

Supporting Statement A
Rural Communities Opioid Response Program
Performance Measures
OMB Control No. 0906-xxxx, New

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration’s (HRSA) Federal Office of Rural Health Policy (FORHP) is requesting Office of Management and Budget (OMB) approval to collect information on grantee activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity will collect information for the Rural Communities Opioid Response Program (RCORP) grantees to provide HRSA with information on grant activities funded under this program.

The Rural Communities Opioid Response Program (RCORP) is a new, multi-initiative program that started in Fiscal Year 2018 with \$100 million in appropriations and an additional \$120 million appropriated in Fiscal Year 2019. RCORP aims to support treatment for and prevention of substance use disorder (SUD) including opioid use disorder (OUD); and reduce morbidity and mortality associated with SUD, to include OUD, by improving access to and delivering prevention, treatment, and recovery support services to high-risk rural communities.

In its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged FORHP with “administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.” FORHP’s mission is to sustain and improve access to quality health care services for rural communities. Using this authorization, RCORP directly supports the delivery of opioid related health care services to rural communities through grants to consortiums serving rural communities and cooperative agreements supporting technical assistance and dissemination of best practices specifically for rural providers and communities.

2. Purpose and Use of Information Collection

For this program, performance measures were developed to provide data on each RCORP initiative to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal topic areas of interest to the Federal Office of Rural Health Policy (FORHP), including: (a) provision of, and referral to, substance use disorder treatment and support services; (b) substance use disorder prevention, treatment, and recovery process and outcomes; (c) education of health care providers and community members; (d) number of fatal and non-fatal opioid-related overdoses; (e) consortium strength and sustainability; and (f) workforce. All measures will speak to FORHP's progress toward meeting the goals set and will be used to provide quality improvement guidance for current grantees and leveraged for the program-wide evaluation. Respondents will be the grant award recipients of the Rural Communities Opioid Response Program initiatives.

Data collected from RCORP grantees will be analyzed by FORHP staff and the HRSA-supported evaluator in order to:

- **Determine the effectiveness of RCORP** – including the effectiveness of specific RCORP individual grantees, grant initiatives, and the program overall.
- **Identify quality improvement opportunities** – to assess the effect of grantee activities within the funded project period, which allows for course correction to strengthen or redirect efforts to get the best value for federal grant funds.
- **Build the evidence base for rural initiatives** - utilizing the data to contribute to the development of an evidence base for rural-specific substance use disorder services and publication of outcomes to encourage replication of effective models.
- **Keep abreast of the gaps and trends in rural communities** – data collection includes metrics on fatal and non-fatal overdose data and other community metrics at the local level. Biannual collection of these data trends will inform FORHP policy and program efforts as well as facilitate targeted technical assistance to address local trends (e.g. increasing HIV/AIDS prevalence in a rural community).
- **Match community needs and services** – to ensure funded organizations have demonstrated a need for services in their communities and those federal funds are being effectively used to provide services to meet those needs.

Without this data collection, HRSA would be unable to provide the aggregate program data required by Congress under the Government Performance and Results Act of 1993. In addition, HRSA would be limited in its ability to monitor grantee progress during the period of performance and assess sustainability of grant activities past the grant period. HRSA would also be unable to assess the effect of these investments in rural communities including limiting the accessibility, timeliness, and quality of data used in the program

evaluation.

3. Use of Improved Information Technology and Burden Reduction

This activity is fully electronic. All of the requested data will be collected through and maintained in HRSA's Electronic Handbook (EHB). The EHB is a website that all HRSA grantees, including all RCORP award recipients covered in this approval request, are required to use. HRSA's EHB has a performance measure data collection feature called the Performance Improvement Management System (PIMS). The EHB has a helpdesk feature that includes a toll-free number and e-mail address for any technical questions from grantees. As this database is fully electronic and grantees submit the data electronically via a HRSA managed website, burden is reduced for the grantee and program staff. The time burden is minimal since there is no data entry element for program staff due to the electronic transmission from grantee systems to the PIMS; additionally, there is less chance of error in translating data and analysis of the data. Further, where possible, PIMS has been built to use auto-fill options (e.g. bringing forward a grantee's previously reported information) when appropriate, as well as additional burden-reducing and quality improvement measures such as automatic calculation of totals and data validation features to reduce respondent burden time and opportunities for error in data entry. These features also improve the quality of data, which reduces the burden on Federal staff to "clean" the data once reported and received by staff.

4. Efforts to Identify Duplication and Use of Similar Information

There is no other data source available that tracks the activities and characteristics of Federal funding in the rural counties participating in the Rural Communities Opioid Response Program.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure the data requested is data that is currently being collected by the projects or can be easily incorporated into normal project procedures. The proposed data collection activities will not have a significant impact on small entities.

