

SYNOPSIS

Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome HRSA 20-106

Due Date: July 20, 2020
Total Funding Available: \$15,000,000
Estimated Number of Awards: 30
Cost Sharing/Match: No
Period of Performance: 9/30/20-9/29/23
Eligible Applicants: Public and private non-profit orgs, academic institutions, tribes and tribal organizations
Page Limit: 60 including abstract, narrative, budget, budget narrative and attachments

Webinar

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

PURPOSE: to reduce reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk, rural communities. To advance RCORP's overall goal and reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) in rural communities by improving systems of care, family supports, and social determinants of health. The target population for this grant is pregnant women, mothers and women of childbearing age who have a history of, or who are at risk for, SUD/OUD and their children, family and caregivers who reside in HRSA-designated rural areas.

HRSA requires that RCORP-NAS applicants operate within a broad, multi-sectoral consortium. HRSA expects that consortia funded by RCORP- NAS will be able to operate effectively and sustain services during and beyond the period of performance. Award recipients will therefore implement Planning and Sustainability Strategies. Successful efforts in rural communities to reduce NAS and SUD/OUD will require collaboration that spans across health care, community sectors, and payers such as Medicaid. There is a **tribal exception** to the separate EIN rule.

The primary focus of this grant is to reduce incidence of NAS and OUD by improving local conditions and creating systems change. However, recognizing that many individuals with OUD have co-occurring substance use disorders, consortia may also choose to address additional substances of concern in the target population.

FOCUS AREA AND PREVENTION, TREATMENT, RECOVERY STRATEGIES

You must select one or two focus area(s), and a set of prevention, treatment and recovery strategies associated with each focus area and then develop a Work Plan based on the selected focus area and strategies.

Focus Areas:

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

Prevention, Treatment and Recovery Strategies – You must select two strategies from each category:

Prevention:

1. **Increase access to family-planning services** to women of childbearing age, who have or are at risk for SUD/ODU.
2. **Harness cross-sector collaboration and/or technology innovation to improve access to behavioral and reproductive health services** among women of childbearing age who are uninsured or under-insured and who are at risk of developing SUD/ODU.
3. **Facilitate proper medication safety and disposal** of unused opioid prescription medications and other prescription drugs, specifically among the target population.
4. **Coordinate the delivery of evidence-based prevention services and education programs to groups within the target population who are at risk of SUD/ODU**—especially those who are of childbearing age, or who are youth with parents with SUD/ODU- to minimize the potential for the development of SUD/ODU.

Treatment:

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

designed to improve understanding and reduce stigma of SUD/ODU treatment provided by specific populations (*i.e.*, nurses, law enforcement, etc.).

3. **Reduce barriers for mothers to enter into, and adhere to behavioral health treatment by addressing, providing, or enhancing family supports.** *Providing family support includes, but is not limited to, services related to kinship, childcare, engaging with companions, and other wrap around services, etc.*
4. **Improve engagement between the target population and behavioral health services, through cross-sectoral, collaborative programs designed to increase points of service entry.** *Depending on your focus area, this could include, but is not limited to, efforts designed to integrate behavioral health with the criminal justice system, obstetrics and gynecology, dentistry, social services, and emergency rooms by leveraging or expanding peer programming, establishing drug courts, improving Syringe Services Programs (SSPs), coordinating treatment engagement among first responders, and other evidence-based strategies.*
5. **Increase access to behavioral health by establishing or improving service models unique to the needs of the target population.** *This may include, but is not limited to, improving family-centered treatment that endeavors to keep families and caregivers together in their homes and communities, addressing basic needs, utilizing out of home care when in the best interest of the child, care coordination, mobilizing hospital bed space for NAS/ODU services, etc.*
6. **Coordinate programs to reduce or remove physical barriers to behavioral health treatment** among the target population by advancing service delivery that address documented barriers. *Depending on your focus area, this could include, but is not limited to, efforts to increase [DATA 2000 waivers](#), advancing telehealth, improving transportation, or establishing co-location of care.*
7. **Improve access to treatment among the target population, by increasing the number of providers,** and other health and social service professionals **who are able to diagnose and treat pregnant women with SUD/ODU.** *Activities to increase providers may include, but is not limited to, providing professional development opportunities and recruitment incentives and leveraging the NHSC.*
8. **Improve behavioral health financials systems to sustain the behavioral health workforce.** *Activities may include, but are not limited to, providing trainings to optimize reimbursement for treatment encounters through proper coding and billing across insurance types, collaborating with state agencies to address the complex challenges of those at risk of, or suffering from, SUD through Medicaid flexibilities, as well as novel payment models for integrated care, etc.*

