U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Behavioral Health Workforce Centers – Northern Border Region

Funding Opportunity Number: HRSA-22-163

Funding Opportunity Type: New

Assistance Listings (AL/CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

MODIFIED on June 13, 2022 to extend the Application Due Date

Application Due Date: July 13, 2022

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: April 22, 2022

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please 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) 2022 Rural Behavioral Health Workforce Centers – Northern Border Region ("RBHWCs"). The purpose of this program is to improve behavioral health care services in rural areas through educating and training future and current health professionals in treatment and interventions for behavioral health disorders, including substance use disorder (SUD).

Funding Opportunity Title:	Rural Behavioral Health Workforce Centers – Northern Border Region
Funding Opportunity Number:	**HRSA-22-163**
Due Date for Applications:	July 13, 2022
Anticipated Total Annual Available FY 2022 Funding:	$625,000
Estimated Number and Type of Award:	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to $625,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2025 (3 years)
Eligible Applicants:	Eligible applicants include all domestic public or private, non-profit or for-profit entities. Eligible entities **must be physically located in the state of New York.** See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, May 10, 2022
Time: 2 – 3 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 161 901 1957
Weblink: https://hrsa-gov.zoomgov.com/j/1619011957

Following the webinar, please email Sarah O'Donnell (sodonnell@hrsa.gov) for a link to the recording.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Behavioral Health Workforce Centers – Northern Border Region ("RBHWCs"). The RBHWCs are a part of the Rural Communities Opioid Response Program, a multi-year HRSA initiative with the goal of reducing morbidity and mortality resulting from substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. The RBHWCs will advance RCORP's overall goal by improving behavioral health care services in rural areas through educating and training health professionals and community members to care for individuals with behavioral health disorders, including SUD.

This program supports HRSA's collaboration with the Northern Border Regional Commission (NBRC) to provide career and workforce training activities within the four-state NBRC region, in order to assist individuals with behavioral health needs, particularly SUD.

To this end, the RBHWCs will utilize a multi-sectoral, collaborative approach to enhance behavioral health care delivery within eligible rural NBRC counties and census tracts (see Appendix A) by developing and implementing training and mentorship programs focused on building the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health care needs.

In support of this goal, the RBHWCs will work towards achieving the following five objectives:

> Objective 1: Form and sustain a multi-sectoral strategic network of key behavioral health and community services partners from across the target rural service area, to support the development and implementation of training and mentorship programs as well as recruitment of participants.
>
> Objective 2: Assess resources, needs, and opportunities in the target rural service area as they relate to the program goal to inform future activities of the program, including an initial assessment in year one and ongoing updates in years two through three.
>
> Objective 3: In collaboration with the strategic network, develop and implement training and mentorship programs that address identified gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.

Objective 4: In collaboration with the strategic network, develop and implement training and mentorship programs that address health equity and stigma as it relates to behavioral health.

Objective 5: Ensure that trainings and mentorship programs are available, accessible, and well-known throughout the entire target rural service area.

For more details, see Program Requirements and Expectations

Target Rural Service Area

Note that funding may **only** support activities and services in eligible rural NBRC counties and census tracts within the state of New York. Additionally, applicants must include in their target rural service area **all** eligible rural NBRC counties and census tracts for the state of New York (see Appendix A).

Services and resources supported by this funding must be available and easily accessible throughout the entire target rural service area. However, it is acceptable to more actively focus on communities with disproportionate levels of need within the target rural service area.

Applicants are encouraged to give special consideration to populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the rural population. Examples of these populations include, but are not limited to, homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)). HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP programs provide technical assistance and other activities as necessary to support improving health care in rural areas. For additional information about FORHP, please see https://www.hrsa.gov/rural-health/index.html.

The Northern Border Regional Commission (NBRC) is a federal-state partnership for economic and community development in Maine, New Hampshire, Vermont, and New York (for a list of counties included in the NBRC service area, https://www.nbrc.gov/). The NBRC was formed by Congress in 2008, and each year the NBRC provides federal funds for critical economic and community development projects. Their mission is to catalyze regional, collaborative, and transformative community economic development approaches that alleviate economic distress and position the region for economic growth. The states of Maine, New Hampshire, Vermont, and New York partner with the NBRC to focus funding strategies and help prioritize investment applications.

In FY 2021, HRSA awarded three cooperative agreements under the RBHWC program. The recipients are located in Vermont, New Hampshire, and Maine. There is currently not a RBHWC recipient located in New York.

In 2020, 21 percent of individuals in rural areas with any mental illness and almost *half* of those with significant functional impairments resulting from their mental illness reported unmet need for mental health services.[1] Some studies suggest that rural residents may not receive certain treatments for mental or behavioral health issues at the same rate as urban counterparts.[2] Moreover, of the 5,733 mental health, health professional shortage areas (HPSAs) in the U.S., 3,363 (58.66 percent) are in rural areas, representing 25,327,659 people who do not have adequate access to mental health care providers. Additionally, more than half of rural counties still lack physicians with a waiver to prescribe buprenorphine.[3] In the Northern Border Region, a total of 4,456,730 individuals live in a mental health HPSA in this area of the country, and only 33 percent of the need is met for mental health care providers.[4]

According to the 2019 National Survey on Drug Use and Health, adults aged 18 or older who experience mental illness are more likely to be users of illicit drugs, marijuana, misusers of opioids, or binge alcohol users.[5]

Nationally, drug overdose deaths have increased in both rural and urban counties over the past two decades. A March 2021 Data Brief from the National Center for Health Statistics (NCHS) reports that in rural counties, the age-adjusted rate of drug overdose deaths increased from 4.0 per 100,000 in 1999 to 19.6 in 2019 (urban counties increased from 6.4 to 22.0).[6] Moreover, the states in the Northern Border Region experience some of the highest opioid-involved overdose death rates in the country.[7] According to the provisional drug overdose death counts from NCHS, from August 2019 to August 2020, the number of drug overdose deaths is estimated to have increased by 36.3 percent in Maine, 23.3 percent in New York, 7.5 percent in New Hampshire, and 7.2 percent in Vermont.[8]

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[1] SAMHSA. (2020). *Results from the 2020 National Survey on Drug Use and Health: Detailed Tables*. https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables

[2] Terlizzi EP, Zablotsky B. *Mental health treatment among adults: United States, 2019*. NCHS Data Brief, no 380. Hyattsville, MD: National Center for Health Statistics. 2020.

