

SUPPORTING STATEMENT A

Suicide Prevention 2.0 Program - Community Opinion Survey (COS)

OMB Control Number: 2900-0911

Summary of Changes from Previous Approval:

- The Survey has been updated to comply with EO 14168.
- This is a non-substantive change request; there are no changes to the numbers of respondents or burden hours.

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.

Legal authority for this data collection is found under 38 USC, Part I, Chapter 5, Section 527 that authorizes the collection of data that will allow measurement and evaluation of the Department of Veterans Affairs (VA) Programs, the goal of which is improved health care for veterans.

In addition, this data collection is necessary in order to evaluate the effectiveness of the large public investment in suicide prevention for Veterans. The programs the VA has initiated to address this critical issue, which are under great scrutiny by Congress, Agency leadership, Veterans and the public, need to be evaluated as they are implemented in order that any necessary course corrections can be identified and accomplished immediately. Without these data, VA will be unable to determine if programs are achieving their intended effects.

The Suicide Prevention 2.0 Program - Community Opinion Survey has been updated pursuant to Executive Order 14168: *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*. The gender question has been changed to “sex” and gender options have been deleted from the Survey.

2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.

The information VA is proposing to collect does not currently exist. It will be used in order to accomplish three aims: 1) collect baseline data on the knowledge and attitudes of adult US citizens living in specified communities about Veterans, Veteran suicide, and resources available to Veterans to reduce suicide, prior to the implementation of suicide prevention programs; 2) collect follow-up data in the same communities to assess whether those knowledge and attitudes have changed over time; and 3) determine whether the programs and policies implemented by a community resulted in positive change in knowledge and attitudes. Study hypotheses include 1) communities will report high levels of stigma associated with Veterans, mental illness and suicide; low levels of willingness to seek care or help another seek care; and lack of knowledge about local suicide prevention initiative and about lethal means safety measures at baseline; 2) communities that have implemented suicide prevention initiatives, programs or policies will report significant reductions in stigma, increases in willingness to seek care, increased awareness of local initiatives, and increased knowledge about lethal means safety.

The Community Opinion Survey seeks to answer the following general questions:

1. Do population subgroups express differential response rates among survey item domains?

- 1a. what are the response frequencies to each survey item among specified demographic subgroups during the initial baseline and any repeated survey distributions?
- 1b. what are the response frequencies to each survey domain clusters among specified demographic subgroups during the initial baseline and any repeated survey distributions?
- 1c. which population subgroups endorse survey domain attitudes and beliefs at higher or lower proportions?
- 1d. what response trends and patterns are evident among population subgroups when compared across time and community location?
- 1e. what response trends and patterns are evident among population subgroups when compared across time and location?

2. Are population subgroup response rates associated with presence or absence of specified VA sponsored community-based interventions for suicide prevention?

3. Do population subgroup response rates change over time in expected directions following implementation of specific community-based programs and interventions?

Additional details of the interventions referenced in the study hypotheses are provided here. VA utilizes three intervention categories that collectively comprise VA's "Suicide Prevention 2.0 Community-based Interventions":

1. : States that participate in the GC Initiative agree to develop and implement specific programs tailored to meet state priorities within a common framework. The framework guides the collective effort across states to address three VA strategic priority areas: 1) Identify Service Members, Veterans, and their Families (SMVF) and screen for suicide risk; 2) Promote connectedness and improve care transitions; and 3) Increase lethal means safety and safety planning. Governor's Challenge (GC) Initiative

2. : VA personnel serve as Community Engagement and Partnership Coordinators (CEPC) within designated communities across the United States. CEPCs engage with suicide prevention-oriented community coalitions to facilitate programs and activities within the three VA strategic priority areas described above. CEPCs report their activities in a common database as markers of coalition status and actions. Community-based Coalitions Initiative

3. : VA sponsors Veteran peer-led suicide prevention support and advocacy groups in designated rural communities across the United States. TWV groups follow common operating procedures to achieve specified program goals. Veterans (TWV)WithTogether

The data will be utilized by the Office of Mental Health and Suicide Prevention in VA Central Office to measure the return on investment of significant resources that have been invested to support communities in their (that is, the communities') efforts to reduce Veteran suicide. Specifically, the Community-Based Interventions (CBI) arm of VA's "Suicide Prevention 2.0" (SP2.0) initiative has launched two different initiatives whose goals are to increase the successful implementation of best practices to prevent Veteran suicide in local communities. The data will allow VA to measure a baseline level of expected outcomes, follow-up levels, and to explore the role of new programs in those changes. The data will be used to perform program planning and evaluation. Study hypotheses include that those communities that have engaged with the Governor's Challenge program, those that have VA-supported local coalitions working on suicide prevention in Veterans, those that have a SSG Fox Grant Program grantee, and those that have increased outreach and treatment for Veterans with high risk for suicide will have greater positive changes in these measures. Additionally, it is hypothesized that those communities that have more suicide prevention activities in that community will have greater positive changes.

The data will also be used by the State teams that are engaged in the Governor's Challenge (GC) initiative. GC is one of the initiatives supported by SP2.0 and is structured so that State teams are provided training and technical assistance by VA to expand their efforts to implement suicide prevention programs in their State. This data collection will assist the State teams to assess the effects of their new programming or policies.

Note that the current application is requesting approval to assess knowledge and attitudes among primarily non-Veterans living in the communities affected by new programs and policies. This request does **not** entail assessing any distress or history of suicidal behavior, in Veterans or non-Veterans.

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.

