

# Rural Communities Opioid Response Program-Psychostimulant Support Program

**HRSA-21-091**

*Technical Assistance Webinar*

**Thursday, February 25, 2021**

**12:30-1:30pm ET**

Dial-in number (for audio):

1-833-568-8864, passcode: HRSA21091

Webinar url:

[https://hrsa-  
gov.zoomgov.com/j/1608247238?pwd=b3dpdVN4WGxQMkx4K3paNEhEMmJQQT09](https://hrsa.gov.zoomgov.com/j/1608247238?pwd=b3dpdVN4WGxQMkx4K3paNEhEMmJQQT09)



# Housekeeping

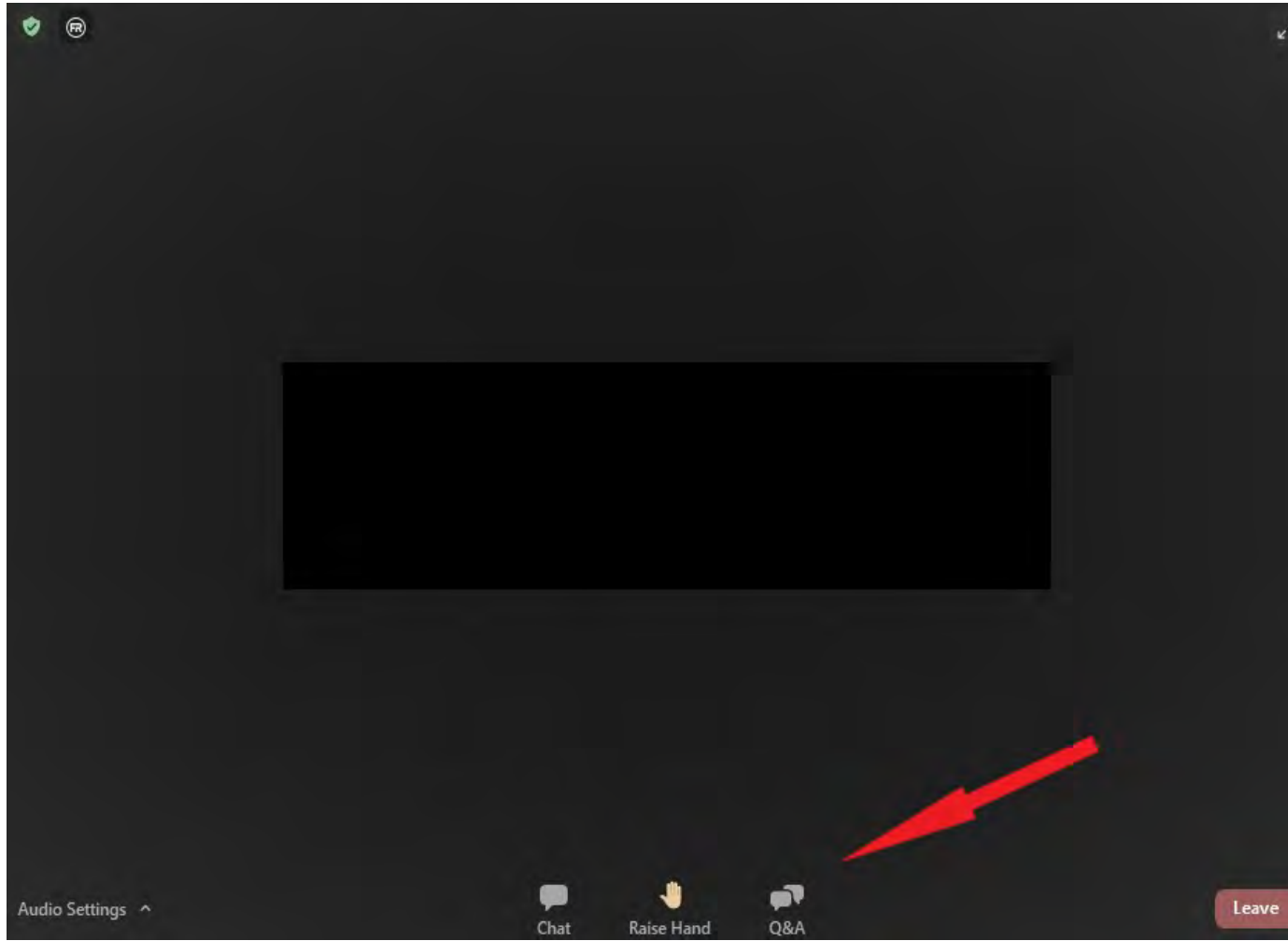
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- **Q&A:**

- Ask questions in the Q&A box at the end of the presentation
- 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-Psychostimulant applications or provide feedback on specific project proposals.



