

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Project: SAMHSA Disaster Technical Assistance Center Training, Webinar, Podcast, and Mobile Application Feedback Forms—New**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval for a 3-year data collection effort associated with the SAMHSA Disaster Technical Assistance Center Training, Webinar, Podcast, and Mobile Application Feedback Forms—New. The collection includes five data collection instruments—the Training Feedback Form, the Webinar/Podcast Feedback Form, the Mobile Application Feedback Form, the Training Evaluation Follow-Up Interview Guide, and the Webinar Feedback Form Follow-Up Interview Guide. All of the proposed data collection efforts will be used to gather feedback on several training, webinar, and podcast events provided by SAMHSA DTAC throughout the year, as well as feedback on a SAMHSA application for mobile devices. The information will be used to: (1) Enhance SAMHSA DTAC training, webinar, and podcast curricula and content and enhance these resources as feedback is gathered through this data collection effort; and (2) Enhance the SAMHSA application for mobile devices.

SAMHSA DTAC will be responsible for administering the data collection instruments and analyzing the data.

SAMHSA DTAC will use data from the Training Feedback Form, the Webinar/Podcast Feedback Form, the Training Follow-Up Interview Guide, and the Webinar Feedback Form Follow-Up Interview Guide to inform current and future training, webinar, and podcast activities and to ensure these activities continue to align with state/territory/tribe and local disaster behavioral health needs. SAMHSA will use data from the Mobile Application Feedback Form to inform updates and enhancements to the SAMHSA application for mobile devices. The components of the data collection are listed and described below, and a summary table of the number of respondents and respondent burden has also been included.

Training Feedback Form and Webinar/Podcast Feedback Form. The Training Feedback Form and the Webinar/Podcast Feedback Form will assess the following: content, presentation style, and presentation mode; relevance of the information presented; and satisfaction with the information presented. These surveys will be administered to all training and webinar participants immediately following each SAMHSA DTAC training or event, and periodically to those who have viewed podcasts. Six events or podcasts are estimated to be presented and made available each year. For webinars, podcasts, and web-based training events, the survey will be administered online. For those who attend in-person training events, the survey will be administered in person using hard copies of the survey instrument.

Mobile Application Feedback Form. The Mobile Application Feedback Form is designed to elicit feedback on the usefulness of the SAMHSA application for mobile devices, satisfaction with the application, and suggestions for improvements. It will be administered as a link to a web-based survey directly through the application to all users of the SAMHSA application. Training Feedback Form Follow-Up Interviews and Webinar Feedback Form Follow-Up Interviews. The Training Feedback

Form Follow-Up Interviews and Webinar Feedback Form Follow-Up Interviews will be conducted 1 month following participation in a SAMHSA DTAC training or webinar, with a sample of up to 10 percent of event attendees (or five individuals if 10 percent of participants is fewer than five). Data will be collected during one-on-one in-depth telephone interviews. The interviews will gather greater contextual information not available through administration of the respective Feedback Forms. The interviews will examine participants' experiences with the training and webinar and will include: the level to which the event met expectations; memory for information learned during the training and webinar; ability to apply the information to job tasks; suggestions for enhancing SAMHSA DTAC events; and suggestions for future training and webinar topics. The information collected will inform the content and presentation style of future SAMHSA DTAC trainings, webinars, and podcasts and associated materials.

Internet-based technology will be used to collect data via web-based surveys and for data entry and management of all proposed instruments. A 3-year clearance is requested for this project. The average annual respondent burden is estimated below. All proposed instruments will be ongoing data collection efforts. Table 1 presents the estimated annual data collection burden. These estimates reflect the average annual number of respondents, the average annual number of responses, the time required for each response, and the average annual burden in hours. It is estimated that each participant will attend or view no more than an average of two webinar or podcast events each year; participants will be asked to complete the Training Feedback Form or Webinar/Podcast Feedback Form for each event they attend or view. Participants will only be asked to participate in one Training Feedback Form Follow-Up Interview and one Webinar Feedback Form Follow-Up Interview each year.

