U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program – Child and Adolescent Behavioral Health

Funding Opportunity Number: HRSA-23-041

Funding Opportunity Type: New

Assistance Listings Number: 93.912

Application Due Date: May 12, 2023

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 may take up to 1 month to complete.

Issuance Date: March 22, 2023

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Rural Communities Opioid Response Program-Child and Adolescent Behavioral Health (RCORP-CABH). The purpose of this program is to establish and expand sustainable behavioral health care services for children and adolescents aged 5-17 years who live in rural communities.

Funding Opportunity Title:	Rural Communities Opioid Response Program – Child and Adolescent Behavioral Health
Funding Opportunity Number:	HRSA-23-041
Due Date for Applications:	May 12, 2023
Anticipated FY 2023 Total Available Funding:	$9,000,000
Estimated Number and Type of Award(s):	Up to nine grants
Estimated Annual Award Amount:	Up to $1,000,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2027 (4 years)
Eligible Applicants:	Eligible applicants include all domestic public or private, non-profit, and for-profit, entities. Tribes and tribal organizations are eligible. 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 this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Tuesday, April 4, 2023
2 – 3:30 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1614316685?pwd=MG52Y1ZvaWZ0Wk9KNkhTazFDSkdOUT09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Meeting ID: 161 431 6685
Passcode: 42515175

HRSA will record the webinar. For a recording of the webinar, please email ruralopioidresponse@hrsa.gov.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year Health Resources and Services Administration (HRSA) initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities. This notice announces the opportunity to apply for funding under the RCORP-Child and Adolescent Behavioral Health (RCORP-CABH) program.

The purpose of RCORP-CABH is to establish and expand sustainable behavioral health care services for children and adolescents aged 5-17 years who live in rural communities, and to prevent substance misuse. For the purposes of RCORP-CABH, "behavioral health" encompasses services to address both mental health and substance use disorders. Over the four-year period of performance, award recipients will use RCORP-CABH funding to achieve the following three program goals through a consortium-based approach[1]:

> **Goal 1: Service Delivery.** Establish new behavioral health prevention, treatment, and recovery services for children and adolescents aged 5-17 years in the target rural service area.
>
> **Goal 2: Training and Peer Mentorship.** Improve the capacity of rural health care providers, paraprofessionals, non-clinical staff, and community members to care for and support children and adolescents aged 5-17 with behavioral health needs, through providing training and peer mentorship opportunities.
>
> **Goal 3: Community Partnerships.** Build community partnerships to ensure that children and adolescents, and their families, have access to community resources and human services that support prevention of, treatment of, and recovery from behavioral health disorders.

As a result of these goals, HRSA expects that an increased number of children and adolescents aged 5-17 will receive evidence-based, coordinated behavioral health care and supportive services. Additionally, HRSA expects that all activities implemented under RCORP-CABH will be sustainable by the end of the four-year period of performance.

The target population for RCORP-CABH is:

- Children and adolescents ages 5-17 in HRSA-designated rural counties and rural census tracts who are at risk for, have, or are recovering from a behavioral health disorder;

[1] See Program Requirements and Expectations for additional information on consortium requirements.

- The families and caretakers of children and adolescents ages 5-17 in HRSA-designated rural counties and rural census tracts who are at risk for, have, or are recovering from a behavioral health disorder.

HRSA encourages you to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to racial and ethnic minorities, LGBTQ+ individuals, socioeconomically disadvantaged populations, new immigrants, people who are homeless, and individuals with disabilities.

Additionally, HRSA expects applicants to ensure that all activities supported by RCORP-CABH are culturally and linguistically appropriate for the target rural population that will be served.

For more details, see Program Requirements and Expectations.

2. Background

RCORP-CABH is authorized by 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act). This program supports the President's National Mental Health Strategy, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health, and the U.S. Department of Health and Human Services (HHS) Overdose Prevention Strategy. Each of these strategic documents points to the importance of addressing the growing behavioral health challenge in the U.S., particularly among children and adolescents.

According to the 2019-2020 National Survey of Children's Health, 22.6 percent of children aged 3-17 have experienced a mental, emotional, developmental, or behavioral health problem.[2] Moreover, in 2020, 546 adolescents aged 12-17 died of a drug overdose – nearly double the number of deaths in 2019.[3] Private insurance claims for adolescent substance use disorders and overdoses increased almost 120 percent in April 2020 compared to April 2019.[4] Concerningly, research shows that when substance use begins at younger ages, it is more likely to persist into adulthood and increase the risk of addiction.[5] [6]

Mental disorders significantly increase the risk of developing a substance use disorder, and half of all mental disorders start by the age of 14.[7] [8] From 2009 to 2019, the

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[2] https://www.childhealthdata.org/browse/survey/results?q=8556&r=1
[3] https://www.kff.org/coronavirus-covid-19/issue-brief/recent-trends-in-mental-health-and-substance-use-concerns-among-adolescents/
[4] https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The%20Impact%20of%20COVID-19%20on%20Pediatric%20Mental%20Health%20-%20A%20Study%20of%20Private%20Healthcare%20Claims%20-%20A%20FAIR%20Health%20White%20Paper.pdf
[5] https://www.cdc.gov/ncbddd/fasd/features/teen-substance-use.html
[6] https://scholar.google.com/scholar_url?url=https://jamanetwork.com/journals/jamanetworkopen/articlepdf/2790601/mccabe_2022_oi_220178_1648050784.8522.pdf&hl=en&sa=T&oi=ucasa&ct=ufr&ei=ACSOY8i6CY_mmgHJ8LmQCg&scisig=AAGBfm3IynwXtkmO2U8sRUh-ZcC5dHoeGA
[7] https://pubmed.ncbi.nlm.nih.gov/27015718/
[8] https://pubmed.ncbi.nlm.nih.gov/32226481/

proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40 percent; the share seriously considering attempting suicide increased by 36 percent; and the share creating a suicide plan increased by 44 percent.[9] Moreover, in October 2020, 31 percent of parents said their child's mental or emotional health was worse than before the COVID-19 pandemic.[10] Early intervention in mental health is key to provide the greatest chance of positive patient outcomes.[11]

Moreover, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health identifies youth in rural areas as a group "at higher risk of mental health challenges during the pandemic." Additionally, compared to their urban counterparts, rural children are more likely to experience a total of four or more adverse childhood experiences (ACEs), increasing their risk of substance use disorder.[12] Individuals with over 5 ACEs are 7 to 10 times more likely to report illicit drug addiction compared to those without ACEs and are 4 to 12 times more likely to misuse drugs.[13]

Compounding these challenges for rural children and adolescents, behavioral health services in rural areas can be harder to access. While about 64 percent of all U.S. counties had at least one mental health facility serving young people, only about 30 percent of highly rural counties had such facilities.[14] More than 60 percent of Mental Health Professional Shortage Areas (HPSA) in the U.S. are located in rural areas, representing over 36 million people - including children and adolescents - without adequate access to mental health care providers. [15]

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

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[9] https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

[10] https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/

[11] https://link.springer.com/referenceworkentry/10.1007/978-3-319-70134-9_77-1

[12] https://www.sc.edu/study/colleges_schools/public_health/research/research_centers/sc_rural_health_research_center/documents/crouchacepce1.pdf

[13] https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

[14] https://www.nih.gov/news-events/nih-research-matters/rural-youth-often-lack-access-suicide-prevention-services

[15] Health Resources and Services Administration, Shortage Areas, US Department of Health and Human Services. As of February 13, 2022. Available at: https://data.hrsa.gov/topics/health-workforce/shortage-areas

2. Summary of Funding

HRSA estimates approximately $9,000,000 to be available annually to fund nine recipients. You may apply for a ceiling amount of up to $1,000,000 annually (reflecting direct and indirect costs) per year.