6. Consequences of Collecting the Information Less Frequently

The respondents, RCORP grantees, will respond to this data collection on a bi-annual basis. This information is needed by the program, FORHP and HRSA in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives and to provide quality improvement. There are no legal obstacles to reduce the burden.

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

This project is consistent with the guidelines in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the Federal Register on April 12, 2019, vol. 84, No. 71; pp. 14949 - 14950. There were no public comments.

Section 8B:

In order to create a final set of performance measures that are useful, applicable, and reasonable for all RCORP program grantees to report, FORHP program staff consulted with current RCORP grantees.

The performance measures were developed through an extensive environmental scan of existing measures related to substance and opioid use disorder, including a review of national quality measures, consultation with federal staff and subject matter experts across HRSA and the Centers for Disease Control and Prevention (CDC), as well as experts in technical assistance and evaluation methods. This thoughtful and collaborative process was important to identify the availability of data and leverage existing data sources and shared measure definitions, as well as provide guidance on the data collection purpose, primary goals, as well as the best frequency of collection, the clarity of instructions and reporting format to encourage high quality, low-burden data collection.

Additionally, in order to confirm the measures did not pose an undue burden on RCORP award recipients, FORHP vetted the performance measures with four (4) participating RCORP grantee organizations in March 2019. The following RCORP-Planning award recipients were consulted:

Taylor Beachler, MPH

RCORP Project Coordinator

Prisma Health-Upstate (Clemson University is grant award recipient)

298 Memorial Drive

Seneca, SC 29672

864-432-3278

Taylor.Beachler@prismahealth.org

Alisha Foster, LCSW

RCORP-Planning Grant Coordinator

Family Counseling Center, Inc.

Hardin County Office

147 North Market Street

Elizabethtown, IL 62931

618-658-2611

afoster@fccinonline.org

Sandy Miller, CPP

Garrett County Health Department
1025 Memorial Drive
Oakland, MD 21550
301-334-7730
sandy.miller@maryland.gov

Ally Orwig
Project Director
Indiana Rural Health Association
2901 Ohio Boulevard, Suite 240
Terre Haute, Indiana 47803
812-478-3919 ext. 235
aorwig@indianarha.org

Every 3 years, as applicable, FORHP will conduct additional consultations with current RCORP grantees (not to exceed 9 grantees) to ensure performance measures are useful, applicable, and reasonable for all RCORP program grantees to report and that the provided burden estimates are consistent.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data for program activities and local prevalence data.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent (annually)	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Rural Communities Opioid Response Program Key Personnel (Project Director)	Rural Communities Opioid Response Program Performance Measures	243	2	486	5.66	2,750
Total		243		486		2,750

*total is 2750.76, ROCIS rounds up and will show 2,751.

These estimates were determined by consultations with four (4) current RCORP-Planning grantees. These grantees were sent a draft of the questions that pertain to their program and were asked to estimate how much time it would take to answer the questions.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system. A variety of grantee types were consulted to accommodate this variance across the diverse RCORP award recipients.

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	2,750	\$46.24*	\$127,160
Total	2,750		\$127,160

*Source for average hourly wage for RCORP Project Directors:
<http://www.bls.gov/oes/current/oes113011.htm>

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

Annualized costs to the Federal Government for this information collection is estimated at \$3,867 per year. This estimate includes 15 hours per year per Project Officer for FORHP staff time for reporting oversight and guiding RCORP grantees during data collection. Costs were estimated at 15 hours for each of the 10 RCORP Project Officers, at an average hourly rate of \$25.78/hour at a GS-11 Step 1 (source: <https://www.federalpay.org/gs/2019/GS-11>).

15. Explanation for Program Changes or Adjustments

This is a new information collection.

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

These data will be used on an aggregate program level to document to highlight programmatic effect. This includes reporting aggregate data summaries on the public RCORP webpage (see: <https://www.hrsa.gov/rural-health/rcorp>) and the HRSA webpage (see: <https://www.hrsa.gov/>) and the usage of data for evaluation reports and potential publication of aggregate data in peer-reviewed journals. This information may also be used in the FORHP Annual Report produced internally for the agency. The FORHP Annual Report is produced in February, reporting the prior fiscal year's activities.

RCORP initiatives are currently anticipated through Fiscal Year 2023 but additional initiatives may be added with additional appropriations in Fiscal Year 2020 and beyond. Anticipated data collection timetables would start in March 2020 and each initiative would be collected bi-annually for the duration of their period of performance (i.e. either one or three year durations). A 3-year clearance is requested for this information collection request clearance package.

A program-wide evaluation will be conducted using these data but the cooperative agreement has not yet been awarded so the specific statistical methods and techniques have not yet been determined.

No statistical methods will be used to select respondents for data collection.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.