[3] Andrilla, C. H. A., Coulthard, C., & Larson, E. H. (2017). Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder. *The Annals of Family Medicine*, *15*(4), 359–362. https://doi.org/10.1370/afm.2099

[4] Bureau of Health Workforce, HRSA, HHS. (2020, December). *Designated Health Professional Shortage Areas Statistics*. https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport

[5] SAMHSA. (2019a). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf

[6] Hedegaard H, Spencer MR. Urban–rural differences in drug overdose death rates, 1999–2019. NCHS Data Brief, no 403. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:102891.

[7] *Opioid Summaries by State*. (2020, July 15). National Institute on Drug Abuse. https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state

[88] Ahmad FB, Rossen LM, Sutton P. *Provisional drug overdose death counts.* National Center for Health Statistics. 2021.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

Providing input and guidance

- Providing guidance and assistance in identifying key organizations and stakeholders with which to share information on program activities, resources, and emerging needs and trends in the region;
- Providing guidance and assistance in identifying key organizations with whom to partner and collaborate (to include the facilitation of collaboration with other HRSA/federal partners);
- As appropriate, providing guidance, assistance, and participating in the planning of any meetings, educational/training/mentorship activities, or workgroups conducted during the period of the cooperative agreement;
- Identifying opportunities and providing guidance on strategies for disseminating information about activities and resources;
- Reviewing and providing input on activities, findings, resources, trainings, and other products developed under this award prior to public dissemination; and
- Providing input, guidance, and reviewing measures for monitoring program progress and outcomes.

Coordinating and Collaborating

- Coordinating with NBRC and RBHWC award recipients to prioritize activities and assess progress made in achieving the goals of this cooperative agreement;
- Collaborating with NBRC and RBHWC award recipients to address shifts in rural health care needs or HRSA priorities; and
- Collaborating with NBRC and RBHWC award recipients to identify opportunities for joint, coordinated projects that cover the entire NBRC rural service area.

Sharing Information

- Sharing relevant FORHP and HRSA program data, as appropriate, to inform the efforts of the RBHWCs within the target rural service area.

The RBHWC cooperative agreement recipient's responsibilities will include:

Coordinating and Collaborating

- Collaborating across all funded Northern Border Region RBHWCs;
- Coordinating and collaborating across all funded Northern Border Region RBHWCs on special, joint projects covering the entire rural NBRC service area, on topics which may include (but are not limited to) sustainability, data collection, and piloting new training approaches for health support workers;
- Directly engaging impacted populations within the target rural service area, including rural health care providers, health support workers, non-clinical staff, community members, and individuals with behavioral health disorders;
- Identifying and engaging key stakeholders from across a variety of sectors to create a sustainable, collaborative strategic network of key partners that will work in coordination with HRSA, NBRC, and the Northern Border Region RBHWCs to address the behavioral health care needs of the target rural service area;
- Building and maintaining a direct relationship with stakeholders and entities in the eligible rural NBRC counties and census tracts;
- Collaborating with HRSA and NBRC to address shifts in HRSA priorities or the needs of the target rural service area;
- Coordinating with HRSA and NBRC in the planning of any meetings, educational/training/mentorship activities, or workgroups conducted during the period of the cooperative agreement; and
- Coordinating with HRSA and NBRC to develop and maintain process and outcome measures to monitor project progress and impact.

Achieving Program Goals

- Ensuring all activities and resources directly benefit and address the behavioral health care needs of eligible rural NBRC counties and census tracts;
- Ensuring all activities and resources directly align with the stated program goals and objectives;

- Ensuring all activities and resources are made easily accessible to eligible rural NBRC counties and census tracts, accounting for unique rural challenges such as lack of internet bandwidth, increased stigma, transportation, staffing shortages, etc.;
- Completing all program objectives and activities as proposed by the applicant, except as modified in consultation with HRSA through the appropriate prior approval processes; and
- Planning timelines to allow sufficient time for HRSA to review and provide input on activities, findings, resources, trainings, and other products developed under this award prior to public dissemination.

Sharing Information

- Informing HRSA and NBRC partners of emerging needs and trends in the region;
- Providing input to HRSA on the future direction of rural behavioral health care programs based on identified needs;
- Sharing information with HRSA, NBRC, and the Northern Border Region RBHWCs on methods and processes for collecting data and monitoring project progress and outcomes; and
- Sharing any data collected with HRSA, NBRC, and the Northern Border Region RBHWCs, as needed.

2. Summary of Funding

HRSA estimates approximately $625,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $625,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2022 through August 31, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for RBHWC in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in the application.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all domestic public or private, non-profit or for-profit entities. Eligible entities **must be physically located in New York.**

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 ceiling amount
- Proposes a service area that does **not** include all HRSA-designated rural counties and rural census tracts within the New York NBRC service area, as listed in Appendix A.
- Proposes a service area that includes counties or census tracts that are **not** within in the rural New York NBRC service area, as listed in Appendix A.
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-163 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, certifications, etc. You must submit the information outlined in the 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 HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-163, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 50 will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-163 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 *Attachment 6-15: 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

Applicants must have demonstrated experience serving HRSA-designated rural counties and rural census tracts within the NBRC service area in New York, as listed in Appendix A.

