The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Application for Peer Grant Reviewers

Supporting Statement

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting Office of Management and Budget (OMB) approval of the revision of Application for the Reviewer Contact Information Form. This form is approved under OMB No. 0930-0255, which expires October 31, 2022. Section 501(h) of the Public Health Service (PHS) Act [42 USC 290aa] directs the Assistant Secretary of SAMHSA to establish such peer review groups as are needed to carry out the requirements of Title V of the PHS Act. SAMHSA administers a large discretionary grants program under authorization of Title V for organizations to provide prevention and treatment services related to mental and substance use disorders.

SAMHSA efforts to make improvements in the grants process have been shown by the diversity of discretionary award announcements. In support of those efforts, and to meet the specific reviewer criteria requirements set forth in the 21st Century Cures Act, SAMHSA desires to expand the types of reviewers it uses on these grant review committees. To accomplish that end, SAMHSA has determined that it is important to proactively seek the inclusion of new and qualified representatives on its peer review groups. Accordingly, SAMHSA has developed an application from (Attachment A – Reviewer Contact Information Form) for use by individuals who wish to apply to serve as grant reviewers.

2. Purpose and Use of Information

The application form has been developed to capture the essential information about the individual reviewer applicants. A potential SAMHSA reviewer can contact the Division of Grant Review about his/her interest in becoming a peer reviewer directly via email or by visiting the reviewer website at <https://www.samhsa.gov/grants/review/grant-reviewer-application>. Although a resume is also collected from interested individuals, it is essential to have specific information from all applicants about their qualifications that may not be included in a typical resume; the most consistent method to accomplish this is completion of a standard form by all interested persons, detailing their specific qualifications to be considered as reviewers. SAMHSA will use the information about knowledge, education and experience provided on the applications to identify appropriate peer grant reviewers. Depending on their experience and qualifications, applicants may be invited to serve as reviewers.

The following changes are proposed in the form:

1. Added Federally Qualified Health Centers (FQHC), Technical Training Centers (TTC) and Certified Community Behavioral Health Clinics (CCBHC) in the Affiliations Section – Office of Behavioral Health Equity (OBHE) Recommendation
2. Changed to “Prefer not to Answer” in the Gender section – OBHE Recommendation
3. Added High School and Certificate to Education section – OBHE Recommendation
4. Changed Alaskan Native/American Indian to American Indian/Alaskan Native and added “Mixed Race” in the Race section – OBHE and Tribal Office Recommendation
5. Added “No License” in the License section– OBHE Recommendation
6. Added “Tribal Health System” and “Screening/Prevention/Emergency Preparedness” in the Secondary Expertise section– OBHE and Tribal Office Recommendation
7. Added “Peer Experience/Lived Experience” in the Secondary Expertise section – OBHE Recommendation
8. Added “Junior Reviewer” and “Community Reviewer” to Grant Review Experience section– OBHE Recommendation
9. Added the SAMHSA Values Statement at the end of the form – OBHE Recommendation

3. Use of Information Technology

Applicants are offered two methods in which to apply. They may complete an online application form available on the SAMHSA website or may submit an application form electronically by e-mail to the [reviewer@samhsa.hhs.gov](mailto:reviewer@samhsa.hhs.gov) email account.

4. Efforts to Identify Duplication

SAMHSA has no other vehicle for potential grant reviewers to submit information about themselves for consideration in this capacity. There is, therefore, no duplication of information.

*5.* Involvement of Small Entities

Individuals who apply to serve as SAMHSA grant reviewers may be affiliated with small entities. However, the information requested is the minimum needed to identify well-qualified applicants and the burden on applicants will not be significant.

6. Consequences If Information Collected Less Frequently

Individuals will have to submit an application form only one time, unless they wish to update information previously submitted. Without this form, SAMHSA will not be able to identify and select well-qualified grant reviewers in a consistent, standardized manner.

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

This application is fully consistent with 5CFR 1320.5(d)(2).

8. Consultation Outside the Agency

SAMHSA has consulted with representatives of several other Operating Divisions within the Department of Health and Human Services (HHS) (the Administration for Children and Families, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention) to determine their processes for soliciting new reviewers. The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on May 26, 2022 (87 FR 32036). No comments were received.

9. Payment to Respondents

There will be no payment to respondents for submitting an application form. Applicants chosen as SAMHSA grant reviewers will receive standard compensation for their service in that capacity.

10. Assurance of Confidentiality

All information submitted in these reviewer application forms will be kept private, in the same manner that personnel applications are handled.

11. Questions of a Sensitive Nature

The items on the application form are not considered sensitive.

12. Estimates of Annualized Hour Burden

The following table summarizes the estimated annual response burden for this application form. Per historical trends, SAMHSA anticipates 500 respondents inquiring about reviewing for SAMHSA each year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of  Respondents | Responses/  Respondent | Burden/Response  (Hrs.) | Total Burden  Hours | Hourly Wage  Cost ($) | Total Wage  Cost ($) |
| 500 | 1 | 1.5 | 750 | $20.00 | $15,000 |

Several staff in HHS familiar with the review process completed the form. The average time that most individuals will need to complete the form will be between one and two hours, including time to update their resume.

The basis for the hourly wage is determined by the average salary of individuals in locales around the country who would have the type of qualifications needed to serve as peer reviewers. These individuals would be from both large and small cities, metropolitan areas, small towns and rural areas. This hourly wage is based on knowledge of a specific program that is directed by HHS and the Federal Emergency Management Agency, at the local service provider level.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or startup costs and no operation and maintenance of services costs to respondents associated with this application form.

14. Estimates of Annualized Cost to the Government

The estimated annual cost to the government is approximately $18,750. This is based on the estimated time for staff to review an application which averages about 45 minutes at approximately $50.00 per hour.

15*.* Changes in Burden

There is no burden change.

16. Time Schedule. Publication and Analysis Plans

The form will be made publicly available on SAMHSA’s web site upon receipt of OMB approval. Applications will be reviewed as received for completeness and appropriateness.

17. Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification Statement

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

List of Attachments

Attachment A: Reviewer Contact information Form