SAMHSA Disaster Technical Assistance Center
Disaster Behavioral Health Customer Feedback 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 effort currently associated with the SAMHSA Disaster Technical Assistance Center (DTAC) Needs Assessment Survey and Customer Satisfaction Survey (OMB No. 0930-0325), which expires on May 31, 2017. Specifically, SAMHSA DTAC plans to consolidate the Needs Assessment Survey and Customer Satisfaction Survey into a single instrument—the ***SAMHSA DTAC Customer Feedback Survey***—and to change survey administration under this effort to make it appropriate for a single, streamlined survey***.***

The SAMHSA DTAC Customer Feedback Survey is designed to allow the agency to collect feedback on the overall effectiveness of the services provided by SAMHSA DTAC, as well as ongoing data regarding disaster behavioral health (mental health and substance use-related) needs at the national level and areas that require enhanced training and technical assistance (TA) services. This is the information that was previously collected as part of the SAMHSA DTAC Needs Assessment Survey and Customer Satisfaction Survey. Data from this effort will continue to be used to improve services to jurisdictions, which will lead to (1) better integration of disaster behavioral health (DBH) needs with all-hazards disaster preparedness and response and (2) improved outcomes at the state, territory, tribal, and local levels with less burden on participants.

Several national guidance and planning documents shape and direct how agencies of the federal government prepare for and respond to disasters. The National Response Framework (NRF), signed by the President in 2008, establishes the framework for an approach to domestic incident response that is comprehensive, national, and “all-hazards” (based on elements common to a range of types of disasters and emergencies, and therefore appropriate for a wide variety of incidents, ranging from natural to human-caused disasters such as oil spills and incidents of bioterrorism). 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 emergencies. 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 *HHS Disaster Behavioral Health Concept of Operations* emphasizes the focus of the U.S. Department of Health and Human Services (HHS) 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) is charged with providing assistance to states, territories, tribes, and local communities with their DBH plans and ensuring they are based on an all-hazards approach.

To better serve jurisdictions, SAMHSA created SAMHSA DTAC in 2002. SAMHSA DTAC, a contract awarded by the CMHS, provides training and TA to states, territories, and federally recognized tribes in response to, and in preparation for, behavioral health needs associated with catastrophic events and emergencies, such as natural and human-caused 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 clearer and more urgent than ever to state, territory, and local mental health and substance use agencies. Since that time, the science behind crisis counseling has grown tremendously, and disasters such as Superstorm Sandy in 2012 (177 fatalities), the Moore, Oklahoma tornado in 2013 (24 fatalities), the compounding flood events in Texas in 2015-2016, and the mass shooting incident in San Bernardino, California have re-emphasized the need for disaster plans that can be adapted to respond to both natural and human-caused 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. As a result, their DBH needs and challenges have changed and evolved over time. In the aftermath of a disaster or other traumatic event, state, territory, tribal, and local behavioral health agencies may contact SAMHSA DTAC for training or TA to address their disaster-related 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 DBH topics in the areas of planning, 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, as amended, authorizes FEMA to fund mental health assistance and training activities in areas that have received a Presidential disaster declaration. 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 Needs Assessment Survey (NAS) and Customer Satisfaction Survey (CSS). The results from these surveys have assisted SAMHSA DTAC in better supporting current needs and challenges in the DBH field. They also have provided 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 data collection activities SAMHSA DTAC is proposing now will continue efforts with the NAS and CSS that were previously cleared (approved) by the Office of Management and Budget (OMB). SAMHSA DTAC is seeking OMB clearance for the development of the SAMHSA DTAC Customer Feedback Survey (CFS), in part by integrating questions from the NAS and CSS.

The new SAMHSA DTAC CFS integrates and consolidates questions from the previously utilized NAS and CSS, which will reduce burden associated with the number of instruments and

survey questions. SAMHSA DTAC will continue to be responsible for survey administration and analysis of the data collected, which we will use to inform current and future training and TA activities.

The overall goal of this data collection effort is to inform SAMHSA's third and sixth strategic initiatives: *Trauma and Justice* and *Workforce Development*. The effort specifically addresses Goal 3.3: Reduce the impact of disasters on the behavioral health of individuals, families, and communities, and Goal 6.3: Develop consistent data collection methods to identify and track behavioral health workforce needs.

SAMHSA is requesting OMB review and approval of one data collection instrument. The proposed data collection method for the SAMHSA DTAC CFS is web-based (Attachment A1).

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, state, and local levels that require enhanced training and TA services. The ever-changing needs of the DBH field require continual feedback to ensure SAMHSA DTAC provides training and TA that address current needs.

The SAMHSA DTAC CFS (Attachment A1) will gather data from SAMHSA DTAC's existing and potential customers to ensure that the assistance SAMHSA DTAC provides is up to date, applicable, useful, and well-received. The CFS will collect the experiences and perspectives of (1) those who have requested TA and/or training (e.g., behavioral health coordinators, project coordinators, and local providers); (2) those who subscribe to SAMHSA DTAC's e-communications; and (3) individuals who are aware of SAMHSA DTAC but may not have used the resources, i.e., potential customers. The SAMHSA DTAC CFS 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, and SAMHSA DTAC e-communications
- Need for additional DBH materials and training
- Recommendations for enhancement of SAMHSA DTAC services and resources
- Participant background and demographics

Changes

As previously noted, the new instrument will integrate questions from previously utilized instruments, the NAS and CSS.

Development of the CFS is designed to reduce burden on respondents, who previously may have been asked to complete each of the surveys twice each year, as well as upon receipt of TA. Due to reduced participant burden, SAMHSA DTAC anticipates that response rates will improve.

