SAMHSA Update: Phoenix Area IHS Behavioral Health Conference
June 26th, 2017

Jon Perez
SAMHSA Regional Administrator
DHHS Region IX
Total Federal Behavioral Health Spending 2015

$168.1 Billion
Top Federal Funding 2015

Social Security Administration:
$87.2 billion is the largest, representing 51.9% of the federal budget for mental health

DHHS:
HHS budgets $66.8 billion, or 39.8% of the federal budget, for behavioral health.
Behavioral Health Spending in Millions of Dollars by Agency, * FY 2015

* Excludes the Department of Health and Human Services and the Social Security Administration
US Department of Health and Human Services

- 11 DHHS Grant making agencies
- Administers more than 100 programs across its operating divisions
- Approximately 80,000 employees
- FY 16 Budget approximately $1 trillion
DHHS Organizational Chart

The Executive Secretariat

Office of Health Reform
(OHR)

Secretary

Deputy Secretary

Chief of Staff

Office of Intergovernmental and External Affairs (IEA)

Office of the Assistant Secretary for Administration (ASA)

Program Support Center (PSC)

Office of the Assistant Secretary for Financial Resources (ASFR)

Office of the Assistant Secretary for Health (OASH)

Office of the Assistant Secretary for Legislation (ASL)

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of the Assistant Secretary for Public Affairs (ASPAP)

Administration for Children and Families (ACF)

Administration for Community Living (ACL)

Agency for Healthcare Research and Quality (AHRQ)*

Agency for Toxic Substances and Disease Registry (ATSDR)

 Centers for Disease Control and Prevention (CDC)

Substance Abuse & Mental Health Services Administration (SAMHSA)

Centers for Medicare & Medicaid Services (CMS)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

National Institutes of Health (NIH)

Center for Faith-Based and Neighborhood Partnerships (CFBNP)

Office for Civil Rights (OCR)

Departmental Appeals Board (DAB)

Office of the General Counsel (OGC)

Office of Global Affairs (OGA)

Office of Inspector General (OIG)

Office of Medicare Hearings and Appeals (OMHA)

Office of the National Coordinator for Health Information Technology (ONC)

* Designates a component of the U.S. Public Health Service.
21st Century Cures Act: Major Changes for SAMHSA

- Reauthorizes SAMHSA as a federal Agency
- Elevates administrator position to Assistant Secretary level
- Creates permanent Office of the Chief Medical Officer
- Center for Behavioral Health Statistics and Quality
- Creates the National Mental Health and Substance Abuse Policy Lab
This is a summary, click here for Discretionary Funds in Detail.

### Formula Funding

<table>
<thead>
<tr>
<th>Grant Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Substance Abuse Prevention and Treatment Block Grant</td>
<td>$39,546,174</td>
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<tr>
<td>Community Mental Health Services Block Grant</td>
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<td>Projects for Assistance in Transition from Homelessness (PATH)</td>
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<td>Protection and Advocacy for Individuals with Mental Illness (PAIMI)</td>
<td>$616,908</td>
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<td><strong>Subtotal of Formula Funding</strong></td>
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### Discretionary Funding

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<tr>
<th>Category</th>
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<tbody>
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<td>$4,990,805</td>
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<tr>
<td>Substance Abuse Prevention</td>
<td>$4,485,605</td>
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<tr>
<td>Substance Abuse Treatment</td>
<td>$7,171,951</td>
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<td><strong>$16,648,361</strong></td>
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### Total Funding

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<thead>
<tr>
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<tr>
<td><strong>Total Mental Health Funds</strong></td>
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<tr>
<td><strong>Total Substance Abuse Funds</strong></td>
<td><strong>$51,203,730</strong></td>
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<tr>
<td><strong>Total Funds</strong></td>
<td><strong>$68,898,384</strong></td>
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# SAMHSA Funding to California 2016

**California**
This is a summary, click here for Discretionary Funds in Detail.

## Formula Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
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<tr>
<td>Substance Abuse Prevention and Treatment Block Grant</td>
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<td>Community Mental Health Services Block Grant</td>
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<td>Protection and Advocacy for Individuals with Mental Illness (PAIMI)</td>
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<td><strong>$325,383,264</strong></td>
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## Discretionary Funding

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<thead>
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<th>Program</th>
<th>Amount</th>
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<td>Mental Health</td>
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<td>Substance Abuse Prevention</td>
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<td>Substance Abuse Treatment</td>
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## Total Funding

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<td><strong>Total Funds</strong></td>
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# SAMHSA Funding to Nevada 2016

**Nevada**

This is a summary, click here for Discretionary Funds in Detail.

