U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy
Rural Strategic Initiatives Division

Rural Communities Opioid Response Program-Psychostimulant Support

Funding Opportunity Number: HRSA-21-091
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: April 12, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: January 11, 2021

Kim Nesbitt, MA
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 443-4271
Email: ruralopioidresponse@hrsa.gov

Please contact the Grants Management Specialist on page 40 of the NOFO for budget related questions.

Authority: 42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Communities Opioid Response Program-Psychostimulant Support (RCORP-PS). The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. RCORP-PS will advance RCORP's overall goal by strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse psychostimulants to enhance their ability to access treatment and move towards recovery.

Funding Opportunity Title:	Rural Communities Opioid Response Program-Psychostimulant Support (RCORP-PS)
Funding Opportunity Number:	HRSA-20-091
Due Date for Applications:	April 12, 2021
Anticipated Total Annual Available FY 2021 Funding:	$7,500,000
Estimated Number and Type of Awards:	Up to 15 grants
Estimated Award Amount:	Up to $500,000 for the three-year period of performance. Award recipients will receive the full award amount in the first year of the period of performance and are required to allocate it across all three years.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2024 (3 years)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit, are eligible to apply. This includes, but is not limited to, domestic faith-based and community-based organizations, tribes, and tribal organizations. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, February 25, 2021
Time: 12:30 – 1:30 p.m. ET
Call-In Number: 833-568-8864
Webinar ID: 160 824 7238
Passcode: HRSA21091
Weblink: https://hrsa-gov.zoomgov.com/j/1608247238?pwd=b3dpdVN4WGxQMkx4K3paNEhEMmJQQT09

Participants also have the option of using VOIP (Computer Audio).

Additionally, HRSA will post a Frequently Asked Questions (FAQ) document to this funding opportunity's grants.gov page following the webinar to address recurring questions by applicants.

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. This notice announces the opportunity to apply for funding under RCORP-Psychostimulant Support (RCORP-PS). RCORP-PS will advance RCORP's overall goal by strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse psychostimulants to enhance their ability to access treatment and move towards recovery.

Over the course of a three-year period of performance, RCORP-PS award recipients will implement a set of core psychostimulant use disorder prevention, treatment, and recovery activities, as outlined in Section IV.2. For the purposes of this funding opportunity, psychostimulants include methamphetamine and other illegal drugs, such as cocaine and ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.[1] Applicants should detail in the "Project Abstract" and "Needs Assessment" sections of the Project Narrative which psychostimulants they propose to target with the funding.

Given the complex and multifaceted nature of psychostimulant use disorders, as well as the need to secure community buy-in, HRSA requires that applicants be part of broad, multi-sectoral consortia consisting of four or more separately-owned (i.e., different Employment Identification Numbers (EINs)) entities, including the applicant organization.[2] A majority, or at least 50 percent, of separately owned consortium members must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

The target population for this award are 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for psychostimulant use disorders; 2) their families and/or caregivers; and 3) other community members[3] who reside in HRSA-designated rural areas.

Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population, when addressing SUD in the proposed service area. For example, a recent study found that more rural racial/ethnic minorities reported their health as fair or poor, that they were unable to see a physician in the past 12 months because of cost, and that they did not have a personal health care

[1] https://www.cdc.gov/drugoverdose/data/otherdrugs.html
[2] Tribal entities may be exempt from this requirement. Please reference Section III.1 for more information.
[3] Applicants are encouraged to include individuals in the community who are involved in improving health care delivery in rural areas in their RCORP projects.

provider compared to their non-Hispanic white counterparts.[4] Examples of these populations include, but are not limited to, racial and ethnic minorities, people/persons experiencing homelessness, pregnant women, youth and adolescents, etc.

The primary focus of this award is psychostimulant misuse and use disorders. However, recognizing that many individuals who misuse psychostimulants are polysubstance users, or have other co-occurring conditions, consortia may also use RCORP-PS funding to help address other SUD-related needs of the target population of individuals, families, and other community members affected by psychostimulant use disorders. Applicants should link any additional activities they propose to the needs of their target population and service area. Please note that no competitive advantage, funding priority, or preference is associated with proposing activities beyond the core/required activities outlined in Section IV.2.

Finally, RCORP-PS award recipients are expected to work closely with a HRSA-funded technical assistance (TA) provider throughout the three-year period of performance. Targeted TA will be provided to each award recipient at no additional cost, and is intended to help recipients achieve desired project outcomes, sustain services, align their performance reporting/evaluative activities, implement quality improvement efforts, and overcome challenges to project implementation. HRSA will provide more information about TA support upon receipt of award.

2. Background

This program is authorized by 42 U.S.C. § 912(b)(5) (§ 711(b)(5) of the Social Security Act).

While the focus of the RCORP initiative has largely been on OUD to date, there exists overlap between OUD and psychostimulant[5] misuse. A 2018 study found that the prevalence of past month use of methamphetamine among rural treatment-seeking opioid users increased by nearly 94 percent from 2011 to 2017.[6] Additionally, a 2019 *Morbidity and Mortality Weekly Report* by the Centers for Disease Control and Prevention (CDC) indicated that drug overdose deaths involving psychostimulants with abuse potential increased by over a third in rural communities between 2016 and 2017, with synthetic opioids playing an increasing

[4] James, Cara, et al (2017), "Racial/Ethnic Health Disparities Among Rural Adults — United States, 2012–2015," *CDC MMWR*, https://www.cdc.gov/mmwr/volumes/66/ss/ss6623a1.htm?s_cid=ss6623a1_w.

[5] Psychostimulants include illegal drugs, such as cocaine, methamphetamine, or ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression. (CDC definition: https://www.cdc.gov/drugoverdose/data/otherdrugs.html)

[6] Ellis et al (2018), "Twin Epidemics: The surging rise of methamphetamine use in chronic opioid users," *Drug and Alcohol Dependence* 193: https://www.researchgate.net/profile/Matthew_Ellis5/publication/328197975_Twin_epidemics_The_surging_rise_of_methamphetamine_use_in_chronic_opioid_users/links/5bc4b526458515f7d9bf073a/Twin-epidemics-The-surging-rise-of-methamphetamine-use-in-chronic-opioid-users.pdf.

role in those deaths.[7] Finally, in many western U.S. states, methamphetamines have *surpassed* opioids as the leading cause of drug overdose deaths.[8]
For the purpose of this funding opportunity, psychostimulants include methamphetamine and other illegal drugs, such as cocaine and ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.[9] The prevalence of any given psychostimulant varies by region and demographic characteristics.[10] Note that while prescription stimulants are beneficial to those who need them, if misused, they can lead to many harmful side effects, substance use disorder, and/or overdose.[11]

Psychostimulant misuse/use disorders are associated with numerous short- and long-term health and societal effects, including fatigue; depression; violent behavior; cardiovascular complications; oral health issues; impaired cognitive, neurological and emotional systems; domestic violence; neglectful or abusive parenting; risky sexual behavior; increased crime; and premature death.[12] Award recipients are encouraged to consider these various facets and effects of psychostimulant misuse/use disorders when developing their project proposals.

RCORP supports and encourages projects that address the needs of a wide range of population groups, including, but not limited to, low-income populations, the elderly, pregnant women, youth, adolescents, ethnic and racial minorities, people/persons experiencing homelessness, and individuals with special health care needs.

It is important to note that rural racial and ethnic minority populations face even greater challenges in terms of access to care and related health care challenges that are often overlooked. Recognizing the link between health disparities and SUD, applicants are encouraged to identify means of bridging the gap between social determinants of health and other systemic issues that could contribute to achieving equity in SUD/OUD prevention, treatment, and recovery services by proposing specific strategies within their applications.

As part of HRSA's overall strategy for addressing SUD/OUD in rural communities, in FY 2021, HRSA will provide funds for the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) under separate funding opportunity to award eligible providers (Allopathic/Osteopathic Physicians,

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[7] See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," *CDC Morbidity and Mortality Weekly Report*, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf.
[8] Hedegaard, H et al (2019), "Regional differences in the drugs most frequently involved in drug overdose deaths: United States, 2017,"*National Vital Statistics Reports, 68*(12), https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_12-508.pdf
[9] CDC definition: https://www.cdc.gov/drugoverdose/data/otherdrugs.html
[10] *See, e.g.,* SAMHSA, 2019, "Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health," detailed tables available here: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
[11] *See, e.g.,* https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants.
[12] *See, e.g.,* SAMHSA (2020), "Treatment of Stimulant Use Disorders," https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf for a comprehensive overview of the short- and long-term effects of stimulant misuse/disorders.

Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, SUD counselors, Clinical Pharmacists, Registered Nurses and Nurse Anesthetists) who are working at a NHSC-approved RCORP consortium member site. RCORP-PS applicants are encouraged to leverage the NHSC Rural Community LRP to support the recruitment and retention of eligible providers from the SUD workforce.

- For additional information on the Rural Community LRP and Sites, see **Appendix A**.
- For a list of current rural NHSC-approved SUD facilities, visit HRSA's Health Workforce Connector.
- To learn how to become an NHSC site, visit the NHSC website.

In 2019, the U.S. Department of Health and Human Services (HHS) Rural Health Task Force developed the "Healthy Rural Hometown Initiative" (HRHI). The HRHI is an effort that seeks to address the underlying factors that are driving growing rural health disparities related to the five leading causes of avoidable death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke). RCORP-PS supports the HRHI initiative by aiming to reduce mortality from unintentional injury as a result of drug overdose. While applicants and award recipients to RCORP-PS do not need to explicitly link their activities to the HRHI, HRSA may plan to use the performance data submitted by RCORP-PS grant recipients to demonstrate how RCORP-PS supports the overall goal of the HRHI. For more information on the Healthy Rural Hometown Initiative, see page 29 of the HHS Rural Action Plan.

For information on other HRSA-supported SUD/OUD funding opportunities, resources, technical assistance, and training, visit https://www.hrsa.gov/opioids. For information on other federal SUD/OUD resources, please see **Appendix B**.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $7,500,000 to be available to fund up to 15 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) for the three-year period of performance. The period of performance is September 1, 2021 through August 31, 2024 (3 years). No competitive advantage,

funding priority, or preference is associated with requesting an amount below the $500,000 ceiling amount.

Award recipients will receive the full award amount in the first year of the three-year period of performance. You must allocate the funding across each of the three years and **submit a budget and budget narrative for each of the three years of the period of performance.** The budget does not need to be evenly split across the three-year period of performance, and can vary based on your community needs.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Applicant Organization Specifications
Eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, and federally-recognized tribes and tribal organizations. In addition to the 50 U.S. states, only organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If you are located outside the 50 states, you must still meet the eligibility requirements.

The applicant organization may be located in an urban or rural area and should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities.

All activities supported by RCORP-PS (i.e., **all service delivery sites**) must exclusively occur in HRSA-designated rural counties or rural census tracts in urban counties, as defined by the Rural Health Grants Eligibility Analyzer.

Consortium Specifications
HRSA requires that applicants be part of broad, multi-sectoral consortia comprised of at least four or more separately owned entities (i.e., different EINs), including the applicant organization. The consortium should include members from multiple sectors and/or disciplines and have a history of collaborating to address SUD/OUD in a rural area. Applicants are encouraged to incorporate individuals and community sectors that are particularly affected by psychostimulant misuse/use disorders, including individuals in recovery, law enforcement and first responders,

employers, child welfare agencies, school systems, health and social service organizations, etc. See **Appendix C** for a non-exhaustive list of potential consortium partners.

Consortium members may be located in urban or rural areas, but **a majority, or at least 50 percent, of members** involved in the proposed project must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

For applicant organizations and consortium members located in HRSA-designated rural areas, but that share an EIN with an urban headquarters, in order for the consortium member to be considered "rural," the urban parent organization must assure FORHP via a signed letter on organization letterhead that, for the purposes of the RCORP-PS award, they will exert no control over or demand collaboration with the rural entity (**Attachment 12**).

All consortium members reflected in the proposed work plan, including the applicant organization, must sign a **single** letter of commitment (**Attachment 3**) that delineates the expertise, roles, responsibilities, and commitments of each consortium member. A majority, or at least 50 percent, of signatories to the Letter of Commitment must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Electronic signatures are acceptable. If you are unable to obtain a given signature, please provide a brief explanation why.

If awarded, recipients must notify consortium members who will be serving as sub-contractors/sub-recipients that they must be registered in SAM. The award recipient must provide the consortium member with their DUNS number.

Exceptions to Eligibility Criteria

- *Tribal Exception:* HRSA is aware that federally-recognized tribes may have an established infrastructure without separation of services recognized by filing for EINs. In the case of federally-recognized tribes, only a single EIN located in a HRSA designated rural area is necessary for eligibility as long as the EIN is associated with an entity located in a HRSA-designated rural area. Tribes and tribal entities under the same tribal governance must still meet the consortium criteria of four or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles, responsibilities, and commitments of each consortium member.

- *Service Delivery Site Exceptions:* In general, all services provided by the RCORP-PS award (i.e., all service delivery sites) must exclusively occur in HRSA-designated rural areas. All service delivery sites supported by the RCORP-PS award must be exclusively located in HRSA-designated rural areas. However, given the shortage of service delivery sites in HRSA-designated rural areas, some exceptions apply (see below). In order to qualify for one of these exceptions, the applicant must establish their non-rural service delivery site serves rural populations and must also establish

that the services are related to improving health care in rural areas (as opposed to merely improving the health care of rural populations).

- **For applicant organizations whose service area encompasses partially rural counties**, as determined by the Rural Health Grants Eligibility Analyzer, service delivery sites may be located in an urban portion of the partially rural county if the service delivery site is located in an incorporated city, town, or village, or unincorporated census-designated place (CDP), with 49,999 or fewer people, as confirmed by the census website (2010 Census). Applicants who wish to exercise this exception must provide a screenshot from the census website (2010 Census) documenting that the service delivery site(s)' location meets the above criterion in **Attachment 9**. If the applicant searches a place and it does not appear in the Quick Facts dropdown list, this means that the place has less than 5,000 residents, and therefore, the site would be eligible. In this instance, please include screenshot documentation.

- **Critical Access Hospitals (CAHs) that are not located in HRSA-designated rural areas.** Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s) in **Attachment 10**. If the service delivery site has been recently designated a CAH (less than a year ago), please submit the CAH approval letter from CMS in **Attachment 10**.

- **Entities eligible to receive Small Rural Hospital Improvement (SHIP) funding and that are not located in HRSA-designated rural areas** may serve as service delivery sites for RCORP-PS projects. Eligible entities include hospitals that are non-federal, short-term general acute care and that: (i) are located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) have 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report. Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s) in **Attachment 11**.

All applicants requesting a service delivery site exception must also detail in **Attachments 9, 10, and/or 11** how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas (e.g., by providing provider training and mentorship opportunities for rural health care providers).

- *Telehealth Exception:* A provider may be located in an urban facility, but serving patients in a HRSA-designated rural area through telehealth/telemedicine, so long as the target patient population is exclusively rural.

Applicant Organizations or Consortium Members of Current and/or Previous RCORP Awards

Current and/or previous applicant organizations and consortium members of RCORP awards are eligible, but must clearly demonstrate that there is no duplication of effort between the proposed RCORP-PS project and any previous or current RCORP project. Please see **Attachment 7** for additional information and instructions if you have previously received, or served as a consortium member for, any of the following awards: 2018, 2019, or 2020 RCORP-Planning; 2019 or 2020 RCORP-Implementation; 2019 RCORP-MAT Expansion; and/or 2020 RCORP-Neonatal Abstinence Syndrome.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

Multiple Submissions
HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Exception to Multiple Submissions Policy
In general, multiple applications associated with the same DUNS number or Unique Entity Identifier (UEI), and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number or UEI could be located in **different** rural service areas that have a need for SUD/OUD services. Therefore, **at HRSA's discretion**, separate applications associated with a single DUNS number and/or EIN may be considered eligible for this funding opportunity. See more information in **Attachment 8**.

Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8**, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application associated with the EIN or DUNS number. Note that this exception **does not** apply to a single organization (e.g., a parent organization/headquarters) that wants to apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

If multiple entities that share an EIN and/or DUNS apply for this funding opportunity, the applicant organization names (as reflected in Box 8A of the SF-424 Application Page) should be different and reflect the names of the satellite offices/clinics. If HRSA receives multiple FY 2021 RCORP-PS applications with the same applicant organization name (as reflected in Box 8A of the SF-424 Application Page), only the last submitted and validated application will be reviewed.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.

Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-091, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 13: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

Core Activities

In support of RCORP-PS's goal of strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse psychostimulants, consortia must implement all core/required activities below. If a consortium is already implementing one or more of the core/required activities within the service area, applicants may propose to expand or enhance those activities.

Prevention Core Activities

1. Provide evidence-based appropriate education to improve family members/caregivers', first responders' (to include EMS and law enforcement), social services and medical, providers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for psychostimulant misuse and use disorders, and to reduce stigma associated with the disease. Examples of evidence-based education

include, but are not limited to, Botvin LifeSkills, PAX Good Behavior Games, Too Good for Drugs, Strengthen Families, etc.

