U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy

Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome

Funding Opportunity Number: HRSA-20-106
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

MODIFIED on July 22, 2020: Cover, Executive Summary, and Section IV.4- Extended the Application Due Date.

Application Due Date: July 24, 2020

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: June 11, 2020

Monica Rousseau
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 945-0928
Email: ruralopioidresponse@hrsa.gov

Authority: 42 U.S.C. 912(b)(5)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome (RCORP-NAS). RCORP is a multi-year initiative by HRSA aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities. The purpose of the RCORP-NAS project is to advance RCORP's overall goal and reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) in rural communities by improving systems of care, family supports, and social determinants of health.

Funding Opportunity Title:	Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome
Funding Opportunity Number:	HRSA-20-106
Due Date for Applications:	July 24, 2020
Anticipated Total Annual Available FY 2020 Funding:	Up to $15,000,000
Estimated Number and Type of Awards:	Approximately 30 awards
Estimated Award Amount:	Up to $500,000 over a three-year period of performance. Applicants will be funded annually and must allocate the award funding across each year of the three-year period of performance. Award recipients will apply for a Non-Competing Continuation during the end of each year.
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2020 through September 29, 2023 (3 years)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit are eligible to apply, including academic institutions. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. 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 (TA):

Webinar

Day and Date: Tuesday, June 23, 2020
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-888-282-8361
Participant Code: 2652580
Web link: https://hrsa.connectsolutions.com/nas_nofo/
Playback Number: 1-800-388-9075
Passcode: 62320

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a Health Resources and Services Administration (HRSA) multi-year initiative 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-Neonatal Abstinence Syndrome (RCORP-NAS). The purpose of the RCORP- NAS project is to advance RCORP's overall goal and reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) in rural communities by improving systems of care, family supports, and social determinants of health.

In 2017, the U.S. Department of Health and Human Services (HHS) published a five-point Strategy to Combat Opioid Abuse, Misuse, and Overdose, to outline concrete steps that local communities can take to address the opioid epidemic. In alignment with the HHS Five-Point Strategy, and as part of the RCORP initiative, RCORP- NAS award recipients will implement a set of **SUD/OUD Prevention, Treatment, and Recovery Strategies** as outlined in Section IV.2. These strategies are grounded in evidence-based or promising practice models. Applicants are encouraged to select the strategies that best address the needs identified in their respective service areas and target populations.

The **Target Population** for this grant is pregnant women, mothers, and women of childbearing age who have a history of, or who are at risk for, SUD/OUD and their children, families, and caregivers who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

Given the complex and multifaceted nature of SUD/OUD and NAS, as well as the need to secure community buy-in and social services support, HRSA requires that RCORP-NAS applicants operate within a **broad, multi-sectoral consortium,** as outlined in Section III.1. Consortia should be able to operationalize their proposed work plans immediately upon receipt of award.

The primary focus of this grant is to reduce incidence of NAS and OUD by improving local conditions and creating systems change. However, recognizing that many individuals with OUD have co-occurring substance use disorders, consortia may also choose to address additional substances of concern in the target population. . Please note that no competitive advantage, funding priority, or preference is associated with proposing activities that address other SUD-related needs, including those related to methamphetamine or alcohol.

HRSA expects that consortia funded by RCORP- NAS will be able to operate effectively and sustain services during and beyond the period of performance. Award recipients will therefore implement **Planning and Sustainability Strategies** as outlined in Section IV.2. To assist with all programmatic requirements and to help recipients overcome challenges in project implementation, RCORP-NAS recipients will work closely with the HRSA-funded technical assistance (TA) provider throughout the three-year period of performance, beginning with a six-month **Planning Phase** at onset of award. HRSA will ensure award recipients have access to targeted TA, including the opportunity to participate in learning collaboratives with other RCORP-NAS, RCORP-Implementation and RCORP-Medication Assisted Treatment grantees, at no additional cost. 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). This is a new program of the RCORP initiative.

In 2017, HHS declared the opioid crisis a nationwide public health emergency. One of the critical consequences of the opioid crisis has been NAS. NAS is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy[1]. In 2014, an estimated 32,000 babies were born with NAS in the United States, a more than 5-fold increase since 2004.[2] In addition to health complications and associated health care costs, rural communities are also dealing with the high cost to families. In 2016, 34 percent of children who entered the foster care system were removed from their homes due to parental substance use[3].

Although the consequences of NAS span across the country, rural communities feel the burden of NAS disproportionately higher than urban areas. According to data gathered from the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP), the rate of SUD-related deliveries was higher for patients in rural areas than urban areas (35.7 versus 22.5 per 1,000 stays)[4]. Several local conditions make it difficult for rural communities to reduce the incidence and consequences of NAS. For example, more than half of rural counties lack hospital-

[1] Jilani SM, Frey MT, Pepin D, et al. Evaluation of State-Mandated Reporting of Neonatal Abstinence Syndrome — Six States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:6–10. DOI: http://dx.doi.org/10.15585/mmwr.mm6801a2

[2] "Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome," January 2020, https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome

[3] "Number of Children in Foster Care Continue to Rise." November 30, 2017. Administration for Children and Families https://www.acf.hhs.gov/media/press/2017/number-of-children-in-foster-care-continues-to-increase

[4] Soni et al (2019), " Obstetric Delivery Inpatient Stays Involving Substance Use Disorders and Related Clinical Outcomes, 2016" AHRQ Healthcare Cost and Utilization Project, https://www.hcup-us.ahrq.gov/reports/statbriefs/sb254-Delivery-Hospitalizations-Substance-Use-Clinical-Outcomes-2016.pdf

based obstetric care, a key service to improve maternal and child health[5]. Similarly, rural communities face a number of challenges in providing and accessing appropriate SUD/OUD services. The national shortage of providers who administer medication-assisted treatment (MAT), including waivered providers who prescribe buprenorphine, is a critical issue.[6] Despite the fact that more than half of rural counties still lack physicians with a waiver to prescribe buprenorphine, several states continue to limit the ability of nurse practitioners and physician assistants to meet this need.[7]

