

Attachment A.2 – Local Provider Disaster Behavioral Health Needs Assessment



SAMHSA DTAC Disaster Behavioral Health Needs Assessment Survey

Local Provider Version

Paper Draft of Web Survey

Landing Page #1

Welcome to the Disaster Behavioral Health Needs Assessment Survey.

What is the goal of this survey? SAMHSA Disaster Technical Assistance Center (DTAC) is gathering information on the needs of States, Territories, Federally-recognized Tribes, and local organizations and agencies as they integrate disaster behavioral health (DBH) into all-hazards disaster planning and response. The goal of this survey is to learn about the current needs of local DBH providers.

Why have I been selected for this survey? You work for a local provider and your current position involves DBH preparedness and response.

Your Participation. Participation is completely voluntary. You can choose whether or not to take the survey; you can skip any questions or stop without finishing the survey. Whether or not you complete the survey will not affect any services you receive from SAMHSA DTAC.

The Survey. The survey asks you to rate the difficulty and need for training and technical assistance on several job related activities. It also asks you to indicate how useful certain solutions and methods of training would be for your program. An Institutional Review Board (IRB) and the Office of Management and Budget (OMB) have approved all survey content. The survey will take 20-35 minutes to complete. If you choose to participate, we would like to receive your completed survey by [__/__/____].

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.

Click to **Next Page** for more information.

Landing Page #2

Who will view the survey results? 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. SAMHSA/FEMA personnel, cleared by the project manager, and assigned to improving DBH services, will view State/Territory level results. Participants can request their own State/Territory level survey results. SAMHSA DTAC will not provide State/Territory level survey results to non-participants, including State/Territory employees. SAMHSA DTAC will aggregate your survey results at the national or regional level when distributing reports outside of cleared SAMHSA/FEMA personnel.

How will survey results be used? Data will be used to identify DBH activities that are difficult and are in need of training, useful solutions for addressing challenges/barriers and preferred methods of training and technical assistance. SAMHSA DTAC will then compare the identified activities, solutions and methods to the current training and technical assistance they offer as a basis for making improvements to better meet user needs. For example, SAMHSA DTAC will compare the preferred methods of training and technical assistance indicated by participants to current methods and determine areas where preferred methods can be incorporated.

Click one of the three options below. If you click on “Start Survey Now” or “Start Survey Later” you are giving SAMHSA DTAC permission to analyze and report on your responses to support making changes and improvement to the training and technical assistance the SAMHSA DTAC provides in order to better meet user needs.

- Start survey Now Start survey Later Exit survey/I do not want to participate

[Selecting “Start survey now” will take the participant to the first item of the survey]

[Selecting “Start survey later” will take them to a page telling the participant to use the original email to return]

[Selecting “Exit survey” will take the participant to a “Thank you” page.]

Important Contact Information	
Questions about SAMHSA?	Contact SAMHSA Federal Project Officers: Dr. Nikki D. Bellamy, 240-276-2418, nikki.bellamy@samhsa.hhs.gov; Erik Hierholzer 240-276-0408, erik.hierholzer@samhsa.hhs.gov
Questions about the survey?	Contact SAMHSA DTAC Survey Helpdesk, DTACSurvey@icfi.com , 1-800-xxx-xxxx
Questions about SAMHSA DTAC?	Call 800-308-3515, or e-mail dtac@samhsa.hhs.gov
Questions about your rights as a participant?	Contact Dr. Janet Griffith, (703) 225-2243.

Definitions

Review the following terms and definitions before beginning the survey.