The period of performance is September 1, 2023 through August 31, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for RCORP-CABH in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all domestic public or private, non-profit and for-profit, entities. Tribes and tribal organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4
- Fails to propose a service area that is entirely rural as defined by the Rural Health Grants Eligibility Analyzer, and/or lists any non-HRSA-designated rural counties and census tracts in Attachment 8. All service delivery sites supported by RCORP-CABH must be exclusively located in HRSA-designated rural counties and rural census tracts. Within partially rural counties, activities and services supported by this award may only occur in the HRSA-designated rural census tracts. Please reference the Program Requirements and Expectations section for additional guidance.

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

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 Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-041 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. HRSA will not review any pages that exceed the page limit.

Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-041 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-041 **before the deadline. Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 9-15: Other Relevant Documents*.

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

Program Requirements and Expectations

Service Area Specifications

Delivery of all services supported by RCORP-CABH program funds must exclusively occur in HRSA-designated rural counties and rural census tracts, as defined by the Rural Health Grants Eligibility Analyzer. Within partially rural counties, services supported by this award may **only** be delivered within HRSA-designated rural census tracts. **NOTE: If applicants do not clearly describe an exclusively rural service**

area and/or if any non-HRSA-designated rural counties and census tracts are listed in Attachment 8, the application will be deemed non-responsive.

Program Goals and Sample Activities[16]

NOTE: You must propose activities that address all three RCORP-CABH goals. Additionally, the example activities provided below are only a sampling of possible approaches to addressing RCORP-CABH goals. You should propose activities that are specific to the unique, demonstrated needs of the target rural service area.

Goal 1: Service Delivery*. Establish new behavioral health prevention, treatment, and recovery services for children and adolescents aged 5-17 years in the target rural service area.*

At a minimum, recipients must use RCORP-CABH funds to establish one new prevention, treatment, and recovery service line in the target rural service area, for a total of **at least three new behavioral health care service lines (one each in prevention, treatment, and recovery).** For the purposes of RCORP-CABH "new behavioral health care service line" refers to the establishment of an evidence-based behavioral health prevention, treatment or recovery service for children and adolescents in a location where it does not currently exist. Note that this is a minimum requirement; you may (and are encouraged to) propose more than three new service lines and should ensure that the scope of proposed new services and size of target rural population to be served are commensurate with the requested award amount.

Services may address both substance use and mental health disorders and should be appropriate to the specific needs and characteristics of children and adolescents, as well as their families, in the target rural service area.

Services should be easily accessible and available. This may include offering services during extended hours (such as nights and weekends) or in easily accessible locations (such as in local schools or community gathering places).

Service delivery activities may also include administrative capacity-building that is required to support the addition of new service lines, such as billing and coding supports, upgraded electronic health records, etc.

Examples of allowable activities under Goal 1 include, but are not limited to, the following:

[16] Note: No child or adolescent should be denied services because of their age.

Prevention Services

- Implement regular mental health and substance use disorder screenings in school health clinics and ensure that students are referred to treatment as appropriate.
- Create free after-school programming for children and adolescents at risk of behavioral health disorders.
- Facilitate access to naloxone for children and adolescents at risk of an overdose, as well as their families, and provide information and/or training on how to administer it.
- Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances, and that educate children and adolescents on the rising dangers of fentanyl.

Treatment Services

New behavioral health treatment service lines may include, but are not limited to psychotherapy, counseling, support groups, and prescription medication as appropriate. The following activities are examples of how you may support the establishment of a new behavioral health care treatment service line:

- Purchase a mobile health unit to provide family-centered behavioral health care treatment at easily accessible locations or after work hours.
- Perform minor renovations at school health clinics or pediatrician's offices, to allow for integration of behavioral health care (such as support groups and psychotherapy) and primary care services for students. Note: please reference the Funding Restrictions section of the NOFO for more information about minor renovations.
- Recruit new behavioral health care providers, through leveraging National Health Service Corps (NHSC) and other workforce programs or offering recruitment/hiring incentives.
- Support the salary of health care providers offering new behavioral health care service lines until patient volume is sufficient to sustain services.

Recovery Services

- Establish a supportive housing program for adolescents in recovery.
- Establish a recovery community organization to provide support to children and adolescents in recovery.
- Create recovery-friendly spaces in the local schools where children and adolescents in recovery can go if they need extra support during the school day.

Goal 2: Training and Peer Mentorship. *Improve the capacity of rural health care providers, paraprofessionals, non-clinical staff, and community members to care for and support children and adolescents aged 5-17 with behavioral health needs, through providing training and peer mentorship opportunities.*

You must propose training and peer mentorship activities for rural health care providers, paraprofessionals, non-clinical staff, **and** community members.

Examples of activities for Goal 2 include, but are not limited to:

- Implement a peer parent support program for parents and caregivers who have children diagnosed with a behavioral health disorder.
- Implement a clinical peer mentorship program to connect and support behavioral health care providers who treat children and adolescents.
- Implement a non-clinical peer mentorship program to connect and support paraprofessionals or non-clinical staff who work with children and adolescents with behavioral health care needs.
- Train existing behavioral health providers on additional evidence-based therapy methods such as Motivational Interviewing and Cognitive Behavioral Therapy.
- Train existing pediatric primary care providers on mental health and SUD medication management for children and adolescents.
- Train non-behavioral health care providers (e.g., pediatricians, family medicine providers) and non-clinical providers (e.g., school counselors) on the link between mental health and substance use disorder, to build awareness of opportunities to prevent future substance misuse in adulthood.

Goal 3: Community Partnerships*.* *Build community partnerships to ensure that children and adolescents, and their families, have access to community resources and human services that support prevention of, treatment of, and recovery from behavioral health disorders.*

You should ensure a “whole-person” approach to service delivery, which is integrated and coordinated with community resources and human services that can support successful prevention, treatment, and recovery. Community partnerships may include consortium members but should also extend to other relevant community/human services organizations that are not directly involved in the management of the proposed project.

To that end, examples of activities for Goal 3 include, but are not limited to:

- Work with local transportation resources to provide children and adolescents with free transport to appointments (with the approval of a parent/guardian).

- Coordinate with childcare providers to offer childcare for parents/caregivers with multiple children, so that they can attend treatment appointments.
- Coordinate with a local food bank to ensure that families with a child/adolescent in recovery have consistent access and reliable access to healthy food.
- Coordinate with local schools to implement recovery-friendly before- and after-school activities.
- Enhance discharge coordination from emergency departments, juvenile detention centers, etc., to ensure smooth transitions to community-based care and access to needed supportive services.
- Enhance care coordination among community partners to ensure that children, adolescents, and their families are seamlessly connected with all needed services to support prevention, treatment, and recovery from a behavioral health disorder, and receive regular follow-up and case management assistance.
- Support families in navigating health care insurance coverage for needed behavioral health services, such as through providing benefits counseling (e.g., assisting with navigating coverage, enrolling in insurance, documentation, prior authorization, assistance with reimbursement, etc.).

Service Delivery Timeline

RCORP-CABH award recipients are expected to begin delivering **at least three** new behavioral health care services (one each of prevention, treatment, and recovery) **no later than the end of the first year of the award** and to increase the number of children and adolescents receiving services each subsequent year of the period of performance. You should accomplish this by increasing the number of children and adolescents receiving the behavioral health services deployed in year one, and/or by establishing additional behavioral health services in years two, three, and four of the award.

Service Delivery Modality

RCORP-CABH award recipients should deliver care and services via modalities that are most appropriate and effective for the target rural population. If opting to use telehealth, you must clearly demonstrate that it is the most effective and sustainable modality for serving children and adolescents in the target rural service area. You must also clearly demonstrate that use of telehealth will still lead to improved delivery of behavioral health services **within** the target rural service area.