In addition to workforce shortages, rural communities face barriers such as stigma, transportation, lack of telehealth access, and costs associated with setting up MAT and other SUD/OUD services.[8] People with OUD in rural communities are more likely than their urban counterparts to have socioeconomic vulnerabilities, including limited educational attainment, poor health status, lack of health insurance, poor access to broadband internet, and low income,[9] which may further limit their ability to access treatment. The opioid epidemic has also led to an increase in people who inject drugs (PWID), which in turn has increased the risk of transmission of viruses such as human immunodeficiency virus (HIV) and hepatitis B and C viruses (HBV and HCV) through shared equipment.[10] Rural communities are particularly vulnerable to outbreaks of HIV and HCV among uninfected PWID.[11]

Given these complex, contributing factors, successful efforts in rural communities to reduce NAS and SUD/OUD will require collaboration that spans across health care, community sectors, and payers such as Medicaid.

As part of HRSA's overall strategy for addressing SUD/OUD in rural communities, in FY 2020, HRSA will provide funds for the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) under a separate funding opportunity to support the recruitment and retention of SUD workforce in rural communities:

- For additional information on the NHSC LRP and sites, see **Appendix A**.

[5] Minnesota RHRC (2017). Closure of hospital obstetric services disproportionately affects less-populated counties, ruralhealthresearch.org/publications/1106.
[6] Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. American Journal of Public Health, 105(8), e55–e63. http://doi.org/10.2105/AJPH.2015.302664
[7] Holly et al (2017),"Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder," WWAMI Rural Health Research Center, http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5505456&blobtype=pdf
[8] See, e.g., *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1,* AHRQ, https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_1_1.pdf
[9] Lenardson, Jennifer et al (2016), "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf
[10] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; See also Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.
[11] Ibid.

- For a list of current NHSC-approved sites, visit HRSA's Health Workforce Connector.
- To learn how to become an NHSC site, visit the NHSC website.

In addition to the RCORP initiative, there are a number of HRSA-wide and federal activities targeting SUD/OUD that applicants and award recipients may be able to leverage.

- For information on 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 $15,000,000 to be available to fund approximately 30 recipients. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) to be applied over the three-year period of performance. No competitive advantage, funding priority, or preference is associated with requesting an amount below the $500,000 ceiling. The period of performance is September 30, 2020 through September 29, 2023 (three years).

You must provide a yearly budget for each of the three years in the period of performance (not to exceed $500,000 total). The overall budget does not need to be evenly split across the three-year period of performance, and can vary based on your community needs.

Award recipients will complete a Non-Competing Continuation (NCC) application at the end of each year to receive the next year's budgeted award amount. Funding beyond the first year is subject to the availability of appropriated funds for RCORP-NAS in subsequent fiscal years, satisfactory recipient performance, **completion of the NCC application**, and a decision that continued funding is in the best interest of the Federal Government. 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

Eligible applicants include all domestic public or private, non-profit, or for profit entities including accredited, academic institutions. Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Applicants from Puerto Rico, Guam, America Samoa, the U.S. Virgin Islands, and the North Mariana Islands are eligible to apply.

Applicant Organization Specifications:
The applicant organization may be located in an urban or rural area. However, all activities supported by this program must exclusively occur in HRSA-designated rural counties or rural census tracts in urban counties, as defined by the Rural Health Grants Eligibility Analyzer, and serve the target populations.

All services provided by the RCORP-NAS grant must exclusively occur in HRSA-designated rural areas. However, certain exceptions may apply:

1. **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.

2. **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.**

3. **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-NAS 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.**

The applicant organization should have the capacity to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the target rural communities. Additionally, the applicant organization should have the staffing and infrastructure necessary to, if selected for the award, immediately begin work on program activities.

Consortium Specifications
HRSA requires that applicants operate within a **broad, multi-sectoral consortium that represent the needs in your rural community.** For the purposes of RCORP–NAS**, a consortium is an organizational arrangement among four or more separately owned entities (i.e., different Employment Identification Numbers (EINs)), including the applicant organization, with established working relationships and a history of collaborating to address SUD/OUD in rural areas.**

Consortium members may be located in urban or rural areas, but at least two separately owned consortium members involved in the proposed project must be located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. **HRSA will not review applications that fail to include at least two rural entities and will consider these applications non-responsive.**

For 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 RCORP-NAS grant, they will exert no control over or demand collaboration with the rural entity (**Attachment 12**).

At least four separately owned (i.e., different EINs) entities, including the applicant organization, must sign a **single** letter of commitment (**Attachment 3**) that delineates the expertise, roles, responsibilities, commitments of each consortium member, number of years serving the rural service area. In addition, the individual representing the focus area must be clearly indicated in the letter of commitment. See **Appendix C** for a non-exhaustive list of consortia sectors and potential consortium partners.

Tribal Exception: HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In the case of tribes and tribal governments, 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, number of years serving the rural service area, and number of years serving the consortium. The individual representing the focus area must be clearly indicated in the letter of commitment.

Previous and/or Current Applicant Organization or Consortium Members of Rural Communities Opioid Response Programs
Previous and/or current recipients or consortium members of RCORP-Planning, Implementation, and MAT Expansion awards are eligible, but **must** clearly demonstrate that there is no duplication of effort between the proposed 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 RCORP Planning, 2019 RCORP Planning, 2019 RCORP Implementation, 2019 RCORP MAT Expansion, 2020 RCORP Planning and/or 2020 RCORP Implementation.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Award Ceiling
HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice. No competitive advantage, funding priority, or preference is associated with requesting an amount below the $500,000 ceiling for the three-year period of performance.

Deadline
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 Applications
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 Unique Entity Identifier (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**.

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.