<i>Program</i> —a collection of work, activities, tasks, staff, and funding focused on disaster mental health preparedness and/or response, disaster substance abuse preparedness and/or response, or both (i.e., the State/Territory has a program and your organization has a program)
<i>Local</i> —the area that is served by the program/provider for which you work
<i>Provider</i> —the organization for which you currently provide DBH services and/or manage a DBH program
<i>State/Territory</i> —the State/Territory government in the State/Territory where your DBH work takes place
<i>Coordinator</i> —State/Territory employee who manages the State/Territory DBH program
<i>Disaster Behavioral Health (DBH)</i> —a behavioral health practice aimed at addressing incident-specific mental health or substance abuse reactions; DBH encompasses both disaster mental health and disaster substance abuse practices
<i>Activities</i> —actions you take while performing your job that directly involve mental health and/or substance abuse disaster preparedness and response
<i>Staff</i> —employees who, as part of their work, focus on a component of DBH preparedness and response in some capacity and collaborate with other DBH personnel to discuss these topics at some interval
<i>Training</i> —any instruction, from web-based to classroom, that develops knowledge, skills, and abilities in program staff or local providers
<i>Technical Assistance</i> —any resource, from text to deployed personnel, that provides guidance, organization, or

administration to a program or local provider

Preliminary Item

Review the item and mark the box that best represents your DBH role. Your response to this question will customize the survey to your specific experience.

0. Which of the following best describes your role in the DBH field?		My role involves only disaster substance abuse work.
		My role involves only disaster mental health work.
		My role involves both disaster substance abuse and disaster mental health work.
		Other (jobs that involve DBH)

Section 1: Disaster Behavioral Health

Mark the box below the response option that indicates how aware your staff are in terms of SAMHSA DTAC training and/or technical assistance. **Mark only one box.**

	Not at all aware	Slightly aware	Moderately aware	Very aware	Extremely aware
1.1.	1	2	3	4	5

First, review the **DBH Preparedness Activities** listed below. **Preparedness** activities are DBH activities that occur before a disaster.

In the section marked **Difficulty**, mark the box below the response option that indicates *how difficult* each activity is for your staff who perform disaster behavioral health preparation and response roles in addition to their usual responsibilities.

Activities	Difficulty					<i>Does not apply</i>
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	
	1	2	3	4	5	
1.2. Soliciting contract approvals from the						N/A
1.3. Working with State/Territory emergency management to include local providers in planning						
1.4. Getting the State/Territory to prepare for issues with shelter sizes						
1.5. Working with the State/Territory to tailor DBH plans to address cultural nuances (e.g., rural/urban						
1.6. Working with the State/Territory to tailor DBH plans to address local priorities (e.g., areas/populations that need attention first)						
1.7. Identifying opportunities for face-to-face communication with the State/Territory						
1.8. Maintaining non-DBH responsibilities while traveling for DBH responsibilities						
1.9. Educating State/Territory representatives on the importance of DBH						
1.10. Working with State/Territory DBH personnel to plan for first responder substance abuse and mental health reactions						

Disaster Behavioral Health Needs Assessment Survey – Local Provider Version

First, review the **Disaster Preparedness Solutions** listed below. **Solutions** can help your staff with its DBH activities.

In the section marked **Need**, mark the box below the response option that best represents the *need for training and/or technical assistance* on each solution, of your staff who perform disaster behavioral health preparation and response roles in addition to their usual responsibilities.

Solutions	Need					Does not apply
	No need	Slight need	Moderate need	Strong need	Extremely strong need	
	1	2	3	4	5	
1.11. Guidance in how to accelerate the contract and amendment approval process						N/A
1.12. Guidance on managing shelters of various sizes						
1.13. Recommendations on tailoring standard preparedness plans to different cultural scenarios (e.g., urban/rural differences)						
1.14. Strategy for educating State/Territories on the utility of local providers during planning						
1.15. Information on resources to support virtual meetings with two or more parties						
1.16. Guidance in allocating more staff to DBH						
1.17. Guidance in how to increase DBH involvement in State/Territory response planning.						
1.18. Guidance on developing and coordinating DBH drilling at the local level						
1.19. Support in identifying opportunities for networking between local providers, local emergency medical services (EMS), and State/Territory representatives						
1.20. Guidance in increasing access to State/Territory coordinators during an incident						

Disaster Behavioral Health Needs Assessment Survey – Local Provider Version

First, review the training and technical assistance **Methods** listed below. **Methods** are ways that solutions can be delivered.

