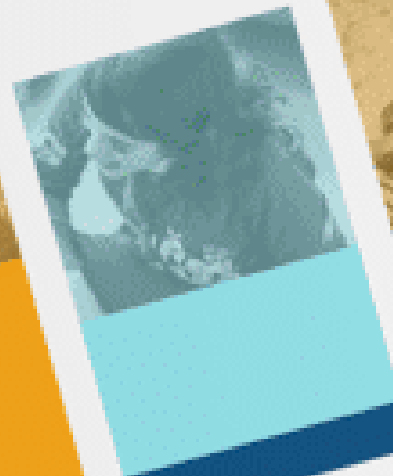


The State of Diversity,  
Equity, and Inclusion Efforts:  
**Progress, Priorities,  
and Opportunities**

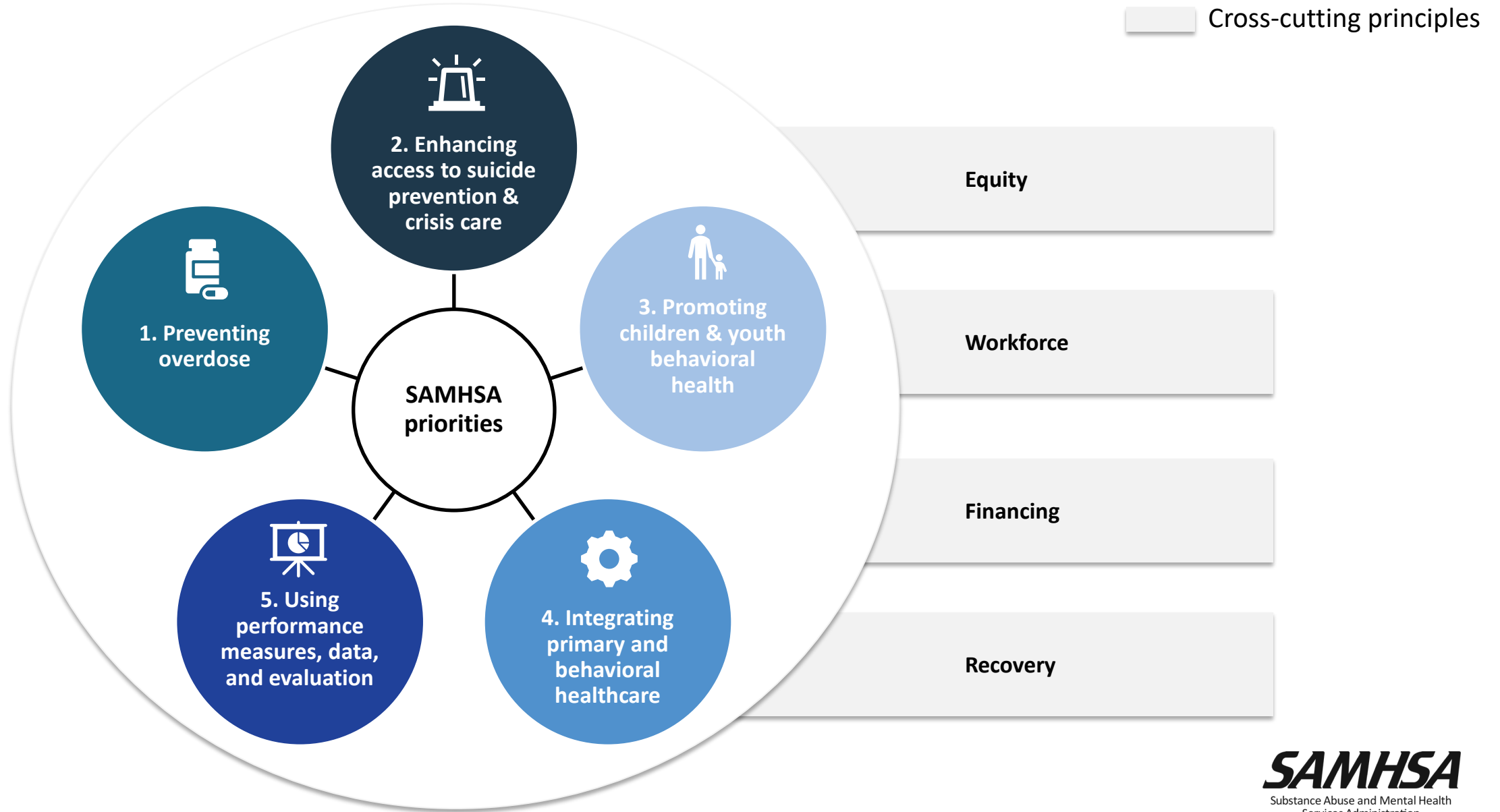


# Overview

- SAMHSA
- SAMHSA priorities
- Mental Health and Substance Misuse
- Prevention Gaps and Strategies
- Equity
- Office of Behavioral Health Equity
- SAMHSA response to current behavioral health challenges
- Diversity, Equity, Inclusion, and Accessibility



# SAMHSA Priorities and Cross-Cutting Principles



# SAMHSA Priorities in Action

## Preventing Overdose

- Harm Reduction

## Enhancing Access to Suicide Prevention and Crisis Care

- 988 Vision Implementation

## Promoting Children and Youth Behavioral Health

- Project AWARE

## Integrating Primary and Behavioral Care

- National Center of Excellence for Integrated Health Solutions

## Using performance measures, data, and evaluation

- Disparity Impact Statements

# Mental Illness and Substance Use Disorders in America

PAST YEAR, 2020 NSDUH

Among those with a substance use disorder:

**9 IN 20 (44.4% or 17.2M)** struggled with illicit drugs

**7 IN 10 (71.3% or 27.6M)** struggled with alcohol use

**1 IN 6 (15.8% or 6.1M)** struggled with illicit drugs and alcohol

Among those with a mental illness:

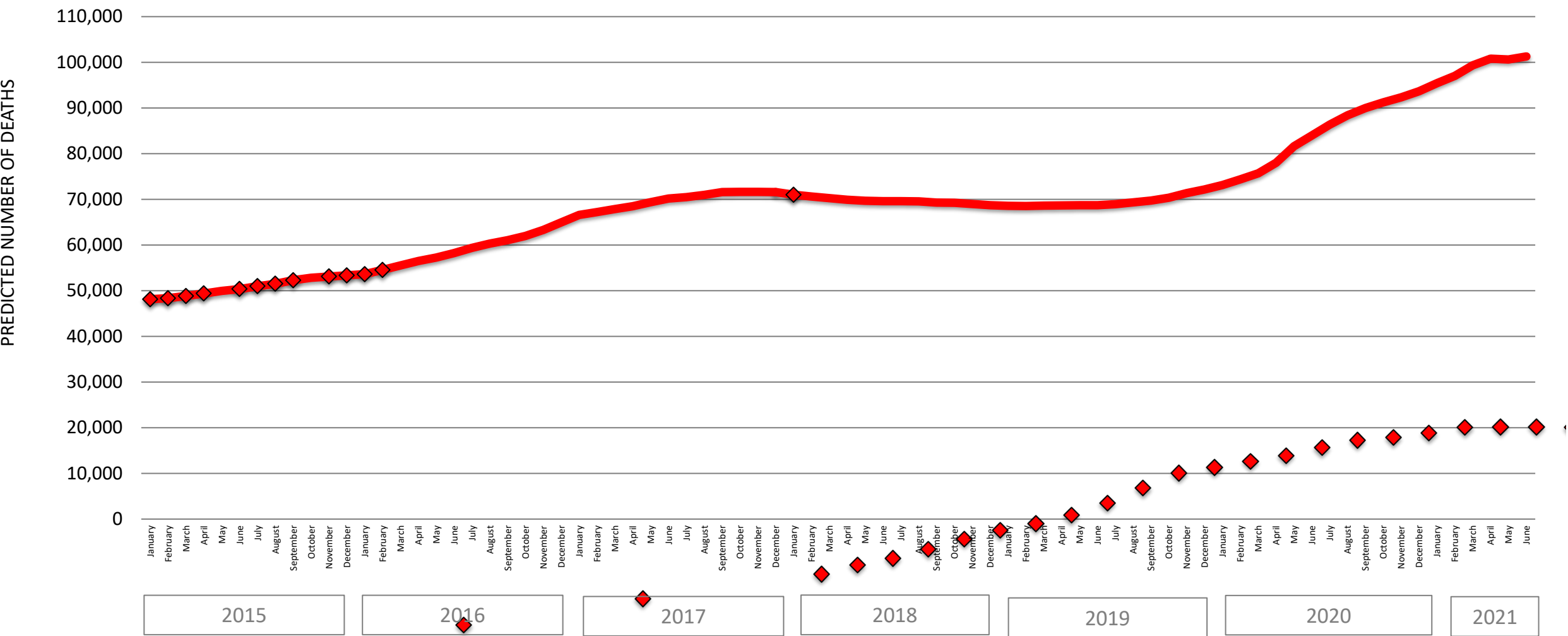
**1 IN 4 (26.9% or 14.2M)** had a serious mental illness

**15.4%**  
**(38.8 MILLION)** People  
aged 18 or older had a  
substance use disorder  
(SUD)

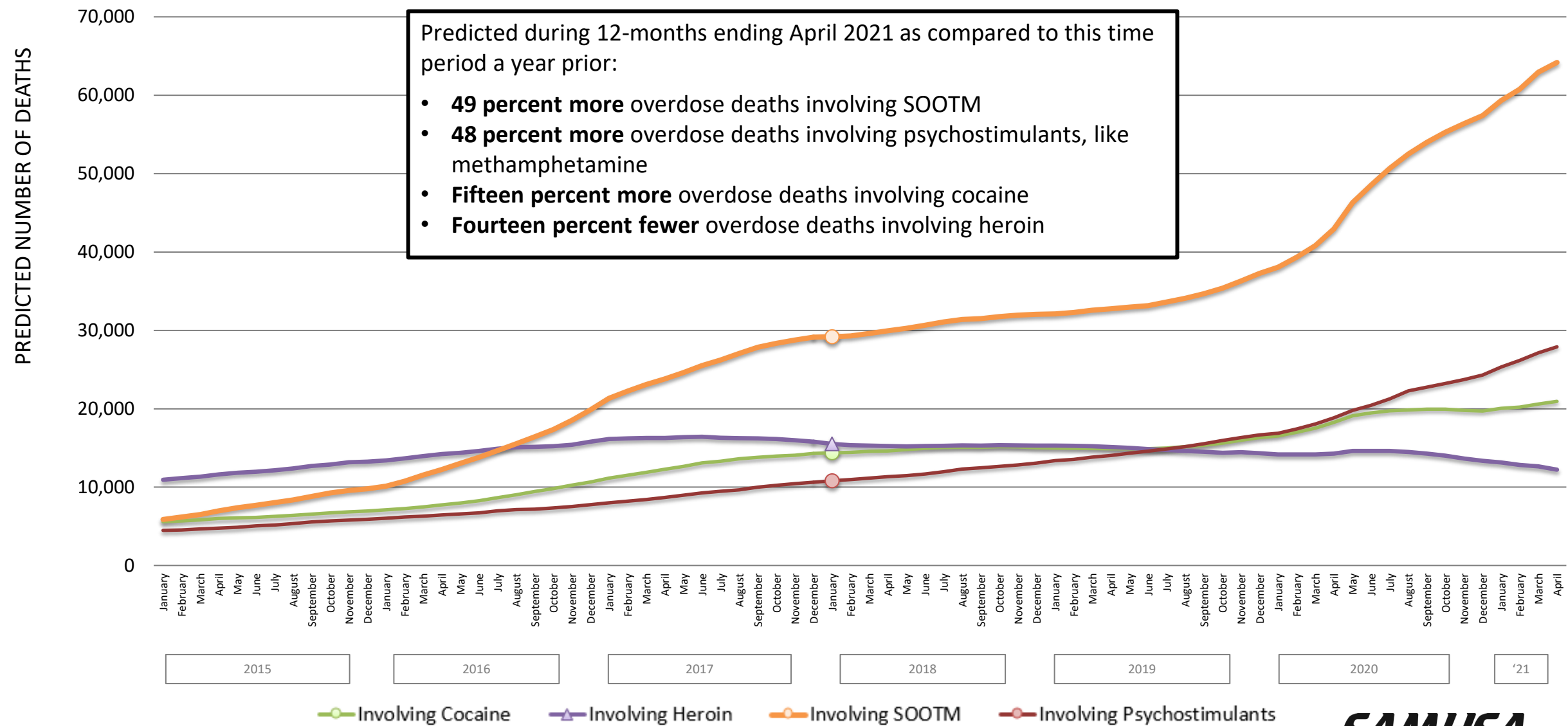
**6.7%**  
**(16.9 MILLION)**  
People aged 18  
or older had  
**BOTH** an SUD and  
a mental illness

