

## SAMHSA 2018 FORECAST OF FUNDING OPPORTUNITY ANNOUNCEMENTS

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| FOA Title  | FOA Number | CFDA Number | Funding Instrument Type | Cost Sharing or Matching | Post Date | Eligible Applicants   | Description  | Grantor Contact                    | Grantor Phone Number   | Grantor Contact Email Address                                    |
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| <b>CMHS</b>  |            |             |                         |                          |           |   |  |                                    |  |  |
| Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Distress Helpline (Lifeline/DDH) | SM-18-001  | 93.243      | Cooperative Agreement   | No                       | 12/1/17   | Eligible applicants are domestic public and private nonprofit entities, e.g., state and local governments; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian organizations, and consortia of tribes and tribal organizations; public or private universities and colleges; national, community, and faith-based organizations.  | The purpose of this program is to: (1) manage, enhance, and strengthen the National Suicide Prevention Lifeline that routes individuals in the U.S. to a network of certified crisis centers which link to local emergency mental health and social services resources; and (2) support the National Disaster Distress Helpline to assist residents in the U.S. and its territories who are experiencing emotional distress from disasters and traumatic events. SAMHSA expects this program will increase service capacity and improve behavioral health outcomes by preventing death or injury resulting from of suicide or a suicide attempt, and assist individuals and communities recover from disasters and traumatic events by providing community-based behavioral health outreach, psycho-educational services, and engagement in treatment when needed. | James Wright<br><br>Jamie Seligman | 240-276-1854 (James Wright)<br><br>240-276-1855 (Jamie Seligman) | James.Wright@samhsa.hhs.gov<br><br>Jamie.Seligman@samhsa.hhs.gov |
| Collegiate Behavioral Health Prevention, Identification, and Intervention Grant Program                        | SM-18-003  | 93.243      | Grant                   | Yes                      | 1/3/18    | Eligibility is statutorily limited to institutions of higher education. Applicants from both public and private institutions may apply, including: state universities; private four-year colleges and universities (including those with religious affiliations); minority- serving Institutions of higher learning (i.e. Tribal colleges and universities, Historically Black Colleges and Universities, Hispanic-serving institutions, Asian American, Native American, and Pacific Islander-serving Institutions); and community colleges. | The purpose of this program is to (1) enhance services for all students at risk for suicide, depression, serious mental illness, and substance use disorders that can lead to school failure; (2) prevent mental and substance use disorders; (3) promote help-seeking behavior and reduce stigma; and (4) improve the identification and treatment of at-risk students so that students can successfully complete their studies. The goal is to assist campuses in developing a comprehensive, collaborative, and well-coordinated approach to support prevention efforts and early identification and intervention activities with students at risk for suicide, serious mental illness, and/or substance related overdose or injury.  | Rosalyn Blogier                    | 240-276-1842   | Rosalyn.Blogier@samhsa.hhs.gov                                   |

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| Minority AIDS: Integration of HIV-related Mental Health and Primary Care | SM-18-004  | 93.243      | Grant                   | No                       | 1/12/18   | Eligible applicants are domestic public and private nonprofit entities, e.g., behavioral health organizations; community - and faith-based organizations; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian organizations, and consortia of tribes and tribal organizations; hospitals; public or private universities and colleges. | The purpose of this program is to provide evidence-based, integrated HIV related mental health services, psychosocial treatment, HIV prevention, and access to care for individuals with serious mental illness (SMI) and substance use disorders who are living with and at high risk for HIV in racial and ethnic minority communities.  | Ilze Ruditis                              | 240-276-1777  | Ilze.Ruditis@samhsa.hhs.gov   |
| Grants to Establish and Expand Jail Diversion                            | SM-18-005  | 93.243      | Grant                   | No                       | 1/16/18   | Eligibility is statutorily limited to states; political sub-divisions of states; Indian Tribes and tribal organizations - acting directly or through agreements with other public or non-profit entities.  | The purpose of this program is to (1) develop programs to divert individuals prior to arrest or booking; (2) integrate diversion programs into the existing system of care; (3) create or expand community-based mental health and co-occurring mental illness and substance use services to accommodate the diversion program; (4) train professionals involved in the system of care, and law enforcement officers, attorneys, and judges; and (5) provide community outreach and crisis intervention.   | David Morrisette<br><br>Roxanne Castaneda | 240-276-1912 (David Morrisette)<br><br>240-276-1917 (Roxanne Castaneda) | David.Morrisette@samhsa.hhs.gov<br><br>Roxanne.Castaneda@samhsa.hhs.gov |
| Project AWARE - States   | SM-18-006  | 93.243      | Grant                   | No                       | 2/7/18    | Eligibility is limited to State Educational Agencies (SEAs) as defined by section 9101(41) of the Elementary and Secondary Education Act   | The purpose of this program is to improve early identification and access to care for children and youth who have behavioral health issues. This program is founded on a framework that replicates the Safe Schools/Healthy Students model. Key elements of the program are: (1) promoting early childhood social and emotional learning and development; (2) promoting emotional, physical, and behavioral health (mental health promotion and substance use prevention); (3) connecting families, schools, and communities; and, (4) creating safe and violence-free schools. It is expected that this program will promote systems integration and policy change by using strategic approaches and guiding principles with a specific focus on collaboration between state and local systems. | Wendie Veloz                              | 240-276-1849  | Wendie.Veloz@samhsa.hhs.gov   |

