SUPPORTING STATEMENT: PART A

Performance Monitoring of CDC's Comprehensive Suicide Prevention Program

OMB# 0920-xxxx

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- **Goal of the study**: The goal of this ICR is to collect performance monitoring data via a web-based Partners' Portal. This data is needed to monitor the cooperative agreement program funded under the Comprehensive Suicide Prevention Program (CE20-2001).

- **Intended use of the resulting data:** Data collected will be used to monitor progress toward program goals, identify technical assistance needs of recipients, and to provide accountability for funding to the Department of Health and Human Services (HHS), the White House, Congress, and other sources, upon request.

- **Methods to be used to collect:** Recipients will report progress and activity information to CDC on an annual schedule using a web-based Partners' Portal. No research design or human subjects involved.

- **The subpopulation to be studied:** 100% of population, no sampling

- **How data will be analyzed:** The data will be analyzed using descriptive and summary statistics as well as qualitative summaries.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) seeks OMB approval for 3 years for this New information collection, to collect information from recipients funded under the Comprehensive Suicide Prevention Program cooperative agreement (CE20-2001), hereafter known as CSP.

Information to be collected will provide crucial data for program performance monitoring and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information to be collected will also strengthen CDC's ability to monitor awardee progress, provide data-driven technical assistance, and disseminate the most current surveillance data on suicide and suicide attempts.

The proposed information collection is authorized by the Public Health Services Act (PHS Act) which provides the legislative means for states to advance public health across the lifespan and to reduce health disparities. Section 301 (a) of the PHS Act, 42 U.S.C. 241 (a), authorizes grants to aid "other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the cause, diagnosis, treatment, control and prevention of physical and mental diseases and impairments of man" (Attachment A).

Background

Suicide rates have increased 33% between 1999 and 2019. In January 2020, CDC received an appropriation for its Comprehensive Suicide Prevention (CSP) program. This program seeks to reduce suicide morbidity and mortality by 10% in populations disproportionately impacted by suicide in participating jurisdictions. Recipients are required to develop a strategic action plan that outlines their comprehensive approach to suicide prevention and then to implement and evaluate this approach. The comprehensive approach includes 1) convening of multi-sectoral partners, 2) using data to identify and learn about suicide in populations disproportionately impacted, 3) inventorying existing suicide prevention programs in the community, 4) selecting suicide prevention strategies and approaches with the best available evidence to complement existing programs, 5) creating a communication plan to keep stakeholders informed, and 6) ongoing implementation and evaluation. Evaluation will include monitoring of short-, intermediate-, and long-term outcomes as outlined in the program logic model and in Table A.2 below.

A.2. Purpose and Use of Information Collection

Annual information collection will begin upon receipt of OMB approval. NCIPC will collect this performance monitoring data via a web-based Partners' Portal. The data entry interface of the Partner's Portal was developed using NCIPC-owned Microsoft Azure and Platform as a Service (PaaS) cloud solution. The Partners' Portal allows recipients to fulfill their annual reporting obligations efficiently by employing user-friendly, easily accessible web-based instruments to collect necessary information for both progress reports and continuation applications including work plans. This approach enables recipients to save pertinent information from one reporting period to the next and reduces the administrative burden on the annual continuation application and the performance monitoring process. Awardee program staff can review the completeness of data needed to generate required reports, enter basic summary data for reports annually, and finalize and save required reports for upload into other reporting systems as required.

This information collection has been carefully designed to align with and support the goals and objectives of the program as laid out in the program logic model. Specifically, recipients will provide an accounting of their progress in each of 6 elements of the comprehensive approach (i.e., partnerships, data, inventory, strategy selection and implementation, communications and evaluation. Please see table A.1.), as follows:

- Overview of progress for each element (i.e., description of the element, progress of the work, status [e.g., initiated, on track, revised, completed])
- Specific indicators of progress / performance measures
- Barriers/challenges and resolutions that arose during the year
- Technical assistance needs for each element
- Workplan for the following year pertaining to each element

The information collection plan proposed here will also generate a variety of routine and customizable reports. Recipient specific reports will allow each awardee to summarize activities

and progress towards meeting strategies and performance measure targets related to the prevention of suicide and suicide attempts.

The results of the data collection are vital to ensuring efficient management of the program. Results will allow NCIPC staff to provide data-driven technical assistance to recipients. In addition, the data collection will inform the continuous quality improvement process and allow NCIPC staff to make annual course corrections and describe the impact on suicide-related outcomes.

The information collection procedures will also allow NCIPC to respond to frequent inquiries about suicide prevention work from the Department of Health and Human Services, the White House, Congress and other stakeholders, as well as work towards our vision of "No lives lost to suicide" and our mission to, "Use data, science, and partnerships to identify and implement effective suicide prevention strategies to foster healthy and resilient communities across the United States" per our suicide prevention strategic plan.

