



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### **Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Rural Communities Opioid Response Program Performance Measures - OMB No. 0906-0044 - Revision**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](https://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under Review - Open for Public Comments" or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Rural Communities Opioid Response Program  
Performance Measures - OMB No. 0906-0044 - Revision

*Abstract:* HRSA administers the Rural Communities Opioid Response Program (RCORP), which is authorized by section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) and is a multi-initiative program that aims to: (1) support treatment for and prevention of substance use disorder (SUD), including opioid use disorder (OUD); and (2) reduce morbidity and mortality associated with SUD, to include OUD, by improving access to and delivering prevention, treatment, and recovery support services to high-risk rural communities. To support this purpose, RCORP grant initiatives include:

- RCORP-Implementation grants to fund established networks and consortia to deliver SUD/OUD prevention, treatment, and recovery activities in high-risk rural communities;
  - RCORP-Neonatal Abstinence Syndrome grants 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;
  - RCORP-Psychostimulant Support grants to strengthen and expand 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 (MAT) Access grants aim to establish new access points in rural facilities where none currently exist; and
  - 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.
- Note that additional grant initiatives may be added pending fiscal year 2024 and future fiscal year appropriations.

HRSA currently collects information about RCORP grants using approved performance measures. HRSA developed separate performance measures for RCORP's new MAT Access and Behavioral Health Care Support grants and seeks OMB approval for the new collection.

A 60-day notice published in the **Federal Register** on April 23, 2023, vol. 88, No. 63; pp. 19651-52. There were no public comments.

*Need and Proposed Use of the Information:* Due to the growth in the number of grant initiatives included within RCORP, as well as emerging SUD and other behavioral health trends in rural communities, HRSA is submitting a revised ICR that includes measures for RCORP's new MAT Access and Behavioral Health Care Support grants. For this program, performance measures were developed to provide data on each RCORP initiative and 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, including: (a) provision of, and referral to, rural behavioral health care services, including SUD prevention, treatment and recovery support services; (b) behavioral health care, including SUD 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. All measures will speak to the Federal Office of Rural Health Policy's progress toward meeting the goals set.

*Likely Respondents:* The respondents will be recipients of the RCORP grants.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden Hours:

<b>Form Name</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent (annually)</b>	<b>Total Responses</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
Rural Communities Opioid Response Program - Implementation/Neonatal Abstinence Syndrome/MAT Expansion	290	2	580	1.24	719.20
Rural Communities Opioid Response Program - Psychostimulant Support	15	1	15	1.30	19.50
Rural Communities Opioid Response Program - MAT Access - NEW-	11	1	11	1.95	21.45
Rural Communities Opioid Response Program - Behavioral Health Care Support -NEW-	58	1	58	2.02	117.16
<b>Total</b>	<b>374</b>		<b>664</b>		<b>877.31</b>

**Maria G. Button,**

*Director, Executive Secretariat.*

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