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-20-106, 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 13-15**: 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), review and include the following:

Target Population

The target population for RCORP-NAS is pregnant women, mothers, and women of childbearing age who have a history of, or who are at risk for, SUD/OUD and their children, families, and caregivers who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Acknowledging that many individuals with OUD are polysubstance users, or have other co-occurring conditions, consortia may address other SUD-related needs of this population.

Focus Area and Prevention, Treatment, Recovery Strategies

HRSA recognizes that the local conditions contributing to NAS and SUD/OUD are unique for each rural community. You will therefore tailor the RCORP-NAS program to meet their community needs by selecting a **Focus Area** and a set of **Prevention, Treatment, and Recovery Strategies**. You will then develop your **Work Plan** activities based on your selected focus area(s) and strategies. The below image outlines this process:

Step 1 - CHOOSE FOCUS AREA(S)

Based on the need documented in the needs assessment section of your application and the needs of your HRSA designated rural area, determine your Focus Area(s).

This must be an areas(s) where you, the applicant organization, have the capacity to influence change.

Please pick **1 or 2** focus areas.

STEP 2 – DETERMINE STRATEGIES

Based on your chosen focus area(s), determine 2 prevention, 2 treatment and 2 recovery strategies to address over the 3-year period of performance.

The strategies must be provided and addressed in the Methodology and Work Plan section of your application and reflect activities over the full three-year period of performance.

STEP 3 – DEVELOP ACTIVITIES

Based on your chosen focus area(s) and strategies, determine activities to achieve each strategy.

Activities to achieve each strategy must be addressed in the Work Plan.

Focus Area: You will have the ability to target RCORP-NAS efforts in area(s) of greatest need, in which your consortium has the capacity to influence change. You must clearly link your selected focus area to the needs demonstrated in the Needs Assessment. You must select **one or two** of the below focus areas. Please note that HRSA recommends you select only one focus area, and no competitive advantage, funding priority, or preference is associated with selecting more than one Focus Area.

- Improve Integrated Care and Care Coordination
- Criminal Justice
- Increase Recovery Capital
- Improve Access to Care via Telehealth
- Improve Access to Care with Transportation
- Improve Provider Workforce
- Establish and/or enhance family support services

Prevention, Treatment, and Recovery Strategies: After selecting a focus area(s), you must select at least two **Prevention Strategies**, two **Treatment Strategies**, and two **Recovery Strategies**. Award recipients and their consortia members will work on the selected six or more strategies throughout the three-year period of performance. You should tailor your selected strategies, and subsequent work plan activities, to address the specific needs outlined in your **Needs Assessment** and selected **Focus Area(s).**

Please select at least two strategies from each category below:

Prevention

1. **Increase access to family-planning services** to women of childbearing age, who have or are at risk for SUD/OUD.

2. **Harness cross-sector collaboration and/or technology innovation to improve access to behavioral and reproductive health services** among women of child-bearing age who are uninsured or under-insured and who are at risk of developing SUD/OUD.

3. **Facilitate proper medication safety and disposal** of unused opioid prescription medications and other prescription drugs, specifically among the target population.

4. **Coordinate the delivery of evidence-based prevention services and education programs to groups within the target population who are at risk of SUD/OUD**– especially those who are of childbearing age, or who are youth with parents with SUD/OUD- to minimize the potential for the development of SUD/OUD.

Treatment

1. **Educate key groups on best practices that improve the engagement and/or early intervention** women of childbearing age into treatment. *Education topics may include, but is not limited to, seminars and trainings related to screening and referral tools, motivational interviewing, trauma informed care, care coordination, stigma reduction, managing medical complications in children with NAS, and risk reduction programs.*

2. **Decrease social barriers to treatment** among mothers and pregnant women **by implementing culturally** and linguistically appropriate campaigns and events designed to improve understanding and reduce stigma of SUD/OUD treatment provided by specific populations *(i.e., nurses, law enforcement, etc.).*

3. **Reduce barriers for mothers to enter into, and adhere to behavioral health treatment by addressing, providing, or enhancing family supports.** *Providing family support includes, but is not limited to, services related to kinship, childcare, engaging with companions, and other wrap around services, etc.*

4. **Improve engagement between the target population and behavioral health services, through cross-sectoral, collaborative programs designed to increase points of service entry.** *Depending on your focus area, this could include, but is not limited to, efforts designed to integrate behavioral health with the criminal justice system, obstetrics and gynecology, dentistry, social services, and emergency rooms by leveraging or expanding peer programming, establishing drug courts, improving Syringe Services Programs (SSPs), coordinating treatment engagement among first responders, and other evidence-based strategies.*

5. **Increase access to behavioral health by establishing or improving service models unique to the needs of the target population**. *This may include, but is not limited to, improving family-centered treatment that endeavors to keep families and caregivers together in their homes and communities, addressing basic needs, utilizing out of home care when in the best interest of the child, care coordination, mobilizing hospital bed space for NAS/OUD services, etc.*

6. **Coordinate programs to reduce or remove physical barriers to behavioral health treatment** among the target population by advancing service delivery that address documented barriers. *Depending on your focus area, this could include, but is not limited to, efforts to increase DATA 2000 waivers, advancing telehealth, improving transportation, or establishing co-location of care.*

7. **Improve access to treatment among the target population, by increasing the number of providers**, and other health and social service professionals **who are able to diagnose and treat pregnant women with SUD/OUD**. *Activities to increase providers may include, but is not limited to, providing professional development opportunities and recruitment incentives and leveraging the NHSC.*

8. **Improve behavioral health financials systems to sustain the behavioral health workforce**. *Activities may include, but are not limited to, providing trainings to optimize reimbursement for treatment encounters through proper coding and billing across insurance types, collaborating with state agencies to address the complex challenges of those at risk of, or suffering from, SUD through Medicaid flexibilities, as well as novel payment models for integrated care, etc*.

Recovery

1. **Improve community understanding of and support for different pathways in recovery**, *including, but not limited to, peer and recovery supports, recovery-oriented systems, MAT maintenance, and community resources*.

