

# Rural Communities Opioid Response Program- Implementation

**HRSA-21-088**

*Technical Assistance Webinar*

**Tuesday, January 26, 2021**

**1:00-2:00pm ET**

Dial-in number (for audio):

1-800-369-1956, passcode: 9970670

Webinar url:

[https://hrsaseminar.adobeconnect.com/fy21\\_rcorp\\_implementation\\_applicant  
ta\\_webinar/](https://hrsaseminar.adobeconnect.com/fy21_rcorp_implementation_applicant_ta_webinar/)



# Housekeeping

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- **This webinar is being recorded and will be available for audio playback:**
  - Playback number: 1-888-566-0690
  - Passcode: 12621
- **Q&A:**
  - Ask questions at end (operator will assist you)
  - Email [ruralopioidresponse@hrsa.gov](mailto:ruralopioidresponse@hrsa.gov) afterwards
  - **Note:** HRSA cannot provide information or guidance beyond what is included in the notice of funding opportunity. The agency cannot edit draft RCORP-Implementation applications or provide feedback on specific project proposals.



# To Access the Notice of Funding Opportunity (NOFO)

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1. Visit: <https://www.grants.gov/web/grants/view-opportunity.html?oppld=328967>
2. Select the “Package” tab
3. Select “Preview”
4. Select “Download Instructions”



# Disclaimer

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*The **Rural Communities Opioid Response Program-Implementation (RCORP-Implementation) Notice of Funding Opportunity (NOFO)** and **HRSA's SF-424 Application Guide** should be your primary resources for application instructions and guidelines. This webinar will merely provide a brief overview of the NOFO and answer any questions you might have at this stage in the process.*



# Background on RCORP

- Multi-year initiative that addresses barriers to treatment for substance use disorder, including opioid use disorder, in rural communities.

- **FY18: \$100 million**
- **FY19: \$120 million**
- **FY20: \$110 million**
- **FY21: \$110 million**

- Invested \$298 million across more than 1,420 counties since FY 2018

- <https://www.hrsa.gov/rural-health/rcorp>

- Part of HRSA-wide effort to combat the opioid crisis

<https://www.hrsa.gov/opioids>



[Home](#) > [Federal Office of Rural Health Policy](#) > Rural Communities Opioid Response Program (RCORP)

## Rural Communities Opioid Response Program (RCORP)

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative that addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD). It works toward the HHS goal of ending the opioid epidemic. RCORP is supported through HRSA's [Federal Office of Rural Health Policy](#).

### What programs are part of RCORP?

RCORP has the following four grant programs in [HRSA-designated rural areas](#):

- [Planning grants](#);
- [Implementation grants](#);
- [Medication-Assisted Treatment \(MAT\) Expansion grants](#); and
- [Neonatal Abstinence Syndrome grants](#).

### What SUD/OUD resources does RCORP fund?

### Contact Us

Questions about HRSA's efforts to combat the opioid epidemic in rural communities? [Email us](#).

### RCORP Initiatives

Learn more about our RCORP initiatives.

[RCORP Overview](#)

[Planning](#)

[Implementation](#)

[MAT Expansion](#)

[Neonatal Abstinence Syndrome \(NAS\)](#)

[Centers of Excellence](#)

[Technical Assistance](#)



# Purpose of RCORP (pg. 1)

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*To reduce the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities.*



# Goal of RCORP-Implementation (pg. 1)

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*To strengthen and expand SUD/ODU prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recovery.*



# Funding Overview (pp. i, 4-5, 33)

- Up to 78 grant awards
- Up to \$1 million per award
  - **Recipients will receive the full amount in the first year of the three-year period of performance and are required to allocate it across all three years.**
- Cost sharing/match **not** required
- Period of performance:
  - September 1, 2021 to August 31, 2024 (**three years**)
- **Funding restrictions—cannot use RCORP-Implementation funds for the following purposes:**
  - To acquire real property;
  - To purchase syringes;
  - To supplant any services that already exist in the service area;
  - For construction; and
  - To pay for any equipment costs not directly related to the purposes of this award

More information can be found in [HRSA's SF-424 Application Guide](#)





# Target Population (pp. 13-14)

- **Target population for this award:**
  - Individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for OUD;
  - Their families and/or caregivers; and
  - Other community members who reside in HRSA-designated rural areas.
- **Applicants are encouraged to focus on populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population, when addressing SUD in the proposed service area.**
  - Examples of these populations include, but are not limited to, racial and ethnic minorities, people/persons experiencing homelessness, pregnant women, youth and adolescents, etc.