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| Statewide Family Network Program   | SM-18-007  | 93.243      | Grant                   | No                       | 2/13/18   | Eligibility is limited to family-controlled domestic public and private non-profit organizations in states, territories, and tribes. A family-controlled organization is an independent, free-standing organization (not acting under an umbrella organization) that has a board of directors made up of more than 50 percent family members who have primary daily responsibility for the raising of a child, youth, adolescent, or young adult with a serious emotional disturbance up to age 18, or 21 if the adolescent is being served by an Individual Educational Plan (IEP), or age 26 if the young adult is being served by an Individual Service Plan (ISP) in transition to the adult mental health system. Eligibility is also limited to entities that do not have an existing SFN grant. | The purpose of this program is to better respond to the needs of children and adolescents with serious emotional disturbances (SED) and their families by providing information, referrals, and support; and to create a mechanism for families to participate in state and local mental health services planning and policy development. It is expected that this program will increase service capacity and enhance state capacity and infrastructure to respond to the needs of children and adolescents with SED. | Elizabeth Sweet                 | 240-276-1925  | Elizabeth.Sweet@samhsa.hhs.gov                                |
| Statewide Consumer Network Program | SM-18-008  | 93,243      | Grant                   | No                       | 2/13/18   | Eligibility is limited to mental health consumer-controlled organizations that are domestic public and private non-profit entities, tribal and urban Indian organizations, and/or community- and faith-based organizations. Eligibility is also limited to entities that do not have an existing SCN grant.  | The purpose of this program is to better respond to the needs of adults with serious mental illness (SMI) by enhancing peer support services, peer leadership, and peer engagement strategies. It is expected that this program will increase access to and quality of mental health services, sustainability of consumer-run organizations, and enhance state capacity and infrastructure to support recovery of those with SMI and their families.  | Mary Blake<br><br>Rachel Steidl | 240-276-1747 (Mary Blake)<br><br>240-276-0625 (Rachel Steidl) | Mary.Blake@samhsa.hhs.gov<br><br>Rachel.Steidl@samhsa.hhs.gov |

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| Mental Health Awareness Training Grants  | SM-18-009  | 93.243      | Grant                   | No                       | 2/15/18   | Eligible applicants are domestic public and private nonprofit entities, e.g., State and local governments; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian organizations, and consortia of tribes and tribal organizations; Public or private universities and colleges; and non-profit community- and faith-based organizations   | The purpose of this program is to train teachers and other relevant school personnel to recognize the symptoms of childhood and adolescent mental disorders; refer family members to appropriate mental health services if necessary; train emergency services personnel, veterans, law enforcement, and other categories of individuals to identify and appropriately respond to persons with a mental illness; and provide education to teachers and personnel regarding resources that are available in the community for individuals with mental illness.                  | Nancy Kelly   | 240-276-1839  | Nancy.Kelly@samhsa.hhs.gov  |
| Community Programs for Outreach and Intervention with Adolescents and Young Adults at Clinical High Risk for Psychosis | SM-18-010  | 93.243      | Grant                   | Yes                      | 3/8/18    | Eligible applicants are state governments; Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations; governmental units within political subdivisions of a state, such as a county, city or town; the District of Columbia government; the Commonwealth of Puerto Rico; the Northern Mariana Islands; the Virgin Islands; Guam; American Samoa; the Federated States of Micronesia; the Republic of the Marshall Islands; the Republic of Palau. | The purpose of this program is to develop and implement a services research demonstration based on the North American Prodrome Longitudinal Study to address whether community-based intervention during the prodrome phase can prevent the further development of serious emotional disturbances and, ultimately, serious mental illness. The focus will be on youth and young adults identified at clinical high risk for developing a first episode psychosis.  | Emily Lichvar<br><br>Diane Sondheimer                   | 240-276-1859 (Emily Lichvar)<br><br>240-276-1922 (Diane Sondheimer) | Emily.Lichvar@samhsa.hhs.gov<br><br>Diane.Sondheimer@samhsa.hhs.gov |
| <b>CSAP</b>  |            |             |                         |                          |           |  |  |   |   |   |
| Drug Free Communities - New  | SP-18-002  | 93.276      | Grant                   | Yes                      | 12/22/17  | Eligible applicants are community-based coalitions addressing youth substance use that have never received a DFC grant.  | By statute, the DFC Support Program has two goals: (1) Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth; (2) Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. | DFC FOA Helpline Team<br>Division of Community Programs | 240-276-1270  | dfcnew@samhsa.hhs.gov   |