In the section marked **Usefulness**, mark the box below the response option that best represents *how useful* each of the following methods is when receiving training and/or technical assistance on **DBH Preparedness**.

Methods	Usefulness					Does not apply
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	
	1	2	3	4	5	N/A
1.21. Conference						
1.22. Distance Learning/Web						
1.23. Onsite Consultation						
1.24. Peer-to-Peer Learning						
1.25. Phone Consultation						
1.26. Fact Sheet						
1.27. Toolkit						
1.28. Article						
1.29. Curricula						
1.30. Seminar/Workshop						
1.31. Training of Trainers						

Indicate the **Level** of training and/or technical assistance that would be most useful in supporting your agency's **DBH Preparedness** efforts. To do this, mark the box below the level that best matches the level needed.

1.32.

Beginner		Intermediate		Advanced	
1		2		3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disaster Behavioral Health Needs Assessment Survey – Local Provider Version

First, review the **DBH Response Activities** listed below. **Response Activities** are DBH activities that occur after a disaster.

In the section marked **Difficulty**, mark the box below the response that indicates *how difficult* each activity is for your staff who perform disaster behavioral health preparation and response roles in addition to their usual responsibilities.

Activities	Difficulty					Does not apply N/A
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	
	1	2	3	4	5	
1.33. Using State/Territory response plans that do not specifically address DBH activities						
1.34. Contributing DBH expertise without specific State/Territory training or certification						
1.35. Working with State/Territory personnel who do not have experience in DBH						
1.36. Working with State/Territory response plans that are too standardized to adapt to local needs						
1.37. Working with response centers that provide inconsistent State/Territory-supplied information to victims						
1.38. Working with State/Territory personnel who lack knowledge of local resources						
1.39. Working with the State/Territory to ensure a law enforcement presence at shelters						
1.40. Working with the State/Territory to transport medical resources to victims						
1.41. Obtaining agreement from shelters to allocate space (e.g., beds) for mental health and substance abuse clients						
1.42. Obtaining participation from partners who will not be reimbursed for indirect costs by the Crisis Counseling Assistance and Training Program						

Disaster Behavioral Health Needs Assessment Survey – Local Provider Version

First, review the **DBH Response Solutions** listed below. **Solutions** can help your staff with its DBH activities.

In the section marked **Need**, mark the box below the response option that best represents the *need for training and/or technical assistance* on each solution, for your staff who perform disaster behavioral health preparation and response roles in addition to their usual responsibilities.

Solutions	Need					Does not apply
	No need	Slight need	Moderate need	Strong need	Extremely strong need	
	1	2	3	4	5	
1.43. Support in obtaining affordable DBH certification						N/A
1.44. Guidance on working with personnel who do not have EMS/DBH experience						
1.45. Strategy for working with State/Territory personnel to tailor DBH response plans to local needs						
1.46. A method of sharing and updating local information with the State						
1.47. Strategy to ensure law-enforcement presence in facilities and shelters during disasters						
1.48. A method by which a person's DBH qualifications can be quickly identified during a disaster						
1.49. Information on technology that will be useful during an incident						
1.50. Support from the State/Territory in gathering a reserve supply of medication to use during disasters						
1.51. Guidance on opioid treatment continuity after a disaster						

First, review the training and technical assistance **Methods** listed below. **Methods** are ways that solutions can be delivered.

In the section marked **Usefulness**, mark the box below the response option that best represents *how useful* each of the following methods is when receiving training and/or technical assistance on **DBH Response**.

