# SAMHSA Disaster Technical Assistance Center
# Disaster Behavioral Health Needs Assessment and Customer Satisfaction Survey Supporting Statement

## A. Justification

### A1. Circumstances of Data Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval for a revision to the data collection associated with the SAMHSA Disaster Technical Assistance Center (DTAC) Disaster Mental Health Needs Assessment and Customer Satisfaction Survey (OMB No. 0930-0325), which expires on June 30, 2014. These activities include the administration of the following four instruments:

- ***Disaster Behavioral Health Needs Assessment Survey—State/Territory Version***
- ***Disaster Behavioral Health Needs Assessment Survey—Local Provider Version***
- ***Disaster Behavioral Health Needs Assessment Follow-Up Interview Guide***
- ***SAMHSA DTAC Customer Satisfaction Survey***

The instruments are designed to allow the agency to collect ongoing data regarding the disaster behavioral health needs at the national level and areas that require enhanced training and technical assistance (TA) services, as well as feedback on the overall effectiveness of the services provided by SAMHSA DTAC. Data from this effort will be used to improve services to jurisdictions, which will lead to: (1) better integration of DBH needs with all-hazards disaster preparedness and response and (2) improved outcomes at the state, territory, tribe, and local levels.

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. Presidential Policy Directive / PPD-8: National Preparedness indicates that the national preparedness system shall include a series of integrated national planning frameworks built around basic plans that support the all-hazards approach to preparedness. Additionally, the Health and Human Services (HHS) Disaster Behavioral Health Concept of Operations (CONOPS) emphasizes the Office of Assistant Secretary for Preparedness and Response's (ASPR) focus on incorporating behavioral health into plans and policies. SAMHSA is the agency responsible for preparing states, territories, tribes, and local entities to meet behavioral health needs during recovery from disasters. Within SAMHSA, the Center for Mental Health Services (CMHS) leads assistance to states, territories, tribes, and local communities with 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 human caused disasters such as transportation accidents and bioterrorism incidents.

To better serve jurisdictions, SAMHSA created SAMHSA DTAC in 2002. SAMHSA DTAC provides training and TA to states, territories, and federally recognized tribes in response to, and in preparation for, behavioral health (mental health and substance abuse) needs associated with catastrophic events and emergencies, such as natural disasters and human caused

disasters such as bioterrorism, mass criminal victimization, and environmental disasters. Following the 2001 terrorist attacks on the World Trade Center and the subsequent anthrax attacks the need for comprehensive all-hazards plans that include crisis counseling services became more pertinent than ever to state, territory, and local mental health and substance abuse agencies. Since that time, the science behind crisis counseling has grown tremendously, and natural disasters such as Superstorm Sandy (177 fatalities) and the Moore, Oklahoma tornado (24 fatalities) have re-emphasized the need for disaster plans that can be adapted to respond to both human-caused and natural disasters. States, territories, and federally recognized tribes 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. In the aftermath of a disaster or other traumatic event, state, territory, tribal, and local behavioral health (mental health and substance abuse) agencies may contact SAMHSA DTAC for training or technical assistance to address the resulting needs. TA specialists respond by identifying suitable publications and other materials, arranging for the deployment of expert consultants if possible, or coordinating other support services. SAMHSA DTAC also provides online resources and training materials on a variety of disaster behavioral health topics about preparedness, response, and recovery.

In addition to supporting state, territorial, and tribal planning and response efforts, SAMHSA and SAMHSA 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, territories, and federally recognized tribes. 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 TA and consultation, training for state, territory, tribal, and local behavioral health personnel, grant administration, and program oversight for the CCP. SAMHSA DTAC 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.