All planned activities supported by this program **must exclusively target the HRSA-designated rural counties and rural census tracts within the NBRC service area in New York**, as listed in Appendix A. Within partially rural counties, **only** HRSA-designated rural census tracts are eligible to receive activities and services supported by this award. For your reference, a list of HRSA-designated rural census tracts is available here.

Services and resources supported by this funding must be available and easily accessible throughout the entire target rural service area of **all** eligible rural NBRC counties and census tracts in New York, as listed in Appendix A. However, it is acceptable to more actively focus on communities with disproportionate levels of need within the target rural service area.

Additionally, all funded activities must support the program goal and five objectives:

Goal: Utilize a multi-sectoral, collaborative approach to enhance behavioral health care delivery within eligible rural NBRC counties and census tracts (see Appendix A) by developing and implementing training and mentorship programs focused on building the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health care needs.

- Objective 1: Form and sustain a multi-sectoral strategic network of key behavioral health and community services partners from across the target rural service area, to support the development and implementation of training and mentorship programs as well as recruitment of participants.
- Objective 2: Assess resources, needs, and opportunities in the target rural service area as they relate to the program goal to inform future activities of the program, including an initial assessment in year one and ongoing updates in years two through three.
- Objective 3: In collaboration with the strategic network, develop and implement training and mentorship programs that address identified gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.
- Objective 4: In collaboration with the strategic network, develop and implement training and mentorship programs that address health equity and stigma as it relates to behavioral health.
- Objective 5: Ensure that trainings and mentorship programs are available, accessible, and well-known throughout the entire target rural service area.

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 limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

Please also include the following information in addition to the required information requested in the Project Abstract Summary Form:

- Applicant organization facility type (e.g., critical access hospital, State Office of Rural Health (SORH), tribal organization, federally qualified health center, rural health clinic, institution of higher learning, public health department, etc.).
- Identify how the applicant learned about this funding opportunity (e.g., State Office of Rural Health (SORH), Grants.gov, HRSA news release, etc.).

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
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.

Use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V's Review Criterion #1: Need

  The Introduction section should:

  - Clearly and succinctly summarize the key strategies and activities of the proposed project, and how they will support the program goals and objectives.
  - Briefly summarize the characteristics and needs of the proposed target population and target rural service area.

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

  The Needs Assessment section should:

  - Describe the needs of the target population, as they relate to the program goals. Include information on any impacted subpopulations who have historically suffered from health disparities. These populations may include, but are not limited to, homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.
  - Provide supporting data and statistics derived from appropriate, reliable sources that reflect the most recent timeframe available.
  - Where possible, compare local data to state and federal data to highlight the need of the target rural service area.

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

  The Methodology Section should provide clear, actionable strategies and activities for how you will achieve each of the program objectives. **All proposed strategies and activities should directly support the program goal as stated below, with an emphasis on substance use disorder:**

  > Enhance behavioral healthcare delivery within eligible rural NBRC counties and census tracts (see Appendix A) by developing and implementing training and mentorship programs focused on building the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health care needs.

NOTE: While the RBHWCs may define behavioral health care services broadly, applicants must also demonstrate a specific focus on substance use disorder, in line with the RCORP initiative.

To that end, the Methodology section should include the following for each objective:

- Objective 1: Form and sustain a multi-sectoral strategic network of key behavioral health and community services partners from across the target rural service area, to support the development and implementation of training and mentorship programs as well as recruitment of participants.
  - Describe in detail how you will identify and engage key stakeholders and partners from a variety of sectors to create a formal strategic network that will work collaboratively to coordinate the project's activities in support of the program goal.
  - Describe how the strategic network will be structured, managed, and maintained. Appendix B contains examples of organizations that may be included in the strategic network.

- Detail how the strategic network will be sustained after the period of performance ends.
- Detail how the strategic network will address the unique needs of underserved sub-populations within the target population (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.).
- Describe how the strategic network will collaborate with HRSA, NBRC, the Northern Border Region RBHWCs, and other key stakeholders and partners to identify and share information on emerging priorities and community needs.
- Detail the strategic network's approach to flexibly adapting to any changes that might be required as a result of shifting priorities and needs.

NOTE: The strategic network must plan to work collaboratively with HRSA, the NBRC, and other RBHWCs throughout the period of performance. Additionally, a **majority of members in each strategic network must be located within the eligible rural NBRC counties and census tracts (see Appendix A).**

- Objective 2: Assess resources, needs, and opportunities in the target rural service area as they relate to the program goal to inform future activities of the program, including an initial assessment in year one and ongoing updates in years two through three.
  - Describe how, within in the first six months of the project, the strategic network will conduct an initial assessment and analysis of existing resources, needs, and opportunities in the target rural service area as they relate to the program goal.
  - Describe how, after the initial assessment, the strategic network will continually assess progress, successes, challenges, and evolving community health care needs throughout the project, in support of the program goal.
  - Describe how the initial and ongoing assessments will address issues pertinent to the program goal, including the behavioral health training needs of rural health care providers, health support workers, non-clinical staff, and community members.
  - Detail how the strategic network will directly engage impacted populations in the initial and ongoing assessments, including rural health care providers, health support workers, non-clinical staff, and individuals and families impacted by behavioral health disorders.

- Describe how the strategic network will coordinate with HRSA, NBRC, other Northern Border Region RBHWCs, and key rural partners and stakeholders in conducting the initial **and** ongoing assessments. A full (non-exhaustive) list of potential stakeholders and partners is available in Appendix B.
- Detail how the results of the initial and ongoing assessments will be used to inform future project activities.