**21.0%**  
**(52.9 MILLION)** People  
aged 18 or older had a  
mental illness

# Overdose Deaths Exceed 100,000



# Fentanyl Is Driving U.S. Drug Overdose Deaths



Source: National Center for Health Statistics/Centers for Disease Control and Prevention. *Vital Statistics Rapid Release Provisional Drug Overdose Death Counts*, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (November 2021).

# Most Overdose Deaths Involve One or More Illicit Drugs

## Co-involvement of other substances in drug overdose deaths involving Illicitly Manufactured Fentanyl (IMFs)

IMFs only*	40%
Rx opioids	15%
Heroin	20%
Any opioids other than IMFs**	30%
Methamphetamine	20%
Cocaine	28%
Any stimulant***	42%
Benzodiazepines	15%
Gabapentin	5%
Xylazine	5%

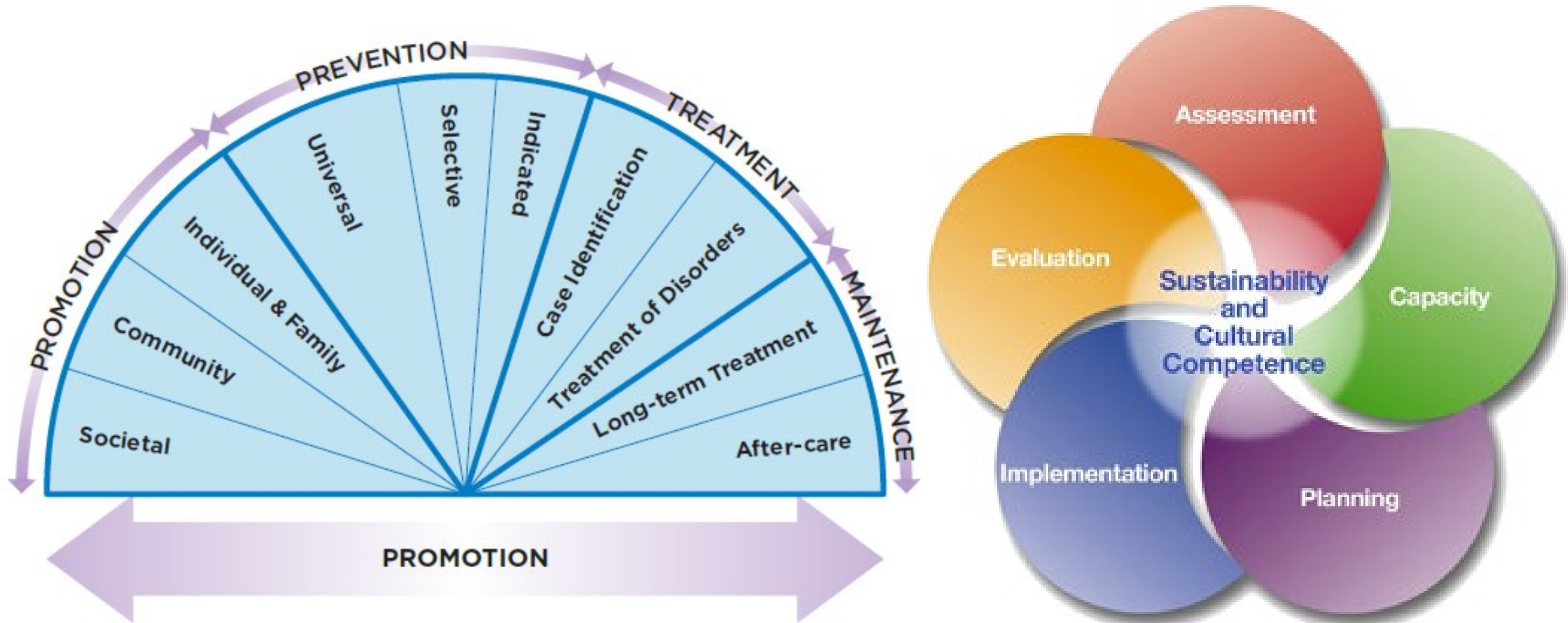
\*Includes fentanyl and fentanyl analogs, \*\*Includes heroin, prescription opioids, and other illicit synthetic opioids, \*\*\* Includes cocaine, amphetamines, cathinones, and other central nervous system stimulants (e.g., atomoxetine, caffeine).

- The 10 most frequently occurring opioid and stimulant combinations accounted for over 77% of overdose deaths
- Buprenorphine and methadone are included as prescription opioids; however, they are used both for treatment of pain and for treatment of opioid use disorder. Fewer than 3% of deaths involved buprenorphine, and fewer than 4% of deaths involved methadone, across jurisdictions.

