Attachment A.1 – State/Territory Coordinator Disaster Behavioral Health Needs Assessment



SAMHSA DTAC Disaster Behavioral Health Needs Assessment Survey

State/Territory 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 State and Territory Coordinators.

Why have I been selected for this survey? You are a State/Territory coordinator 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 30-45 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 your State/Territory's 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 <u>will not provide</u> State/Territory level survey results to non-participants, including State/Territory employees. SAMHSA DTAC will aggregate your survey results at the <u>national</u> or <u>regional</u> 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.

O Start survey now O Start survey later O 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	Contact Dr. Janet Griffith, (703) 225-2243.
participant?	

Definitions

Review the following terms and definitions before beginning the survey.

Program—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. you are part of your State/Territory's program)

Local Provider—a mental health or substance abuse organization that your program supports and provides resources to during a disaster

State/Territory—the State/Territory government in the State/Territory where your DBH work takes place. For purposes of this survey, State/Territory includes Washington, D.C.

Coordinator—a State/Territory employee who manages the State/Territory DBH program—either mental health, substance abuse, or both

Disaster Behavioral Health (DBH)—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 *Activities*—actions you take while performing your job that directly involve mental health and/or substance abuse disaster preparedness and response

Program Staff—employees who, as part of their work, focus on a component of DBH preparedness and response and collaborate with other DBH personnel to discuss these topics

Training—any instruction, from web-based to classroom, that develops knowledge, skills, and abilities in program staff

Technical Assistance—any resource, from text to deployed personnel, that provides guidance, organization, or administration to a program

Job Role

Please review the job role definitions below, and then mark the box that best represents your job role.

- *Disaster Substance Abuse Coordinator*—a State/Territory designee who oversees the coordination of disaster substance abuse response and recovery efforts and programs during and after any period of a disaster. This individual typically is responsible for disaster substance abuse preparedness and usually has other responsibilities at the State/Territory level.
- *Disaster Mental Health Coordinator*—a State/Territory designee who oversees the coordination of disaster mental health response and recovery efforts and programs during and after any period of a disaster. This individual typically is responsible for disaster mental health preparedness and usually has other responsibilities at the State/Territory level.
- *Disaster Behavioral Health Coordinator*—a State/Territory designee who oversees the coordination of both disaster mental health and substance abuse (together known as *behavioral health*) response and recovery programs during and after any period of disaster, as well as how they integrate with one another. This individual typically is responsible for disaster behavioral health preparedness and usually has other responsibilities at the State/Territory level.

0. Which of the following best describes	Disaster Substance Abuse Coordinator
your role in the disaster behavioral	Disaster Mental Health Coordinator
health (DBH) field?	Disaster Behavioral Health Coordinator (both Mental Health and Substance Abuse)
	Other (jobs that involve DBH) [SPECIFY]:

Section 1: DBH Preparedness

First, please 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 DBH program staff.

In the section marked **Need**, mark the box below the response option that best represents the DBH program staff's *need for training and/or technical assistance* on each activity.

	of the f	ollowing	Please indi g DBH pre am staff.				staff's need for training and technical assistance on the following DBH prepare activities.					
DBH Preparedness	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
Activities	1	2	3	4	5	N/A	1	2	3	4	5	N/A
1.1(a/b). Collaborating with outside entities												
Developing the State/Territory's All-Hazards DBH Preparedness Plan		Do	not respon	d to this ro	DW			Do	o not respo	ond to th	is row	
1.2(a/b). Generating plan buy-in with internal 1.3(a/b).												
Generating plan buy-in with <u>external entities</u> 1.4(a/b). Developing the												
preparedness plan 1.5(a/b). Conducting preparedness exercises												
1.6(a/b). Revising the plan												
1.7(a/b). Conducting preparedness training												

Section 2: DBH Response

First, please review the **DBH Response Activities** listed below. **Response** activities are DBH activities that occur during ("short term") and after ("long term") a disaster.

In the section marked **Difficulty**, mark the box below the response option that indicates *how difficult* each activity is for the DBH program staff.

In the section marked **Need**, mark the box below the response option that best represents the DBH program staff's *need for training and/or technical assistance* on each activity.

