

## Intro and Landing Page

### ***The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) Customer Satisfaction Survey***

Please read the information below. If you are willing to take this short survey, please click on the “I agree” button below in order to begin the survey.

*(Insert “I agree” button here)*

SAMHSA DTAC was established by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Federal Government. SAMHSA DTAC supports SAMHSA’s efforts to prepare states, territories, and local entities to deliver effective behavioral health (mental health and substance abuse) responses to disasters.

The purpose of this survey is to assess your satisfaction with SAMHSA DTAC to ensure high quality customer service and improve future services. This survey takes about 15 minutes to complete. We are asking you to complete this survey because you have either requested technical assistance from SAMHSA DTAC in the past or you are subscribed to one of SAMHSA DTAC’s e-communications (*The Bulletin* or *The Dialogue*). The survey asks questions about your experiences and satisfaction with SAMHSA DTAC technical assistance, the SAMHSA DTAC website, and SAMHSA DTAC e-communications.

Participation in this survey is completely voluntary. You can decide whether or not to take the survey and which questions to answer. If you choose to participate, any information you provide will be treated as confidential, and we will report information at only an aggregate level.

If you have any technical difficulties or questions about the survey, please call the survey helpline toll-free at 1-866-657-2798 or send an e-mail to [DTACSurvey@icfi.com](mailto:DTACSurvey@icfi.com).

For any questions about SAMHSA’s research on this topic, please contact Nikki Bellamy, Ph.D., SAMHSA DTAC Project Officer, by telephone at 240-276-2418 or by e-mail at [nikki.bellamy@samhsa.hhs.gov](mailto:nikki.bellamy@samhsa.hhs.gov).

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Expiration Date: xx/xx/20xx

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 xxxx-xxxx and the expiration date is xx/xx/20xx. 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.

**Familiarity and Experience with SAMHSA DTAC**

1. Before hearing about this survey, were you aware that SAMHSA DTAC provides . . . ?  
(yes or no)
  - a. Answers to questions regarding disaster behavioral health (including mental health and substance abuse) *preparedness* issues
  - b. Answers to questions regarding disaster behavioral health (including mental health and substance abuse) *response* issues
  - c. Information about the Crisis Counseling Program (CCP) application process
  - d. Assistance finding mental health and substance abuse peers and experts in the disaster behavioral health field
  - e. The SAMHSA DTAC resource collection (*in smaller font below item text: a library of over 3,000 tip sheets, publications, studies, and articles created by federal agencies, grantees, nongovernmental organizations, and academia*)
  - f. Free onsite consultation
  - g. The SAMHSA Disaster Behavioral Health Information Series ([DBHIS](#)) (*in smaller font below item text: contains free downloadable tip sheets, articles, and toolkits pertinent to disaster behavioral health, and targets specific populations, specific types of disaster, and other topics related to all-hazards disaster behavioral health preparedness and response*)
  - h. The SAMHSA DTAC [website](#)
  - i. Webinars, podcasts, and web-based training

2. In the PAST YEAR, approximately how many times have you . . . ? (Your best estimate is fine.) (*None; 1–2 times; 3–5 times; 6–10 times; 11–20 times; More than 20 times*)
  - a. Contacted SAMHSA DTAC with questions regarding disaster behavioral health *preparedness* issues
  - b. Contacted SAMHSA DTAC with questions regarding disaster behavioral health *response* issues
  - c. Contacted SAMHSA DTAC for information about disaster behavioral health funding mechanisms (e.g., CCP)
  - d. Contacted SAMHSA DTAC to find mental health and substance abuse peers and experts in the disaster behavioral health field
  - e. Contacted SAMHSA DTAC to request free onsite consultation
  - f. Contacted SAMHSA DTAC regarding training
  - g. Contacted SAMHSA DTAC to request other technical assistance (please specify)
  - h. Participated in or accessed a SAMHSA DTAC webinar, podcast, or web-based training
  - i. Visited the SAMHSA DTAC website to access the SAMHSA DBHIS
  - j. Visited the SAMHSA DTAC website for reasons other than to access the SAMHSA DBHIS (please specify)
3. How did you *first* hear of SAMHSA DTAC? (allow only one response)
  - a. Through an online search
  - b. Through a colleague
  - c. At a conference (e.g., mentioned in a presentation, exhibit booth)
  - d. Other (please specify)
4. In the PAST YEAR, how satisfied have you been with your experiences with SAMHSA DTAC?
  - a. Not at all satisfied
  - b. Somewhat satisfied
  - c. Satisfied
  - d. Very satisfied
  - e. Completely satisfied

