

SUPPORTING STATEMENT – PART A

Department of Defense Suicide Event Report (DoDSer) – 0720-0058

A. JUSTIFICATION

1. Need for the Information Collection

Please note that this request relates to a content revision to the DoDSER survey form. The DoDSER form and system have a current, active OMB Control Number (0720-0058; issued March 2015). The proposed revisions are being requested to respond to the DoD Inspector General’s assessment of DoDSER data quality (Report No. DODIG-2015-016). The changes to the collection instrument are available in a separate document, “DoDSER 2016 Proposed Changes,” which is also uploaded as part of this package.

The DoD Suicide Event Report (DoDSER) standardizes suicide surveillance efforts across the services (Air Force, Army, Navy, and Marine Corps,) to support the DoD's suicide prevention mission. The DoDSER is one of the primary data sources for suicide surveillance in the DoD. The DoDSER system collects information about suicides and other suicide behaviors (e.g., suicide attempts), to include the circumstances at the time of the event and risk and protective factors. The Services have access to their data for suicide prevention needs; the DoD’s National Center for Telehealth & Technology (T2) provides program management and analyses. The data is used for both ad hoc needs and a routine annual report. The data are used by the DoD’s suicide prevention programs to refine their prevention efforts and to inform leadership decisions.

The DoDSER collection effort was directed by DTM “Standardized Reporting of Department of Defense Suicides and Department of Defense Suicide Event Report, 14 October 2009. DoD Directive 6490.14: Defense Suicide Prevention Program, outlines specific duties and responsibilities for the collection of data and entry into the DoDSER system.

The DoDSER program is a collaborative effort among the DoD's Suicide Prevention and Risk Reduction Committee (SPARRC), the Services' Suicide Prevention Program Managers (SPPMs), and the National Center for Telehealth and Technology. The DoDSER is used for a variety of suicide behaviors including suicides, suicide attempts, and some other suicide related behaviors (e.g., deliberate self-harm or some cases in which only suicidal ideation is documented).

DoDSER does not collect information on the general public, rather from the public regarding suicide related behavior engaged in by active and reserve military personnel.

2. Use of the Information

Data is collected on suicides and self-harm events (e.g. suicide attempts) by Service members (both active duty and reserves) in order to help inform prevention efforts by the DoD. After an event is identified, the service appoints an individual to enter the report into the DoDSER system which is only accessible via a current DoD Common Access Card (CAC). Individuals are usually a staff member at a DoD operated medical treatment facility or an appointment member of the associated command of the Service member.

A DoDSER user enters data on the individual into five major categories, event-specific details, administrative data, medical history, military service history, and personal history. The information is collected from official reports such as the AR15-6 investigation, the component law enforcement report, unit records, medical records from the AHLTA system and potentially contacting providers, unit members and others who may have specific information about the individual's situation or state of being prior to the event. The bulk of information is collected from official reports, service records and DoD enterprise database systems and entered into the specific report by the DoDSER system user. The user logs into the DoDSER web application and uses source documents and in some cases interview data to provide information on the DoDSER items. The person with a suicide behavior (e.g., a suicide attempt) does not receive the items or a survey to complete. The assigned data collector uses records and interviews to obtain information needed to address the DoDSER items him/herself in the web application.

Similarly, members of the public (e.g. family members, civilian healthcare providers) do not receive a survey or forms to complete; they are interviewed by the DoDSER user, and that information is used, in part, to complete the DoDSER items online. If the DoDSER user needs to interview a member of the public, they provide him or her with the following Privacy Act Statement (PAS):

This statement serves to inform you of the purpose of collecting personal information for inclusion in the Department of Defense Suicide Event Report (DoDSER) and how it will be used.

AUTHORITY

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; 10 U.S.C. Chapter 55, Medical and Dental Care; 29 CFR Part 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters; DoDD 6490.02E, Comprehensive Health Surveillance; DoDD 6490.14, Defense Suicide Prevention Program; AR 600-63, Army Health Promotion, Rapid Action Revision 7 Sep 10, Paragraph 4-4 Suicide prevention and surveillance; OPNAV Instruction 1720.4A, Suicide Prevention Program, 5.d, Reporting; AFPAM 44-160, The Air Force Suicide Prevention Program, XI, Epidemiological Database and Surveillance System; and E.O. 9397 (SSN), as amended.

