

Attachment B.1 – Customer Satisfaction Survey



Intro/Landing Page

SAMHSA DTAC Customer Satisfaction Survey

SAMHSA DTAC is the Disaster Technical Assistance Center, established by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Federal Government. DTAC supports SAMHSA's efforts to prepare States, Territories, and local entities to deliver effective behavioral health (mental health and substance abuse) responses to disasters.

The purpose of this survey is to assess users' level of satisfaction with SAMHSA DTAC in order to ensure quality customer service and improve future services SAMHSA DTAC provides. The SAMHSA DTAC research team is conducting this survey for use by SAMHSA DTAC to improve its services.

You have been asked to complete this survey because you have either requested technical assistance from SAMHSA DTAC in the past or you are subscribed to one of SAMHSA DTAC's e-communications (*The Bulletin, The Dialogue*). The survey asks questions about your experiences and satisfaction with DTAC technical assistance, the DTAC website, and DTAC e-communications.

Participation in this survey is completely voluntary. You can decide whether or not to take the survey and which questions to answer if you decide to take the survey. If you choose to participate in the survey, any information you provide will be kept confidential to the extent provided by law and all information collected will be reported only at an aggregate level. The survey should take about 15 minutes to complete.

If you are willing to take this short survey, please check the "I consent" box and click on the "next" button below in order to begin the survey.

(Insert check box here with text next to it that reads, "I consent")

You may navigate backwards and forwards through the survey questions using the buttons near the bottom of the screen (please do *not* use the forward and backwards buttons in your internet browser).

If you have any questions as you're completing this survey, please contact our survey helpdesk (DTAC@icfsurveys.com).

OMB No. 0930-xxxx

Expiration Date: xx/xx/xx

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average .25 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

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Familiarity and Experience with SAMHSA DTAC

1. Before taking this survey, were you aware that SAMHSA DTAC offers . . . ? (yes/no)
 - a. Answers to questions regarding disaster behavioral health preparedness and response issues
 - b. Guidance on disaster behavioral health funding mechanisms
 - c. Assistance finding mental health and substance abuse peers and experts in the disaster behavioral health field
 - d. SAMHSA DTAC resource collections (in smaller font below item text: a library of over 1,500 tip sheets, publications, studies, and articles created by Federal agencies, grantees, nongovernmental organizations, and academia)
 - e. Onsite consultation
 - f. The SAMHSA Disaster Behavioral Health Information Series ([DBHIS](#)) (in smaller font below item text: contains installments and toolkits pertinent to disaster behavioral health, and targets specific populations, specific types of disaster, and other topics related to all-hazards disaster behavioral health preparedness and response)
 - g. The SAMHSA DTAC [website](#)
2. Approximately how many times have you . . . ? (Your best estimate is fine.) (None; 1–2 times; 3–5 times; 6–10 times; 11–20 times; More than 20 times)
 - a. Contacted SAMHSA DTAC with questions regarding disaster behavioral health preparedness and response issues
 - b. Contacted SAMHSA DTAC for guidance on disaster behavioral health funding mechanisms (e.g., the Federal Emergency Management Agency's [FEMA's] Crisis Counseling Assistance and Training Program [CCP]; SAMHSA Emergency Response Grant [SERG], SAMHSA Public Safety Worker's [PSW] grant; SAMHSA State Capacity Expansion [SCE] grant)
 - c. Contacted SAMHSA DTAC to find mental health and substance abuse peers and experts in the disaster behavioral health field
 - d. Contacted SAMHSA DTAC to request onsite consultation

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- e. Contacted SAMHSA DTAC to request other technical assistance (please specify)
 - f. Visited the SAMHSA DTAC website to access the SAMHSA DBHIS
 - g. Visited the SAMHSA DTAC website for reasons other than to access the SAMHSA DBHIS (please specify)
3. How did you *first* hear of SAMHSA DTAC? (*select only one*)
- a. Through an online search
 - b. Through a colleague
 - c. At a conference
 - d. Other (please specify)

SAMHSA DTAC Technical Assistance

4. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] When you most recently contacted SAMHSA DTAC for technical assistance, how did you contact the Center with your initial request? Please select only one.
- a. Called SAMHSA DTAC
 - b. E-mailed SAMHSA DTAC
 - c. Spoke in person with a SAMHSA DTAC staff member (e.g., at a conference)
 - d. Sent a fax to SAMHSA DTAC
 - e. Sent postal mail to SAMHSA DTAC
5. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] When did you *most recently* contact SAMHSA DTAC for technical assistance? Please select only one.
- a. Within the past month
 - b. More than a month ago, but within the past 3 months
 - c. More than 3 months ago, but within the past 6 months