**SAMHSA DTAC Training and Technical Assistance**

5. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] When you most recently contacted SAMHSA DTAC for training or technical assistance, how did you contact SAMHSA DTAC with your initial request? (allow only one response)
  - a. Called the SAMHSA DTAC toll-free number or a SAMHSA DTAC staff person directly
  - b. E-mailed SAMHSA DTAC to their general e-mail address or directly to a SAMHSA DTAC staff person
  - c. Spoke in person with a SAMHSA DTAC staff member (e.g., at a training)
  - d. Sent a fax to SAMHSA DTAC
  - e. Sent postal mail to SAMHSA DTAC
  - f. Other (please specify)
  
6. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] When did you MOST RECENTLY contact SAMHSA DTAC for training or technical assistance? (allow only one response)
  - a. Within the past month
  - b. 1–3 months ago
  - c. 4–6 months ago
  - d. 7–9 months ago
  - e. 10–12 months ago

7. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] When you *most recently* contacted SAMHSA DTAC for training or technical assistance, did you contact them . . . ? (yes or no)
- a. With questions regarding disaster behavioral health preparedness
  - b. With questions regarding disaster behavioral health response
  - c. For information about the CCP application process
  - d. To find mental health and substance abuse peers and experts in the disaster behavioral health field
  - e. To request an onsite consultation
  - f. To request other training and technical assistance (if yes, please specify)
8. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times].What information or resources did you receive from SAMHSA DTAC as a result of your most recent request? (yes or no – randomize the order of items a to f, g always presented last)
- a. An answer or basic information related to a question that you had
  - b. A compilation of research or information to help understand a complex issue
  - c. Hardcopy materials (e.g., SAMHSA disaster behavioral health publications)
  - d. Electronic resources (e.g., reports, disaster response outreach materials, federal disaster behavioral health guidance documents, grant-related materials)
  - e. Contact information for a mental health or substance abuse peer or expert in the disaster behavioral health field
  - f. Recommendations or assistance for onsite consultation (e.g., trainer, speaker, grant consultation)
  - g. Other information or resource(s) (please specify)

9. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] Considering your MOST RECENT request for training or technical assistance from SAMHSA DTAC, to what extent were you provided the information or support you needed? Were you provided...
- a. None of the information or support you needed
  - b. Some of the information or support you needed
  - c. Most of the information or support you needed
  - d. All of the information or support you needed
10. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times AND 9 = a, b, or c] In what ways did SAMHSA DTAC not provide you with the information or support you needed when you most recently contacted SAMHSA DTAC for training or technical assistance? *(text box for open-ended response)*
11. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] Considering your MOST RECENT request for training or technical assistance from SAMHSA DTAC, how satisfied were you with the following?
- (Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomize the order of items a to e always grouping d and e; f always presented last)*
- a. Friendliness of SAMHSA DTAC staff
  - b. Timeliness of initial response to your request
  - c. Timeliness of providing the information or support you requested
  - d. Accuracy of the information you received *(add “N/A, did not receive information” option)*
  - e. Relevance of the information you received *(add “N/A, did not receive information” option)*
  - f. Overall quality of training or technical assistance SAMHSA DTAC provided to you
12. [IF 2a, 2b, 2c, 2d, 2e, 2f, or 2g = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times] Please use the space below to share your thoughts and suggestions regarding SAMHSA DTAC’s technical assistance customer service. *(text box for open-ended response)*

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

13. [If 1g=yes, 1h=yes, or 1i=yes] Which of the following types of Internet connections do you use most regularly when you visit the SAMHSA DTAC website?

- a. Wired high speed (e.g., cable, DSL)
- b. Wireless
- c. Mobile 3G
- d. Mobile 4G or 4G LTE
- e. Dial-up
- f. Satellite
- g. Broadband over power or telecommunication lines
- h. Other connection (please specify)

14. [If 1g=yes, 1h=yes, or 1i=yes] How many times in the PAST 12 MONTHS have you visited the SAMHSA DTAC [website](#)?

- a. None
- b. 1 time
- c. 2–5 times
- d. 6–10 times
- e. More than 10 times

15. [IF 14 = b, c, d, or e] Considering your visit(s) to the SAMHSA DTAC website over the PAST YEAR, how satisfied were you with the following?

