U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy

Rural Communities Opioid Response Program – Planning

Funding Opportunity Number: HRSA-20-109
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

MODIFIED on May 27, 2020: Updated the Needs Assessment section of the Project Narrative on page 13 to add a missing age category for Population Demographics.

Application Due Date: July 13, 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: May 12, 2020

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Rural Communities Opioid Response Program – Planning (RCORP-Planning). RCORP is a multi-year HRSA initiative aimed at reducing morbidity and mortality resulting from substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. This funding opportunity, RCORP-Planning, will advance RCORP's overall goal by strengthening and expanding the capacity of rural communities to provide SUD/OUD prevention, treatment, and recovery services.

Funding Opportunity Title:	Rural Communities Opioid Response Program – Planning
Funding Opportunity Number:	HRSA-20-109
Due Date for Applications:	July 13, 2020
Anticipated Total Annual Available FY 2020 Funding:	$10,000,000
Estimated Number and Type of Award(s):	Up to 50 grants
Estimated Award Amount:	Up to $200,000 for an 18-month period of performance and awarded fully in Year 1
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through February 28 2022 (18 months)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit, are eligible to apply. Domestic faith-based and community-based organizations, tribes, and tribal organizations, and organizations based in the territories and freely associated states 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:

Webinar

Day and Date: Wednesday, May 27, 2020
Time: 3 p.m. -- 4:30 p.m.
Call-In Number: 1-888-469-0646

Participant Code: 4761843
Weblink: https://hrsa.connectsolutions.com/fy20_rcorp_planning/

Playback Number: 1-888-704-1108
Passcode: 52720

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Communities Opioid Response Program – Planning (RCORP-Planning). RCORP is a multi-year HRSA initiative with the goal of reducing morbidity and mortality resulting from substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. This funding opportunity, RCORP-Planning, will advance RCORP's overall goal by strengthening and expanding the capacity of rural communities to provide SUD/OUD prevention, treatment, and recovery services.

The purpose of RCORP-Planning is to strengthen and expand the capacity of rural communities to engage high-risk populations and provide SUD/OUD prevention, treatment, **and** recovery services. Recipients will conduct planning activities, engage multi-sector consortiums (as defined in Section III.1, "Eligible Applicants"), and participate in the RCORP-Planning learning collaborative (see Section IV.2, "Program Specific Instructions" for additional details). While the primary focus of RCORP-Planning is OUD, HRSA recognizes that many individuals with OUD are polysubstance users. Therefore, applicants may also choose to address an additional substance of concern in the target population.

RCORP-Planning funds will support 18 months of **planning** activities. For the purposes of this grant, planning activities are those that prepare a community to provide direct prevention, treatment, and recovery services. In addition to the required core planning activities (see Section IV.2, "Program Specific Instructions" for additional details), examples include (but are not limited to):
- Distributing naloxone to individuals/organizations who may need it;
- Providing community-based naloxone trainings;
- Recruiting and training providers and support staff in medication assisted treatment (NOTE: These grant funds cannot be used to pay providers/support staff to deliver medication assisted treatment);
- Creating a strategy to reach and engage individuals at high risk of SUD/OUD;
- Working with law enforcement to develop a diversion program;
- Training providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing.

Direct services may not be provided using these grant funds. Examples of direct services include (but are not limited to):
- Providing Medication Assisted Treatment
- Providing peer-based recovery services
- Transporting individuals to receive treatment
- Paying individuals to administer naloxone.

HRSA envisions that RCORP-Planning will establish the foundation for recipients to implement long-term, sustainable SUD/OUD services in the target rural area. HRSA also expects that planning activities will ensure that future OUD/SUD services are affordable and accessible.

If awarded you are encouraged to explore multiple avenues for sustainability, including alternate funding sources and optimizing reimbursement for treatment encounters.

2. Background

This program is authorized by 42 U.S.C. 912(b)(5), as amended.

In 2017, the U.S. Department of Health and Human Services declared the opioid crisis a nationwide public health emergency. Every day, 192 people die from drug overdose. Of the 70,237 overdose deaths in the United States in 2017, 47,600 (67.8%) involved opioids.[1] Moreover, deaths involving cocaine and psychostimulants are also on the rise. From 2016–2017, overdose deaths involving psychostimulants and cocaine increased by 33.3% and 52.4%, respectively.[2]

Rural communities face multi-faceted challenges in providing and accessing treatment and recovery services for SUD/OUD. Research shows that rural opioid users are more likely to have socioeconomic vulnerabilities including limited educational attainment, poor health status, lack of health insurance, and low income. Rural opioid users are also more likely to have been arrested and booked for breaking the law, and are less likely to say that there was a great risk in trying heroin only once or twice.[3] Of 381 counties with the highest indicators of opioid misuse (drug overdose mortality, nonmedical use of pain relievers, and opioid prescribing), 62% are in rural areas.[4]

Rural communities also often lack specialized health services and experience health workforce shortages.[5] In fact, more than half of rural counties nationally (60.1 percent) still lack a physician with a waiver to prescribe buprenorphine.[6] Additionally, 72% of counties with low-to-no capacity to for providing buprenorphine to patients in an office setting are in rural areas.[7] Rural populations also face potentially greater stigma related to SUD due to living in smaller communities, and are particularly vulnerable to outbreaks of HIV and HCV among uninfected people who use injection drugs (PWID).[8][9]

HRSA has a number of activities targeting OUD across its bureaus and offices that applicants and award recipients may be able to leverage. For more information on HRSA-supported resources, technical assistance, and training visit:

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[1] https://www.cdc.gov/drugoverdose/data/statedeaths.html
[2] https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf
[3] http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf
[4] https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp
[5] http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf
[6] https://depts.washington.edu/fammed/rhrc/publications/barriers-rural-physicians-face-prescribing-buprenorphine-for-opioid-use-disorder/
[7] https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp
[8] http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf
[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/

https://www.hrsa.gov/opioids. For more information on other federal resources, see **Appendix C**.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $10,000,000 to be available to fund up to 50 recipients. You may apply for a ceiling amount of up to $200,000 total cost (includes both direct and indirect, facilities and administrative costs). The period of performance is September 1, 2020 through February 28, 2022 (18 months). **Recipients will receive the full award amount in the first year of the 18-month period of performance and must allocate grant funding across the 18-month** period of performance**.**

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 faith-based and community-based organizations, tribes, tribal organizations, and organizations based in the territories and freely associated states. To be eligible, you must serve rural communities at the highest risk for substance use disorder, and meet the RCORP-Planning specifications for the Applicant Organization as described below.