Sustainability and Third-Party Reimbursement

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Only

after award recipients receive a final determination from the insurer regarding lack of full reimbursement should RCORP-CABH funds be used to cover the cost of services for underinsured individuals. At the same time, **award recipients may not deny services to any individual because of an inability to pay.**

HRSA expects RCORP-CABH recipients will work to ensure that project activities can be sustained after the four-year period of performance concludes. Award recipients should accomplish this by increasing patient volume throughout the period of performance, establishing effective billing and coding practices, assisting with enrolling patients into health insurance (e.g., Medicaid, Children's Health Insurance Program-CHIP, private insurance, etc.), locating alternative funding sources, etc. HRSA will provide recipients with technical assistance to support sustainability planning throughout the period of performance.

Consortium Member Requirements

Given the complex and multifaceted nature of rural child and adolescent behavioral health, recipients must establish a multi-sectoral consortium to implement and ensure the integration and coordination of project activities. Consortiums must consist of at least **four separately owned entities**, including the applicant organization, and represent a diversity of sectors relevant to behavioral health care for children and adolescents. **HRSA will consider applications with fewer than four consortium members, including the applicant organization, to be non-responsive.**

HRSA strongly encourages you to consider engaging consortium members from the following sectors:

- Primary Care (including pediatric and family medicine practices)
- Crisis Care (including first responders and hospital emergency departments)
- Education
- Child Care
- Child Welfare
- Juvenile Justice

Each consortium member should be fully integrated into the project, with clear roles and responsibilities in the execution of the proposed work plan. Consortium members should commit to meeting regularly (at least once a quarter), coordinating project efforts, sharing aggregate data for performance reporting, sustaining services after the period of performance concludes, and developing approaches to ensure continuity of operations to minimize the impact of potential service disruptions such as public health emergencies or natural disasters.

At least 50 percent of consortium members must be physically located within the target rural service area. **HRSA will consider applications with less than 50 percent of consortium members located in the target rural service area non-responsive.**

You must provide a letter of support from each consortium member reflected in the work plan (see **Attachment 7**). **If awarded, a single letter of commitment signed by all participating consortium members establishing the consortium must be submitted within 90 days of the project start date.**

HRSA strongly encourages you to consider budgeting RCORP-CABH funds to support consortium member participation in the project.

Learning Collaborative

HRSA requires all award recipients to participate in the RCORP-CABH learning collaborative, facilitated by the RCORP technical assistance provider. The learning collaborative will offer the opportunity to network, share best practices, address challenges, and receive targeted technical assistance to advance the efforts of all participants. You must designate one individual to serve as the point of contact for the learning collaborative.

Required Staffing

You must identify individuals who will fulfill the following roles in the proposed project:

- Project Director
- Health Care Navigator
- Learning Collaborative Point of Contact
- Data Coordinator

Please see Section IV's Organizational Information for more details on this requirement.

Copy of RCORP-CABH Application

You will be expected to submit a copy of your RCORP-CABH application to the HRSA-funded RCORP technical assistance provider and evaluator to provide them with background and context for your proposed project. You may redact information that you do not wish to share with the technical assistance provider or evaluator from the copy of your application that you submit to them. Please see Section VI's Reporting for additional information.

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:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or 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 and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below 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*

  Clearly and succinctly summarize the following:

  A) The target rural service area, including all rural counties and/or rural census tracts that the proposed project will serve. **NOTE: If you propose target rural service areas that are not fully rural, HRSA will consider your application non-responsive. This includes applications that indicate partially rural counties and do not specify specific rural census tract numbers to be served.**

  B) The characteristics and needs of the target rural population.

  C) How the proposed project will meet the needs of the target rural population.

  D) How the proposed project will achieve the goals and purpose of RCORP-CABH.

  E) Your organization's capacity to implement and sustain the proposed project.

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

  Provide the following data and statistics from appropriate and timely sources (e.g., local, state, tribal, and federal) to fully justify the need for the proposed project. Where possible, compare the data for the target rural population to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year) used to provide these data.

  A) Target Rural Population

     i) Provide demographic and social determinants of health indicators that clearly demonstrate the behavioral health needs of the target rural population.

     ii) Describe the extent to which the target rural population includes child and adolescent subpopulations that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population. Examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, LGBTQ individuals, socioeconomically disadvantaged populations, new immigrants, and individuals with disabilities.

     iii) Detail which segments of the target rural population are most at risk for, and/or are most likely to be diagnosed with behavioral health disorders. Segments may include, but are not limited to, certain age groups within the 5-17 target age range, racial/ethnic groups, gender identity, and socioeconomic status.

B) Prevalence and impact of behavioral health disorders

i) Clearly and completely describe the prevalence and impact of behavioral health disorders among children and adolescents within the target rural service area**.** Examples can include, but are not limited to, the number/ percentage of children/adolescents diagnosed with SUD, the number/percentage of children/adolescents diagnosed with mental health disorders, and the number of child/adolescent emergency room visits resulting from drug overdose or suicide attempts.

C) Existing services

i) Describe the existing child and adolescent behavioral health prevention, treatment, and recovery services offered within the target rural service area. Include any federal, state, and/or locally funded behavioral health entities serving children and adolescents in the target rural service area, such as other RCORP projects, HRSA's Pediatric Mental Health Care Access program, or SAMSHA's Project AWARE (Advancing Wellness and Resiliency in Education). See Appendix G for information on additional HRSA programs related to RCORP-CABH which may be operating in the target rural service area. Additionally, please reference the RCORP website for a list of active RCORP award recipients in each program—Implementation, Neonatal Abstinence Syndrome, Psychostimulant Support, MAT Access, Overdose Response, and Behavioral Health Care Support—as well as this table of RCORP award recipient service areas for more information.

ii) If no specific child and adolescent behavioral health services exist within the target rural service area, please explicitly state this and describe how and where children and adolescents are receiving behavioral health care.

iii) Specifically describe any existing child and adolescent behavioral health prevention, treatment, and recovery services currently offered at the location(s) where new behavioral health care services will be delivered under the proposed project. At a minimum, describe the current services offered, existing infrastructure available, and workforce currently employed at the site(s).

iv) Provide an overview of the community resources and human services available within the target rural service area to support children and adolescents affected by behavioral health disorders and their families.

D) Gaps in Existing Services

NOTE: Identified gaps should clearly align with and justify the need for the proposed project and the goals of the RCORP-CABH program.

i) Clearly and comprehensively describe gaps in behavioral health prevention, treatment, and recovery services that the proposed project will address.

ii) Clearly and comprehensively describe gaps in the capacity of the existing behavioral health care workforce that the proposed project will address.

iii) Describe gaps in the integration and coordination of community resources and human services available within the target rural service area to support children, adolescents, and families affected by behavioral health disorders.

iv) Describe the of barriers to access behavioral health care services for children and adolescents in the target rural service area (e.g., lack of transportation, stigma, lack of family support).

