

HB19-1287 Grant Program Q&A

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The following questions were submitted to each MSO relating to the HB19-1287 grant program. They are presented together in the event they are useful to all potential applicants.

Compiled MSO Rural Expansion Grant questions

1. Are harm reduction programs, such as safe syringe access, naloxone, and care coordination eligible for 1287 funding?
[If harm reduction programs, such as the examples listed above, expand current services available in a rural area, then these programs may be eligible for funding.](#)
2. Are for-profit opioid organizations eligible to apply for this grant?
[Yes, for-profit organizations are eligible to apply.](#)
3. Are non-profit organizations eligible to submit applications?
[Yes, non-profit organizations are eligible to apply.](#)
4. Are nonprofits eligible to apply for this funding in partnership with county public health departments? Can they be the lead organization and the fiscal manager of the grant?
[Yes, non-profit or county public health organizations can apply and be the lead organization and fiscal manager of the grant.](#)
5. If an executive director of a nonprofit also has a for-profit opioid consulting business, is it a conflict for the consulting business to be a subcontractor on a grant awarded to the nonprofit organization?
[Consult with appropriate legal sources, and be sure to disclose this in any proposal. It may present as a conflict.](#)
6. Can organizations submit applications for more than one MSO region?
[Yes, if organizations would like to apply to expand services in more than one eligible MSO region, please submit a separate application for each region and to the corresponding MSO. Even if the regions you are applying for are with the same MSO, each region must have its own application. For example, if you are submitting an application for SSPA 5 and SSPA 6, please submit two applications to RMHP.](#)

7. Would the establishment of OTPs or addiction clinics be in line with the proposed activities?

If it is expanding on current services offered in a rural area, yes.

8. Do hospitals count as "primary care or substance use disorder treatment providers"?

Yes

9. My organization's business address is in another state, but we are registered and operate only in Colorado. Will that be a problem? Should I include a local address instead? Or provide the address that is on the Colorado Secretary of State's website?

This is not a problem. Please include both addresses in the application.

10. Are solution-based strategies to support employees impacted by addiction and promote safer, healthier, and more productive workplaces eligible for this grant funding?

Although we completely understand the struggle it is to keep and maintain a solid workforce, particularly in rural communities, we believe this ask would fall outside the legislative intent of this funding. We would suggest you reach out to your local MSO to discuss alternative funding possibilities.

11. Is this funding opportunity appropriate for a rural or frontier practice to use to contract with the Practice Innovation Program's "Implementation Support for MOUD"?

Subcontracting for professional support to develop services in rural communities is permitted, but the result must be expanded programming and services.

12. In reference to the Building Substance Use Disorder Treatment Capacity in Rural and Frontier Colorado application, the RFP states to fill out 3 tabs on the budget template, including a budget summary. When I go to the website, the 3rd tab is instructions and doesn't appear to have anything that is fillable. Do you want us to complete a budget narrative in lieu of the summary?

Please fill out the budget template only, not the instructions or the example. However, a budget narrative must be included.

13. If we receive funding from OBH through the Behavioral Health Integration Grant, could we apply the HB 19-1287 funding to support a portion of the same position, or do they

need to be separate? We asked for funding to hire/train Behavioral Health Advocates and see a lot of crossover in these positions to also support SUD services.

It is possible, that funding could be used to support the same position as long as existing funding is not supplanted, and services are expanded.

14. Can the funding be used for staff training at all levels?

Yes, staff training is a capacity-building activity that can be included as part of a plan to expand services in rural areas, but the emphasis of the proposal should be on demonstrating how service availability in rural areas will be achieved.

15. It does not appear that the funding can be utilized in an inpatient hospital setting, is this correct? What about funding for a Peer Support staff and/or Behavioral Health Advocate?

Inpatient treatment could be supported by this funding. As shared by the Behavioral Health Administration: the grants may be used to support building a continuum of services, including, but not limited to, medical or clinical withdrawal management, residential treatment, intensive outpatient treatment, and capital investment [to expand services].