Previous recipients or consortium members of RCORP-Planning, Implementation, and Medication-Assisted Treatment (MAT) Expansion awards are eligible, but **must** clearly demonstrate that there is no duplication of effort between the proposed project and any previous RCORP project. If you previously received (or served as a consortium member for) a 2018 RCORP Planning grant, 2019 RCORP Planning grant, 2019 RCORP Implementation Grant, and/or 2019 RCORP MAT Expansion grant, you must include detailed information for each RCORP award in **Attachment 6**. It is recommended you provide the following information in a table format:
- Name of RCORP award (e.g., RCORP-Planning)
- Dates of award (e.g., September 30, 2018 to September 29, 2019)
- Indicate whether you serve/d as the applicant organization or consortium member

- Target rural service area for past or current RCORP award
  - For fully rural counties, list the county and state
  - For partially rural counties, list the county, state, and eligible rural census tract(s)
- Brief description of the purpose and activities for past or current RCORP award
- Target rural service area for proposed FY20 RCORP-Planning award
  - For fully rural counties, list the county and state
  - For partially rural counties, list the county, state, and eligible rural census tract(s)
- Detail how, if funded, activities performed under the FY20 RCORP-Planning grant will complement, and not duplicate in any way, activities performed under current or previous RCORP awards.
- Detail how, if funded, you will sustain efforts and progress achieved under your previous RCORP grant while also completing the proposed project.

Applicant Organization Specifications
Your organization may be located in an urban or rural area. However, all planned activities supported by this program must exclusively target populations residing in [HRSA-designated rural counties](#) or rural census tracts in urban counties.

Your organization should have the staffing and infrastructure necessary to, if selected for the award, immediately begin work on program activities. Additionally, your 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 targeted rural communities. **Letters of support must be submitted from at least two organizations who will be involved in the proposed project, and who are located within the target rural area.** If this is not feasible, provide an explanation why letters could not be obtained, and document your attempts. To determine whether a particular county or census tract is rural, please refer to https://data.hrsa.gov/tools/rural-health.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

HRSA will consider non-responsive any application that does **not** address the three required activities referenced in [Section IV.2, "Program Specific Instructions."](#)

NOTE: 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 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-Planning target 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** to be ineligible. In this instance, assuming all other eligibility criteria are met HRSA will only accept the last validated electronic submission associated with the EIN or DUNS number.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, 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 provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

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 may not exceed the equivalent of **80 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. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **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 to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You, on behalf of the applicant organization certify, 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 **Attachments 9–12 Other Relevant Documents**.

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

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

The purpose of RCORP-Planning is to strengthen and expand the capacity of rural communities to engage high-risk populations and provide SUD/OUD prevention, treatment, **and** recovery services. Recipients will conduct planning activities, engage multi-sector consortiums (as defined below), and participate in the RCORP-Planning learning collaborative (as defined below). **While the primary focus of your application must be opioid use disorder, HRSA recognizes that many individuals with OUD are polysubstance users. To that end, you may also choose to address one additional substance of concern in your community.**

NOTE: This is a planning grant, <u>direct services may not be provided</u> <u>using grant funds</u>. Examples of direct services include (but are not limited to):
- Providing Medication Assisted Treatment
- Providing peer-based recovery services
- Transporting individuals to receive treatment
- Paying individuals to administer naloxone.

Required Core Activities

Over the course of the 18-month period of performance, recipients should expect to complete the following core activities. While the focus of RCORP-Planning is primarily OUD, applicants may also choose to address an additional substance of concern in the target population based on identified needs. This additional substance of concern may be reflected in the required core activities, as appropriate.

Note that approximate dates by which each core activity should be completed are included in the descriptions below. These are intended to assist in the development of your work plan, but are subject to change at HRSA's discretion. Note that HRSA may require the submission of a draft 4 to 6 weeks before the completion date:

1. <u>**Core Planning Deliverable #1**</u> **- Community Needs Assessment and Gap Analysis:** Conduct a detailed analysis to identify opportunities and gaps in OUD/SUD prevention, treatment (including MAT), and recovery services within the target rural service area. Recipients should engage community members and stakeholders in the target rural service area to collect both qualitative data (focus groups, key informant interviews, etc.) and quantitative data (rates of OUD/SUD occurrence, overdose mortality rates, numbers and locations of treatment and recovery services, etc.) for the analysis. The analysis should particularly address issues around workforce, availability of treatment and recovery services, access to treatment and recovery services, key stakeholders and their current level of

engagement/collaboration, and existing resources that could be leveraged within the rural community. **Completion date: March 2, 2021**

2. **Core Planning Deliverable #2 - Strategic Plan and Accompanying Action Plan**: Based on the results of the community needs assessment/gap analysis, engage key stakeholders to develop a comprehensive strategic plan and accompanying action plan. The plans should demonstrate stakeholder buy-in, address the following:

   a. OUD/SUD prevention, treatment, and recovery gaps/needs that were identified in the analysis;

   b. Strategies for actively reaching and engaging populations impacted by SUD/OUD, to connect individuals to information and services;

   c. Availability, affordability, and access to prevention, treatment and recovery services, including for underinsured and uninsured individuals;

   d. Strategies for implementing evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with SUD/OUD in rural communities;

   e. Opportunities to leverage and coordinate existing OUD/SUD resources;

   f. SUD/OUD workforce, including issues around recruiting, training, integrating, and retaining substance use disorder providers;

   g. Sustainability beyond the 18-month period of performance;

   h. Quantifiable metrics that will be used to assess the impact of future activities;

   i. In the action plan, specific activities, responsible individuals/organizations, process measures, and timelines for implementation.
   Completion Date: July 2, 2021

3. **Core Planning Deliverable #3 - Consortium Development and Memorandum of Understanding/Agreement:** Engage key community stakeholders to establish a consortium, formalized through a Memorandum of Understanding or Agreement (MOU/MOA) with the purpose of implementing the strategic plan via the action plan. The MOU/MOA should define the roles and responsibilities of each consortium partner in carrying out the strategic and action plans.

