

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)**

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**TITLE OF INFORMATION COLLECTION:**

Provider SBIRT Knowledge and Confidence Survey

**PURPOSE:** As part of the OWHPA-funded project titled “Prevention of Opioid Misuse for Erie County New York Women of Childbearing Age,” Erie County Department of Health will be administering a provider SBIRT (Screening, Brief Intervention, and Referral to Treatment) survey (titled: ***Provider SBIRT Knowledge and Confidence Survey***). This survey will assess changes in provider SBIRT-related knowledge, self-efficacy, and clinical confidence. They have adapted the SBIRT provider knowledge and clinical efficacy survey developed by Stoner and colleagues.<sup>1</sup> This team developed the survey to measure changes in providers’ SBIRT-related knowledge, self-efficacy, clinical practice intentions and self-reported clinical practices.<sup>1</sup> Erie County Department of Health obtained the authors’ permission to adapt the tool as well as IRB approval.

Erie County Department of Health will administer this survey to providers in years two and three of the grant to assess changes in provider knowledge, self-efficacy, and practice in caring for women of childbearing age with/at risk for opioid use disorder.

1. Stoner SA, Mikko AT, Carpenter KM. Web-based training for primary care providers on screening, brief intervention, and referral to treatment (SBIRT) for alcohol, tobacco, and other drugs. *Journal of substance abuse treatment*. 2014;47(5):362-370.

**DESCRIPTION OF RESPONDENTS:**

Respondents will include clinical providers (physicians, nurses) in OB/GYN offices where SBIRT is administered to patients.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey                                      |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group  |
| <input type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Provider knowledge and confidence survey</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Marline Vignier

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

| Category of Respondent          | No. of Respondents | Participation Time | Burden |
|---------------------------------|--------------------|--------------------|--------|
| Individual (Clinical Providers) | 100                | 20 / 60            | 33.33  |
|                                 |                    |                    |        |
| <b>Totals</b>                   |                    |                    |        |

**FEDERAL COST:** The estimated annual cost to the Federal government is           \$0          

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

This will be a convenience sample of providers at participating practices who will volunteer to participate in our survey.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media Survey Monkey  
 Telephone  
 In-person  
 Mail  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**