

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 September xx, 2013 Vol. 78, page xxxxx). 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.