SOURCE: State Unintentional Drug Overdose Reporting System (SUDORS), 40 jurisdictions, 2020



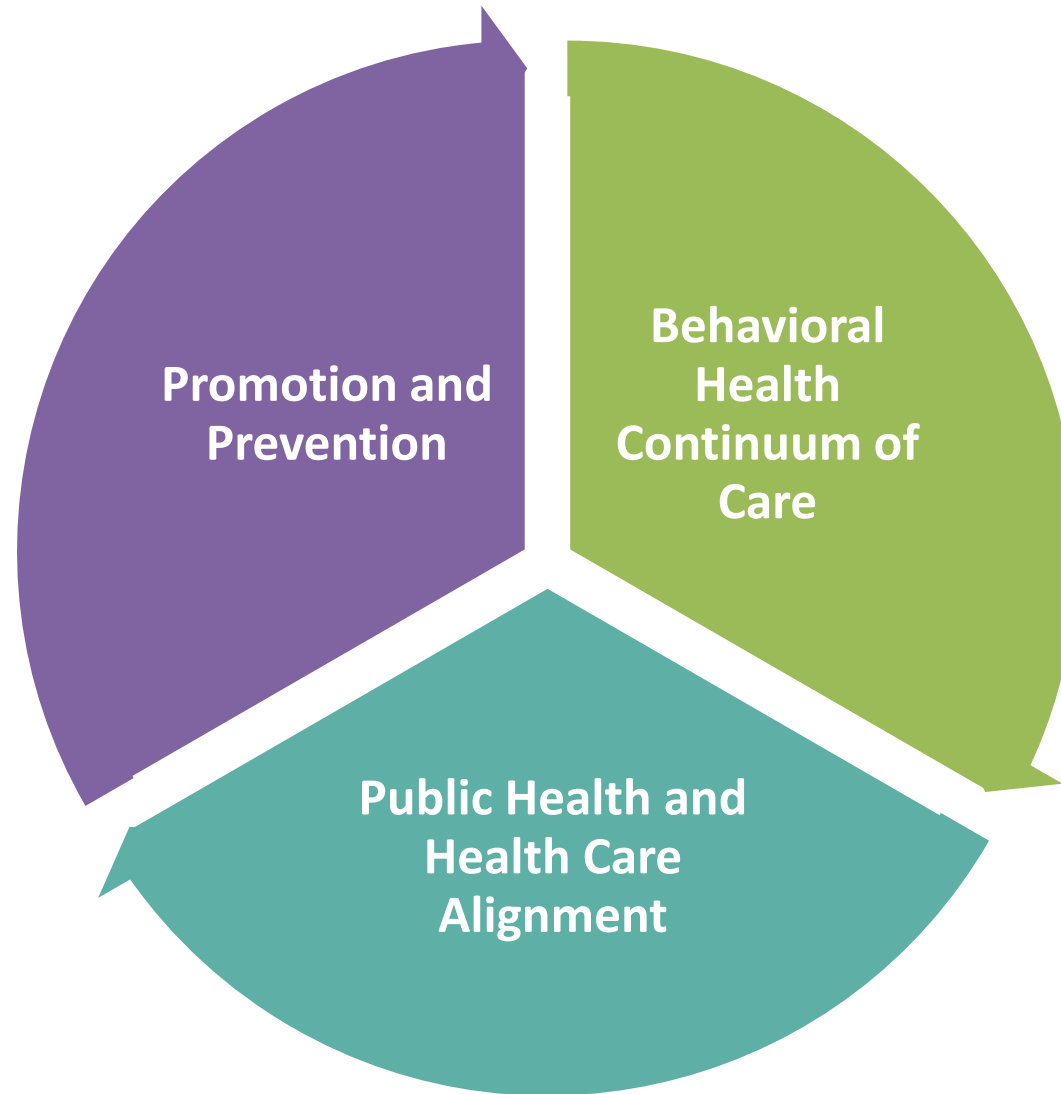
# The Prevention Gap – Continuum of Care and SPF

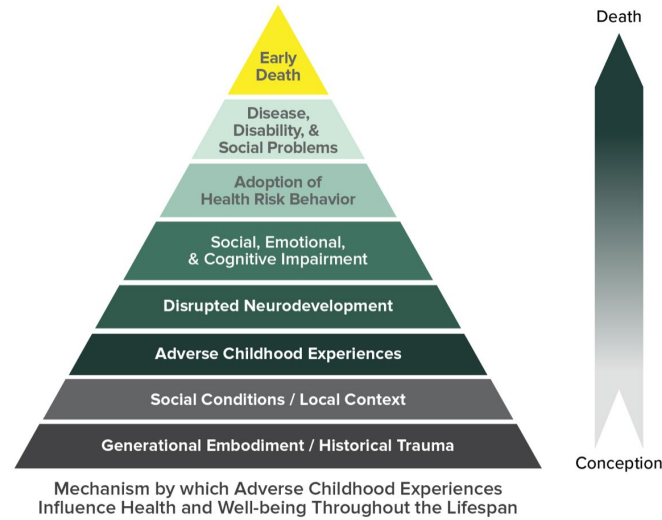


# Prevention Touchpoints Across the Behavioral Health System



# Closing the Prevention Gap – Areas of Opportunity





# Aligning Substance Use and Misuse Prevention

# SAMHSA's Behavioral Health Investment in Communities

SAMHSA's Behavioral  
Health Investment in  
Communities for  
Children, Youth, and  
Families

**\$1.5 Billion**

## Substance Abuse Prevention and Treatment Block Grant

- Prevention (20 percent set-aside)
- Treatment

## Mental Health Block Grant

### Programs of Regional and National Significance

- Strategic Prevention Framework-Partnerships for Success
- Sober Truth on Preventing Underage Drinking (STOP) Act
- Youth and Family TREE grant
- State Youth Implementation (SYT-I) grant
- Screening, Brief Intervention, and Referral To Treatment (SBIRT)
- Pregnant and Postpartum Women Programs (PPW & PPW Pilot)
- Children's Mental Health Initiative (CMHI)
- Project Linking Action for Unmet Needs in Children's Health (LAUNCH)
- National Child Trauma Stress Initiative (NCTSI)
- Children's Mental Health Initiative (CMHI)
- Project Advancing Wellness and Resiliency in Education-State Education Agency (AWARE-SEA)

