

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

TITLE OF INFORMATION COLLECTION: Surveys to Inform Service Delivery Improvement of Teen Intervene Curriculum with Mental Health Providers and Adolescent Clients

PURPOSE:

The Lakes Health Center (DBA NorthLakes Community Clinic or NLCC) is piloting an adapted Teen Intervene (TI) curriculum for use in a mental health setting as a primary and secondary intervention strategy for at-risk adolescent girls (as defined by Adverse Childhood Experiences). TI is an evidence based program that includes a low-cost SBIRT (Screening, Brief Intervention, Referral to Treatment) and helps teens self-identify a substance use disorder, provides a brief plan for intervention, and guides referral to treatment. The program includes two to three one-on-one sessions (which may or may not include parents/families) and is a unique comprehensive program created specifically to drive adolescent engagement and produce positive outcomes.

In a workshop setting, school-based and clinic-based mental health providers that work with youth will be trained in TI and together with Alcohol and Other Drug Abuse (AODA)/recovery professionals they will make necessary adjustments to the TI program for use as a primary intervention strategy for use in a clinical setting. Those providers will then apply TI tools in their mental health sessions with their at-risk adolescent girl clients.

We have developed pre and post workshop surveys for providers to determine effectiveness of programming and to inform service delivery improvement. One of the desired outcomes of the TI mental health provider workshop is to increase provider comfort levels, skills, knowledge and awareness of substance use disorders, SU screening, primary and secondary prevention strategies, and help them identify when to refer to recovery services. The mental health provider survey (Attachment A) will be administered both pre and post workshop. It will use the Likert-scale to collect qualitative data from all participating mental health providers (approximately 20). Questions address confidence levels in utilizing screening tools, on determining whether or not to use TI, providing TI in a manner that is trauma informed and culturally sensitive, and in applying other elements of the TI curriculum.

The adapted TI curriculum is intended to impart skills that will help adolescent girls deal with peer pressure, enhance decision making skills, reinforce social support systems and increase their awareness of the pros and cons of opioid use (and other substances). The adolescent client survey (Attachment B) will use a combination of Likert-scale and Yes/No responses to collect qualitative data from participating adolescent girls (approximately 150) over 3 years. Participation and survey completion will be voluntary.

DESCRIPTION OF RESPONDENTS:

Mental health provider survey (Attachment A) respondents will consist of mental health providers in clinical practice that are providing mental health counseling services to adolescent girls at Ashland Middle and High Schools and at NorthLakes Community Clinic Locations. Mental health providers are a mix of NorthLakes, private practice, Ashland County, Bad River Tribe Behavioral Health Clinic and Memorial Medical Center providers. Teen Survey (Attachment B) respondents will consist of adolescent girls with ACEs receiving mental health counseling services in Ashland Middle and High Schools and at NorthLakes Community Clinic

locations, who will be receiving Teen Intervene curriculum from mental health providers during their counseling sessions.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form Customer Satisfaction Survey
 Usability Testing (e.g., Website or Software) Small Discussion Group
 Focus Group Other: _____

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: Michelle Hoersch

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice 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
Private Sector Survey A	7	5 min	0.58
Private Sector Survey B	50	5 min	4.17
Totals	57	5 min	4.75

FEDERAL COST: 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?

For Survey 1 (Attachment A) we will recruit participants from all providers that attend the Teen Intervene workshop attempting to achieve 100% participation. For Survey 2 (Attachment B) we will recruit participants from all adolescent girls that participate in Teen Intervene curriculum with their mental health counselors.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media
 Telephone
 In-person, pen and paper
 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”

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.

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.

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.

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