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- d. More than 6 months ago, but within the past year
 - e. More than a year ago, but within the past 2 years
 - f. More than 2 years ago
6. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] When you *most recently* contacted SAMHSA DTAC for technical assistance, did you contact them . . . ? (yes/no)
- a. With questions regarding disaster behavior health
 - b. For guidance on disaster behavioral health funding mechanisms
 - c. To find mental health and substance abuse peers and experts in the disaster behavioral health field
 - d. To request onsite consultation
 - e. To request other technical assistance (if yes, please specify)
7. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times AND 6 = b, c, or d] What information or resources did you receive from SAMHSA DTAC as a result of your most recent request? (yes/no)
- a. An answer or basic information related to a question you had
 - b. A compilation of research or guidance to help understand a complex issue
 - c. Hard copy materials (e.g., SAMHSA disaster behavioral health publications)
 - d. Electronic resources (e.g., reports, disaster response outreach materials, Federal disaster behavioral health guidance documents, grant-related materials)
 - e. Contact information for a mental health or substance abuse peer or expert in the disaster behavioral health field
 - f. Recommendations or assistance for onsite consultation (e.g., trainer, speaker, grant consultation)
 - g. Other information or resource(s) (please specify)

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8. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] Considering your *most recent* request for technical assistance from SAMHSA DTAC, did you get the information or support you needed?
- a. No, not at all
 - b. Yes, somewhat
 - c. Yes, mostly
 - d. Yes, completely
9. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times AND 6 = a, b, or c] In what ways did SAMHSA DTAC not provide you with the information or support you needed when you most recently contacted the Center for technical assistance? (*text box for open-ended response*)
10. [IF 2a, 2b, 2c, 2d, or 2e = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] Considering your *most recent* request for technical assistance from SAMHSA DTAC, how satisfied are you with the following?

(*Very dissatisfied, Somewhat dissatisfied, Neither satisfied nor dissatisfied, Somewhat satisfied, Very satisfied, Not applicable*)

- a. Friendliness of SAMHSA DTAC staff
- b. Timeliness of initial response
- c. Timeliness of providing the information or support you requested
- d. Accuracy of the information you received
- e. Relevance of the information you received
- f. Overall quality of technical assistance SAMHSA DTAC provided to you

SAMHSA DTAC Website and SAMHSA Disaster Behavioral Health Information Series (DBHIS)

11. How many times in the past 12 months have you visited the SAMHSA DTAC [website](#)?
- a. None
 - b. 1

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- c. 2–5
 - d. 6–10
 - e. More than 10
12. Which of the following types of internet connections do you use most regularly when you visit the SAMHSA DTAC website?
- a. High speed (e.g., cable, DSL)
 - b. Dial-up
 - c. Satellite
 - d. Broadband over power/telecommunication lines
 - e. Other connection (please specify)
13. [IF 11 = b, c, d, or e] Considering your visit(s) to the SAMHSA DTAC website over the past year, how satisfied or dissatisfied are you with the following?
- (Very dissatisfied, Somewhat dissatisfied, Neither satisfied nor dissatisfied, Somewhat satisfied, Very satisfied, Not applicable)*
- a. Ease of navigating through the website
 - b. Usefulness of information on the website
 - c. Ability to easily find what you need on the website
 - d. How quickly the web pages load
 - e. The website search function
 - f. Overall quality of the website
14. [IF 11 = b, c, d, or e] When you visited the SAMHSA DTAC website this past year, did you access any of the following SAMHSA Disaster Behavioral Health Information Series ([DBHIS](#)) installments or toolkits? *(yes/no)*
- a. Children and Youth installment
 - b. Deployed Military Personnel and Their Families installment

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- c. Federal Resource Collection on Disaster Behavioral Health installment
- d. Disaster-Specific Resources installment
- e. Immediate Disaster Response: Haiti installment
- f. Immediate Disaster Response: Deepwater Horizon Oil Spill installment
- g. Immediate Disaster Response: Japan installment
- h. Languages Other Than English installment
- i. Older Adults installment
- j. Pandemic Influenza installment
- k. Persons with Functional and Access Needs installment
- l. Public Safety Workers installment
- m. Resilience and Stress Management installment
- n. Rural Populations installment
- o. Tribal Organizations installment
- p. CCP (Crisis Counseling Assistance and Training Program) Application toolkit
- q. Other DBHIS installment or toolkit (please specify)
- r. I have not accessed a DBHIS installment or toolkit

15. [IF 14a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, or q, = yes] You indicated that you have accessed a DBHIS installment or toolkit from the SAMHSA DTAC website. Please rate your level of satisfaction or dissatisfaction with the following as they relate to the materials you accessed:

(Very dissatisfied, Somewhat dissatisfied, Neither satisfied nor dissatisfied, Somewhat satisfied, Very satisfied, Not applicable)

- a. Ease of finding the DBHIS installment or toolkit I needed on the SAMHSA DTAC website
- b. Ability to view or download the materials (e.g., download time, file format)