2. Identify and screen individuals at risk for psychostimulant misuse and use disorders and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other social support services to minimize the potential for the development of SUD/OUD. Applicants are encouraged to use evidence-based screening techniques, including Screening, Brief Intervention, and Referral to Treatment (SBIRT).

3. Screen, provide educational information, and refer to treatment patients who use psychostimulants and who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among people who inject drugs.

Treatment and Recovery Core Activities

4. Recruit, train, and mentor interdisciplinary teams of SUD/OUD clinical and social service and community-based providers who are able to identify and treat psychostimulant misuse and use disorders using evidence-based methods such as Motivational Interviewing, Contingency Management,[13] Community Reinforcement, and Cognitive Behavioral Therapy in-person and/or online. Note that unlike opioids, there is no FDA-approved medication currently available for psychostimulant use disorders.

5. Enhance discharge coordination for people in treatment and recovery and/or leaving the criminal justice system who require linkages to home and community-based services and social supports, including: case management, housing, employment, food assistance, transportation, domestic violence service providers, legal services, LGBTQI services, peer support, mutual aid groups, Recovery Community Organizations, reentry service providers, medical and behavioral health services, faith-based organizations, American Indian focused services providers, Spanish speaking service providers, harm reduction , organizations focused on decreasing social isolation (cultural programs, recreation centers, recovery supports), and sober/transitional living facilities with the goal of improving health care in rural areas.

6. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/OUD treatment programs, reentry service providers, harm reduction programs, and in the community.

[13] If you would like to implement Contingency Management in your practice using RCORP-PS funds, you must obtain prior approval from your HRSA Project Officer and Grants Management Specialist before proceeding. Please also reference the "Funding Restrictions" section of this NOFO.

Requirements for Service Provision
All activities funded by this award (i.e., all service delivery sites) must exclusively occur in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Additionally, award recipients should bill for all services covered by a reimbursement plan and should make every reasonable effort to obtain payments. At the same time, award recipients may not deny services to any individual because of an inability to pay.

Target Population
The target population for this award are: 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for psychostimulant misuse and use disorders; 2) their families and/or caregivers; and 3) other community members[14] who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

Applicants are encouraged to include populations, such as racial and ethnic minorities, that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population, when addressing SUD in the proposed service area. For example, a recent study found that more rural racial/ethnic minorities reported their health as fair or poor, that they were unable to see a physician in the past 12 months because of cost, and that they did not have a personal health care provider compared to their non-Hispanic white counterparts.[15] Examples of these populations include, but are not limited to, racial and ethnic minorities, sexual minorities, homeless populations, pregnant women, youth and adolescents, etc.

The primary focus of the award is psychostimulant misuse and use disorders. However, recognizing that many individuals who misuse psychostimulants are polysubstance users, or have other co-occurring conditions, consortia may address other SUD-related needs of this population.

Consortium Members and Core Activities
While consortia must implement **all** core/required SUD/OUD prevention, treatment, and recovery activities listed above over the course of the three-year period of performance, the following caveats apply:

1. The consortium does not need to implement all core prevention, treatment and recovery activities in **every part** of the target HRSA-designated rural area.

2. Individual consortium members do not need to implement all core prevention, treatment and recovery activities, just the **consortium as a whole.**

[14] Applicants are encouraged to include individuals in the community who are involved in improving health care delivery in rural areas in their RCORP projects.
[15] James, Cara, et al (2017), "Racial/Ethnic Health Disparities Among Rural Adults — United States, 2012–2015," *CDC MMWR*, https://www.cdc.gov/mmwr/volumes/66/ss/ss6623a1.htm?s_cid=ss6623a1_w.

3. Progress should be made on each core/required prevention, treatment, and recovery activity during **each year** of the award, but activities do not need to be **completed** until the end of the three year period of performance.

Additional Activities

If capacity exists, award recipients may use funding to implement additional activities that strengthen the consortium's ability to deliver preventive, treatment, and/or recovery services for SUD/OUD in their service area. Applicants must provide detailed descriptions of all additional activities in the Project Narrative, as well as justifications for how those activities will advance RCORP-PS's goal and fulfill the needs of the target population. No funding priority or preference is associated with proposing additional activities. Please see **Appendix D** for a non-exhaustive list of allowable additional activities.

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

The abstract is a one-page, single-spaced, standalone document, and should not refer to other sections of the application. Please include the following information in your abstract (it is recommended that you provide this information in a table format). This information **will not** count towards the one-page limit, but will count toward your application's overall page limit:

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Organization Facility Type (e.g., Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.)
6. Project Director Name and Title (should be the same individual designated in Box 8f of the SF424 Application Form)
7. Project Director Contact Information (phone and email)
8. EIN/DUNS Number Exception Request in **Attachment 8**? (Y/N)
    - Note: HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8**, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application associated with the EIN or DUNS number.
9. How the Applicant **First** Learned About the Funding Opportunity (**select one**: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)
10. Number of Consortium Members (including applicant organization)
11. List of Consortium Members
12. Is the Applicant Organization A Previous or Current RCORP Award Recipient? (**if yes, specify:** FY 18, FY 19, and/or FY 20 RCORP-Planning Applicant Organization or Consortium Member; FY 19 RCORP-MAT

Expansion Applicant Organization; FY 19 and/or FY 20 RCORP-Implementation Applicant Organization or Consortium Member; FY 20 RCORP-Neonatal Abstinence Syndrome Applicant Organization or Consortium Member)

13. Brief Description of the Target Population:
    a. Indicate approximately what percentage (if any) of the target population is Native American and, if applicable, provide 2-3 sentences regarding how this project specifically targets tribal populations.
14. List of Psychostimulant(s)[16] the Project Will Target
15. Target Service Area (**must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer**):
    a. **Fully Rural Counties**: Provide the county name and state
    b. **Partially-Rural Counties**: Provide county name, state, **and** the rural census tract (**list of rural census tracts**)

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1—"Need"*

  This section should clearly and succinctly summarize the overarching goals of the proposed project; the characteristics and needs of the target population and service area; the consortium's proposed approach to meeting those needs; and the consortium's history of collaborating to address SUD/OUD in a rural area and capacity to implement the proposed project. Additionally, you should identify which psychostimulants[17] your consortium will target with this funding.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1—"Need"*

  This section outlines the needs of the **target rural population**. Data used to complete this section should derive from appropriate sources (e.g., local, state, tribal, and federal) and reflect the most recent timeframe available.

[16] For the purposes of this funding opportunity, psychostimulants include illegal drugs, such as cocaine, methamphetamine, or ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.
[17] For the purposes of this funding opportunity, psychostimulants include illegal drugs, such as cocaine, methamphetamine, or ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.

Applicants encountering difficulty obtaining data for certain indicators are encouraged to contact their state or local health departments, medical examiners/coroners, Emergency Medical Service, criminal justice system, child welfare system, drug courts, Poison Control Center, etc. You are also encouraged to refer to data and information provided by the CDC, Rural Health Information Hub, and the Community Assessment Tool developed by NORC at the University of Chicago, among other sources.

If you are still unable to locate appropriate and accurate data, please provide an explanation for why the data could not be found and how you will leverage the RCORP-PS award to strengthen the quality and availability of OUD/SUD data in your target rural service area.

Use the following headings in this section as you complete your narrative:

- "Population Demographics"
- "SUD Prevalence"
- "Existing SUD Services"
- "Gaps and Unmet Needs in Service Area"

Population Demographics

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **demographics of the target rural population**. If the data source(s) you use do not break down the data according to the categories listed below, please adjust the categories accordingly and cite your reasons for doing so. Please cite the data sources (including year) you use. **It is strongly recommended that you provide the information in a table format with the following columns/headings: "Measure"; "Data for Target Rural Population"; "Comparative Data (Include columns for regional, statewide, or national data)"; and "Data Source(s) and/or Explanation for Why Data Could Not Be Provided":**

- Breakdown of target population by ethnicity (include data for "Hispanic or Latino" and "Not Hispanic or Latino");
- Breakdown of target population by race (at a minimum, include data for American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White);
- Breakdown of target population by age;
- Percentage of the target population who are uninsured; and
- Additional data that depict the characteristics of the target rural population (e.g., the percentage of the population 25 years and older with a high school diploma; the percentage of population below the Federal Poverty Line; percentage of the population who are homeless, etc.).