NCIPC will use the information collected to perform program activities to accomplish the following objectives:

- Monitor each awardee's progress and identify facilitators and barriers to program implementation and achievement of outcomes. Monitoring allows NCIPC to determine whether an awardee is meeting stated performance goals, to inform awardee continuous quality improvements, and to inform the type of intensity of CDC-provided technical assistance to support attainment of their performance measures.
- Identify trends in injury surveillance data to inform state foci for suicide prevention and intervention strategies as well as the production of relevant reports, journal articles, and resources for state health departments.
- Identify, translate, and disseminate information about successful suicide prevention and control strategies implemented by recipients through the development of journal articles, tools, templates, and other suicide prevention resources/products.

Program recipients will use the information collected to track and coordinate their activities and to improve their efforts to prevent suicide. Reporting of progress will allow recipients to note any gaps in their program and will allow recipients the opportunity to reach out for technical assistance from CDC related to any gaps, barriers, or challenges. Recipients will also have the opportunity to notate successes and determine what they will continue doing in the upcoming year, per the workplan.

Table A.1. Methods to Measure Annual Performance

Short-, Intermediate, and Long-term Outcomes	**Indicator examples**
Increased leadership capacity of funded entity.	Number of partners engaged; number of strategies used to engage partners
Increased engagement and coordination of	Number of partners engaged, number of

partners.	sectors represented, level of engagement by partners, number of strategies used to engage partners
Increased use of surveillance data for decision making.	Number of data sources used to select vulnerable population
Increased awareness of vulnerable populations and factors contributing to suicide.	Self-reported competence to identify vulnerable populations
Increased awareness of existing suicide prevention activities in the jurisdiction and gaps in prevention.	Number of counties implementing strategies from Tier 1, Tier 2, Tier 3, number of programs in the jurisdiction
Increased number of prevention strategies used that form a comprehensive approach to suicide prevention.	Number of strategies implemented for Tier 1, 2, and 3
Increase in the involvement of targeted communities to support the implementation of the approaches.	Number of people from targeted community engaged in program implementation
Increased awareness of vulnerable populations at increased risk of suicide.	Self-reported awareness of populations at increased risk for suicide
Increased use of indicators and metrics for tracking impact of strategies in vulnerable population(s).	Number of data sources used to track impact
Improved utilization of evaluation findings for programmatic improvement.	Description of revisions made to program activities
Improved capacity to sustain comprehensive suicide prevention in jurisdiction(s)	Number of staff and partners working in suicide prevention, improvement in leadership capacity
Decreased risk and increased protective factors for suicide in vulnerable population(s) in jurisdiction(s)	Improvements in mental health, belongingness and coping skills of program participants, ability of program participants to identify people at risk of suicide
Reduction in suicide attempts (numbers/rate) in vulnerable population(s), in jurisdiction(s)	Current number and rate of suicide attempts
Reduction in suicide numbers/rate in vulnerable population(s), in jurisdiction(s)	Current numbers and rate of suicide in jurisdiction

An Annual Federal Financial Report (OMB# 0920-1132) is also required to be submitted to Office of Financial Resources (OFR) separately by grantees. This report is not required, developed, or reviewed by NCIPC's program staff as part of the performance monitoring. It is handled by OFR as part of its grant's financial management responsibilities. As such, it is not included as part of this request.

A.3. Use of Improved Information Technology and Burden Reduction

NCIPC developed the web-based Partners' Portal Annual Progress Report to allow for a 100% electronic reporting (Attachment D and D1). The Partners' Portal is a user-friendly interface which will be quicker, easier, and more intuitive for recipients to use than excel templates or

word documents. Use of the Partners' Portal will require very little training and recipients will use the tools provided to record and update grant information.

There are significant advantages to collecting information using the Partners' Portal:

- The data structures and business rules will help recipients formulate performance measures that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate successful achievement of performance measures and is integral to CDC's program evaluation strategy for the program.
- The information being collected provides crucial information about each awardee's work plan, activities, partnerships, successes, challenges and progress over the award period.
- The Partners' Portal contains built in data validation, calculations, and guidance to allow for easy entry, review, and reporting of indicator data.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports for program evaluation and manuscript development.
- The relational database structure in which the data are stored allows for CDC to gain immediate access to data for reporting, thereby improving timeliness. In addition, it allows for multiple recipients from each state to simultaneously enter information, which reduces the amount of collective time spent providing updates.

Recipients will complete simple information fields in a web-based data entry form, tailored for their specific work plans, and submit to assigned NCIPC staff on an annual basis.

The Partners' Portal improves information quality by minimizing errors and redundancy. Having all the information collected in the same place in the same manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data. The system is configured to prepopulate from one year to the next, which minimizes data re-entry, burden, and potential errors.

The use of a standard set of data elements, definitions and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC for multiple recipients and multiple award types. Further, standardization will enhance the consistency of work plans and reports, enable examination of cross-program performance and strategies, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all strategies and performance measures with slightly different areas of emphasis. Finally, the report generation capabilities of the Partners' Portal will reduce the respondent burden associated with Excel- and Word-based reports. Without this integrated web-based approach to information collection and reporting, recipients and CDC would need to continue to use time consuming, labor intensive procedures for information collection and reporting.

