

## Supporting Statement Part A

- 1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

This survey provides customer experience insights related to the experience of Veterans in accessing services and resources made possible via Executive Order 13861, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). Feedback on this survey from Veterans Service Organizations, Veterans, and community organizations will help ensure that the PREVENTS Office has the information it needs to implement the Roadmap and communicate its efforts to empower Veterans and prevent suicide. Survey respondents will include Veterans Service Organization Members, Veterans, and individuals affiliated with nonprofit and community organizations. This survey is a non-probability-based survey and is not intended to make inferences about any overall population. This survey will be administered to Veterans who are affiliated with Veteran Service Organizations, individuals affiliated with Veteran-focused community-based or nonprofit organizations, or individuals who are affiliated with Veteran Service Organizations (VSOs). The survey will be publicized via an article that contains a survey link in a Blog in the Vet Resources Newsletter produced by the Department of Veterans Affairs, email communications with Veterans Service Organizations, and e-mail, in-person, and video-message communications to community-based organizations and strategic partners. Collected data are uploaded to the VSignals survey analysis tool and raw data are made present for analysis. Survey questions focus on current and potential mental health resources, communication channels, and outreach strategies that are currently being provided, or could be provided, to Veterans to ensure their safety and security.

- 2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

This survey provides customer experience insights related to the experience of Veterans in accessing services and resources made possible via Executive Order 13861, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). Feedback on this survey from Veterans Service Organizations, Veterans, and community organizations will help ensure that the PREVENTS Office has the information it needs to implement the Roadmap and communicate its efforts to empower Veterans and prevent suicide. Government users include Government Users include (a) Federal VA staff members who serve in the President's PREVENTS Task Force. The PREVENTS task force is partnering with stakeholders from multiple sectors, including nonprofits, state and local organizations, Fortune 500 companies, and government leaders, to implement best practices to improve health and prevent suicide; and (b) Federal staff serving in the Enterprise Measurement and Design Directorate of the Dept. of Veterans Affairs' Veterans Experience Office. No international or business users are anticipated.

- 3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any**

**consideration of using information technology to reduce burden.**

This survey is a non-probability-based survey and is not intended to make inferences about any overall population. This survey will be administered to Veterans who either are (a) affiliated with Veteran Service Organizations; (b) affiliated with Veteran-focused community-based or nonprofit organizations; or (c) Veterans who are not affiliated with any specific organizations. The survey will be publicized via an article that contains a survey link in a Blog in the VetResources Newsletter produced by the Department of Veterans Affairs, email communications with Veteran Service Organizations, and e-mail, in-person, and video-message communications to community-based organizations and strategic partners. Collected data are uploaded to the VSignals survey analysis tool and raw data are made present for analysis.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

The PREVENTS Task Force partners with stakeholders from multiple sectors, including nonprofits, state and local organizations, Fortune 500 companies, and government leaders, to ensure there is no duplication of PREVENTS-related data collection. In addition, the VA maintains close liaison and share information with other Government agencies that have an interest in suicide-prevention statistics to ensure that duplication of data collection does not occur.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

This collection does not impact small business or other small entities.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

Not applicable.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

- **requiring respondents to report information to the agency more often than quarterly;**
- **requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **requiring respondents to submit more than an original and two copies of any document;**
- **requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**

- **in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**

- **requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
- **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
- **requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

This information collection will be conducted in a manner consistent with OMB guidelines and there are no special circumstances.

- 8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years - even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

60-Day FRN: Publication Date 3/13/2020. 85 FR, page 31614

30-Day FRN: Publication Date 5/26/2020. 85 FR, page 1472

The comments themselves can be found in Appendix A.

- 9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

No payments or gifts are given to respondents of this survey.

- 10. Describe any assurance of confidentiality provided to respondents and the basis**

**for the assurance in statute, regulation, or agency policy. If the collection requires a systems of records notice (SORN) or privacy impact assessment (PIA), those should be cited and described here.**

The information collected in this survey is confidential under Title 13, United States Code, Section 9. Title 13, United States Code, Sections 224 and 225 make reporting mandatory. Respondents are informed of the confidentiality of their response and the mandatory nature of the survey by means of explicit language in the footer of the survey itself.