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<tr>
<td>Community Mental Health Services Block Grant</td>
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<td>Projects for Assistance in Transition from Homelessness (PATH)</td>
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<tr>
<td>Protection and Advocacy for Individuals with Mental Illness (PAIMI)</td>
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## Discretionary Funding

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<td>Mental Health</td>
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<td>Substance Abuse Treatment</td>
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## Total Funding

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<tr>
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<td>Mental Health Funds</td>
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<td>Substance Abuse Funds</td>
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<td><strong>Total Funds</strong></td>
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SAMHSA Grant Funding:
Tribally Related Programs  FY 16

Arizona:  $2,975,614
California:  $9,275,040
Nevada:  $500,000

Total
$12,750,654

Key Priorities

- Addressing the opioid crisis
- Addressing Serious Mental Illness (SMI)
- Preventing Suicide
## Request by Appropriation (Dollars in thousands)

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>Mental Health Services</th>
<th>SA Prevention</th>
<th>SA Treatment</th>
<th>HSPS (SA &amp; MH)</th>
<th>Total</th>
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<tr>
<td>FY 2017 Annualized CR Total</td>
<td>$1,164,831</td>
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<td>$207,474</td>
<td>$4,291,527</td>
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<td>FY 2018 Budget Request</td>
<td>912,347</td>
<td>149,703</td>
<td>2,696,435</td>
<td>133,848</td>
<td>3,892,333</td>
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<td>FY 2018 PHS Evaluation Funds (non-add)</td>
<td>15,539</td>
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<td>81,200</td>
<td>23,426</td>
<td>120,165</td>
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<tr>
<td>FY 2018 Prevention &amp; Public Health Fund (non add)</td>
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<td>FY 2018 +/- FY 2017</td>
<td>-$252,484</td>
<td>-$73,114</td>
<td>+$30</td>
<td>-$73,626</td>
<td>-$399,194</td>
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State Targeted Response to the Opioid Crisis: $500.0 M
- Program Request maintained at 2017 ACR level

Substance Abuse Prevention and Treatment Block Grant (SABG): $1.9B
- Program Request maintained at 2017 ACR level

Comprehensive Addiction and Recovery Act: $5M
- PPW: $4M; BCOR: $1M (programs maintained at 2017 ACR level)

All other Discretionary programs are maintained at 2017 ACR level
Substance Abuse Prevention

Strategic Prevention Framework: $58.4 M (-$60.8 M)
• Maintains SPF Rx in its entirety

Minority AIDS: $28.8 M (-$12.3M)
• New MAI CoC grants will not be awarded and CBI will be phased out

Comprehensive Addiction and Recovery Act: $12M
• Maintains First Responder Training at 2017 ACR level

All other Discretionary programs are maintained at 2017 ACR level
Mental Health (New SMI Initiatives)

**Assertive Community Treatment: $5.0M**
- A new initiative to focus on addressing SMI

**Children’s Mental Health Services: $119M**
- Includes a new 10% set-aside for prodrome services research demonstration program
The following programs are being eliminated or reduced to reduce duplication:

- Project AWARE: $0.0 M (-$64.7 M)
- Healthy Transition: $0.0 M (-$19.9 M)
- Primary and Behavioral Health Care Integration: $0.0 M (-$51.8 M)
- Community Mental Health Services Block Grant: $415.5 M (-$116.1 M)
- Minority AIDS: $4.2 M (-$5.0 M)
- All other Discretionary programs are maintained at 2017 ACR level
Health Surveillance and Program Support (HSPS) Reduction

Health Surveillance: $33.8 M (-$13.4 M)

- Prioritizes to continue supporting the National Survey on Drug Use and Health (NSDUH) survey at its current sample size and to maintain National Registry of Evidence-based Programs and Practices (NREPP) activities.

Program Support $73.0 M (-$6.4 M)

- Continues to cover personnel, overhead costs associated with 5600 Fishers Lane

Public Awareness and Support $11.6 M (-$4.0 M)

- Continues to collaborate with other agencies on the four key messages: behavioral health is essential to health, prevention works, treatment is effective, and people recover.
Conclusions

• SAMHSA’s Budget continues a key focus on addressing the opioid crisis, investing in services and supports for those with SMI, and preventing suicide.

• Although SAMHSA absorbs difficult cuts, critical programming still continues.