# Housekeeping



# To Access the Notice of Funding Opportunity (NOFO)

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1. Visit: <https://www.grants.gov/web/grants/view-opportunity.html?oppld=328944>
2. Select the “Package” tab
3. Select “Preview”
4. Select “Download Instructions”



# Disclaimer

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*The **Rural Communities Opioid Response Program-Psychostimulant Support Program (RCORP-PS) 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.*



# Outline

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- **Introduction**
  - Overview of RCORP
  - RCORP-PS Purpose and Target Population
  - Funding Overview
- **Eligibility**
- **Program Details**
  - Focus Area
  - Strategies
  - Reporting, TA, Evaluation
- **Application Overview**
  - Components
  - Review Criteria
  - Logistics



# 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/OD 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](#)



# Background on RCORP- Psychostimulant Support Program(pp.2-3)

- The focus of the RCORP initiative has largely been on OUD to date.
- There is evidence of an overlap between OUD and psychostimulant misuse.
- In many western U.S. states, methamphetamines have *surpassed* opioids as the leading cause of drug overdose deaths.<sup>1</sup>
- A 2019 *Morbidity and Mortality Weekly Report* by the Centers for Disease Control and Prevention (CDC) indicated that drug overdose deaths involving psychostimulants with abuse potential increased by over a third in rural communities between 2016 and 2017, with synthetic opioids playing an increasing role in those deaths.<sup>2</sup>

1. Hedegaard, H et al (2019), "Regional differences in the drugs most frequently involved in drug overdose deaths: United States, 2017," *National Vital Statistics Reports*, 68(12), [https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_12-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_12-508.pdf)

2. See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," *CDC Morbidity and Mortality Weekly Report*, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf>.





# Goal of RCORP- Psychostimulant Support (pp. i, 1)

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*RCORP-PS will advance RCORP's overall goal by strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse psychostimulants to enhance their ability to access treatment and move towards recovery.*



# What are Psychostimulants? (p.3)

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*For the purpose of this funding opportunity, psychostimulants include methamphetamine and other illegal drugs, such as cocaine and ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.*



# Target Population (pp. 1-2; 12)

- **Target population for this award:**
  - Individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for Psychostimulant use disorder;
  - Their families and/or caregivers; and
  - Other community members who reside in HRSA-designated rural areas.
- **Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population, when addressing Stimulant Use Disorder in the proposed service area.**



# Funding Overview (pp. i, 8, 30)

- Up to 15 grant awards
- Up to \$ 500,000 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-Psychostimulant funds 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 of this award
  - To supplant any services that already exist in the service area;
- More information can be found in [HRSA's SF-424 Application Guide](#)



# Eligibility—Applicant Organization (pp. 5-7)

- **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 (pp. 5-6)

*Applicants and consortium members can be located in rural or urban areas, but **all activities supported by RCORP-Psychostimulant (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.

# Rural Health Grants Eligibility Analyzer

The screenshot shows a web browser window displaying the Rural Health Grants Eligibility Analyzer. The browser's address bar shows the URL <https://data.hrsa.gov/tools/rural-health#top>. The page header includes the HRSA logo and the text "Health Resources & Services Administration". The main navigation bar features the "data.HRSA.gov" logo, a search bar, and an "A-Z Index" link. Below the navigation bar, there are several menu items: "Find Health Care", "Data", "Maps", "Tools", "Topics", and "Help". The main content area is titled "Rural Health Grants Eligibility Analyzer" and features a red wrench icon. The text below the title reads: "Health care providers who are located in geographic areas that are defined as Rural are eligible to apply for Rural Health Grants. Enter an address or choose a state and county to check for eligibility status." Below this text, there are two tabs: "BY ADDRESS" (which is selected) and "BY STATE/COUNTY". The "Search Criteria" section contains a form with the following fields: "Street Address" (with a placeholder "Address"), "City" (with a placeholder "City"), "State/Territory" (a dropdown menu), and "ZIP Code" (with a placeholder "ZIP Code"). At the bottom of the form are "Search" and "Reset" buttons. The Windows taskbar is visible at the bottom of the screen, showing various application icons and the system clock displaying "8:36 AM 2/8/2021".

# Eligibility—Consortium Requirements (pp. 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 (pp. 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-Psychostimulant 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 (p. 8)

- Current and/or previous applicant organizations and consortium members of RCORP awards are eligible.
- Applicant organizations or consortium members of other RCORP awards must clearly demonstrate that there is ***no duplication of effort between the proposed RCORP-PS project and any previous or current RCORP project.***
- See Attachment 7 for additional information and instructions.



