

National Recovery Month's Public Service Announcements Campaign Message Testing

A. Product Activity to be Assessed

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting OMB approval for one new focus group tool consisting of the following:

- Screening questionnaire for potential participants (Attachment A)
- Focus group moderator's guide and ice-breaker and scoring sheets (Attachment B)
- Participants' consent form (Attachment C)

CSAT is responsible for National Recovery Month, a social marketing and public awareness campaign that promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders, celebrates people in recovery, lauds the contributions of treatment and service providers, and promotes the message that recovery in all its forms is possible. Recovery Month spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover.

The PSAs produced in support of this campaign encourage viewers and listeners to seek treatment by accessing SAMHSA's treatment locator and/or by calling the 1-800-662-HELP line. These two resources are available for free, all year-round, and confidential. The PSAs are a tool for SAMHSA to depict the societal benefits of recovery rather than focusing on the negative sides and misconceptions associated with mental and/or substance use disorders.

In April 2015, SAMHSA released two PSA's that have aired **48,203** times in TV with approximately **388,121,500** viewer impressions at an estimated earned media value of **\$12 million**. The same PSAs for radio were broadcasted **131,692** times to garner **673,264,985** impressions valued at an estimated **\$4.2 million** in free air time. The call to action in the PSAs has contributed to record-setting figures in the number of calls to SAMHSA's 1-800-662-HELP line as they are the only SAMHSA-produced TV and radio PSAs that promote these resources.

Each year, SAMHSA/CSAT consults with more than 200 Planning Partner constituency organizations, which consist of national and local community-based organizations (CBOs), government, public and private entities from the field of behavioral health. These constituents continue to express the need for PSAs for the observance and to promote other local resources. The PSAs are distributed to TV and radio stations nationally and posted on different web outlets, including constituents' websites. The PSAs are also produced with open endings for constituents to add their information or information about treatment referrals in their communities.

During the Planning Partner Teleconference, its constituency organizations ratified the selected theme, concept, and objective for 2017 *Recovery Month* as “*Join the Voices for Recovery: Strengthen Families and Communities!*” The theme’s purpose is to encourage communities to be socially inclusive of people in recovery, as social connections improve the process for people with behavioral health conditions. People in recovery want to participate in their communities through meaningful daily activities—such as work, volunteerism, family caretaking, or creative endeavors—and want opportunities for independence, income, and resources to engage in society. The target audiences for 2017, as selected by the Planning Partners at the January meeting, are as follows:

- Rural and frontier communities;
- Community-based organizations (including faith-based organizations);
- Criminal justice, law enforcement, and first responders; and
- Public health professionals and departments (city and state levels).

B. Brief Statement of Objectives

The overall objective of the focus groups is to obtain feedback from participants on four potential PSAs concepts. SAMSHA/CSAT will use the feedback provided to select only two PSAs that will later be produced. The proposed focus groups seek to gauge participant reactions to the specific proposals, and to obtain ideas to make the concepts more relevant, identifiable, understandable, memorable, and appealing to TV viewers and radio listeners.

As an ice-breaker activity, the focus groups participants will also be asked to provide their perspective and understanding of language and terms often used in the field of behavioral health. These terms are:

- Behavioral Health
- Mental health
- Mental disorders
- Alcohol/drug addiction
- Alcohol/drug problems
- Substance use disorders

C. Overview of Methods to Collect Information

Data Collection Method

The information will be gathered by conducting a total of four focus groups in two different geographic locations: Rockville, MD and Ft. Lauderdale/Tampa, FL. One focus group will be

conducted in English and one focus group in Spanish in each location. SAMHSA/CSAT will produce each of the two selected PSAs in both languages hence the need to test the concepts with English-speaking and Spanish-speaking groups separately. Each focus group will be 120 minutes long (two hours). The time breakdown for each focus group is the following:

- 5 minutes to pre-screen potential participants (Attachment A).
- 115 minutes to read and sign consent forms (Attachment C); discussion of ground rules and ice-breaker activity; and the introduction, discussion, and scoring of PSA concepts. All of these parts are found within Attachment B.