DBH Response Activities Not at all difficult Slightly difficult Noderately difficult Very difficult Extremly difficult Does not apply No need Slight need Moderate need Strong need Extremly need 1 2 3 4 5 N/A 1 2 3 4 5 Short Term (Acute/Immediate) Image: Strong the	g not apply N/A
Short Term (Acute/Immediate) Do not respond to this row Do not respond to this row 2.1(a/b). Implementing Implementing Implementing	•
(Acute/Immediate) Do not respond to this row Do not respond to this row 2.1(a/b). Implementing Implementing Implementing	
(Acute/Immediate) 2.1(a/b). Implementing	
the State/Territory's	
All-Hazards DBH	
DBH response	
2.3(a/b). Administering DBH needs assessment	
2.4(a/b). Gathering needs assessment	
information from	
facilities, clients, and	
other sources	
2.5(a/b). Analyzing	
needs assessment	
results	
2.6(a/b). Determining	
required level of	
assistance	
2.7(a/b). Determining	
the need for DBH	
grants (e.g., Crisis	
Counseling Assistance	
and Training Program	
[CCP], SAMHSA	
Emergency Response Grant [SERG])	
2.8(a/b). Supporting	
providers in meeting the	
needs of pre-disaster	
clients and affected	
facilities (e.g., opioid	
treatment providers)	

Section 2: DBH Response

First, please review the **DBH Response Activities** listed below. **Response** activities are DBH activities that occur during ("short term") and after ("long term") a disaster.

In the section marked **Difficulty**, mark the box below the response option that indicates *how difficult* each activity is for the DBH program staff.

In the section marked **Need**, mark the box below the response option that best represents the DBH program staff's *need for training and/or technical assistance* on each activity.

	(a) Difficulty . Please indicate how difficult each of the following DBH response activities is for DBH program staff.				(b) Need . Please indicate the DBH program staff's need for training and technical assistance on the following DBH response activities.							
DBH Response Activities	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A	1	2	3	4	5	N/A
Long Term (Response/Recovery)		D	o not respo	nd to this	row		Do not respond to this row					
2.9(a/b). Managing transition from short- term to long-term response												
2.10(a/b). Providing public psychoeducation												
2.11(a/b). Maintaining communication and support with providers												
2.12(a/b). Managing DBH grants (if implemented)												
2.13(a/b). Navigating the funding mechanism												
2.14(a/b). Implementing the grant program plan of services												
2.15(a/b). Participating in grant program oversight												
2.16(a/b). Implementing phasedown period / final grant program reporting												
2.17(a/b). Conducting mitigation (lessons learned)												

Section 3: DBH Preparedness Challenges

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

Activities	Difficulty							
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply		
	1	2	3	4	5	N/A		
3.1. Identifying resources for planning and preparedness activities								
3.2. Improving collaboration between preparedness partners								
3.3. Increasing the understanding of preparedness and planning best practices (e.g., use of National Incident Management System [NIMS] and Incident Command System [ICS])								
3.4. Identifying a standardized credentialing process for volunteers/crisis responders								
3.5. Generating State/Territory support for DBH planning								
3.6. Generating State/Territory support for DBH exercises								
3.7. Getting community mental health, substance abuse, or behavioral health centers to participate in DBH preparedness								
3.8. Allocating funding for updating State-/Territory-wide DBH plans								
3.9. Ensuring that volunteers and partners are up to date on required trainings								
3.10 .Getting local governments to incorporate DBH preparedness into county plans								

First, please review the **DBH 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 DBH program staff's *need for training and/or technical assistance* on each solution.

Solutions			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
3.11. Methods of achieving NIMS and ICS compliance in						
all-hazards plans						
3.12. Approaches to funding State-/Territory-level training						
for community partners						
3.13. Information on programs that build community						
resilience						
3.14. Information on programs that build individual						
resilience						
3.15. Methods of generating buy-in from other agencies						
while developing a disaster plan						
3.16 .Support in identifying free, web-provided guidance						
3.17.Methods of blogging or chatting with other						
State/Territory coordinators						
3.18.Guidance in working with local governments on						
information technology–based risk management (e.g.,						
record back-up)						

First, please 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			
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Does not apply
	1	2	3	4	5	N/A
3.19. Conference						
3.20. Distance Learning/Web						
3.21. Onsite Consultation						
3.22. Peer-to-Peer Learning						
3.23. Phone Consultation						
3.24. Fact Sheet						
3.25. Toolkit						
3.26. Article						
3.27. Curricula						
3.28. Seminar Workshop						
3.29. Training of Trainers						