# 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- Psychostimulant Support Program 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 Stimulant use disorder 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 (pp. 10-11)

1. Provide evidence-based appropriate education to improve family members/caregivers', first responders' (to include EMS and law enforcement), social services and medical, providers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for psychostimulant misuse and use disorders, and to reduce stigma associated with the disease.
2. Identify and screen individuals at risk for psychostimulant misuse and use disorders and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other social support services to minimize the potential for the development of SUD/OD. Applicants are encouraged to use evidence-based screening techniques.
3. Screen, provide educational information, and refer to treatment patients who use psychostimulants and who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among people who inject drugs.



# Core Activities—Treatment and Recovery (p. 11)

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4. Recruit, train, and mentor interdisciplinary teams of SUD/ODD clinical and social service and community-based providers who are able to identify and treat psychostimulant misuse and use disorders using evidence-based methods such as Motivational Interviewing, Contingency Management, Community Reinforcement, and Cognitive Behavioral Therapy in-person and/or online.



# Contingency Management (p.32)

- If you would like to implement Contingency Management in your practice using RCORP-PS funds, you must obtain prior approval from your HRSA Project Officer and Grants Management Specialist before proceeding.
- Describe how this activity will improve health care delivery in your rural service area.
- In general, contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being \$15 per contingency.
- Each patient may not receive contingencies totaling more than \$75 per year of his/her treatment.
- Your budget must clearly reflect expenditures for the provision of Contingency Management services and include justification for how you derived the estimates for these costs (e.g., number of anticipated patient encounters, etc.)





# Core Activities—Treatment and Recovery (p. 11)

5. Enhance discharge coordination for people in treatment and recovery and/or leaving the criminal justice system who require linkages to home and community-based services and social supports, including: case management, housing, employment, food assistance, transportation, domestic violence service providers, legal services, etc.
6. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODU treatment programs, reentry service providers, harm reduction programs, and in the community.



# Consortium Members and Core Activities (pg. 13)

- While consortia must implement **all** core/required 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. 13)

- 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.
  - 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-Psychostimulant Support Program 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. 12)

- 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.



# Overview of Application Components (pp. 13-22)

- **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 (p. 13)

- 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. 14-22)

- **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. 22-24)

- 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 indirect costs (pg. 23)
- Budget requests must not exceed \$ 500,000 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.





# Attachments (pp. 24-28)

- **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. 24)

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. 32-37)

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- Need (20 points)
- Response (25 points)
- Evaluative Measures (10 points)
- Impact (10 points)
- Resources/Capabilities (20 points)
- Support Requested (15 points)
- No funding priority points or preference

***TOTAL: 100 possible points***



# Reporting Requirements (pp. 39-40)

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.
- **Mental/Behavioral Health Disparities Impact Statement**
  - Plan for addressing Mental/Behavioral health disparities for duration of the project.
- **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, 41)

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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-Psychostimulant Support HRSA-21-091 Notice of Funding Opportunity is available at the following link:
  - <https://www.grants.gov/web/grants/view-opportunity.html?oppld=328944>
- HRSA requires you to apply electronically
- Page limit: **60 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: **April 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. 46-51)

- **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 a FAQ document for this funding opportunity on Grants.gov soon**





# Other RCORP Funding Opportunities

- **RCORP-Implementation/HRSA-21-088**
  - Apply on [grants.gov](https://www.grants.gov) by March 12<sup>th</sup>
  - Will fund approximately 78 entities to implement a set of core Substance Use Disorder/Opioid Use Disorder(SUD/ODU) prevention, treatment, and recovery activities.



# SF 424A Application Budget

- See HRSA SF- 424 Application Guide section 4.1.iv and NOFO section IV.2.iii for instructions on preparing the budget and budget justification narrative.
- Please complete the SF-424A Budget form included with the application package
- Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form included with the application package for each year of the period of performance.



# Budget Justification Narrative

- Provide a budget narrative that explains amounts requested for each line of the budget in Sections A-F..
- Describe each cost element and explain how each cost contributes to meeting the project's objectives/goals. Be very careful about showing how each item in the "other" category is justified.
- For subsequent budget years, highlight any changes from year one or clearly indicate that there are no substantive budget changes during the project period.
- MUST be concise. Do NOT use the justification to expand the project narrative.



# Budget Information

In addition to requirements included in the NOFO, include the following in the Budget Justification narrative:

- Personnel Costs
- Travel
- Equipment
- Supplies
- Contractual
- Other
- Indirect Costs

*Remember to refer to the HRSA-SF-424 Application Guide as referenced throughout the NOFO*



# Budget Information

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Line items must be logically linked to activities outlined in the project narrative.

Are they:

- ALLOWABLE (*Conforming to policies and limitations?*)
- REASONABLE (*Justify*)
- ALLOCABLE (*Assigned to specific objective/activity*)



# 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!