   For the purposes of this program, a consortium is defined as an organizational arrangement among four or more separately owned domestic public or private entities, including the applicant organization. At least four individual consortium members, including the applicant organization, must have separate and different Employer Identification Numbers (EINs).

   Consortium members may be located in urban or rural areas. However, all activities supported by this program must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties. **Additionally, a majority of members in each consortium must be located within rural areas.** To ascertain whether a particular county or census tract is rural, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/.

HRSA recognizes that there may be situations in which it is not possible for a majority of consortium members to be located within rural areas. 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, if your application is awarded, you may reach out to your project officer to discuss an exception to these requirements if necessary.

Note: If an organization has an affiliated satellite site in a rural area, but shares the same EIN as the parent site located in an urban location, then that entire organization is considered urban for the purposes of this award. If the rural satellite office has a unique EIN and acts autonomously from the urban parent organization, then the location is considered rural.

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 case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary. 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.

Given the complex and multifaceted nature of SUD/OUD, consortium members should come from multiple sectors and disciplines. Examples of potential consortium members can be found in **Appendix A**.

Completion Date: September 1, 2021

4. **Preparation to Implement and Evaluate:** Once the above core activities are complete, recipients should use the remaining time on the award to **prepare** to carry out their strategic plan, including establishing data collection and evaluation structures to monitor progress and impact. **As a reminder, this award may <u>not</u> be used to provide direct services.** Examples of possible activities include (but are not limited to):
    a. Identifying additional reliable data sources, establishing a data collection protocol, establishing data use agreements;
    b. Conducting community and health care provider trainings;
    c. Recruiting health care workforce;
    d. Building partnerships with key stakeholders at the state level, such as the State Office of Rural Health;
    e. Creating a business plan to ensure sustainability of the project.

5. **RCORP-Planning Learning Collaborative:** All recipients of this award are expected to participate in the RCORP-Planning Learning Collaborative, facilitated by RCORP Technical Assistance provider JBS International. The purpose of the learning collaborative is to network, share best practices, address challenges, and

receive targeted technical assistance to advance the planning efforts of all participants. Learning collaboratives will meet virtually once a month and participants are expected to attend one in-person meeting. You must designate one individual to serve as the point of contact for the learning collaborative. Additional details will be available upon award issuance.

If capacity exists to pursue additional activities beyond the core activities described above, recipients may use RCORP-Planning funding to support other capacity building efforts. Additional planning activities must reflect demonstrated need, and further prepare the target rural area to implement OUD/SUD prevention, treatment, and recovery services. Examples of such additional activities can be found in **Appendix B**. Additional activities **may not include direct services.**

NOTE: Applications that do not address ALL core activities, and/or applications that include significant direct services <u>will be considered non-responsive.</u>

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

Please include the following information at the top of the abstract. It is strongly recommended that you provide this information in table format:
1. Project title
2. Requested award amount
3. Applicant organization name
4. Applicant organization address (street, city, state, zip code)
5. Applicant organization facility type (e.g., critical access hospital, State Office of Rural Health, tribal organization, federally qualified health center, rural health clinic, institution of higher learning, public health department, etc.)
6. Applicant organization website, if applicable
7. Project Director name and title
8. Project Director contact information (phone and e-mail)
9. RCORP-Planning Learning Collaborative contact phone and email
10. Identify how the applicant learned about this funding opportunity (e.g., State Office of Rural Health, Grants.gov, HRSA news release, etc.)
11. Indicate if the applicant organization is a previous or current RCORP grant recipient/consortium member. (specify: FY18 RCORP-Planning Lead Applicant; FY18 RCORP-Planning Consortium Member; FY19 RCORP-Planning Lead Applicant; FY19 RCORP-Planning Consortium Member; FY19 RCORP-MAT Expansion; FY19 RCORP-Implementation Lead Applicant; FY19 RCORP-Implementation Consortium Member)
12. Brief description of the target population, including the percentage of the target population that is American Indian/Alaska Native
13. Brief description of Target Service Area (must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer)

    a. For Fully Rural Counties: Provide the county name and state
    b. For Partially-Rural Counties: Provide county name, state, and the rural census tract (list of rural census tracts).

2. If electing to focus on a second substance of concern in addition to opioids, indicate which substance.

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 – Need*
  This section should clearly and succinctly summarize the overarching goals of the proposed project; the proposed approach for meeting those goals; and the characteristics and needs of the target population and service area

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 – Need*
  This section outlines the needs of the target rural service area. Data used to complete this section should be derived from appropriate sources (e.g., local, state, tribal, and federal) and reflect the most recent timeframe available. If you encounter difficulty obtaining data for certain indicators, you are encouraged to contact your state or local health departments and/or refer to data and information provided by the Rural Health Information Hub and the Opioid Misuse Community Assessment Tool developed by NORC at the University of Chicago. If you are still unable to locate appropriate and accurate data, please provide an explanation for why the data could not be found and how you will leverage the RCORP-Planning grant to strengthen the quality and availability of OUD/SUD data in your target rural service area.

Provide a map of your target rural service area, along with a list of the counties (or rural census tracts, for partially rural counties) that you will serve as **Attachment 7**.