SUD Prevalence

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **SUD prevalence within the target rural population** and, where possible, compare the data for the target population to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year) you use. **It is strongly recommended that you**

provide the information in a table format with the following columns/headings: "Measure"; "Data for Target Rural Population"; "Comparative Data (Include columns for regional, statewide, or national data)"; and "Data Source(s) and/or Explanation for Why Data Could Not Be Provided":

- Prevalence or incidence of SUD in the target rural population by type. At a minimum, include statistics for alcohol, psychostimulants, opioids, and any other relevant substances;
- Data for at least one indicator that depicts the effect of psychostimulant misuse/use disorders on the target rural service area. Examples include, but are not limited to, the number of drug overdoses involving a psychostimulant in the past year; number/percentage of children in the foster care system as a result of their caregivers' psychostimulant misuse/use disorder; number of individuals with infectious complications (e.g., HIV, Hepatitis C, etc.) as a result of psychostimulant misuse/use disorder; etc.;
- Data depicting which segments of the target rural population are most at risk for, and/or are most likely to be diagnosed with, psychostimulant use disorders. This may include age groups, racial/ethnic groups, persons/people experiencing homelessness, etc.; and
- Data depicting which psychostimulants are most prevalent within your target rural service area.

Existing SUD Services

At a minimum, please include the following information to describe the **existing SUD services within the target rural service area**:

- Overview of existing SUD prevention, treatment, and recovery services and workforce targeting psychostimulant misuse/use disorders and how your proposed RCORP-PS project will complement versus duplicate those services;
- Overview of existing RCORP services in the service area (please refer to this RCORP service area spreadsheet) and how your RCORP-PS project will complement versus duplicate those efforts;
- Overview of other existing/known federal, state, or locally-funded SUD initiatives in the target rural service area focusing on psychostimulant misuse/use disorders, and how the applicant organization will avoid duplicating efforts funded through other means;
- Applicants are also encouraged to reference Appendix B for information on other SUD/OUD-related initiatives as well as the Office of National Drug Control Policy's Rural Community Toolbox: https://www.ruralcommunitytoolbox.org/funding.

Gaps and Unmet Needs in the Service Area

Detail gaps in related prevention, treatment, and recovery services and workforce targeting psychostimulant misuse and use disorders in the **target rural service area**. Based on your target population, describe the extent to which the population you propose to serve includes subpopulations that have historically suffered from poorer health outcomes, health disparities, and

other inequities compared to the rest of the target population. These populations may include, but are not limited, to people/persons experiencing homelessness, racial and ethnic minorities, pregnant women, adolescents and youth, etc.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2—"Response"*

  This section outlines the methods that the applicant organization will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Your methodology should directly link to and reflect the data and information provided in the "Needs Assessment" section of the Project Narrative.

  Use the following headings in this section as you complete your narrative:
  - "Methods for Fulfilling Core Activities"
  - "Methods for Addressing Health Access and Outcome Disparities"; and
  - "Methods for Sustaining Project Beyond Period of Performance"

  Methods for Fulfilling Core Activities
  Describe methods for fulfilling each core activity outlined in the "Program-Specific Instructions" section of this NOFO as well as any additional activities. If you are proposing to implement additional activities, you must provide a justification for why the activity is needed and how it will benefit the target rural population.

  Methods for Addressing Health Access and Outcome Disparities
  Using the data and information provided in "Gaps and Unmet Needs" subsection of the "Needs Assessment," describe the methods by which your RCORP-PS project will address the health access and outcome disparities experienced by vulnerable populations within your target rural service area. You are encouraged to utilize the methods outlined in the National Culturally and Linguistically Appropriate Services Standards, among other sources.

  Please note that **if your application is funded**, you will be expected to develop a mental/behavioral health disparities "Impact Statement" within the first six months of the award. Further instructions are provided in the Reporting Requirements section of this NOFO and will be provided upon receipt of award.

  Methods for Sustaining Project Beyond Period of Performance
  Describe the methods by which you will sustain program activities beyond the three-year period of performance. At a minimum, discuss strategies to:
  - Sustain the consortium membership and support;
  - Secure target population support and engagement;
  - Leverage partnerships at the local/community, state, and regional levels, such as with rural counties and municipalities, health plans,

law enforcement, community recovery organizations, faith-based organizations, and others;
- Optimize reimbursement for services across insurance types; and
- Ensure that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance. No individual will be denied services due to an inability to pay.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2—"Response"*

  Provide a clear and coherent work plan (**Attachment 1**) that details the responsible individual(s) and/or consortium member(s), timeframes, and deliverables for each core activity and any additional activity, as outlined in the "Program-Specific Instructions" section of this NOFO. **It is strongly recommended that you provide the work plan in a table format and that you clearly delineate which deliverables/sub-activities correspond to which core and/or additional activities.**

  Your work plan should clearly reflect a three-year period of performance. At a minimum, timeframes associated with activities should be broken down into quarters. It is not acceptable to list "ongoing" as a timeframe. Note that while award recipients should make progress towards completing each core/required activity during each year of the award, activities do not need to be **completed** until the end of the three-year period of performance.

  Your work plan should include specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill HRSA reporting requirements. You should also include a column in your work plan specifying how the core/proposed activity will improve health care delivery in your rural service area. Finally, you should incorporate processes for achieving financial and programmatic sustainability beyond the period of performance, as well as processes for reducing health access and outcome disparities within the target rural service area.

  Please provide your work plan in **Attachment 1**. (It is appropriate to refer reviewers to **Attachment 1** in this section instead of including the work plan twice in the application.)

  Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for fulfilling the core/additional activities, the work plan is more detailed and focuses on the inputs, activities, and timelines by which you will execute your strategy.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2—"Response"*

  Describe challenges that your consortium is likely to encounter in designing and implementing the activities described in the work plan and approaches you will use to resolve such challenges. You should highlight both internal challenges (e.g., maintaining cohesiveness among consortium members) and external challenges (e.g., stigma around psychostimulant misuse/use disorders in the rural service area, securing patient engagement in treatment, geographical limitations, policy barriers, etc.). You must detail potential challenges to sustaining services after the period of performance ends and how your consortium intends to overcome them.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3—"Evaluative Measures" and #4—"Impact"*

  Describe the process (including staffing and workflow) for how you will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA reporting requirements. Applicants should also demonstrate that the consortium has the capacity for, and commits to, working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. Finally, applicants should clearly describe their plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. You should provide examples of mediums and platforms for disseminating this information.

  It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report data and information from all consortium members throughout the period of performance. Applicants should designate at least one individual in the staffing plan (**Attachment 5**) to serve as a "Data Coordinator," responsible for coordinating the data collection and reporting process across consortium members. Finally, consortium members should commit to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements in the signed Letter of Commitment (**Attachment 3**).

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #3—"Evaluative Measures" and #5—"Resources and Capabilities"*

  This section provides insight into the organizational structure of the consortium and the consortium's ability to implement the activities outlined in the work plan.

NOTE: It is appropriate to refer reviewers to the relevant attachment(s) in this section instead of including the information twice in the application.

Applicants should include the following information:

Consortium Composition (Attachment 2)
For each member of the consortium **reflected in the proposed work plan**, include the following (list the applicant organization first). It is recommended that you provide this information in a table format:

- Consortium member organization name;
- Consortium member organization street address;
- Consortium member organization county;
- Consortium member primary point of contact at organization (name, title, email);
- Consortium member organization EIN and DUNS. The consortium must consist of at least four separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement;
- Service delivery sites (street address, **including county**) defining where services for the RCORP-PS award will be administered. All services must be exclusively provided in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer;
- Sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Consortium membership should be diverse and encompass more than one sector;
- Current and/or previous RCORP awards received (list award name, year, and whether the entity served as the applicant organization or consortium member);
- Specify (yes/no) whether consortium member is a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);
- Specify (yes/no) whether consortium member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer. As a reminder, a majority, or at least 50 percent, of separately-owned consortium members must be located in a HRSA-designated rural area; and
- Specify (yes/no) whether consortium member has signed the Letter of Commitment (**Attachment 3**).

Consortium Letter of Commitment (Attachment 3)
Provide a **single** scanned and dated copy of a letter of commitment that is signed by **all consortium members included in the proposed work plan**, including the applicant organization. A majority, or at least 50 percent, of signatories must be physically located in a HRSA-designated rural area. As a reminder, at a minimum, the consortium should be comprised of at least four separately-owned (i.e., different EINs) entities. Electronic signatures are

acceptable. If you are unable to obtain a given signature, please provide a brief explanation for why.

The letter of commitment must identify each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project. The letter must also include a statement indicating that consortium members understand that the RCORP-PS award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member. Finally, consortium members should commit to sharing aggregate (not patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements. **Stock or form letters are not recommended.**

Letters of Commitment should be submitted as part of the electronic application package through Grants.gov. HRSA will not accept or consider Letters of Commitment or Support received through other means, including through the mail, e-mail, etc.

Organizational Chart (Attachment 4)
Provide a one-page organizational chart that clearly depicts the relationships and/or hierarchy among all consortium members participating in the project.