# Eligibility—Applicant Organization (pp. 5-9)

- **Domestic public or private, non-profit or for-profit entities**
  - Includes community and faith-based organizations, tribes, and tribal organizations
  - Can be located in an urban or rural area (see next slide)
- **Should have the staffing and infrastructure necessary to:**
  - Oversee program activities
  - Serve as the fiscal agent for the grant
  - Ensure that local control for the award is vested in the targeted rural communities
  - Operationalize their proposed work plans immediately upon receipt of the award
- **Must be part of a broad, multi-sectoral established consortium**



# Eligibility— Applicants and Consortium Members (pg. 5)

*Applicants and consortium members can be located in rural or urban areas, but **all activities supported by RCORP-Implementation (i.e., all service delivery sites) must exclusively occur in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer***  
<https://data.hrsa.gov/tools/rural-health>



**Question:** Is it problematic if our consortium targets rural populations, but urban populations also happen to benefit?  
**Answer:** Positive spillover effects are welcome, but your consortium should exclusively target rural populations.

# Eligibility—Consortium Requirements (pg. 5-6)

- Consortium members should include members from multiple sectors/disciplines and have a history of collaborating to address SUD/ODU in a rural area.
  - See Appendix C for a list of potential consortium partners.
- A consortium is defined as an organizational arrangement among four or more separately-owned entities (**i.e., different Employment Identification Numbers**) with established working relationships.
  - Applicant organization + 3 other separately-owned entities
- **A majority, or at least 50 percent, of consortium members must be located in HRSA-designated rural areas.**



# Eligibility—Consortium Requirements (pg. 5-6)

- All consortium members reflected in the proposed work plan (at least four, including the applicant organization) must sign and date a single letter of commitment (**Attachment 3**)
  - Delineates the expertise, roles, responsibilities, and commitments of each consortium member
- Consortium members who will receive RCORP-Implementation grant funds **must be registered in SAM** (see HRSA SF424 Application Guide)



# Eligibility – Exceptions (pp. 6-7)

- **Tribes and tribal organizations**: Only a single EIN located in a HRSA-designated rural area is necessary for eligibility
  - Must still meet the consortium criteria of four or more entities
- **Service delivery site exceptions**: Must establish their non-rural service delivery site serves rural populations and that the **services are related to improving health care in rural areas (as opposed to merely improving the health care of rural populations)**
  - Critical Access Hospitals that are not located in HRSA-designated rural areas (Attachment 9)
  - Entities eligible to receive Small Rural Hospital Improvement funding and that are not located in HRSA-designated rural areas (Attachment 10)
  - Applicant organizations whose service area encompasses partially rural counties (Attachment 12)
  - A provider may be located in an urban facility, but serving patients in HRSA-designated rural areas through telemedicine, as long as the target patient population is exclusively rural



# Eligibility – Current RCORP Award Recipients (pp. 7-8)

- **FY 19 and FY 20 RCORP-Implementation recipients (applicants or consortium members) may not apply unless:**
  - **The target geographic rural service area proposed in this application does not overlap with the one currently served** by the RCORP-Implementation award and all proposed services are delivered in the new target rural service area.
  - **At least 50 percent of the consortium members** proposed in this application are **physically located in the new service area** and are signatories to the letter of commitment (Attachment 3).
- **Applicant organizations or consortium members of other RCORP awards must demonstrate there is no duplication of effort between this application and any previous/current project.**
  - See Attachment 7 for additional information and instructions.