PURPOSE

To collect information on suicides and instances of self-harm behaviors (including suicide attempts and suicidal ideations) that occurred among active military personnel, reserve military personnel, and members of the National Guard, with the goal of preventing future occurrences.

ROUTINE USES

Use and disclosure of these records outside of DoD may occur in accordance with the DoD Blanket Routine Uses and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)).

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

DISCLOSURE

Voluntary. However, any information you provide may assist DoD in promoting the health of the Armed Forces.

Some interviews can be conducted over the phone. The following PAS may be provided in lieu of the above PAS when collecting information from an individual over the telephone. It is used as the script for what to tell the interviewee:

I am about to request information on suicides or instances of self-harm behavior (including suicide attempts and suicidal ideations) that may have occurred among active military personnel, reserve military personnel, or members of the National Guard. This information may be collected into the Department of Defense Suicide Event Report (DoDSER). You are not required to provide any information, but any information you provide may assist DoD in promoting the health of the Armed Forces.

The authorities permitting this collection include 10 U.S.C. 136 and 10 U.S.C. Chapter 55. The information you provide may be disclosed for reasons compatible with why it was collected and when permitted by the HIPAA Privacy Rule and other applicable privacy laws. Would you like to know more about the authorities, purposes, routine uses, or disclosures, or receive a paper copy of the full Privacy Act Statement?

If the individual (the interviewee) requests additional information about the authorities, purposes, routine uses, or disclosures, that section of the above PAS is read. If the individual requests a paper copy of the PAS, the individual may choose whether to withhold any responses until a paper copy of the above PAS has been provided. When the interview progresses, the individual responsible for submitting the DoDSER data asks questions to obtain the missing information and complete the web form.

The data are collected for analysis, interpretation, and reporting of outcome-specific data for use in planning, implementation, evaluation, and prevention of suicide behaviors within the Department of Defense. The data is analyzed and studied by the T2, the Defense Suicide Prevention Office (DSPO) and the military services (i.e. Army, Navy, Air Force, and Marines Corps) to help inform specific questions or programs related to suicide prevention. The Data has been used to inform suicide prevention programs developed by the services, inform leadership briefings, inform clinical practice guidelines, and facilitate research.

System data is summarized in the annual report for the corresponding year. Each report summarizes the DoDSER data collected for the calendar year (counts and percentages) to support a wide variety of suicide prevention goals. Each report contains a DoD section, and sections that summarize each Service's data. The report is released through the DoD Suicide Prevention Office and made available to the general public at <http://www.t2health.org/programs/dodser>. Ad hoc analyses are also conducted to support suicide prevention and leadership decisions.

Information collected from a 3rd party for inclusion in a DoD Suicide Event Report (DoDSER) does not require the consent of the Service Member who was involved in a successful suicide, attempted suicide, self-harm behavior, or suicide ideation (Reportable Event). Such Service members are not notified when DoD makes a decision to collect information for a DoDSER Report from 3rd parties.

Information collected on Service Members involved in Reportable Events through DoDSER Reports becomes part of a DoD system of records (DHA 20, DoDSER), which is the DoD's primary suicide surveillance data. Aggregate data collected through DoDSER reports supports DoD's broad efforts to achieve suicide prevention among both Active Duty and former Service Members. Reduction in suicides, suicide attempts, self-harm behaviors and suicidal ideation among these individuals is an issue of national importance, and a top priority for the highest level of the Executive Branch, including the White House.

The importance of complete, high quality suicide surveillance data has been highlighted in a number of Task Force and systematic reviews of military suicide. The DoDSER Report includes a large number of data elements that cover a Service member's demographics, military history, medical and psychiatric history, life stressors, and environmental factors. Because of this breadth of information, relying solely on existing records of the individual involved in a Reportable Event or additional information obtained, where possible, from that individual following the Reportable Event, creates a risk that the DoDSER database may be incomplete, reducing the quality of the suicide surveillance data base. Observational data obtained from 3rd parties, including family members, friends, and other members of the public to complete records on Reportable Events and may frame the environment affecting the Service Member which led to the Reportable Event.

Notifying a Service Member involved in a Reportable Event of specific 3rd parties from whom information may be requested for inclusion in a DoDSER Report may result in the 3rd parties being reluctant to provide necessary information. A similar result may occur if a 3rd party who may have relevant information cannot be contacted without the Service Member's

consent. Either situation does not aid in DoD's effort to improve overall data quality in its suicide surveillance data held in the DoDSER. Obtaining some data from 3rd parties produces higher quality data for analysis in DoD's suicide surveillance reports (which do not contain personally identifiable data), and provides for better longitudinal data to analyze relationships among types of self-harm behaviors (e.g., suicide attempts that are later followed by suicides). Collection from 3rd parties is a necessary part of improving data available for those working in the field of suicide prevention. DoDSER does not collect personally identifiable information about 3rd parties contacted regarding a Service Member.