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

- "RCORP Core Measures"
- "Population Demographics"
- "SUD/OUD Prevalence"
- "Existing SUD/OUD Services and Programs"
- "Gaps and Unmet Needs"
- "Additional Information"

If you are choosing to address a substance of concern in your community in addition to opioids, you must provide information in this section that clearly demonstrates the need for this second area of focus.

RCORP Core Measures

Use the most recent data sources available to establish baseline numbers for the RCORP Core Measures listed below. Cite data sources (including year) you use to establish baseline numbers. It is recommended that you provide this information in table format, with headings for "Measure," "Baseline," and "Data source." If funded, you will be required to continue to track and regularly report on these measures. Include an accompanying narrative that explains reported numbers and highlights any significant issues or characteristics of the rural target service area.

- **Core 1: Total population in the project's service area -** Please report the total number of individuals in your project's service area. NOTE: This is not necessarily the number of people who availed themselves of your services but the number of people in the project's service area. The number reported here will be used by HRSA as a denominator for determining rates based on the numbers reported for core measures 2 through 5 below.

- **Core 2: Number of individuals screened for SUD -** Report the total number of individuals who have been screened for SUD, including OUD, in the past 6 months. Include screenings using evidence-based screening tools such as the CAGE, Michigan Alcohol Screening Test, Drug Abuse Screening Test, or screening methods such as SBIRT: Screening Brief Intervention, and Referral to Treatment or provider-developed screening questions.

- **Core 3: Number of non-fatal opioid overdoses in the project's service area -** Please report the total number of non-fatal overdoses from opioid poisoning in your project's service area in the past 6 months. Include all types (e.g., accidental, intentional, undetermined).

- **Core 4: Number of fatal opioid overdoses in the project's service area -** Report the total number of fatal overdoses from opioid poisoning in your project's service area in the past 6 months. Include cases where opioids are the underlying **or** contributing cause of death and include all types (e.g., accidental, intentional, undetermined).

- **Core 5: Number of health care providers within the project's service area who have a DATA waiver -** Please report the total number of health care providers **within the service area** who have a Data Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT).   Additionally, please report the total number of health care providers **within your consortium** who have a DATA Waiver. Specify by provider type:
    - Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)
    - Psychiatrists (i.e., physician in the specialty of psychiatry)
    - Physician Assistants
    - Nurse practitioners
    - Clinical nurse specialists
    - Certified nurse-midwives

   o Certified registered nurse anesthetists

Population Demographics

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **target rural population** using the measures listed below. Where possible, compare the data for the target population to regional, statewide, and/or national data to demonstrate need. Cite the data sources (including year) you use to provide this data. It is recommended that you provide this information in table format, with headings for "Measure," "Data for Target Rural Population," "Comparative Data," and "Data Sources and/or explanation for why data could not be provided." Include an accompanying narrative that explains reported numbers and highlights any significant issues or characteristics of the rural target service area.

- **Measure 1:** Percentage of target rural population with health insurance
- **Measure 2:** Breakdown of target rural population by race/ethnicity (list percentage by race/ethnicity category)
- **Measure 3:** Breakdown of target rural population by sex (list percentage by identified category)
- **Measure 4:** Breakdown of target rural population by age (list percentage by identified category):
  - 0–12
  - 13–17
  - 18–24
  - 25–34
  - 35–44
  - 45–54
  - 55–64
  - 65 and Over
- **Measure 5:** Percentage of target rural population who are unemployed
- **Measure 6:** Percentage of target rural population who are living below the federal poverty line

SUD/OUD Prevalence

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **SUD/OUD prevalence within the target rural population** using the measures listed below. Where possible, compare the data for the target population to regional, statewide, and/or national data to demonstrate need. Cite the data sources (including year) you use to provide this data. It is recommended that you provide this information in table format, with headings for "Measure," "Data for Target Rural Population," "Comparative Data," and "Data Sources and/or explanation for why data could not be provided." Include an accompanying narrative that explains reported numbers and highlights any significant issues or characteristics of the rural target service area.

- **Measure 1:** [If available] Number of SUD/OUD hospitalizations and/or emergency room visits in the target rural service area(s)
- **Measure 2:** Prevalence or incidence of SUD in the target rural population, by type (See Note):
  - Alcohol

- o Psychostimulants
- o Opioids
- o Other substances-please specify
- **NOTE:** *If data for Measure 2 are not available, provide proxy measures such as medical examiner, court, law enforcement, child welfare, or other data.
  Existing SUD/OUD Services - To the extent possible, provide the following information for the **target rural service area:**
  - Overview of existing/known SUD/OUD-related prevention, treatment, and recovery efforts/initiatives in the target service area, and how your organization will avoid duplication of efforts. This includes other RCORP grants in your service area, as well as any other federal, state, or locally funded initiatives. Please reference the RCORP website for a list of RCORP grant recipients in each program—Planning, Implementation, and MAT Expansion—as well as this table of recipient service areas for more information.
  - Current or past RCORP grant recipients must detail how proposed activities funded by RCORP-planning will complement, and not duplicate, activities funded by previous or current RCORP grants. See the "Eligibile Applicants" section for additional details.
  - You are also encouraged to reference Appendix C 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.

Gaps and Unmet Needs
Describe gaps in SUD/OUD-related prevention, treatment, and recovery services, and workforce in the **target rural service area**. If applicable, highlight disparities in access and health outcomes due to SUD/OUD among vulnerable populations in your service area (e.g., pregnant women, adolescents, incarcerated individuals, etc.)

If you are unable to provide any of this information, include a detailed plan for obtaining it during the period of performance. You may also provide additional data or information that is relevant to the proposed project and demonstrates need for planning activities.

Your local health department, State Office of Rural Health, State Rural Health Association, State Primary Care Office, Single State Agency, and/or primary care association may be valuable resources for acquiring the data and information necessary to respond to this section. See Appendix C for details on how to connect with these entities.

Additional Information

Use this section to include any additional information that illustrates the needs of the target population as it relates to SUD/OUD. **If you are choosing to address a second substance of concern in your community in addition to opioids, you should include further justification here. This justification should include**

specific measures that reflect the need to address a second substance of concern in the target rural service area.