• The Budget reflects an essential commitment for SAMHSA to continue to lead public health efforts to advance the behavioral health of the nation.
Tribal Behavioral Health Agenda

- Collaboration
- Cooperation
- Engagement

https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA
The Power of the TBHA

• Based on tribal voices and priorities
• Opportunity to shape policies and programs
  – Supports wisdom of cultural/traditional practices alongside Western approaches
  – Garners appropriate attention to priorities that address outstanding challenges
  – mobilizes collaborators to act together
• Uses existing platforms (i.e., strategic plans, etc.) to “work differently”
What the TBHA is

• A document that provides a clear, national statement about the extent and need for prioritizing behavioral health problems
• A tool for improving collaboration on common issues across different entities/sectors
• A blueprint that harmonizes efforts and creates a unified approach for funding, programs, and policy activities—no single entity changes outcomes alone
What the TBHA is Not

• Not a silver bullet—will not fix problems, compounded over decades, overnight

• Not a strategic plan—nor a replacement for existing strategic plans (existing plans have a purpose and legal and/or policy directives)

• Not a list of prescribed actions that tribal, federal, state, and local governments or other stakeholders must take
Opioids

oxycodone

hydrocodone

heroin
In 2014, 1.9 million people had a prescription opioid use disorder and nearly 600,000 had a heroin use disorder. The national data on overdose deaths are startling: in 2014, there were 28,647 overdose deaths involving prescription opioid medications and/or heroin.

That is equivalent to an average of one death every 18 minutes.
Fentanyl Deaths
White House 2011 Prescription Drug Abuse Prevention Plan

Four Pillars:

1. Education
2. Tracking and Monitoring
3. Proper Medication Disposal
4. Enforcement
Comprehensive Addiction Recovery Act (CARA)

- **Passed the House of Representatives on July 8th, 2016 with vote of 407-5;**

- **Passed the Senate on July 13th, 2016 with vote of 92-2;**

- **Signed into Law by the President July 22nd, 2016**
Surgeon General’s Report

FACING ADDICTION IN AMERICA
The Surgeon General’s Report on Alcohol, Drugs, and Health

U.S. Department of Health & Human Services

21st Century Cures Act: Major Changes for SAMHSA

- Reauthorizes SAMHSA as a federal Agency
- Elevates administrator position to Assistant Secretary level
- Creates permanent Office of the Chief Medical Officer
- Center for Behavioral Health Statistics and Quality
- Creates the National Mental Health and Substance Abuse Policy Lab
State Targeted Response to the Opioid Crisis Grants

- Funding Mechanism:
- Grant

- Anticipated Total Available Funding:
  - Up to $485,000,000 per year

- Anticipated Number of Awards:
  - 59

- Length of Project:
  - Up to 2 years
STR Region IX Awards

- Arizona  $12,171,518
- California  $44,749,771
- Hawaii  $2,000,000
- Nevada  $5,663,328
State Targeted Response

Opioid Crisis

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

April 19, 2017

Dear Governor:

As you are all too aware, the nation is facing a serious opioid crisis. Each state and territory across our country is dealing with the painful consequences of this epidemic. As I begin my tenure as Secretary of the Department of Health and Human Services (HHS), I do so with a profound commitment to addressing this public health crisis as one of our top three Departmental priorities.

Opioids were responsible for over 33,000 deaths in 2015; this alarming statistic is unacceptable to me. We cannot continue to lose our nation’s citizens to addiction. Through a sustained focus on people, patients, and partnerships, I am confident that together we can turn the tide on this public health crisis.

President Trump recently announced the President’s Commission on Combating Drug Addiction and the Opioid Crisis. This Commission is tasked with studying the scope and effectiveness of the federal response to this crisis and providing recommendations to the President for improving it. HHS is uniquely positioned to contribute to this important effort as a key agency providing critical resources for care and treatment.

Last year, your state/territory applied for the Opioid State Targeted Response grants. These grants aim to increase access to treatment, reduce unmet need, and reduce overdose-related deaths. I understand the urgency of this funding; however, I also want to ensure the resources and policies are properly aligned with and remain responsive to this evolving epidemic.

Therefore, while I am releasing the funding for the first year immediately, my intention for the second year is to develop funding allocations and policies that are the most clinically sound, effective and efficient. To that end, in the coming weeks and months, I will seek your assistance to identify best practices, lessons learned, and key strategies that produce measurable results.

