YTD Responses to OMB Questions

1. **Sometimes the supporting statement says that the baseline questionnaire is part of the approval being sought. Wasn't the baseline questionnaire part of what SSA received approval for the first time around? Is SSA changing the questionnaire at all? Please clarify what parts of the study have been done to date.**

   The original ICR was approved in June 2004 and expired on June 30, 2007. It included approval to use the baseline questionnaire. The baseline questionnaire is part of the approval being sought because we plan to continue using it in both the existing and the new project sites we will bring on board in Spring 2008. The previous data collection approval allowed for the items being collected in the baseline. SSA is not planning to change the baseline questionnaire.

   Did the previous ICR envision that baseline data collection would go on from 2004 until 2011? (the table at the end says that there will be 263 people recruited for baseline data collection in 2010).

   The agency was always hopeful that it would have the available funding to expand to new sites in the future, and ultimately the agency made this determination in 2005.

2. **Data constructs document: please explain why some of the outcomes are being assessed only at 12 month follow-up (rather than at 36 as well). Also, why is the SF12 only assessed at 12 months? Why not also at baseline and at 36 months?**

   The 36-month questionnaire has not been finalized yet, and we are planning to include the SF12. We plan to submit the 36-month survey for OMB approval in November 2008. We chose not to include the SF12 in the baseline questionnaire because we had to prioritize our time due to the length of the survey instrument.

   So all of the outcomes that will be measured on the 12 month follow-up survey will be measured at 36 months as well?

   We expected all the short term outcome measurements measured at 12 months will be measured at 36 months.

3. **Have the consent forms been modified at all since the time they were previously approved?**

   There have been no substantive modifications, however, consent forms have been customized to include specific local programmatic information such as the name of the program, contact information, and types of services offered to treatment groups members.

4. **Has the methodology described in part B of the supporting statement changed since the last time this ICR was approved? Please highlight those parts that have changed.**

   We have finalized the evaluation plan, adding more detail to the evaluation including the plan to conduct a process, impact, and cost benefit analysis.

   What about the sampling plan? When SSA says that this study will be "expanding to 3 additional sites," is this a change from what was initially proposed in 2004? Please highlight any changes (using the highlighter tool in Word) made to the sampling plan.

   We did not have a sampling plan when the original ICR was approved. Initially we had 7 non random assignment sites that were conducting local evaluations. We have since changed the plan to move to a national random assignment project, and developed the current sampling plan you have now.

   Please send a summary of the Part B OMB approved 3 years ago, focusing on what the original intended respondent universe was, selection of projects, selection of youth, and recuiting methods.

   Please also send a summary of what has been done to date according to that original plan.

   Then, send a detailed explanation of what exactly is changing from the original plan, and how the data you have already collected from the original cohort according to the previous plan will be "merged" with the data collected according to this new sampling plan. How will the "merged" results be reported?

5. **Will the statutory citations SSA has provided in A10 of the supporting statement protect SSA from FOIA requests? (i.e. if SSA is FOIA'd on this study, will SSA be able to withhold all of the responses/data collected as part of this ICR?)**

   Yes, we believe that the statutory citations SSA provided in A10 of the supporting statement do protect SSA from FOIA requests.

6. **The cost-benefit analysis should also conform with OMB circular A4.**

   We will ensure that the cost benefit analysis does conform with OMB circular A4.

7. **This sounds like the sampling plan is changing from what was proposed when this ICR was previously approved. Please explain. Why are there less**

respondents then anticipated (e.g. trouble recruiting? Attrition?). And how is the program expanding?

While there are not fewer respondents, there is less follow-up interviewing, resulting in fewer follow-up interviews. The program is expanding to three additional sites, however, burden is decreasing because each respondent will receive fewer follow- up interviews.

What is meant by "less follow-up interviewing?" And by "follow-up interviewing," which instrument is this referring to? Is this referring to the 12 month follow up? Isn't it critical to follow up on every respondent who participated at baseline?

Every respondent who participated at baseline will receive a follow up 12 month survey instrument. The original ICR has a 3 month and 6 month survey, which we ultimately chose not to conduct.

8. **Why is SSA not reporting annualized burdens?**

The annualized burden was reported in Table A1, and we have re-attached it.

The question is in reference to what is reported in ROCIS. ROCIS is only reporting 2007 costs and burdens, rather than an average of costs and burdens over a 3 year period.

We believed that this is what was required since we are just in the first year of the new clearance. However, we can change this to an annualized burden, if this is what is needed.

If SSA is only requesting one year of approval, what you have is fine. But if you want 3 years, the burdens should be annualized.

TABLE A.1

ANNUALIZED BURDEN

Data Collection Year	Collection	Number of Respondents	Responses Per Respondent	Average Burden Per Response (Hours)	Total Response Burden (Hours)
2007	Baseline	962	1	0.55	529
	Informed Consent	962	1	.083	80
	[1]2 month follow-up[1]	437	1	0.83	363
	Focus group	140	1	1.5	210
	Program staff/service provider	32	1	1	32
Total 2007					**1,214**
2008	Baseline	2,531	1	0.55	1,392
	Informed Consent	2,531	1	.083	210
	12 month follow-up	1,502	1	0.83	1,247
	Focus group	60	1	1.5	90
	Program staff/service provider	32	1	1	32
Total 2008					**2,971**
2009	Baseline	1,895	1	0.55	1,042
	Informed Consent	1,895	1	.083	157
	12 month follow-up	1,518	1	0.83	1,260
	Focus group	150	1	1.5	225
	Program staff/service provider	80	1	1	80
Total 2009					**2,764**
2010	Baseline	263	1	0.55	145
	Informed Consent	263	1	.083	22
	12 month follow-up	1,137	1	0.83	944
	Focus group	90	1	1.5	135
	Program staff/service provider	48	1	1	48
Total 2010					**1,294**
2011	12 month follow-up	158	1	0.83	131
Total 2011					**131**

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[1] We conduct follow-up interviews only for those baseline respondents who sign consent forms.

Data Collection Year	Collection	Number of Respondents	Responses Per Respondent	Average Burden Per Response (Hours)	Total Response Burden (Hours)
Grand Total	**Baseline**	**5,651**	**1**	**0.55**	**3,108**
	Informed Consent	**5,651**	1	.083	**469**
	12 month follow-up	**4,752**	**1**	**0.83**	**3,944**
	Focus group	**440**	**1**	**1.5**	**660**
	Program staff/service provider	**192**	**1**	**1**	**192**
Grand Total		**11,105**			**8,373**