

## **SUPPORTING STATEMENT FOR THE RURAL EMERGENCY MEDICAL SERVICES TRAINING PROGRAM MONITORING**

### **A. JUSTIFICATION**

#### **1. Circumstances of Information Collection**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking Office of Management and Budget (OMB) approval for a new data collection and reporting activity for monitoring SAMHSA's Rural Emergency Medical Services Training Grant (EMS Training) program performance. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country. The EMS Training grant program offers the opportunity for EMS agencies to recruit and train EMS personnel in rural areas.

The EMS Training grants are authorized under Section 330J of the Public Health Service Act, as amended (42 USC 254c15).

SAMHSA intends to use one (1) instrument for program monitoring of the following required activities:

- Train EMS personnel as appropriate to maintain licenses and certifications relevant to serve in an EMS agency.
- Conduct or enroll EMS personnel in courses that qualify graduates to serve in an EMS agency.
- Fund specific training to meet federal or state licensing or certification requirements.
- Ensure EMS personnel are trained on mental and substance use disorders and care for people with such disorders in emergency situations. Training on these topics does not have to be developed by recipients.
- Acquire emergency medical services equipment.
- Purchase and train EMS personnel on the use of the opioid overdose antidote, naloxone, to utilize in case of opioid overdose emergency situations.

To achieve its mission, SAMHSA has identified several near-term priority areas to better meet the behavioral health care needs of individuals, communities, and service providers. Strengthening the behavioral workforce is one of the key priorities for the agency. The Rural EMS Training program is part of SAMHSA's restructuring of capacity building and training for healthcare providers.

In 2020, SAMHSA funded the first cohort of this program by awarding 27 Rural EMS entities throughout the country. In 2021, SAMHSA awarded the second cohort, funding an additional 32 EMS entities. In 2022, SAMHSA is planning to award the third cohort of this program with 27 new Rural EMS entities.

Rural EMS agencies are often the only guaranteed access to health services, and ultimately, the safety net for underserved rural communities. One of the largest contributing factors to the disparity in mortality rate from traumas, such as overdose or suicide attempt, for rural residents is travel time and distance to healthcare facilities. The EMS agencies will use the grant funds to recruit personnel, provide training for EMS staff serving rural communities, and to purchase emergency medical equipment and supplies, such as overdose-reversal medication. This grant program also provides the opportunity for new and existing EMS personnel in rural areas to participate in educational programs that will provide them federal or state certifications, and improve their abilities to better serve their rural communities.

## 2. **Purpose and Use of Information**

SAMHSA’s legislative mandate is to increase access to high quality prevention and treatment services and to improve outcomes. Its mission is to improve the quality and availability of treatment and prevention services for substance abuse and mental illness. To support the Agency’s mission, SAMHSA’s overarching goals are:

- 1) Accountability—Establish systems to ensure program performance measurement and accountability
- 2) Capacity—Build, maintain, and enhance mental health and substance abuse infrastructure and capacity
- 3) Effectiveness—Enable all communities and providers to deliver effective services

SAMHSA strives to coordinate the development of these goals with other ongoing performance measurement development activities. Below are the measures that relate to the work of the Rural EMS Training program, which are delineated in the Department of Health and Human Services (HHS) FY 2021 Annual Performance Plan and Report

(<https://www.hhs.gov/about/budget/fy2021/performance/index.html>).

Goal 2, Objective 3 of the Plan and Report is to “Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support.” SAMHSA is the lead agency for the measures under this objective.

- The Plan and Report *Measure 2.3.19K* increase the number of persons receiving outpatient Medication for Opioid Use Disorder (MOUD) from a Substance Use Disorder (SUD) treatment facility. Technical assistance and outreach efforts from across HHS promote MOUD. SAMHSA expects to see increases in the number of people receiving outpatient MOUD from a SUD treatment facility.

Through the proposed data collection and activities monitoring form, SAMHSA will track:

- the number of emergency medical services personnel recruited;
- the number of emergency medical services personnel enrolled in training;
- the number of emergency medical services personnel who became licensed/certified as a result of funding support in this grant program;
- the number of courses offered/conducted that qualify graduates to serve in an EMS agency;
- the number of courses on mental health and substance use disorders offered as a result of this funding;
- the number of people who completed courses on mental health and substance use disorders;
- the number of specific trainings funded to meet required federal or state licensing /certification requirement;
- the number and type of technology-enhanced educational methods developed to educate EMS providers; and
- the emergency medical equipment purchased with grant funds.

The EMS Training program assists HHS and SAMHSA in supporting the adoption of evidence-informed practices by building the capacity of rural communities and providers to identify, adapt,

implement, and evaluate such practices, thereby bridging the gap between knowledge and practice. However, selecting and adopting evidence-based approaches to tackle health, public health, and human services challenges can be a complex undertaking. HHS programs balance requirements to implement high-quality programs with fidelity, while acknowledging the unique needs of specific individuals or target populations, recognizing differences in program and community settings and resources, and respecting linguistic or cultural differences. Information collected from the proposed instrument will also assist HHS and SAMHSA because it will document capacity building efforts to support the improvement of healthcare capacity in rural communities.

### **Definition of Training**

A training event is defined as a Rural EMS Training sponsored or co-sponsored event that focuses on teaching of a skill, knowledge, or experience for personal or professional development. Higher education classes must be included in this definition. Each course is considered as one training event.