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| Drug Free Communities – Competing Continuation | SP-18-003  | 93.276      | Grant                   | Yes                      | 12/22/17  | Eligible applicants are community-based coalitions addressing youth substance use that have previously received a DFC grant but experienced a lapse in funding or have concluded the first five-year funding cycle and are applying for a second five-year funding cycle.  | By statute, the DFC Support Program has two goals: (1) Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth; (2) Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.  | DFC FOA Helpline Team<br>Division of Community Programs | 240- 276-1270        | dfcnew@samhsa.hhs.gov         |
| Drug Free Communities Mentoring Program        | SP-18-004  | 93.276      | Grant                   | Yes                      | 1/17/18   | Eligible applicants are currently funded DFC grantees with a coalition that has been in existence for at least five years (not to be interpreted as having been a DFC grantee for five years); have an active DFC grant at the time of application; and, are in good standing (not on restricted status).  | The primary goal of the DFC Mentoring Program is to assist newly forming coalitions in becoming eligible to apply for DFC funding on their own. It is the intent of the DFC Mentoring Program that, at the end of the Mentoring grant, each Mentee coalition will meet all of the Statutory Eligibility Requirements of the DFC Support Program and be fully prepared to compete for the DFC grant on their own. Grantees will be expected to achieve this goal by meeting the following objectives: (1) Strengthen Mentee coalition’s organizational structure; (2) Increase Mentee coalition’s leadership and community readiness to address youth substance use problems in the Mentee community; (3) Assist the Mentee coalition in working through a strategic planning process that will result in a comprehensive Action Plan. | DFC FOA Helpline Team<br>Division of Community Programs | 240- 276-1270        | dfcnew@samhsa.hhs.gov         |
| HIV Capacity Building Initiative               | SP-18-005  | 93.243      | Grant                   | No                       | 2/22/18   | Eligible applicants are community-level domestic public and private nonprofit entities, Federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations. For example, non-profit community-based organizations, faith-based organizations, middle and high schools, colleges and universities, health care delivery organizations and local governments are eligible to apply. | The purpose of this program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible state-of-the-science substance abuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes and tribal organizations to prevent and reduce the onset of SA and transmission of HIV/AIDS among at-risk populations ages 13-24, including racial/ethnic minority youth and young adults, hereafter referred to as the population of focus.   | Judith Ellis  | 240-276-2567         | Judith.Ellis@samhsa.hhs.gov   |

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| Strategic Prevention Framework Partnerships for Success | SP-18-006  | 03.243      | Grant                   | No                       | 3/1/18    | Eligibility is limited to states and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA's SPF-PFS grant.   | The purpose of this program to allow grantees to address one of the nation's top substance abuse prevention priorities: underage drinking among persons aged 12 to 20; and up to two additional data-driven substance abuse prevention priorities in their state/tribe based on their highest targeted priority needs. The SPF-PFS grant program is intended to prevent the onset and reduce the progression of substance and its related problems while strengthening prevention capacity and infrastructure at the state, tribal, and community levels.   | Tonia Gray        | 240-276-2492         | Tonia.Gray@samhsa.hhs.gov        |
| Improving Access to Overdose Treatment                  | SP-18-007  | 93.243      | Grant                   | No                       | 3/13/18   | SAMHSA is limiting eligibility to Federally Qualified Health Centers (FQHCs) (as defined in section 1861(aa) of the Social Security Act), opioid treatment programs as defined under part 8 of title 42, Code of Federal Regulations, and practitioners dispensing narcotic drugs pursuant to section 303(g) of the Controlled Substances Act.                 | SAMHSA will award OD Treatment Access funds to a Federally Qualified Health Center (FQHC), Opioid Treatment Program, or practitioner who has a waiver to prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. The grantee will partner with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the grantee will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose. | Tonia Gray        | 240-276-2492         | Tonia.Gray@samhsa.hhs.gov        |
| <b>CSAT</b>   |            |             |                         |                          |           |  |   |                   |                      |                                  |
| American Indian/Alaska Native ATTC                      | TI-18-001  | 93.243      | Cooperative Agreement   | No                       | 10/4/17   | Eligibility is limited to current SAMHSA Addiction Technology Transfer Center Cooperative Agreement recipients and those funded in FY 2012 under RFA TI-12-008. Eligibility is limited to these recipients because they are able to maintain the established infrastructure, partnerships, and necessary knowledge and skills to rapidly implement the program | The purpose of this program is to provide support for the ATTC Network, American Indian and Alaska Natives Tribes, tribal organizations, urban Indian programs, state and local governments, and other organizations to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services to tribal communities.   | Humberto Carvalho | 240-276-2974         | Humberto.Carvalho@samhsa.hhs.gov |