Section 4: DBH Response Challenges

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

Activities			Difficulty			
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply
	1	2	3	4	5	N/A
4.1. Finding shelters that will accept survivors with mental						
health / substance abuse needs						
4.2. Maintaining the fidelity of DBH models when						
employing response paraprofessionals						
4.3. Establishing a leadership presence in an unfamiliar						
disaster area						
4.4. Identifying resource gaps in an unfamiliar disaster area						
4.5. Determining the capacity of a mental health, substance						
abuse, or behavioral health center during a disaster						
4.6. Identifying relevant needs assessment questions						
4.7. Identifying providers who have the knowledge to						
answer needs assessment questions						
4.8. Determining how the type of disaster should affect the						
response						
4.9. Recruiting and retaining a sufficient staff to address						
response activities						
4.10. Coordinating the substance abuse and mental health						
needs assessment						

First, please 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 DBH program staff's *need for training and/or technical assistance* on each solution.

Solutions			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
4.11. Approaches to crisis counselor certification						
4.12. Support for interstate information sharing						
4.13. Information on culturally appropriate outreach						
4.14. Information on response for children affected during						
disasters						
4.15. Guidance in educating staff about the grant process						
4.16. Information on how to support small residential group						
homes during a disaster						
4.17. Guidance on interfacing different fiscal management						
software programs used by local governments						
4.18. Guidance in operating with limited resources after a						
disaster						

First, please 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 Solutions**.

Methods			Usefulness			
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Does not apply
	1	2	3	4	5	N/A
4.19. Conference						
4.20. Distance Learning/Web						
4.21. Onsite Consultation						
4.22. Peer-to-Peer Learning						
4.23. Phone Consultation						
4.24. Fact Sheet						
4.25. Toolkit						
4.26. Article						
4.27. Curricula						
4.28. Seminar Workshop						
4.29. Training of Trainers						

Section 5: Mental Health Preparedness Challenges

[IF Q0=MENTAL HEALTH, BEHAVIORAL HEALTH, OR OTHER, COMPLETE SECTIONS 5 AND 6. IF Q0=SUBSTANCE ABUSE, SKIP TO SECTION 7].

First, please review the **Mental Health 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 the DBH program staff.

Activities			Difficulty	-		
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply
	1	2	3	4	5	N/A
5.1. Increasing disaster behavioral health awareness						
among mental health professionals						
5.2. Increasing mental health awareness among disaster						
behavioral health professionals						
5.3. Indentifying instructional material on disaster						
mental health preparedness						
5.4. Getting emergency management offices to include						
mental health in disaster preparedness planning						
5.5. Getting agreement from organizations to shelter						
mental health patients during disasters						

First, please review the **Mental Health 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 DBH program staff's *need for training and/or technical assistance* on each solution.

Solutions			Need				
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply	
	1	2	3	4	5	N/A	
5.6. Guidance on collaboration when DBH is split							
between two departments							
5.7. Guidance on presenting the importance of mental							
health preparedness to emergency management							
5.8. Guidance on collaborating with public health							
5.9. Support in providing free disaster mental health							
training to staff							
5.10. Support for increasing policy requirements for							
disaster mental health preparedness							
5.11. Guidance in developing standard operating							
procedures for disaster mental health preparedness							

First, please review the training and/or 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 **Mental Health Preparedness**.

Methods			Usefulness			
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Does not apply
	1	2	3	4	5	N/A
5.12. Conference						
5.13. Distance Learning/Web						
5.14. Onsite Consultation						
5.15. Peer-to-Peer Learning						
5.16. Phone Consultation						
5.17. Fact Sheet						
5.18. Toolkit						
5.19. Article						
5.20. Curricula						
5.21. Seminar Workshop						
5.22. Training of Trainers						

Section 6: Mental Health Response Challenges

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

Activities			Difficulty			
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply
	1	2	3	4	5	N/A
6.1. Conducting a mental health needs assessment						
when Federal Emergency Management Agency						
[FEMA] Preliminary Damage Assessment numbers						
have been delayed						
6.2. Developing the CCP / SERG application while						
responding to a disaster						
6.3. Soliciting support from providers who have to pay						
the indirect costs that are not funded by the CCP						
6.4. Working with DBH response teams to increase the						
involvement of mental health professionals in the						
response effort						
6.5. Identifying relevant mental health needs						
assessment questions						
6.6. Getting agreement from small, independently						
operated mental health centers to remain open during						
6.7. Getting shelter operators to plan for mental health						
issues before they open their shelters						
6.8. Informing the public of the differences between						
mental health response and other DBH response						

First, please review the **Mental Health 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 DBH program staff's *need for training and/or technical assistance* on each solution.