Thank you for your collaboration and partnership as we move forward in this critical work together to help the millions of Americans hurt by this public health crisis. If you have any questions, please have your staff contact our Acting Director of Intergovernmental and External Affairs, Nikki Bunch-Bowman, at nikki.bunch-bowman@hhs.gov or (202) 690-0600.

Yours truly,

Thomas E. Price, M.D.
d. Require the Director of the Arizona Department of Health Services to:

1) within seven days of this order, provide consultation to the Governor on identifying and recommending the necessary elements for an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-782(B); and

2) initiate emergency rule making with the Arizona Attorney General’s Office in order to develop rules for opioid prescribing and treatment within health care institutions pursuant to A.R.S. § 36-405; and

3) develop guidelines to educate healthcare providers on responsible prescribing practices; and

4) develop and provide training to local law enforcement agencies on proper protocols for carrying, handling, and administering Naloxone in overdose situations; and

5) provide a report on findings and recommendations, including additional needs and response activities, and preliminary recommendations that require legislative action to the Governor by September 5, 2017.

This Emergency Declaration will be eligible for termination upon my receipt and acceptance of the Arizona Department of Health Services’ Opioid Overdose Epidemic Response Report.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

G O V E R N O R

DONE at the Capitol in Phoenix on this 5th day of June in the Year Two Thousand Seventeen and of the Independence of the United States of America the Two Hundred and Forty-first.

ATTEST:  

Secretary of State
Arizona Emergency Response Data

Opioid Epidemic

ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

HOME AUDIENCES TOPICS DIVISIONS A-Z INDEX


15 suspect opioid deaths
191 suspect opioid overdoses
18 neonatal abstinence syndrome
102 naloxone doses dispensed
51 naloxone doses administered

- Frequently Asked Questions – Opioid Reporting | Fire, Law & EMS
- Consultation on Enhanced Surveillance Advisory for Opioid Emergency
- Governor Doug Ducey’s Executive Order Related to Opioid ESA | News Release - June 13, 2017

Opioids are powerful painkillers that can be highly addictive. The impact of opioid misuse is significant in our communities and on the public health system. On June 1, 2017, the Arizona Department of Health Services released its latest data on opioid overdoses in Arizona showing the highest number of deaths in ten years. In 2016, 790 Arizonans died from opioid overdoses. The trend shows a startling increase of 74 percent over the past four years.
First Responders - Comprehensive Addiction and Recovery Act Cooperative Agreement (FR - CARA)

• **Funding Mechanism:**
• Cooperative Agreement

• **Anticipated Total Available Funding:**
• Up to $10,423,364 per year

• **Anticipated Number of Awards:**
• Up to 30

• **Anticipated Award Amount:**
• Up to $250,000 – $800,000 per year

• **Length of Project:**
• Up to 4 years
Improving Access to Overdose Treatment (OD Treatment Access)

- **Funding Mechanism:**
  - Grant

- **Anticipated Total Available Funding:**
  - Up to $1,000,000

- **Anticipated Number of Awards:**
  - 1

- **Anticipated Award Amount:**
  - Up to $1,000,000 per year

- **Length of Project:**
  - Up to 5 years
Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts (SAMHSA Treatment Drug Courts)

- **Funding Mechanism:**
  - Grant

- **Anticipated Total Available Funding:**
  - $18,230,000

- **Anticipated Number of Awards:**
  - 56

- **Anticipated Award Amount:**
  - Up to $325,000 per year

- **Length of Project:**
  - Up to 3 years
Cooperative Agreement for the Provider’s Clinical Support System – Medication Assisted Treatment Supplement (PCSS-MAT Supplement)

- **Funding Mechanism:** Cooperative Agreement
- **Anticipated Total Available Funding:** $1 million
- **Anticipated Number of Awards:** One (1) award
- **Anticipated Award Amount:** Up to $1 million
- **Length of Project:** Up to two (2) years

(Award: American Academy of Addiction Psychiatry)
HHS Strategy to Address Opioid Epidemic

1. Improve prescriber practices.
2. Increase naloxone use.
3. Expand MAT access.
SAMHSA’s Rx Drug/Opioid Abuse Prevention Efforts

- Prescriber Education
- PCSS-Opioids and PCSS-MAT
- Screening, Brief Intervention, and Referral to Treatment – SBIRT
- SAMHSA/CDC Prescription Drug Abuse Prevention Campaign
- Not Worth the Risk, Even If It’s Legal (pamphlet series)
- Federal Drug-Free Workplace Program