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

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

Use the following subheadings in this section as you complete your narrative:
- "Methods for fulfilling core activities"
- "Methods for fulfilling additional activities"
- "Methods for disseminating program information"
- "Methods for engaging with the target rural population"
- "Methods for securing and maintaining consortium commitment"
- "Methods for sustaining and advancing to implementation"

The following items must be addressed within each heading in the methodology section:

1. **Methods for fulfilling core activities**: Describe the strategies you will use to complete each core activity by the stated deadline, as outlined under the "Program-Specific Instructions" section of this NOFO: :
    a. Community Needs Assessment and Gap Analysis
    b. Strategic Plan and accompanying action plan
    c. Consortium Development and Memorandum of Understanding/Agreement
    d. Preparation to Implement and Evaluate
    e. Participation in the RCORP Planning Learning Collaborative

If you are electing to address a second substance of concern in addition to opioids, you must explain your strategies for integrating this into your project while maintaining a primary focus on OUD.

2. **Methods for fulfilling additional activities:** If applicable, provide the following information for each additional proposed planning/capacity building activity:
    a. Detailed description of the proposed activity, including the responsible individuals, target population(s) within the rural service area, and how the activity will advance the overarching goal of the program;
    b. Justification of why the proposed activity is needed; how the proposed activity will benefit the target population(s) of the rural service area; and how you will integrate the proposed activity into the project while maintaining a focus on the core activities. To the extent possible, use quantitative data to support your justification.

NOTE: There is **no competitive advantage** associated with proposing additional activities or addressing second substance of concern**.**

3. **Methods for disseminating program information:** Describe your communication plan for updating participating entities, the target rural service area, and the broader public on the results of core program activities, lessons learned, and any identified best practices. Provide examples of mediums and platforms for disseminating this information, frequency, and a plan for ensuring that messaging is appropriate for the intended audience.

4. **Methods for engaging with the target rural population:** Describe your plan for engaging the target rural population in planning and executing the core activities and, if applicable, any additional activities. Provide the tools and methods you will use (e.g., focus groups, questionnaires/surveys, etc.), as well as the anticipated frequency of engagement. Describe specific methods for addressing any cultural, linguistic, religious, and social differences within the target population.

5. **Methods for securing and maintaining stakeholder commitment during and after the period of performance:** Describe how you will secure and maintain stakeholder commitment throughout the period of performance to fulfill program activities. Include details on how you will create an engaged consortium that is invested in the needs of the target rural population, and that can be sustained after the period of performance ends (See Section IV.2 "Program Specific Instructions for consortium specifications). Include a scanned, signed, and dated copy of a letter of commitment from at least three stakeholders/potential consortium members in **Attachment 3.**

   Describe your plan for involving stakeholders/consortium members in program-related decision-making, and for ensuring that local leadership of the project remains vested in the target rural communities.

6. **Methods for Sustaining Progress and Advancing to Implementation:** Describe how you will sustain progress and advance the project to implementation after the period of performance ends. Explain how you will identify, leverage, and coordinate with partners and resources at the local/community, state, regional, and federal levels to ensure maximum impact and avoid duplicating efforts.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 – Response and #3 – Impact*

Provide a clear and coherent work plan. For each required and additional activity, include the individual/entity responsible for completing the activity and the timeframe during which the activity will occur. Your work plan should reflect an 18-month period of performance.

Per the "Methodology" section, include in your work plan activities and action steps that lead to completion of the following:
   - Completion of required core activities (see Section IV.2, "Program Specific Instructions" for additional details), including Community needs assessment and gap analysis;
   - Creation of strategic plan and action plan;

- - Establishment of MOU/MOA among key community stakeholders with the purpose of implementing the strategic plan via the action plan;
  - Preparation for implementation of the strategic plan and establishment of data collection and evaluation structures to monitory progress and impact;
  - Monthly participation in the RCORP Planning Learning Collaborative;
- Information dissemination to participating entities, the target rural service area, and the broader public on the results of core program activities and lessons learned;
- Engagement with the target rural population in planning and executing the core activities and, if applicable, any additional activities;
- Establishment and maintenance of a consortium with sustained commitment throughout the period of performance and after the period of performance concludes;
- 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 recommended that you provide your work plan in a table format.

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

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

Describe challenges that your consortium is likely to encounter in carrying out the planning activities described in the work plan, and identify the approaches you will use to resolve each challenge.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria # 3 – Evaluative Measures and #5 – Resources/Capabilities*

Describe how you will track progress towards completing planning activities by the stated due dates, and how you will evaluate the impact of planning activities in the short and long term.

For each activity in the work plan include:

- Process indicators that will be used to evaluate whether the activity is proceeding as planned;
- Outcome indicators that can be used to evaluate whether the activity is achieving the intended impact in the short and long term;
- A plan for the collecting, monitoring, and analyzing process and outcome indicators, including time frames and responsible individuals/entities, to determine if the project is proceeding appropriately and achieving stated goals/objectives.

Additionally, describe the process you will use to fulfill HRSA reporting requirements, including RCORP Core Measures (which you will submit through HRSA's Performance Improvement and Measurement System (PIMS)) and additional sources of funding. It is your organization's responsibility to ensure compliance with HRSA required reporting requirements and products.

You must also demonstrate that your organization has the capacity to work with a HRSA-funded evaluator to take part in a larger RCORP-wide evaluation.

- ▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 – Resources/Capabilities*
- Describe your organization's current mission, structure, scope of current activities and how these elements contribute to the organization's ability to meet program requirements and expectations. Describe your organization's capacity to engage with the target population, to build a consortium of stakeholders (see definition in the "Program Specific Instructions" section), execute an MOU/MOA, and sustain a consortium after the period of performance concludes. Include the following: **Organizational chart (Attachment 2):** Provide a one-page organizational chart that clearly depicts where within the organization the project will be located.

