

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 \$500 million in community-based grants and technical assistance since 2018. RCORP aims to reduce morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD) in high-risk rural communities. To support this purpose, RCORP grant initiatives include:

- RCORP-Implementation grants fund established networks and consortia to deliver SUD/OUD prevention, treatment, and recovery activities in high-risk rural communities.
- RCORP-Psychostimulant Support grants aim to strengthen and expand access to prevention, treatment, and recovery services for individuals in rural areas who misuse psychostimulants, to enhance their ability to access treatment and move toward recovery.
- RCORP-Medication Assisted Treatment Access grants aim to establish new access points in rural facilities where none currently exist.
- RCORP-Behavioral Health Care support grants aim to expand access to and quality of behavioral health care services at the individual-, provider-, and community-levels.
- RCORP Overdose Response recipients address immediate needs in rural areas through improving access to, capacity for, and sustainability of prevention,

treatment, and recovery services for SUD. This program was added since the 2023 revision package, and this is a new set of measures.

- RCORP Child and Adolescent Behavioral Health grants aim to establish and expand sustainable behavioral health care services for children and adolescents aged 5-17 years who live in rural communities. This is a program that was added since the 2023 revision package. This program was added since the 2023 revision package, and this is a new set of measures.
- RCORP-Neonatal Abstinence Syndrome grants aim to reduce the incidence and impact of Neonatal Abstinence Syndrome in rural communities by improving systems of care, family supports, and social determinants of health. This program was added since the 2023 revision package, and this is a new set of measures.

This request is a revision of the initial package submitted for RCORP in 2019, 2022 and 2023. 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/ODU prevention, treatment and recovery support services; (b) behavioral health care, including SUD/ODU 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 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 behavioral health, including SUD/OD, 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, and all systems used are 508-compliant. All the requested data will be collected through and maintained in a customer relationship management platform. HRSA has a performance measure data collection feature called the Performance Improvement Management System 2.0 (PIMS 2.0). It is a website that all HRSA grantees, including all RCORP award recipients covered in this approval request, are required to use. 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 2.0; additionally, there is less chance of error in translating data and analysis of the data. Further, where possible, PIMS 2.0 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 RCORP.

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 biannual or annual basis. This information is needed by the program, FORHP and HRSA 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

New race and ethnicity questions have not been implemented due to analytical concerns. Changing the race and ethnicity question at this time will make it difficult to compare data across RCORP programs and across time. HRSA is assessing the new guidance and determining how data can be compared across RCORP programs across time with the new guidance and will implement by the 2027 renewal package. Otherwise, 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* on May 7, 2024, vol 89, no. 89, pp 38163-64. There were no public comments. A 30-day Federal Register Notice was published in the *Federal Register* on July 15, 2024, vol 89, no. 135, pp 57419-20.

Section 8B:

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, to confirm the measures did not pose an undue burden on RCORP award recipients, FORHP vetted the performance measures with nine (9) participating RCORP grantee organizations in March 2024.

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

The RCORP initiative aims to reduce the morbidity and mortality of SUD, including OUD, in high-risk rural communities. Since the programs are population focused, race/ethnicity measures are needed to determine aggregate data and the effectiveness of the RCORP programs.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

The number of respondents is based on the number of grantees per program. The number of responses per respondent is determined by the number of anticipated reporting periods per program. Average burden per response is based on grantee feedback as described in Section 8B above.

Form Name	Number of Respondents	Number of Responses per Respondent (annually)	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
RCORP - Implementation	290	2	580	1.24	719.20 (719)
RCORP - Psychostimulant Support	15	1	15	1.30	19.50 (20)
RCORP - MAT Access	11	1	11	1.95	21.45 (21)
RCORP - Behavioral Health Care Support	58	1	58	2.02	117.16 (117)
RCORP – Overdose Response (NEW)	47	3	141	0.56	78.96 (79)
RCORP – Child and Adolescent Behavioral Health (NEW)	9	2	18	0.48	8.64 (9)
RCORP – Neonatal Abstinence Syndrome (NEW)	41	4	164	2.31	378.84 (379)
TOTAL	471		987		1,343.75 (1344)

* Values in ROCIS are rounded. The rounded values are in parentheses.