- 11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

This survey provides customer experience insights related to the experience of Veterans in accessing services and resources made possible via Executive Order 13861, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). Feedback on this survey from Veterans Service Organizations, Veterans, and community organizations will help ensure that the PREVENTS Office has the information it needs to implement the Roadmap and communicate its efforts to empower Veterans and prevent suicide.

- 12. Provide estimates of the hour burden of the collection of information. The statement should:**

- Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of**

**differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**
- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included under ‘Annual Cost to Federal Government’.**

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time ( X minutes =)</b>	<b>Burden ( ÷ 60 =)</b>
Individuals & Households	57,200	5	4767
VA Form <i>(if applicable)</i>			
<b>Totals</b>	<b>57,200</b>	<b>5</b>	<b>4767</b>

The estimated annual cost to the Federal government is \$7,650. The cost to respondents is \$0.

This survey is a non-probability-based survey and is not intended to make inferences about any overall population. This survey will be administered to Veterans who either are (a) affiliated with Veteran Service Organizations; (b) affiliated with Veteran-focused community-based or nonprofit organizations; or (c) Veterans who are not affiliated with any specific organizations. The survey will be publicized via an article that contains a survey link in a Blog in the VetResources Newsletter produced by the Department of Veterans Affairs, email communications with Veteran Service Organizations, and e-mail, in-person, and video-message communications to community-based organizations and strategic partners. Collected data are uploaded to the VSignals survey analysis tool and raw data are made present for analysis.

**13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected on the burden worksheet).**

- **The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**
- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collections services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public**

**comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**

- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

There is no cost to respondents from the collection of information.

- 14. Provide estimates of annualized costs to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.**

The cost to record keepers is \$7,650. This is simply the personnel cost for the VA analysts responsible for data analytics and reporting associated with this survey.

73.5 hours x \$104/hr. = \$7650.

- 15. Explain the reasons for any program changes or adjustments reported on the burden worksheet.**

There are no changes or adjustments.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

Results will not be published.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

The expiration date of OMB approval will be displayed on questionnaires.

**18. Explain each exception to the topics of the certification statement identified in “Certification for Paperwork Reduction Act Submissions.”**

The collection of information for this survey compiles with 5 CFR 1320.9 without exception.

## Appendix A: Public

### Comments

## Contents

- [1. Comment on ICR- Service Level Measurement-PREVENTS Survey; OMB No. New; FR Doc No: 2020-05143; Turner, Michael](#)

### Notice Abstract:

This survey provides customer experience insights related to the experience of Veterans in accessing services and resources made possible via Executive Order 13861, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). Feedback on this survey from Veterans Service Organizations, Veterans, and community organizations will help ensure that the PREVENTS Office has the information it needs to implement the Roadmap and communicate its efforts to empower Veterans and prevent suicide. Survey respondents will include Veterans Service Organization Members, Veterans, and individuals affiliated with nonprofit and community organizations. This survey is a non-probability-based survey and is not intended to make inferences about any overall population. This survey will be administered to Veterans who are affiliated with Veteran Service Organizations, individuals affiliated with Veteran-focused community-based or nonprofit organizations, or individuals who are



affiliated with Veteran Service Organizations (VSOs).