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomize the order of items a to e, f always presented last)*

- a. Ease of navigating through the website
- b. Usefulness of information on the website
- c. Ability to easily find what you need on the website
- d. How quickly the webpages load
- e. The website search function *(add not applicable option)*
- f. Overall quality of the website

16. [IF 14 = b, c, d, or e] When you visited the SAMHSA DTAC website this past year, did you access any of the following SAMHSA [DBHIS](#) installments or toolkits? (yes or no – randomize the order of items a to o, p and q always presented last and in that order)
- a. Acute Interventions installment
  - b. Animals and Disasters installment
  - c. Children and Youth installment
  - d. Disaster Responders installment
  - e. Disaster Response Template Toolkit
  - f. Disaster-Specific Resources installment
  - g. Faith-Based Communities and Spiritual Leaders installment
  - h. Immediate Disaster Response: Drought installment
  - i. Immediate Disaster Response: Hurricane Sandy installment
  - j. Immediate Disaster Response: Tornadoes installment
  - k. Languages Other Than English installment
  - l. Military Personnel and Their Families installment
  - m. Older Adults installment
  - n. Pandemic Influenza installment
  - o. Persons with Disabilities and Other Access and Functional Needs installment
  - p. Resilience and Stress Management installment
  - q. Rural Populations installment
  - r. Substance Use Disorders installment
  - s. Tribal Organizations installment
  - t. Other DBHIS installment or toolkit (please specify)
  - u. I have not accessed a DBHIS installment or toolkit



17. [IF 16a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, or u = yes] You indicated that you have accessed a DBHIS installment or toolkit from the SAMHSA DTAC website. Please rate your level of satisfaction with the following as they relate to the materials you accessed: *(randomize the order of items a to e, f always presented last)*

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomly rotate the order of these items)*

- a. Ease of finding the DBHIS installment or toolkit you needed on the SAMHSA DTAC website
- b. Ability to view or download the materials (e.g., download time, file format)
- c. Quality of the information contained in the materials
- d. Usefulness of the information contained in the materials
- e. Organization of the materials
- f. Overall satisfaction with the DBHIS installments and toolkits you accessed on the SAMHSA DTAC website

18. [IF 14 = b, c, d, or e] Please use the space below to share your opinions about the SAMHSA DTAC website and the SAMHSA DBHIS resources available on the website, including suggestions for improvement. *(text box for open-ended response)*

**SAMHSA DTAC Webinars, Podcasts, and Web-based Training** [ASK IF 2h = 1–2 times, 3–5 times, 6–10 times, 11–20 times, or More than 20 times; if 2h = none, SKIP TO Q23.]

19. In the PAST YEAR, have you accessed

*(yes or no)*

- a. A SAMHSA DTAC live webinar (you participated during the actual live recording with the presenters)
- b. A SAMHSA DTAC podcast (previously recorded)
- c. A SAMHSA DTAC web-based training

20. Considering the MOST RECENT SAMHSA DTAC webinar, podcast, or web-based training that you accessed, how satisfied were you with...

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomly rotate the order of these items)*

- a. The relevance of the content to your job
- b. The length of time it took to view, listen to, or participate
- c. The use of visual aids in presenting the content (add “N/A, did not include visual aids” option)
- d. The selection of topics available
- e. The overall quality of the webinar, podcast, or web-based training

21. What other topics would you like to see in SAMHSA DTAC webinars, podcasts, or web-based training? *(text box)*

22. Is there any additional feedback you would like to share with SAMHSA DTAC regarding webinars, podcasts, or web-based training? *(text box)*

### **SAMHSA DTAC e-Communication Resources**

23. Have you read any of SAMHSA DTAC’s posts on social media outlets such as Twitter or Facebook? *(yes or no)*

24. [IF 23=yes] What did you think of the SAMHSA DTAC tweets or Facebook posts that you read? *(text box)*

25. Do you currently . . . ? *(yes or no – randomize order of these items, and if respondent answers yes to more than one item, base order of followup questions on the order presented in this question)*

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

26. [IF 25a = yes] You indicated that you subscribe to the *SAMHSA DTAC Bulletin*. Please rate your level of satisfaction with each of the following as it relates to your experiences with the SAMHSA [DTAC Bulletin](#):