12B. Estimated Annualized Burden Costs

The forms are completed by RCORP Project Directors, who are most likely to be Administrative Services Managers.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
RCORP Project Director	1,343.75	\$102.38*	\$137,573.125
Total			\$137,573.125

* Source for average hourly wage for 11-3012 Administrative Services Managers: <http://www.bls.gov/oes/current/oes113012.htm>. Median salary of \$51.19 was multiplied by 2 to account for overhead costs.

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 Program Coordinator (1 GS-13 FTE)	\$176,942.625	GS-13, Step 1 salary of 117,961.75 (Washington-Baltimore-Arlington, DC-ME-VA-WV-PA Locality)
TOTAL	\$1,190,441.625 (round up to 1,190,442)	

15. Explanation for Program Changes or Adjustments

There are no changes to the following forms:

- RCORP - Implementation
- RCORP - Psychostimulant Support
- RCORP - MAT Access
- RCORP - Behavioral Health Care Support

HRSA is adding three new sets of measures because these are programs that have been added since the 2023 revision package:

- RCORP – Overdose Response
- RCORP – Child and Adolescent Behavioral Health
- RCORP – Neonatal Abstinence Syndrome

More details about these new measures are below, sorted by the types of measures.

Program Changes and Adjustments:

Service Area and Consortium:

RCORP-Child and Adolescent Behavioral Health and Neonatal Abstinence Syndrome: simplified types of consortium members into 1 measure

Direct Services:

RCORP-Child and Adolescent Behavioral Health: Includes several measures to better understand the total number of individuals who screened positive/diagnosed with SUD and referred to SUD treatment.

RCORP-Child and Adolescent Behavioral Health: Includes several measures to better understand the number of individuals who screened positive/diagnosed with a mental health disorder and referred to mental health treatment.

RCORP-Neonatal Abstinence Syndrome: Includes several measures on number of infants screened, screened positive and referred to NAS specific services.

RCORP-Neonatal Abstinence Syndrome: Includes several measures on number of infants screened positive and diagnosed for substance use disorder.

RCORP-Neonatal Abstinence Syndrome: Includes measure on the total number of infants born with Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal.

RCORP-Overdose Response: Includes measure on the number of patients with a diagnosis of SUD who were referred to treatment,

Workforce:

RCORP-Overdose Response: Includes measure on providers who provided SUD/ODU treatment, including MAT and number of participants who received SUD education or training.

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 because the dashboards show grantee specific data to assist grantees with understanding their progress. 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 2028. Additional grant programs may be added with additional appropriations in FY 2025 and beyond.

Data Collection Timetables

PROGRAM NAME	PROJECT PERIOD	REPORTING FREQUENCY	DUE DATES FOR REPORTS
RCORP-Implementation	FY20 cohort: September 1, 2020-August 31, 2023 FY21 cohort: September 1, 2021-August 31, 2024 FY22 cohort: September 1, 2022-August 31, 2025	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 (Cohort 1)	September 1, 2020-August 31, 2023	Biannual	March 31 and September 30 of each project period

PROGRAM NAME	PROJECT PERIOD	REPORTING FREQUENCY	DUE DATES FOR REPORTS
RCORP-Psychostimulant Support	September 1, 2021-August 31, 2024	Annual	September 30 of each project period
RCORP-MAT Access	September 30, 2022-September 29, 2025	Annual	September 30 of each project period
RCORP-Behavioral Health Care Support	September 1, 2022-August 31, 2026	Annual	September 30 of each project period
RCORP-Child and Adolescent Behavioral Health	September 1, 2023-August 31, 2027	Annual	September 30 of each project period
RCORP-Overdose Response	September 1, 2023-August 31, 2024	Annual	September 30 of each project period
RCORP-Neonatal Abstinence Syndrome (Cohort 2)	September 1, 2023-August 31, 2026	Annual	September 30 of each project period

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

RCORP-Neonatal Abstinence Syndrome, Overdose Response and Child and Adolescent Behavioral Health grant recipients are reporting on an annual basis. The current reporting period for all 3 programs is September 1, 2023-August 31, 2024.

Therefore, HRSA requests that OMB provide an expedited review of these measures to ensure that grantees can report the data in late September 2024.

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.