- **Signed Letters of Commitment (Attachment 3):** Provide a scanned, signed, and dated copy of a letter of commitment from at least three stakeholders/potential consortium members. **At least two letters of commitment should be from organizations located within the target rural service area**. Letters of commitment must include the following:
  - o The organization's roles and responsibilities in the project, the activities in which they will be included, and how the organization's expertise is relevant to the project.
  - o The address, including city, state, and zip code, of the organization, and if the organization is located in the target rural service area.
  - o A statement indicating that the organization understands that the RCORP-Planning award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area, and that no direct services may be provided using this award.
  - o Projected length of commitment to the project.

  Stock or form letters are not recommended. If it is not possible to secure two letters of commitment from organizations located within the target rural service area, include a statement that explains why this was not possible and explains how you will ensure the needs of the target population will be represented in the management of the project. Note that a minimum of three letters of commitment is required.

- **Staffing Plan (Attachment 4):** Provide a staffing plan that includes the following information for each proposed project staff member:
  - o Name

- o Title
- o Organizational affiliation
- o Full-time equivalent (FTE) devoted to the project
- o List of roles/responsibilities on the project

The staffing plan should have a direct link to the activities proposed in the work plan.

The staffing plan must identify a Project Director who will manage the project and engage both the community and key stakeholders to fulfill the proposed project activities in the work plan. The Project Director is typically the primary point of contact and leadership for the award, directs project activities, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. **If awarded, the Project Director is expected to attend monthly calls with HRSA and the Technical Assistance team**.

The project director is expected to commit a minimum of 25 percent time to the proposed project.

Note: The Project Director is different from the Authorizing Official on the award. The Authorizing Official is the individual authorized to act for the applicant and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. The designated Authorizing Official for your organization can be different from the Project Director.

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. Project Directors cannot bill more than 1.0 FTE across federal awards.

Ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

The staffing plan must also identify the primary point of contact for the RCORP-Planning Learning Collaborative who will be responsible for representing the proposed project in the collaborative.

You are expected to immediately operationalize the proposed approach upon receipt of the award. To this end, include a timeline and process for rapidly filling any positions that are vacant at the time of application, including the projected start date for the position.

- **Staff resumes and/or biographical sketches (Attachment 5):** For each proposed project staff member, provide their resume and/or biographical sketch that describe their qualifications and relevant experience. If a position is vacant at the time of application, provide the position description you will use in the hiring process.

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 and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the 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 can 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) incurred 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 the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Travel:

You are expected to budget for the following three trips:

- RCORP Annual Reverse Site Visit. For budgeting purposes, you can assume that this will be a 3-day conference in or near Washington, DC.
- Learning Collaborative in-person meeting. For budgeting purposes, you can assume that this will be a 2-day conference in or near Washington, DC

- RCORP Regional Meeting: For budgeting purposes, you can assume that that this will be a 2-day conference within your HRSA region.

These meetings are intended to provide opportunities throughout the period of performance for learning and networking. Each trip has a specific purpose, and will enhance the ability of recipients to achieve program goals.

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. 116-94), 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, the RCORP-Planning program requires the following:

RCORP-Planning award recipients will receive the full award amount in the first year, but must allocate the funding across an 18-month period of performance.

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. You must 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: Organizational Chart
Attach the one-page organizational chart in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

Attachment 3: Letter of Commitment
Include at least three scanned and dated Letters of Commitment from current stakeholders in the project in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

Attachment 4: Staffing Plan
Attach the staffing plan that includes all of the information detailed in Section

[IV.2.ii. Project Narrative](). As a reminder, all staffing plans should include a Project Director and a Learning Collaborative representative (the same individual may serve both roles).

Attachment 5: 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 6: Other RCORP Awards (if applicable)
Provide the following information for each additional past or current RCORP award your organization has received (it is recommended you provide this information in a table format):
- Name of RCORP award (e.g., RCORP-Planning)
- Dates of award (e.g., September 30, 2018 to September 29, 2019)
- Indicate whether you serve/d as the applicant organization or consortium member
- Target rural service area for past or current RCORP award
    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- Target rural service area for proposed FY20 RCORP-Planning 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 possible consortium members for proposed FY20 RCORP-Planning award, if already identified;
- Detail how, if funded, activities performed under the RCORP-Planning grant will complement, and not duplicate, activities performed under current or previous RCORP awards.
- Detail how, if funded, you will sustain efforts and progress achieved under your previous RCORP grant while also completing the proposed project.

Attachment 7: Map of Target Rural Service Area
Provide a map of your target rural service area, along with a list of the counties (or rural census, for partially rural counties) that you will serve.

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 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**:

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

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

Attachments 9–12: 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 and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (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)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is 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.

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 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 13, 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-Planning 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 18 months, at no more than$200,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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

- To acquire real property
- For construction
- To provide direct services
- To purchase syringes, or
- To pay for any equipment costs not directly related to the purposes of this award.

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

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.

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. The RCORP-Planning has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's "Introduction" and "Need"

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

- The extent to which the applicant provides the requested data and information outlined in the "Needs Assessment" section of the Project Narrative;
  - o If applicable, the reasonableness of the applicant's justification for not including data/information for particular measures;
- The extent to which the data/information the applicant provides in the "Needs Assessment" section of the Project Narrative demonstrates the relatively high need for RCORP-Planning activities in the target rural population as compared to the rest of the state, region, and/or nation.
  - o If applicable, the extent to which the applicant provides data which demonstrates a relatively high need to focus on a second substance of concern, in addition to opioids.
- The extent to which the applicant provides a clear map of the target rural service area, along with a list of counties (or rural census tracts, for partially rural counties) that will be served.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges"

