

# **Survey of Current and Alumni SAMHSA Minority Fellowship Program Fellows**

## **Supporting Statement**

### **A. JUSTIFICATION**

#### **A1. Circumstances Making the Collection of Information Necessary**

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services (CMHS) is requesting approval from the Office of Management and Budget (OMB) for the reinstatement of two data collection for the Minority Fellowship Program (MFP) - Current Fellows Survey and the Alumni Survey. This data collection was previously approved under OMB No. 0930-0304 which expired on September 30, 2012. Under this data collection request, approval is only sought for two of the original six instruments.

SAMHSA evaluation studies are authorized by Section 501 (d) (4) of the Public Health Service Act (42 USC 290aa).

#### **Background of the Minority Fellowship Program**

Since 1973 the federal government has supported a model health professions development initiative, the MFP. This program has increased, and continues to increase, the number, the capacity, and the leadership presence of minority individuals with doctoral degrees and other advanced certifications in mental health and substance use services, research, training, policy development, and program administration.

Funding for the MFP has been provided by the U.S. Department of Health and Human Services, initially from the National Institute of Mental Health (NIMH) and most recently from SAMHSA. The MFP, in turn, offers sustained grants to six national behavioral health professional associations: the American Association of Marriage and Family Therapy (AAMFT), the American Nurses Association (ANA), the American Psychiatric Association (ApA), the American Psychological Association (APA), the Council on Social Work Education (CSWE), and, as of August 2012, the National Board for Certified Counselors and Affiliates (NBCC). Additional associations, such as the International Certification and Reciprocity Consortium and the National Association for Alcoholism and Drug Abuse Counselors, are expected to join the program next year. Others may join in future years.

The associations, in turn, use the grants to provide a wide range of services for MFP Fellows. To date, more than 1,500 MFP Fellows have received financial assistance and other supports enabling them to complete doctoral degrees and other advanced certifications; to engage in postdoctoral behavioral health research and study; to secure career referrals and placement in clinical, academic, or program positions; to address community behavioral health needs; and to rise to positions of leadership and prominence in the following fields:

- Counseling/drug abuse counseling

- Marriage and family therapy
- Nursing
- Psychiatry
- Psychology
- Social work

From the beginning of the program, MFP administrators and Fellows have worked to create a core cadre of highly trained, skilled, and motivated minority professionals to expand and enrich the focus of behavioral health research and practice. Because of the initial grants from NIMH, as well as the continued support from SAMHSA and the professional association Grantees, the MFP has systematically developed and continues to sustain a strong network of extremely capable and dedicated minority behavioral health professionals. The MFP network is now well positioned to help recruit, train, and deploy an expanded, more informed, and culturally competent workforce that is needed to reach and help millions of minority individuals and families newly covered by healthcare reform and mental health parity laws.

### **Goals of the MFP**

The Minority Fellowship Program has goals in the following areas:

1. ***Minority Behavioral Health Leaders.*** To increase the number of African Americans, Hispanic Americans, Native Americans, Asian Americans, and other minority individuals who enroll in and complete doctoral and postdoctoral training programs in behavioral health and who pursue leadership careers in behavioral health service delivery, research, professional training, policy development, program administration, and community involvement.
2. ***Culturally Competent Care.*** To create and sustain a national network of minority behavioral health educators, researchers, service providers, and clinical program administrators with the cultural competence needed to reach, engage, and meet the needs of minority individuals in underserved communities.
3. ***Minority-Focused Research.*** To build a growing cadre of minority investigators and research administrators in behavioral health research and training institutions who help improve outcomes for minority persons by expanding the knowledge base concerning minority behavioral health, including minority mental health and substance use conditions and service needs, prevention and early detection strategies, and interventions.
4. ***Minority Participation in Policy Setting.*** To increase the presence and contribution of minority professionals to behavioral health policy-setting at the local, state, regional, national, and international levels.
5. ***Interdisciplinary Teamwork and Coordination.*** To utilize the network of behavioral health professional organizations that receive MFP grants to achieve common focus and interdisciplinary teamwork in all aspects of behavioral health policy development, research, education, program administration, and service for minority individuals and underserved communities.

6. ***A Strengthened Knowledge Base.*** To inform the scientific and clinical practice literature about mental illness and substance use disorder prevention, early detection, care, and recovery relevant to minority individuals and communities.