If you encounter difficulty obtaining data, HRSA encourages you 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 ensure that you will be able to meet HRSA reporting requirements if awarded.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2: Response and #4: Impact*

  A) Goal 1: Service Delivery**.** *Establish new behavioral health prevention, treatment, and recovery services for children and adolescents aged 5-17 years in the target rural service area.*

  i) Clearly and comprehensively describe the new behavioral health care services that will be provided under the proposed project. Clearly describe the mode of service delivery for each proposed new service line (e.g., telehealth, mobile unit, etc.). As a reminder, recipients must use RCORP-CABH funds to establish one new prevention, one new treatment, and one new recovery service line in the target rural service area, for a total of **at least three new service lines**.

  ii) Provide a compelling justification for how the proposed new service lines and mode of delivery are appropriate to the specific needs and characteristics of children and adolescents, as well as their families, in the target rural service area.

  a) If opting to use telehealth, clearly demonstrate that 1) it is the most effective and sustainable modality for serving children and adolescents in the target rural service area, and 2) use of telehealth will still lead to

improved delivery of behavioral health services **within** the target rural service area.

iii) Describe how you will engage and support the families of children and adolescents receiving behavioral health prevention, treatment, and recovery services.

iv) Describe how the proposed new service lines will be easily accessible and available to the target population, including those that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples may include offering services during extended hours (such as nights and weekends) or in easily accessible locations (such as in local schools or community gathering places). NOTE: HRSA expects applicants to ensure that all activities supported by RCORP-CABH are culturally and linguistically appropriate for the target rural population that will be served.

B) Goal 2: Training and Peer Mentorship**.** Improve the capacity of rural health care providers, paraprofessionals, non-clinical staff, and community members to care for and support children and adolescents aged 5-17 with behavioral health needs, through providing training and peer mentorship opportunities.

i) **Clinical health care providers** (e.g., pediatricians, family medicine physicians, licensed clinical social workers, clinical psychologists, etc.)

b) Describe in detail how you will use training **and** peer mentorship to improve the capacity of clinical rural health care providers to care for and support children and adolescents aged 5-17 with behavioral health needs.

c) Describe how you will identify and engage clinical rural health care providers to participate in training and peer mentorship.

d) Describe how trainings **and** peer mentorship will be easily accessible for clinical rural health care providers in the target rural service area.

e) Describe how training and peer mentorship opportunities will address gaps in the capacity of clinical rural health care providers care for children and adolescents with behavioral health needs.

ii) **Paraprofessionals** (e.g., peer recovery support specialists, emergency responders, etc.)

a) Describe in detail how you will use training and peer mentorship to improve the capacity of paraprofessionals to care for and support children and adolescents aged 5-17 with behavioral health needs.

b) Describe how you will identify and engage paraprofessionals to participate in training and peer mentorship.

c) Describe how trainings and peer mentorship will be easily accessible for paraprofessionals in the target rural service area.

d) Describe how training and peer mentorship opportunities will address gaps in the capacity of paraprofessionals to care for children and adolescents with behavioral health needs.

iii) **Non-clinical staff** (e.g., teachers, school administrators, after-school program staff, etc.)

a) Describe in detail how you will use training and peer mentorship to improve the capacity of non-clinical staff to care for and support children and adolescents aged 5-17 with behavioral health needs.

b) Describe how you will identify and engage non-clinical staff to participate in training and/or peer mentorship.

c) Describe how trainings and peer mentorship will be easily accessible for non-clinical staff in the target rural service area.

d) Describe how training and peer mentorship opportunities will address gaps in the capacity of non-clinical staff care for children and adolescents with behavioral health needs (as identified in the needs assessment).

iv) **Community members** (e.g., neighbors, faith-based leaders, librarians, community center staff, etc.)

a) Describe in detail how you will use training and peer mentorship to improve the capacity of community members to care for and support children and adolescents aged 5-17 with behavioral health needs.

b) Describe how you will identify and engage community members to participate in training and/or peer mentorship.

c) Describe how trainings and peer mentorship will be easily accessible for community members in the target rural service area.

d) Describe how training and peer mentorship opportunities will address gaps in the capacity of community members care for children and adolescents with behavioral health needs.

C) Goal 3: Community Partnerships**.** Build community partnerships to ensure that children and adolescents, and their families, have access to community resources and human services that support prevention of, treatment of, and recovery from behavioral health disorders.

NOTE: As a reminder, community partnerships may include consortium members, but should also extend to other relevant community/human services organizations that are not directly involved in the management of the proposed project.

i) Clearly identify the community resources and human services that will be engaged to support children and adolescents, and their families, in prevention, treatment, and recovery.

ii) Describe the individual role that each community resource/human service will fulfill in strengthening the prevention of, treatment of, and recovery from behavioral health disorders in the target rural service area.

iii) Describe how partnerships with community resources and human services will be established, maintained, strengthened, and sustained.

iv) Describe how the proposed project and partnerships will complement, and not duplicate, any existing services or other efforts/initiatives within the target rural service area. This includes all existing RCORP awards, held either by the applicant organization or other entities, which are operating within the target rural service area. See Appendix G for information on additional HRSA programs related to RCORP-CABH.

v) Describe how community partnerships will fill identified gaps in the coordination and integration of community resources and human services with prevention, treatment, and recovery services. Be sure the description aligns with needs identified in the Needs Assessment Section.

D) Sustainability

i) Describe how you will work to ensure that project activities can be sustained after the four-year period of performance concludes, through approaches such as increasing patient volume throughout the period of performance, establishing effective billing and coding practices, assisting with enrolling patients into health insurance, locating alternative funding sources, etc.

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

  NOTE: While the "Methodology" section of the Project Narrative centers on the overall strategy for achieving the project goals, the work plan is more detailed and focuses on the specific tasks, activities, and timelines by which you will execute your strategy.

  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.) **HRSA strongly encourages you to provide your work plan in a table format.**

  The work plan must reflect a four-year period of performance. The work plan should align with your methodology section, and should include the following:

A) Specific activities the project will implement to achieve **all three** RCORP-CABH program goals. Clearly delineate which activities correspond to which program goals.

B) Responsible individual(s) and/or consortium member(s) for each activity.

C) Timeframes to accomplish all activities. Note: Include beginning and completion dates for each activity in the work plan. It is not acceptable to list "ongoing" as a timeframe.

D) How the proposed activity will ultimately support establishment and expansion of sustainable behavioral health care services for children and adolescents aged 5-17 years who live in rural communities, to prevent future substance misuse in adulthood.

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

  A) Describe challenges that you are likely to encounter in implementing the proposed project. Include both internal challenges (e.g., maintaining cohesiveness among partners and/or referral agencies) and external challenges (e.g., stigma around behavioral health in the target rural service area, securing patient and family engagement in treatment, geographical limitations, policy barriers).

  B) Describe the approaches you will use to resolve each challenge articulated above.

  C) Detail potential challenges to sustaining all award-supported services after the period of performance ends and how you intend to overcome them.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- CORRESPONDS TO Section V's Review Criterion #3: Evaluative Measures*

  NOTE: You must designate at least one individual in the staffing plan to serve as a "Data Coordinator." The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information to fulfill HRSA's reporting requirements. See Organizational Information for additional details. Additionally, it is your responsibility to ensure compliance with HRSA reporting requirements. You must make every reasonable effort to track, collect, aggregate, and report data and information from all consortium members throughout the period of performance.

  A) Clearly describe the process (including staffing and workflow) for tracking, collecting, aggregating, and reporting data and information from all consortium members to fulfill HRSA reporting requirements.

B) Describe how you will ensure that consortium members collect accurate data in response to HRSA reporting requirements. Examples include, but are not limited to, allocating a portion of award funding to each consortium member to support data collection, and/or designating an individual at each consortium member organization who will be responsible for collecting accurate data in response to HRSA reporting requirements.

C) Describe how you will ensure that consortium members **share** performance data and information with the applicant organization to fulfill HRSA reporting requirements.

D) Describe your organization's capacity and commitment to working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation.

E) Finally, clearly describe your plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. Provide examples of mediums and platforms for disseminating this information.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5: Resources and Capabilities*

  This section provides insight into the organizational structure of the applicant organization and the applicant's ability to implement and sustain the activities outlined in the work plan. Include the information detailed below.