METHODOLOGY (15 Points)
- The extent to which the applicant proposes clear and comprehensive methods for fulfilling **all** core and additional activities that are aligned with applicable timelines, as outlined in Section IV.2 "Program Specific Instructions" of the NOFO;
  - o If applicable, the extent to which the applicant details methods for fulfilling any additional activities and provides reasonable justification for how those activities will advance RCORP's goal and address the needs of the target population;
  - o If applicable, the extent to which a second substance of concern is adequately integrated into project activities, while maintaining a primary focus on opioids;
- The extent to which the methods are appropriate and responsive to the needs and characteristics of the target population described in the "Needs Assessment" section;
- The manner and degree to which the applicant describes plans to engage the target rural population in the core activities and, if applicable, any additional activities.
- The manner and degree to which the applicant describes plans to identify, leverage, and coordinate with partners and resources at the local/community, state, regional, and federal levels to ensure maximum impact and avoid duplicating efforts.
- If the applicant is a previous RCORP grant recipient, the extent to which the applicant describes a comprehensive plan to avoid duplication of effort (**Attachment 6**).
-

Work Plan (10 Points)
- The extent to which the proposed work plan clearly and completely addresses all required core activities, and include responsible individuals, timeframes, and deliverables associated with each required core activity and, if applicable,

additional activity.
- The extent to which the work plan accurately reflects the proposed methods, goals, and objectives of the project.
- The extent to which the work plan reflects an 18-month period of performance;

Resolution of Challenges (5 Points)
- The extent to which the applicant describes both internal and external challenges they are likely to face in implementing the proposed work plan and proposes reasonable and effective solutions to address them.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity"
- The extent to which the process and outcome measures identified to monitor project progress and impact are relevant to program goals and activities.
- The quality and extent to which the applicant describes how progress toward project goals will be tracked, measured, and evaluated.
- The clarity and comprehensiveness of the applicants proposed methods to fulfill HRSA reporting requirements.
- The extent to which the organization demonstrates capacity to work with a HRSA-funded evaluator to take place in a larger, RCORP-wide evaluation.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's "Work Plan"
- The extent that the applicant's proposed methods are clear, comprehensive and sustainable beyond the period of performance, including its proposed methods to:
  o Develop, engage, and sustain consortium membership and support;
  o Secure target population support and engagement;
  o Establish and leverage local/community, state, and regional partnerships;
  o Ensure that planning activities account for individuals most in need, including the uninsured and underinsured.
  o Advance to the implementation phase after the planning period has ended.
- The clarity and comprehensiveness of the applicant's proposed communication plan for updating participating entities, the target rural service area, and the broader public on the results of the program core activities and lessons learned.
- The manner and extent to which the applicant provides examples of mediums and platforms for disseminating this information in a way that is appropriate to the target audience (i.e., participating entities, target rural service area, broader public).

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity" and "Organizational Information"

Organizational Capacity (7 Points)
- The extent to which applicant demonstrates the ability to fulfill the activities in the work plan through a collaborative, community-based approach.
- The extent to which the applicant demonstrates the ability to immediately operationalize their proposed approach upon recipient of the award.

- The extent to which the one-page organizational chart depicts the location of the project within the applicant organization.

Letters of Commitment (5 Points)
- The extent to which the letters of commitment from three stakeholder organizations are scanned and signed and contain the following elements:
    - The organization's roles and responsibilities in the project, the activities in which they will be included, and how the organization's expertise is pertinent to the project.
    - Whether the organization is located in the target rural service area.
    - A statement indicating that the organization understands that the RCORP-Planning award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area, and that no direct services may be provided using this award.
    - Projected length of commitment to the project.
- The extent to which at least two of the letters of commitment are from organizations located within the target rural service area.

Staffing Plan (13 Points)
- The extent to which the applicant provides a clear and coherent staffing plan that includes all of the requested information (see Section IV.2, "Program Specific Instructions") for each proposed project staff, including resumes and/or biographical sketches that detail the qualifications and relevant experience for each proposed project staff member.
- The extent to which the staffing plan has a direct link to the activities proposed in the work plan.
- If there will not be staff on board at the time of the award (including the project director), the extent to which the applicant details the timeline and process for rapidly filling vacant positions (including projected start date and position description), so that progress on the project will not be impacted.
- The quality and extent to which the staffing plan identifies a project director who:
    - Has at least .25FTE devoted to the project;
    - Serves as the primary point of contact and leadership for the award with the authority to make staffing, financial, or other adjustments to align project activities with the project outcomes;
    - Has the ability to manage the project and engage both the community and key stakeholders to fulfill the proposed project activities in the work plan;
    - Commits to staying engaged in the administration of the award activities through regular communication with the HRSA Project Officer;
    - If the Project Director serves as a Project Director for other federal awards, the extent to which the applicant lists the other federal awards as well as the percent FTE for that respective federal award.
- The quality and extent to which the staffing plan identifies a point of contact who will participate in the RCORP Planning Learning Collaborative.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's "Budget and Budget Narrative"

- The degree to which the estimated costs of proposed activities are reasonable given the scope of work;
- The extent to which the applicant allocates the award across an 18-month period of performance (i.e., the applicant should not plan to spend the entire award in the first year);
- The extent to which the budget narrative clearly and comprehensively explains the amount requested for each line of the budget (such as personnel, travel, equipment, supplies, and contractual services), and supports the goals and activities of the proposed work plan and project.
- The extent to which the applicant budgets **only** for planning activities (direct services are unallowable under this award).

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.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 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. 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 federally 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 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) **Core Planning Deliverable #1 - Community Gap Analysis/Needs Assessment:** Recipients will submit a detailed analysis to identify opportunities and gaps in OUD/SUD prevention, treatment (including MAT), and recovery services within the target rural service area. Recipients should engage community members and stakeholders in the target rural service area to collect both qualitative data (focus groups, key informant interviews, etc.) and quantitative data (rates of OUD/SUD occurrence, overdose mortality rates, numbers and locations of treatment and recovery services, etc.) for the analysis. The analysis should particularly address issues around workforce, availability of treatment and recovery services, access to treatment and recovery services, key stakeholders and their current level of engagement/collaboration, and existing resources that could be leveraged within the rural community. **Due March 2, 2021**