Beginning in 2010, SAMHSA DTAC began collecting data using the Disaster Behavioral Health Needs Assessment Surveys and the DTAC Customer Satisfaction Survey. The results from these surveys have assisted SAMHSA DTAC in better supporting current needs and challenges in the disaster behavioral health field. They have provided SAMHSA DTAC with ongoing feedback on the training and resource materials produced, the effectiveness of the various methods through which SAMHSA DTAC staff engage with individuals in the field, and the need for materials and TA covering emerging crisis counseling topics. The proposed data collection activities will continue previously Office of Management and Budget (OMB) cleared (approved) efforts to conduct needs assessments and monitor customer satisfaction. The changes for which SAMHSA DTAC is seeking OMB clearance involve updates to the **Disaster Behavioral Health Needs Assessment Survey—State/Territory Version, Disaster Behavioral Health Needs Assessment Survey—Local Provider Version, SAMHSA DTAC Customer Satisfaction Survey,** and the addition of the **Disaster Behavioral Health Needs Assessment Follow-Up Interview Guide**. These changes are designed to further enhance their usefulness and ensure the continued utility of these efforts. Updates to the survey administration methodology to reduce respondent burden are also requested. SAMHSA DTAC will continue to be responsible for administering the data collection instruments and analyzing the data collected from the instruments. SAMHSA DTAC will use data from the instruments to inform current and future training and TA activities.

The overall goal of this data collection effort is to inform SAMHSA's second and seventh strategic initiatives: *Trauma and Justice,* and *Data, Outcomes, and Quality*. The effort specifically addresses Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities; and Goal 7.4: Improve the quality and accessibility of surveillance, outcome and performance, and evaluation information for staff, stakeholders, funders, and policymakers.

SAMHSA is requesting OMB review and approval of four data collection instruments. Table 1 provides an overview of the name of the instrument, the attachment reference, and the data collection method.

**Table 1. Data Collection Instruments**

| Instrument | Attachment | Data Collection Method |
|---|---|---|
| Disaster Behavioral Health Needs Assessment Survey—State/Territory Version | Attachment A1 | Web |
| Disaster Behavioral Health Needs Assessment Survey—Local Provider Version | Attachment A2 | Web |
| Disaster Behavioral Health Needs Assessment Follow-Up Interview Guide | Attachment A3 | Telephone |
| SAMHSA DTAC Customer Satisfaction Survey | Attachment B1 | Multi-Mode (Telephone and Web) |

## A2. Purpose and Use of the Information Collected

The data to be collected will provide SAMHSA DTAC with comprehensive feedback on the services it provides. The proposed data collection will provide feedback on how to maximize the usefulness of SAMHSA DTAC's services as well as identify needs at the national level and areas that require enhanced training and TA services. The ever changing needs of the disaster behavioral health field require continual feedback to ensure SAMHSA DTAC provides training and TA that addresses current needs.

***Disaster Behavior Health Needs Assessment Surveys (NAS)***. The **NAS** will assist SAMHSA DTAC in identifying the current 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 or develop and maintain their existing DBH plan. The **NAS** will provide useful data on the importance of performing DBH activities and the need for support from SAMSHA DTAC. The surveys will also gather data on preferred methods of providing that support.

There are two versions of the NAS: the **Disaster Behavioral Health Needs Assessment Survey—State/Territory Version** (Attachment A1) and the **Disaster Behavioral Health Needs Assessment Survey—Local Provider Version** (Attachment A2). These **NAS** instruments are designed to collect information on disaster behavioral health (DBH) preparedness and response. SAMHSA will use this information to inform the development and formats of the types of support (e.g., training, technical assistance) provided by SAMHSA DTAC.

