

SUPPORTING STATEMENT

Voluntary Customer Surveys to Implement Executive Order 12862 in the Substance Abuse and Mental Health Services Administration

A. Justification

1. Need for Information

This is a request for extension of Office of Management and Budget (OMB) approval, under the Paperwork Reduction Act of 1995, of a generic clearance (OMB No. 0930-0197) for the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement Executive Order 12862 within the agency in relation to satisfaction of our Acustomers@.

Executive Order 12862 (Attachment A) directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services". SAMHSA provides significant services directly to the public, including treatment providers and State substance abuse agencies, through a range of mechanisms, including publications, training, technical assistance and web sites. Many of these services are focused on information dissemination activities. The purpose of this submission is to obtain generic approval for satisfaction surveys of SAMHSA customers.

For example, the Office of Applied Studies has obtained feedback from those who receive data request and its statistical publications. The agency is also assessing customer satisfaction with the information services, including the web sites, of the National Clearinghouse on Alcohol and Drug Information (NCADI) and the National Mental Health Information Center, the mental health counterpart to NCADI. In addition, the agency offers technical assistance through independent contractors to State substance abuse agencies, and considers it important to assess the satisfaction of state staff with the services received through this contractual mechanism. Several of the customer satisfaction surveys implemented under this approval provide data for measurement of program effectiveness under the Government Performance and Results Act (GPRA). Attachment B provides a listing of the ongoing, currently approved individual customer satisfaction surveys.

2. How, By Whom, and For What Purpose Information Will Be Used

The primary use for information gathered through focus groups and voluntary customer surveys is to identify strengths and weaknesses in current services provided by SAMHSA and to make improvements that are practical and feasible. Information from these customer surveys is used to plan and redirect resources and efforts to improve or maintain a high quality of service to health care providers and members of the public. Timeliness, appropriateness, accuracy of information, courtesy, or problem resolution are assessed in the context of individual programs.

If this information is not collected, vital feedback regarding customers' satisfaction or dissatisfaction with various aspects of the agency's program services will be unavailable. This would inhibit SAMHSA's ability to develop, implement and refine programs, products, and services in a manner that is most consistent with the needs of our customers. All data and results will be for internal use only and will not be released externally.

3. Use of Improved Information Technology

As appropriate, automated information technology will be used to collect and process information for these surveys, especially when web site services are being assessed. In many instances, however, the most appropriate methodology will involve written or oral responses to brief questionnaires.

4. Efforts to Avoid Duplication

Each survey will be designed to reflect the specifics of the customer population served by a program. Any potential duplication will be identified in the internal SAMHSA review and approval process. Information about program plans for customer surveys will also be shared among SAMHSA components at an early stage so that programs may be aware of each other's plans for surveys relating to similar types of services/products and so that activities can be coordinated.

5. Involvement of Small Entities

It is not expected that small businesses will be involved in these customer surveys.

6. Consequences of Less Frequent Collection

Surveys will be conducted only at intervals that are considered appropriate to measure the impact of changes implemented as a result of initial satisfaction surveys and to monitor the continued level of performance. In most instances, a satisfaction survey is likely to be conducted on an annual or biennial basis after establishment of a baseline. Collection on a less frequent basis would reduce the practical utility of the information and inhibit the program's ability to monitor changes.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

In general, it is expected that these surveys will be implemented in a manner fully consistent with 5 CFR 1320.5(d)(2). There may, however, be a need for nominal remuneration to focus group participants who are asked to leave their usual location and travel to a central location to compensate them for the time and inconvenience required.

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the Federal Register on July 9, 2010 Vol. 75, page 39533). No comments were received in response to the notice. SAMHSA programs may use focus groups and other qualitative information collection activities to identify areas of interest and concern to customers and then build the design and content of its quantitative surveys upon this qualitative input. SAMHSA will call upon its in-house statistical staff and the staff of contractors in developing survey plans. As appropriate, programs will establish panels of outside experts to assist in design and implementation of the surveys.