2) **Core Planning Deliverable #2 - Strategic Plan and Accompanying Action Plan:** Based on the results of the community needs assessment/gap analysis you will submit a comprehensive strategic plan and accompanying action plan. The plans should demonstrate stakeholder buy-in, and address the following:
   - OUD/SUD prevention, treatment, and recovery gaps/needs that were identified in the analysis;
   - Strategies for actively reaching and engaging populations impacted by SUD/OUD, to connect individuals to information and services;
   - Availability, affordability, and access to prevention, treatment and recovery services, including for underinsured and uninsured individuals;
   - Strategies for implementing evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with SUD/OUD in rural communities;
   - Opportunities to leverage and coordinate existing OUD/SUD resources;
   - SUD/OUD workforce, including issues around recruiting, training, integrating, and retaining substance use disorder providers;
   - Sustainability beyond the 18-month period of performance;
   - Quantifiable metrics that will be used to assess the impact of future activities;
   - In the action plan, specific activities, responsible individuals/organizations, process measures, and timelines for implementation.
   Due July 1, 2021

3) **Core Planning Deliverable #3 - Consortium Development and Memorandum of Understanding/Agreement:** You will submit a Memorandum of Understanding/agreement that is signed by at least four consortium members. The MOU/A should define the roles and responsibilities of each consortium partner in carrying out the strategic and

action plans. See [Section IV.2 "Program Specific Instructions"](#) for guidelines on the definition of a consortium.
Due September 1, 2021

4) **Progress Report**. The recipient must submit one progress report to HRSA mid-way through the period of performance. Further information will be available in the NOA.

5) **Performance Integrity Management System (PIMS) Reports.** The recipient must submit quantitative performance reports on a **biannual basis**. 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.

6) **Federal Financial Report (FFR).** The FFR (SF-425) is required 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.

7) **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:

Kimberly Dews
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0655
Fax: (301) 443-6343
Email: kdews@hrsa.gov

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

Sarah O'Donnell, MPH
Public Health Analyst
Attn: Rural Communities Opioid Response Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-45A

Rockville, MD 20857
Telephone: (301) 443-0298
Email: sodonnell@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 HRSA's 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: Wednesday, May 27, 2020
Time: 3 p.m. – 4:30 p.m. ET
Call-In Number: 1-888-469-0646

Participant Code: 4761843
Weblink: https://hrsa.connectsolutions.com/fy20_rcorp_planning/

Playback Number: 1-888-704-1108
Passcode: 52720

Appendix A: Examples of Potential Consortium Members

Examples of consortium members (including but not limited to)

- Health care providers, such as:
  - Critical access hospitals or other hospitals;
  - Rural health clinics;
  - Local or state health departments;
  - Federally qualified health centers;
  - Ryan White HIV/AIDS clinics and community-based organizations;
  - Substance abuse treatment providers;
  - Mental and behavioral health organizations or providers;
  - Opioid Treatment Programs;
- HIV and HCV prevention organizations;
- Single State Agencies;
- Prisons;
- Primary Care Offices;
- State Offices of Rural Health;
- Law enforcement;
- Emergency Medical Services entities;
- School systems;
- Primary Care Associations;
- Poison control centers;
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies;
- Healthy Start sites; and
- Other social service agencies and organizations.

Appendix B: Examples of Additional Activities

- Provide training for community health providers, peer recovery specialists, impacted families, community members, and other stakeholders on SUD/OUD related topics in response to needs identified in the gap analysis;

- Identify NHSC-eligible sites within the community, and submit site applications;

- Recruit new OUD prevention, treatment, and recovery providers to address identified workforce gaps;

- Train new MAT providers, and provide ongoing mentoring/support;

- Review gray literature to identify evidence-based, promising, and innovative models or policy avenues with potential for reducing the morbidity and mortality of opioid overdoses in the rural service area;

- Identify mechanisms for care through state level and third party reimbursement, charity care, sliding fee, etc.;

- Conducting site visits to organizations implementing opioid-related programs that may inform efforts in the target rural area;

- Research strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients;

- Develop plans to invest in capital infrastructure to support implementation of RCORP strategic plan, such as minor renovations to health care facilities, enhancement of telehealth/telemedicine capabilities, or integration of health information technology programs across health providers to support coordination of OUD/SUD-related prevention, treatment, and/or recovery efforts. (Note that HRSA encourages the use of telemedicine to fill important workforce needs in rural communities. The Drug Enforcement Agency (DEA) has issued a clarification of current law allowing the prescribing of MAT via telehealth under certain circumstances. See Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder);

- Develop systems to monitor data on relevant SUD/OUD indicators, such as emergency department and hospital admissions for drug overdoses, opioid prescribing patterns, arrests for drug possession or sales, infectious disease cases, linkages to care following opioid overdoses, etc.;

- Partner with law enforcement to create a diversion program for drug-use offenders;
- Leverage, strengthen, and augment existing OUD/SUD efforts through sharing information and aligning efforts.

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

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

- **List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties:** Provides a list of rural counties and census tracts by state and territory.
  Website:
  https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf

- **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 state point of contacts, please 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

Other Resources:

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

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

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

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

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

- **Centers for Medicare and Medicaid Services (CMS):** Guidance on how states may leverage the Medicaid Program to combat the opioid crisis
Website:
https://www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf

- **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

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

- **National Association of County and City Health Officials (NACCHO):** NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
Website: https://www.naccho.org/uploads/downloadable-resources/Mobilizing-Community-Partnerships-Rural-Communities-NA608PDF.pdf

- **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/

- **Primary Care Associations (PCAs):** To locate contact information for all of the PCAs, visit:
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 step-by-step 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/

- o **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

- o **SAMHSA State Targeted Response to the Opioid Crisis Grants:** This program awards 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 award activities:
  https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf

- o **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:
  https://www.ruralhealthweb.org/programs/state-rural-health-associations

- **Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder:** Department of Health and Human Services (DHHS) issued guidance allowing the prescribing of MAT via telehealth under certain circumstances.
  Website: https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf

- **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 Website: https://www.usda.gov/topics/opioids

- **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.
  Website: https://www.hhs.gov/opioids/