# Eligibility – Existing RCORP Implementation Award in Proposed Service Area (pp. 30-31)

- If there is a current FY 19 or 20 RCORP-Implementation award in the target rural service area, provide a signed and dated Letter of Support (Attachment 13) from the current award recipient with the following:
  - Acknowledgement and statement from the current award recipient that they are aware that the applicant is applying for this award.
  - Acknowledgement and statement from the current award recipient attesting that there will be no duplication of services within the service area and/or duplication in the target population served.
  - Information from the award recipient regarding their current prevention, treatment, and recovery services within the overlapping services area, when the services will end, and a commitment to collaborate with FY 2021 RCORP-Implementation applicant.

**Note:** Visit here for a list of existing RCORP-Implementation service areas:

<https://www.rcorp-ta.org/sites/default/files/2020-11/RCORP%20County%20Representation%2010-29-2020.xlsx>





# Eligibility – EIN/DUNS Number (pp. 6, 8)

- **For applicant organizations and consortium members located in HRSA-designated rural areas that share an EIN with an urban headquarters:**
  - To be considered “rural,” the urban parent organization must assure via a signed letter on organization letterhead that, for the purposes of this award, they will exert no control over or demand collaboration with the rural entity (Attachment 11).
- **Organizations may not serve as the applicant organization on more than one FY 2021 RCORP-Implementation application.**
  - Only one application can be associated with an EIN or DUNS number.



# Eligibility - EIN/DUNS Number Exception (pp. 8-9)

- In general, multiple applications associated with the same DUNS number and/or EIN are not allowable.
- HRSA recognizes possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural service areas that have a need for SUD/ODU services.
- Therefore, **at HRSA discretion**, separate applications associated with a single DUNS number and/or EIN may be considered if they provide the requested information in Attachment 8:
  - The proposed service areas do not overlap;
  - Justification for why each applicant must apply separately, as opposed to serving as consortium members;
  - Assurance that the applicants will each be responsible for the planning, program management, financial management, and decision making of their respective programs, independent of each other and/or the parent organization



# Core Activities - Prevention (pg. 11)

- 1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/ODU, and to reduce stigma associated with the disease.**
- 2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.**
- 3. Implement year-round drug take-back programs.**
- 4. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.**
- 5. Identify and screen individuals at risk for SUD/ODU, and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/ODU.**



# Core Activities—Treatment (pp. 11-12)

1. **Screen and provide, or refer to, treatment for patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.**
2. **Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers who are trained, certified, and willing to provide medication-assisted treatment (MAT), including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.) and the U.S Food and Drug Administration-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA 2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients.**
3. **Increase the number of providers, other health and social service professionals, and appropriate paraprofessionals who are able to identify and treat SUD/ODU by providing professional development opportunities and recruitment and retention incentives such as, but not limited to, the NHSC.**



# Core Activities—Treatment (pp. 11-12)

4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, such as integration efforts between entities such as primary care service providers, behavioral health service providers, the criminal justice system, dentistry, and social services. As appropriate, provide support to pregnant women, children, and other at-risk populations using approaches that minimize stigma and other barriers to care.
5. Train and strengthen collaboration with and between law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU, particularly vulnerable populations within the service area that suffer from health access and outcome disparities.
6. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure long-term financial sustainability of services.
7. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/ODU, as well as home- and community-based services and social supports.



# Core Activities—Recovery (pp. 12-13)

- 1. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities with the goal of improving health care in rural areas.**
- 2. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODU treatment programs, and in the community.**
- 3. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.**



# Consortium Members and Core Activities (pg. 13)

- While consortia must implement **all** core/required SUD/ODU prevention, treatment, and recovery activities over the course of the three-year period of performance, the following caveats apply:
  - The consortium does not need to implement all core prevention, treatment and recovery activities in **every part** of the target HRSA-designated rural area.
  - Individual consortium members do not need to implement all core prevention, treatment and recovery activities, just the **consortium as a whole**.
  - Progress should be made on each core/required prevention, treatment, and recovery activity during **each year** of the award, but activities do not need to be completed **until the end of the three year period of performance**.