The manner in which DoD collects information from 3rd parties without notification to or the consent of individuals involved in a Reportable Event is reasonable and appropriate within the framework of the Fair Information Practice Principles (FIPPs). DoD's approach is consistent with FIPPs status of a framework for balancing the need for privacy (of the individual involved in a Reportable Event) with other public policy (reduction of Reportable Events within the military). Information about these individuals collected from 3rd parties, as well as other information collected through DoDSER Reports, is not reported as identifiable data, protecting the individual's privacy. At the same time, the 3rd party provides information to help assure the quality of the suicide surveillance data base and achieve the public policy behind that data base.

To develop a base of high quality suicide surveillance data, it is necessary, if at all possible, to collect consistent types of information (such as family histories) about individuals for the DoDSER data base (whether that individual was involved in a successful or attempted suicide, or engaged in self-harm behaviors or suicidal ideation). Notifying individuals who are the subject of a DoDSER Report that information may be collected from 3rd parties or seeking their consent to collecting from 3rd parties may reduce the quality of the DoDSER data base.

FIPPs' collection limitations state, in principle part, that the "collection of personal information should be limited, should be obtained by lawful and fair means, and, *where appropriate*, with the knowledge or consent of the individual" (emphasis added). In light of the overarching public policy to reduce Service Member Reportable Events, knowledge or consent requirement that may limit collection of necessary data thereby lessening the quality of the DoD suicide surveillance database are not appropriate. Also considered is that, for policy reasons, the suicide surveillance data collected about all individuals who are the subjects of Reportable Events should be collected from comparable sources, whether the Reportable Event is a suicide (in which event consent or knowledge may not apply). The public policy supporting establishment of DoDSER and maintenance of DoDSER Records do not support notice or consent to collect from 3rd parties.

Information collected is used to inform prevention strategies across all branches of service and the DoD.

3. Use of Information Technology

The system is an electronic submission interface. DoDSER is a web-based, CAC accessible system. 100% of respondents will report electronically.

4. Non-duplication

While some information is available such as demographics, deployment history and medical data, other information is unique (e.g., information regarding the specific suicide event) and cannot be obtained through other systems. T2 has negotiated data usage agreements with the Defense Manpower Data Center (DMDC) for administrative data from DEERS and the Contingency Tracking System (CTS) for the individual's deployment history. An MOU is currently in coordination to support the integration of data from the Medical Data Repository (MDR).

5. Burden on Small Business

There is no burden to any small business for the purpose of this collection.

6. Less Frequent Collection

Suicide behaviors are, statistically speaking, very rare events. If the data was collected less frequently, less data would be available to inform suicide prevention strategies which could impact the DoD's success in refining prevention. A decision to collect the data less frequently would violate current DoD policy.

7. Paperwork Reduction Act Guidelines

There are no special circumstances that require this information collection to be conducted in a manner that is inconsistent with the guidelines in 5 CFR 1320(d)(2).

8. Consultation and Public Comments

a. A notice published in the Federal Register on October 19, 2015, 80 FR 63203-63204. No comments were received from the public.

b. A notice of submission to OMB was published in the Federal Register on May 16, 2016, 81 FR 30266.

b. When the DoDSER system was being developed, nationally recognized experts in suicide prevention were consulted on the data collection items (e.g., David Rudd, PhD, David Jobes). In addition, the CDC's suicide surveillance recommended best practices were reviewed to refine the DoDSER data collection process. Furthermore, once a year, T2 hosts a meeting with the Services' DoDSER program managers who are responsible for data collection and the DSPO to review the data collection effort. They provide feedback and recommendations for improving the data collection process, clarity of items, clarity of instructions, etc. T2 hosted this annual event in August of 2015 and several items were identified for refinement. For example, the decision was made to change the event type option "Self-Harm Without Intent to Die," to "Self-Harm, Non-Suicidal Self-Directed Violence." This change was made to align with the CDC's definitions that were adopted by the DoD as uniform definitions.