9. Remuneration of Respondents

There will be a need for nominal remuneration to focus group participants who are asked to leave their usual location and travel to a central location to compensate them for the time and inconvenience required. The level of remuneration is not expected to exceed \$50 for participation in a focus group, and will depend on the amount of respondent time and expense projected for each focus group.

10. Assurance of Confidentiality

The protection of respondents' identification and information will be assured to the maximum extent allowed by law. Participation will be fully voluntary and, to the extent possible, responses will be anonymous. In instances where respondent identity is needed (e.g., for followup of nonrespondents, or for a longitudinal design), the information collection will fully comply with all aspects of the Privacy Act (System of Records 09-30-0036, Alcohol, Drug Abuse and Mental Health Epidemiologic and Biometric Research Data). Any identifying information will generally be maintained by a data collection contractor, and will not be given to the agency. Respondents will be assured that neither their participation/non-participation nor any responses to items will have any effect on their eligibility for or receipt of services.

11. Questions of a Sensitive Nature

These voluntary customer surveys will not involve personal information of a sensitive nature.

12. Estimates of Annualized Hour Burden

Type of Survey	No. of Respondents	Responses per Respondent	Hours/ response	Total Hours	Hourly Wage Rate	Total Hour Cost
Focus groups	250	1	2.50	625	\$25.00	\$ 15,625
Mail/telephone/ e-mail surveys	89,750	1	.250	22,438	25.00	560,950
TOTAL	90,000	--	--	23,063	--	576,575

Focus groups: It is projected that in each year of this approval approximately 25 focus groups will be convened, primarily for the purpose of customer input into the design of satisfaction surveys. Each focus group is expected to include approximately 10 members.

Surveys: It is projected that an annual average of 33 quantitative customer satisfaction surveys will have an average burden of 15 minutes per response.

Hour Costs: Respondents are expected to be a mix of the general public and health care providers, primarily substance abuse and mental health professional and managed care professionals, and staff of state substance abuse agencies who request/receive technical assistance from SAMHSA contractors.

13. Estimates of Annualized Cost Burden to Respondents

Focus group participants will be reimbursed for any travel or incidental costs associated with traveling to a central location for interview. Except for focus groups, costs to respondents will be limited to their time to provide the requested information.

14. Estimates of Annualized Cost to the Government

The surveys and focus groups are likely to be carried out under contract. Assuming that contract costs for each survey are \$50,000 - \$75,000, and for each focus group are \$10,000, total contract costs could average approximately \$2,212,500 per year. An additional annual cost of about \$154,515 for agency staff would be associated with this, assuming 40 overall projects with a GS14/5 project officer (\$96,572 annual salary) and 2 weeks of time per project.

15. Change in Burden

There is no burden change.

16. Plans for Analysis and Timetable of Key Activities

Analysis plans will be specific to the goals and designs of the individual surveys. A few general principles, however, are expected to apply. All data and results will be for internal use only and will not be released externally.

For all types of surveys, the analyses will be almost exclusively descriptive, rather than inferential. The purpose of the surveys is to identify problem areas and to get a rough indication of the magnitude and scope of the problems so that appropriate corrective actions can be taken.

17. Exemption for Display of Expiration Date

No exemption is being requested.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. Statistical Methods

1. Potential Respondent Universe and Sample Selection Method

The respondent universe will be separately identified for each program whose customers are to be surveyed. Developmental activities, such as focus groups, will be designed to assure inclusion of an appropriate range of customers; quantitative activities will be carried out using sampling procedures developed to be properly representative of the universe.

Surveys will be designed to minimize burden on respondents while obtaining essential information. The expectation is that information collection instruments will require no more than 15 minutes response time, on average. Focus groups will generally last for one hour and a half (plus travel time).

In virtually all instances, there will be existing lists of "customers" readily available for sampling. (e.g., mailing lists for publications, recipients of particular materials or services within known customer groups. Appropriate probability sampling techniques will be used to select samples.