2. **Enhance discharge coordination of the target population-** especially those leaving inpatient treatment facilities and/or the criminal justice system- **who require linkages to home and community-based services**, *including social supports, peer support specialists, parenting classes, case management, workforce preparation, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, housing, recovery housing, and sober/transitional living facilities.*

3. **Support ways to develop sustainable recovery communities**, including recovery community organizations, **to expand the availability of recovery support services** specific to the needs of the target population.

4. **Address basic needs and improve local conditions in order to increase likelihood of successful recovery among the target population.** *This includes efforts to increase the availability of recovery and other affordable housing, education and employment programs, and incentives to businesses that hire citizens returning from the criminal justice system.*

Planning Phase
All award recipients will engage in a six-month **Planning** Phase with the assistance of the RCORP-TA provider. During this time, the consortia will develop a **HRSA approved strategic plan** and **logic model** (See HRSA Reporting Requirements). Applicants must clearly indicate in their **Work Plan** a timeline, appropriate staff, and processes to support the development of these deliverables.

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. It should not refer to other sections of the application. Please include the following information at the top of your abstract. (It is recommended that you provide this information in a table format.):

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
7. Project Director Contact Information *(phone and email)*
8. Data Coordinator Name and Title
9. Data Coordinator Contact Information *(phone and email)*
10. EIN/DUNS Number Exception Request in Attachment 8? *(Y/N)*
11. Letter from Urban Parent Organization in Attachment 12? (Y/N)
12. 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)*
13. Number of Consortium Members & List of Consortium Members
    - Please identify consortium member(s) that will be representing the focus area
    - Please indicate if your consortium has representation from a state or local Medicaid office.

14. Previous or Current RCORP Award Recipient? (**Specify:** *FY18 RCORP-Planning Applicant Organization (HRSA 18-116); FY18 RCORP-Planning Consortium Member (HRSA 18-116); FY19 RCORP-Planning Applicant Organization (HRSA 19-081); FY19 RCORP-Planning Consortium Member (HRSA 19-081); FY19 RCORP-MAT Expansion (HRSA 19-102); FY-19 RCORP Implementation Applicant Organization (HRSA 19-082); FY19 RCORP-Implementation Consortium Member (HRSA 19-082); FY-20 RCORP Implementation Applicant Organization (HRSA 20-031); FY-20 RCORP Implementation Consortium Member (HRSA 20-031)*
15. Brief Description of the Target Population
    - Indicate approximately what percentage (if any) of the target population is Native American
        - If applicable, provide 2-3 sentences regarding how this project specifically targets tribal populations.
16. Rural Service Area (**must be exclusively rural, as defined by the** Rural Health Grants Eligibility Analyzer
    - Fully Rural Counties: Provide the county name and state
    - Partially-Rural Counties: Provide county name, state, **and** the rural census tract (**list of rural census tracts**)
    - Exception Request in Attachment 9? (Y/N)
    - Exception Request in Attachment 10? (Y/N)
    - Exception Request in Attachment 11? (Y/N)
17. Focus Area(s) with a Brief Description (must include one or two of the focus area options identified in the Program Specific Instructions)
    - Provide 2-3 sentences regarding how this focus area was chosen
18. Prevention, Treatment, and Recovery Strategies.
    - Please list the two Prevention, two Treatment, and two Recovery Strategies you selected to work on for the three-year period of performance.

ii. Project Narrative

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

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

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

Briefly describe the purpose of the proposed project. You must clearly and succinctly summarize the overarching goals of your proposed NAS project, and the characteristics and needs of the target population and rural service area. You must also describe the need of the chosen focus area, the consortium's proposed strategies to meet the needs of the rural area, the consortium's history of collaborating to address health concerns and/or SUD/OUD in a rural area, and the capacity to implement the proposed project.

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

The needs assessment is a key component to the application. In this section, you should clearly outline the needs of the **Target Population** and of the broader rural community. Additionally, you should describe the need for HRSA support – and emphasize the impact that OUD and NAS have had on the rural communities in your service area. Data you use to complete this section should derive from appropriate sources (e.g., local, state, tribal, and federal) and reflect the most recent timeframe available. The data you present should clearly inform the selection of your **Focus Area(s).**

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

- Population Demographics
- SUD/OUD Data
- Existing SUD/OUD Services and Programs
- Gaps and Unmet Needs
- Focus Area

Population Demographics

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **target population** and the broader **rural service area** of the project. At a minimum, include data to support the following measures:

- **Measure 1:** Total population in the rural service area
- **Measure 2:** Percentage of people with health insurance in the rural service area
- **Measure 3:** Percentage of the rural service area's population who are unemployed
- **Measure 4:** Percentage of the rural service area's population who are living below the federal poverty line
- **Measure 5:** Rural service area's population by race/ethnicity (list percentage by race/ethnicity category)
- **Measure 6:** Rural service area's population by age (list percentage by identified category)
- **Measure 7:** Rural service area's population by sex (list percentage by identified category)
- **Measure 8:** Number of annual births in rural service area

To the extent possible, compare the data of the target population and rural service area to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year). HRSA strongly recommends that you provide quantitative data in table format, with headings for "Measure", "Data for Rural Service Area", "Comparative Data," and "Data Sources". Include a narrative that explains reported numbers and highlights significant issues or characteristics of the rural service area.

SUD/OUD Data
Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **SUD/OUD prevalence within the rural service area's population**. At a minimum, include data to support the following measures:

- **Measure 9:** Number of non-fatal opioid overdoses in the rural service area
- **Measure 10:** Number of fatal opioid overdoses in the rural service area
- **Measure 11:** Number of women (**and if possible**, the number of pregnant women) with SUD in the rural service area, by type:
    - Alcohol
    - Psychostimulants
    - Opioids
    - Other substances-please specify
- **Measure 12:** Number of NAS-related births in the rural service area
- **Measure 13:** Number of healthcare providers within the rural service area who have a DATA waiver.

