Maryland, Ohio) will be shared with only current SAMHSA and FEMA employees who have been approved by the SAMHSA DTAC Project Officer. Any survey data or reported results shared outside of SAMHSA or FEMA will be aggregated at the national level.

**Customer Satisfaction Survey.** The Customer Satisfaction Survey is web-based to facilitate data entry and management. Survey participants will not be asked to provide PII in the survey, and all survey sample lists and participant responses will be maintained in password-protected folders. Only authorized staff will be given access to the files. Staff members who are involved in data analysis are required to undergo security awareness training.

Survey data or reported results shared outside of SAMHSA or FEMA will be aggregated at the regional or national level.

## **11. Questions of a Sensitive Nature**

There are no questions of a sensitive nature collected in either survey.

## **12. Estimates of Annualized Burdens and Costs**

The DBHNA will be administered once during the first year of clearance, with subsequent administrations in the second and third years of clearance. The Customer Satisfaction Survey will be administered once initially, with subsequent quarterly administrations.

Tables 1 shows the associated burden for both the DBHNA and the Customer Satisfaction Survey.

The hourly wage rate for the State coordinators participating in the DBHNA was determined by averaging the salary of 12 State DBH coordinators. The 12 jurisdictions represented cover sites across the United States. The salary data were taken from publicly available sources. Local provider salary estimates were calculated in the same manner.

The hourly wage rates for the Customer Satisfaction Survey were calculated in the same manner but with a broader sample that included different job categories. The larger sample was selected because TA requests are not limited to State coordinators.

The response time burden estimates are based on pre-tests with SAMHSA DTAC staff members.

**Table 1. Annualized Estimate of Respondent Burden**

Type of Respondent	Instrument	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Hours per Response per Respondent	Total Burden Hours	Hourly Wage Rate (\$)¹	Total Cost (\$)
<b>Disaster Behavioral Health Needs Assessment (study year one only)</b>								
State DBH Coordinator	DBHNA (State/Territory Version)	77	1	77	1.00	77.0	\$34.15	\$2,629.55
Local Provider	DBHNA (Local Provider Version)	100	1	100	0.50	50.0	\$24.95	\$1,247.50
<b>Customer Satisfaction Survey</b>								
TA Requestor	DTAC Customer Satisfaction Survey	250	1	250	0.25	62.5	\$35	\$2,187.50
e-Communications Recipient	DTAC Customer Satisfaction Survey	250	1	250	0.25	62.5	\$35	\$2,187.50
<b>Total</b>		<b>677</b>		<b>677</b>		<b>252</b>		<b>\$8,252.05</b>

¹Wage data sources: Bureau of Labor Statistics. *National compensation survey*. Retrieved from <http://www.bls.gov/ncs/>; O\*NET OnLine. (2010). *Occupations* [Quick search for occupations matching 'substance abuse']. Retrieved from <http://online.onetcenter.org/find/result?s=Substance+Abuse>; Salary.com. *Salary wizard: Community health director* [Data report]. Retrieved from [http://swz.salary.com/salarywizard/layouthtmls/swzl\\_compresult\\_national\\_HC07000465.html](http://swz.salary.com/salarywizard/layouthtmls/swzl_compresult_national_HC07000465.html)

**13. Estimates of Annualized Cost Burden to Respondents or Record-Keepers**

There are no startup or capital costs, nor are there maintenance costs to the respondents.

**14. Estimates of Annualized Cost to the Government**

CMHS has planned and allocated resources for the management, processing, and use of the collected information in a manner that shall enhance its utility to agencies and the public.

It is estimated that CMHS will allocate 0.30 of a full-time equivalent each year for Government oversight of the data collection. Assuming an annual salary of \$80,000, these Government costs will be \$24,000 per year. The estimated annual cost for survey development and maintenance, data collection, analysis, and report writing is \$160,000. Total annual costs are estimated at \$184,000.

**15. Changes in Burden**

This is a new package.

**16. Time Schedule, Publication, Analysis Plans**

**a. Time Schedule**

The DBHNA and the Customer Satisfaction Survey will follow the same time schedule, which is summarized in Table 3.

**Table 3. Time Schedule**

Task	Date
OMB Approval	Spring 2011
Initial Data Collection	Summer 2011 through Summer 2013
Data Analysis	Ongoing



Task	Date

**b. Publication Plans**

The authors plan to submit manuscripts for publishing in professional journals. Topics such as needs assessment development and the current state of DBH programs will be addressed. Data in these publications will be presented at the regional or national level to protect the identity of State programs and coordinators.