### **Assessing the Performance of the MFP**

To assess the performance of the MFP, SAMHSA is requesting Office of Management and Budget (OMB) approval for the conduct of a survey of current and Alumni MFP Fellows. This survey would gather information about current and Alumni MFP Fellows that will help SAMHSA meet its responsibilities under the Government Performance and Results Modernization Act for gathering, analyzing, and interpreting information about government-funded programs such as the MFP.

### **A2. Purpose and Use of Information**

The information gathered by these two surveys from current and Alumni MFP Fellows would be used by SAMHSA to gain insights into, and to document, impacts that the MFP has had and is having on current and former MFP Fellows, and contributions and impacts that the current and former Fellows are making in their work. Survey responses would be compiled, analyzed, and displayed in narrative, charts, and tables so the major findings about the impacts of the MFP can readily be understood. In this way, SAMHSA would be contributing to greater understanding about what the MFP is accomplishing. SAMHSA and the MFP Grantees and Fellows (both current and former) would also be able to draw on the results of the survey as a basis for making improvements in the administration of the MFP and, perhaps also, for making future changes to its design. The primary purpose of the data gathered from this survey, however, is to help SAMHSA continue to meet the Government Performance and Results Modernization Act of 2010 reporting requirements that quantify the performance and accomplishments of its programs, which are consistent with OMB guidance. SAMHSA also uses the information to report on the performance of its discretionary services grant programs.

The two survey instruments are to be administered to the following stakeholders in the MFP:

1. ***Current SAMHSA MFP Fellows*** currently receiving support during their doctoral-level training or psychiatric residency will be asked about their experiences in the MFP (from recruitment into the program through their participation in the various activities provided by the Grantees).
2. ***MFP Alumni*** who participated in the MFP during the time the program was administered by SAMHSA will be asked about their previous experiences as Fellows in the MFP and also about their subsequent involvement and leadership in their professions. (Attachments A and B contain both surveys.)

### **A3. Use of Information Technology**

The two online (Internet based) surveys (with the option for a hard copy mailed through the U.S. Postal Service) will be used. The Web-based survey will comply with the Section 508 Amendment of the Rehabilitation Act to permit accessibility to persons with disabilities. The

survey will be designed to ensure that it can be completed through multiple sessions/log-ins, which will allow the participants to accommodate the data-collection request in a way that is respectful of their schedules.

The contractor already has contact information for individuals who will be asked to participate in the survey. An email will be sent by the Grantee organizations of the former and current Fellows who will be invited to respond to the survey. The email will explain the purpose of the survey. Nonrespondents will receive a reminder email 3 weeks after the initial email.

The Web-based data entry and file transfer system uses industry-standard secure-socket-layer (SSL) data encryption; firewall protection against unauthorized access to data; Web access that requires use of a randomly generated passcode to protect the user's identity; and data files that include person-level information that are password protected with access restricted to those individuals who have a need to work on them using a secure decryption key. The data will be stored on a secure partition of a dedicated Windows-based server and as such will be strongly encrypted. Access to data on this server (from both inside and outside the data center) is username and password protected at a minimum.

#### **A4. Efforts to Identify Duplication**

No other data collection efforts are currently under way to gather this information in a consistent way from current and Alumni MFP Fellows who have received funding support from any of the MFP Grantees (and future Grantees). The MFP Grantees have in the past collected, in varying ways, some (but not all) of the information to be gathered in this survey, but not in a consistent fashion that would permit a uniform portrayal of MFP impacts in major domains of interest across all the disciplines. This survey has been designed with the cooperation and input of the MFP Grantees. The survey will enable SAMHSA to systematically portray the impacts of the MFP, through its efforts to recruit, retain, and support current and former MFP Fellows as they move through their careers and make substantial contributions to their disciplines, their communities, and minority behavioral health in general.

#### **A5. Involvement of Small Entities**

The information collected does not significantly involve small entities.

#### **A6. Consequences if Information Is Collected Less Frequently**

Each selected respondent is asked to respond one time only. Participation is voluntary. If participants were not included or information was not collected from those selected for this study, then the information collected could present a biased picture of the MFP.