If data are not available as requested, provide proxy measures to the extent possible (ex: specific emergency medical service data or poison control data can serve as a proxy for non-fatal overdoses). In the case of lack of data for a measure, describe why the data is not available and how you plan to capture this data if awarded.

To the extent possible, compare the SUD/OUD data for the rural service area to regional, statewide, and/or national data to demonstrate need. Please reference the data and cite the sources (including year). HRSA strongly recommends that you provide quantitative data in table format, with headings for "Measure", "Data for Rural Service Area", "Comparative Data," and "Data Sources". Include a narrative that explains reported numbers and highlights significant issues or characteristics of the rural service area.

Existing SUD/OUD Services
Provide the following information for the **rural service area:**

- Overview of existing NAS and SUD/OUD-related prevention, treatment, and recovery activities, and how the applicant organization will avoid duplication of effort; and
- Overview of existing support services for families impacted by SUD/OUD; and
- Overview of existing/known federal, state, or locally funded SUD/OUD initiatives in the rural service area and how the applicant organization will avoid duplicating efforts funded through other means. This includes other RCORP grants in your service area. Please reference the RCORP website for a list of RCORP award recipients in each program—Planning, Implementation, and MAT Expansion—as well as this table of award recipient service areas for more information.
    - Current or past RCORP award recipients must detail how proposed activities funded by RCORP-NAS will complement—versus duplicate—activities funded by previous or current RCORP grants.

- 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 Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse.
- It is highly recommended that you provide this information in a table format.

Gaps and Unmet Needs
Detail the extent to which current resources and ongoing activities are insufficient for community needs, and describe ongoing gaps in SUD/OUD-related prevention, treatment, and recovery services in the **rural service area**. Be as specific as possible, using quantitative data where possible. If applicable, highlight disparities in access and health outcomes due to SUD/OUD between the target population and the broader population in the rural service area.

Focus Area
List the focus area(s) your consortium selects, based on the needs identified in the above sections. Accompany each focus area(s) with at least one metric indicator that justifies why you selected the focus area. You must select one or two of the below HRSA approved focus areas. Please note that HRSA recommends you select only one focus area, and no competitive advantage, funding priority, or preference is associated with selecting more than one Focus Area.

- Improve Integrated Care and Care Coordination
- Criminal Justice
- Increase Recovery Capital
- Improve Access to Care via Telehealth
- Improve Access to Care with Transportation
- Improve Provider Workforce
- Establish and/or enhance family support services

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

This section outlines the methods that the applicant 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, focus area, and other information provided in the "Needs Assessment" section of the Project Narrative.

Prevention, Treatment, and Recovery Strategies
You must select at least two **Prevention Strategies**, two **Treatment Strategies**, and two **Recovery Strategies to work on over the three-year period of performance**. You should tailor your selected strategies to address the specific community needs identified in the Needs Assessment and fit the theme of the selected focus area. You must describe activities and methods to fulfil each

selected strategy. For the list of strategies, please see **Program Specific Instructions**.

Planning Strategy

Additionally, you must include a Planning Strategy to build consortium capacity. You must describe activities and methods to fulfill the **Planning Phase** of the period of performance, during which award recipients will create an approved **Logic Model** and **Strategic Plan**. The Planning Strategy must also include activities and methods that detail how the consortium will collect data to meet HRSA Reporting Requirements throughout the three-year period of performance.

Sustainability Strategy

Finally, you must detail a Sustainability Strategy, including methods and activities for maintaining project activities after the period of performance ends. At minimum, applicants should include activities that improve collaboration with Medicaid offices and reimbursement arrangements. Applicants who do not have a consortium member representing a Medicaid office (including state or local Medicaid offices and organizations), are strongly encouraged to detail their plans to establish the support of, and working relationship with, a Medicaid office by the end of the first year of the award. Applicants should also include activities to leverage local/community, state, and regional partnerships and leverage other funding sources.

Other Strategies

If the needs and capabilities exist, you may also propose and justify additional strategies and accompanying methods that relate to the focus area and address unmet needs of the target population, as identified in the **Needs Assessment**.

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

- Prevention Strategies
  - Prevention Strategy #1 [Insert Selected Strategy]
    - Activities and Methods to Fulfil Prevention Strategy
  - Prevention Strategy #2 [Insert Selected Strategy]
    - Activities and Methods to Fulfil Prevention Strategy
  - Additional Prevention Strategies, if applicable
    - Activities and Methods to Fulfil Additional Prevention Strategy

- Treatment Strategies
  - Treatment Strategy #1 [Insert Selected Strategy]
    - Activities and Methods to Fulfil Treatment Strategies
  - Treatment Strategy #2 [Insert Selected Strategy]
    - Activities and Methods to Fulfil Treatment Strategies
  - Additional Treatment Strategies, if applicable
    - Activities and Methods to Fulfil Additional Treatment Strategy

- Recovery Strategies
    - Recovery Strategy #1 [Insert Selected Strategy]
        - Activities and Methods to Fulfil Recovery Strategies
    - Recovery Strategy #1 [Insert Selected Strategy]
        - Activities and Methods to Fulfil Recovery Strategies
    - Additional Recovery Strategies, if applicable
        - Activities and Methods to Fulfil Additional Recovery Strategy

- Planning and Sustainability Strategies
    - Planning Strategy [Insert Name of Strategy]
        - Activities and Methods for Fulfill Planning Strategy
            - Develop A HRSA Approved Strategic Plan within Six Months of Project Start-Date
            - Develop a HRSA Approved Logic Model within Six Months of Project Start Date

    - Sustainability Strategy [Insert Name of Strategy]
        - Activities and Methods to Fulfil Sustainability Strategy

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

This section describes the processes that you will use to achieve each of strategies listed in the "Methodology" section. Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for fulfilling the program activities, the work plan is more detailed and focuses on the tasks, activities, and timelines by which you will execute your strategies.

