

# **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) requests a revision from the Office of Management and Budget (OMB) of the data collection for the Minority Fellowship Program (MFP) - Current Fellows Survey and the Alumni Survey (OMB. No 0930-0304), which expires on 10/31/2017.

SAMHSA evaluation studies are authorized by Section 501 (d) (4) of the Public Health Service Act (42 USC 290aa). MFP grants are authorized under Section 520A, 509 and 516 of the Public Health Service Act, as amended, and address the Healthy People 2020 Mental Health and Mental Disorders Topic Area (HP 2020-MHMD) and/or Substance Abuse Topic Area (HP 2020-SA). MFP also supports two of SAMHSA's Strategic Initiatives: (1) Prevention of Substance Abuse and Mental illness, and (2) Workforce Development. Finally, this effort supports the fourth component of the President's Now Is The Time (NITT) Plan, to increase access to mental health/behavioral health services.

#### **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 in mental health and substance use services, research, training, policy development, and program administration. In 2014, funds were appropriated to expand the traditional MFP to include two programs to support the President's NITT initiative: MFP-Youth (MFP-Y) and MFP-Addiction Counselors (MFP-AC). These programs provide stipends and tuition support to students pursuing Master's level training in behavioral health fields like psychology, social work, professional counseling, marriage and family therapy, nursing, and addiction/substance abuse counseling, thus directly supporting the NITT goal of increasing behavioral health services for youth and contributing to making schools safer.

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 seven 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), the National Board for Certified Counselors and Affiliates (NBCC), and the NAADAC-Association for Addiction Professionals. Additional associations, 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 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.
4. ***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.

5. ***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, including the recently added NITT-MFP-Y and NITT-MFP-AC, SAMHSA is requesting a revision to OMB approval (OMB No. 0930-0304) 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.

SAMHSA is also conducting an evaluation of the NITT-MFP-Y and NITT-MFP-AC to assess the overall success of the SAMHSA NITT initiative in enhancing the behavioral health workforce in terms of the number of master's level behavioral health specialists trained with MFP support, their competencies and characteristics, and their capacity to meet behavioral health workforce needs. The evaluation will also explore whether the program results in increased knowledge and skills among NITT-MFP Fellows to provide culturally competent behavioral health services to underserved, at risk children, adolescents, and transition-age youth (ages 16–25); and how these new behavioral health professionals are sustained in the workforce. OMB approval for the current survey of Fellows in the traditional MFP was received on October 30, 2104. The evaluation of the newly funded NITT MFP master's degree programs, which requires a revision and extension of the original survey, was funded in March 2015.

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 master's-level program, 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). **(Attachment A)**
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. **(Attachment B)**

### Changes

Approval is requested to include respondents (i.e., Fellows) from the NITT-MFP-Y and NITT-MFP-AC (this addition is further described in **Section A.15**) and to add 13 and 10 questions to the Current SAMHSA MFP Fellows and MFP Alumni surveys, respectively. Although the aims of the traditional MFP and the NITT-MFPs are similar, some aspects of the NITT-MFPs are unique: for example, the focus on master's-level students (versus doctoral) and on providing culturally competent behavioral health services specifically to youth and transition-aged young adults. Thus, approval is requested to add questions to the surveys to ensure that the information needed to evaluate the NITT-MFPs is captured. The surveys will include appropriate skip patterns so that traditional MFP Fellows are not asked questions that do not apply to them.

The 13 questions to be added to the Current SAMHSA MFP Fellows survey are:

1. List any language, other than English, in which you have at least minimum professional speaking proficiency (i.e., can participate effectively in most formal and informal conversations on practical and professional topics)
2. Do you have a disability or require accommodations to perform essential professional functions?
3. Did your practicum or internship include providing services to any of the following groups? (Please select all that apply.) – *This is a revision to a question already included in the currently approved survey.*
4. In what zip code or city and state is or was your practicum or internship located?
5. How many hours did your practicum or internship require?
6. If you served clients under supervision as part of your practicum or internship, approximately how many individuals did you serve?
7. What types of learning opportunities did you receive regarding the provision of services to children, adolescents, and/or transition age youth?

8. What types of learning opportunities did you receive in the context of working with individuals from racially and ethnically diverse backgrounds?
9. Did the availability of the MFP Fellowship influence your decision to apply for a master's degree program?
10. Did the availability of the MFP Fellowship influence your choice of field or school?
11. Please rate the importance of each of the following factors in your decision to apply for and enroll in the MFP:
  - a. Stipend
  - b. Opportunity to work with a mentor
  - c. Training in the treatment of children and adolescents
  - d. Training in the treatment of transition age youth
  - e. Training in cultural competence
  - f. *[for MFP-AC]* Training in offering services related to addiction/substance abuse and recovery
  - g. Increased opportunities to work with individuals from racially and ethnically diverse populations
  - h. Enhanced education about the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards) and their impact on the delivery of care
12. What was the most important factor in your decision to pursue a master's degree?
13. After completing your master's program, are you planning to pursue a doctoral degree?