Staffing Plan (Attachment 5)
Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member who will be implementing activities included in the proposed work plan (it is recommended that you provide this information in a table format):

- Name
- Title
- Organizational affiliation
- Full-time equivalent (FTE) devoted to the RCORP-PS project
- Roles/responsibilities on the project
- Timeline and process for hiring/onboarding, if applicable.

The staffing plan should directly link to the activities proposed in the work plan. If a staff member has yet to be hired (TBH), please put "TBH" in lieu of a name and detail the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position. Award recipients should hire all key project staff within the first 90 days of the period of performance.

All staffing plans should include a Project Director and a Data Coordinator (although not recommended, the same individual can serve both roles):

- **Project Director:** The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement across consortium members to complete the proposed work plan during the period of performance.

  The Project Director is a key staff member and an FTE of at least 0.25 is required for this position. If awarded, the Project Director is expected to attend monthly calls with HRSA/Technical Assistance team. If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award. Any given staff member, including the Project Director, may not bill for more than 1.0 FTE across federal awards.
  - Please ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.
  - More than one Project Director is allowable, but only one Project Director (the individual listed in Box 8f of the SF-424 Application Page) will be officially designated as such by HRSA. If more than one Project Director is assigned to the award, a total FTE of 0.25 between the two Project Directors is acceptable.

- **Data Coordinator**: The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information from consortium members to fulfill HRSA's quarterly and biannual reporting requirements. Note that this position does not necessarily entail analyzing the data or utilizing the data to inform process or quality improvement. There is no minimum FTE for this position.

Staff Biographical Sketches (Attachment 6)
All proposed staff members should have the appropriate training, qualifications and expertise to fulfill their roles and responsibilities on the award. For each staff member reflected in the staffing plan, provide a brief biographical sketch (not to exceed one page per staff member) that directly links their qualifications and experience to their designated RCORP-PS project activities. If a staff member will be serving more than one role on the project, it is acceptable to submit more than one biographical sketch for that individual.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the

application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

Indirect costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term "facilities and administration" (F&A) is used to denote indirect costs. If your organization does not have an indirect cost rate, you may wish to obtain one through HHS's Cost Allocation Services (CAS) (formerly the Division of Cost Allocation (DCA)). Visit CAS's website to learn more about rate agreements, the process for applying for them, and the regional offices, which negotiate them. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement. If the indirect cost rate agreement is required per the NOFO, it will not count toward the page limit. Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the nonfederal entity may apply to do at any time.

In addition, RCORP-PS requires the following:

Technical Assistance Workshop: Applicants should budget for two individuals to travel annually to a conference/workshop located in the Washington, DC area. If funded, more information will be provided upon receipt of award.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, RCORP-PS requires the following:

Applicants must submit a budget and budget narrative for each of the three years of the period of performance. The budget narrative should be clear and comprehensive and logically document how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(3) Evaluative Measures and (5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in **Section IV.2.ii. Project Narrative**

Attachment 2: Consortium Composition

Attach the information for each consortium member detailed in the proposed work plan. As a reminder, the consortium must consist of at least four separately owned entities (i.e., different EINs), including the applicant organization, and a majority, or at least 50 percent, of those entities must be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.

Attachment 3: Letter of Commitment

Attach a **single** scanned and dated Letter of Commitment signed by all consortium members reflected in the proposed work plan, including the applicant organization, in accordance with the instructions provided in **Section IV.2.ii. Project Narrative**. A majority, or at least 50 percent, of signatories must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Electronic signatures are acceptable. If you are unable to provide a signature for a given consortium member, please provide a brief explanation for why.

Attachment 4: Organizational Chart

Provide a one-page organizational chart that clearly depicts the relationships and/or hierarchy among all consortium members participating in the project.

Attachment 5: Staffing Plan

Attach the staffing plan that includes all of the information detailed in **Section IV.2.ii. Project Narrative**. As a reminder, all staffing plans should include a Project Director and a Data Coordinator position (the same individual may serve both roles).

Attachment 6: Staff Biographical Sketches

Attach brief biographical sketches (not to exceed one page per staff member) for each of the staff members listed on the staffing plan in accordance with the instructions provided in **Section IV.2.ii. Project Narrative**.

Attachment 7: Other RCORP Awards (IF APPLICABLE)

Provide the following information for each additional past or current RCORP award the **applicant organization** has received (**it is recommended you provide this information in a table format**):

- Name of RCORP award (e.g., RCORP-Planning)
- Dates of award (e.g., September 30, 2018 to September 29, 2019)
- Indicate whether you serve/d as the applicant organization or consortium member
- Target rural service area for past or current RCORP award:

    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- Target rural service area for proposed FY 20 RCORP-PS award:
    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- List of consortium members for past or current RCORP award
- List of consortium members for proposed FY 20 RCORP-PS award
- Detail how, if funded, activities performed under the RCORP-PS award will complement—versus duplicate—activities performed under current or previous RCORP awards.

Attachment 8: EIN/DUNS Exception Request (IF APPLICABLE)

In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural service areas that have a need for SUD/OUD services.

Therefore, **at HRSA's discretion**, separate applications associated with a single DUNS number and/or EIN may be considered for this funding opportunity if the applicants provide HRSA with the following information:

- Names, street addresses, EINs, and DUNS numbers of the applicant organizations;
- Name, street address, EIN, and DUNS number of the parent organization;
- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed RCORP-PS service areas for each applicant organization (these should not overlap);
- Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

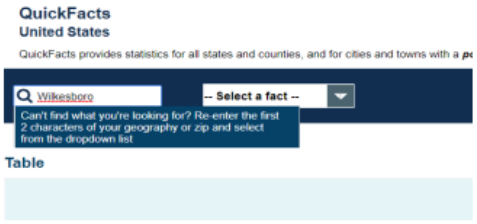
Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in Attachment 8, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application

associated with the EIN or DUNS number. Note that this exception **does not** apply to a single organization (e.g., a parent organization/headquarters) that wants to apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

Attachment 9: Service Delivery Site Exception—Partially Rural Counties (IF APPLICABLE)

For applicant organizations whose service area encompasses partially rural counties, as determined by the Rural Health Grants Eligibility Analyzer, service delivery sites may be located in an urban portion of the partially rural county if the service delivery site is located in an incorporated city, town, or village, or unincorporated census-designated place (CDP), with 49,999 or fewer people, as confirmed by the census website (2010 Census).

Applicants who wish to exercise this exception must provide **a screenshot from the census website (2010 Census)** documenting that the service delivery site(s)' location meets the above criterion. If the applicant searches a place and it does not appear in the Quick Facts dropdown list, this means that the place has less than 5,000 residents, and therefore, the site would be eligible. In this instance, please include screenshot documentation, similar to the below example:



1. Applicants must also detail how partnering with the service delivery site will improve health care delivery in rural areas (e.g., by providing provider training and mentorship opportunities for rural health care providers).

Attachment 10: Service Delivery Site Exception—Critical Access Hospitals (IF APPLICABLE)

Critical Access Hospitals (CAHs) that are not located in HRSA-designated rural areas.

1. Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s). If the service delivery site has been recently designated a CAH (less than a year ago), please submit the CAH approval letter from CMS.
2. Applicants must also detail how partnering with the service delivery site will improve health care delivery in rural areas (e.g., by providing provider training and mentorship opportunities for rural health care providers).

Attachment 11: Service Delivery Site Exception—SHIP-eligible Entities (IF APPLICABLE)

Entities eligible to receive Small Rural Hospital Improvement (SHIP) funding and that are not located in HRSA-designated rural areas may serve as service delivery sites for RCORP-PS projects. Eligible entities include hospitals that are non-federal, short-term general acute care and that: (i) are located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) have 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report.

1. Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s).
2. Applicants must also detail how partnering with the service delivery site will improve health care delivery in rural areas (e.g., by providing provider training and mentorship opportunities for rural health care providers).

Attachment 12: Urban Parent/HQ Organization Letter (IF APPLICABLE)

For applicant organizations and consortium members located in HRSA-designated rural areas, but that share an EIN with an urban headquarters, in order for the consortium member to be considered "rural," **the urban parent organization must assure FORHP via a signed and dated letter on organization letterhead** that, for the purposes of the RCORP-PS award, they will exert no control over or demand collaboration with the rural entity.

Attachments 13–15: Other Relevant Documents (IF APPLICABLE)

Include here any other documents that are relevant to the application, including Indirect Cost Rate Agreement, etc.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. At a future, to-be-determined date, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 12, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

RCORP-PS is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to three years, at no more than $500,000 (inclusive of direct **and** indirect costs). The overall budget does not need to be evenly divided across the three years, and can vary based on your community needs.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- To acquire real property;
- To purchase syringes;
- For construction;
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded; and/or
- To supplant any services that already exist in the service area.[18]

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the consortium to deliver SUD/OUD services are allowable, but must not exceed $100,000 total

[18] These requirements/restrictions align with those found in similar programs.

over the three-year period of performance (or 20 percent of the total award amount). Additional post-award submission and review requirements apply if you propose to use RCORP- PS funding toward minor A/R costs. **You may not begin any minor A/R activities or purchases until you receive HRSA approval**. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities and HRSA deliverables on time.