**c. Analysis Plans**

**Disaster Behavioral Health Needs Assessment.** Basic exploratory and descriptive analyses, including frequencies (i.e., the number or proportion of participants who provided each response to the item) and cross-tabulations (i.e., the proportion of participants within specific subgroups who provided each response to the item), will be used to analyze the DBHNA data. The data will be cross-tabulated to assess potential differences among State coordinators who are responsible for only mental health, those who are responsible for only substance abuse, and those who are responsible for both. For the State/Territory Coordinator DBHNA, descriptive analyses will be conducted for the questions that address difficulty and need ratings; barrier, solution, and method ratings; and demographic multiple choice items. For the Local Provider DBHNA, descriptive analysis will be conducted for items that address barrier, solution, and method ratings; Likert scale items regarding extent of involvement with the State; and demographic multiple choice items. If necessary, multivariate analysis may be used to examine the amount of variance accounted for in DBH task difficulty and need for training and TA by factors such as awareness of SAMHSA DTAC programs, percent of staff dedicated to DBH, and percent of time devoted to DBH. The results of this analysis will be presented in the study report using easy-to-read tables, graphs, and charts with explanatory text as appropriate.

Both versions of the DBHNA have open-ended items (i.e., free-text/response items). These items ask participants to indicate any challenges, solutions, or other information that they were not able to express previously in the survey. Open-ended items will be analyzed for major themes. The themes will be summarized, and the team will analyze the frequency and consistency of each theme.

**Customer Satisfaction Survey.** Customer Satisfaction Survey data will be analyzed beginning with basic exploratory and descriptive analyses, including frequencies (i.e., the number or proportion of respondents who provided each answer to the question) and cross-tabulations (i.e., the proportion of respondents *within specific subgroups* who provided each answer to the question). Such descriptive analyses will be conducted on participant demographics and participant familiarity, experience, and satisfaction with SAMHSA DTAC’s TA, website, and other resources. If necessary, multivariate analyses (e.g., linear regression, logistic regression) may be conducted to further explore the data. Analysis of open-ended/verbatim responses will also be conducted during the data analysis. Analysis results will be presented in the study report using easy-to-read tables, graphs, and charts with explanatory text as appropriate.

**17. Display of Expiration Date**

All data collection instruments will display the expiration date of OMB approval.

**18. Exceptions to the Certification Statement**

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

## **B. Statistical Methods**

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

***Disaster Behavioral Health Needs Assessment.*** State disaster behavioral health coordinators from all 50 States, the U.S. Territories, and the District of Columbia will be asked to participate in the State/Territory Coordinator version of the DBHNA, which will be administered first. SAMHSA DTAC will contact the coordinators for the 10 States that have experienced the most federally declared disasters and the 10 that have experienced the fewest federally declared disasters. State coordinators will be asked to provide contact information for up to five local providers. This new contact information will be stored in a limited-access database and used to repeat the survey administration process for the Local Provider DBHNA.

***Customer Satisfaction Survey.*** Participation in the Customer Satisfaction Survey will be solicited from all 50 States, the U.S. Territories, and the District of Columbia. Prior to data collection, the SAMHSA DTAC database will be reviewed to generate a list of participants. The initial survey administration will include individuals who have contacted SAMHSA DTAC for TA from March 2006 through the month prior to the initial data collection initiation. The rationale for selecting TA requestors since March 2006 is as follows: In Spring 2006, SAMHSA DTAC TA requests became both more intense and more frequent as a result of the 2005 Gulf Coast hurricanes. As a result, SAMHSA DTAC became widely recognized in the field as a key DBH TA provider. Spring 2006 represents a time when the field, including a broader group of stakeholders, became more intimately acquainted with SAMHSA DTAC. In addition to identifying SAMHSA DTAC TA requestors from March 2006 to the present, SAMHSA DTAC will identify potential participants from the subscription lists for the *DTAC Bulletin* and *The Dialogue*.

Respondents for subsequent administrations of the SAMHSA DTAC Customer Satisfaction Survey will include those who have requested TA within the 3 months prior to administration and those who are subscribed to the *DTAC Bulletin* or *The Dialogue* at the time of administration. During each subsequent administration, those who were asked to participate in the last survey administration will be excluded from each data collection, so as to minimize respondent burden by not requesting participation in two consecutive survey administrations. The sample contact list will be checked before each survey administration to ensure that such individuals are removed from the list prior to sending any communication to the study sample regarding the survey.