- Prescription Drug Monitoring Program (grants and pilots)
- Opioid Overdose Prevention Toolkit
- Drug Free Communities
- Substance Abuse Block Grant
- Partnerships for Success grants
- SPF Rx grants (new)
- PDO grants (new)
Education: Prescriber

SAMHSA Funded Free Courses
Providers Clinical Support System for Opioid Therapies (PCSS – O)

PCSS-O is a national training and mentoring project developed in response to the prescription opioid overdose epidemic. The consortium of major stakeholders and constituency groups with interests in safe and effective use of opioid medications offers extensive experience in the treatment of substance use disorders and specifically, opioid use disorder treatment, as well as the interface of pain and opioid use disorder. PCSS-O makes available at no cost CME programs on the safe and effective use of opioids for treatment of chronic pain and safe and effective treatment of opioid use disorder.
SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.
Many states established PDMPs to reduce prescription drug abuse and diversion.

- Statewide electronic databases:
  - Collect prescription records for all outpatient controlled substance prescriptions dispensed in the state
  - Distribute patient health information from the database to individuals authorized under state law.
Prescription Drug Monitoring Programs

Depending on state law:

• Prescribers
• Pharmacists
• Pharmacies
• Law Enforcement
• Licensing Boards
• Patients
• Others (delegate accounts allow nurses, licensed social workers to access)
Federal Drug-Free Workplace Program

• The biggest prevention program in the nation.
• Certifies drug testing labs for federal programs.
• Sets drug testing standards for the workplace.
• Prevention of Prescription Drugs in the Workplace (PAW)
Opioid Overdose Prevention Toolkit
Addressing Rx and Opioid Abuse (2)

Strategic Prevention Framework for Prescription Drugs (SPF-Rx): $10 M (New in substance use prevention)

- Raise public awareness about dangers of sharing medications
- Work with pharmaceutical and medical communities to raise awareness on risks of overprescribing
- Develop capacity and expertise in use of data from state prescription drug monitoring programs (PDMPs) to identify communities by geography and high-risk populations
- Eligibility is limited to states and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG), and have a state-run PDMP
Preventing Opioid Overdose-Related Deaths: $11M (New in substance abuse prevention)

- Grants to 11 states to reduce # of opioid overdose-related deaths
- Help states purchase naloxone not otherwise covered
- Equip first responders in high-risk communities
- Support education on use of naloxone and other overdose death prevention strategies
- Cover expenses incurred from dissemination efforts
- Recipients of the Substance Abuse Prevention and Treatment Block Grant (SABG) are eligible to apply.
Drug Prevention Approaches

- School-based
- Family-based
- Community-based
- Workplace
- Media
- Medical settings

* Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
Grant Opportunities
SAMHSA Discretionary Grant Opportunities Page

http://samhsa.gov/grants/grant-announcements
The **SAMHSA forecast (PDF | 290 KB)** provides information on SAMHSA’s upcoming Requests for Applications (RFAs). Prospective Applicants can learn more about SAMHSA’s plans for release of RFAs including brief program descriptions, eligibility information, award size, award number and proposed release date.

HHS Grants and Contracts

http://www.hhs.gov/grants/index.html
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<tr>
<th>RFA Number</th>
<th>Title</th>
<th>Center</th>
<th>Due Date</th>
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<td>SM-14-001</td>
<td>Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (System of Care Expansion Planning Grants)</td>
<td>CMHS</td>
<td>03/19/14</td>
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<td>SM-14-002</td>
<td>Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (System of Care Expansion Implementation Cooperative Agreements)</td>
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<td>SM-14-003</td>
<td>Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Circles of Care VI)</td>
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<td>SM-14-004</td>
<td>Cooperative Agreements for Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)</td>
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<td>SM-14-005</td>
<td>Statewide Family Network Program (Statewide Family Network Program)</td>
<td>CMHS</td>
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<td>Minority Fellowship Program (MFP)</td>
<td>CMHS, CSAP, CSAT</td>
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<td>SM-14-008</td>
<td>PPHF-2014 Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (PPHF-2014) (States/Tribal Youth Suicide Prevention Cooperative Agreements)</td>
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<td>Grants to Develop and Expand Behavioral Health Treatment Court Collaboratives (Adult Treatment Court Collaboratives)</td>
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<td>Cooperative Agreement to Benefit Homeless Individuals - States (CABHI-States)</td>
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<td>SM-14-011</td>
<td>Modified Transforming Lives Through Supported Employment (Supported Employment Program)</td>
<td>CMHS</td>
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Grants.gov
Grants and Cooperative Agreements

The Centers for Medicaid and Medicare Services (CMS), along with its Division of Grants Management, would like to keep the public informed about the grants process. As such, CMS has developed a grants management knowledge portal for easy access on this page. It is our hope that this site will provide a better understanding regarding how to apply for grants, provide resources to potential grantees, as well as clarify frequently asked questions.