Recovery

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

2. **Enhance discharge coordination of the target population-** especially those leaving inpatient treatment facilities and/or the criminal justice system- **who require linkages to home and community-based services**, including social supports, peer support specialists, parenting classes, case management, workforce preparation, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, housing, recovery housing, and sober/transitional living facilities.
3. **Support ways to develop sustainable recovery communities**, including recovery community organizations, **to expand the availability of recovery support services** specific to the needs of the target population.
4. **Address basic needs and improve local conditions in order to increase likelihood of successful recovery among the target population.** *This includes efforts to increase the availability of recovery and other affordable housing, education and employment programs, and incentives to businesses that hire citizens returning from the criminal justice system.*

PROJECT ABSTRACT

One page, single spaced, stand-alone document. Must contain the following:

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Organization Facility Type (*e.g., Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.*)
6. Project Director Name and Title
7. Project Director Contact Information (*phone and email*)
8. Data Coordinator Name and Title
9. Data Coordinator Contact Information (*phone and email*)
10. EIN/DUNS Number Exception Request in Attachment 8? (Y/N)
11. Letter from Urban Parent Organization in Attachment 12? (Y/N)
12. How the Applicant **First** Learned About the Funding Opportunity (**select one**: *State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department*)
13. Number of Consortium Members & List of Consortium Members - Please identify consortium member(s) that will be representing the focus area
 - a. Please indicate if your consortium has representation from a state or local Medicaid office.
14. Previous or Current RCORP Award Recipient? (**Specify**: *FY18 RCORP-Planning Applicant Organization (HRSA 18-116); FY18 RCORP-Planning Consortium Member (HRSA 18-116); FY19 RCORP-Planning Applicant Organization (HRSA 19-081); FY19 RCORP-Planning Consortium Member (HRSA 19-081); FY19 RCORP-MAT Expansion (HRSA 19-102); FY-19 RCORP Implementation Applicant Organization (HRSA 19-082); FY19 RCORP-Implementation Consortium Member*

(HRSA 19-082); FY-20 RCORP Implementation Applicant Organization (HRSA 20-031); FY-20 RCORP Implementation Consortium Member (HRSA 20-031)

15. Brief Description of the Target Population - Indicate approximately what percentage (if any) of the target population is Native American - If applicable, provide 2-3 sentences regarding how this project specifically targets tribal populations.
16. Rural Service Area (**must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer** - Fully Rural Counties: Provide the county name and state
 - b. Partially-Rural Counties: Provide county name, state, **and** the rural census tract (**list of rural census tracts**)
 - c. Exception Request in Attachment 9? (Y/N)
 - d. Exception Request in Attachment 10? (Y/N)
 - e. Exception Request in Attachment 11? (Y/N)
17. Focus Area(s) with a Brief Description (must include one or two of the focus area options identified in the **Program Specific Instructions**) - Provide 2-3 sentences regarding how this focus area was chosen
18. Prevention, Treatment, and Recovery Strategies. - Please list the two Prevention, two Treatment, and two Recovery Strategies you selected to work on for the three-year period of performance.

PROJECT NARRATIVE

1. Introduction
2. Needs Assessment
 - a. Population demographics
 - i. Total population of service area
 - ii. Percentage of people with health insurance in service area
 - iii. Percentage of people unemployed
 - iv. Percent of people below poverty line
 - v. Racial/ethnic breakdown
 - vi. Breakdown by age and sex
 - vii. Number of annual births in service area
 - viii. Compare to state and national data
 - ix. Place data in table format
3. SUD/ODU data
 - a. Non-fatal opioid overdoses in service area
 - b. Number of fatal opioid overdoses in service area
 - c. Number of women (and pregnant women if possible) with SUD in service area by type:
 - i. Alcohol
 - ii. Psychostimulants
 - iii. Opioids
 - iv. Other
 - d. Number of NAS-related births in service area
 - e. Number of healthcare providers within service area who have a DATA waiver
 - f. IF data are not available, provide proxy measures and/or describe why the data is not available and how you plan to capture it if awarded
 - g. Compare data to regional, statewide and/or national data
 - h. Provide data in table format
4. Existing SUD/ODU Services

5. Gaps and Unmet Needs
6. Focus Area
7. Methodology
 - a. Select prevention, treatment and recovery strategies and describes the activities and methods to fulfill each
8. Planning Strategy
9. Sustainability Strategy
10. Other Strategies

Narrative Approach

When describing strategies, use the following format:

Prevention Strategies

Prevention Strategy #1 [Insert Selected Strategy]
Activities and Methods to Fulfil Prevention Strategy

Treatment Strategy

Treatment Strategy #1 [Insert Selected Strategy]
Activities and Methods to Fulfil Prevention Strategy, etc. etc.