#### **A7. Consistency With the Guidelines in 5 CFR 1320.5(d) (2)**

This information collection fully complies with 5 CFR 1320.5(d) (2).

#### **A8. Consultation Outside the Agency**

A Federal Register notice was published on June 2, 2014 (Vol. 79, page 31343). One public comment was received. See attachment D for the comment and SAMHSA's response.

All of the current SAMHSA MFP Grantees have reviewed and shared their comments on the Current and Alumni surveys.

### **A9. Payment to Respondents**

No payments or gifts are provided to respondents for their participation in this data collection.

### **A10. Assurance of Confidentiality**

SAMHSA has statutory authority to collect data under the Government Performance and Results Modernization Act (Public Law 1103(a), Title 31) and is subject to the Privacy Act for the protection of these data.

The consent form informs respondents that their information will be kept private and, further, that they are free to skip any question they do not wish to answer. None of the data to be collected are protected health information.

SAMHSA will follow policies and procedures to ensure the security and privacy of all data. No direct identifiers (e.g., name, address, telephone numbers) will be included in the data set. Moreover, privacy will be maintained by using a Web-based data entry and file transfer system that uses industry SSL data encryption; firewall protection against unauthorized access to data; Web access that requires use of assigned user names and passwords; data files that include person-level information that are password protected with access limited to only those individuals who have a need to work on them using a secure decryption key. The data will be stored on a secure partition of a dedicated Windows-based server and as such will be strongly encrypted. Access to data on this server (from both inside and outside the data center) is username and password protected.

The information from Grantees and all other potential respondents will be kept private through all points in the data collection and reporting process. All data will be closely safeguarded, and no institutional or individual identifiers will be used in reports. Only aggregated data will be reported. SAMHSA and its contractors will not receive identifiable client records. Provider-level information will be aggregated to, at the least, the level of the grant/cooperative agreement–funding announcement.

The surveys were reviewed and approved by contractor Development Services Group, Inc.’s Institutional Review Board (see Attachment C).

### **A11. Questions of a Sensitive Nature**

There are no questions of a sensitive nature.

### **A12. Estimates of Annualized Hour Burden**

The maximum yearly burden for the project is based on analysis of the amount and type of data requested, using previous experience with similar data gathering activities, and is presented in Table 1. Costs associated with the time of current Fellows (graduate students and psychiatric residents) are estimated at \$20.00 per hour. Given the variability in wages of former Fellows, \$50.00 per hour has been used for this group. Estimates of annualized cost to the respondents also appear in Table 1.

<b>Table 1. Estimates of Annualized Hour and Cost Burden to Respondents</b>							
<b>Survey Name</b>	<b>Number of Respondents</b>	<b>Responses per Respondent</b>	<b>Total Number of Responses</b>	<b>Hours per Response</b>	<b>Total Hours</b>	<b>Average Hourly Wage</b>	<b>Total Hour Estimate for Wages</b>
Current SAMHSA MFP Fellows Survey	128	1	128	0.33	42.24	\$20/hour for current Fellows.	\$844.80
SAMHSA MFP Alumni Survey	660	1	660	0.67	442.20	\$50/hour all others.	\$22,110.00
<b>Totals</b>	<b>788</b>	<b>–</b>	<b>788</b>	<b>–</b>	<b>484.44</b>	<b>–</b>	<b>\$22,954.80</b>

### **A13. Estimates of Annualized Cost Burden to Respondents**

There are neither capital nor startup costs, nor are there any operation and maintenance costs.

Costs associated with the time for current fellows (who are composed of graduate students in social work, counseling, and nursing, as well as psychiatry and psychology residents), are estimated at \$20 per hour, using the average for a mental health counselor. The average wage of former fellows is estimated at \$50 per hour, using the average hourly rates of therapists at \$35 per hour, psychiatrists at \$86 per hour, nurses at \$44 per hour, and social workers at \$26 per hour. The source for the estimates was obtained from the U.S. Department of Labor, National Industry Specific Occupational Employment and Wage Estimates, U.S. Census Occupational Employment and Wages, May 2012 ([www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)).

### **A14. Estimates of Annualized Cost to the Government**

SAMHSA/CMHS has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner that shall enhance, where appropriate, the utility of the information to agencies and the public. The total cost of developing the surveys and obtaining OMB approval, being performed under a fixed price contract, is **\$41,967.00**.