The **Disaster Behavioral Health Needs Assessment Survey—State/Territory Version** will collect information on the following:

- Familiarity with SAMHSA DTAC training and technical assistance
- Importance of, and need for training and TA related to, various DBH preparedness, response, and collaboration activities
- Usefulness of various methods for delivering training and TA
- Backgrounds and experiences of state and territory coordinator participants

The **Disaster Behavioral Health Needs Assessment Survey—Local Provider Version** will collect information on the following:

- Familiarity with SAMHSA DTAC training and technical assistance
- Importance of, and need for training and TA related to, various DBH preparedness, response, and collaboration activities
- Current collaboration with state and territory DBH programs
- Usefulness of various methods for delivering training and TA
- Backgrounds and experiences of local provider participants

***Disaster Behavioral Health Needs Assessment Follow-Up Interviews (NAFI)***. The **NAFI** will allow SAMHSA DTAC to gain a more nuanced understanding of the needs identified in the **NAS**. SAMHSA DTAC will use the **NAFI** to delve deeper into current DBH needs and specific findings from the **NAS** to collect indepth information useful for expanding and further enhancing the training and TA provided by SAMHSA DTAC, including tailoring resources to specific needs, providing resources in the most useful formats, and creating new resources to fill any gaps. The **Disaster Behavioral Health Needs Assessment Follow-Up Interview Guide** will collect information on the following:

- Familiarity with SAMHSA DTAC
- Backgrounds and experiences of state and territory coordinator and local provider participants;
- General DBH-related needs
- Additional feedback related to specific needs identified in the NAS

***SAMHSA DTAC Customer Satisfaction Survey (CSS)***. The **CSS** (Attachment B1) will gather data from SAMHSA DTAC customers to ensure that the assistance SAMHSA DTAC provides is up-to-date, applicable, useful, and well received. The **CSS** will collect the experiences and perspectives of: (1) those who have requested TA and/or training (e.g., behavioral health coordinators, project coordinators, local providers) and (2) those who subscribe to SAMHSA DTAC's e-communications. The **SAMHSA DTAC Customer Satisfaction Survey** will collect information on the following:

- Familiarity with and use of SAMHSA DTAC services and resources
- Satisfaction with SAMHSA DTAC TA, the SAMHSA DTAC website, SAMHSA Disaster Behavioral Health Information Series (DBHIS) resources, SAMHSA DTAC web-based training, SAMHSA DTAC social media outlets, and SAMHSA DTAC e-communication resources
- Recommendations for enhancement of SAMHSA DTAC services and resources
- Participant background and demographics

**Changes**

The proposed revisions to the previously approved request include changes to the **NAS** and **CSS** instruments and administration procedures, as well as the addition of the **NAFI** instrument.

Changes to the **NAS** and **CSS** instruments are designed to bring the instruments in line with changes in SAMHSA DTAC activities and training and TA offerings, update the **NAS** content to reflect information learned during the previous administration, and reduce respondent burden. Specific changes to the instruments include:

- Altering questions and response options to better align with current SAMHSA DTAC activities and training and TA offerings
- Adding questions and response options to address current SAMHSA DTAC activities and training and TA offerings
- Eliminating questions that are unnecessary or no longer relevant
- Collapsing questions and response options to ease respondent burden
- Adding questions and response options to address DBH needs identified through previous administrations of the **NAS**
- Adding questions to the **CSS** to better assess the background and demographics of the participants

In addition to changing the instruments, the proposed revisions to the previously approved request include changes to the administration procedures. Specific changes include:

- Administering the **NAS** every two years, as opposed to annually, to reduce respondent burden and ensure high response rates
- Collecting local provider contact information from all state and territory coordinators
- Administering the **CSS** twice annually, as opposed to quarterly
- Changing the **CSS** methodology, including randomizing the order of presentation of multi-part questions and adjusting the satisfaction scale used, to better conform with current survey research practices and obtain the most accurate and useful data, and administer the **CSS** as a multi-mode survey (phone and web), instead of web only.

## A3. Use of Information Technology

Through the use of technology, SAMHSA DTAC has made every effort to limit the burden on individual respondents. The **NAS** instruments will be administered via the web, the **CSS** will be administered by both web and telephone, and the **NAFI** instrument will be administered by telephone.

