

**Health Resources and Services Administration**  
**SUPPORTING STATEMENT**  
**Rural Health Opioid Program Grant Performance Measures**  
**0906-XXXX NEW**

**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 Health Opioid Program to provide HRSA with information on grant activities funded under this program.

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.

The Rural Health Opioid Program is authorized by Section 330A(e), of the Public Health Service (PHS) Act, 42 U.S.C. 254c. This program supports projects that increase rural health care services outreach by expanding the delivery of opioid related health care services to rural communities. Key features of programs are collaboration, adoption of an evidence-based approach, demonstration of health outcomes, program replicability and sustainability.

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

FORHP will conduct an annual data collection of user information for the Rural Health Opioid Program through the PIMS. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of improving health outcomes in their communities as related to local opioid-specific challenges.

Data is collected annually and provides quantitative information about the programs, specifically the characteristics of: (a) target population demographics; (b) referrals to substance abuse treatment; (c) substance abuse treatment process and outcomes; (d) education of health care providers and community members; and (e) rates of fatal and non-fatal opioid-related overdose.

This assessment will provide useful information on the Rural Health Opioid Program and will enable HRSA to assess the success of the program. It will also ensure that 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.

The type of information requested in the Rural Health Opioid Program PIMS will enable FORHP to assess the following characteristics about its programs:

- The characteristics of the population served.
- The types of services funded through the program.
- The types of sustainability efforts initiated to maintain services.
- The degree to which funding has affected health outcomes amongst the population served.

The database is capable of identifying and responding to the needs of the Rural Health Opioid Program community. The database:

- Provides uniformly defined data for major FORHP grant programs.
- Yields information areas that may lack sufficient national and state data.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

### **3. Use of Improved Information Technology and Burden Reduction**

This activity is fully electronic. Data will be collected through and maintained in a database in HRSA's Electronic Handbook (EHB). The EHB is a website that all HRSA grantees, including those for the program covered in this approval request, are required to use when applying electronically for grants using OMB approved Standard Forms. 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.

### **4. Efforts to Identify Duplication and Use of Similar Information**

There is no other data source available that tracks the characteristics of federal funding in the rural counties participating in the Rural Health Opioid Program.

### **5. Impact on Small Businesses or Other Small Entities**

Every effort has been made to ensure the data requested are data that are currently being collected by the projects or can be easily incorporated into normal project procedures. Data being requested by projects is useful in determining whether grantee goals and objectives are being met. The data collection activities will not have a significant impact on small entities.

### **6. Consequences of Collecting the Information Less Frequently**

Respondents will respond to this data collection on an 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. If the information is collected less frequently, HRSA will not have up-to-date data regarding the effectiveness of HRSA

funding. Collecting this data ensures that HRSA has the ability to stay informed regarding the services being provided to rural communities within the 3-year Rural Health Opioid Program project period.

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

This project is consistent with the guidelines in 5 CFR 1320.5.

## **8. Comments in Response to the Federal Register Notice/Outside Consultation**

### **Section 8A:**

A 60-day Federal Register Notice was published in 82 Fed. Reg. 59625 (December 15, 2017). HRSA acknowledged and took into consideration one comment received on February 13, 2018 from Alkermes Inc., the manufacturer of a medication approved for the treatment of opioid use disorder. The comment was submitted as a reminder to HRSA to ensure that all patients served under the Rural Health Opioid Program have all FDA-approved treatment options available to them to treat their opioid use disorder. This effort aligns with Section 303 of the Comprehensive Addiction and Recovery Act of 2016 (CARA).

### **Section 8B:**

In order to create a final set of performance measures that are useful for all program grantees, the set of measures was vetted with the following grantees:

#### **Maria Donahue, MPH, MSW**

Project Director, *The Downeast Maine Opioid Recovery Project*  
Healthy Acadia  
Ellsworth, Maine 04605  
[maria@healthyacadia.org](mailto:maria@healthyacadia.org)  
207-667-7171 ext. 14

#### **Beth O'Connor, M. Ed.**

Executive Director  
Virginia Rural Health Association  
Luray, Virginia 22835  
[boconnor@vcom.vt.edu](mailto:boconnor@vcom.vt.edu)  
540-231-7923

#### **Mellie Bridewell, MS.**

Executive Director  
Arkansas Rural Health Partnership  
Lake Village, Arkansas 71653  
[mbridewell@uams.edu](mailto:mbridewell@uams.edu)  
870-265-9392

**9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

**10. 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.

**11. Justification for Sensitive Questions**

There are no sensitive questions.

**12. Estimates of Annualized Hour and Cost Burden**

*Respondents:*

The respondents are the award recipients of the Rural Health Opioid Program (10 recipients). It is estimated that completion of the PIMS measures will take 11 hours. This burden was determined by consultations with three (3) current grantees from the program (see list page 3). These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate how much time it would take to answer the questions.

**12A. Estimated Annualized Burden Hours**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
<b>Rural Health Opioid Program Key personnel (Project Director)</b>	Rural Health Opioid Program Grant Performance Measures	10	1	11	110
<b>Total</b>		10	1	11	110

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee’s project and current data collection system.

**12B. Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	11	\$95.12	\$1,046.32
Total	110		\$10,463.20*

*Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics:  
<http://www.bls.gov/oes/2016/may/oes113011.htm>*

\*This amount includes the total respondent costs of 10 Rural Health Opioid Program grantees and accounts for fringe benefits and overhead costs by multiplying the hourly wage rate by a 2.0 multiplier.

**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**

Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$1,939.68 per year (72 hours per year at \$26.94 per hour at a [GS-09 Step 1 salary level](#)).

**15. Explanation for Program Changes or Adjustments**

Not applicable as this is a new information collection request.

**16. Plans for Tabulation, Publication, and Project Time Schedule**

There are no plans to publish the data. The data may be used on an aggregate program level to document the impact and success of program. This information might be used in the FORHP Annual Report produced internally for the agency. The FORHP Annual Report is produced in February, reporting the prior fiscal year's activities.

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The expiration date will be displayed.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.