2. Information Collection Procedures

All data collection will be conducted in a manner that is consistent with the following principles:

- o Appropriate sample sizes will be determined for each activity to assure that burden is minimized while reliable estimates are produced.
- o Participation will be fully voluntary, and non-participation will have no impact on eligibility for or receipt of future services. If necessary, steps will be taken to ensure unbiased completion of questionnaires by use of third-party distribution and receipt by a party not directly involved in provision of the service being assessed.
- o Information to be collected will be limited to that needed to assess customer satisfaction. Repeated implementation of quantitative surveys will be at an interval appropriate to measure the impact of changes and to monitor ongoing levels of satisfaction.

o Efforts will be made to obtain the highest possible response rates, given the voluntary nature of the data collection efforts. To the extent feasible, efforts will be made to assess non-response bias.

3. Methods to Maximize Response Rates

Consistent with sound survey methodology, the design of each quantitative survey will include approaches to maximize response rates, while retaining the voluntary nature of the effort. For mail surveys, for example, this is expected to include a postcard followup, a second mailing of the questionnaire, and possibly some telephone followup, if phone numbers are available.

4. Tests of Procedures

It is anticipated that some surveys will begin with focus groups or similar efforts to identify the views and concerns of customers. More formal pretesting will be carried out at a level and in a manner consistent with the specific survey. All mail and telephone surveys are expected to include pretesting with a small number of customers, with telephone debriefing of pretest respondents as needed to clarify responses.

5. Statistical Consultation and Independent Review

Each program will obtain input from statisticians in the development, design, conduct and analysis of customer satisfaction surveys. This statistical expertise will be available from agency statisticians or from contractors. Proposals for specific customer satisfaction surveys within SAMHSA will be developed by program offices and submitted to the SAMHSA Reports Clearance Officer for review and approval.

LIST OF ATTACHMENTS

- A. Executive Order 12862
- B. List of Approved, Ongoing Customer Satisfaction Surveys

ATTACHMENT A

Executive Order 12862

Setting Customer Service Standards

Putting people first means ensuring that the Federal Government provides the highest quality service possible to the American people. Public officials must embark upon a revolution within the Federal Government to change the way it does business. This will require continual reform of the executive branch's management practices and operations to provide service to the public that matches or exceeds the best service available in the private sector.

NOW, THEREFORE, to establish and implement customer service standards to guide the operations of the executive branch, and by the authority vested in me as President by the Constitution and the laws of the United States, it is hereby ordered:

Section 1. *Customer Service Standards.* In order to carry out the principles of the National Performance Review, the Federal Government must be customer-driven. The standard of quality for services provided to the public shall be: Customer service equal to the best in business. For the purposes of this order, "customer" shall mean an individual or entity who is directly served by a department or agency. "Best in business" shall mean the highest quality of service delivered to customers by private organizations providing a comparable or analogous service.

All executive departments and agencies (hereinafter referred to collectively as "agency" or "agencies") that provide significant services directly to the public shall provide those services in a manner that seeks to meet the customer service standard established herein and shall take the following actions:

- (a) identify the customers who are, or should be, served by the agency;
- (b) survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services;
- (c) post service standards and measure results against them;
- (d) benchmark customer service performance against the best in business;
- (e) survey front-line employees on barriers to, and ideas for, matching the best in business;
- (f) provide customers with choices in both the sources of service and the means of delivery;
- (g) make information, services, and complaint systems easily accessible; and
- (h) provide means to address customer complaints.

Section 2. *Report on Customer Service Surveys.* By March 8, 1994, each agency subject to this order shall report on its customer surveys to the President. As information about customer satisfaction becomes available, each agency shall use that information in judging the performance of agency management and in making resource allocations.

Section 3. *Customer Service Plans.* By September 8, 1994, each agency subject to this order shall publish a customer service plan that can be readily understood by its customers. The plan shall include customer service standards and describe future plans for customer surveys. It also shall identify the private and public sector standards that the agency used to benchmark its performance against the best in business. In connection with the plan, each agency is encouraged to provide training resources for programs needed by employees who directly serve customers and by managers making use of customer survey information to promote the principles and objectives contained herein.

Section 4. *Independent Agencies.* Independent agencies are requested to adhere to this order.

Section 5. *Judicial Review.* This order is for the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person.