# SAMHSA's FY2022 Prevention Investment in Ohio

## Formula Funding

Substance Abuse Prevention  
and Treatment Block Grant  
(20 percent set-aside)

\$16,135,468

## Discretionary Funding

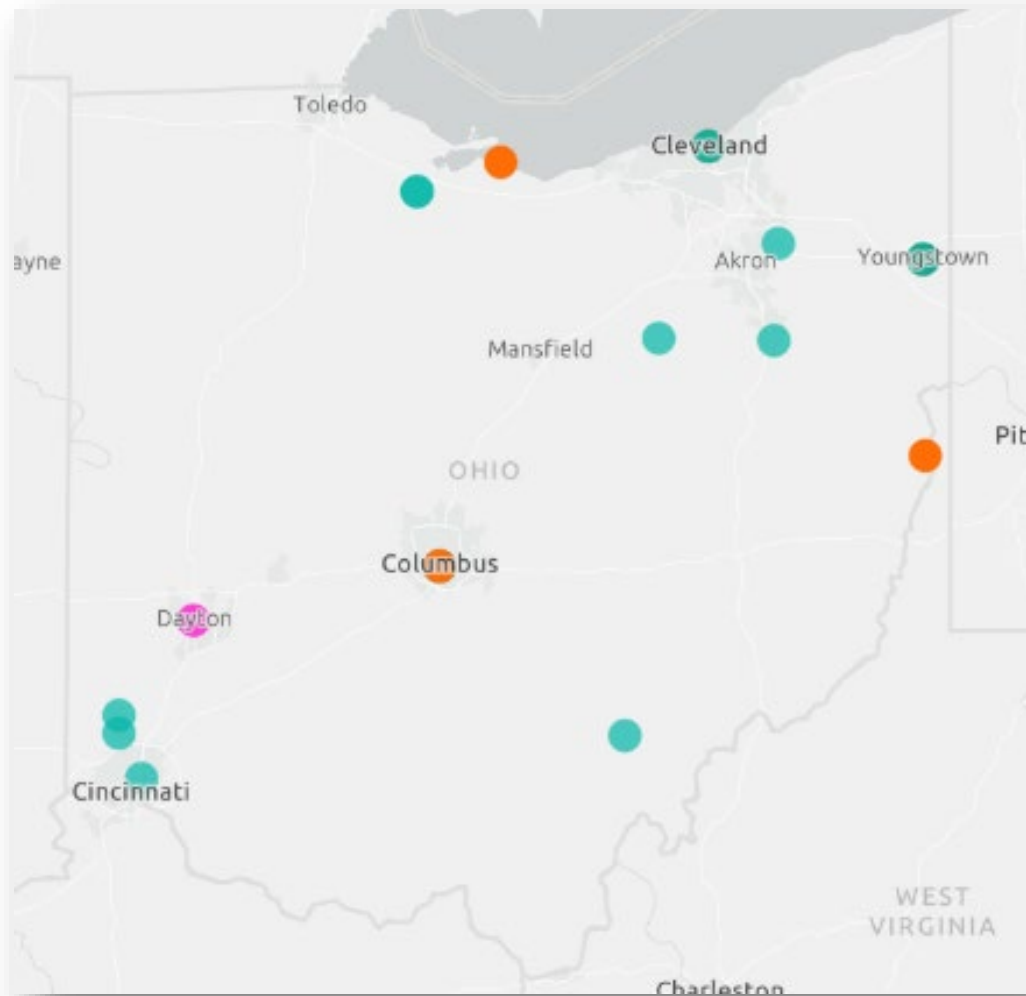
Substance Abuse Prevention

\$350,000

Total

\$16,485,468

# Ohio SAMHSA Grants



## **Substance Abuse Block Grant (20% set-aside): OH State DMHAS Strategic Prevention Framework Partnerships for Success (PFS):**

- County of Sandusky
- Butler County Educational Services
- Kent State University
- Ohio University Athens
- Northern Ohio Recovery Association
- Youngstown Urban Minority Outreach Program

## **STOP Act (youth underage drinking prevention)**

- Youngstown Urban Minority Outreach Program
- County of Sandusky
- One Eighty, Inc.
- Coalition for a Drug Free Greater Cincinnati
- Stark County MHAR
- Fairfield City School District
- Northern Ohio Recovery Association

## **First Responders-Comprehensive Addiction and Recovery Act:**

- Erie County Dept. of Health
- City of Columbus
- County of Jefferson

**Prevention Navigator:** Northern Ohio Recovery Association

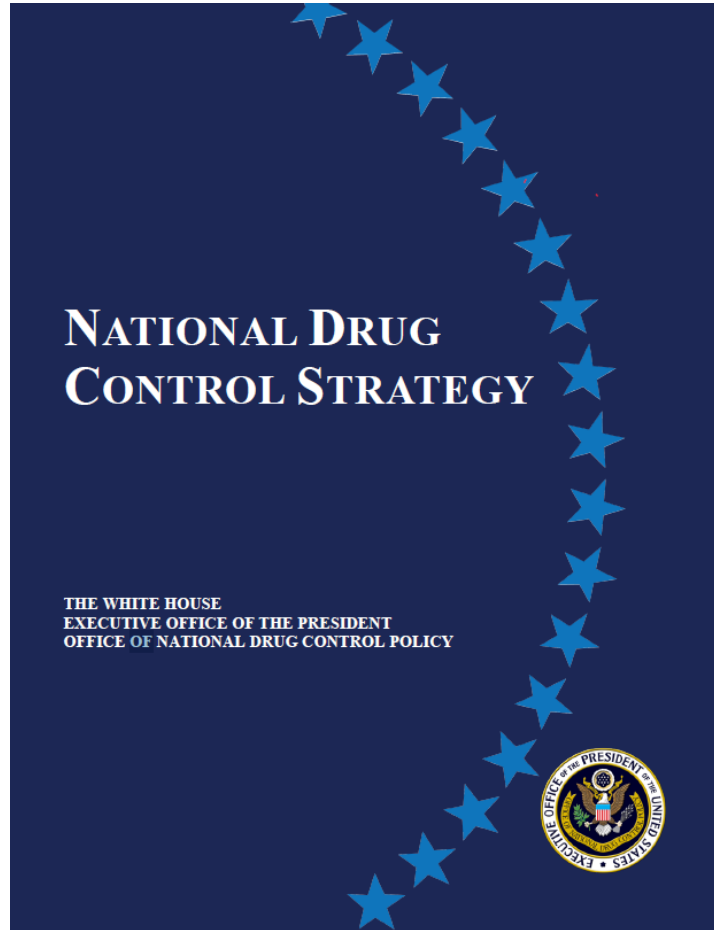
**HIV Capacity-Bldg. Initiative:** Wright State University