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| Family Treatment Drug Court | TI-18-002  | 93.243      | Grant                   | No                       | 11/15/17  | <p>Eligible applicants are:</p> <ul style="list-style-type: none"> <li>State governments; the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.</li> <li>Governmental units within political subdivisions of a state, such as a county, city or town.</li> <li>Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.</li> </ul>   | The purpose of this program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project.  | Amy Romero      | 240-276-1622         | Amy.Romero@samhsa.hhs.gov     |
| Offender Reentry Program    | TI-18-003  | 93.243      | Grant                   | No                       | 11/27/17  | <p>Eligible applicants are domestic public and private nonprofit entities. For example:</p> <ul style="list-style-type: none"> <li>State governments; the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.</li> <li>Governmental units within political subdivisions of a state, such as a county, city or town.</li> <li>Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.</li> <li>Public or private universities and colleges.</li> <li>Community- and faith-based organizations.</li> </ul> | The purpose of this program is to expand substance use disorder (SUD) treatment and related recovery and reentry services to sentenced adult offenders/ex-offenders with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community from incarceration in state and local facilities including prisons, jails, or detention centers. For the purpose of this FOA, sentenced adult offenders/ex-offenders are defined as persons 18 years of age or older (or adults as defined by state or tribal law) under the jurisdiction of the criminal justice system who have been sentenced to incarceration as adults. If a state or tribe uses a different age range for adult offenders, applicants must document how the age of "adults" is defined in their state or tribal justice system. | Jon Berg        | 240-276-1609         | Jon.Berg@samhsa.hhs.gov       |

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| SBIRT-State                  | TI-18-007  | 93.243      | Grant                   | No                       | 12/22/17  | <p>Eligible applicants are domestic public and private nonprofit entities. For example:</p> <ul style="list-style-type: none"> <li>State governments through the immediate office of the Single State Authority (SSA) or Director of the Health Department (or equivalent agency) in states, and territories.</li> <li>The highest-ranking official and/or the duly authorized Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.</li> <li>Private non-profit health care systems such as health maintenance organizations (HMOs), preferred-provider organizations (PPOs), large community health centers, Federally Qualified Health Care systems or Hospital systems. Preference is for systems with integrated specialty treatment care or the ability to establish integrated care mechanisms</li> </ul> | The purpose of this program is to implement screening, brief intervention and referral to treatment services for adolescents and adults in primary care and community health settings (e.g., health centers, hospital systems, etc.) for substance misuse and substance use disorders (SUD). This program is designed to expand/enhance the state and tribal continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in generalist and specialist practice. | Reed Forman     | 240-276-2416         | Reed.Forman@samhsa.hhs.gov    |
| SAMHSA Treatment Drug Courts | TI-18-008  | 93.243      | Grant                   | No                       | 12/29/17  | <p>Eligible applicants are tribal, state, and local governments, with direct involvement with the drug court/tribal healing to wellness court, such as the Tribal Court Administrator, the Administrative Office of the U.S. Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, and individual adult treatment drug courts.</p>  | The purpose of this program is to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to defendants/offenders.  | Jon Berg        | 240-276-1609         | Jon.Berg@samhsa.hhs.gov       |

