

Supporting Statement A

Rural Communities Opioid Response Program Performance Measures

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.

Current RCORP grant initiatives, covered by this collection, are as follows:

- RCORP-Implementation grants, which fund established networks and consortia to deliver SUD/OUD prevention, treatment, and recovery activities in high-risk rural communities;
- RCORP-Psychostimulant Support grants, which 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 towards recovery;
- RCORP-Medication Assisted Treatment Access grants, which aim to establish new access points in rural facilities where none currently exist;
- RCORP-Behavioral Health Care support grants, which 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;

- RCORP Child and Adolescent Behavioral Health grants, which aim to establish and expand sustainable behavioral health care services for children and adolescents aged 5 to 17 years who live in rural communities;
- RCORP-Neonatal Abstinence Syndrome grants, which 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; and
- RCORP-Impact recipients aim to improve access to integrated, coordinated treatment and recovery services for SUD, including OUD, in rural areas.

This request is a revision of the initial package submitted for RCORP in 2019, 2022, 2023, and 2024. The only change to the collection is the addition of the RCORP-Impact performance measures. RCORP-Impact began in fiscal year 2024 and is currently in its first reporting period (September 1, 2024-August 31, 2025) The expansion of RCORP’s initiatives 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/OUD prevention, treatment and recovery support services; (b) behavioral health care, including SUD/OUD 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 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.
- 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 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 HRSA program staff. The time burden is minimal for HRSA program staff since there is no data entry element 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. 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 across all programs. RCORP grantees complete the data collection either annually (RCORP-Psychostimulant Support, RCORP-MAT Access, RCORP-Behavioral Health Care Support, RCORP-Child and Adolescent Behavioral Health, RCORP-Overdose Response, RCORP-Neonatal Abstinence Syndrome [Cohort 2], and RCORP-Impact) or biannually (RCORP-Implementation, RCORP-MAT Expansion, and RCORP-Neonatal Abstinence Syndrome [Cohort 1]). HRSA needs this information to measure effective use of grant dollars, measure and report on grantee progress toward strategic goals and objectives, and inform quality improvement initiatives.

Previously, all RCORP program grantees reported on a biannual basis. However, to more effectively capture a full year of performance, new RCORP program grantees report on an annual basis.

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* on August 19, 2025, vol 90; No.158; pp 40374-75. There were no public comments.
- A 30-day Federal Register Notice was published in the *Federal Register* on December 22, 2025, vol 90; No.243; pp X-Y.

Section 8B:

The initial performance measures were developed in consultation with federal staff and subject matter experts across HRSA, as well as experts in technical assistance and evaluation methods through RCORP-Evaluation, HRSA's evaluation cooperative agreement recipient. 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.

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. FORHP vetted the performance measures with two (2) participating RCORP grantee organizations in February 2025: Integrated Care of Greater Hickory and South Dakota State University. The following RCORP award recipients were consulted.

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 not any sensitive questions in the instrument.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

The number of respondents is based on the number of grantees that submit data for each RCORP program. The burden for the existing forms will not change for this collection, based on the consultations described in section 8B above. For the previous burden collections, we determined the average burden per response from grantee feedback. It was determined that the average burden per response would not change. The increase in burden is due to the addition of the RCORP-Impact form (approximately a 22 hour increase in burden).

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
RCORP-Implementation	290	2	580	1.24	719.20
RCORP-Psychostimulant Support	15	1	15	1.30	19.50

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
RCORP- Medication Assisted Treatment Access	11	1	11	1.95	21.45
RCORP- Behavioral Health Care Support	58	1	58	2.02	117.16
RCORP- Overdose Response	47	3	141	0.56	78.96
RCORP – Child and Adolescent Behavioral Health	9	2	18	0.48	8.64
RCORP – Neonatal Abstinence Syndrome	41	4	164	2.31	378.84
RCORP –Impact (NEW)	19	1	19	1.15	21.85
TOTAL	490		1,006		1,365.60

12B. Estimated Annualized Burden Costs

HRSA has determined that RCORP Project Directors' duties are closest to Administrative Services Managers, who have a median hourly wage of \$52.11. Doubling the median wage to account for overhead benefits the hourly wage rate used is \$104.22.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
RCORP Project Director	1,365.60	\$104.22*	\$ 142,322.832
Total			\$ 142,322.832

* U.S. Bureau of Labor Statistics. "Occupational Employment and Wage Statistics (OES) — Data by industry: All industries (NAICS 000000)." Administrative Services Managers (11-3012). U.S. Department of Labor. Accessed December 11, 2025. <http://www.bls.gov/oes/current/>. Median wage of \$52.11 doubled to account for overhead benefits.

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 (GS-13, Step 1 FTE)	\$180,869.22	Using the salary for a GS-13, Step 1 in the Washington D.C. Metro area. Adjusting by 1.5 to account for overhead.
TOTAL	\$1,194,368	

15. Explanation for Program Changes or Adjustments

Program Changes and Adjustments: The addition of the RCORP-Impact form is the only change to the 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..

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 2026 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
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	September 1, 2023-August	Annual	September 30 of each project period

PROGRAM NAME	PROJECT PERIOD	REPORTING FREQUENCY	DUE DATES FOR REPORTS
Syndrome (Cohort 2)	31, 2026		
RCORP-Impact	September 1, 2024-August 31,2028	Annual	September 30 of each project period

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

The [RCORP-Evaluation cooperative agreement](#) is conducting a program-wide evaluation using this 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.