### **2. Procedures for Collection of Information**

***Disaster Behavioral Health Needs Assessment.*** The SAMHSA DTAC Survey Team will be responsible for managing the DBHNA. The SAMHSA DTAC Survey Team will update the participant contact database. Two weeks prior to launch, the SAMHSA DTAC Federal Project Officer will send an email (Attachment A.3) to all prospective participants, informing them of the survey. Information on the survey's purpose, approach, and timeline will be included in a linked web page. The State/Territory Coordinator DBHNA will be administered first. As part of the survey, State coordinators will be asked to indicate whether SAMHSA DTAC Survey Team members may contact them. Of those who approve future contact, the SAMHSA DTAC Survey Team will contact the coordinators for the 10 States that have had the most disasters and the 10

that have had the fewest disasters. Each of these State coordinators will be asked to provide contact information for up to five local providers. This new contact information will be stored in a limited-access database and used to repeat the survey administration process for the Local Provider version.

The population size for the State/Territory Coordinator DBHNA is 77, and the entire population will be administered the survey (i.e., it will be a census). State DBH coordinators are State employees who, among other responsibilities, are involved in DBH planning and response. It is anticipated that survey participants will complete the survey during work hours and while sitting in their workspaces. The decision to take a census rather than a sample was influenced by the small size of this population and the frequency with which coordinator contact information is updated (monthly).

The population for the Local Provider DBHNA is greater than 1,000; however, SAMHSA DTAC expects to administer the assessment to a sample of 50–100 participants, depending on the number of contacts received from State coordinators. Local providers are employees of for-profit or not-for-profit organizations that are involved with, among other responsibilities, DBH preparedness and response. Contact information for this sample will be obtained from the DBH programs in the States in which the local providers operate. The 10 States with the most disasters and the 10 States with the fewest disasters will be asked to provide contact information for up to five local providers from their jurisdictions (totaling up to 100 local providers). It is anticipated that survey participants will complete the survey during work hours and while sitting in their workspaces. SAMHSA DTAC anticipates receiving 50% of the requested contact information (i.e., contact information for 50 local providers). This contact information will be used to administer the Local Provider DBHNA.

**Customer Satisfaction Survey.** The Customer Satisfaction Survey will be a census of those who have requested TA within the pre-determined timeframe and of those subscribed to the *DTAC Bulletin* or *The Dialogue*. The lists of potential respondents will be generated from the SAMSHA DTAC TA database and lists of subscribers to the *DTAC Bulletin* and *The Dialogue*. The two lists will be compared, and duplicate entries will be removed. One week prior to launch, a SAMHSA DTAC Federal Project Officer will send a pre-notification email to all prospective participants, informing them of the upcoming survey. Upon survey launch, an email will be sent to potential respondents to invite them to participate in the study (Attachment B.2). The email will contain a link to the web survey and information on the purpose, approach, and timeline of the survey. Follow-up reminder emails will be sent to study participants who have not yet completed the survey, as needed during the data collection period. The data collection plan for the subsequent survey administrations will follow these same procedures.

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

**Disaster Behavioral Health Needs Assessment.** To maximize accessibility, the assessment will remain open for two weeks. Reminder emails will be sent to survey participants to increase participation rates. A paper version of the survey also will be available to anyone who requests it. The first page of the survey will contain the permission to participate form that participants will be required to read and agree to before participating. This form will contain language about voluntary participation. Participation is voluntary; therefore, only participants who agree to participate by checking the “Start Survey” box on Landing Page 2 will be directed to the survey.

Throughout the period that the survey is open, a survey helpdesk email address (e.g., [DTACDBHNA@icfsurveys.com](mailto:DTACDBHNA@icfsurveys.com)) will be available to respondents to address any questions they may have as they are completing the survey.

For both the State/Territory Coordinator DBHNA and the Local Provider DBHNA, several steps will be taken to increase the survey response rate. These include email notifications and reminder emails, postcard mailings, a customized introductory email with the survey link, functionality to start and stop the survey without losing responses, skip patterns based on participant work experience, a survey helpdesk to assist with technical questions, and follow-up phone calls from SAMHSA DTAC TA specialists.

An 80% response rate (62 participants) is expected for the State/Territory Coordinator DBHNA and an 80% response rate (40 participants) is expected for the Local Provider DBHNA. This estimate accounts for the heavy workload associated with the State Coordinator and local provider positions and the responsibilities beyond DBH that many of these individuals have.