**Strategic Prevention Framework Rx:**

Ohio State DMHAS



# Unity Agenda – Whole of Government Approach





# Priority Area: Primary Prevention

## Strategic Prevention Framework



## Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant program

- Implemented 396 prevention strategies (e.g., helplines, PDMP policies, screening, education, coalition building)

## Results

- Over 122,000 individuals directly served and over 12M indirectly served through media campaigns and information dissemination.

# Priority Area: Primary Prevention

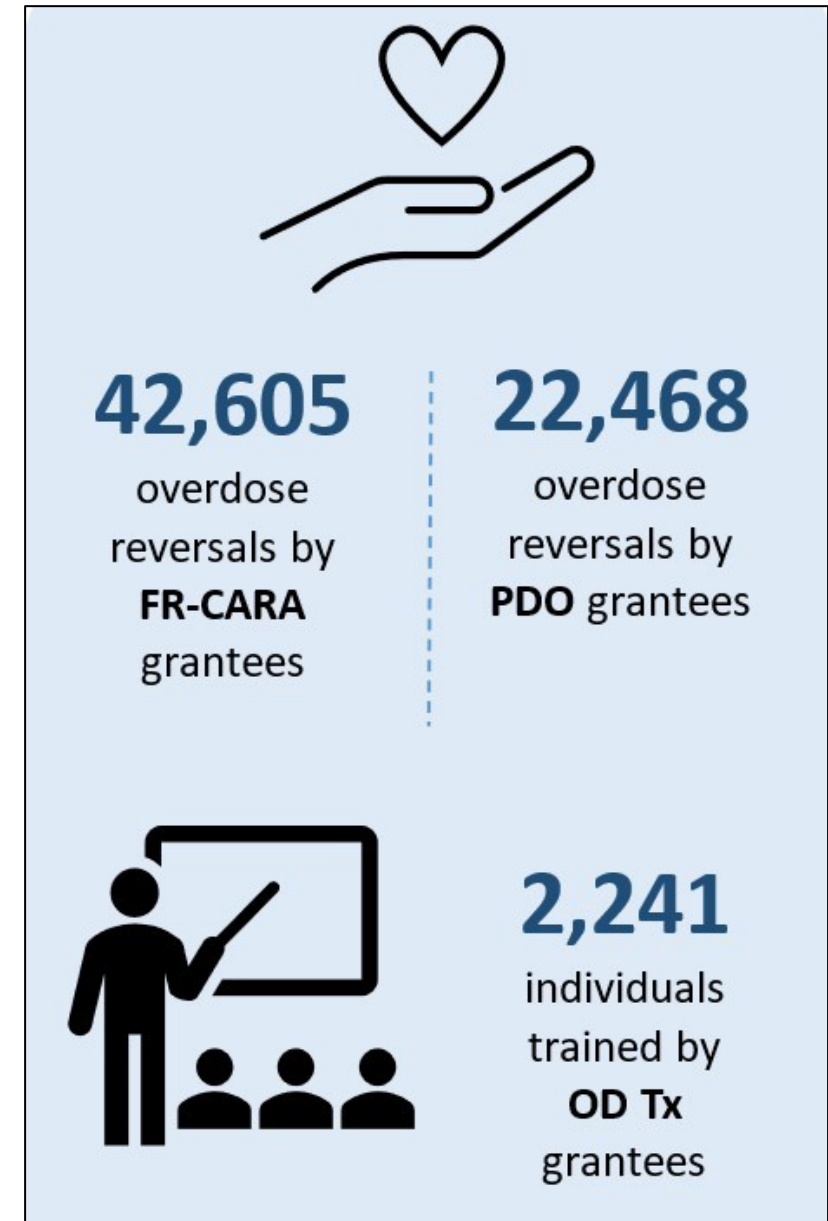
## Lives Saved: Opioid Prevention Efforts Avert Deaths

### Overdose Reversals

Since 2017, CSAP grantees have successfully reversed over **65,000** overdoses.

### Training in Overdose Prevention

More than **265,000** people were trained on how to administer naloxone, including nearly 85,000 first responders.



# SAMHSA's Harm Reduction Efforts

- Harm Reduction Notice of Funding
- SAMHSA-ONDCP-CDC Harm Reduction National Summit
- CDC-SAMHSA Harm Reduction Technical Assistance Center

<https://harmreductionhelp.cdc.gov/s/>





# Prevention's Changing Landscape



Legislative changes



# Capacity-Building Resources



PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://pttcnetwork.org/>



ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://attcnetwork.org/>



MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://mhttcnetwork.org/>

- Evidence-Based Practices Resource Center,  
<https://www.samhsa.gov/resource-search/ebp>
- Practitioner Training,  
<https://www.samhsa.gov/practitioner-training>

# Why Equity? Why Now?

---

- Not just because of COVID19, ongoing civil unrest, and roller coast of public health emergencies- **“it’s just the right thing to do”**
- Biden-Harris Administration said so in their Executive Orders (EOs):
  - Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
  - Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce
- Equity is ensuring that everyone has what they need to be successfully well
- Equity is also acknowledging, understanding, and working to dismantle the systemic, intentional, and institutional discrimination, often based on race, gender, language, social-economic status, and disabilities have helped to create some of today’s inequities