Additionally, the projected costs for survey implementation and data collection include the costs of developing the online survey website, obtaining updated lists of current fellows from the MFP grantees, administering the survey, analyzing the data, and producing a report. These costs are projected at **\$34,062**.

SAMHSA’s Center for Mental Health Services estimates that the GS–13 Government Project/Task Order Officer principally involved in the oversight and analysis of this contracted survey development has and will spend approximately 5 percent of her/his time (2 hour a week on average) overseeing various components of this survey project. On an annualized basis, this

would be the equivalent of **\$4,499** in federal employee personnel costs (based on an annualized GS-13 salary of \$89,982).

The annualized cost is for this data collection is **\$103,483**.

### **A15. Changes in Burden**

This is a new data collection due to a reinstatement.

### **A16. Timeline and Publication Schedule; Analysis Plan**

#### **Timeline and Publication Schedule**

The current fixed-price contract, which ends on Sept. 30, 2014, is for developing the survey and obtaining OMB approval for the survey. The current contract does not, however, cover future administration of the survey, the collection of the data, the analysis of the data, or the reporting of the results. Those activities will be conducted by SAMHSA under other arrangements. However, the survey has been designed so that it can be administered in the same manner that was done for the survey previously approved by OMB.

Survey implementation activities have been stated in Table 2 below relative to the time OMB approval is secured:

<b>Table 2. Timeline for New Data-Collection Activities</b>									
Activities	<b>Months After OMB Approval</b>								
	01	02	03	04	05	06	07	08	09
<b>Online Surveys</b>									
Coordinate/Distribute Letter of Invitation From Grantees	X	X							
Distribute Email Instructions	X	X							
Follow-Up No. 1 Reminder With Email Link		X	X						
Follow-Up No. 2 With Hard Copy		X	X	X					
Extract Data From Online			X	X	X				
<b>Data</b>									
Clean			X	X	X	X			
Merge/Create Analysis Files				X	X	X	X		
Analyze Data					X	X	X	X	
<b>Write/Revise Survey Report</b>					X	X	X	X	X

#### **Analysis Plan**

Descriptive measures will be reported separately for each of the Grantees and overall across all Grantees. That is, the following will be reported for each Grantee.

1. The number and types of processes and activities established by SAMHSA and by the Grantees to implement the MFP

2. The percentage of Fellows (broken down by race/ethnicity, gender, and year) who entered the program who went on to complete it
3. Mean scores (as appropriate) on selected items, such as the number of publications produced by Fellows

Table 3 presents a sample shell of how data from the Alumni survey will be displayed.



<b>Table 3. Outcome Data by Grantee</b>					
	<b>ANA</b>	<b>ApA</b>	<b>APA</b>	<b>CSWE</b>	<b>AAMFT</b>
<b>Alumni Fellows</b>					
Percent completing degree/residency within 5 years of entering					
Percent completing degree/residency within 7 years of entering					
Percent completing degree/residency within 10 years of entering					

Similar tables will be produced for all of the following measures:

1. ***Completing the Fellowship Program.*** Data on the completion of MFP goals, median and average of time to complete Fellowship goals, and the number of mentors, total mentored hours, and helpfulness of mentorship.
2. ***Employment of Past Fellows.*** Data on the initial type of employment to include employment in the substance abuse or mental health field in the year after completion of the MFP goals, type of employment situation categories (academia, clinical, etc., by private/public organization), and focus of work on underserved youth, elderly in urban and/or rural settings.
3. ***Current Employment Position.*** Data on current employment, including employment in the substance abuse or mental health field in the year after completion of the MFP Fellowship goals, type of employment situation categories (academia, clinical, etc., by private/public organization), focus of work on underserved youth, elderly in urban and/or rural settings.
4. ***Improving Skills and Knowledge.*** Data on the number of certifications and licensures obtained by Fellows, median and average number of continuing education hours credited.
5. ***Number of Contributions to the Field.*** Data on the number of presentations at national meetings, professional publications, and national, state, or local honors or citations.

### **A17. Display of Expiration Date**

The expiration date for OMB approval will be displayed on all data-collection forms for which approval is being sought.

**A18. Exceptions to Certification Statement**

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