### Comment:

Michael D Turner's Comments on Service Level Measurement PREVENTS Survey

I served in the US Marine Corps during the Cold War during mid to late 80's, member of several Veteran Service Organizations, member of a national SMVF Council with a national Mental Illness organization and serve on the Board of Directors of a national Veteran NPO. As a Veterans Mental Health Advocate, Veteran Suicide Prevention/Awareness Advocate, Veterans Mental Health Advocacy Council member in Florida and past Chair in Ohio, past VA Voluntary Service Executive Committee Chair in Ohio and volunteer in Mental Health Service, VA Suicide Prevention, Patient Education Facilitator, Rehab Services, and other committees as requested; after getting sober, addressing my Mental Health and Physical Health starting in 2007. I serve on a County Committee that addresses Mental Health, Substance Use and Suicide in high risk groups representing Veterans in Florida, Mission United stakeholder in Florida, a Mental Health First Aid facilitator, Wellness Recovery Action Plan facilitator, Peer facilitator for Mental Illness Support Group for adults, Service Members and Veterans Only too. I also serve in my community on several committees with small NPOs.

1) The question on whether information is necessary for VEO to properly perform their duties, and whether the information will have practical utility? Personally think that Veterans name, last 4, which Clinic, Doctor, program or outside partner the complaint or compliment is about, and what is the feedback from Veteran and what the other party said. This would be useful to have.

2) The accuracy of VEO's estimate of the burden of the proposed collection of information? I think the estimate of 5 minutes per respondent misses by 10 minutes minimum, which means the the total needs to be tripled.

3) Ways to enhance the quality, utility, and clarity of information collected? Personally if just to see thoughts about their experience ask them to answer preset questions about visit or interaction using scale 0 to 5 on easy questions and allow Veteran to comment under the question if 0 to 2. The standard questionnaire sent after an appointment would reduce the time but still more than 5 minutes. Keep the questions to how they were greeted, treated, on time appointment that day, and was your concerns addressed.

4) Ways to minimize the burden of proposed collection of information on respondents, through us of automated collection techniques or use of other forms of information technology? Keep using the email questionnaire, mail out in depth surveys, try using the kiosks to ask about if you got appointment when you needed, was time good for you, and other simple question, so you don't make it frustrating to Veteran.

5) I personally think the outside groups or partners need to have more feedback so we know how they are working, being effective in helping Veterans, what is the success rate when Veteran has had to repeat, do the provide other services or give resources to Veteran, Family Member and Caregiver.

6) To get more feedback from Veterans, Veteran Service Organizations, community organizations, Veteran focused NPO's, or Organizations, and Mental Health or Suicide organizations that help Veterans need to be sent notices about needing input on what is needed in their area or state, what resources are existing, what are best practices that they use, does your VA facility get involved in the community, how engaged is your community or state in Veteran issues or concerns, and how can you help get this effort off the ground.

7) To make sure more get involved you will need to help grassroots Veteran Organizations and others who actually are in the trenches helping Veterans to do outreach about PREVENTS, have County's to create a Veteran Task Force to help coordinate the effort and use the existing infrastructure of organizations that help Veterans in the community by funding their work, efforts to promote, use media to spread the word, plus help them with events that help the effort. I would have seminars, training of the core leaders, hold statewide summits and have webinars similar to the VA/SAMHSA Challenges do to help that effort.

8) Need to do a SWOT Analysis for each community, County, State and Nationally so the PREVENTS Office can distribute so others might not have to recreate a program that requires a lot of resources or has great success to help those who could use that program, and see other efforts being done to reach Veterans who don't use the VA. Fund these efforts at State and National levels.

9) Find Veterans, organizations and others in the community to be PREVENTS champions and help lead the effort in their Community, County and State, otherwise this will not be effective.

**Response:**

The following Task Force strategies will address the concerns expressed above by Mr. Turner:

- Convene interagency action teams to advance PREVENTS 2020 priorities
- Launch a suicide prevention survey to provide insight related to Veterans' experiences accessing services and resources
- Build a resource map that will pinpoint suicide prevention resources offered at the state, local, and national levels
- Work with state governors to encourage states to formally declare their full support for the implementation of the PREVENTS Roadmap
- Expand the national and state cohort of PREVENTS Ambassadors championing PREVENTS messaging at events and through other relevant opportunities
- Kick off the joint PREVENTS Office and VA Innovation Center Prevention Grand Challenge Competition aimed at developing a technology-based platform that will serve as a resource of evidence-based mental health and suicide prevention solutions
- Work with partners to assess existing professional credentialing and certification requirements related to suicide prevention and mental health, and develop a plan to meet any gaps