**Customer Satisfaction Survey.** To maximize accessibility, the survey will remain open for two weeks. Reminder emails will be sent to survey participants to increase participation rates. A paper version of the survey also will be available to anyone who requests it. The first page of the survey will contain information regarding the confidentiality of survey data, notification that participation is voluntary, and space to indicate whether the potential respondent provides informed consent to participate in the survey. The participant will then be able to navigate to the next page of the survey, where the items will begin. Upon completion of the survey, a “thank you” page will appear, informing the participant that his or her responses have been submitted and thanking him or her for participating in the survey.

Throughout the period that the survey is open, a survey helpdesk email address (e.g., [DTACCSS@icfsurveys.com](mailto:DTACCSS@icfsurveys.com)) will be available to participants to address any questions they may have as they are completing the survey.

#### 4. Tests of Procedures

**Disaster Behavioral Health Needs Assessment.** The ICF Survey Research Center conducted pilot testing of both the State/Territory version and the Local Provider version of the DBHNA. Pilot testing and revisions took place prior to OMB and institutional review board (IRB) submission and involved eight respondents. In an office environment, similar to the environments of the actual participants, survey researchers completed the State/Territory Coordinator version and the Local Provider version. Administering the survey in an office environment was important because this survey environment includes relevant distractions that may increase the administration time both in the pilot and in the actual administration. Both versions were in paper copy, and each pilot participant received a copy in a closed envelope prior to the pilot survey start time. Eight pilot participants were asked to read each message, instruction, item, and response option twice to simulate the thought process of a participant with prior DBH knowledge. Answers were submitted on the paper copy. After completion, the surveys were mailed to the survey administrator who recorded pilot survey completion times. The pilot participants submitted, via email, their feedback on the clarity and efficiency of the pilot survey. Edits to the survey were made based on this feedback.

**Customer Satisfaction Survey.** A pilot test of the SAMHSA DTAC Customer Satisfaction Survey was conducted by ICF International’s Survey Research Center prior to IRB and OMB submission. In an office environment, similar to the environments of the actual participants, four

survey researchers were administered the Customer Satisfaction Survey. Pilot test participants were asked to read the entire survey and respond to each survey question. They marked their answers on the paper copies. After completion, they provided their feedback, in a group setting, to the pilot study lead. They were asked to provide feedback on the ease of understanding the language used in the instructions and questions, the ease of answering questions, the completeness of question response options, and the overall survey. To improve the instrument, the survey content was revised based on this feedback.

## **5. Statistical Consultants**

SAMHSA DTAC has full responsibility for the development of the overall statistical design and assumes oversight responsibility for data collection and analysis. The individuals responsible for overseeing instrument design and data collection are the following:

### **Design/Collection/Analysis**

#### *Needs Assessment Surveys*

Michael A. Lodato, Senior Associate  
ICF International  
9300 Lee Highway  
Fairfax, VA 22031  
Tel. 703-934-3794

#### *Customer Satisfaction Survey*

Amy E. Falcone, Senior Associate  
ICF International  
9300 Lee Highway  
Fairfax, VA 22031  
Tel. 703-934-3935

### **Design**

John Kunz, Senior Manager  
ICF International  
9300 Lee Highway  
Fairfax, VA 22031  
Tel. 703-934-3627

Randall K. Thomas, Chief Survey Methodologist  
ICF International  
9300 Lee Highway  
Fairfax, VA 22031  
Tel. 703-934-3988

### **Project and Task Management**

Amy R. Mack, SAMHSA DTAC Project Director  
ICF International  
4350 East West Highway, Suite 1100  
Bethesda, MD 20814  
Tel. 240-744-7090

The **SAMHSA Project Officer** responsible for receiving and approving deliverables is Nikki Bellamy:

Nikki Bellamy  
Center for Mental Health Services  
SAMHSA  
1 Choke Cherry Road  
Room 6-1003  
Rockville, MD 20857  
Tel. 240-276-1873

Erik Hierholzer  
Project Management Officer  
SAMHSA  
1 Choke Cherry Rd, 6-1002  
Rockville, MD 20857  
Tel. 240.276.1880

## List of Attachments

### **Attachment A – Disaster Behavioral Health Needs Assessment**

- A.1 – State/Territory Coordinator Disaster Behavioral Health Needs Assessment
- A.2 – Local Provider Disaster Behavioral Health Needs Assessment
- A.3 – Disaster Behavioral Health Needs Assessment Email Invitation

### **Attachment B – Customer Satisfaction Survey**

- B.1 – Customer Satisfaction Survey
- B.2 – Customer Satisfaction Survey Email Invitation