The recommended changes are then reviewed by psychologists and technical experts before implementation is started. In general, proposed item changes are identified about 6 months before implementation. Historically, item changes were made once a year on January 1 to help ensure a standardized data collection process for the calendar year. New data requirements will be forwarded to OMB for approval prior to implementation.

This year, T2 has been asked to comply with recommendations from the Office of the Inspector General (Report No. DODIG-2015-016). These recommendations are designed to improve the overall data quality of the DoDSER system and prompted the requested revision of the DoDSER system. The changes to the collection instrument are available in a separate document, “DoDSER 2016 Proposed Changes,” which is also uploaded as part of this package.

9. Gifts or Payment

No gifts or payments will be provided to respondents.

10. Confidentiality

DoDSER uses role-based access in accordance with duties and responsibilities of the user. Respondent information is entered via secure socket layer (SSL) encrypted sessions. Further, data transfers from the web application to the database are encrypted and travel via SSL. Records are electronic and stored in electronic storage media. The servers that house the data are always kept in compliance with the Information Assurance Vulnerability Management (IAVM) requirements and maintain current virus definitions, updated daily. Records are maintained in a controlled facility. Physical entry is restricted by the use of locks, guards, and is accessible only to authorized personnel. Access to records is limited to person(s) responsible for servicing the record in performance of their official duties and who are properly screened and cleared for need-to-know. Access to computerized data is restricted by Common Access Cards. The system automatically logs out a user if there has been no activity on the system for 30 minutes. All personnel with authorized access to the system must have appropriate Information Assurance training, Privacy Act training, and Health Insurance Portability and Accountability Act training. Mandatory refresher of all training is required by all DoD entities annually.

Information provided is confidential and will only be used in accordance with the intended purpose of the system. System data is protected by the Privacy Act of 1974 as amended (5 U.S.C. 522a(b)) and Health Insurance Portability Accountability Act (HIPAA) Privacy Rule (45 CFR Parts 160 and 164)

Use and disclosure of these records outside of DoD may occur in accordance with the DoD Blanket Route Uses and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). DoDSER’s SORN is DHA 20 and can be found at: <http://dpclo.defense.gov/privacy/SORNS/component/osd/DHA20.html>. DoDSER’s privacy

impact assessment (PIA) was recently updated on 23 October 2013 and [will](#) be uploaded to the OMB database.

11. Sensitive Questions

Respondents are asked to voluntarily provide supplemental information to the DoDSER record about the Active or Reserve component military member who had a recent suicide behavior. Data is not collected about the civilian (e.g., family member or friend) per se. Questions about the military member may be of a sensitive nature and can be focused on specific suicidal behaviors, family history, relationships or other information relevant to the specific event. Data includes race and religious beliefs because these variables have been shown to be associated with risk of suicide behaviors. SSN is collected for administrative purposes, but there is an approved plan for working towards the DoDs SSN reduction goals.

As described above, there is an approved Privacy Act Statement that explains the authorities for the data collection. In addition, they are told that the purpose is to collect information on suicides and instances of self-harm behaviors (including suicide attempts and suicidal ideations) that occurred among active military personnel, reserve military personnel, and members of the National Guard, with the goal of preventing future occurrences. They are told the routine uses and that any protected health information (PHI) in may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD.

12. Respondent Burden, and its Labor Costs

a. Estimation of Respondent Burden

It is estimated that 1,375 respondents will respond one time in a 12-month period and it will take approximately 10 minutes per response.

$$1,375 \text{ respondents} \times 10 \text{ minutes} = 13,750 / 60 = 229 \text{ burden hours}$$

The DoDSER questionnaire is not intended for members of the public. As stated previously, the intent is to learn more about specific suicide and self-harm events of DoD service members. On a rare occasion, it may become necessary for a user to seek input from a family member, friend, civilian provider or DoD contractor for information about the service member.

The current system configuration asks the user to identify the sources of information used to complete the report. Individuals indicate whether they obtained information from the Patient (for non-fatalities such as suicide attempts), Co-workers/supervisors, Responsible investigative agency officer, Involved professionals such as physicians, behavioral health clinicians, drug and alcohol counselors, chaplains, military police, family service personnel (e.g., ACS), and Family Members. A separate section permits users to indicate what records were used as sources of information for the DoDSER submission.