***Web-based Data Collection and Management***

The web-based surveys 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. Web-based administration allows for the use of sophisticated branching so that each respondent will be presented with only those questions relevant to his or her experiences with SAMHSA DTAC; irrelevant questions will be masked 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.

Data for the web-based administrations will be electronically gathered through the Internet. The electronic data will be stored on our secure server in a password protected folder. Upon

exportation of the data, all data files that contain personally identifiable information (PII), sensitive information (SI), or both, will be maintained in password-protected folders. In addition, all survey sample lists will be maintained in password-protected folders. Only authorized staff will be given access to the files.

***Telephone-based Data Collection and Management***

Data collected by telephone will be recorded for note taking purposes only, if participants permit the interviewers to do so. Electronic recordings will be stored in a password-protected folder and destroyed at the conclusion of the study. Data from the **CSS** will be electronically gathered through telephone surveying software, and the electronic data will be stored in a password-protected folder. Data from the **NAFI** will be recorded in electronic Word documents, which will also be stored in a password-protected folder. Participants will be recruited by email or phone, depending on available contact information. Contact information will be maintained in password-protected folders. Only authorized staff will be given access to the files.

## A4. Efforts to Identify Duplication

The information will be collected only for the purposes of this program and is not available elsewhere.

## A5. Impact on Small Business

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

## A6. Consequences of Collecting the Data Less Frequently

The current request represents ongoing data collection that is used by SAMHSA to assess development and delivery of SAMHSA DTAC training and TA to meet the needs of disaster behavioral health professionals and others who request SAMHSA DTAC services. The constantly evolving nature of the DBH field necessitates the continual administration of these survey instruments—a one-time data collection is not sufficient for SAMHSA DTAC to identify the current needs and ongoing satisfaction with its services.

## A7. Consistency with the Guidelines of 5 CFR 1320.5(d)(2)

The data collection fully complies with 5 CFR 1320.5(d)(2).

## A8. Consultation Outside the Agency

### a. Federal Register Notice

SAMHSA published a 60-day notice in the Federal Register on January 14, 2014 (FRN 79-2463), soliciting public comment on this data collection. SAMHSA received no comments on the planned data collection.

**b. Consultation Outside the Agency**

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

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In addition, three state DBH coordinators and three local DBH providers were interviewed, for less than a half hour, regarding the importance of various activities while working in their roles and possible areas where additional training and TA is needed. Information obtained during these interviews was used in revising the **NAS** instruments.

## A9. Payment or Gifts to Respondents

No payments or gifts will be offered or provided to respondents.

## A10. Assurance of Confidentiality

*NOTE:* **We are currently undergoing SAMHSA/HHS review for Privacy Act Impact with SAMHSA's Privacy Officer. We have completed the Privacy Impact Assessment Form and are awaiting offical notification for approval. We will include documentation of certificate/insurance of privacy upon approval and prior to submission to OMB.**

Before conducting any data collection, SAMHSA will obtain Institutional Review Board (IRB) approval, and then obtain informed consent to participate in data collection from potential

respondents. Web-based data collection will be utilized for the two **NAS** instruments and the **CSS**. Each respondent will be sent a personalized link to the survey to facilitate reminder emails; however survey sample lists and survey responses will be stored in separate password-protected folders. Descriptive information will be collected from respondents, but no identifying information will be entered or stored into the web-based data repository. Telephone-based data collection will be used for the **NAFI** and the **CSS**. Specific procedures to protect the privacy of respondents are described below for each data collection activity.

***Disaster Behavioral Health Needs Assessment Survey—State/Territory Version***. The **NAS —State/Territory Version** is web based to facilitate data entry and management. Informed consent will be established through the web survey, with participants providing consent to participate prior to beginning the survey. Data files that contain PII, 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 or territory names (e.g., Maryland, Ohio) will be shared only with current SAMHSA employees, FEMA employees, and other stakeholders who have been approved by the SAMHSA DTAC Project Officer. Any survey data or reported results shared outside of SAMHSA will be aggregated at the national level.