Examples of minor A/R include, but are not limited to the following:

- Reconfiguring space to offer NAS services pre and post-delivery, facilitate colocation of SUD, mental health, and primary care services teams;
- Creating space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality;
- Creating or improving spaces for patients to participate in counseling and group visit services, and to access and receive training in self-management tools; and
- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are **not** categorized as minor A/R:

- Construction of a new building;
- Installation of a modular building;
- Building expansions;
- Work that increases the building footprint; and
- Significant new ground disturbance.

RCORP-PS award funds for minor renovations may not be used to supplement or supplant existing renovation funding; funds must be used for a new project. Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

Mobile Units or Vehicles

Mobile units or vehicles purchased with RCORP-PS award funds must be reasonably priced, suitable to carry out the award activities, and be used exclusively to carry out award activities. Additional post-award submission and review requirements apply if you propose to use RCORP-PS funding toward mobile units or vehicles. **You may not begin any purchases until you receive HRSA approval**. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time.

Participant Support Costs

Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs, subject to HRSA review and approval upon receipt of award.

In this context, "employees" refers to individuals directly employed on an hourly, salaried or employment contract basis by the applicant organization/award recipient. Individuals employed by sub-contractors, consortium members and sub-recipients are not are not included in this definition.

Telehealth Equipment
You may use RCORP-PS funds to purchase telehealth equipment/infrastructure in an urban setting if the infrastructure will exclusively be used to provide services to patients in a facility located in a HRSA-designated rural area.

Contingency Management
If you would like to use RCORP-PS funds to implement Contingency Management (as opposed to merely train providers in its use/applicability, per Core Activity #3), you should consult with your HRSA Project Officer and Grants Management Specialist prior to implementing the activity, and be able to describe how this activity will improve health care delivery in your rural service area. In general, contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being $15 per contingency. Each patient may not receive contingencies totaling more than $75 per year of his/her treatment. Your budget must clearly reflect expenditures for the provision of Contingency Management services and include justification for how you derived the estimates for these costs (e.g., number of anticipated patient encounters, etc.)

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review,

Review criteria are used to review and rank applications. RCORP-PS has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's "Introduction" and "Needs Assessment"

- The extent to which the applicant clearly and succinctly summarizes the characteristics and needs of the target rural population and service area(s) in the "Introduction" section of the Program Narrative;

- The quality and extent to which the applicant organization clearly and succinctly summarizes the goals of the proposed project and the consortium's approach and capacity to meet those goals, including their history of collaborating to address SUD/OUD;
- The extent to which the applicant either provides the requested data and information outlined in the "Needs Assessment" section of the Project Narrative **or,** if the applicant is unable to locate appropriate and accurate data, the extent to which they provide an explanation for why the data could not be found and how they will leverage the RCORP-PS award to strengthen the quality and availability of OUD/SUD data in their target rural service area;
- The quality and appropriateness of the data indicators and sources used to provide the data/information in the "Needs Assessment" section of the Project Narrative;
- The extent to which the applicant organization demonstrates that the population it proposes to serve includes subpopulations (rural ethnic and racial minorities and/or other vulnerable populations) that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population; and
- The extent to which the data/information the applicant provides in the "Needs Assessment" section of the Project Narrative demonstrates the relatively high need for RCORP-PS-funded interventions targeting psychostimulant misuse and use disorders as compared to the rest of the state, region, and/or nation.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges"

Methodology (10 points)

- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling all core activities, as outlined in Section IV.2 of the NOFO;
    - If applicable, the extent to which the applicant details methods for fulfilling any additional activities and provides compelling justification for how those activities will advance RCORP's goal and improve health care in rural areas;
- The appropriateness of the methods proposed for fulfilling all core and additional activities given the needs and characteristics of the target population;
- The clarity and comprehensiveness of the applicant's proposed methods to address the health access and outcome disparities experienced by vulnerable populations within the target rural service area;
- The clarity and comprehensiveness of the applicant's proposed methods to ensure sustainability of the proposed activities beyond the period of performance.

Work Plan (10 points)

- The clarity and completeness of the proposed work plan, including its inclusion of the responsible individuals and/or consortium members,

timeframes, and deliverables associated with each core activity and, if applicable, additional activity;
- The extent to which the work plan reflects a three-year period of performance and, at a minimum, timeframes associated with activities are broken down into quarters;
- The extent to which the work plan details processes for achieving financial and programmatic sustainability beyond the period of performance;
- The extent to which the work plan details how the proposed activities will improve health care delivery in the target rural service area;
- The extent to which the work plan includes specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill HRSA reporting requirements;
- The extent to which the work plan incorporates processes for achieving financial and programmatic sustainability beyond the period of performance; and
- The extent to which the work plan incorporates processes for reducing health access and outcome disparities within the target rural service area.

Resolution of Challenges (5 points)
- The extent to which the applicant describes both internal and external challenges they are likely to face in implementing their proposed work plan, and the quality of the solutions proposed to address them; and
- The extent to which the applicant details potential challenges and solutions to sustaining services after the period of performance ends.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's "Evaluation and Technical Support" and "Organizational Information"

- The clarity and comprehensiveness of the applicant's proposed processes (including staffing and workflow) for tracking, collecting, aggregating, and reporting data and information from all consortium members to fulfill HRSA reporting requirements;
- The extent to which the applicant designates at least one individual in the staffing plan (**Attachment 5**) to serve as a "Data Coordinator"; and
- The extent to which the Letter of Commitment (**Attachment 3**) contains an explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's "Evaluation and Technical Support."

- The clarity and comprehensiveness of the applicant's proposed plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories; and
- The extent to which the applicant provides examples of mediums and platforms for disseminating this information.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's "Organizational Information"

- The extent to which the applicant demonstrates that the consortium is comprised of at least four separately owned (i.e., different EINs) entities, including the applicant organization (**see Attachment 2**);
    - **Note: Tribal applicants are exempt from this requirement (applicant organizations will indicate whether they are a tribal entity in the Project Abstract)**
- The extent to which the applicant demonstrates that at a majority, or at least 50 percent, of consortium members are physically located in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer (**see Attachment 2**);
- The extent to which consortium members represent diverse sectors and disciplines;
- The extent to which the applicant demonstrates that all services will be provided exclusively in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer, unless requesting an exception in **Attachments 9, 10, and/or 11**;
- The extent to which all consortium members that are reflected in the proposed work plan, including the applicant organization, have signed and dated a single Letter of Commitment (**Attachment 3**) that contains, at a minimum, the following elements (**NOTE: electronic signatures are acceptable; applicants should not be penalized if they have provided adequate justification for why a given signature could not be obtained)**:
    - Description of each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project;
    - A statement indicating that consortium members understand that the RCORP-PS award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member; and
    - An explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.
- The clarity of the Organizational Chart (**Attachment 4**) and extent to which it depicts the relationships and/or hierarchy among all consortium members participating in the project;
- The clarity and completeness of the applicant's proposed staffing plan (**Attachment 5**), including the extent to which the staffing plan includes all of the elements outlined in the "Project Narrative" section of the NOFO;
- If a staff member has yet to be hired, the extent to which the applicant details the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position;

- The extent to which the staffing plan directly links to the activities proposed in the work plan;
- The extent to which the applicant demonstrates that the Project Director will devote adequate time and resources to the proposed project (an FTE of at least 0.25 is required; if more than one Project Director, can be 0.25 FTE between the two Project Directors);
- The clarity and comprehensiveness with which the applicant describes how the Project Director will serve as the point person on the award and facilitate collaborative input and engagement among consortium members to complete the proposed work plan during the period of performance;
- The extent to which the applicant clearly describes how the designated Data Coordinator will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA data requirements;
- The extent to which all proposed staff members have the appropriate training, qualifications and expertise to fulfill their roles and responsibilities;
- The extent to which the applicant clearly links staff members' qualifications and experience to their designated RCORP-PS project activities (**Attachment 6**).

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's "Budget and Budget Narrative"

- The degree to which the estimated cost to the government for proposed award-funded activities is reasonable given the scope of work;
- The extent to which the applicant includes a budget and budget narrative for each of the three years of the award;
- The extent to which the applicant allocates the award across a three-year period of performance (i.e., the applicant should not plan to spend the entire award in the first two years); and
- The clarity and comprehensiveness of the budget narrative, including the extent to which the applicant logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Please refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Please refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3)

communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA."

- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent the page limits of the Methods portion of the Project Narrative section.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Reports.** The award recipient will submit a progress report to HRSA on a **quarterly** basis. These progress reports should reflect data and information from across consortium members, not just the applicant organization. These reports should reflect award recipients' progress towards completing the core/required activities as outlined in this NOFO to ensure that continuation of the award is in the best interests of the Federal government. Further information will be provided upon receipt of award.

2) **Performance Improvement Measurement System (PIMS) Reports.** The award recipient must submit quantitative performance reports on a **biannual** basis to demonstrate that their project is advancing the overall goal of RCORP of strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse psychostimulants to enhance their ability to access treatment and move towards recovery. These data should reflect the performance of all consortium members, not just the applicant organization. Performance indicators have been developed and approved for the RCORP initiative and focus on service provision, workforce, sustainability, and demographics; additional metrics may be added that focus on psychostimulant-related activities in particular. As a reminder, RCORP-PS award recipients are expected to work with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. Further information will be provided upon receipt of award.

3) **Mental/Behavioral Health Disparities Impact Statement.** The award recipient will submit an "Impact Statement" within the first six months of the award that describes how the consortium will reduce mental/behavioral health disparities in the target rural service area and continuously monitor and measure the project's impact on health disparities to inform process and outcome improvements. This deliverable will be modeled from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disparities Impact Statement (DIS), and will entail developing a plan to improve access to care, use of service and outcomes related to behavioral health disparities of the identified subpopulation(s) within the target rural

service area. The plan should identify subpopulation(s) within the target rural service area experiencing disparities, current access/use of care, capacity building needs, quality of care, prevalence of SUD and psychostimulant use. In this statement, you may be asked to include elements, including, but not limited to: (1) the number of individuals to be reached during the award period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to care, use of services, and outcomes of award activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Culturally and Linguistically Appropriate Services Standards. Further information will be provided during the period of performance.

4) **Federal Financial Report (FFR).** Award recipients must submit the FFR (SF-425) no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHBs. HRSA will provide more detailed information in the NOA.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Adejumoke Oladele
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2441
Email: aoladele@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Kim Nesbitt, MA
Public Health Analyst
Attn: RCORP-Psychostimulant Support
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4271
Email: ruralopioidresponse@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, February 25, 2021
Time: 12:30 – 1:30 p.m. ET
Call-In Number: 833-568-8864
Webinar ID: 160 824 7238
Passcode: HRSA21091
Weblink: https://hrsa-gov.zoomgov.com/j/1608247238?pwd=b3dpdVN4WGxQMkx4K3paNEhEMmJQQT09

Participants also have the option of using VOIP (Computer Audio)

Additionally, HRSA will post a Frequently Asked Questions (FAQ) document to this funding opportunity's grants.gov page following the webinar to address recurring questions by applicants.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: National Health Service Corps Information

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94) appropriated funding to the NHSC for the purpose of expanding and improving access to quality Opioid Use Disorder (OUD) and other SUD treatment in underserved areas nationwide. A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. Accordingly, the NHSC Rural Community Loan Repayment Program (LRP) will make loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy (FORHP). RCORP-PS are encouraged to leverage NHSC's LRPs to support the recruitment and retention of SUD workforce in rural communities.

A part of this initiative, the NHSC Rural Community Loan Repayment Program (LRP) will recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials, and are part of an integrated care team, providing evidence-based SUD treatment and counselling in eligible communities of need, designated as Health Professional Shortage Areas (HPSAs).

The NHSC will make awards of up to $100,000 for three years to eligible providers under the NHSC Rural Community LRP. HRSA seeks providers with Drug Addiction Treatment Act of 2000 (DATA) waivers and SUD-licensed or SUD-certified professionals to provide quality evidence-based SUD treatment health care services at SUD treatment facilities located in Health Professional Shortage Areas (HPSAs). For this initiative, the NHSC has expanded the list of eligible disciplines to include pharmacists, registered nurses, SUD counselors and nurse anesthetists. NHSC will provide a funding preference for applicants serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites.

Eligibility

To be eligible for NHSC service, a provider must:

- Be a U.S. citizen or national;
- Currently work, or have applied to work, at an NHSC-approved site;
- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts; and
- Be licensed to practice in state where the employer site is located.

Eligible Occupations

Members of the SUD integrated treatment team who qualify for NHSC SUD expansion include:

Primary Care:

- Physician (MD or DO)
- Nurse Practitioner

- Certified Nurse Midwife
- Physician Assistant

New Program Disciplines:
- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- Certified Registered Nurse Anesthetists (RCORP NHSC LRP only)

Mental Health:
- Physicians (MD or DO)
- Health Service Psychologist
- Clinical Social Worker
- Psychiatric Nurse Specialist
- Marriage and Family Therapist
- Professional Counselor
- Physician Assistant
- Nurse Practitioners

Eligible Site Criteria

NHSC-approved sites must:
- Be located in and serve a federally designated HPSA;
- Be an outpatient facility providing SUD services;
- Utilize and prominently advertise a qualified discounted/sliding fee schedule (SFS) for individuals at or below 200 percent of the federal poverty level;
- Not deny services based on inability to pay or enrollment in Medicare, Medicaid, and Children's Health Insurance Program (CHIP);
- Ensure access to ancillary, inpatient, and specialty care;
- Have a credentialing process that includes a query of the National Practitioner Data Bank; and
- Meet all requirements listed in the NHSC Site Agreement.

For more complete information about site eligibility and the site application process, please see the NHSC Site webpage and the NHSC Site Reference Guide.

For a list of current NHSC-approved sites, please see HRSA's Health Workforce Connector.

Eligible Site Types

Regular Application Process:
1. Certified Rural Health Clinics;
2. State or Local Health Departments;
3. State Prisons;
4. Community Mental Health Centers;
5. School-Based Clinics;
6. Mobile Units/Clinics;

7. Free Clinics;
8. Critical Access Hospitals (CAH);
9. Community Outpatient Facilities; and
10. Private Practices.

Newly-eligible SUD Site Types:

1. Opioid Treatment Program (OTP);
2. Office-based Opioid Agonist Treatment (OBOT); and
3. Non-Opioid SUD treatment sites.

Auto-Approval Process:

1. Federally-Qualified Health Centers (FQHC);
2. FQHC Look-Alikes;
3. American Indian Health Facilities: Indian Health Service (IHS) Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs);
4. Federal Prisons; and
5. Immigration and Customs Enforcement.

Please note that all NHSC sites must deliver comprehensive mental/behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals. NHSC-approved sites must provide services for free or on a SFS to low-income individuals, and:

1. Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level
2. Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
3. Use the most recent HHS Poverty Guidelines;
4. Utilize family size and income to calculate discounts (not assets or other factors); and
5. Have this process in place for a minimum of 6 months.

Note:

- A health care organization of a consortium must receive NHSC site approval prior to members of their workforce applying for NHSC Rural Community Loan Repayment Program.
- Consortium members do not receive auto-approval based on their RCORP status. Consortium members must meet all NHSC site eligibility criteria. All NHSC sites, except SUD treatment facilities, Critical Access Hospitals and Indian Health Service Hospitals, are required to provide an appropriate set of services for the community and population they serve. NHSC-approved sites must provide services for free or on a sliding fee schedule to low-income individuals. More information can be found here.

Additional information on the SFS can be found in the recently updated SFS Information Package.

Appendix B: Resources for Applicants

Several sources offer data and information that may help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are especially encouraged to review the reference materials available at the following websites:

HRSA Resources:

- **HRSA Rural Communities Opioid Response Program (RCORP) Website**
  Provides information regarding HRSA's RCORP initiative.
  Website: https://www.hrsa.gov/rural-health/rcorp
  Technical Assistance Web Portal: https://www.rcorp-ta.org/
  RCORP-Rural Centers of Excellence on Substance Use Disorders: https://www.hrsa.gov/rural-health/rcorp/rcoe

- **HRSA Opioids Website**
  Offers information regarding HRSA-supported opioid resources, technical assistance and training.
  Website: https://www.hrsa.gov/opioids

- **HRSA Data Warehouse**
  Provides maps, data, reports and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services.
  Website: https://datawarehouse.hrsa.gov/

- **Ending the HIV Epidemic: A Plan for America**
  Learn how HRSA—in conjunction with other key HHS agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)—is supporting the President's new initiative to reduce new HIV infections by 75 percent in the next five years and by 90 percent in the next 10 years.
  Website: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

- **UDS Mapper**
  The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program award recipients and look-alikes. Applicants can use this resource to locate other collaborative partners.