WORK PLAN

work plans should detail the minimum information: all selected strategies, activities to achieve strategies, responsible individual(s) for activities, and timeframes to accomplish activities. Provide Workplan in table format and include in Attachment 1.

RESOLUTION OF CHALLENGES

Describe challenges you are likely to encounter and how you will address them.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

Describe the logic and rationale for selected work plan activities and how they will result in a reduction of NAS in the service area. Describe how you will track, collect, aggregate, and report data from all consortium members. Describe process for updating consortium members and the wider public.

ORGANIZATIONAL INFORMATION

Provide insight into the organizational structure of the consortium and the consortiums ability to implement the activities outlined in the work plan. You may refer reviewers to the relevant attachments that describe each consortium member. Attachment 2 – Consortium Membership – must include the following:

- Consortium member organization name;
- Consortium member organization street address (*Must include physical address. P.O. Boxes are not eligible*).
- Consortium member organization county;
- Consortium member primary point of contact at organization (name, title, email);

- Consortium member organization EIN and DUNS. The consortium must consist of at least four separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement, (See [Tribal Exception](#))
- Service delivery sites (street address, including county) defining where services **for the RCORP-NAS grant** will be administered. All services must be exclusively provided in HRSA-designated rural areas, as defined by the [Rural Health Grants Eligibility Analyzer](#);
- Sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Consortium membership should be diverse and encompass more than one sector;
- Current and/or previous RCORP awards received (list award name, year, and whether the entity served as the applicant organization or consortium member);
- Specify (yes/no) whether a National Health Service Corps (NHSC) site or NHSC–eligible site (see <https://nhsc.hrsa.gov/sites/eligibility-requirements.html> for more details);
- Specify (yes/no) whether consortium member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the [Rural Health Grants Eligibility Analyzer](#). As a reminder, at least two separately-owned consortium members must be located in a HRSA-designated rural area; and
- Specify (yes/no) whether consortium member has signed the Letter of Commitment (**Attachment 3**).
- Specify (yes/no) whether consortium member represents the focus area

CONSORTIUM LETTER OF COMMITMENT

Must identify each member, roles and responsibilities in project, the activities in which they will be included, how the organization’s expertise is pertinent to the project, length of commitment to the project and how many years the consortium member has worked with the applicant organization. Must also state that members understand that the award is to be used for the activities proposed in the workplan, that the activities must exclusively benefit populations in the rural service area and that the award is not be used to benefit any one consortium member.

ORGANIZATIONAL CHART (Attachment 4)

Should describe the relationship and/or hierarchy amongst all consortium members.

STAFFING PLAN (Attachment 5)

To be provided in a table format and to include the following for each proposed project staff member:

- Name;
- Title;
- Organizational affiliation;
- Full-time equivalent (FTE) devoted to the project;

- Roles/responsibilities on the project; and
- Timeline and process for hiring/onboarding, if applicable.

Staffing plan should directly link to the activities proposed. If a staff member is to be hired, put TBH in lieu of a name. All staffing plans should include a Project Director and a Data Coordinator.

STAFF BIOGRAPHICAL SKETCHES (Attachment 6)

BUDGET

BUDGET NARRATIVE

ATTACHMENT 7: Other RCORP Awards (if applicable)

Application Contents:

Mandatory Forms (Click to Preview)	Optional Forms (Click to Preview)
<ul style="list-style-type: none"> » Application for Federal Assistance (SF-424) [V2.1] » Attachments [V1.2] » Project/Performance Site Location(s) [V2.0] » Project Narrative Attachment Form [V1.2] » Grants.gov Lobbying Form [V1.1] » Budget Narrative Attachment Form [V1.2] » Budget Information for Non-Construction Programs (SF-424A) [V1.0] » Key Contacts [V1.0] 	<ul style="list-style-type: none"> » Disclosure of Lobbying Activities (SF-LLL) [V1.2]