# EXECUTIVE ORDERS

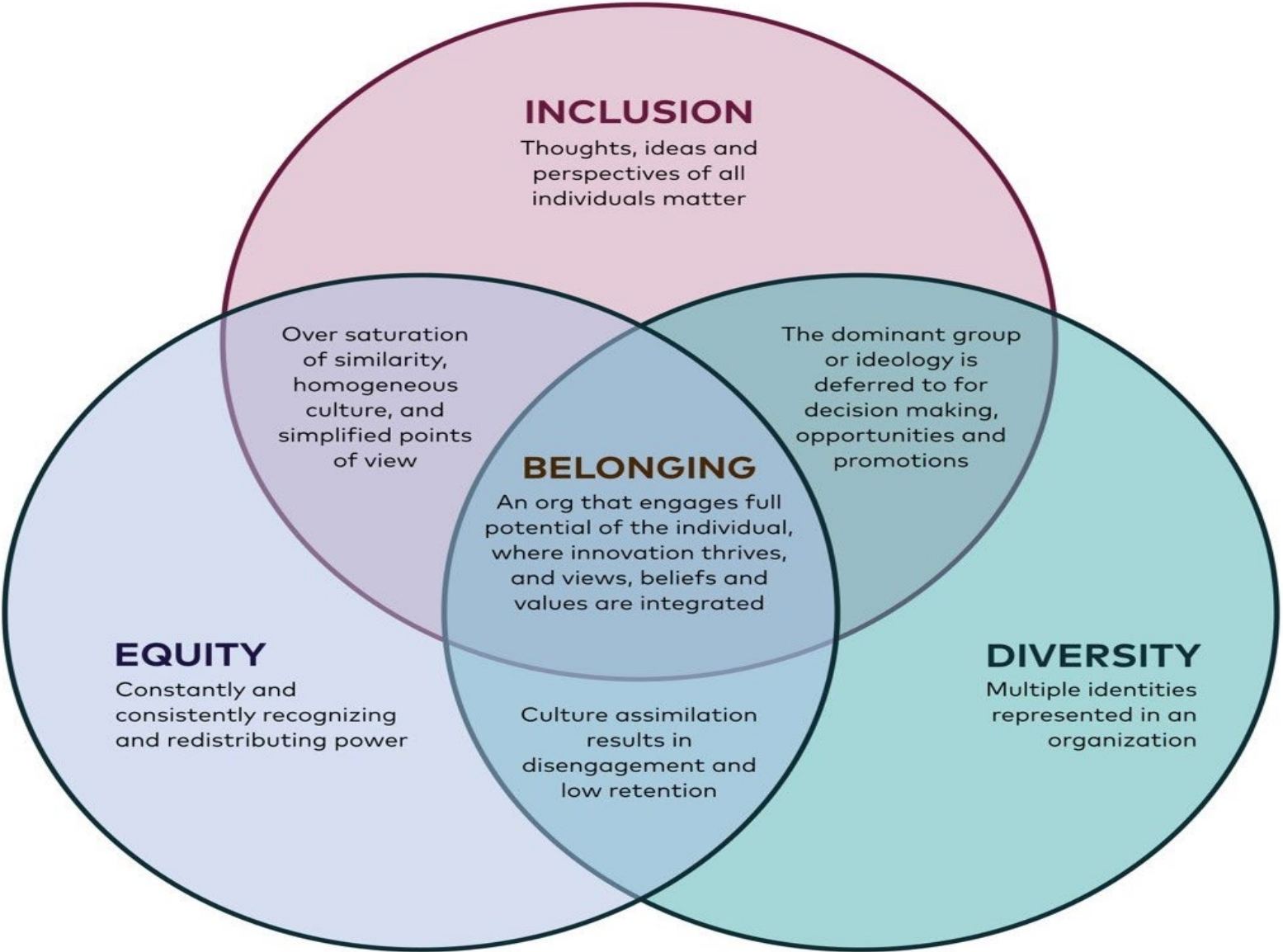


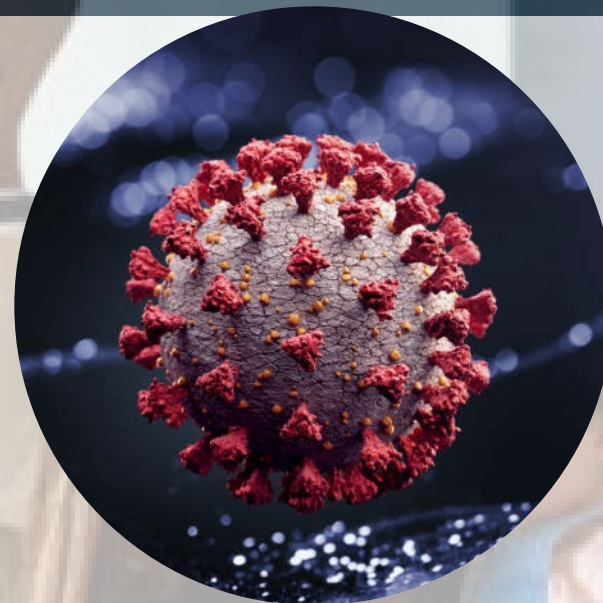
# Executive Orders on Diversity, Equity, Inclusion, and Accessibility

- **Executive Orders on Diversity, Equity, Inclusion, and Accessibility**
  - The Office of Civil Rights has been tasked with overseeing the successful implementation of the following executive orders and presidential memorandums within the Department of Commerce.
- **Executive Order 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce**
  - This executive order seeks to create a Government-wide initiative to promote diversity, equity, inclusion, and accessibility (DEIA).
- **Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government**
  - Directs federal agencies to evaluate whether their policies produce racially inequitable results when implemented, and to make the necessary changes to ensure underserved communities are properly supported.
- **Executive Order 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders**
  - Established the White House initiative on Asian Americans, Native Hawaiians, and Pacific Islanders, as well as a Presidential Advisory Commission, both of which aim to advance equity, justice, and opportunity among these groups.
- **Executive Order 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation**
  - Expands the discrimination protections previously offered solely on the basis of sex into the categories of gender identity and sexual orientation.
- **Implementation of Diversity, Equity, Inclusion, and Accessibility Executive Orders and Related Initiatives**
  - To better manage the various responsibilities outlined in President Biden's DEIA-related executive orders and memorandums, the Department of Commerce has created the **DEIA Council**.