Solutions			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
6.10. Information on web-based data evaluation and						
reporting systems						
6.11. Guidance on obtaining CCP program updates for						
coordinators who are unable to attend training						
6.12. Guidance on incorporating evidence-informed						
interventions (e.g., Psychological First Aid [PFA]) into						
response efforts						
6.13. Information on PFA training for trainers						
6.14. Information on Psychological Recovery as a model						
to follow PFA						
6.15. Guidance on how to affect community and						
responder adaptive functioning (e.g., verbal processing)						

First, please 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 **Mental Health Response**.

Methods			Usefulness			
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Does not apply
	1	2	3	4	5	N/A
6.16. Conference						
6.17. Distance Learning/Web						
6.18. Onsite Consultation						
6.19. Peer-to-Peer Learning						
6.20. Phone Consultation						
6.21. Fact Sheet						
6.22. Toolkit						
6.23. Article						
6.24. Curricula						
6.25. Seminar Workshop						
6.26. Training of Trainers						

Section 7: Substance Abuse Preparedness Challenges

[IF Q0=SUBSTANCE ABUSE, BEHAVIORAL HEALTH, OR OTHER, COMPLETE SECTIONS 7 AND 8. IF Q0=MENTAL HEALTH, SKIP TO SECTION 9].

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

Activities			Difficulty					
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply		
	1	2	3	4	5	N/A		
7.1. Increasing disaster behavioral health awareness								
among substance abuse professionals								
7.2. Working with emergency management to include								
substance abuse in disaster preparedness planning								
7.3. Getting agreement from organizations to shelter								
active substance abusers during disasters								
7.4. Ensuring that community mental health centers								
include substance abuse in their disaster preparedness								
7.5. Identifying instructional material on disaster								
substance abuse preparedness								
7.6. Increasing substance abuse awareness among								
disaster behavioral health professionals								
7.7. Allocating funding to reimbursing individuals for								
substance abuse training								

First, please review the **Substance Abuse 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 DBH program staff's *need for training and/or technical assistance* on each solution.

Solutions			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
7.8. Methods for establishing competency-based						
substance abuse training						
7.9. Methods of informing the public regarding the						
capabilities of substance abuse responders						
7.10. General DBH training for the larger substance						
abuse workforce						
7.11. Guidance on how to unify mental health and						
substance abuse into one program						
7.12. Methods of generating greater substance abuse						
participation in CCPs						
7.13. Guidance on collaborating with public health						
professionals during disaster preparedness						

First, please 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 **Substance Abuse Preparedness**.

Methods			Usefulness			
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Does not apply
	1	2	3	4	5	N/A
7.14. Conference						
7.15. Distance Learning/Web						
7.16. Onsite Consultation						
7.17. Peer-to-Peer Learning						
7.18. Phone Consultation						
7.19. Fact Sheet						
7.20. Toolkit						
7.21. Article						
7.22. Curricula						
7.23. Seminar Workshop						
7.24. Training of Trainers						

Section 8: Substance Abuse Response Challenges

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

Activities			Difficulty					
	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult	Does not apply		
	1	2	3	4	5	N/A		
8.1. Creating a standardized approach to opioid								
treatment provider continuity								
8.2. Getting emergency management offices to include								
mental health in disaster preparedness planning								
8.3. Providing services at American Red Cross shelters								
4. Identifying relevant substance abuse needs								
assessment questions								
8.5. Informing the public on how substance abuse	5. Informing the public on how substance abuse							
response differs from other disaster behavioral health								
8.6. Getting small, independently operated substance								
abuse centers to remain open during disasters								
8.7. Getting shelter operators to plan for mental health								
issues before they open their shelters								
8.8. Providing public guidance regarding post-disaster								
substance abuse issues								
8.9. Funding substance abuse response activities								
banned from the CCP program (e.g., detoxification)								
8.10. Collaborating with mental health entities during								
CCP initiatives								

First, please review the **Substance Abuse 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 DBH program staff's *need for training and/or technical assistance* on each solution.