***Disaster Behavioral Health Needs Assessment Survey—Local Provider Version***. The **NAS —Local Provider Version** is web-based to facilitate data entry and management. Data files that contain PII, 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 or territory names (e.g., Maryland, Ohio) will be shared only with current SAMHSA employees who have been approved by the SAMHSA DTAC Project Officer. Any survey data or reported results shared outside of SAMHSA will be aggregated at the national level.

***Disaster Behavioral Health Needs Assessment Follow-Up Interviews***. The **NAFI** data collection is telephone-based. Sample lists with participant contact information used to schedule the interviews will be maintained in password-protected folders. Participants will be asked to provide permission to record the interviews for note taking purposes only; recordings will only be collected if participants provide permission to do so and destroyed at the conclusion of the study. Recordings obtained during the telephone interviews that contain PII, 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 interview data or reported in the results. Interview data or reported results that are linked to specific state or territory names (e.g., Maryland, Ohio) will be shared only with current SAMHSA employees who have been approved by the SAMHSA

DTAC Project Officer. Any interview data or reported results shared outside of SAMHSA will be aggregated at the national level.

***Customer Satisfaction Survey***. The **CSS** is web and telephone based. Sample lists used to contact survey participants will be maintained in password-protected folders separate from those containing survey responses. Participants will be informed that telephone surveys may be monitored or recorded at the outset of the survey. Recordings obtained during telephone-based administrations of the survey will be housed in separate password-protected folders. 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 that are approved by SAMHSA to be shared outside of SAMHSA will be aggregated at the regional or national level.

## A11. Questions of a Sensitive Nature

No information of a sensitive nature is being collected.

## A12. Estimates of Annualized Burdens and Costs

Table 2 shows the estimated burden associated with the five data collection activities and the associated costs. The **NAS—State/Territory Version**, **NAS—Local Provider Version**, **NAFI** (separately for state and territory coordinators and for local providers) will be administered once during the first year of clearance, with a subsequent administration in the third year of clearance. The **CSS** will be administered twice each year.

The costs for the **NAS—State/Territory Version** and the **NAFI** (state and territory coordinators) were calculated based on the average salaries of 12 state DBH coordinators across the U.S. and taken from publicly available sources. Local provider salary estimates for the **NAS—Local Provider Version** and **the NAFI** (local providers) were calculated in the same manner.

The hourly wage rates for the **CSS** were calculated in the same manner but with a broader sample that included different job categories to reflect the varying job positions held by TA recipients and potential respondents.

Hours per response per respondent are based on pilot testing with SAMHSA DTAC and ICF International staff members.

**Table 2. 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 ($)[1] | Total Cost ($) |
|---|---|---|---|---|---|---|---|---|
| **Disaster Behavioral Health Needs Assessment Survey (study years one and three only)** | | | | | | | | |
| State or Territory DBH Coordinator | NAS (State/Territory Version) | 77 | 1 | 77 | 0.50 | 38.50 | $34.15 | $1,314.78 |
| Local Provider | NAS (Local Provider Version) | 150 | 1 | 150 | 0.50 | 75.00 | $24.95 | $1,871.25 |
| **Disaster Behavioral Health Needs Assessment Follow-Up Interviews (study years one and three only)** | | | | | | | | |
| State or Territory DBH Coordinator | NAFI | 25 | 1 | 25 | 0.75 | 18.75 | $34.15 | $640.31 |
| Local Provider | NAFI | 25 | 1 | 25 | 0.75 | 18.75 | $24.95 | $467.81 |
| **Customer Satisfaction Survey** | | | | | | | | |
| TA Requestor or e-communications recipient | DTAC Customer Satisfaction Survey | 300 | 1 | 300 | 0.25 | 75.00 | $35.00 | $2,625.00 |
| **Total** | | **577** | | **577** | | **226.00** | | **$6,919.15** |

[1]Wage 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

## A13. 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.

## A14. 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. Table 3 shows the associated government costs for the **SAMHSA Disaster Technical Assistance Center Disaster Mental Health Needs Assessment and Customer Satisfaction Survey—Revision**.

