

Request for Approval under the “Department of Labor Generic Clearance for Outreach Activities”

(OMB Control Number: 1225-0059)

TITLE OF INFORMATION COLLECTION: Integrated Case Management Initiative
Journey Mapping

PURPOSE:

DOL’s Employment and Training Administration (ETA) is exploring opportunities to support integrated and holistic case management systems and service delivery at the local level. This outreach would help ETA, in collaboration with the Office of Personnel Management (OPM), to identify opportunities for improvement in the case management system by better understanding the first-hand experience of case managers and job seekers, so we can catalyze sustainable changes in how federal programs serves both groups.

DESCRIPTION OF RESPONDENTS:

Case Managers, Job Seekers, Program Participants, State and Local Staff, American Job Center (AJC) Operators, and Workforce Boards.

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>Individual 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: LaMia Chapman

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

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? Yes 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 No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (in hours)	Burden (in hours)
Case Managers (Individuals)	9	.75	6.75
State Staff (State Government)	9	.75	6.75
Local Staff (Individuals)	5	.75	3.75
AJC Operators (State Government)	5	.75	3.75
Workforce Boards (State Government)	5	.75	3.75
Program Participants/Job Seeker (Individuals)	9	.75	6.75
Totals	42	4.5	31.5 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$0

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

- 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?
 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?

The universe of respondents targeted for an interview comprise of local workforce board executive directors, state workforce agency staff, AJC program staff, and participants. The process used will be a convenience sample of states and local AJC staff who have indicated an interest in joining this discussion, and we will solicit nominations for focus groups and interviews from state agency associations. We will send out an email to those individuals who expressed interest in a one-on-one conversation and request that they click on the link provided in the email to fill out a form with their contact information. Another email will be sent for the initial scheduling of the interview where the respondents can provide their availability for a 45-

minute conversation; then a reminder email will be sent with the date, time, and call-in information for the interview.

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Percentage of Respondents Reporting Electronically:
 - 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 XXXXX)

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.