

Addressing Identity-Based Disparities in Opioid Prescribing, Substance Use Treatment, and Linkages to Care

Informational Session: [May 16, 2023, at 12:00 pm EDT](#)

Applications Due: May 30, 2023, at 11:59 pm EDT

Decisions Announced: June 13, 2023

Project Period: through April 2024

Funding: Centers for Disease Control and Prevention

Budget: up to \$100,000

Goal: To plan and implement evidence-based strategies to address identity-based disparities among racial, ethnic, and gender groups, for example, and the unique needs related to pain management, substance use treatment, and linkages to care.

Preparing to Complete the Application

- The application must be completed and submitted online.
- You may wish to review this [PDF of the application](#) to determine who in your organization should complete different parts.
- The online application will take approximately 30 minutes to complete.
- You will find it helpful to have a copy of your most recent UDS Report (2022) so you can answer a number of questions about your health center.
- You will be required to upload a:
 - budget, including narrative (template provided [here](#));
 - letter of commitment signed by the CEO; and,
 - an organizational chart.
- Refer to the funding announcement for additional information and to sign up for an information webinar.

Once You Begin:

- It is best to designate one person in your health center to complete and submit the online application. Refer to [this PDF version](#) of the application to view questions and compose responses in preparation for the online submission.
- Your partially completed application will only be accessible from your computer.
- Anyone trying to access the application from another computer using the application link will open a new, blank application.
- The system automatically times out after 30 minutes of inactivity.

- Responses on a partially completed page are not saved.
- Hit the BACK button to review your responses previously completed.
- To submit your final application, hit NEXT at the end of the document.
- To request assistance with the application, please write to LeeAnn White at lwhite@nachc.com.

ORGANIZATIONAL INFORMATION

The following questions are about your health center organization.

Organizational Information

- Official Health Center Organization Name (Health Center Organization, i.e., grantee organization's corporate name or the parent organization for multi-site health centers).
- Doing Business As (DBA), if applicable
- Tax ID Number
- UDS Number
- Mailing Address
- City
- State
- Postal Code

Primary Contact for this Application

- Full Name
- Email
- Title / Role
- Phone
- Administrative Assistant (if applicable)
- Administrative Assistant's email

CEO or Executive Director

- Full Name
- Years in role at this health center
- Phone
- Email

Chief Medical Officer (CMO)

- Full Name
- Years in role at this health center
- Phone
- Email

Chief Information Officer (CIO)

- Full Name
- Years in role at this health center
- Phone
- Email

Chief Financial Officer (CFO)

- Full Name
- Years in role at this health center
- Phone
- Email

Project Lead for Proposal

- Full Name
- Years in role at this health center
- Phone
- Email

Total Number of service site locations:

- Total Number of Urban site locations:
- Total Number of Rural Site locations:

What type of funding does your health center receive under section 330 of the Public Service Act? (Check all that apply)

- Migrant Health Center
- Community Health Center
- Health Care for the Homeless
- Public Housing Primary Care
- None of the above—the organization is an FQHC Look-Alike

Which describes the population your health center is currently caring for? (Check all that apply)

- Veteran
- Individuals experiencing unstable housing/without housing
- Immigrants, Refugees, and Persons born outside of the U.S.
- Undocumented Individuals
- Individuals who have experienced trafficking
- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+)
- Individuals living with a substance use or opioid use disorder
- None
- Other

CURRENT PAIN MANAGEMENT, BEHAVIORAL HEALTH, AND SUBSTANCE USE SERVICE INFORMATION

The following questions are about your health center's current pain management, behavioral health, and substance use services.

Indicate the type of FTEs in your health center working on pain management, behavioral health, and substance use treatment. (Check all that apply)

- Clinicians (e.g., Family Physicians, General Practitioners, Internists, O.B./GYNs, Pediatricians, and Other Specialty Physicians)
- Nurse Practitioners/ Physician Assistants
- Psychiatrists
- Psychologists
- Licensed Clinical Social Workers
- Other Licensed Mental Health Providers
- Substance Use Treatment Providers
- Case Managers
- Community Health Workers
- Street Medicine Workers
- Respite Care Managers
- Outreach Workers
- Other, please describe

How many clinicians working for the health center currently prescribe medications for opioid use disorder (MOUD)?

- 0
- 1-2
- More than 2

2023-2024 VISION FOR PAIN MANAGEMENT, BEHAVIORAL HEALTH, AND SUBSTANCE USE SERVICE

The following questions are about your health center's vision to decrease disparities among racial, ethnic, and identity-based minorities and address the unique needs related to pain management, substance use treatment, and linkages to care through this funding opportunity.

Describe your health center's current Justice, Equity, Diversity, and Inclusion (JEDI) efforts to reduce disparities and structural inequities. (150-word limit)

By answering the following questions, share your health center's goals for pain management, substance use treatment, and linkages to care over the next year.

Why is this important to your health center now? (150-word limit)

How do your organizational goals align with the purpose of this new learning community to Address Racial and Identity-Based Disparities in Opioid Prescribing and Linkages to Care? (150-word limit)

List the top partnerships your health center has made to support patients with opioid use disorder and explain why these linkages to care have been successful. (150-word limit)

What would be a “win” for your health center's care team and patient population because of this work? (150-word limit)

FILE UPLOAD: Budget and Budget Narrative

Must include travel for two (2) staff members to NACHC’s Harvest Meeting (Location is TBD).

Please use the [NACHC Project Budget Template](#).

FILE UPLOAD: Vendor Information Form

Please use the [NACHC Vendor Information Form](#) .

FILE UPLOAD: Letter of Commitment (Limit to 1 page)

Must include the following information:

- Overview of your organization

- Impact Statement describing how this project fits into the organization’s strategic planning and initiatives related to public health and primary care integration.
- Statement demonstrating commitment to Justice, Equity, Diversity, and Inclusion (JEDI), pain management, and ending Racial, Ethnic, and Identity-based disparities.
- Current priorities for pain management, substance use treatment, and linkages to care for OUD/SUD.
- Must be signed by CEO.

FILE UPLOAD: Capability Statement (Limit to 2 pages)

Must include the following information:

- Background and history of your organization
- Vision and mission of your organization
- Overview of patient population

Attestation Statement

By my e-signature below, I hereby certify that this proposal reflects my best estimate of the capability of my organization as well as the true and necessary costs for this project. I certify the information provided herein is accurate, complete, and up to date as of the submission date of this proposal.