- Objective 3: In collaboration with the strategic network, develop and implement training and mentorship programs that address identified gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.
  - Detail how the strategic network will use the results of the assessment to develop training and mentorship programs that address gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.
  - Explain how the strategic network will ensure that trainings account for the unique needs of vulnerable sub-populations within the target population (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.).
  - Provide detailed, specific, and actionable strategies for how the strategic network will implement training and mentorship programs in the target rural service area to address identified needs.
  - Detail how the strategic network will leverage existing resources at the federal, state, and local levels and **avoid duplication** in the creation of training and mentorship programs.
  - Describe in detail how the strategic network will measure the impact of training and mentorship programs and use that information to inform future programming.

- Objective 4: In collaboration with the strategic network, develop and implement training and mentorship programs that address health equity and stigma it relates to behavioral health.
  - Detail how the strategic network will use the results of the assessment to develop training and mentorship programs that address stigma and health equity among rural health care providers, health support workers, non-clinical staff, and community members that care for and interface with individuals with behavioral health needs.

- Explain how the strategic network will ensure that trainings account for the unique needs of vulnerable sub-populations within the target population (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.).
- Provide detailed, specific, and actionable strategies for how the strategic network will implement training and mentorship programs in the target rural service area to address identified needs.
- Describe how the strategic network will use trainings and mentorship programs to build connections between rural behavioral health care providers and community services such as job readiness programs, transportation services, etc.
- Detail how the strategic network will leverage existing resources at the federal, state, and local levels and **avoid duplication** in the creation of training and mentorship programs.
- Describe in detail how the strategic network will measure the impact of training and mentorship programs and use that information to inform future programming.

- Objective 5: Ensure that trainings and mentorship programs are available, accessible, and well known throughout the entire target rural service area.
  - Describe in detail how the strategic network will ensure that rural health care providers, health support workers, non-clinical staff, and community members will be able to both access and participate in relevant training and mentorship programs.
  - Describe in detail how the strategic network will actively and directly engage rural health care providers, health support workers, non-clinical staff, and community members to recruit participants for training and mentorship programs.
  - Explain how the strategic network will account for the unique challenges of rural areas when ensuring access to and participation in training and mentorship programs, such as lack of internet bandwidth, increased stigma, transportation issues, staffing shortages, and others.
  - Explain how the strategic network will ensure that vulnerable sub-populations within the target rural service area (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.) are able to access and participate in trainings and mentorship programs.

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

  Provide a clear and coherent work plan in Attachment 1. It is recommended that you provide your work plan in table format. The work plan activities should align with the activities proposed throughout your methodology section, and should include the following:

  - Specific activities that you will undertake to achieve project objectives and goals;
  - Responsible individual for each activity;
  - Timeline for completion of each activity.

  NOTE: Applicants should plan to complete the initial assessment of needs, resources, and opportunities within the first 6 months of the project.

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

  The Resolution of Challenges Section should:

  - Describe challenges that you are likely to encounter in carrying out the activities described in the work plan. Specifically, consider any challenges that are unique to working with rural communities within the target service area, forming and maintaining a strategic network, and addressing the needs of vulnerable populations within the target rural service area.
  - Identify specific, actionable approaches that you will use to resolve each challenge.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3: Evaluative Measures

  The Evaluation and Technical Support Capacity Section should:

  - Describe how the strategic network will track progress towards completing the project's objectives and activities as outlined in the work plan. Include specific, measurable, time-bound process measures where applicable.
  - Propose five to seven outcome measures and describe how these measures could be used to assess the project's progress towards achieving the program goals.
  - Describe how the strategic network will coordinate with HRSA and the NBRC to refine a unified set of outcome measures across the RBHWCs program.
  - Provide a specific and actionable plan for how your strategic network will collect, monitor, and analyze process and outcome measures to determine if the project is proceeding as anticipated and achieving the desired outcomes.

- Describe how you will use information from the process and outcome measures to inform and adjust project activities, as necessary and in collaboration with HRSA.

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

  The Organizational Information Section should:

  - Describe the following about your organization, with a particular focus on your organization's experience with and knowledge of rural behavioral health care workforce, particularly SUD:
    - Current mission, structure, and scope of current activities;
    - Clear, specific, demonstrated ability to meet program requirements and achieve program goals and objectives;
      i. Include specific examples of your previous experience working to enhance behavioral healthcare delivery in rural areas.
      ii. Include specific examples of your previous experience developing and delivering trainings to rural health care providers, health support workers, non-clinical staff, and community members.
      iii. NOTE: If your organization does not have direct, specific experience in either of the above areas, explain how this experience will be consistently and robustly represented in the strategic network.
    - Clear, specific, demonstrated ability to implement activities and strategies as proposed in the methodology and work plan;
    - Experience with directly engaging impacted populations within New York's eligible rural NBRC counties and census tracts, including rural health care providers, health support workers, non-clinical staff, and community members caring for individuals with behavioral health care needs, as well as individuals with behavioral health disorders;
    - Experience with identifying, engaging and collaborating with other federal, state, and local entities and programs to achieve project goals;
      i. Include specific examples of your previous experience that demonstrates your ability to engage and collaborate with HRSA, the NBRC, and your proposed strategic network partners.
    - Ability to form and maintain a strategic network of key local, state, and regional partners and stakeholders; and
    - Ability to properly account for the federal funds and document all costs to avoid audit findings.

- In **Attachment 2**, include a one-page organizational chart that clearly depicts the location of the project management and oversight within the applicant organization.

- In **Attachment 3,** include dated **letters of support** from any partners/stakeholders that will have a significant impact on the ability of the applicant organization to execute the proposed project methodology. While there is no minimum required number of letters of support, you must provide letters from any organization or entity that will have a key role in the project. **At least 50 percent of the letters of support should be from organizations located within the target rural service area**. The letter of support may be in any format, including email, and must include the following:
  - The organization's anticipated roles and responsibilities in the project,
  - How the organization's expertise is relevant to the project,
  - The organization's address, including city, state, and ZIP code, and
  - Whether the organization is located in the target rural service area.