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.

**Table 3. Annualized Estimate of Government Costs**

| | Total Cost |
|---|---|
| **Government Oversight** | **$24,000** |
| **Contract Costs for Survey Development and Maintenance, Data Collection, Analysis, and Report Writing** | **$160,000** |
| **Annual Total** | **$184,000** |

Total annual costs, including respondent burden and government costs, are estimated at $184,000.

## A15. Changes in Burden

Currently, there are 252 respondent burden hours in the OMB inventory for data collection associated with the 0930-0325 clearance request. SAMHSA is requesting 226 hours. This represents a 26 hour decrease in total burden due to revisions in instruments described in Section A2 above.

## A16. Time Schedule, Publication, Analysis Plans

### a. Time Schedule

The **NAS** and the **CSS** will follow the same time schedule, which is summarized in Table 4. A 3-year clearance is requested for this project.

**Table 4. Time Schedule**

| Task | Date |
|---|---|
| Obtain OMB Approval | Winter 2013 |
| Data Collection | Spring 2014 through Spring 2016 |
| Data Analysis | Ongoing |
| Annual Reporting | Ongoing |

### b. Publication Plans

The SAMHSA plans to submit manuscripts for publishing in professional journals and presenting at national conferences. Presentations based on the current approval have been presented at annual conferences for the American Association for Public Opinion Research (AAPOR), the American Psychological Association (APA), the American Evaluation Association (AEA), and the American Public Health Association (APHA). Presentation submissions have also been accepted for the upcoming annual conferences for the American Evaluation Association (AEA) and the Federal Committee on Statistical Methodology (FCSM). 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 and territory programs and coordinators.

### c. Analysis Plans

***Disaster Behavioral Health Needs Assessment Survey—State/Territory Version***. 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. The data will be cross-tabulated to assess potential differences among state/territory coordinators who are responsible for only mental health, those who are responsible for only substance abuse, and those who are responsible for both. Descriptive analyses will be conducted for the items that address importance and need ratings, method ratings, and demographic multiple choice items. If necessary, multivariate analysis may be used to examine the amount of variance accounted for in DBH task importance and need for training and TA by factors such as 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.

The **NAS—State/Territory Version** has open-ended items (i.e., free-text response items). These items ask participants to indicate any training topics, non-in-person methods of training and TA, 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 survey team will analyze the frequency and consistency of each theme.

***Disaster Behavioral Health Needs Assessment Survey—Local Provider Version***. 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. Descriptive analysis will be conducted for items that address importance and need ratings, method ratings, and demographic multiple choice items. If necessary, multivariate analysis may be used to examine the amount of variance accounted for in DBH task importance and need for training and TA by factors such as 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.

The **NAS—Local Provider Version** has open-ended items (i.e., free-text response items). These items ask participants to indicate any training topics, non-in-person methods of training and TA, 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 survey team will analyze the frequency and consistency of each theme.

***Disaster Behavioral Health Needs Assessment Follow-Up Interviews*.** The **NAFI** guide consists exclusively of open-ended items. These items will be analyzed for major themes. The themes will be summarized, and the team will analyze the frequency and consistency of each theme. Analysis results will be presented in the study report using text-based explanations and selected interview quotations as well as easy-to-read tables, graphs, and charts when applicable.

***SAMHSA DTAC Customer Satisfaction Survey***. The **CSS** data will be analyzed beginning with exploratory and descriptive analyses, including frequencies and cross-tabulations. 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 by analyzing the responses for major themes. Analysis results will be presented in the study report using easy-to-read tables, graphs, and charts with explanatory text as appropriate.

## A17. Display of Expiration Date

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

## A18. Exceptions to the Certification Statement

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