

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” HHS Communications (OMB Control Number: 0990-0459)

TITLE OF INFORMATION COLLECTION:

Office on Women’s Health Mental Health Models Program Stakeholder Engagement with Subject Matter Experts.

PURPOSE:

The Office on Women’s Health is sponsoring the National Opinion Research Center (NORC). NORC hopes to solicit feedback on the current disparities in women’s and girls’ mental health. NORC plans to conduct individual interviews with mental health subject matter experts, and through a series of tailored questions, gather their professional feedback on current programs, developments, and gaps in women’s and girls’ mental health services. This is a one-time collection effort. In the future, these collection efforts may inform the development, implementation, evaluation and sustainability of innovative programs addressing mental health disorders in women and girls across the life course. Specifically, the expert respondents are expected to have informed perspectives regarding the identification of relevant literature, the identification of successful programs and approaches, and the documentation of core variables from existing metrics and outcome indicators that may be useful for inclusion in gender analyses and program evaluation frameworks in the future.

DESCRIPTION OF RESPONDENTS:

NORC will gather feedback from experts representing three different categories of respondents: federal government; state, local, and tribal governments; and private sector organizations such as mental health clinicians and providers, academia, and patient, family, and caregiver advocacy organizations. NORC will select up to 50 respondents across these categories.

TYPE OF COLLECTION: (Check one)

<input type="checkbox"/> Customer Comment Card/Complaint Form	<input type="checkbox"/> Customer Satisfaction Survey
<input type="checkbox"/> Usability Testing (e.g., Website or Software	<input type="checkbox"/> Small Discussion Group
<input type="checkbox"/> Focus Group	<input checked="" type="checkbox"/> Other: <u>Telephone Interviews</u>

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: Stephanie Alexander

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden hour
Federal Government/State, Local, and Tribal Governments/Private Sector	50	45 minutes	37.5
Totals	50		37.5

FEDERAL COST: The estimated cost to the Federal government is \$53,126.50.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

We will not conduct focus groups or a survey, or apply statistical sampling or analytic methods. This design is to collect professional expert feedback from a selected group of expert respondents through individual structured interviews tailored to separate categories of federal government; state, local, and tribal governments; and private sector organizations such as mental health clinicians and providers, academia, and patient, family, and caregiver advocacy organizations.

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?

[X] 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?

With guidance from OWH, NORC has created a list of potential respondents for each of the three respondent categories of federal government; state, local, and tribal governments; and private sector organizations such as health clinicians and providers, academia, and patient, family, and caregiver advocacy organizations NORC intends to recruit respondents via email and/or by phone.

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
- 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.