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

  A) Organizational Overview

     i) Describe the mission of the applicant organization, including the scope of current activities.

     ii) Describe the structure of the applicant organization, and where within the applicant organization the project will be implemented (e.g., a specific rural health center under the umbrella of a larger health system).

     iii) Clearly and specifically demonstrate the applicant organization's ability to meet RCORP-CABH program requirements, achieve RCORP-CABH program goals, and fully implement the proposed project.

        a) Include specific examples of the applicant organization's experience working to enhance behavioral healthcare for children and adolescents in rural areas. If the applicant organization does not have direct, specific experience enhancing behavioral health care for children and adolescents in rural areas, explain how this experience will be consistently and robustly represented in the consortium.

b) Also specifically describe the applicant organization's ability to engage and coordinate with consortium members as well as other community organizations and human service providers.

iv) Describe the capacity of the applicant organization to properly account for the federal funds and document all costs to avoid audit findings.

B) Organizational Chart

i) Provide an organizational chart(s) as described in Attachment 2.

C) Staffing Plan

i) Provide a clear and coherent staffing plan as described in Attachment 3**.**

D) Vacant Positions

i) Provide information on vacant positions and the strategy for rapidly filling them upon award in Attachment 4.

E) Staff biographical sketches

i) For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-CABH project activities, as described in Attachment 5.

F) Consortium Member Information

i) For each consortium member involved in this project, provide the information requested in Attachment 6**.** Please reference Program Requirements and Expectations for consortium requirements.

G) Letters of Support

i) Provide a letter of support from each proposed consortium member as described in Attachment 7.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

In addition, RCORP-CABH requires the following:

- **Travel:** Budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once in every project year. Budget for one trip during the period of performance for up to two (2) program staff to attend an in-person learning collaborative meeting. More information will be provided upon receipt of award.

  Note that you may also propose additional meetings and conferences that are directly related to the purpose of the program and will complement the project's goals and objectives.

- **Sustainability:** The proposed work plan and budget/budget narrative should reflect a shift from capacity-building activities to service delivery and sustainability over the course of the four-year period of performance.

- **Consortium Members:** HRSA strongly encourages applicants to consider budgeting RCORP-CABH funds to support consortium member participation in the project.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate 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*.

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

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

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the recipient to deliver behavioral health care services are allowable but must not exceed $150,000 per year over the four-year period of performance. Additional post-award submission and review requirements apply if you propose to use RCORP-CABH funding toward minor A/R costs. **You may not begin any minor A/R activities or purchases until you receive HRSA approval.** You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities on time.

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

- Reconfiguring space to facilitate co-location of behavioral health and primary care services teams.
- Adapting office space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures confidentiality.
- Adapting office spaces and meeting rooms for children and adolescents to participate in counseling and group visit services, and to access and receive training in self-management tools.
- Modifying examination rooms or office space to be more appropriate for the child and adolescent population, and to promote family engagement in treatment.
- Adapting a community space to serve as an after-school program for children and adolescents in recovery from behavioral health disorders.

The following activities are not categorized as minor A/R, and the costs of such activities are unallowable:

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

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

Mobile Units or Vehicles

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

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.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

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

Provide an organizational chart(s) that clearly depicts the management structure of the proposed project.

Attachment 3: Staffing Plan

Provide a clear, detailed staffing plan that includes the following information for each project staff member:

- Name – if not yet hired, state "TBH" and provide further information as described in Attachment 4
- Title
- Organizational affiliation
- Full-time equivalent (FTE) devoted to the project. If the Project Director serves as a Project Director for other federal awards, please list the other federal awards, as well as the percent FTE for the respective federal award(s). Project Directors cannot bill more than 1.0 FTE across federal awards.
- List of roles/responsibilities on the project
- Job function (e.g., project director, a health care navigator, a data coordinator, individual assigned to the Learning Collaborative.)
- Timeline and process for hiring/onboarding, if applicable

NOTE: The staffing plan should have a direct link to the activities proposed in the work plan. **All staffing plans must include the roles of Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the learning collaborative as described below (the roles can be shared).** Individual position titles may differ from the name of the roles described below, but the functions of the role must be fulfilled.

Project Director

The Project Director manages the project and engages both the community and key stakeholders to implement the proposed project. The Project Director is 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 program staff and the HRSA-funded technical assistance team. HRSA strongly recommends **a minimum time commitment of .25 FTE for the Project Director.** Ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

- Healthcare Navigator

  The healthcare navigator helps enroll eligible children and adolescents into health insurance, in order to maximize opportunities to bill for services. The healthcare navigator also assists families with post-enrollment activities, such as through requesting pre-authorization for services, appealing coverage decisions, etc. You should decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

- Data Coordinator

  The Data Coordinator collects, aggregates, tracks, and reports quantitative and qualitative data and information to fulfill HRSA's reporting requirements. You should decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

- Learning Collaborative Point of Contact

  The Learning Collaborative is expected to begin no later than six months into the period of performance. The Learning Collaborative Point of Contact participates in monthly learning collaborative meetings, mentorship, and one trip to the DC area. You should decide the percentage of effort needed to effectively fulfill these duties.

See Section 4.1. of HRSA's SF-424 Application Guide for additional guidance.

Attachment 4: Vacant Positions

If awarded, HRSA expects your organization to immediately operationalize the work plan. Therefore, if there are any positions that are vacant at the time of application, provide the following information to demonstrate that the position will be rapidly filled upon award:

- Position description for the vacant position
- Recruitment strategy

- Hiring timeline
- Projected start date

Attachment 5: Biographical Sketches of Key Personnel

For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-CABH project activities. The biographical sketch should **clearly demonstrate that the staff member has appropriate and applicable experience for their role on the project.** If an individual is fulfilling multiple roles in the proposed project, a single biographical sketch may be used to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Attachment 6: Consortium Member Information

In Attachment 6, provide the information listed below for each proposed consortium member. HRSA strongly recommends that you provide this information in table format. As a reminder, the consortium must consist of at least four separately owned organizations (including the applicant organization) and at least 50 percent of the organizations must be located within the target rural service area. **If the proposed consortium does not include at least four separately owned organizations, or if less than 50 percent of the consortium is physically located within the target rural service area, then HRSA will consider the application non-responsive.** For additional information on consortium requirements, please see Program Requirements and Expectations.

- Consortium member name
- Consortium member address, including street, city, state, ZIP)
- Whether the consortium member is located in the target rural service area
- Consortium member facility type (e.g., other hospitals or clinics, community-based organization, school, child welfare office)
- Consortium member point of contact, including name, title, position, and email address
- Role of the consortium member in the context of this award, including any services the consortium member will provide children, adolescents, and their families as a part of the RCORP-CABH program
- The amount of RCORP-CABH funding that the applicant organization will provide the consortium member to support their participation in the project

Attachment 7: Letters of Support from Consortium Members

Include letters of support from each proposed consortium member. The letters of support must include the following:

- The consortium member's anticipated roles and responsibilities in the project
- A description of the consortium member's staffing plan to support the anticipated roles and responsibilities in the project.
- How the consortium member's expertise is relevant to the project.
- Length of the consortium member's commitment to the project.
- Preliminary commitment to sharing accurate performance data and information with the applicant organization to fulfill HRSA reporting requirements.
- Affirmation that the consortium member's activities under the award will exclusively target populations in the target rural service area.
- Affirmation that the consortium member will sign a memorandum of understanding or agreement within 90 days of the project start date, formally establishing the consortium.

Attachment 8: General Project Information

Please provide the following information regarding your project and application:

- Project title.
- Requested award amount.
- Applicant organization name.
- Applicant organization address (street, city, state, ZIP).
- Applicant organization facility type (e.g., rural health clinic, critical access hospital, small rural hospital, tribe or tribal organization, etc.).
- Project director name and title (should be the same individual designated in Box8f of the SF-424 Application Form).
- Project director contact information (phone and email).
- Data coordinator name and title.
- Data coordinator contact information (phone and email).
- How the applicant first learned about this funding opportunity (select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department).