# Additional Activities (pg. 14)

- If capacity exists **AND all core activities are being addressed**, consortiums may use funding to implement additional activities that strengthen the consortium's ability to deliver preventive, treatment, and/or recovery services for SUD/ODU.
  - Examples of additional activities provided in Appendix D
- Applicants must provide detailed descriptions of all additional activities in the Project Narrative, as well as justifications for how those activities will advance RCORP-Implementation's goal and fulfill the needs of the target population.



**Question:** Will my consortium be at a disadvantage in the review process if it does not propose additional activities beyond the core activities?

**Answer:** No funding priority or extra preference is associated with proposing additional activities.



# Requirements for Service Provision (pg. 13)

- All activities funded by this award must exclusively occur in HRSA-designated rural areas.
- Award recipients should bill for all services covered by a reimbursement plan and make every reasonable effort to obtain payments.
- At the same time, award recipients may not deny services to any individual because of an inability to pay.
- Services should aim to:
  - Eliminate pre-requisites to entering MAT;
  - Be individualized to the needs and circumstances of the patient;
  - Promote retention in treatment;
  - Recognize the need to manage recurrence of substance use; and
  - Address ambivalence in patient motivation.



# Sustainability (pp. 2, 19-20, 36-37, 42)

- **HRSA expects that consortia funded by RCORP-Implementation will sustain the strengthened and/or expanded level of SUD/ODU-related services in rural areas made possible by this funding opportunity both during and beyond the period of performance.**
- **Methods for sustaining project beyond period of performance**
  - Methodology section of Project Narrative
  - Addresses both programmatic and financial sustainability
- **Award recipients will submit sustainability plans that build off the sustainability strategies outlined in their application.**



# Overview of Application Components (pp. 14-31)

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- **Project Abstract**
- **Project Narrative**
  - Introduction
  - Needs Assessment
  - Methodology
  - Work Plan
  - Resolution of Challenges
  - Evaluation and Technical Support Capacity
  - Organizational Information
- **Budget**
- **Budget Narrative**
- **Attachments**



# Project Abstract (pp. 14-15)

- One-page, single-spaced **standalone summary** of application
- Often used to provide information to the public and Congress
- Recommend that you provide the requested information in a table format
- Table **does not** count towards the one-page Project Abstract limit. It **does** count towards total application page limit.
- See Section 4.1.ix of HRSA's [SF-424 Application Guide](#) for further instructions



# Project Narrative (pp. 15-24)

- **Introduction:** Overview of project's goals; the target population(s) and service area(s); consortium's proposed approach; and consortium's history of collaborating to address SUD/OD and capacity to implement the project.
- **Needs Assessment:** Data and other information demonstrating needs of target population(s).
- **Methodology:** Methods for fulfilling all core activities (and any additional activities); addressing health access and outcome disparities; and sustaining the project beyond period of performance.
- **Work Plan:** Tasks, activities, staffing, and timelines by which you will execute the strategies in the Methodology section.
- **Resolution of Challenges:** Anticipated external and internal challenges to implementing work plan and proposed solutions for addressing them.
- **Evaluation and Technical Support Capacity:** Process for collecting and tracking data/information to fulfill HRSA reporting requirements
- **Organizational Information:** Overview of consortium and its ability to execute the work plan.



# Budget & Budget Narrative (pp. 24-26)

- **Budgets and budget narratives must adhere to guidance outlined in Sections 4.1iv and 4.1v of HRSA's [SF-424 Application Guide](#)**
  - Note guidance around contractual/consultant costs (pg. 29) and indirect costs (pg. 30)
- **Budget requests must not exceed \$1 million for the three-year period of performance (inclusive of direct and indirect costs)**
- **Applicants should budget for the following:**
  - Technical Assistance Workshop: Two individuals to travel annually to a conference/workshop located in the Washington, DC area.
  - Annual Regional Meeting: A two-day meeting per period of performance in your regional area.