- In **Attachment 4,** provide a **staffing plan** that directly links to the methodology and activities proposed in the work plan. In the staffing plan, include the following information for each proposed project staff member
  - Name
  - Title
  - Organizational affiliation
  - Full-time equivalent (FTE) devoted to the project
  - List of roles/responsibilities on the project
  - **NOTE: The staffing plan must identify a Project Director with a minimum time commitment of .25 FTE,** who will manage the project and engage both the community and key stakeholders to fulfill the proposed project activities in the work plan. The Project Director is typically the primary point of contact and leadership for the award, directs project activities, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. **You should clearly demonstrate that the Project Director has appropriate and applicable experience for leading the project.** If the Project Director serves as a Project Director for other federal awards, please list the other federal awards in the staffing plan, as well as the percent FTE for the respective federal award(s). Project Directors cannot bill more than 1.0 FTE across federal awards. Ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

- **NOTE: You are expected to immediately operationalize the proposed approach upon receipt of the award.** To this end, if there are any positions that are vacant at the time of application include in the staffing plan a timeline and process for rapidly filling these positions, as well as a projected start date.

- In **Attachment 5**, provide a resume and/or biographical sketch for each proposed project staff member, which describes their qualifications and relevant experience for fulfilling their designated role in the project. If a position is vacant at the time of application, provide the position description you will use in the hiring process.

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, RBHWC requires the following:

Travel

You are expected to budget for the following trips:

- A three-day program meeting in Washington, DC, once in every project year.
- A two-day regional program meeting, two times during the period of performance. For budgeting purposes, you can assume that this will take place within the Northern Border Regional Commission region.

HRSA will work with award recipients to make any budget adjustments, once the details of these meetings are finalized.

Note that you may also propose additional meetings and conferences to attend, which are directly related to the purpose of the program and will support achievement of project goals and objectives.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), 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." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, RBHWC requires the following:

Applicants must provide a budget and budget narrative for each year of the three-year period of performance.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan

Attach a clear and coherent work plan. It is recommended that you provide your work plan in table format. The work plan should include the following:

- Specific activities that you will undertake to achieve project objectives and goals
- Responsible individual for each activity
- Timeline for completion of each activity

NOTE: Applicants should plan to complete the initial assessment of needs, resources, and opportunities within the first six months of the project.

Attachment 2: Organizational Chart

Include a one-page organizational chart that clearly depicts the location of the project management and oversight within the applicant organization.

Attachment 3: Letters of Support

Include dated letters of support from **any partner/stakeholder that will have a significant impact on the ability of the applicant organization to execute the proposed project methodology**. While there is no minimum required number of letters of support, you must provide letters from any organization or entity that will have a key role in the project. **At least 50 percent of the letters of support should be from organizations located within the target rural service area.** The letter of support may be in any format, including email, and must include the following:

- The organization's anticipated roles and responsibilities in the project,
- How the organization's expertise is relevant to the project,
- The organization's address, including city, state, and ZIP code, and
- Whether the organization is located in the target rural service area.

Attachment 4: Staffing Plan

Provide a **staffing plan** that directly links to the methodology and activities proposed in the work plan. In the staffing plan, include the following information for each proposed project staff member:

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

NOTE: The staffing plan must identify a Project Director with a minimum time commitment of .25 FTE, who will manage the project and engage both the community and key stakeholders to fulfill the proposed project activities in the work plan. The Project Director is typically the primary point of contact and leadership for the award, directs project activities, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. **You should clearly demonstrate that the Project Director has appropriate and applicable experience for leading the project.** If the Project Director serves as a Project Director for other federal awards, please list the other federal awards in the staffing plan, as well as the percent FTE for the respective federal award(s). Project Directors cannot bill more than 1.0 FTE across federal awards. Ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

You are expected to immediately operationalize the proposed approach upon receipt of the award. To this end, if there are any positions that are vacant at the time of application include in the staffing plan a timeline and process for rapidly filling these positions, as well as a projected start date.

Attachment 5: Resumes and/or biographical sketches

Provide a resume and/or biographical sketch for each proposed project staff member, which describes their qualifications and relevant experience for fulfilling their designated role in the project. If a position is vacant at the time of application, provide the position description you will use in the hiring process.

Attachments 6 - 15: Other Relevant Documents

Include here any other documents that are relevant to the application, which may include your organization's indirect cost rate agreement, etc.

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

The UEI, a "new, non-proprietary identifier" assigned by the System for Award Management (SAM.gov), will replace the *Data Universal Numbering System (DUNS) number.

From now until April 3, 2022, if you are not already registered in SAM.gov and wish to do business with the Federal Government, you need to obtain and/or use a UEI (DUNS) to register your entity in SAM.gov. Continue to use your UEI (DUNS) for registration and reporting until April 3, 2022.

Effective April 4, 2022:

- You can register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless 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.gov 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.

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages; instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *July 13, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

RBHWC 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 3 years, at no more than $625,000 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, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or 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,
- For construction,
- To provide direct services,
- To purchase syringes, or
- To pay for any equipment costs not directly related to the purposes of this award.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like 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 critical indicators for each review criterion to

assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

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

Criterion 1: NEED (5 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant uses relevant and recent data and information to clearly demonstrate the need for the proposed project in the target rural service area, including any areas of more focused efforts.
- The extent to which the applicant defines the needs of **all** eligible rural NBRC counties and census tracts for the state of New York.
- The extent to which the applicant demonstrates a focus on SUD within the broader behavioral health related needs of the target rural service area.
- The extent to which the applicant addresses the needs of subpopulations (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.) that have historically suffered from health disparities and other inequities compared to the rest of the target population.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Methodology (25 points)

Overall Methodology (10 points)

- The extent to which the applicant proposes clear, specific, and actionable strategies and activities that directly address the program goal, as stated below:
  - Enhance behavioral healthcare delivery within eligible rural NBRC counties and census tracts in the state of New York (see Appendix A) by developing and implementing training and mentorship programs focused on building the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health care needs.
- The extent to which the applicant's response thoroughly and completely addresses each of the five objectives outlined in the Notice of Funding Opportunity.