- Is the applicant organization a previous or current RCORP Award Recipient or Consortium Member? If yes, specify: FY18, FY19, and/or FY20 RCORP-Planning; FY19 RCORP-MAT Expansion; FY19, FY20, FY21, and/or FY22 RCORP-Implementation, FY20 RCORP-Neonatal Abstinence Program, FY21 or FY22 RCORP-Psychostimulant Support, FY22 RCORP-Behavioral Health Care Support.
- Provide the target service area for the proposed project, including:
  - Entirely rural counties (list state and county name(s)); and, if applicable,
  - Partially rural counties (list state, county name, and census tract): Specify whether the area is in a HRSA-designated rural county or rural census tract in an urban county. To ascertain whether a particular county or census tract is rural, please refer to the Rural Health Grants Eligibility Analyzer.

    IMPORTANT NOTE: Applications proposing target rural service areas that are not fully rural will be considered non-responsive. This includes applications that propose to serve partially rural counties but do not specify the specific rural census tracts that will be served within that partially rural county.
- Provide the addresses of each location where behavioral health services will be delivered under the proposed project, as well as a brief description (1-2 sentences) of what **new** services will be provided at each address. Service delivery sites MUST be within the proposed target rural service area.

Attachments 9–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support from non-partnering organizations, charity care policy, etc.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

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

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 application due date under this NOFO is ***May 12, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide,* Section 8.2.5 for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $1,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

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

- To acquire real property.
- To purchase syringes.
- For construction.
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded.
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable.
- To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

- To supplant any services/funding sources that already exist in the service area(s).

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under 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 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.

Six review criteria are used to review and rank RCORP-CABH applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (12 points) – Corresponds to Section IV's Introduction and Needs Assessment

A) Introduction (2 points)

i) Whether the introduction clearly and succinctly summarizes the proposed project and how it will achieve the goals and purpose of RCORP-CABH.

B) Needs Assessment (10 points)

Whether the applicant uses appropriate, reliable, and updated data to provide:

i) A compelling justification of the need for the proposed project.

ii) The information requested in "A) Target Population" section of the Needs assessment.

iii) The information requested in "B) Prevalence and Impact of Behavioral Health Disorders" section of the Needs assessment.

iv) The information requested in "C) Existing Services" section of the Needs assessment.

v) Provide the information requested in "D) Gaps in Existing Services" section of the Needs assessment.

vi) In the case that the applicant was unable to locate appropriate and accurate data, whether the applicant provides an explanation for why data could not be found and how they will meet HRSA reporting requirements if awarded.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology

A) Methodology (30 points)

i) *Goal 1: Service Delivery.* Establish new behavioral health prevention, treatment, and recovery services for children and adolescents aged 5-17 years in the target rural service area.

Whether the applicant:

a) Clearly and comprehensively describes at least three new behavioral health care service lines (one prevention, one treatment, and one recovery) that will be provided under the proposed project.

b) Provides a compelling justification for how the proposed new service lines and mode of delivery are appropriate to the specific needs and characteristics of children and adolescents, as well as their families, in the target rural service area.

- If opting to use telehealth, clearly justifies that it is the most effective and sustainable modality for serving children and adolescents in the target rural service area, and that use of telehealth will still lead to improved delivery of behavioral health services **within** the target rural service area.

c) Clearly describes an appropriate approach for engaging and supporting the families of children and adolescents receiving behavioral health prevention, treatment, and recovery services.

d) Clearly describes an actionable and reasonable plan for ensuring that new service lines are easily accessible and available to the target population, including those that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.

ii) *Goal 2: Training and Peer Mentorship***.** Improve the capacity of rural health care providers, paraprofessionals, non-clinical staff, and community members to care for and support children and adolescents aged 5-17 with behavioral health needs, through providing training and peer mentorship opportunities.

Whether the applicant provides the following as it relates to clinical health care providers, paraprofessionals, non-clinical staff, ***and*** *community members:*

a) A detailed and appropriate approach for using training **and** peer mentorship to improve capacity to care for and support children and adolescents aged 5-17 with behavioral health needs.

b) An actionable and appropriate plan for identifying and engaging training and peer mentorship participants.

c) A reasonable plan for ensuring that trainings **and** peer mentorship will be easily accessible in the target rural service area.

d) A compelling explanation for how proposed training and peer mentorship opportunities will address gaps in the capacity to care for children and adolescents with behavioral health needs.

iii) *Goal 3: Community Partnerships.* Build community partnerships to ensure that children and adolescents, and their families, have access to community resources and human services that support prevention of, treatment of, and recovery from behavioral health disorders.

Whether the applicant:

a) Clearly identifies appropriate community resources and human services that will be engaged to support children and adolescents, and their families, in prevention, treatment, and recovery.

b) Clearly and completely describes the individual role that each community resource/human service will fulfill in strengthening the prevention of, treatment of, and recovery from behavioral health disorders in the target rural service area.

c) Provides an actionable and reasonable plan for how partnerships with community resources and human services will be established, maintained, strengthened, and sustained.

d) Comprehensively details how the proposed project and partnerships will complement, and not duplicate, any existing services or other efforts/initiatives within the target rural service area.

e) Provides a compelling justification for how the proposed community partnerships will fill identified gaps in the coordination and integration of community resources and human services with prevention, treatment, and recovery services.

B) Work Plan (8 points)

Whether the applicant provides a work plan that:

i) Reflects a four-year period of performance.

ii) Aligns precisely with the methodology section.

iii) Provides specific activities to achieve all three RCORP-CABH program goals; responsible individual(s) and/or consortium member(s) for each activity; discrete timeframes to accomplish all activities; and justification for how each activity will ultimately support the purpose of RCORP-CABH.

C) Resolution of Challenges (2 points)

i) Whether the applicant provides a complete description of internal and external challenges to implementing their proposed work plan, and proposes actionable, quality solutions proposed to address them.

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

Whether the applicant:

A) Describes a clear and logical process for how the applicant organization will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA reporting requirements.

B) Provides an actionable, realistic plan for ensuring that consortium members collect and share accurate **performance data and** information with the applicant organization to fulfill HRSA reporting requirements.

C) Describes the applicant organization's capacity and commitment to working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation.

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

Whether the applicant:

A) Details a reasonable strategy for sustaining project services and activities after the period of performance.

B) Describes a quality plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories.

Criterion 5: RESOURCES/CAPABILITIES (23 points) – Corresponds to Section IV's Organizational Information

A) Organizational Overview (8 points)

Whether the applicant:

i) Clearly describes the mission of the applicant organization, including the scope of current activities.

ii) Clearly describes the structure of the applicant organization, and where within the applicant organization the project will be implemented.

iii) Compellingly demonstrates the applicant organization's ability to meet RCORP-CABH program requirements, achieve RCORP-CABH program goals, and fully implement the proposed project, through providing:

a) Specific, meaningful examples of the applicant organization's direct experience working to enhance behavioral healthcare for children and adolescents in rural areas; or, if the applicant organization does not have such experience, a compelling explanation for how this experience will be consistently and robustly represented in the consortium.

b) A clear description of the applicant organization's ability to engage and coordinate with consortium members and other community resources/human service providers.

iv) Specifically demonstrates the capacity of the applicant organization to properly account for the federal funds and document all costs to avoid audit findings.

v) Provides an organizational chart as described in Attachment 2.