---

2. [Comment on Info. Collection Notice-Service Level Measurement-PREVENTS Survey: Iozzio, Derrick](#)

**Notice Abstract:**

This survey provides customer experience insights related to the experience of Veterans in accessing services and resources made possible via Executive Order 13861, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). Feedback on this survey from Veterans Service Organizations, Veterans, and community organizations will help ensure that the PREVENTS Office has the information it needs to implement the Roadmap and communicate its efforts to empower Veterans and prevent suicide. Survey respondents will include Veterans Service Organization Members, Veterans, and individuals affiliated with nonprofit and community organizations. This survey is a non-probability-based survey and is not intended to make inferences about any overall population. This survey will be administered to Veterans who are affiliated with Veteran Service Organizations, individuals affiliated with Veteran-focused community-based or nonprofit organizations, or individuals who are affiliated with Veteran Service Organizations (VSOs).

### Comment:

As a veteran and a mental health peer specialist, I am passionate about working to stop the veteran/military suicide crisis. I feel that some government programs have failed in this respect. I was a peer specialist for the DSPO "Be There Peer Support" program and saw first hand how it did not work. I founded Catch 22 Peer Support because in my experience as a veteran and as a peer specialist, I have found that active outreach and local, veteran owned organizations work best to reach those veterans in need.

To reach veterans, especially those in need, it will take local "Boots on the Ground" organizations that are familiar with the veteran population in their respective communities. Studies and surveys have shown that many veterans do not seek help because of a distrust in the VA and other agencies that can provide that help. Peers can locate these veterans, establish a professional rapport with them and get them connected with the resources they need and/or want.

I propose that the PREVENTS panel seek out these local veteran run organizations, the veteran owned small businesses and give those organizations the support they need to continue their effort to serve their veteran brothers and sisters.

Catch 22 Peer Support has collaborated with several other small veteran owned organizations and we have served veterans in need and are successful in this effort. Our group "SAVE VETS" is comprised of veteran owned organizations throughout the United States and is growing.

We would like to extend an offer to the PREVENTS task force to work together to address the suicide crisis.

Thank you for your time and consideration.

---

### Response:

#### **In response to Mr. Iozzio's input and those of other interested stakeholders, the Task Force intends to implement the following strategies and actions:**

- Create and implement a national public health campaign focused on suicide prevention for Veterans and all Americans.
- Identify and prioritize suicide surveillance and research that focuses on a Veteran's unique combination of individual, relationship, community, and societal factors to deliver the most effective intervention(s) tailored to meet their needs and circumstances.
- Promote foundational changes to the way research is conducted — including improving the speed and accuracy with which research is translated into practice, improving efficiency through data sharing and data curation practices, and using innovative funding techniques to drive team science and reproducibility.
- Develop effective partnerships across government agencies and nongovernment entities and organizations to increase capacity and impact of programs and research to empower Veterans and prevent suicide.
- Encourage employers and academic institutions to provide and integrate comprehensive mental health and wellness practices and policies into their culture and systems.
- Provide and promote comprehensive suicide prevention trainings across professions.

- Identify, evaluate, and promote community-based models that are effectively implementing evidence-informed mental health and suicide prevention programs across the country. In doing so, they should leverage relationships with community-based efforts, non-profit organizations, faith-based communities, VSOs, and MSOs focused on saving the lives of Veterans.
- Increase implementation of programs focused on lethal means safety (e.g., voluntary reduction of access to lethal means by individuals in crisis, free/inexpensive and easy/safe storage options).
- Develop a coordinated, interagency Federal funding mechanism to support, provide resources for, and facilitate the implementation of successful evidence-informed mental health and suicide prevention programs focused on Veterans and their communities at the State and local levels.
- Streamline access to innovative suicide prevention programs and interventions by expanding the network of qualified healthcare providers.