In this section, you must provide a clear and coherent work plan that demonstrates your selected **Prevention, Treatment, Recovery, Planning, and Sustainability Strategies** that you plan to address throughout the period of performance. You must accompany each strategy with a breakdown of activities that your consortium will conduct throughout the three-year period of performance.

All work plans should detail the minimum information: **all selected strategies, activities to achieve strategies, responsible individual(s) for activities, and timeframes to accomplish activities,** as outlined in the "Program-Specific Instructions" section of this NOFO. The work plan must reflect a three-year period of performance. You should also include specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill reporting requirements. Finally, you should incorporate processes for achieving financial and programmatic sustainability beyond the period of performance.

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.) It is **strongly encouraged** that you provide your work plan in a table format.

- **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 NAS and SUD/OUD 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 logic and rational for how the selected work plan activities will directly influence a reduction in NAS in the rural service area. 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. Finally, applicants should clearly describe their plan for updating participating entities, the 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 Criterion #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.

  The broad, multi-sectoral consortium must be representative of people or organizations that can influence the needs of your rural community, as outlined in the Needs Assessment. Specifically, the consortium must include at least one individual who can directly influence the selected focus area. Successful consortia are diverse in composition and should either have, or plan to establish, working relationships with state and local Medicaid offices and organizations.

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

Consortium Membership (Attachment 2)

For each member of the consortium reflected on the proposed work plan, include the following (list the applicant organization first). HRSA recommends that you provide this information in a table format:

- Consortium member organization name;
- Consortium member organization street address (*Must include physical address. P.O. Boxes are not eligible*).
- 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, (See Tribal Exception)
- Service delivery sites (street address, including county) defining where services **for the RCORP-NAS grant** 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 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, at least two 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**).
- Specify (yes/no) whether consortium member represents the focus area

Consortium Letter of Commitment (Attachment 3)

Provide a **single** scanned and dated copy of a letter of commitment that is signed by at least four separately owned (i.e., different EINs) consortium members, including the applicant organization. Any consortium members in excess of four do not need to submit additional letters with the application.

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, the length of commitment to the project, and how many years consortium member has worked with the applicant organization. The letter must also include a statement indicating that consortium members understand that the RCORP- NAS award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the 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.

Applicants should submit Letters of Commitment 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. The applicant organization must be included in the organizational chart. The organizational chart must indicate the reporting hierarchy

Staffing Plan (Attachment 5)

Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member (HRSA recommends that you provide this information in a table format):

- Name;
- Title;
- Organizational affiliation;
- Full-time equivalent (FTE) devoted to the project;
- Roles/responsibilities on the project; and
- 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. In addition, please include the recruitment techniques that the applicant organization will utilize to hire staff members, if awarded.

All staffing plans should include a Project Director and a Data Coordinator (although not recommended, the same individual can serve in 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 recommended, though not 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 that 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 SF424 Application Page.**

- **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. The Data Coordinator will work with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. There is no minimum FTE for this position.

Staff Biographical Sketches (Attachment 6)

All proposed staff members should have the appropriate qualifications and expertise to fulfill their roles and responsibilities of 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- NAS project activities. Upon request, please have a CV or resume available for review.

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 by the recipient 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 non-federal entity may apply to do at any time.

In addition, RCORP- NAS applicants must budget for the following:

- **Rural Communities Opioid Response Program Annual Meeting**. You 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. For budgeting purposes, you can assume that this will be a three-day conference in or near Washington, DC.

- **Annual Regional Meeting.** You should budget for a two-day meeting per period of performance in your regional area.

Project officers will work with award recipients to make any budget adjustments if necessary once the details of these meetings are finalized.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-194), Division A, § 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-NAS program requires the following:

Applicants must provide information on each line item of the budget, and describe how it supports the goals and activities of the proposed work plan and project.

RCORP- NAS award recipients must allocate the award funding by budget period for the three-year period of performance. Award recipients will apply for a Non-Competing Continuation during the end of each year.

Narrative Crosswalk: All applicants will be reviewed on what has been requested of them here in Section IV; therefore, the below crosswalk provides you with the number and name of the review criteria that are applicable to the corresponding narrative sections.

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) Evaluation Measures (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (Outlined Below)	(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 Membership

Attach the information for each consortium member detailed in Section IV.2.ii. Project Narrative. As a reminder, the consortium must consist of at least four separately owned entities (i.e., different EINs), including the applicant organization, and two 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 at least four separately owned (i.e., different EINs) consortium members, including the applicant organization, in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

Attachment 4: Organizational Chart

Attach the one-page organizational chart in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

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 Data Coordinator (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
- 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)
- Rural service area for proposed FY20 RCORP- NAS 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 FY20 RCORP – NAS
- Detail how, if funded, activities performed under the RCORP- NAS grant will complement—versus duplicate—activities performed under

current or previous RCORP awards.

Attachment 8: EIN/DUNS Number 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 in Attachment 8**:

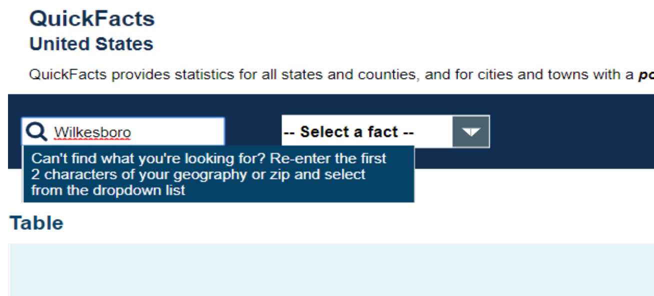
1. Names, street addresses, EINs, and DUNS numbers of the applicant organizations;
2. Name, street address, EIN, and DUNS number of the parent organization;
3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
4. Proposed RCORP- NAS service areas for each applicant organization (these should not overlap);
5. 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;
6. 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
7. 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.