Website: https://www.udsmapper.org/index.cfm

- **National Health Service Corps (NHSC)**
  HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.
    - For general information about NHSC, please visit: https://nhsc.hrsa.gov/
    - For state point of contacts, please visit here: https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

- **Primary Care Offices (PCOs)**
  The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites. To locate contact information for all of the PCOs, visit here: https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices

Other Resources:

- **American Society of Addiction Medicine (ASAM)**
  Offers a wide variety of resources on addiction for physicians and the public. Website: https://www.asam.org/resources/the-asam-criteria/about

- **Centers for Disease Control and Prevention (CDC)**
  Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the *Guideline for Prescribing Opioids for Chronic Pain*.
  Website: https://www.cdc.gov/drugoverdose/opioids/index.html

    - ***Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments (March 2018):***
      https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster- outbreak/cdc-hiv-hcv-pwid-guide.pdf

    - **National Center for Health Statistics**
      Provides health statistics for various populations.
      Website: http://www.cdc.gov/nchs/

    - **Syringe Services Programs**
      For more information on these programs and how to submit a Determination of Need request visit here:
      https://www.cdc.gov/hiv/risk/ssps.html

- **Community Health Systems Development Team at the Georgia Health Policy Center**
  Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.
  Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

- **Legal Services Corporation**
  Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.
  Website: https://www.lsc.gov/

- **National Area Health Education Center (AHEC) Organization**
  The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training and retention of a diverse health work force for underserved communities.
  Website: http://www.nationalahec.org/

- **National Association of County and City Health Officials (NACCHO)** NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
  Website: http://archived.naccho.org/topics/infrastructure/mapp/

- **National Institutes of Health (NIH)**
  - **HEALing Communities Study:** Learn about the multi-site implementation research study launched by NIH and SAMHSA to test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings.

    Website: https://heal.nih.gov/research/research-to-practice/healing-communities
  - **National Institute on Drug Abuse (NIDA):** NIDA advances science on the causes and consequences of drug use and addiction and applies that knowledge to improve individual and public health.

    Website: https://www.drugabuse.gov/about-nida
    - Drug Facts:
      - Methamphetamine
      - Cocaine
      - Prescription stimulants

- Ecstasy

- **National Opinion Research Center (NORC) at the University of Chicago— Overdose Mapping Tool**

  NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
  Website: http://overdosemappingtool.norc.org/

- **National Organization of State Offices of Rural Health (NOSORH)—Toolkit** NOSORH published a report on lessons learned from HRSA's Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
  Website: https://nosorh.org/rural-opioid-overdose-reversal-program/

- **Office of National Drug Control Policy—Rural Community Toolbox**
  Resources and information to help rural communities address substance use disorder.
  Website: https://www.ruralcommunitytoolbox.org/

- **Providers Clinical Support System**
  PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain.
  Website: https://pcssnow.org/

- **Primary Care Associations (PCAs)**
  To locate contact information for all of the PCAs, visit here: http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/

- **Rural Health Information Hub – Community Health Gateway**
  Offers evidence-based toolkits for rural community health, including systematic guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
  Website: https://www.ruralhealthinfo.org/community-health

  - **Rural Health Data Visualization**
    Provides access to a range of tools to explore issues that impact rural health.
    Website: https://www.ruralhealthinfo.org/visualizations

- **Rural Health Information Hub - Rural Prevention and Treatment of Substance Abuse Toolkit**
  Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs.
  Website: https://www.ruralhealthinfo.org/toolkits/substance-abuse

- **Rural Health Research Gateway**
  Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.
  Website: http://www.ruralhealthresearch.org/

- **Substance Abuse and Mental Health Services Administration (SAMHSA)** Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives.
  Website: https://www.samhsa.gov/

  - **SAMHSA "Treatment of Stimulant Use Disorders" Publication**
    Discusses effective practices to treat stimulant use disorders, clinical challenges associated with these disorders, and implementation strategies that can be used to address those challenges.
    Website:
    https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf

  - **SAMHSA Evidence-Based Practices Resource Center**
    Contains a collection of scientifically based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
    Website: https://www.samhsa.gov/ebp-resource-center

  - **SAMHSA-funded Suicide Prevention Resource Center**
    The only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention.
    Website: https://www.sprc.org/

  - **SAMHSA Peer Recovery Resources**
    - https://www.samhsa.gov/brss-tacs
    - https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

- **State Offices of Rural Health (SORHs)**
  All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems. List of and contact information for each SORH: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

- **State Rural Health Associations (SRHAs)**
  To locate contact information for all of the SRHAs, visit here: https://www.ruralhealthweb.org/programs/state-rural-health-associations

- **U.S. Department of Agriculture (USDA)**
  Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.
  https://www.usda.gov/topics/opioids

- **U.S. Department of Labor**
  - **Federal Bonding Program:** The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for "at-risk," hard-to-place job seekers. The bonds cover the first six months of employment at no cost to the job applicant or the employer.
    Website: https://nicic.gov/federal-bonding-program-us-department-labor-initiative

  - **Work Opportunity Tax Credit:** The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to employers for hiring individuals from certain target groups who have consistently faced significant barriers to employment.
    Website: https://www.doleta.gov/business/incentives/opptax/

- **U.S. Department of Health and Human Services (HHS)**
  Provides resources and information about the opioid epidemic, including HHS' 5- point strategy to combat the opioid crisis.
  https://www.hhs.gov/opioids/
  https://www.outreach.usda.gov/USDALocalOffices.htm

Appendix C: Potential Consortium Member Organizations (*not exhaustive*)

Examples of potential consortium member organization include, but are not limited to the following:

- Community Members, such as:
  - Individuals in Recovery;
  - Youth;
  - Parents;
  - Grandparents;
  - Individuals who have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population;
- Cooperative Extension System Offices;
- Emergency Medical Services entities;
- Health care providers, such as:
  - Critical access hospitals or other hospitals;
  - Rural h\Health clinics;
  - Local or State Health Departments;
  - Federally Qualified Health Centers;
  - Ryan White HIV/AIDS Clinics and Community-Based Organizations;
  - Substance Use Treatment Providers;
  - Mental and Behavioral Health Organizations or Providers;
  - Opioid Treatment Programs;
- Healthy Start Sites;
- Entities that are owned or managed by people from minority groups;
- HIV and HCV prevention organizations;
- Judges, Drug Courts, Family Courts, and other Specialty Courts
- Law Enforcement Agencies;
- Maternal, Infant, and Early Childhood Home Visiting Program Local Implementing Agencies;
- Medicaid Offices, including Medicaid Managed Care Organizations;
- Poison Control Centers;
- Primary Care Associations;
- Primary Care Offices;
- Prisons;
- School Systems and Universities;
- Single State Agencies (SSAs);
- Social Service Agencies and Organizations;
- State Offices of Rural Health; and
- Youth Serving Organizations.

Appendix D: Allowable Additional Activities *(Optional)*

While RCORP-PS award recipients are required to implement all core/required activities outlined in the Program-Specific Instructions section of this NOFO, HRSA recognizes that some applicants may have the capacity (e.g., staffing, infrastructure, resources, etc.) to pursue additional activities beyond the core/required activities. Under these circumstances, award recipients may propose additional activities that aim to reduce SUD/OUD morbidity and mortality in rural communities. Proposals for additional activities will be evaluated on a case-by-case basis by HRSA Program Staff. Examples include, but are not limited to, the following:

1. Enhance awareness of, and access to, suicide prevention resources.

2. Advance telehealth direct care and consultation approaches to MAT. Note that the Drug Enforcement Agency (DEA) has issued a clarification of current law allowing the prescribing of MAT via telehealth under certain circumstances.

3. Create space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality.

4. Perform minor renovations to facilitate co-location of SUD, mental health, and primary care services teams. Please reference the **Funding Restrictions section of the NOFO** for more information on minor renovations.

5. Identify at least one individual within the consortium who has the capacity and ability to manage HIV care and treatment; understands the HIV care continuum to better identify gaps in HIV services; and can develop strategies to improve engagement in care and outcomes for people with HIV.

6. Provide support for pregnant and postpartum women to enter and adhere to family-centered SUD treatment, reduce the risk of relapse, and prevent, and reduce and manage medical complications in the newborn and other children, using approaches that minimize stigma and other barriers to care, and to support the long-term recovery of the women.

7. Test and implement new payment models that facilitate and incentivize coordinated care.

8. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.

9. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.

10. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OUD.

11. Train community members and other stakeholders on safe storage and disposal of prescription stimulants.[19]

[19] *See, e.g.,* U.S. FDA. Lock it Up: Medicine Safety in Your Home. U.S. Food and Drug Administration. https://www.fda.gov/consumers/consumer-updates/lock-it-medicine-safety-your-home. Accessed July 2019