Solutions			Need	_	_	
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
8.11. Information on Digital Access to Medication						
(SAMHSA pilot program for opioid treatment						
8.12. Information on short-term interventions (e.g., Screening Brief Intervention, Referral to Treatment model)						
8.13. Guidance in integrating substance abuse response with PFA						
8.14. Information on how to respond to opioid treatment issues during a disaster						
8.15. Guidance on how to describe substance abuse response's role during a disaster						

First, please 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 **Substance Abuse Response**.

Methods			Usefulness			
	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Does not apply
	1	2	3	4	5	N/A
8.16. Conference						
8.17. Distance Learning/Web						
8.18. Onsite Consultation						
8.19. Peer-to-Peer Learning						
8.20. Phone Consultation						
8.21. Fact Sheet						
8.22. Toolkit						
8.23. Article						
8.24. Curricula						
8.25. Seminar Workshop						
8.26. Training of Trainers						

Section 9: Specific Incidents/Populations Items

Awareness of Training/Technical Assistance Offered

Mark the response option that indicates how aware your DBH program staff is regarding the training and technical assistance offered by SAMHSA DTAC. *Mark only one response*.

Q 1	Not at all	Slightly	Moderately	Very	Extremely	
9.1	aware	aware	aware	aware	aware	
	1	2	3	4	5	

Training/Technical Assistance Needed on Specific Activities

First, please review the *Federal Fiscal Management* Activities listed below.

In the section marked **Need**, mark the box below the response option that indicates the extent of your program staff's need for training and/or technical assistance on each activity.

Activities			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
9.2. Transitioning Federal funds through State/Territory						
mechanisms in a timely manner						
9.3. Working with short deadlines as a result of establishing						
contracts with providers after Notice of Grant Award						
9.4. Managing fiscal grant reporting						
9.5. Developing budgets for grant applications						
9.6. Educating State/Territory financial system employees						
about the nuances of the grant process						
9.7. Maintaining the necessary number of staff members to						
coordinate required grant oversight visits						

First, please review the *State/Territory Fiscal Management* Activities listed below.

In the section marked **Need**, mark the box below the response option that indicates the extent of your program staff's need for training and/or technical assistance on each activity.

Activities			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
9.8. Transitioning State/Territory funds through local						
provider mechanisms in a timely manner						
9.9. Working with short deadlines as a result of						
establishing contracts with providers after Notice of						
9.10.Managing fiscal grant reporting						
9.11. Developing budgets for grant applications						
9.12. Educating local provider financial system employees						
about the nuances of the grant process						

9.13. Maintaining the necessary number of staff members to			
coordinate required grant oversight visits			

First, please review the *Rural Planning* Activities listed below.

In the section marked **Need**, mark the box below the response option that indicates the extent of your program staff's need for training and/or technical assistance on each activity.

Activities			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
9.14. Accessing rural areas prior to and during disasters						
9.15. Addressing the unique DBH preparedness and						
response needs						
9.16. Meeting the needs of the community with fewer DBH						
planning partners						
9.17. Tailoring outreach efforts to rural culture						
9.18. Partnering with FEMA officers while conducting first						
responder training						
9.19. Addressing the stigma associated with seeking help						
for substance abuse and mental health issues						
9.20. Tailoring training and technical assistance to meet the						
needs of a geographical area larger than that for which						
they were designed (e.g. several counties)						

First, please review the *Special Population Outreach* Activities listed below.

In the section marked **Need**, mark the box below the response option that indicates the extent of your program staff's need for training and/or technical assistance on each activity.

Activities			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
9.21. Obtaining information from tribes that are protective						
of personal and tribal information						
9.22. Obtaining information from schools that are protective						
of student access						
9.23. Adapting DBH outreach materials that are too						
technical						
9.24. Training outreach staff on the sensitivities required to						
serve special populations						
9.25.Getting shelter managers to identify special population						
resources						
9.26. Putting special population professionals in place at						
reception and destination sites						
9.27. Tracking special populations and notifying destination						
sites of their arrival						
9.28. Tailoring training to explain how to respond to special						
populations during disasters						
9.29. Addressing language and cultural barriers						

First, please review the *Economic Downturn* Activities listed below.