- The extent to which the applicant clearly demonstrates a focus on SUD throughout the project, within the broader context of behavioral health.
- The extent to which the applicant demonstrates a clear commitment and plan to work collaboratively with HRSA, the NBRC, and the Northern Border Region RBHWCs to achieve program goals and objectives throughout the project period.

Objective-specific Methodology (15 points)

Objective 1: Form and sustain a multi-sectoral strategic network of key behavioral health and community services partners from across the target rural service area, to support the development and implementation of training and mentorship programs, as well as recruitment of participants.

- The extent to which the applicant provides a detailed description of how they will identify and engage key stakeholders and partners from a variety of sectors to create a formal strategic network.
- The extent to which the applicant provides a specific and detailed description of how the strategic network will be structured, managed, and maintained.

Objective 2: Assess resources, needs, and opportunities in the target rural service area as they relate to the program goal to inform future activities of the program, including an initial assessment in year one and ongoing updates in years two through three.

- The extent to which the applicant provides a clear, specific, and actionable description of how the strategic network will coordinate with HRSA, NBRC, the Northern Border Region RBHWCs, and other key rural health stakeholders to conduct initial and ongoing assessments and analysis of resources, needs, and opportunities in the target rural service area as they relate to the program goals.
- The extent to which the applicant provides a clear plan to complete the initial assessment within the first six months of the project.
- The extent to which the applicant clearly describes specific and actionable strategies for how, after the initial assessment, the strategic network will continually assess progress, successes, challenges, and evolving community needs throughout the project, in support of project goals.
- The extent to which the applicant clearly describes how the initial and ongoing assessments will address issues pertinent to the program goal and objectives, including the training needs of rural health care providers, health support workers, non-clinical staff, and community members who care for individuals with behavioral health needs.

- The extent to which the applicant clearly and specifically details how the strategic network will directly engage impacted populations in the initial and ongoing assessments, including rural health care providers, health support workers, non-clinical staff, community members, and individuals with behavioral health disorders.
- The extent to which the applicant clearly details actionable strategies for how the results of the initial and ongoing assessments will be used to inform project activities.

Objective 3: In collaboration with the strategic network, develop and implement training and mentorship programs that address identified gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.

- The extent to which the applicant details a clear, specific, and actionable strategies for how the strategic network will use the results of the needs assessment to **develop** training and mentorship programs that address identified gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.
- The extent to which the applicant details clear, specific, and actionable strategies for how the strategic network will **implement and deliver** training and mentorship programs to address identified gaps in the skills and capacity of rural health care providers, health support workers, non-clinical staff, and community members to care for individuals with behavioral health needs.
- The extent to which the applicant details how the strategic network will ensure that trainings account for the unique needs of vulnerable sub-populations within the target population (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.).
- The extent to which the applicant clearly details specific, actionable strategies for how the strategic network will leverage and coordinate with existing resources at the federal, state, and local level and avoid duplication of effort.

Objective 4: In collaboration with the strategic network, develop and implement training and mentorship programs that address health equity and stigma.

- The extent to which the applicant details clear, specific, and actionable strategies for how the strategic network will use the results of the assessment to **develop** training and mentorship programs that address stigma and health equity among rural health care providers, health support workers, non-clinical staff, and community members that care for and interface with individuals with behavioral health needs.

- The extent to which the applicant details clear, specific, and actionable strategies for how the strategic network will **implement and deliver** training and mentorship programs to address stigma and health equity among rural health care providers, health support workers, non-clinical staff, and community members that care for and interface with individuals with behavioral health needs.
- The extent to which the applicant clearly and specifically outlines how the strategic network will ensure that trainings and mentorship programs account for the unique needs of vulnerable sub-populations within the target population (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.).
- The extent to which the applicant describes reasonable and actionable strategies for how the strategic network will use trainings and mentorship programs to build connections between rural behavioral health care providers and community services such as job readiness programs, transportation services, etc.
- The extent to which the applicant clearly details specific, actionable strategies for how the strategic network will leverage and coordinate with existing resources at the federal, state, and local level, and avoid duplication of effort.

Objective 5: *Ensure that trainings and mentorship programs are available, accessible, and well known within the target rural service area.*

- The extent to which the applicant describes specific and actionable strategies for ensuring that rural health care providers, health support workers, non-clinical staff, and community members who care for and interface with individuals with behavioral health disorders will be able to both access and participate in relevant training and mentorship programs.
- The extent to which the applicant clearly details a plan to actively and directly engage rural health care providers, health support workers, non-clinical staff, and community members to support and promote participation in training and mentorship programs.
- The extent to which the applicant provides clear, specific, and actionable strategies for addressing the unique challenges of rural areas when ensuring access to and participation in training and mentorship programs, such as lack of internet bandwidth, increased stigma, transportation issues, staffing shortages, and others.

- The extent to which the applicant provides a clear explanation for how the strategic network will ensure that vulnerable sub-populations within the target rural service area (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.) are able to access and participate in relevant trainings and mentorship programs.

Work Plan (7 Points)

- The extent to which the applicant provides a clear and comprehensive work plan that directly relates to the strategies and approaches described in the methodology section.
- The extent to which the work plan includes specific, reasonable action steps for each proposed activity, including a responsible individual and timeline for completion.
- The extent to which the work plan indicates completion of the assessment and analysis of needs, opportunities, and resources within the first 6 months of the project.