### **Description of Data Reporting and Purposes**

The information reported on the form will be provided to SAMHSA via semi-annual (every six months) progress reports throughout the life of the grant. Each grant recipient will upload his/her report on the National Institute of Health's (NIH) Electronic Research Administration (eRA) Commons system, under the "progress report" tab of the system. The information uploaded into this online system is immediately live and accessible to SAMHSA Government Project Officers (GPO) for monitoring and administration purposes. As described above, SAMHSA intends to use this reporting form to monitor the programmatic activities from of the Rural EMS Training grant recipients.

### **3. Use of Information Technology**

The volume of data collection for this program is very small. The collection of this data will not require SAMHSA to use automated, electronic, or other technological collection techniques. The recipients of the Rural EMS Training grant will provide the necessary data via their semi-annual report uploaded into the eRA Commons, which is a Web-based system for applicants and institutions to participate in the electronic grant administration process. The grantee data provided to SAMSHA will consist of the number of staff recruited and enrolled in training during the reporting period along with additional information related to the types of training and equipment purchased with grant funds. A monitoring report template (Attachment 1) will be provided to grantees by their GPO via email. The GPO will enter the data collected from grantees into an Excel sheet for accountability. The overall data reporting will be made public by the standard reports that SAMHSA issues every year.

### **4. Efforts to Identify Duplication**

The data to be collected are unique and are not otherwise available.

### **5. Involvement of Small Entities**

Participation in Rural EMS program monitoring will not be a burden on small businesses or small entities or on their workforces.

**6. Consequences If Information Collected Less Frequently**

Data collection related to the programmatic performance is crucial for SAMHSA and the Rural EMS Training grant recipients to adequately monitor the effectiveness of the program and make necessary adjustments, if needed, to meet the objectives of this program.

All the information collected from each EMS entity is critical for assessing the performance and the capacity building achieved in the rural communities. Without this information, SAMHSA will be unable to:

- Determine whether Rural EMS recipients are meeting their proposed targets of recruiting and training EMS personnel.
- Identify potential roadblocks preventing the EMS organizations to meet their proposed targets for this program.

**7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)**

This information collection fully complies with the guidelines in 5 CFR 1320.5(d)(2).

**8. Consultation Outside the Agency**

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on June 03, 2022 (87 FR 33800). No comments were received in response to this notice.

**9. Payment to Respondents**

No additional payment for filling out this semi-annual progress report is allowed under this grant. The organization recipient of the award will use grant funds to support administrative staff who will provide the report every six months.

**10. Assurance of Confidentiality**

The Rural EMS Training Program Monitoring Report does not contain any information related to the personnel who received training. The data collected in this report is plurally quantitative.

**11. Questions of a Sensitive Nature**

No forms collect information that is sensitive to individuals.

**12. Estimates of Annualized Hour Burden**

The total annualized burden to an estimated 27 respondents for the Rural EMS Training program combined monitoring is estimated to be 9.18 hours. Burden was estimated on the time the Rural EMS staff would take to fill out the information in the form. The annualized hourly costs to respondents are estimated to be \$182.87. Hourly wage information is based on estimated median hourly wages of \$19.92 an hour for Healthcare Support Workers as reported in the Occupational Employment Statistics available from the Bureau of Labor Statistics, U.S. Department of Labor (<https://www.bls.gov/oes/current/oes319099.htm>). There are no direct costs to respondents for

participation, aside from their time. Burden estimates are detailed in Table 1. The Rural EMS Training Program Monitoring Report is filled out by the Rural EMS healthcare support staff.

Table 1: Annualized Burden Estimates

Type of Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost	Total Hour Cost
<b>Rural EMS Staff</b>							
Rural EMS Training Program Monitoring Report	27	2	54	.17	9.18	\$19.92	\$182.87
<b>TOTAL</b>	<b>27</b>	<b>2</b>	<b>54</b>	<b>.17</b>	<b>9.18</b>	<b>\$19.92</b>	<b>\$182.87</b>

**Summary Table**

Instrument	# Responses	Responses per Respondent	Burden Hours
Rural EMS Training Program Monitoring Report	27	2	9.18
<b>Total</b>	<b>54</b>		<b>9</b>

**13. Estimates of Annualized Cost Burden to Respondents**

There are neither capital or startup costs nor are there any operation and maintenance costs.

**14. Estimates of Annualized Cost to the Government**

The current annual estimated cost to the government for the Rural EMS Training program per year is \$5.5 million. This includes grants for single years. Approximately \$35,766 per year represents SAMHSA costs to manage/administrate the Rural EMS program for 25 percent of one employee (GS-14, Step 5).

**15. Changes in Burden**

This is a new data collection.

**16. Time Schedule. Publication and Analysis Plans**

Data reporting will occur every six (6) months, starting from the beginning of the grant performance period. Because this assessment is used to monitor program accomplishment, the assigned GPO will verify the data provided and provide feedback to the grant recipient accordingly. The reported information will be uploaded in the eRA Commons system under the “Progress Report” tab, which provides immediate access to the GPO for monitoring purpose. The semi-annual reports are completed by the Rural EMS Training program staff and directors, and are sent to SAMHSA electronically presenting at minimum the following data:

- The number of EMS personnel recruited;

- The number of EMS personnel enrolled in training;
- The number of EMS personnel who became licensed/certified because of funding support in this grant program;
- The number of courses offered/conducted that qualify graduates to serve in an EMS agency;
- The number of courses on mental and substance use disorders offered because of this funding;
- The number of specific trainings funded out of this grant to meet federal or state licensing or certification requirements;
- The number of technology-enhanced educational methods developed to educate EMS providers;
- List of emergency medical equipment or supplies purchased with the grant funds.

**17. Display of Expiration Date**

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

**18. Exceptions to Certification Statement**

There are no exceptions to the certification statement.