The mode of data collection is primarily online with limited telephone interviewing used to supplement response rates, reduce potential bias, and reach respondents without Internet access. To increase overall response rates, we may use postal mailings to inform respondents of the survey legitimacy or to offer a paper questionnaire to those who prefer to respond using that mode. Respondent burden is minimized by having automatic data entry either electronically by the respondent answering the online survey or by a trained CATI interviewer for a telephone survey with no other requirements for respondents. The survey has been designed to capture only the minimum necessary information for analysis and will take only about 15 minutes of their time, in order to minimize respondent burden.

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.

Data do not currently exist that will allow for VA to answer its program planning and evaluation questions. While there are some publicly available data concerning attitudes about mental health and suicide, these data are not tied to the implementation of specific programs, nor are they available in large enough samples to allow for conclusions at the community level.

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

Because this application solicits information from private citizens, no small businesses or entities will be affected by this data collection.

6. Describe the consequences 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.

The community-based interventions for preventing Veteran suicide are frequently implementations at the community level, aimed not only at Veterans and their families but also the communities in which they live. The return on investment for these initiatives is very difficult to examine, particularly in the short and intermediate term while effects on mortality cannot be observed. The ROI is extremely important in order for public funds to be appropriated efficiently—should these initiatives show little or no effect on variables such as attitudes, knowledge and help seeking behavior, they would be considered ineffective and resources should be redirected. This pertains to both VA's resources put towards supporting communities in their programming, as well as to State and local communities' resources that may have been spent on programs or policies that are not effective. Without these data, many taxpayer dollars might be spent on ineffective programs that should be changed or discontinued.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; 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 and require the use of a statistical data classification that has not been reviewed and approved by OMB.

There are no such special circumstances.

8.a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor'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 sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The notice of Proposed Information Collection Activity was published in the Federal Register on November 16, 2021 (Vol. 86, No. 218, page 63455). VA received no comments in response to this notice.

The 30-day notice of Agency Information Collection Activity Under OMB review was published in the Federal Register on February 11, 2022 (Vol. 87, No. 29, page 8138).

8.b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.

Outside consultation is conducted with the public through the 60- and 30-day Federal Register notices.

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

No payment or gift is provided to respondents.

10. Describe any assurance of privacy, to the extent permitted by law, provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

All potential respondents will either see (if replying via web) or hear (if replying via telephone) a statement informing them under what authority the data are being collected, that cooperation is voluntary, that responses will be used to produce statistical summaries only, and that it will be impossible to identify individuals from their responses. The data storage system for this study has been devised to provide maximum protection for confidentiality. During the data collection period, all respondent contact information is stored separately from the survey answers. The collected survey response data will be sent to the government at the conclusion of the study and will allow for summary data analysis and for proper estimation of sampling errors. The survey results will be used only for statistical purposes. No personal identifiers will be included in the data sent to the government.

11. Provide additional justification for any questions of a sensitive nature (Information that, with a reasonable degree of medical certainty, is likely to have a serious adverse effect on an individual's mental or physical health if revealed to him or her), such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include 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.

There are no questions of a sensitive nature. The questions will cover areas such as attitudes about people with mental illness or who have attempted suicide, and knowledge about Veteran suicide and the resources available to assist Veterans. If respondents have been exposed to specific suicide prevention programs, they will be asked about their experiences with those programs or services. There are no personal questions about suicidal behavior history or personal levels of distress.

12. Estimate of the hour burden of the collection of information:

a. The number of respondents, frequency of responses, annual hour burden, and explanation for each form is reported as follows:

	Number of Respondents	Number of Responses	Number of Minutes/Response	Total Minutes	Total Number of Hours
Population Survey	10,000	1	15	150,000	2,500 hours

b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13.

This request covers only one form, the Suicide Prevention 2.0 Program survey.

c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

VA cannot make assumptions about the population of respondents because of the variability of factors, such as the educational background and wage potential of respondents. Therefore, VHA used general wage data to estimate the respondents' costs associated with completing the information collection.

The Bureau of Labor Statistics (BLS) gathers information on full-time wage and salary workers. According to the latest available BLS data, the mean hourly wage is \$28.01 based on the BLS wage code – "00-0000 All Occupations." This information was taken from the following website: https://www.bls.gov/oes/current/oes_nat.htm.

Legally, respondents may not pay a person or business for assistance in completing the information collection. Therefore, there are no expected overhead costs for completing the information collection. VBA estimates the total cost to all respondents to be \$70,025.00 (2,500 burden hours x \$28.01 per hour).

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

There are no operation or maintenance costs for respondents. There is no requirement for record keeping.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation 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 also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

This collection will be conducted by Titan Alpha under contract (TITAN ALPHA LLC/ # 36C10X21N0037) during the period performance as reflected below. Annual cost to the Federal Government is specified in the contract as follows:

Contract costs summary base year \$1,006,544.19

Period of Performance.

Base Year: March 1, 2021 – February 28, 2022
Option Year 1: March 1, 2022 – February 28, 2023
Option Year 2: March 1, 2023 – February 28, 2024
Option Year 3: March 1, 2024 – February 28, 2025
Option Year 4: March 1, 2025 – February 28, 2026

15. Explain the reason for any burden hour changes or adjustments reported in items 13 or 14.

This is a new collection, and all burden hours are considered a program increase.

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.

VA does not intend to publish these data. Data will be used internally for program planning, evaluation, and restructuring, if needed. Data will also be made available, in the aggregate, to State Governor’s Challenge Teams or local communities where data were collected to assess the effects of their new programs or policies. All data are intended to be used for internal purposes.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

VA will include the expiration date on all forms/surveys.

18. Explain each exception to the certification statement identified in Item 19, “Certification for Paperwork Reduction Act Submissions,” of OMB 83-I.

There are no exceptions.