Resolution of Challenges (3 Points)

- The extent to which the applicant clearly and specifically describes the possible challenges and actionable solutions related to carrying out the activities described in the work plan, with special consideration given to the unique needs of working with rural communities within the target service area, forming and maintaining a strategic network, and addressing the needs of vulnerable populations within the target rural service area.

Criterion 3: EVALUATIVE MEASURES (7 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The extent to which the applicant describes in detail how the strategic network will measure the impact of training and mentorship programs and use that information to inform future programming.
- The extent to which the applicant proposes a clear, specific, and actionable plan for tracking progress of activities and action steps.
- The extent to which the applicant proposes reasonable process measures that will accurately reflect project progress.
- The extent to which the applicant proposes five to seven outcome measures, which can accurately reflect the project's impact in the short and long term.

- The extent to which the applicant clearly demonstrates the ability and commitment to collaborate with HRSA, NBRC, and other RBHWC award recipients to develop and finalize outcome measures for reporting purposes.
- The extent to which the applicant describes a clear, specific, and actionable plan to collect and monitor the proposed process and outcome measures, in collaboration with the strategic network.
- The extent to which the applicant describes a specific, actionable plan to use the process and outcome measures to inform and adjust project activities as necessary.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology

- The extent to which the applicant provides a clear and specific plan to ensure that all applicable activities, findings, resources, trainings, and other products supported by the award are available and easily accessible within all eligible rural NBRC counties and census tracts.
- The extent to which the applicant demonstrates a clear and actionable plan to sustain key elements of the project, including the strategic network, after the end of the project period.
- The extent to which the applicant provides a clear and actionable plan for ensuring that any proposed activities, resources and trainings will directly respond to demonstrated behavioral health care needs of the rural NBRC counties and census tracts in New York, and if applicable, of the targeted population of focus.
- The extent to which the applicant provides clear, actionable strategies for ensuring that any trainings and resources developed, as well as any plans for dissemination, account for possible challenges unique to rural communities such as low internet bandwidth, computer access, transportation, etc.
- The extent to which the applicant demonstrates the ability and commitment to - in collaboration with the strategic network, NBRC, and HRSA - adjust activities based on input from updated assessments, process measures, and outcome measures to ensure that the project continues to meet the program goal and achieve intended impact.
- The extent to which the applicant clearly demonstrates that the proposed project plan, strategies, and activities will effectively achieve the program's goal and objectives.

Criterion 5: RESOURCES/CAPABILITIES (33 points) – Corresponds to Section IV's Organizational Information

Organizational Capacity (18 Points)

- The extent to which the applicant clearly and specifically demonstrates the ability to implement activities and strategies as proposed in the methodology and work plan.
- The extent to which the applicant organization has demonstrated experience directly engaging the eligible rural NBRC counties and census tracts within the state of New York.
- The extent to which the applicant organization and/or key project partners have demonstrated experience addressing behavioral health needs, including SUD, of rural communities within the state of New York.
- The extent to which the applicant organization and/or key project partners have demonstrated experience developing and implementing training and mentorship programs for rural health care providers, health support workers, non-clinical staff, and community members within the target rural service area.
- The extent to which the applicant clearly and specifically demonstrates the ability to create and maintain a strategic network of regional, state, and local rural stakeholders.
- The extent to which the applicant has demonstrated experience collaborating with regional, state, and local stakeholders to address the needs of rural populations as it relates to the goals and objectives of this program.
- The extent to which the applicant demonstrates the organizational capacity to engage and collaborate with HRSA, the NBRC, and the other RBHWCs.
- The extent to which the applicant demonstrates the ability to properly account for federal funds and document all costs.
- The extent to which the application includes supporting documentation such as the organizational chart, staffing plan, bio sketches and/or resumes, etc., to reinforce the information provided throughout the application.
- The extent to which the applicant clearly and specifically demonstrates the ability to **immediately operationalize** the proposed approach upon receipt of the award.

Letters of Support (8 Points)

- The extent to which the applicant includes dated letters of support from any partner/stakeholder that will have a significant impact on the ability of the applicant organization to execute the proposed project methodology.
- The extent to which at least 50 percent of the letters of support are from organizations located within the target rural service area.

- The extent to which the letters of support include the following:
  - The organization's anticipated roles and responsibilities in the project;
  - How the organization's expertise is relevant to the project; and,
  - The organization's address, including city, state, and ZIP code.

Staffing Plan (7 Points)

- The extent to which the staffing plan identifies a project director with appropriate and applicable experience for leading the project.
- The extent to which the identified project director is allocated at least 25 percent FTE to the project.
- The extent to which any other proposed staff, in addition to the project director, have the appropriate and relevant experience for carrying out the purpose of the award.
- If applicable, the extent to the applicant provides a timeline and process for rapidly filling any positions that are vacant at the time of application, including the projected start date for the position.

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

- The degree to which the estimated costs of proposed activities are reasonable given the scope of work.
- The extent to which the applicant provides a budget and budget narrative for each year of the three-year period of performance.
- The extent to which the budget narrative clearly and comprehensively explains the amount requested for each line of the budget (such as personnel, travel, equipment, supplies, and contractual services).
- The extent to which the budget narrative clearly aligns with the goals and activities of the proposed work plan and project.
- The extent to which the applicant clearly describes how the budgeted items will directly benefit the eligible rural NBRC counties and census tracts.

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, 2022. 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 must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. 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 Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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.

Human Subjects Protection

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the Methodology portion of the Project Narrative section.

3. Reporting

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

1) **Progress Reports.** The recipient must submit a progress report to HRSA on a bi-annual basis. Further information will be available in the NOA.
2) **Assessment.** Within the first six months of the project period, the recipient must submit an assessment of need, resources, and opportunities in the target rural service area. Further information will be available upon award.
3) **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:

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

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

Sarah O'Donnell
Team Lead, Rural Strategic Initiatives Division
Attn: RBHWC
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (240) 485-8245
Email: sodonnell@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers 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
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, May 10, 2022
Time: 2 – 3 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 161 901 1957
Weblink: https://hrsa-gov.zoomgov.com/j/1619011957

Following the webinar, please email Sarah O'Donnell (sodonnell@hrsa.gov) for a link to the recording.