Thank you for taking an interest and wanting to learn more about grant opportunities and the grant process for CMS.

Page last Modified: 03/07/2016 2:49 PM

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Centers for Medicare & Medicaid Services (CMS) offers updates on the topics below. Subscribe by checking the boxes; unsubscribe by unchecking the boxes.

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- ☐ Medicare-Medicaid Coordination
- ☐ CCIIO
- ☐ Innovations
- ☐ Regulations & Guidance
- ☐ Research, Statistics, Data, & Systems
- ☐ Outreach & Education
- ☐ Office of Acquisition and Grants Management
  - ☐ Contracting with CMS
  - ☐ Acquisition Policy Updates
  - ☑ Grants and Cooperative Agreements
- ☐ www.Medicare.gov Updates
**BASIC SEARCH CRITERIA:**

- **Keyword(s):**
- **Funding Opportunity Number:**
- **CFDA:**

**OPPORTUNITY STATUS:**
- [✓] Posted (1,294)
- [ ] Closed (290)
- [ ] Archived (9,220)

**FUNDING INSTRUMENT TYPE:**
- [✓] All Funding Instruments
  - Cooperative Agreement (308)
  - Grant (990)
  - Procurement Contract (3)

**ELIGIBILITY:**
- [✓] All Eligibilities
  - City or township governments (927)
  - County governments (939)
  - For profit organizations other than small businesses (922)
  - Independent school districts (939)

**CATEGORY:**
- [✓] All Categories

**SORT BY:**
- [✓] Agency (Ascending)

**DATE RANGE:**
- [✓] All Available

**SEARCH RESULTS:**

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<td>CDC-RFA-GH15-161902CONT16</td>
<td>Strengthening Applied Epidemiology and Sustainable International Public Health Capacity through the Field Epidemiology Training Programs, Center for Global Health</td>
<td>Centers for Disease Control and Prevention</td>
<td>02/09/2016</td>
<td>06/01/2016</td>
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<td>CDC-RFA-PS13-130004CONT16</td>
<td>National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Programs (NNECS)</td>
<td>Centers for Disease Control and Prevention</td>
<td>03/16/2016</td>
<td>05/16/2015</td>
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<td>CMS-1A1-13-002</td>
<td>Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers - 9th Announcement</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>03/14/2013</td>
<td>11/30/2017</td>
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<td>CMS-110-16-001</td>
<td>Grants to Support the Historically Black Colleges and Universities Health Services Research Grant Program</td>
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<td>CMS-1H0-16-001</td>
<td>Grants to Support the Hispanic Health Services Research Grant Program</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<td>CMS-1P1-17-001</td>
<td>Accountable Health Communities</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>01/05/2016</td>
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<td>PAR-15-099</td>
<td>NARMS Cooperative Agreement Program to Enhance and Strengthen Antibiotic Resistance Surveillance in Retail Food Specimens (U01)</td>
<td>Food &amp; Drug Administration</td>
<td>02/16/2016</td>
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<td>PAR-15-187</td>
<td>Enhancing Regulatory Science for the Risk Based Assessment of Emerging Manufacturing Technologies (U01)</td>
<td>Food &amp; Drug Administration</td>
<td>04/20/2015</td>
<td>04/30/2019</td>
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<td>RFA-FD-15-004</td>
<td>Minor Use Minor Species Development of Drugs, Research Project Grant (R01)</td>
<td>Food &amp; Drug Administration</td>
<td>03/11/2015</td>
<td>01/13/2018</td>
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Health Resources and Services Administration (HRSA)

- HRSA Funding Opportunity Announcements (FOAs) & sign-up for email alerts:
  - www.hrsa.gov/grants

- How to Apply for a HRSA Grant:
  - www.hrsa.gov/grants/apply

- Open HRSA FOA of interest:
  - Community Health Center Program New Access Points

- HRSA/Region IX POC for Nevada:
  - Lorenzo Taylor, 415-437-8125, ltaylor@hrsa.gov
Contact Information

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Substance Abuse and Mental Health Services Administration
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San Francisco, CA 94103
415 437 7600
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