# Attachments (pp. 26-31)

- **Attachment 1:** Work Plan
- **Attachment 2:** Consortium Membership
- **Attachment 3:** Letter of Commitment
- **Attachment 4:** Organizational Chart
- **Attachment 5:** Staffing Plan
- **Attachment 6:** Staff Biographical Sketches
- **Attachment 7:** Other RCORP Awards (if applicable)
- **Attachment 8:** EIN/DUNS Number Exception Request (if applicable)
- **Attachment 9:** Proof of Service Delivery Site--Critical Access Hospitals (if applicable)
- **Attachment 10:** Proof of Service Delivery Site—SHIP-eligible entities (if applicable)
- **Attachment 11:** Letter from Urban Parent Organization (if applicable)
- **Attachment 12:** Proof of Service Delivery Site—Partially Rural Counties (if applicable)
- **Attachment 13:** Letter of Support (if applicable)
- **Attachment 14-15:** Other Documents (if applicable)



# Each Element of the Project Narrative is Linked to A Review Criterion (pg. 26)

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



# Review Criteria (pp. 35-39)

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- Need (20 points)
- Response (30 points)
- Evaluative Measures (10 points)
- Impact (10 points)
- Resources/Capabilities (20 points)
- Support Requested (10 points)
- No funding priority points or preference

***TOTAL: 100 possible points***



# Reporting Requirements (pp. 41-42)

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

- **Quarterly progress reports**
  - Reports that reflect progress towards completing the core/required activities.
- **Biannual Performance Improvement Management System (PIMS) reports**
  - Quantitative performance reports to demonstrate that the project is advancing the overall goal of RCORP.
- **Sustainability Plan deliverable**
  - Plan for achieving programmatic and financial sustainability beyond the period of performance.
- **Annual Federal Financial Report (FFR)**
  - Report of expenditures under the project that year.
- **Integrity and Performance Reporting**
  - The NOA will contain a provision for integrity and performance reporting in FAPIIS.



# Technical Assistance & Evaluation (pp. 2, 42)

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- Award recipients are expected to work closely with a HRSA-funded Technical Assistance (TA) provider (JBS International) during the period of performance.
- Award recipients are expected to work with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation.



# Application Logistics

- Rural Communities Opioid Response Program-Implementation HRSA-21-088 Notice of Funding Opportunity is available at the following link:
  - <https://www.grants.gov/web/grants/view-opportunity.html?oppld=328967>
- HRSA requires you to apply electronically
- Page limit: **80 pages**
  - Inclusive of Abstract, Project and Budget Narratives, Attachments, and Letters of Commitment and Support
  - Standard OMB-approved forms and Indirect Cost Rate Agreements **do not** count towards the page limit
- Application deadline: **March 12, 2021 at 11:59 p.m., ET**



# Application Logistics

- HRSA will only accept your last validated electronic submission.
- The application process requires registration in three systems:
  - **Dun and Bradstreet (DUNS)**
  - **System for Award Management (SAM)**
  - **Grants.gov**
- Instructions for registering in these systems can be found here:  
<https://www.hrsa.gov/grants/apply-for-a-grant/complete-mandatory-registrations#grantsgov>



**Question:** If I fail to allow ample time to complete registration with SAM or Grants.gov, will I be eligible for an extension or waiver of the electronic submission requirement?  
**Answer:** No!

# Resources (pp. 48-54)

- **List of resources to assist you in preparing your application available in **Appendix B****
  - Note that HRSA is not affiliated with all of the resources provided
- **Resources can be used to gather data and information for the project narrative and identify potential implementation approaches**
- **Your local health department, State Office of Rural Health, State Rural Health Association, State Primary Care Office, Single State Agency, and/or Primary Care Association may be valuable resources for acquiring relevant data and information for the application**
- **We will be publishing an FAQ document for this funding opportunity on Grants.gov soon**



# Other RCORP Funding Opportunities

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- **RCORP-Psychostimulant Support/HRSA-21-091**
  - Apply on [grants.gov](https://www.grants.gov) by April 12<sup>th</sup>
  - Will fund approximately 15 entities to implement a set of core psychostimulant use disorder prevention, treatment, and recovery activities.



# Contact Information

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## **Grants.gov Assistance**

24/7 support (except Federal Holidays)

[support@grants.gov](mailto:support@grants.gov)

Local Toll Free: 1-800-518-4726





# Questions?



# Thank You!