**TABLE 1—ANNUALIZED ESTIMATE OF RESPONDENT BURDEN**

Instrument	Number of respondents	Number of responses per respondent	Total number of responses	Hours per response per respondent	Total burden hours	Hourly wage rate <sup>1</sup>	Total cost
<b>Training Feedback Form</b>							
Advanced Scheduled Event .....	300	1	300	0.25	75.0	\$35	\$2,625.00
Quick-turnaround Event	1,200	1	1,200	0.25	300.0	35	10,500.00

TABLE 1—ANNUALIZED ESTIMATE OF RESPONDENT BURDEN—Continued

Instrument	Number of respondents	Number of responses per respondent	Total number of responses	Hours per response per respondent	Total burden hours	Hourly wage rate <sup>1</sup>	Total cost
<b>Webinar/Podcast Feedback Form</b>							
Advanced Scheduled Event .....	750	2	1,500	0.25	375.0	35	13,125.00
Quick-turnaround Event .....	1,200	1	1,200	0.25	300.0	35	10,500.00
Mobile Application Survey .....	600	1	600	0.25	150.0	35	5,250.00
Training Feedback Form Follow-Up Interviews .....	150	1	150	0.50	75.0	35	2,625.00
Webinar Feedback Form Follow-Up Interviews .....	195	1	195	0.50	97.5	35	3,412.50
Annual Total .....	4,395	.....	5,145	.....	1,372.5	.....	48,037.50

Written comments and recommendations concerning the proposed information collection should be sent by December 12, 2013 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov). Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,  
Statistician.

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#### Project: National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119)—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), is requesting a revision to the National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119), which expires on June 30, 2015. The N-MHSS provides national and state-level data on the number and characteristics of mental health treatment facilities in the United States, annually, and national and state-level data on the number and characteristics of persons treated in these facilities, biennially.

An immediate need under N-MHSS is to update the information about facilities on SAMHSA's online Behavioral Health Treatment Services Locator (see: <http://findtreatment.samhsa.gov>), which was last updated with information from the abbreviated N-MHSS (N-MHSS-Locator Survey) in 2012. A full-scale N-MHSS will be conducted in 2014 and 2016 to collect (1) the information about facilities needed to update the online Locator, such as the facility name and address, specific services offered, and special client groups served, and (2) additional information including client counts and the demographics of persons treated in these facilities. An abbreviated N-MHSS (N-MHSS-Locator Survey) will be conducted in 2015 to update the information about facilities on the online Locator. A data collection in conjunction with adding new facilities to the online Locator as they become known to SAMHSA is also

being requested. Both the 2015 N-MHSS-Locator Survey and the addition of new facilities to the online Locator will use the same N-MHSS-Locator Survey instrument.

This requested revision seeks to change the content of the currently approved abbreviated N-MHSS (i.e., N-MHSS-Locator) survey instrument, and the previously approved 2010 full-scale N-MHSS (OMB No. 0930-0119) to accommodate two related N-MHSS activities:

(1) collection of information from the total N-MHSS universe of mental health treatment facilities during 2014, 2015, and 2016.; and

(2) collection of information on newly identified facilities throughout the year, as they are identified, so that new facilities can quickly be added to the online Locator.

The survey mode for both data collection activities will be web with telephone follow-up.

The database resulting from the N-MHSS will be used to update SAMHSA's online Behavioral Health Treatment Services Locator and to produce a national directory of mental health facilities on compact disk (CD), both for use by the general public, behavioral health professionals, and treatment service providers. In addition, a data file derived from the survey will be used to produce a summary report providing national and state-level data. The report and a public-use data file will be used by researchers, mental health professionals, State governments, the U.S. Congress, and the general public.

The request for OMB approval will include a request to conduct the full-scale N-MHSS in 2014 and 2016 and an abbreviated N-MHSS-Locator survey in 2015.