

# STATE TARGETED RESPONSE TO THE OPIOID CRISIS (OPIOID STR) PROGRAM DATA COLLECTION AND PERFORMANCE MEASUREMENT

## SUPPORTING STATEMENT

### A. Justification

#### A.1 Circumstances of Information Collection

The federal fiscal year (FY) Justification of Estimates for the Appropriations Committees <https://www.samhsa.gov/sites/default/files/samhsa-fy-2017-congressional-justification.pdf> included a State Targeted Response proposal and the 21<sup>st</sup> Century Cures Act (P.L. 114-255) enacted December 13, 2016, authorized a grant program for the states in response to the illicit and prescription opioid crisis. The statute authorized \$1 billion to be made available over the course of FY 2017 and FY 2018.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting a grant program, for up to 2 years, that addresses the supplemental activities pertaining to opioids currently undertaken by state agencies and territories, and will support a comprehensive response to the opioid epidemic. The primary purpose of the grant program is to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin). Performance data collection for Opioid STR is required, per the authorizing legislation.

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

The authorizing legislation requires the Opioid STR grant recipient to prepare and submit mid- and end-year reports on a schedule to be determined by the awarding agency. As described in section 2.2, Data Collection and Performance Measurement, grant recipients progress in addressing the opioid epidemic will be partially addressed through the submission of data in compliance with the Substance Abuse Prevention and Treatment Block Grant (SABG) standard reporting requirements. Award recipients will be required to report performance on the following performance measures specific to the Opioid STR program: (1) number of persons who receive opioid use disorder (OUD) treatment; (2) number of persons who receive OUD recovery services; (3) number of providers implementing medication assisted treatment (MAT); and (4) number of OUD prevention and treatment providers trained.

#### A.3 Use of Improved Information Technology

The SABG recipients, i.e., states and jurisdictions, prepare biennial plans and annual reports to SAMHSA in accordance with section 1932(b) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-32(b)) and 45 CFR 96.122(g) and section 1942(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) and 45 CFR 96.122(f), respectively. To fulfill the requirements described in the authorizing legislation and implementing regulation, the states and

jurisdictions submit their respective plans and reports through SAMHSA's Web Block Grant Application System (BGAS). SAMHSA will amend the block grant application (0930-0168) to include data collection tables that correspond to the performance measures described in section 2.2 of the Funding Opportunity Announcement (TI-17-014).

#### **A.4 Efforts to Avoid Duplication**

A review was conducted of opioid use disorder data collected by SAMHSA and other federal agencies; there is not a duplication of this information. It is specific to the applications for the use of SAMHSA.

#### **A.5 Involvement of Small Businesses**

This does not directly affect small entities. The states and jurisdictions will prepare and submit their responses to the information request on a voluntary basis.

#### **A.6 Consequences if Information Collected Less Frequently**

This is a two (2) year data collection. However, if the language contained in Section 1004 of the 21<sup>st</sup> Century Cures Act is included in a subsequent Labor-HHS-ED and Related Agencies appropriation bill or an omnibus bill, the data collection will be applicable to a subsequent fiscal year's funds. If data is collected less frequently, government project officers may be unable to adequately monitor state and jurisdiction performance as each responds to the existing opioid crisis.

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

The data collection efforts will be consistent with the guidelines at 5 CFR 1320.5(d)(2).

#### **A.8 Federal Register Notice and Consultations Outside the Agency**

##### **A.8.1 Federal Register Notice**

As required by 5 CFR 1320.8(d), the 60-day FRN was published in the Federal Register on April 20, 2017 (82 FR 18660). SAMHSA received comments from one Opioid STR recipient: Texas Health and Human Services (See Attachment B). SAMHSA reviewed and provided comments, as appropriate and amended Tables D2 and D3 based on the comments received (See Attachment C).