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| Medication Assisted Treatment – Prescription and Opioid Addiction | TI-18-009  | 93.243      | Grant                   | No                       | 1/23/18   | Eligibility is limited to the states with the highest age adjusted rates of admissions and that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders.   | The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder seeking or receiving MAT. This program targets states identified with having the highest age adjusted rates of admissions and that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders.   | Kim Thierry                                     | 240-276-2907  | Kim.Thierry@samhsa.hhs.gov                                      |
| Substance Abuse Treatment for Children and Adolescents            | TI-18-010  | 93.243      | Grant                   | No                       | 2/14/18   | Eligible applicants are: <ul style="list-style-type: none"> <li>• State and local governments</li> <li>• Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations</li> <li>• Urban Indian Organizations</li> <li>• Public or private universities and colleges</li> <li>• Community- and faith-based organizations</li> </ul>                                     | The purpose of this program is to provide funding to states/territories/tribes to improve access to evidence based substance use disorder (SUD) treatment for adolescents and/or transitional aged youth with SUDs and/or co-occurring substance use and mental disorders.   | Ramon Bonzon                                    | 240-276-2975  | Ramon.Bonzon@samhsa.hhs.gov                                     |
| <b>Braided</b>  |            |             |                         |                          |           |   |  |   |   |   |
| Minority Fellowship Program                                       | SM-18-002  | 93.243      | Grant                   | No                       | 12/6/17   | Professional organizations representing mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling. These organizations will support post baccalaureate training (including for master's and doctoral degrees). | The purpose of this program is to: (1) increase the knowledge of mental and substance use disorder behavioral health professionals on issues related to prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and have a mental or substance use disorder; (2) improve the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations; and (3) increase the number of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental or substance use disorder services to racial and ethnic minority populations. It is expected that MFP will reduce behavioral health disparities and improve health care outcomes for racial and ethnic minority populations. | Deborah Rose (CMHS)<br><br>Shannon Taitt (CSAT) | 240-276-0300 (Deborah Rose (CMHS))<br><br>240-276-1691 (Shannon Taitt (CSAT)) | Deborah.Rose@samhsa.hhs.gov<br><br>Shannon.Taitt@samhsa.hhs.gov |

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| Historically Black Colleges and Universities | TI-18-005  | 93.243      | Grant                   | No                       | 12/13/17  | Eligible applicants are the 105 nationally recognized HBCUs or a consortium of HBCUs with a lead college/university as the applicant. The recipient of the award will be the entity legally responsible for satisfying the grant requirements. | The purpose of this program is to recruit students to careers in the behavioral health field to address substance use, mental and co-occurring disorders, provide training that can lead to careers in the behavioral health field, and/or prepare students for obtaining advanced degrees in the behavioral health field. The HBCU-CFE activities should emphasize education, awareness and preparation for careers in substance use, mental and co-occurring disorder treatment including addressing opioid use disorder treatment, early serious mental illness including First Episode Psychosis (FEP), and suicide prevention. | Shannon Taitt (CSAT)<br><br>Alexia Blyther (CMHS) | 240-276-1691 (Shannon Taitt (CSAT))<br><br>240-276-2254 (Alexia Blyther (CMHS)) | Shannon.Taitt@samhsa.hhs.gov<br><br>Alexia.Blyther@samhsa.hhs.gov |

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| FOA Title                                       | FOA Number | CFDA Number | Funding Instrument Type | Cost Sharing or Matching | Post Date | Eligible Applicants  | Description   | Grantor Contact  | Grantor Phone Number   | Grantor Contact Email Address  |
|---|------------|-------------|-------------------------|--------------------------|-----------|--|---|--|--|--|
| Co-Occurring Disorders – Treatment for Homeless | TI-18-006  | 93.243      | Grant                   | No                       | 12/22/17  | <p>Eligible applicants are domestic public and private nonprofit entities. For example:</p> <ul style="list-style-type: none"> <li>• State governments and territories, including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau <ul style="list-style-type: none"> <li>○ Eligible state applicants are either the Single State Mental Health Agency (SSHA) or the Single State Agency (SSA) for Substance Abuse. However, SAMHSA’s expectation is that both the SSA and the SMHA will work in partnership to fulfill the requirements of the grant. To demonstrate this collaboration, applicants must provide a letter of commitment from the partnering entity in Attachment 5 of the application. If the SMHA and the SSA are one entity, applicants must include a statement to that effect in Attachment 5.</li> </ul> </li> <li>• Governmental units within political subdivisions of a state, such as a county, city or town</li> <li>• Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations</li> <li>• Public or private universities and colleges</li> <li>• Community- and faith-based organizations</li> </ul> | <p>The purpose of this jointly funded program is to support the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for co-occurring mental, specifically serious emotional disturbance (SED) or serious mental illness (SMI), and substance use disorders (CODs) for individuals (including youth) and families experiencing homelessness.</p> | <p>Michelle Daly (CSAT)</p> <p>Maia Banks-Scheetz (CMHS)</p> | <p>240-276-2789 (Michelle Daly (CSAT))</p> <p>240-276-1969 (Maia Banks-Scheetz (CMHS))</p> | <p>Michelle.Daly@samhsa.hhs.gov</p> <p>Maia.Banks-Scheetz@samhsa.hhs.gov</p> |