Tips for Writing a Strong Application

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

Appendix A: Eligible Rural NBRC Counties and Census Tracts in New York

NEW YORK	
Partially Rural Counties	***Eligible Rural Census Tracts***
Herkimer	36043010201 36043010300 36043010400 36043010501 36043010701 36043010702 36043011001 36043011100 36043011200 36043011301 36043011502
Jefferson	36045060100 36045060200 36045980000
Livingston	36051030400 36051030500 36051030900 36051031000 36051031200 36051031400
Madison	36053030101 36053030102 36053030103 36053030200 36053030300 36053030600 36053030700 36053030800 36053030900 36053031000
Niagara	36063024002 36063024102 36063940100
Oneida	36065021900 36065022000 36065022100 36065022200 36065022400 36065022500 36065022701 36065022702 36065024200 36065024301 36065024302 36065024303 36065024400 36065024500 36065024700 36065024800 36065024900 36065025900 36065026300 36065980100
Orleans	36073040200 36073040300 36073040400 36073040500 36073040600 36073040700 36073401200
Oswego	36075020301 36075020302 36075021000 36075021101 36075021102 36075021103 36075021104 36075021300 36075021401 36075021402 36075021501 36075021502 36075021601 36075021602 36075021603 36075021604 36075021605
Warren	36113074000 36113075000 36113076000 36113078000
Washington	36115082001 36115084000 36115089000 36115090000 36115092000 36115094000
Wayne	36117020600 36117021000 36117021100 36117021200 36117021400 36117021501 36117021502 36117021600 36117021700 36117021800
Yates	36123150100 36123150200 36123150400 36123150500
Fully Rural Counties	
Cayuga	
Clinton	
Essex	
Franklin	
Fulton	
Genesee	
Greene	
Hamilton	
Lewis	
Montgomery	
Seneca	
St. Lawrence	
Sullivan	

Appendix B: Examples of Potential Strategic Network Members

Examples of potential stakeholders and strategic network members include, but are not limited to, the following (NOTE: Organizations types included in this list are not precluded from applying for this award as the applicant organization):

- Area Health Education Centers
- Educational organizations, such as (but not limited to):
    - Institutions of higher education
    - Public school systems
- Criminal justice entities, such as (but not limited to):
    - State and local law enforcement
    - Prisons
    - Drug courts
- Health care providers, such as (but not limited to):
    - Critical access hospitals or other hospitals
    - Community Health Workers
    - Emergency Medical Services entities
    - Federally qualified health centers
    - Local or state health departments
    - Mental and behavioral health organizations or providers
    - Opioid Treatment Programs
    - Rural health clinics
    - Ryan White HIV/AIDS clinics and community-based organizations
    - Substance use treatment providers
- Healthy Start sites
- HIV and HCV prevention organizations
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies
- Poison control centers
- Primary Care Associations
- Rural Recruitment and Retention Network (3RNet)
- Tribes and tribal organizations
- Single State Agencies (SSA) for Substance Abuse Services
- State Offices of Rural Health
- State Primary Care Offices
- State Rural Health Associations
- Workforce Development Boards

Appendix C: Resources for Applicants

Several sources offer data and information that may help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are especially encouraged to review the reference materials available at the following websites:

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

Centers for Disease Control and Prevention (CDC) – Opioid Overdose: 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. https://www.cdc.gov/drugoverdose/index.html

CDC: 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

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

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

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

U.S Department of Labor: Provides resources and information that foster, promote, and develop the welfare of the wage earners, job seekers, and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights. https://www.dol.gov/

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/

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

Health Resources and Services Administration (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. https://datawarehouse.hrsa.gov/

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

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

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

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. 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.
https://www.naccho.org/uploads/downloadable-resources/Mobilizing-Community-Partnerships-Rural-Communities-NA608PDF.pdf

National Opinion Research Center (NORC) at the University of Chicago—Overdose Mapping Tool: NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death. http://overdosemappingtool.norc.org/

National Organization of State Offices of Rural Health (NOSORH)—Toolkit: NOSORH published a report on lessons learned from HRSA's Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
https://nosorh.org/rural-opioid-overdose-reversal-program/

Primary Care Associations (PCAs): State or regional nonprofit organizations that provide training and technical assistance (T/TA) to safety-net providers.
http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/

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

Rural Health Information Hub – Community Health Gateway: Offers evidence-based toolkits for rural community health, including step-by-step guides, rural health models and innovations, and examples of rural health projects other communities have undertaken. 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.
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.
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. http://www.ruralhealthresearch.org/

Rural Recruitment and Retention Network (3RNet): A national nonprofit network of members committed to matching healthcare professionals with rural and underserved jobs. https://www.3rnet.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. 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. https://www.samhsa.gov/ebp-resource-center

SAMHSA Single State Agencies (SSA) for Substance Abuse Services: Contains a directory of the SSAs located across the U.S.
https://www.samhsa.gov/sites/default/files/ssa-directory.pdf

SAMHSA State Targeted Response to the Opioid Crisis Grants: This program awards states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD. https://www.samhsa.gov/state-targeted-response-technical-assistance-str-ta and https://opioidresponsenetwork.org/

SAMHSA Peer Recovery Resources:

- https://www.samhsa.gov/brss-tacs
- https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

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

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

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. https://www.udsmapper.org/index.cfm

U.S. Department of Agriculture (USDA) – Opioid Misuse in Rural America: 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. https://www.usda.gov/topics/opioids