Methods	Usefulness					Does not apply
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	
	1	2	3	4	5	
1.52. Conference						N/A
1.53. Distance Learning/Web						
1.54. Onsite Consultation						
1.55. Peer-to-Peer Learning						
1.56. Phone Consultation						
1.57. Fact Sheet						
1.58. Toolkit						
1.59. Article						
1.60. Curricula						
1.61. Seminar Workshop						
1.62. Training of Trainers						

Indicate the **Level** of training and/or technical assistance that would be most useful in supporting your agency's **DBH Response** efforts. To do this, mark the box below the level that best matches the level needed.

1.63.

Beginner	Intermediate	Advanced
1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Mental Health Preparedness and Response

Mark the box below the response option that indicates the extent to which your agency *collaborates* with the State/Territory DBH program on **Mental Health Preparedness** activities. Mark only one box.

2.1.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Mark the box below the response option that indicates the extent to which your agency *receives Mental Health Preparedness resources* from the State/Territory DBH program. Mark only one box.

2.2.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Mark the box below the response option that indicates the extent to which your agency *collaborates* with the State/Territory DBH program on **Mental Health Response** activities. Mark only one box.

2.3.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Mark the box below the response option that indicates the extent to which your agency *receives Mental Health Response resources* from the State/Territory DBH program. Mark only one box.

2.4.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Section 3: Substance Abuse Preparedness and Response

Mark the box below the response option that indicates the extent to which your agency *collaborates* with the State/Territory DBH program on **Substance Abuse Preparedness** activities. Mark only one box.

3.1.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Mark the box below the response option that indicates the extent to which your agency *receives Substance Abuse Preparedness resources* from State/Territory DBH programs. Mark only one box.

3.2.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Mark the box below the response option that indicates the extent to which your agency *collaborates* with the State/Territory DBH program on **Substance Abuse Response** activities. Mark only one box.

3.3.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Mark the box below the response option that indicates the extent to which your agency *receives Substance Abuse Response resources* from the State/Territory DBH program. Mark only one box.

3.4.

None 1	A little 2	Some 3	A lot 4	A great deal 5
-----------	---------------	-----------	------------	-------------------

Section 4: Demographics

Indicate your response by marking the box next to the response option that applies to you.

4.1. Which of the following best describes your title?	<input type="checkbox"/>	Director
	<input type="checkbox"/>	Manager
	<input type="checkbox"/>	Supervisor
	<input type="checkbox"/>	Other

4.2. How many years of experience do you have in the DBH field?	<input type="checkbox"/>	Less than 3 years
	<input type="checkbox"/>	3 to 5 years
	<input type="checkbox"/>	6 to 10 years
	<input type="checkbox"/>	More than 10 years

4.3. Which of the following best describes how long you have held your current position?	<input type="checkbox"/>	Less than 1 year
	<input type="checkbox"/>	1 to 4 years
	<input type="checkbox"/>	5 to 8 years
	<input type="checkbox"/>	More than 8 years

Indicate your response by marking the box next to the response option that applies to your agency.

4.4. In which State/Territory is your agency located?							
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	Texas
<input type="checkbox"/>	California	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New York	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Maine	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Palau	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Guam	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	

4.5. Estimate the percentage of time your staff spends on DBH <i>preparedness</i> . Your best guess is fine. Please round to the nearest percentage.	___%	
---	------	--

4.6. Estimate the percentage of time your staff spends on DBH <i>response</i> . Your best guess is fine. Please round to the nearest percentage.	___%	
---	------	--

4.7. Indicate the number of your staff members who are involved in DBH <i>preparedness</i> .		___ staff members
--	--	-------------------

4.8. Indicate the number of your staff members who are involved in DBH <i>response</i> .		___ staff members
--	--	-------------------

Section 5: Open-Ended Items

5.1. Please use the space below to share any additional comments with SAMHSA DTAC.

[Enter response here.]

Exit Page

To submit your survey responses, click on the **SUBMIT** link below. Your responses will be submitted, and you will be taken to the SAMHSA Disaster Technical Assistance (DTAC) website. Your responses will **not** be submitted if you do not click on the **SUBMIT** link.

[SUBMIT Link]

Thank you for your participation!

SAMHSA DTAC