The 10 questions to be added to the MFP Alumni survey are:

1. Is your current job in the field that you were studying for in your master's degree program?
2. Do you feel that your participation in the MFP Fellowship helped you to get your job?
3. Looking back on your experiences as an MFP Fellow, which aspects of the MFP program do you feel are the most valuable? (*select all that apply*)
  - a. Stipend
  - b. Opportunity to work with a mentor
  - c. Training in the treatment of children and adolescents
  - d. Training in the treatment of transition age youth
  - e. Training in cultural competence
  - f. Training in offering services related to addiction/substance abuse and recovery  
*[for MFP-AC]*
  - g. Opportunities to work with individuals from racially and ethnically diverse populations

- h. Education about the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards) and their impact on the delivery of care
  - i. Other (please describe)
4. Do your job responsibilities include supervising the work of others?
  5. What support, if any, did the MFP Fellowship program provide in your job search?
  6. List your memberships in a professional organizations or associations:
  7. List your participation in specific activities, committees, initiatives, or leadership positions within these organizations or associations: \_\_\_\_\_
  8. Check below if any of these activities, committees, initiatives, or leadership positions focused on professional issues related to:
  9. For how many students or other individuals have you served as a mentor since completing your Fellowship?
  10. Are you planning to pursue a doctoral degree?

### **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.

Data on the NITT-MFP-Y and NITT-MFP-AC Fellows' program experiences and post-program outcomes is needed for the NITT national evaluation. It was determined that, rather than conduct a separate survey that would duplicate some basic, identifying information and other information needed to conduct the evaluation, it would reduce overall burden and increase likelihood of responses to add questions to the existing MFP surveys. The data collected through these surveys will be shared with the national evaluation team annually. To collect the information needed to answer the research questions for the national evaluation, a total of 23 questions have been added to the two surveys.

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

The information collected does not significantly involve small entities.

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

Each current Fellow respondent is asked to respond to the survey one time only. Alumni Fellows are sent the web link to complete the survey once annually. Participation is voluntary for both surveys. 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**

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on January 11, 2016 (81 FR 1196). No comments were received.

All of the current SAMHSA MFP Grantees have previously reviewed and shared their comments on the currently approved Current and Alumni surveys. The requested additional survey questions reflect feedback from the NITT-MFP-Y and NITT-MFP-AC grantees and the NITT expert panel, which provided input on the design of the NITT-MFP evaluation and data collection plan.

#### **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.

## **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>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>
SAMHSA MFP Survey for Current Fellows	428	1	428	0.42	180	\$20/hour for current	\$3,600
SAMHSA MFP Survey for Alumni Fellows	1,440 <sup>a</sup>	1	1,440	0.75	1,080	\$50/hour all others.	\$54,000
<b>Totals</b>	<b>1,868<sup>b</sup></b>	–	<b>1,868</b>	–	<b>1,260</b>	–	<b>\$57,600</b>

<sup>a</sup> The Alumni survey is administered to all previous and new alumni Fellows each year; as such, the number of respondents will increase as each new cohort completes their Fellowship. This number represents the maximum number of alumni Fellows that will be administered the survey during the period for which approval is requested.

<sup>b</sup> This is an unduplicated count of total respondents.

### **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 hours 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 for this data collection is **\$80,528**.

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

Currently there are 484 burden hours in the OMB inventory. SAMHSA is now requesting 1,260 hours. The increase of 776 hours is due to a program change for the time needed for the current and alumni Fellows to complete the additional survey questions, which are estimated to add 5 minutes to each survey’s completion time, and the result of including the NITT-MFP-Y and NITT-MFP-AC Fellows (up to 300 current Fellows and up to 780 alumni Fellows) into the respondent pool.

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

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

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

<b>Table 2. Timeline for New Data-Collection Activities</b>									
Activities	Months After OMB Approval								
	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.

The survey data will also be utilized in analysis for the NITT-MFP evaluation. The analysis will use descriptive statistics of survey and grantee performance data to indicate whether the program sponsored the projected numbers of Fellows. The analysis will also provide data on Fellow recruitment and retention data over the four years of the program, the proportion of alumni who work as behavioral health professionals serving the target populations, the proportion working in supervisory roles, and the extent to which Fellows felt that the Fellowships prepared them for their professional roles. The analysis will also explore associations between Fellows' experiences in their programs and their career plans and post-MFP employment outcomes. These data will be disaggregated by professional discipline and Fellows' demographic characteristics.

#### **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.