A.4. Efforts to Identify Duplication and Use of Similar Information

The information collected from grantees is not available from other sources. The information is specific to the grantees funded under Comprehensive Suicide Prevention Program (CE20-2001) and collection of this information is part of a federal reporting requirement for funds received by grantees. The templates will consolidate information necessary so that information entered can be used to generate the reports without having to duplicate efforts.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Data will be collected in alignment with annual progress reporting requirements which are due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress. The annual reporting schedule ensures that CDC responds to inquiries from HHS, the White House, Congress and other stakeholders are based on timely and up-to-date information. Typical inquiries involve requests for specific details on project activities and what successes have been achieved by grantees.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A.8.a) Federal Register Notice
A 60-day Federal Register Notice was published in the Federal Register on August 6,2021, Vol. 86, No.149, pp. 43243 (Attachment B). CDC received no public comments to the 60-day Federal Register Notice.

A.8.b) Efforts to Consult Outside the Agency

The Partners' Portal was designed collaboratively by CDC staff and selected contractors. Consultation will continue throughout the implementation process. The Partners' Portal is an existing tool currently used for performance monitoring across multiple NCIPC programs. Ongoing quality assurance practices include seeking partner feedback (both internally and externally) on Partners' Portal ease of use.

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The NCIPC-CIO has determined that the Privacy Act does not apply for this information collection request (Attachment E). Respondents are cooperative agreement recipients. No personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data are maintained in a secure, password

protected system, and information will be reported in aggregate form, there is no impact on respondent privacy. Key program staff will provide information related to programmatic improvement and they will be notified that their responses on the electronic information system will be treated in a secure manner. Staff identifiers will not be used in any progress reports. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key recipients' program staff (e.g., program director) will be protected and maintained.

While consent is not required to report aggregate data, awardee approval will be obtained if specific recipient data is used for publications, reports, or other publicly disseminated information. Respondents are 10 state governmental agencies and one university. Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act. Submission and access to recipient data will be controlled by a password-protected login to the secure Partners' Portal. Access levels vary from read-only to read-write, based on the user's role and needs. CDC staff, and evaluation contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC Access server subject to CDC's information security guidelines.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that IRB approval is not needed for this non-research collection (Attachment C). No personal information will be collected, and human participants will not be used.

Sensitive Questions

The proposed tools do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

Respondents are the recipients of the CSP cooperative agreement. Recipients will report information to NCIPC about their activities, performance measures, outcomes, and progress. This data will be collected via the Partners' Portal (Attachment D). NCIPC will develop guidance documents for reporting to facilitate data submission. NCIPC will also provide technical assistance through optional webinars to introduce recipients to the Partners' Portal and provide ongoing assistance, if necessary, via routine monthly calls with recipients for performance monitoring.

The total annual burden for all grantees is 132 hours, as summarized in Table 1. Estimates for burden were developed based on preliminary pilot tested by 9 current recipients and revisions to

the portal made per feedback from similar programs at NCIPC. The estimate for the Annual Reporting Template includes time for reviewing instructions, searching sources, data collection, and completion of the templates.

Table 1. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
CSP Program Recipients	Annual Progress Report (Attachment D)	11	1	12	132
				Total	132

Table 2. Estimated Annualized Burden Costs

A program manager will prepare the progress reports for each area. The average hourly wage for a program manager is $31. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector. The total estimated annualized cost is $4,092, as summarized in Table A.12-2.
https://www.bls.gov/oes/current/oes_stru.htm

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
CSP Program Recipients	Annual Progress Report (Attachment B)	11	1	12	$31	$4,092
					Total	$4,092

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

This data collection will not result in costs for respondents or record keepers. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

A.14. Annualized Cost to the Government

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost

CDC Personnel	• 10% GS-12@$89,803/year = $8,980 • 20% GS-13 @ $103,550 /year = $20,710 • 10% GS-13 @110,022 / year x 2=22,004 • 5% GS-13 @ 110,022/ year x 4=22,004 • 10% GS-14 @ $133,835/year = $13,300	$86,998
Contractor	Data Collection Contractor	$100,000
	Total Annual Estimated Costs	**$186,998**

A.15. Explanation for Program Changes or Adjustments

This is a new collection.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

OMB approval is being requested for the first three years of the funding period. An extension will be sought to cover the end funding cycle.

CDC will not use elaborated statistical methods for analyzing information. In certain cases, count data is collected (e.g., number of trainees, number of publications, etc.); however, most of these data are used to better understand grantees productivity and activities. For example, the difference between baseline rates and achieved rates on indicators will be documented and analyzed. Furthermore, the information in the annual review templates will allow for CDC staff to monitor program activities and implementation and provide technical assistance to grantees after an internal qualitative review has been completed.
Information collected by the recipients will be reported in internal CDC documents and shared with awarded programs. Publication in a peer-reviewed scientific journal will be determined post-data collection.

Project Time Schedule	
Activity	**Time Schedule**
Annual data collection as described in Section A.2 and A.12	Ongoing once annually 1-30 months after OMB approval.
Data cleaning and analysis	Ongoing annually 4-36 months after OMB approval.
Reporting of evaluation data and findings to recipients and stakeholders	Ongoing annually 8-36 months after OMB approval.

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.