##### **A.8.2 Consultations Outside the Agency**

SAMHSA conducted two (2) pre-application technical assistance conference calls with the eligible applicants and other interested stakeholders on December 21, 2016, and January 18, 2017. Information shared and gathered from these calls assisted with the finalization of appropriate measures to assess performance for this program. SAMHSA subsequently conducted two (2) post-award conference calls with the Opioid STR recipients on May 31 and June 1. During these calls SAMHSA’s expectations regarding the states’ and jurisdictions performance during the 2-year grant period. The states and jurisdictions were also instructed to prepare and submit their respective needs assessments and strategic plans on or before July 31 and August 30, respectively.

**A.9 Payments/Gifts to Respondents**

The respondents do not receive payments.

**A.10 Assurance of Confidentiality**

Health information data protection standards are taken to protect the information shared. Assurance of confidentiality will not be provided to respondents, as there is no personally identifiable client-level information being reported to SAMHSA for this program. Once the data is collected, the data is protected in a file server that is password protected.

**A.11 Questions of a Sensitive Nature**

The SABG and Opioid STR reporting requirements do not solicit information of a sensitive nature.

**A.12 Estimates of Burden Hours**

Table 1 shows the estimated annualized burden hours for the respondents’ time to participate in each data collection activity. Across the instruments, the total burden is estimated to be 912 hours. The total cost burden is estimated to be \$41,040.

Table 1. Estimate of Annualized Hour Burden

<b>Data Collection Tool</b>	<b>Number of respondents</b>	<b>Responses per respondent</b>	<b>Total responses</b>	<b>Average burden per response (in hours)</b>	<b>Total burden (in hours)</b>	<b>Hourly Wage Cost</b>	<b>Total Wage Cost</b>
Performance reporting	57	2	114	8.0	912	\$45	\$41,040

### **A.13 Estimates of Annualized Respondent Capital and Maintenance Costs**

There are neither capital nor startup costs, nor are there any operations or maintenance costs.

### **A.14 Estimates of Annualized Cost to the Federal Government**

SAMHSA has planned and allocated resources for the management, processing, and use of the collected information in a manner that will enhance its utility to the federal government, as well as award recipients. The Web BGAS contract modification to cover the task order expansion of the current data collection system accommodating this data collection is \$636,439 over a 24-month period, where the contract modification cost for year one is \$289,944 and the cost for year two is \$346,495. It is estimated that one SAMHSA employee will be involved for 5% of their time, at an estimated annualized cost of \$4,407 to the government. The total estimated average cost to the government for year one is \$294,351, and \$350,902 for year two.

The annualized cost to the government is \$322,626.50

### **A.15 Change in Burden**

This is a new data collection activity.

### **A.16 Time Schedule, Publication and Analysis Plan**

The Web Block Grant Application System (BGAS) will be revised to include this addendum for states and jurisdictions to submit data electronically. The amendment will be due not later than 45 days after the date of the Notification of Action received by SAMHSA. A new section developed specifically to accept performance data related to Opioid STR will be open for submissions until the November 1 deadline. Grant awards will not be affected by this new data request. The following activities and timelines are anticipated:

<b>Activity</b>	<b>Tentative Timeline</b>
Receive OMB clearance Notice of Action (NOA) for data collection	October 2017
Notification letter to states and jurisdictions regarding NOA, Provide access to amendment via Web BGAS	October 2017
Data collection via mid-year progress reporting	April 2018 and 2019
Begin processing and analyzing data	May 2018
Data collection via annual progress	September 2018 and 2019

Data from the Opioid STR recipients' responses, i.e., mid- and end-year reports, will be accessed by the federal government to generate routine and ad hoc administrative reports to describe award recipients' efforts to address the illicit and prescription opioid crisis. Further, Opioid STR recipients' data may be used for a wide variety of other oversight, administrative, and statistical purposes of the federal government, state governments, and Congress (e.g., budget preparation, performance analysis). Data will be tabulated and analyzed using standard descriptive and statistical analytic techniques and may be published through the mechanisms noted above, as well as through the publication of special analytic studies.

#### **A.17 Exemption for Display of Expiration Date**

No exemption is being requested.

#### **A.18 Exceptions to Certification Statement**

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.