B) Project Staff (8 points)

i) Staffing Plan (4 points)

Whether the applicant provides a clear staffing plan that:

a) Includes all of the information requested in Attachment 3, including Name, title, organizational affiliation, FTE devoted to the project, List of roles/responsibilities on the project, job function, and timeline for onboarding if applicable.

b) Is precisely in line with the proposed methodology and work plan.

c) Includes the four required roles of Project Director, Healthcare Navigator, Data Coordinator, and individual assigned to the learning collaborative with sufficient FTE to fulfill their job functions.

d) Describes job functions for the project director, healthcare navigator, data coordinator, and individual assigned for to the learning collaborative that are consistent with the guidance provided in the Organizational Information section.

ii) Biographical Sketches and Vacant Positions (4 points)

Whether the applicant:

a) Clearly demonstrates that the project director has appropriate and applicable experience and the ability to lead and manage the proposed project and engage both the community and key stakeholders.

b) Clearly demonstrates that the individuals designated as Data Coordinator, Healthcare Navigator, and Learning Collaborative Point of Contact have appropriate experience and skill sets to fulfill their roles on the proposed project.

c) For any vacant positions, whether the applicant provides all required information in Attachment 4 to demonstrate that an actionable plan is in place to rapidly fill the position upon award.

C) Consortium (7 points)

Whether the applicant:

i) Proposes a consortium that represents a diversity of sectors relevant to behavioral health care for children and adolescents and is appropriate to the proposed project.

ii) Provides the information requested in Attachment 6, for each proposed consortium member.

iii) Provides letters of support from each proposed consortium member, with all of the information requested in Attachment 7.

iv) Clearly demonstrates that each consortium member will be fully integrated into the project, with clear roles and responsibilities in the execution of the proposed workplan.

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

Whether the applicant:

A) Proposes a reasonable budget for each year of the period of performance that is precisely aligned with the proposed work plan.

B) Clearly demonstrates in the budget a shift from capacity building activities to service delivery and sustainability over the course of the four-year period of performance.

C) Requests an award amount that is commensurate with proposed new services and size of target rural population to be served.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see

http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable

right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (https://www.cdc.gov/grants/additional-requirements/ar-36.html).

3. Reporting

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

1) **Consortium Letter of Commitment.** If awarded, a single letter of commitment signed by all participating consortium members establishing the consortium must be submitted within 90 days of the project start date. Additional information will be provided upon award.

2) **Behavioral Health Disparities Impact Statement.** This statement will build on the methods specified in the application and will describe how the recipient will reduce behavioral health care disparities in the target rural service area and continuously monitor and measure the project's impact on health care disparities to inform process and outcome improvements. This statement will be modeled from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disparities Impact Statement (DIS), and will entail developing a plan to improve access to care, use of service and outcomes related to behavioral health care disparities of the identified subpopulation(s) within the target rural service area. If you are awarded, HRSA will provide additional guidance.

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

   Note: Recipients will be expected to provide baseline data 90 days after award receipt. HRSA will provide additional information during the period of performance.

4) **Copy of RCORP-CABH Application**. You will be expected to submit a copy of your RCORP-CABH application to the HRSA-funded RCORP technical assistance provider and evaluator to provide them with background and context for your proposed project. You may redact information that you do not wish to share with the technical assistance provider or evaluator from the copy of your application that you submit to them.

5) **Non-Competing Continuation Progress Report (NCC)**. Award recipients must submit a Non-Competing Continuation Progress Report to HRSA on an annual basis. Submission and HRSA approval of your NCC triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the NOA.

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

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.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

LCDR Benoit Mirindi, PhD., MPA.
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-6606
Email: bmirindi@hrsa.gov

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

Molly Wirick
Program Coordinator, Rural Strategic Initiatives Division
Attn: RCORP-CABH
Federal Office of Rural Health Policy
Health Resources and Services Administration
Email: mwirick@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: NOFO Applicant Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.) The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit. Attachments should follow Section 4.2 of the SF424 Application Guide for formatting instructions.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment* = ___ *pages*
Attachments Form	Attachment 1: Work Plan	*My attachment* = ___ *pages*
Attachments Form	Attachment 2: Organizational Chart	*My attachment* = ___ *pages*
Attachments Form	Attachment 3: Staffing Plan	*My attachment* = ___ *pages*
Attachments Form	Attachment 4: Vacant Positions	*My attachment* = ___ *pages*
Attachments Form	Attachment 5: Biographical Sketches of Key Personnel	*My attachment* = ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 6: Consortium Member Information	*My attachment = ___ pages*
Attachments Form	Attachment 7: Letters of Support from Consortium Members	*My attachment = ___ pages*
Attachments Form	Attachment 8: General Project Information	*My attachment = ___ pages*
Attachments Form	Attachment 9: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 10: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 11: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 12: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 13: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 14: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 15: Other Relevant Documents	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		*Applicant Instruction* Total the number of pages in the boxes above.
Page Limit for HRSA-23-041 is 60 pages		**My total = ____ pages**

Appendix B: Examples of Potential Consortium Members

Examples of potential consortium members include, but are not limited to:

- Health care providers, such as:
  - Pediatric practitioner
  - 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 use disorder treatment providers and programs
  - Behavioral health organizations or providers
- HIV and HCV prevention organizations;
- Single State Agencies;
- Juvenile justice system;
- 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;
- Youth-oriented recreational organizations;
- Family support organizations;
- Early childhood education programs;
- Community foundations;
- Healthy Start sites; and
- Other social service agencies and organizations.

Appendix C: Sample Performance Measures

The measures listed below are examples of potential performance measures that HRSA may collect from RCORP-CABH awardees. Please note this is only a sampling; it is not a complete list of performance measures. The final, approved performance measures will be provided to award recipients after the period of performance begins.

- Number of children and adolescents with a regular source of behavioral health care.
- Number of children and adolescents receiving behavioral health prevention services.
- Number of children and adolescents receiving behavioral health treatment services.
- Number of children and adolescents receiving behavioral health recovery services.
- Number of children and adolescents screened for behavioral health disorders.
- Number of behavioral health care clinicians serving children and adolescents in the service area.
- Number of families receiving case management services.
- Number of primary care physicians trained to provide behavioral health care services to children and adolescents.
- Number of providers receiving pediatric behavioral health training, mentorship, and peer learning.
- Whether behavioral health care services are fully sustainable through third party billing and external funding sources.

Appendix D: 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 the resources provided, and inclusion of a non-federal resource on this list neither constitutes endorsement by HRSA, nor a guarantee that the information in the resource is accurate:

HRSA Resources:

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

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

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

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

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

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

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

Other Resources:

- **Administration for Children and Families**
  Resources to support the mental health and wellness of children, their families, and the workforce, organized into two categories: (1) materials designed for families and (2) materials designed for child care providers. Some resources may benefit both audiences.
  Website: https://www.acf.hhs.gov/toolkit/mental-health-and-wellness-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

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

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

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

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

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

- **Community Health Systems Development Team at the Georgia Health Policy Center**
  Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.

  Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

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

  Website: https://www.lsc.gov/

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

  Website: http://www.nationalahec.org/

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

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

  - **National Institute on Drug Abuse (NIDA):** NIDA advances science on the causes and consequences of drug use and addiction and applies that knowledge to improve individual and public health.
    Website: https://www.drugabuse.gov/about-nida

- **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 several tools and resources communities can use to provide education and outreach to various stakeholders.
  Website: https://nosorh.org/rural-opioid-overdose-reversal-program/

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

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

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

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

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

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

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

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

    - **SAMHSA State Targeted Response to the Opioid Crisis Grants**
      This program awards grants to states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.
      List of individual grant award activities:
      https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf

    - **SAMHSA State Opioid Response Grants**
      The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs)
      Website: https://www.samhsa.gov/grants/grant-announcements/ti-18-015
      List of awarded states:
      https://www.hhs.gov/about/news/2019/09/04/state-opioid-response-grants-by-state.html

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

- **Other Opioid Use Disorder Resources**
    - "TIP 63: Medications for Opioid Use Disorder"
      https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006

- "The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update" https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

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

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

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

- **U.S. Department of Education – Mental Health Services**
  The U.S. Department of Education offers policies, guidance, resources, and grants to assist schools in meeting key challenges to providing school- or program-based mental health support across settings from early children through higher education.
  Website**:** https://www.ed.gov/category/keyword/Mental-Health-Services

- **U.S. Department of Justice – Bureau of Justice Assistance, Office of Justice Programs**
  The Justice and Mental Health Collaboration Program supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system. This program supports public safety efforts through partnerships with social services and other organizations that will enhance responses to people with MI and CMISA.
  Website: https://bja.ojp.gov/funding/opportunities/o-bja-2021-95004

- **U.S. Department of Labor**
  - **Federal Bonding Program:** The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for "at-risk," hard-to-place job seekers. The bonds cover the first six months of employment at no cost to the job applicant or the employer.

Website: https://nicic.gov/federal-bonding-program-us-department-labor-initiative

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

- **U.S. Department of Health and Human Services (HHS)**

  Provides resources and information about the opioid epidemic, including HHS' 5-point strategy to combat the opioid crisis.

  https://www.hhs.gov/opioids/

  https://www.outreach.usda.gov/USDALocalOffices.htm

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

HRSA encourages award recipients to leverage National Health Service Corps funding to strengthen the behavioral health workforce in rural communities. A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. Accordingly, the NHSC Rural Community Loan Repayment Program (LRP) will make loan repayment awards in coordination with the RCORP initiative within FORHP.

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

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

Eligibility

To be eligible for NHSC service, a provider must:

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

Eligible Occupations

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

Primary Care:

- Physician (MD or DO)
- Nurse Practitioner
- Certified Nurse-Midwife
- Physician Assistant

New Program Disciplines:

- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- Nurse Anesthetists (RCORP NHSC LRP only)

Mental Health:

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

Eligible Site Criteria

NHSC-approved sites must:

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

For more complete information about site eligibility and the site application process, please see the NHSC Site webpage and the NHSC Site Reference Guide.
For a list of current NHSC-approved sites, please see HRSA's Health Workforce Connector.

Eligible Site Types

Regular Application Process:

- Certified Rural Health Clinics;
- State or Local Health Departments;
- State Prisons;
- Community Mental Health Centers;
- School-Based Clinics;
- Mobile Units/Clinics;
- Free Clinics;
- Critical Access Hospitals (CAH);
- Community Outpatient Facilities; and
- Private Practices.

Newly-eligible SUD Site Types:
- Opioid Treatment Program (OTP);
- Office-based Opioid Agonist Treatment (OBOT); and
- Non-Opioid SUD treatment sites.

Auto-Approval Process:
- Federally-Qualified Health Centers (FQHC);
- FQHC Look-Alikes;
- American Indian Health Facilities: Indian Health Service (IHS) Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs;
- Federal Prisons; and
- Immigration and Customs Enforcement.

Please note that all NHSC sites must deliver comprehensive behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals.
NHSC-approved sites must provide services for free or on a sliding fee scale to low-income individuals, and:
- Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level
- Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
- Use the most recent HHS Poverty Guidelines;
- Utilize family size and income to calculate discounts (not assets or other factors); and
- Have this process in place for a minimum of 6 months.

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

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

Appendix F: Third-Party Payer Guidance

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement should the RCORP-CABH award be used to cover the cost of services for underinsured individuals.

RCORP-CABH grant funds can also be used to cover the cost of services for uninsured patients. **No individuals should be denied services due to an inability to pay.**

*RCORP-CABH funds **cannot** be used for the following purposes:*

- To supplant existing funding sources;
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable.
- To pay the difference between the costs to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

For all applicants (regardless of charity care or sliding fee policy):

- RCORP-CABH funds can be used to pay the co-insurance, out-of-pocket expenses, and/or co-payment for patients who are unable to pay for prevention, treatment, and recovery services provided by the RCORP-MAT Access grant.
- Applicants must include a line item(s) in the RCORP-CABH budget under “Other” for subsidized care with a detailed description of how the estimate was derived. For each project year, the justification should include the anticipated number of patients and encounters that would be covered by the grant; the payer mix of the patient population; the type and average cost of services that would be subsidized; and a rationale for why grant funds are needed to subsidize the cost of services.
- If the funds will be used by contractors of the RCORP-CABH subsidize care, then applicants must include line item(s) under “Contractual” for these costs. The budget narrative must provide a detailed justification for how each consortium member arrived at their estimate based on the above guidance.

For providers that have a charity care policy - i.e., a policy to provide health care services free of charge (or where only partial payment is expected not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria:

- You must include the provider's documented charity care policy as an attachment to the application.

For Federally Qualified Health Centers (FQHCs): FQHCs must adhere to health center requirements around Sliding Fee Discounts.

Appendix G: Additional Related HRSA Programs

- HRSA's **Title V Maternal and Child Health (MCH) Services Block Grant (Title V) Program** funding is used in some states to promote adolescent screening around mental health, behavioral health, and substance use for well-visits and school-based health care. State contact information can be found on the **Title V Information System (TVIS).**
- HRSA's **Pediatric Mental Health Care Access (PMHCA) Program** brings behavioral health consultation, training, and support to pediatric primary care and other providers so that children's mental health needs are met. Each PMHCA recipient supports a teleconsultation line for practicing pediatric providers, and offer training and other resources.
- HRSA's **Leadership Education in Adolescent Health (LEAH) Program** prepares health professionals in adolescent and young adult health by building workforce capacity to address the unique health needs of adolescent and young adults, including mental health.
- HRSA's **Developmental-Behavioral Pediatrics (DBP) Training Program** trains leaders in developmental-behavioral pediatrics and builds capacity to address the broad range of child and adolescent behavioral, psychosocial and developmental issues.
- HRSA's **Healthy Tomorrows Partnership for Children Program (HTPCP)** supports innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and services. HTPCP supports projects related to mental and behavioral health, including the integration of services for children and youth who are at-risk for or have substance use disorders.
- HRSA's **Bright Futures Program**, through its Periodicity Schedule, recommends services that providers should offer at every preventative services visit, from the prenatal visit through the 21-year visit, including behavioral, social, emotional screenings. For adolescents and young adults, providers are guided to screen for and assess risks related to substance use, depression and suicide.
- HRSA's **Collaborative Improvement and Innovation Network (CoIIN) on School-Based Health Services** funds the School-Based Health Alliance and the National Center for School Mental Health to promote evidence-based programs and policies that strengthen school-based health and mental health services for children and youth.
- HRSA's **Infant-Toddler Court Program** works to improve the health, well-being, and development of infants, toddlers, and families, with a focus on those

involved or at-risk for involvement in the child welfare system. The program both provides two-generation, trauma-informed interventions to address the needs of parents and children and mitigate the multi-generational transmission of trauma and builds state and local capacity to reduce risks and prevent child maltreatment.

- HRSA's **National Survey on Children's Health (NSCH)** provides information on the health and wellbeing of children ages 0-17 years in the United States and is the largest national and state-level survey on the health and health care needs of children, their families, and their communities. Topics covered in the survey include: depression, anxiety, and behavioral/conduct problems; and access to and use of mental health treatment and medication.
- HRSA's **Emergency Medical Services for Children Innovation and Improvement Center** provides resources to help emergency medical providers screen for pediatric suicide risk, assess acuity, develop safety plans, advocate for improved mental health care, and create care pathways for children and adolescents in crisis, including HRSA's **Critical Crossroads**. This toolkit provides guidance to help community and rural emergency departments address the acute mental health needs of children and adolescents.