

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 2900-0876)**

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**TITLE OF INFORMATION COLLECTION:** VIP Bootcamp Satisfaction Survey

**PURPOSE OF COLLECTION:**

VIP Bootcamp is a Primary Care Mental health Integration (PCMHI) program created as an upstream solution to Mental health Clinic (MHC/BHIP) access issues and to provide a direct referral system for PCMHI providers to a comprehensive program that can provide veterans with the dose of therapy they need at a given time. The goal of the bootcamp is for PCMHI be space where veterans have access to an effective and evidenced based dose of treatment for one or multiple presenting problems that makes a referral to the MHC/BHIP clinic unnecessary.

VIP bootcamp is a group program with effective treatment for 3 of pcmhi's most common presenting problems using 3 sequential 4-session modules to address commonly interrelated areas of sleep, chronic pain and stress, depression, anxiety. VIP Bootcamp programs are currently running at facilities throughout VISN 9, and will expand in the near future to other VISN locations.

The goal of the satisfaction survey is to better understand what aspects of VIP Bootcamp are most helpful for veterans and how we can continue to improve bootcamp based on their feedback. It will also help us identify which groups of veterans (based on age and location) are benefitting the most from different aspects of the program.

**TYPE OF ACTIVITY:** (Check one)

- ☐ Customer Research (Interview, Focus Groups)
- ☒ Customer Feedback Survey
- ☐ User Testing

**ACTIVITY DETAILS**

1. How will you collect the information? (Check all that apply)

- ☒ Web-based or other forms of Social Media
- ☐ Telephone
- ☐ In-person
- ☐ Mail
- ☐ Other, Email, invitation based

2. Who will you collect the information from?

VIP Bootcamp programs are currently running at facilities throughout VISN 9, and future VISN locations, and survey links and QR codes will be shared with attendees either through email or in person at the completion of the 12 class program. Survey will be anonymous.

3. How will you ask a respondent to provide this information?  
Survey links and QR codes will be shared with attendees either through email or in person on a piece of paper after the completion of the 12 class program. Surveys will be anonymous.
4. What will the activity look like?  
The survey will be offered to the attendee by VA staff through a provided link or QR code, either through an email or a paper handout. The attendee can fill out the survey for VIP Bootcamp program at their convenience. The attendee can choose to use a personal device through a url link or QR code provided. The url or QR code will be provided on a sheet of paper for those who prefer to complete the survey themselves on their own device at a later date.
5. Please provide your question list.  
See attached.
6. When will the activity happen?  
This will be ongoing at the completion of the VIP Bootcamp at one of the VISN locations.
7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  
[ ] Yes [ X ] No  
If Yes, describe:

#### **BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden Hours</b>
Individuals and households	2400	3 minutes	120 hours
<b>Totals</b>			

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

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VA 202.664.2924

**All instruments used to collect information must include:**

**OMB Control No. 2900-0876**

**Expiration Date: 02/28/2026**

**HELP SHEET**  
**(OMB Control Number: XXXX-XXXX)**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.