In addition to streamlining the instruments, the new instrument will include changes to administration procedures. Specific changes include the following:

- Annual administration of the CFS to reduce respondent burden and increase response rates
- Online administration of the CFS, instead of as a multi-mode survey (phone and web)
- Administration of one survey to all participants, which will prevent participants' receiving multiple survey requests, as occurred in the past with the administration of the CSS and the NAS to some of the same subscribers

A3. Use of Information Technology

Through the use of technology, SAMHSA DTAC has made every effort to limit the burden on individual respondents. The CFS will be administered via the web using software that employs skip logic to avoid questions not relevant to that respondent.

Web-Based Data Collection and Management

The web-based survey will be programmed to include simplified screens and intuitive navigational controls (e.g., previous and next page buttons, progress bar) 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. The look and feel of the web survey instrument will be customized using SAMHSA DTAC logos and colors, as appropriate.

We will also develop three unique reminder email messages, each containing a visual, such as a graph, and at least one compelling fact related to the DBH field, to grab the potential respondent's attention and interest. We will send the first reminder 1 week after the initial email invitation to complete the CFS, the second reminder 2 weeks after the initial email invitation, and the third reminder the day before the CFS close date.

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. In addition, all survey sample lists 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. It will not be 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 DBH professionals and others who request SAMHSA DTAC services. The constantly evolving nature of the DBH field necessitates the continual administration of these survey instruments—one-

time data collection is not sufficient for SAMHSA DTAC to identify ongoing satisfaction with its services and additional needs.

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 August 12, 2016 (81 FRN 53494), soliciting public comment on this data collection. No comments were received.

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 IQ Solutions (IQ) and IMPAQ International consultants are listed below:

Brenda B. Mannix, NREMT
Project Director
SAMHSA Disaster Technical Assistance Center
C/O IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852
Tel. 240-221-4263
bmannix@iqsolutions.com

Shannon Loomis
Deputy Project Director
SAMHSA Disaster Technical Assistance Center
C/O IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852
Tel. 240-221-4374
sloomis@iqsolutions.com

Melissa Riley, Ph.D., AEMT, CFI
Disaster Behavioral Health Specialist
SAMHSA Disaster Technical Assistance Center
C/O IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852
Tel. 240-221-4324
mriley@iqsolutions.com

Everly Macario, Sc.D., M.S., Ed.M.
Qualitative Data Analyst
SAMHSA Disaster Technical Assistance Center
C/O IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852
Tel. 224-244-3965
EMacario@IQSolutions.com

Pamela L. Carter-Nolan, Ph.D., M.P.H.
Director of Research and Evaluation
IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852
Tel. 240-514-0294
pcnolan@iqsolutions.com

Lamyaa Yousif, Ph.D., M.B.Ch.B., M.Sc.
Research Manager of Population Research Team
IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852
Tel. 240-514-0294
lyousif@iqsolutions.com

Brad Smith, Ph.D.
Principal Research Associate
IMPAQ International, LLC
10420 Little Patuxent Parkway, Suite 300
Columbia, MD 21044
Tel. 443-259-5420
BSmith@IMPAQInt.com

Jennifer Howard
Research Associate
IMPAQ International, LLC
10420 Little Patuxent Parkway, Suite 300
Columbia, MD 21044
Tel. 262-706-3345
JHoward@IMPAQInt.com

A9. Payment or Gifts to Respondents

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

A10. Assurance of Confidentiality

Web-based data collection will be utilized for the CFS. Each respondent will be sent a personalized link to the survey to facilitate reminder emails by targeting the reminder emails to only those participants who have not yet completed the survey; however, the survey sample list and survey responses will be stored in separate password-protected folders on IQ's secure server. Descriptive information will be collected from respondents, but no identifying information will be entered or stored in the web-based data repository.

The CFS is a web-based instrument. Sample lists used to contact survey participants will be maintained in password-protected folders separate from those containing survey responses. Survey participants will not be asked to provide personally identifiable information (PII) in the survey, and all survey sample lists and participant responses will be maintained in password-protected folders. Only authorized staff from the IQ research team will be given access to the files. IQ staff members who are involved in data analysis are required to undergo security awareness training annually.

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 1 shows the estimated burden associated with CFS data collection activities and the associated costs. It is anticipated that the survey will be administered once each year.

The hourly wage rates for the CFS were calculated based on the average salaries of 12 individuals taken from a broader sample that included different job categories to reflect the varying job positions held by TA recipients and potential respondents across the United States.

Table 1. 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 ($)[1]	Total Cost ($)
Customer Feedback Survey								
TA requestor, e-communications recipient, colleague of previous requestor	DTAC Customer Feedback Survey	200	1	200	0.5	100	$35	$3,500
Total		**200**		**200**		**100**		**$3,500**

[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 will enhance its utility to agencies and the public. Table 2 shows the associated government costs for the SAMHSA DTAC CFS.

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 2. Annualized Estimate of Government Costs

Task	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 227 respondent burden hours in the OMB inventory. SAMHSA is requesting 100 hours. This program change represents a 127-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 CFS will follow the time schedule summarized in Table 3 below:

Table 3. Time Schedule

Task	Date
Obtain OMB Approval	Fall 2016
Data Collection	Winter 2017 (once annually thereafter)
Data Analysis	Once per year
Annual Reporting	One per year

b. Publication Plans

SAMHSA plans to submit manuscripts for publication in professional journals and presentation at national conferences. Data in these publications will be presented at a level of aggregation that protects the identity of state and territory programs and their coordinators.

c. Analysis Plans

The CFS 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, experiences, needs, and satisfaction with SAMHSA DTAC's TA, website, and other resources. If necessary, multivariate analyses (e.g., linear regression or logistic regression) may be conducted to further explore the data. Analysis of open-ended, verbatim responses will also be conducted to identify major themes. Analysis results will be presented in a 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.