Attachment 9: Proof of Service Delivery Site: Partial-Rural Service Area (if applicable)

All services provided by the RCORP-NAS grant must exclusively occur in HRSA-designated rural areas. However, f**or applicant organizations whose service area encompasses partially rural counties**, as determined by the HRSA 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:



Attachment 10: Proof of Service Delivery Site: Critical Access Hospitals (CAHs) not located in HRSA-designated rural areas (if applicable)

All services provided by the RCORP-NAS grant must exclusively occur in HRSA-designated rural areas. However, 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.

Attachment 11: Proof of Service Delivery Site: SHIP Eligibility (if applicable)

All services provided by the RCORP-NAS grant must exclusively occur in HRSA-designated rural areas. However, **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-NAS 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).

Attachment 12: Letter from Urban Parent Organization (if applicable)

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

Attachments 13-15: Other Documents (if applicable)

If applicable, include other relevant documents including indirect cost rate agreements, letters of support from non-consortium members, 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. Beginning in December 2020, 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: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update page.

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 July 24, 2020 *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-NAS 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 three years, for up to $500,000 total (inclusive of direct **and** indirect costs), across the three years. 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-194) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the 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; and
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded.[12]
- To supplant any services that already exist in the service area

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 award requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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 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- NAS 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.

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

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

- Reconfiguring space to offer NAS services pre and post-delivery, facilitate co-location 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- NAS grant 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- NAS grant funds must be used exclusively to carry out grant activities. Additional post-award submission and review requirements apply if you propose to use RCORP- NAS 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.

Medication

Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP- NAS.

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- NAS 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 quality and extent to which the applicant clearly and succinctly summarizes the purpose and goal of the proposed project;
- The extent to which the applicant clearly describes the characteristics and needs of the rural service population and service area(s);
- The extent to which the applicant describes the need of the chosen focus area;
- The quality and extent to which the applicant organization clearly and succinctly summarizes the consortium's approach and capacity to meet the strategies, including their history of collaborating to address health concerns in their community and/or SUD/OUD in a rural area and the capacity to implement the project;
- The extent to which the applicant provides the requested data and information outlined in the "Needs Assessment" section of the Project Narrative;
- The quality and appropriateness of the sources used to provide the data/information in the "Needs Assessment" section of the Project Narrative;
- The extent to which the data/information the applicant provided in the "Needs Assessment" section of the Project Narrative demonstrates the relatively high need for RCORP-NAS -funded prevention, treatment, recovery activities in the rural service population as compared to the rest of the state, region, and/or nation;
- The extent to which the applicant clearly and succinctly relates the data and community need to the selected focus area in the "Needs Assessment" section; and
- The extent to which the selected Focus Area, Prevention Strategies, Treatment Strategies, and Recovery Strategies are appropriate for addressing the needs outlined in the "Needs Assessment" section.

Criterion 2: RESPONSE (30 points) – *Corresponds to Section IV's [“Methodology,”](#) [“Work Plan,”](#) and [“Resolution of Challenges”](#)*

Methodology (15 points):

- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling 2 prevention, 2 treatment and 2 recovery strategies:
  - 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, fulfill the needs of the target population, and relate back to the selected focus area(s).
- The appropriateness of the methods proposed for fulfilling each strategy (two prevention, two treatment, two recovery) and additional activities given the needs and characteristics of the target population and focus area.
- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling the Planning Strategy, including demonstrating how they will collect data throughout the three-year period of performance to meet HRSA Reporting Requirements.
- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling the Sustainability Strategies, to ensure sustainability of the proposed activities beyond the period of performance, including its proposed methods to:
  - Include, or improve collaboration with Medicaid offices to improve reimbursement arrangements;
  - Leverage local/community, state, and regional partnerships; and
  - Leverage other funding streams to cover the cost of services.

Work Plan (10 points):

- The clarity of the proposed work plan
- The completeness of the proposed work plan, including –at minimum- its inclusion of the following: selected Strategies, activities to achieve strategies, responsible individual(s) and/or consortium member(s) for activities, timeframes to accomplish activities;
- The extent to which the work plan reflects a three-year period of performance;
- The extent to which the work plan details activities or tasks per strategy every quarter of the period of performance;
- The extent to which the work plan details processes for achieving financial and programmatic sustainability beyond the period of performance; and
- The extent to which the work plan details specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill HRSA reporting requirements.

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 Capacity”] 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 Capacity”*

- The clarity of the applicant's description of how work plan activities will directly influence a reduction in neonatal abstinence syndrome in the rural service area;
- The clarity and comprehensiveness of the applicant's proposed plan for updating participating entities, the 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 least two 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 the applicant listed a consortium member who represents the focus area;
- 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) or meets the exception requirements (**see Attachments 9-11**);
- The extent to which at least four separately owned (i.e., different EINs) consortium members, including the applicant organization, have signed and dated a **single** Letter of Commitment (**Attachment 3**) that contains, at a minimum, the following elements:
  - 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-NAS award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the 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.
- **Note: Tribal applicants are exempt from the four separate EINs requirement. Please reference attachment 8.**
- **Note:** For consortium members located in HRSA-designated rural areas, but that share an EIN with an urban headquarters, the urban parent organization must assure FORHP via a signed letter on organization letterhead that, for the RCORP-NAS grant, they will exert no control over or demand collaboration with the rural entity (see **Attachment 12**).

- 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 recruiting, 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 (at least 0.25 is recommended) and resources to the proposed project;
- 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 all proposed staff members have the appropriate qualifications and expertise to fulfill their roles and responsibilities; and
- The extent to which the applicant clearly links staff members' qualifications and experience to their designated RCORP-NAS project activities (**Attachment 6**).

Criterion 6: SUPPORT REQUESTED (10 points) – *Corresponds to Section IV's "Budget and Budget Narrative" section*

- The degree to which the estimated cost to the government for proposed grant-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 budgets 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 30, 2020. 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*.