WILLIAM J. CLINTON

THE WHITE HOUSE,
September 11, 1993.

ATTACHMENT B

Approved, Continuing SAMHSA Customer Satisfaction Surveys

Response Annual Burden Summary Table for Continuing SAMHSA OMB-Approved Customer Satisfaction Surveys

Project Title	Sponsoring Component	Annual Respondents	Total Annual Burden Hours
CSAT DSCA Block Grant Customer Satisfaction Survey*	Center for Substance Abuse Treatment	54	54
CSAT Best Practices GPRA Customer Satisfaction Forms*	Center for Substance Abuse Treatment	20,710	4,909
Recovery Month Feedback Form	Center for Substance Abuse Treatment	3,750	626
Grantee Satisfaction with the National Evaluator for the Children=s MH Program	Center for Mental Health Services	76	12
Children=s MH Program TA Program Customer Satisfaction	Center for Mental Health Services	179	31
Conference Forms for the National Center for Mental Health Promotion and Youth Violence Prevention	Center for Mental Health Services	960	384
Annual Online Grantee Assessment Form for TA BNational Center for Mental Health Promotion and Youth Violence Prevention	Center for Mental Health Services	480	120
Mental Health Conference Grants Program	Center for Mental Health Services	1,800	300
MH Children=s Program: Grant communities Member Satisfaction with TA by National Communications Team	Center for Mental Health Services	129	21
CSAT KAP Program New Product Customer Satisfaction*	Center for Substance Abuse Treatment	500	100
Consumer TA Center Customer Satisfaction Survey*	Center for Mental Health Services	2,000	340
OPS Customer Satisfaction Survey	Office of Program Services	150	12
CAPT Customer Satisfaction Forms *	Center for Substance Abuse Prevention	16,710	3,631
Safe Schools/Healthy Students KAT and Transfer Survey	Center for Mental Health Services	113	17
Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center)	Center for Mental Health Services	1,650	119
Strategic Prevention Framework Advancement and Support Project*	Center for Substance Abuse Prevention	180	118
National Center for Mental Health Promotion and Youth Violence Prevention	Center for Mental Health Services	100	12
Suicide Prevention Resource Center	Center for Mental Health Services	1,192	221
Child Adolescent and Family Branch Technical Assistance Meetings	Center for Mental Health Services	3,920	280
Comprehensive Community Mental Health Services for Children and Their Family Program Grantee Evaluation Satisfaction with National Evaluation TA	Center for Mental Health Services	27	5

Project Title	Sponsoring Component	Annual Respondents	Total Annual Burden Hours
System of Care Grantee Survey	Center for Mental Health Services	280	47
OAS Customer Satisfaction Survey	Office of Applied Studies	150	10
SAIS*	Center for Substance Abuse Treatment	506	40
National Suicide Prevention Lifeline Communications Customer Satisfaction	Center for Mental Health Services	430	73
CSAP Customer Satisfaction Survey	Center for Substance Abuse Prevention	150	10
CMHS Customer Satisfaction Survey	Center for Mental Health Services	150	10
FASD Feedback Forms for Training and TA	Center for Substance Abuse Prevention	5,405	601
Modular Survey on Consumer Perceptions of Care	Center for Substance Abuse Treatment	1,650	275
Grant Applicant and Grant Review Surveys	Office of Program Services	236	40
CMHS-GPRA Satisfaction Assistance Survey*	Center for Mental Health Services	800	128
Suicide Prevention Assessment and Resource Kits (SPARK)	Center for Mental Health Services	700	175
Opioid Treatment Programs of Modular Survey – OTP Questions	Center for Substance Abuse Treatment	1,200	300
Recovery to Practice Resource Center TA and Webinar Form	Center for Mental Health Services	1,880	156
Shared Decision-Making in Mental Health Decision Support Tools	Center for Mental Health Services	724	171
Child Adolescent and Family Branch New Community Technical Assistance Visit Survey	Center for Mental Health Services	180	30
Child Adolescent and Family Branch Contractor End-of-Email Survey	Center for Mental Health Services	300	18
TOTAL		69,421	13,396

*GPRA related