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- c. Quality of the information contained in the materials
- d. Usefulness of the information contained in the materials
- e. Organization of the materials
- f. Overall satisfaction with the DBHIS installments and toolkits you accessed on the SAMHSA DTAC website

SAMHSA DTAC e-Communication Resources

16. Do you currently . . . ? (yes/no)

- a. Subscribe to the [DTAC Bulletin](#)
- b. Subscribe to [The Dialogue](#)
- c. View, visit, or participate in the SAMHSA DTAC [Discussion Board](#)

17. [IF 16a = yes] You indicated that you subscribe to the *DTAC Bulletin*. Please rate your level of satisfaction with each of the following as it relates to your experiences with the [DTAC Bulletin](#):

(Very dissatisfied, Somewhat dissatisfied, Neither satisfied nor dissatisfied, Somewhat satisfied, Very satisfied, Not applicable)

- a. How often you receive the *DTAC Bulletin*
- b. The usefulness of information you receive from the *DTAC Bulletin*
- c. The completeness of the information included in the *DTAC Bulletin*
- d. Overall quality of the *DTAC Bulletin*

18. [IF 16b = yes] You indicated that you subscribe to *The Dialogue*. Please rate your level of satisfaction with each of the following as it relates to your experiences with [The Dialogue](#):

(Very dissatisfied, Somewhat dissatisfied, Neither satisfied nor dissatisfied, Somewhat satisfied, Very satisfied, Not applicable)

- a. How often you receive *The Dialogue*

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- b. The usefulness of information you receive from *The Dialogue*
- c. The completeness of the information included in *The Dialogue*
- d. Overall quality of *The Dialogue*

19. [IF 16c = yes] You indicated that you view, visit, or participate in the SAMHSA DTAC Discussion Board. Please rate your level of satisfaction with each of the following as it relates to your experiences with the SAMHSA DTAC [Discussion Board](#):

(Very dissatisfied, Somewhat dissatisfied, Neither satisfied nor dissatisfied, Somewhat satisfied, Very satisfied, Not applicable)

- a. The frequency of SAMHSA DTAC Discussion Board posts and replies
- b. The usefulness of information in SAMHSA DTAC Discussion Board posts and replies
- c. Overall quality of the SAMHSA DTAC Discussion Board

20. [IF 16a, b, or c = yes] We'd like to know what you think about SAMHSA DTAC's e-communication resources, including the *DTAC Bulletin*, *The Dialogue*, and the SAMHSA DTAC Discussion Board. Please use the space below to share any additional feedback you'd like to provide. *(text box for open-ended response)*

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Demographics

21. For which type of organization do you currently work? (*select only one*)
- a. Federal government
 - b. State government
 - c. Local government
 - d. Tribal government
 - e. Nonprofit organization
 - f. For-profit organization
 - g. Academic organization
 - h. Other type of organization (please specify)
22. Do you regularly work in the area of . . . ? (*yes/no*)
- a. Mental health
 - b. Substance abuse
 - c. Public health
 - d. Emergency management
 - e. Other (please specify)
23. Are you a . . . ? (*yes/no*)
- a. Direct service provider
 - b. Administrator
 - c. Other (please specify)
24. How long have you been working in the behavioral health field? (*select only one*)
- a. Less than 1 year

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- b. 1–2 years
 - c. 3–5 years
 - d. 6–10 years
 - e. 11–15 years
 - f. 16–20 years
 - g. More than 20 years
 - h. I do not work in the behavioral health field
25. To what extent have you been involved in disaster behavioral health *preparedness*?
- a. Very involved
 - b. Somewhat involved
 - c. Involved a little bit
 - d. Not involved at all
26. To what extent have you been involved in disaster behavioral health *response*?
- a. Very involved
 - b. Somewhat involved
 - c. Involved a little bit
 - d. Not involved at all
27. In which of the following FEMA regions do you primarily work? (*select only one*)
- a. Region I (CT, MA, ME, NH, RI, VT)
 - b. Region II (NJ, NY, Puerto Rico, U.S. Virgin Islands)
 - c. Region III (DC, DE, MD, PA, VA, WV)
 - d. Region IV (AL, FL, GA, KY, MS, NC, SC, TN)

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- e. Region V (IL, IN, MI, MN, OH, WI)
- f. Region VI (AR, LA, NM, OK, TX)
- g. Region VII (IA, KS, MO, NE)
- h. Region VIII (CO, MT, ND, SD, UT, WY)
- i. Region IX (AZ, CA, Guam, HI, NV, CNMI, RMI, FSM, American Samoa)
- j. Region X (AK, ID, OR, WA)
- k. Other (please specify)

Other Feedback

28. Is there anything else you'd like to share with us regarding your satisfaction with SAMHSA DTAC? If so, please share your thoughts in the space provided below. *(text box for open-ended response)*

Submitted/Thank You Page