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.

3. Reporting

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

1) **Strategic Plan:** During the **Planning Phase**, the award recipient will submit a comprehensive strategic plan for the period of performance. HRSA will provide further information during the period of performance.

2) **Logic Model:** During the **Planning Phase**, the award recipient will submit a logic model. HRSA will provide more guidance at the start of award.

3) **Progress Report(s)**: 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. Further information will be available in the NOA.

4) **Performance Integrity Management System (PIMS) Reports:** The award recipient must submit quantitative performance reports on a **biannual basis**. These data should reflect the performance of all consortium members, not just the applicant organization. If awarded, applicants will receive an Onboarding Package, which will include the performance measures for reporting in PIMS, as well as additional data collection and reporting guidance.

5) **Sustainability Plan:** Building off the sustainability strategies outlined in your application, the award recipient will submit a sustainability plan that identifies strategies for achieving programmatic and financial sustainability beyond the period of performance and ensuring that services remain accessible and affordable to individuals who need them most, including the uninsured and the underinsured. Award recipients who do not have a consortium member representing a Medicaid office (including state or local Medicaid offices and organizations), will detail their plans to establish the support of, and working relationship with, a Medicaid office by the end of the first year of the award. HRSA will provide further information during the period of performance.

6) **Non-Competing Continuation (NCC):** Award recipients will complete a Non-Competing Continuation (NCC) application at the end of each year. HRSA will provide further information during the period of performance.

7) **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.

8) **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.

VII. Agency Contacts

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

James Padgett
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N108B
Rockville, MD 20857
Telephone: (301) 443-0207
Fax: (301) 443-6343
Email: jpadgett@hrsa.gov

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

Monica Rousseau
Public Health Analyst
Attn: RCORP- Neonatal Abstinence Syndrome
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 10W57A
Rockville, MD 20857
Telephone: (301) 945-0928
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: Tuesday, June 23, 2020
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-888-282-8361
Participant Code: 2652580
Web link: https://hrsa.connectsolutions.com/nas_nofo/
Playback Number: 1-800-388-9075
Passcode: 62320

Tips for Writing a Strong Application

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

Appendix A: Rural Communities Opioid Response Program (RCORP) and the National Health Service Corps (NHSC)

NOTE: The information that follows is specific to the FY2020 NHSC Rural Community Loan Repayment Program application cycle, which is no longer open. However, HRSA anticipates that there will be another loan repayment program application cycle during the period of performance of the RCORP-NAS program.

Division H, Title II, of the Consolidated Appropriations Act, 2018 (P.L. 115-141) and Division B, Title II, of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) appropriated up to $45 million to the NHSC for the purpose of expanding and improving access to quality OUD and other SUD treatment in rural communities. As directed, this funding will be used for a nationwide workforce expansion to combat the opioid epidemic.

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.

<u>Eligibility</u>
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.

<u>Eligible Occupations</u>
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’s Assistant

New Program Disciplines:
- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- 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's 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.

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 Maternal and Child Health Bureau**
  - Primary Contact Information for Regional Staff: https://mchb.hrsa.gov/training/mchb-regional-staff.asp
  - Title V Maternal and Child Health Block Grant Program: https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program
    - You may access Title V contact information for your state at the bottom of the webpage.
  - Home Visiting Overview: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview
  - Healthy Start Website: https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start

- **HRSA Rural Communities Opioid Response Program (RCORP) Website**
  Provides information regarding HRSA's RCORP initiative.
  Website: https://www.hrsa.gov/rural-health/rcorp
  RCORP Technical Assistance Resource Portal: https://www.rcorp-ta.org/

- **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://data.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.hhs.gov/blog/2019/02/05/ending-the-hiv-epidemic-a-plan-for-america.html

- **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, visit: https://nhsc.hrsa.gov/
  - For state point of contacts, visit: 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: https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care- offices

- **Telehealth**

  Telehealth can be an important tool for delivering services and resources to HRSA's target populations. HRSA encourages Bureaus and Offices to include support for telehealth as a mechanism to meet programmatic goals in the NOFO, as appropriate. For resources, visit: https://www.hrsa.gov/rural-health/telehealth/index.html

Other Resources:

- **Office of National Drug Control Policy**
  - The National Drug Control Strategy: https://www.whitehouse.gov/wp-content/uploads/2020/02/2020-NDCS.pdf
  - Rural Community Action Guide: https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf

- **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

- **Issue Brief: State Policy Levers for Expanding Family-Centered Medication-Assisted Treatment**
  This study further examined a selection of state and local treatment programs targeted to pregnant and parenting women and their families to identify key challenges and opportunities in expanding access to comprehensive, family-centered services and MAT treatment for this population. Issue brief: https://aspe.hhs.gov/basic-report/state-policy-levers-expanding-family-centered-medication-assisted-treatment

- **Case Study: Medication Assisted Treatment Program for Opioid Addiction**

  Learn about Vermont's Hub & Spoke Model for treating opioid addiction here: http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/

- **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 consortia 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

- **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/

- **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 Information Hub – Rural Response to Opioid Crisis** Provides activities underway to address the opioid crisis in rural communities at the national, state, and local levels across the country.
    Website: https://www.ruralhealthinfo.org/topics/opioids

  - **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/

  - **A Guide to SAMHSA's Strategic Prevention Framework**
    The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.
    Website: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.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 State Targeted Response to the Opioid Crisis Grants**
    This program awards grants to states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.
    List of individual grant award activities:
    https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014- opioid-str-abstracts.pdf

  - **SAMHSA State Opioid Response Grants**
    The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs)
    Website: https://www.samhsa.gov/grants/grant-announcements/ti-18-015

- **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 Members and Sectors

Examples of potential partner organizations include, but are not limited to the following:

- Community Members, such as:
    - Individuals in Recovery;
    - Youth;
    - Parents;
    - Grandparents;
- 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;
- 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.