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomly rotate the order of these items)*

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

27. [IF 25a = yes] You indicated that you subscribe to the *SAMHSA DTAC Bulletin*. SAMHSA DTAC also sends the *SAMHSA DTAC Supplemental Research Bulletin* twice per year to *SAMHSA DTAC Bulletin* subscribers. Please rate your level of satisfaction with each of the following as it relates to your experiences with the *SAMHSA DTAC Supplemental Research Bulletin*:

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomly rotate the order of these items)*

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

28. [IF 25b = yes] You indicated that you subscribe to *The Dialogue*. Please rate your level of satisfaction with each of the following as it relates to your experiences with [The Dialogue](#):

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomly rotate the order of these items)*

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

29. [IF 25c = yes] You indicated that you viewed, visited, or participated in the SAMHSA DTAC Discussion Board. Please rate your level of satisfaction with each of the following as it relates to your experiences with the SAMHSA DTAC [Discussion Board](#):

*(Not at all satisfied, Somewhat satisfied, Satisfied, Very satisfied, Completely satisfied – randomly rotate the order of these items)*

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

30. [IF 25a, b, or c = yes] Please use the space below to share what you think about SAMHSA DTAC's e-communication resources, including the *SAMHSA DTAC Bulletin*, *SAMHSA DTAC Supplemental Research Bulletin*, *The Dialogue*, and the SAMHSA DTAC Discussion Board. *(text box for open-ended response)*

## Demographics

31. For which type of organization do you primarily work? (allow only one response)

- a. Federal government
- b. State or territory government
- c. Local government
- d. Tribal government
- e. Nonprofit organization
- f. For-profit organization
- g. Academic organization
- h. Other type of organization (please specify)

32. Do you regularly work in the area of . . . ? (yes or no)

- a. Mental health
- b. Substance abuse
- c. Public health
- d. Emergency management
- e. Other (please specify)

33. Are you a . . . ? (yes or no)
- a. Direct service provider
  - b. Administrator
  - c. Other (please specify)
34. How long have you been working in the behavioral health field? (allow only one response)
- a. I do not work in the behavioral health field
  - b. Less than 1 year
  - c. 1–2 years
  - d. 3–5 years
  - e. 6–10 years
  - f. 11–15 years
  - g. 16–20 years
  - h. More than 20 years
35. To what extent have you been involved in disaster behavioral health **preparedness**?
- a. Very involved
  - b. Somewhat involved
  - c. Involved a little bit
  - d. Not involved at all
36. To what extent have you been involved in disaster behavioral health **response**?
- a. Very involved
  - b. Somewhat involved
  - c. Involved a little bit
  - d. Not involved at all

37. In which of the following FEMA regions do you primarily work? (allow only one response)

- a. Region I (CT, MA, ME, NH, RI, VT)
- b. Region II (NJ, NY, Puerto Rico, U.S. Virgin Islands)
- c. Region III (DC, DE, MD, PA, VA, WV)
- d. Region IV (AL, FL, GA, KY, MS, NC, SC, TN)
- e. Region V (IL, IN, MI, MN, OH, WI)
- f. Region VI (AR, LA, NM, OK, TX)
- g. Region VII (IA, KS, MO, NE)
- h. Region VIII (CO, MT, ND, SD, UT, WY)
- i. Region IX (AZ, CA, Guam HI, NV, CNMI, RMI, FSM, American Samoa)
- j. Region X (AK, ID, OR, WA)
- k. Other (please specify)

38. Do you primarily work in... (allow only one response)

- a. An urban area
- b. A suburban area
- c. A rural area

39. Which of the following do you *regularly* use for work purposes? (Please select all that apply.)

- a. Desktop computer
- b. Laptop computer
- c. Netbook computer
- d. Tablet (e.g., Kindle, iPad, Surface™)
- e. Smartphone (e.g., Android™, Blackberry®, iPhone)
- f. Other technology (specify)

40. What is the highest level of education that you have completed?

- a. Some high school
- b. High school diploma or GED
- c. Some college
- d. Associate's degree
- e. Bachelor's degree
- f. Graduate or professional degree (e.g., M.A., Ph.D., Psy.D., J.D., M.D.)

**Other Feedback**

41. Is there anything else you would like to share with us regarding your satisfaction with SAMHSA DTAC? If so, please share your thoughts in the space below. *(text box)*

**Submitted**

**Thank You Page**