Supporting Statement A

Rural Communities Opioid Response Program (RCORP)

OMB Control No. 0906-0044

Revision

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 multi-year, multi-initiative program that has invested over $400 million in community-based grants and technical assistance since 2018. RCORP aims to (1) support treatment for and prevention of substance use disorder (SUD), including opioid use disorder (OUD); and (2) 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.

This request is a revision of the initial package submitted for RCORP in 2019. Revisions attempt to reduce burden on grant recipients by eliminating and/or streamlining measures that yielded limited utility to HRSA and editing measures for clarity. Additionally, the revisions reflect RCORP's expanded scope beyond opioids.

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 behavioral 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, rural behavioral health care services, including SUD prevention, treatment and recovery support services; (b) behavioral health care, including SUD prevention, treatment, and recovery, process and outcomes; (c) education of health care providers and community members; (d) emerging trends in rural behavioral health care needs and areas of concern; and (e) consortium strength and sustainability.

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

1) Determine the effectiveness of RCORP – including the effectiveness of specific RCORP individual grantees, grant initiatives, and the program overall.

2) 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.

3) 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.

4) 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. Regular 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).

5) 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.

RCORP-Psychostimulant Support grantees will respond to this data collection on an annual basis. This is due to the fact that this program is a pilot program and has a smaller scope of activities than the other RCORP programs.

There are no legal obstacles to reduce the burden.

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

The request fully complies with the regulation.

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,* 86 Fed. Reg. 69655 (December 8, 2021). 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 initial performance measures were developed in 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 seven (7) participating RCORP grantee organizations in November 2021. The following RCORP award recipients were consulted.

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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 evaluation.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

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-Implementation/Neonatal Abstinence Syndrome/MAT Expansion	290	2	580	1.24	719.20
Rural Communities Opioid Response Program-Psychostimulant Support	15	1	15	1.30	19.50
Total	**305**		**595**		**738.70**

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
RCORP Project Director	738.70	$51.98*	$38,397
Total			$38,397

* 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

Line Item	Avg. Cost Per Year	Method
Contract for PIMS data collection system.	$1,013,499	Average expense RCORP has incurred over last three years from contract with REI Systems, Inc., the developer of the Performance Improvement Management System (PIMS).
RCORP-Evaluation Cooperative Agreement	$3,000,000	RCORP-Evaluation cooperative agreement provides $3,000,000 in funding to JBS International, Inc. per year to clean, validate, and analyze performance data submitted by RCORP award recipients.
RCORP-Evaluation Program Coordinator (GS-13 FTE)	$106,823	
TOTAL	$4,120,322	

15. Explanation for Program Changes or Adjustments

Program Changes and Adjustments:

Prevalence

- **Imp, MAT Exp, and NAS:** Removed prevalence measures/made them optional due to feedback from grant recipients regarding substantial reporting burden and lack of accurate, current data available for fatal and non-fatal overdoses and neonatal abstinence syndrome*;*
- **Psychostimulant:** Simplified existing RCORP prevalence measures to

reduce burden. Grant recipients will just indicate whether overdoses have increased or decreased, not provide concrete numbers of overdoses.

Workforce

- **All:** Simplified workforce measures such that grant recipients no longer need report the number of certain types of providers within the target service area, they now only need to report providers within their consortium. The previous measures were burdensome and likely resulted in inaccurate data reporting;
- **All:** Simplified workforce measures such that grant recipients only need to provide the number of providers providing behavioral health care services, not the number **and** FTE, to reduce burden;
- **All:** Added measures to capture total number of providers providing RCORP services within the consortium and those newly hired with RCORP funding to better understand the impact of RCORP on provider recruitment and retention;

Demographics

- **Psychostimulant:** Added measures for sex and LGBTQI+ status to better understand the population served by RCORP.

Service Area and Consortium Composition

- **All:** Added questions to better understand the number of service delivery sites offering various behavioral health care services, including prevention, treatment, recovery, and harm reduction services, and whether those services have been expanded or added as a direct result of RCORP funding.

Direct Services

- **Psychostimulant:** Removed measures tracking Medication-Assisted Treatment patients. Added measure re: how many individuals received contingency management services as that is the only evidence-based treatment for individuals with psychostimulant use disorder. Added measures tracking mental health screenings, diagnoses, and referrals given the co-occurring mental health conditions often present in individuals misusing psychostimulants.
- **All:** Added measure tracking number of individuals receiving recovery support services, as that is a key activity of all RCORP grant programs.

Other

- **All:** Added several measures to better understand the challenges that RCORP grant recipients face in their service areas to help inform technical assistance and future program development. Additional measures include:

- *o* What drugs and other related health issues pose the greatest concern in the service area (recipients rank the top three)
- *o* What drugs and other related health issues does the service area have the least capacity to address (recipients rank the top three)
- *o* What sub-populations are most at risk for SUD and which ones does the service area have the least capacity to address (recipients rank top five)
- *o* What sub-populations have the greatest health disparities in the service area and which ones does the service area have the least capacity to address (recipients rank top five)
- *o* Which CLAS standards is the recipient using to address health disparities (select all that apply)
- *o* What social determinants of health pose the greatest threat to the health and well-being of the service area and which does the service area have the least capacity to address (recipients rank top five)
- *o* Questions pertaining to telehealth/telemedicine use as part of RCORP project
- *o* Questions pertaining to the types of MAT medications used

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. Additionally, the RCORP-Evaluation cooperative agreement recipient will include the data in customized, grantee-specific dashboards (available to each grant recipient) and aggregate dashboards (available to HRSA) to track progress/performance over time. These dashboards will **not** be public-facing. This information may also be used in internal agency and department documents and reports.

RCORP has funded grant programs since FY 2018 and anticipates continuing to support grant recipients through at least FY 2024 as the FY 2021 RCORP-Implementation and –Psychostimulant Support grant recipients received their full award amount in the first year of a three-year period of performance. Additional grant programs may be added with additional appropriations in FY 2022 and beyond.

Data Collection Timetables

PROGRAM NAME	PROJECT PERIOD	REPORTING FREQUENCY	DUE DATES FOR REPORTS
RCORP-Implementation	FY19 cohort: September 1, 2019-August 31, 2022 FY20 cohort: September 1, 2020-August 31, 2023 FY21 cohort: September 1, 2021-August 31, 2024	Biannual	March 31 and September 30 of each project period
RCORP-MAT Expansion	September 1, 2019-August 31, 2022	Biannual	March 31 and September 30 of each project period
RCORP-Neonatal Abstinence Syndrome	September 1, 2020-August 31, 2023	Biannual	March 31 and September 30 of each project period
RCORP-Psychostimulant Support	September 1, 2021-August 31, 2024	Annual	September 30 of each project period

A **three-year clearance** is requested for this information collection request clearance package.

RCORP- Implementation, - Neonatal Abstinence Syndrome, and – MAT Expansion grant recipients are reporting on a biannual basis and their current reporting period is September 1, 2021-February 28, 2022. **Therefore, HRSA requests that OMB provide an expedited review of these measures to ensure that grantees can report the data in late March 2022.**

The RCORP-Evaluation cooperative agreement is conducting a program-wide evaluation using these data.

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.