Multiple sources can be selected for each report. T2 analyzed the 2012 data and determined 1,375 data sources included family members (118), police or investigative officers (162), or other professionals (1095). Based on internal models of applicable items and simulations of those interviews with internal staff, ten minutes was used to estimate the amount of time an average respondent would need to answer questions for the report. The resultant total burden is then equal to 229 hours.

b. Labor Cost of Respondent Burden

The Bureau of Labor Statistics (BLS) median hourly wages from their most recent annual report (October 2013) was reviewed and analyzed to obtain the median hourly earnings of wage and salary workers for those 25 years of age and older to estimate the labor cost of the respondent burden. (Although it is possible some members of the public who would be interviewed could be younger than 25, the only other statistic available in the report included those as young as 16 which would under estimate the respondent burden). The median hourly earnings was \$14.25. The total labor cost to respondents is therefore:

$$1375 \text{ respondents} \times 10 \text{ minutes} = 13,750 \text{ total minutes} / 60 = 229 \text{ hours} \times \$14.25 = \$3,265.63$$

13. Respondent Costs Other Than Burden Hour Costs

None.

14. Cost to the Federal Government

Item/Position	Function	Rate	Salary	Percent	FY15
Program Manager	Pogram Management	GS13/5	98,946	1.00	98,946
Epidemiologist	Program Administration	GS14/5	116,924	0.20	23,385
Network Enginner	System Administration	GS11/5	69,429	0.05	3,471
Database Admin	System Administration	GS13/5	98,946	0.30	29,684
Director	Program Administration	GS15/5	137,538	0.10	13,754
Hosting					45,000
Data Collection by Services					351,000
Printing					1,000
Contract Personnel					300,000
Total					866,240

a. Cost Methodology. Government personnel costs were estimated by their GS grade assuming a Step 5 salary for all. Percent effort on the DoDSER program was multiplied times the salary for each position to determine FY15 costs. Two dedicated contractors for project management and software development are dedicated to the DoDSER program. An estimate of \$150,000 per year was used for each position. The estimate was provided by local contracting officials.

b. Additional costs. The DoDSEr software is hosted at FT Detrick, MD at a total cost of \$45,000 for four servers. The annual report is published to www.t2health.org/programs/dodser and only a few copies are printed for briefing and reference purposes.

c. Collection costs. In 2012 there were approximately 2,200 reports submitted to the system. The hours were broken down by whether the enterer was military, general schedule or a contractor. Hours were estimated using an average burden of three hours for a suicide and two hours for any other event type. Average cost was calculated for each service using the DoD Cost Guidance Portal, <https://www.cape.osd.mil/CostGuidance>, Cost of Report and Study Calculator which estimates hours multiplied by military, general schedule or contractor resources. For a contractor, we used an annual cost of \$150,000 per contractor based on advice from local contracting officials. The Army has a dedicated program manager to facilitate collections, GS13 step 5 was used in the estimate. Collection costs were rounded to the nearest 1,000.

15. Reasons for Change in Burden

The reduction in burden from the publication of the 60-day notice in October 2015 is due to new data on the number of DoDSEr reports being entered that was not available until after the publication of the 60-day notice. Thus, the burden estimate was updated to account for the current estimate at that time.

16. Publication of Results

DoDSEr data is published in the Annual Report released by OSD P&R through the Defense Suicide Prevention Office (DSPO). The report is a coordinated effort by the Services, AFMES, DSPO and T2. The services have until 1 April of the following year to complete DoDSErs for all confirmed suicides as determined by the Armed Forces Medical Examiner System (AFMES). Beginning 1 April, T2 extracts the data and begins data analysis and drafts the report text. The report is due to DSPO by July 31 each year for final approval and public release along with a cover letter from the Deputy Assistant Secretary of Defense, Personnel and Readiness. The report is then posted to <http://t2health.org/programs/dodser>.

Report Timeline:

Item	Start	Finish
External Data Collection	1 January	31 December
Previous year DoDSErs Entered		1 April
Data extraction and syntax development	1 April	15 April
Idiosyncratic data cleaning and finalization	16 April	1 May
Data Analysis	2 May	30 Jun
Draft of Text	1 July	25 July
Review final draft	26 July	31 July
Submit to DSPO	31 July	
DSPO Review	1 August	15 November

T2 briefs Suicide Prevention General Officer Steering committee	15 October	15 November
Report Published	15 December	

17. Non-Display of OMB Expiration Date

There is no request for a non-display of OMB Expiration Date. The current OMB Control number and expiration date are actively displayed throughout the DoDSER system.

18. Exceptions to "Certification for Paperwork Reduction Submissions" There are no exceptions to the "Certification for Paperwork Reduction Submissions".