SAMHSA/CSAT is seeking to conduct the focus groups in two different geographic locations to ensure participants represent a wide range of populations from diverse socio-economic, cultural, educational, and demographical backgrounds. This diversity in participants' backgrounds yields a comprehensive set of opinions, views, and reactions to the PSA concepts, including feedback about the proposed language, images, and the call to action in the announcements.

Identifying Respondents and Providing Incentives

SAMHSA is looking to have a total of forty-eight (48) potential participants that will be pre-screened prior to the focus groups (12 potential participants per focus group). Out of the 48 pre-screened potential participants, forty (40) will be recruited and divided into four (4) groups of eight (10) each one, to participate in a 120-minute focus group session, as follows:

- Two sessions will be conducted in Rockville, MD, upon approval of the OMB package, around October 2016. One session will be conducted in English and one in Spanish.
- Two sessions will be conducted in Ft. Lauderdale/Tampa, FL on upon approval of the OMB package, around October 2016. One session will be conducted in English and one in Spanish.
- The participant recruitment will be based on the results of a screening questionnaire to be applied by the selected research market vendors. See attachment A (Screening Questionnaire).
- Focus groups will be conducted preferably after work hours, based on potential participant's availability.
- Through an ice-breaking activity, we will obtain information about participant understanding about the concept of recovery "recovery" and other terms often used in the field of behavioral health:
 - Behavioral Health
 - Mental health
 - Mental disorders

- o Alcohol/drug addiction
- o Alcohol/drug problems
- o Substance use disorders
- At the beginning of each session, the focus group’s moderator will confirm that all participants completed the release/consent form of use of the information, and that signed copies are in care of the recruitment officer.
- To gain participants and reduce recruiting time and cost, the recruiting firms will offer participant a \$50 gift card.

Frequency of Data Collection

SAMHSA/CSAT is seeking to conduct the proposed four focus groups only one time. Each focus group will be 120 minutes long (2 hours) and each respondent will be asked to provide feedback as part of the overall conversation. The moderator will ensure all participants have an equal amount of time to participate. At the end of the session participants will be asked to rank the concepts on two worksheets that moderator will gathered as part of the data.

Methods for Identifying Duplications

The information needed is specific to this program’s social marketing campaign and is not collected anywhere else.

D. Annualized Response Burden Estimate

Participant	Number of respondents	Responses per respondent	Total Number of Responses	Hours/response	Total hours	Hourly Wage	Total Hour Cost
Pre-screened Potential Participants	48	1	48	.08	3.84	0	0
Actual Focus Group Participants	40	1	40	2.0	80	\$35.00	\$2800.00
Total	40		88		83.84		\$2800.00

The estimated annualized cost to respondents for the proposed data collection activities is \$2,800.00. For the purposes of estimating annual cost, it is assumed that the participants will participate once. The average burden was estimated based on independent review of the focus groups by the contractor and Federal staff.

Estimates of Annualized Cost to the Government

The estimate annualized cost to the government for the proposed data collection activities is \$14,033 and includes the cost to the contract as well as the GPO cost.

Position	Percent FTE	Annual Hours	Rate	Total Annual Cost
CMSAT GPO		40	\$59.40/hr	\$2,376
Contractor(s) - NOPEEI Contract		n/a	n/a	\$9,817
Totals	<i>varies</i>	<i>varies</i>	<i>varies</i>	\$12,193

E. Methods used to develop the questions

Questions similar to those in the moderator’s guide have been asked to participants from focus groups conducted in previous years. The terms used for the ice-breaker are similar to terms used in focus groups conducted in previous years for the same purpose.

F. Consultants within SAMHSA/ CSAT and outside the Agency

The common measures submitted here for OMB approval are the result of lengthy consultation and discussion among SAMHSA/CSAT personnel, and contract representatives. The final selection of these measures was made by SAMHSA/CSAT senior officials.

Project Officer

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List of Attachments:

- Attachment A: Screening questionnaire for potential participants
- Attachment B: Focus group moderator’s guide and ice-breaker
- Attachment C: Consent Form