In the section marked **Need**, mark the box below the response option that indicates the extent of your program staff's need for training and/or technical assistance on each activity.

Activities			Need			
	No need	Slight need	Moderate need	Strong need	Extremely strong need	Does not apply
	1	2	3	4	5	N/A
9.30. Supporting DBH preparedness efforts with decreased						
budgets						
9.31. Supporting DBH <i>response</i> efforts with decreased						
budgets						
9.32. Identifying the individuals who have been affected by						
the economic downturn						
9.33 . Supporting DBH efforts during a period of decreased						
community volunteerism						
9.34 .Conducting outreach using a limited budget						
9.35. Identifying information on how to cope with the						
outcomes of the economic downturn						

Section 10: Demographics

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

10.1. Which of the following best describes your employment status in terms of the DBH field?	State/Territory Employee Consultant/Contractor Other
10.2. Which of the following best describes your current employment?	Full-time
	Part-time
10.3. Which of the following best describes your years of experience in the DBH	Less than 3 years
Which of the following best describes your years of experience in the DBH field?	3 to 5 years
	6 to 10 years
	More than 10 years
10.4. Which of the following best describes how long you have held your current	Less than 1 year
position?	1 to 4 years
	5 to 8 years
	More than 8 years

Indicate your response by marking the box next to the response option that applies to your DBH program. *Select only one response*. (<u>Note</u>: States/Territories marked with * will be asked the Tribal section questions).

10.	10.5. Select the State/Territory where your DBH program is located?									
	Alabama	Idaho	Nebraska	Rhode Island						
	Alaska*	Illinois	Nevada	South Carolina						
	American Samoa	Indiana	New Hampshire	South Dakota*						
	Arizona*	Iowa	New Jersey	Tennessee						
	Arkansas	Kansas	New Mexico*	Texas*						
	California*	Kentucky	New York*	Utah						
	Colorado	Louisiana	North Carolina*	Vermont						
	Connecticut	Maine	North Dakota*	Virginia						
	Delaware	Maryland	Northern Mariana Islands	U.S. Virgin						
				Islands						
	District of Columbia	Massachusetts	Ohio	Washington*						
	Federated States of	Michigan	Oklahoma*	West Virginia						
	Micronesia									
	Florida	Minnesota	Oregon*	Wisconsin						
	Georgia	Mississippi	Palau	Wyoming						
	Guam	Missouri	Pennsylvania							
	Hawaii	Montana*	Puerto Rico							

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10.6. Estimate the percentage of time your State/Territory's DBH program staff spends on <i>preparedness</i> . Your best guess is fine. Please round to the nearest percentage.	_	%			
10.7. Estimate the percentage of time your State/Territory's DBH program staff spends on <i>response</i>. Your best guess is fine. Please round to the nearest percentage.	_	%			
10.8. Indicate the number of staff members your State/Territ program has devoted to <i>preparedness</i> .	ory's DBH	staff members			
10.9. Indicate the number of staff members your State/Territ program has devoted to <i>response</i> .	ory's DBH		staff members		

Section 11: *American Indian Tribal Communities' Involvement* (The States/Territories that have the largest reservation populations will answer these items.)

[IF Q10.5=Alaska, Arizona, California, Montana, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, South Dakota, Texas, or Washington, CONTINUE TO Q11.1. OTHERWISE, SKIP TO SECTION 12.]

Please mark the box below with the response option that indicates the extent to which your program...

	None	A little	Some	A lot	A great deal	Does not apply
	1	2	3	4	5	N/A
11.1 Collaborates with <i>American Indian Tribal</i> <i>Communities</i> in DBH preparedness planning.						
11.2 Addresses <i>American Indian Tribal Communities</i> in the program's DBH needs assessment survey.						
11.3 Provides DBH response services to American Indian						
11.4 Needs training and technical assistance in supporting						

11.5 Please use the space below to share any additional thoughts you have regarding American Indian Tribal Communities and disaster behavioral health.

[Enter response here.]

Section 12: Additional Comments

12.1 Please use the space below to share any additional comments with SAMHSA DTAC. [Enter response here.]

Exit Page

Submit: 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