# Diversity Framework





# **A Commitment to Behavioral Health Equity**





# OBHE Vision and Mission



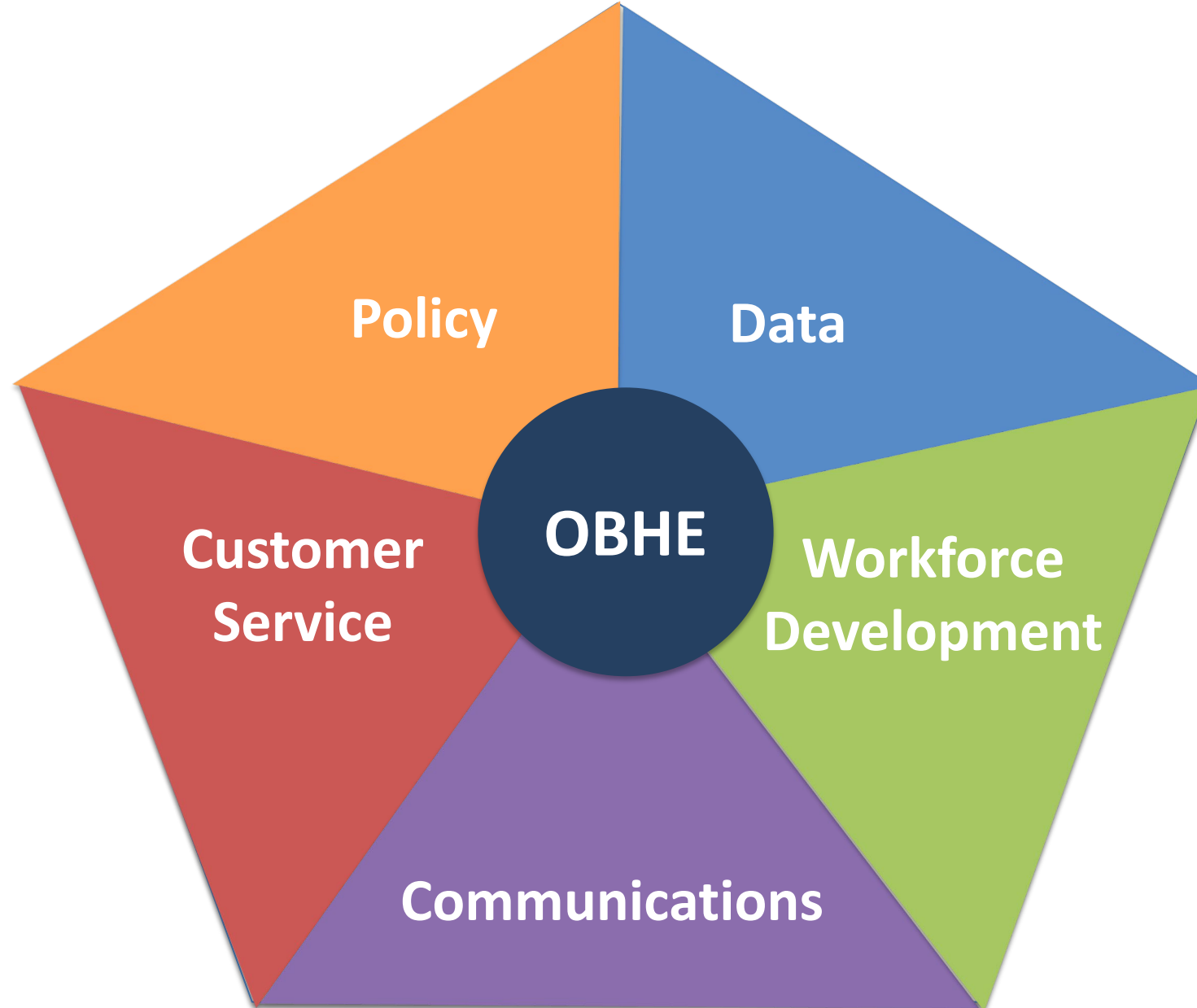
## OBHE Vision

*For minority and disadvantaged communities across the country to achieve behavioral health equity*

## OBHE Mission

*To reduce disparities in behavioral health by improving access to quality services and supports that enable these individuals and families to thrive, participate in and contribute to healthy communities*

# OBHE's 5 Domains



# Disparity Impact Statement (DIS)

## DIS is part of OBHE's Strategic Plan

Policy initiative created to assess and increase impact of all HHS and SAMHSA efforts to reduce health disparities

- Creates a greater strategic focus on racial and ethnic populations in SAMHSA investments
- Uses a data-informed quality improvement approach to manage grants and address racial and ethnic disparities in SAMHSA programs
- Uses the secretarial (*and administration's*) priorities to influence how SAMHSA does its work (*grant development and management operations*)

## Disparity Impact Statement - DIS

Information provided by the grantee as required through a condition of award that describes how they will:

- Monitor disparities in access, use, and outcomes for racial, ethnic or sexual/gender minority subpopulations
- Use program performance data to implement a quality improvement (QI) process
- Leverage the National CLAS Standards, as a part of the QI process to ensure better access, use, and outcomes for the identified disparate population(s)

# Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.



# CLAS Standards - Actionable Items

## PRINCIPAL STANDARD 1

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### THEME 1

#### Governance, Leadership, Workforce

- Policies & procedures
- Diversity amongst all professional levels
- Annual culturally informed trainings

### THEME 2

#### Language and Communication

- Inform and provide language assistance
- Interpreter services
- Linguistically (signage) conducive materials

### THEME 3

#### Engagement, Continuous Improvement, and Accountability

- Establish CLAS goals, policies, management accountability processes
- Ongoing assessment and demographic data collection

# Addressing Cultural Bias: Implementing CLAS Standards

## SAMHSA & OMH Take Action on Cultural Bias



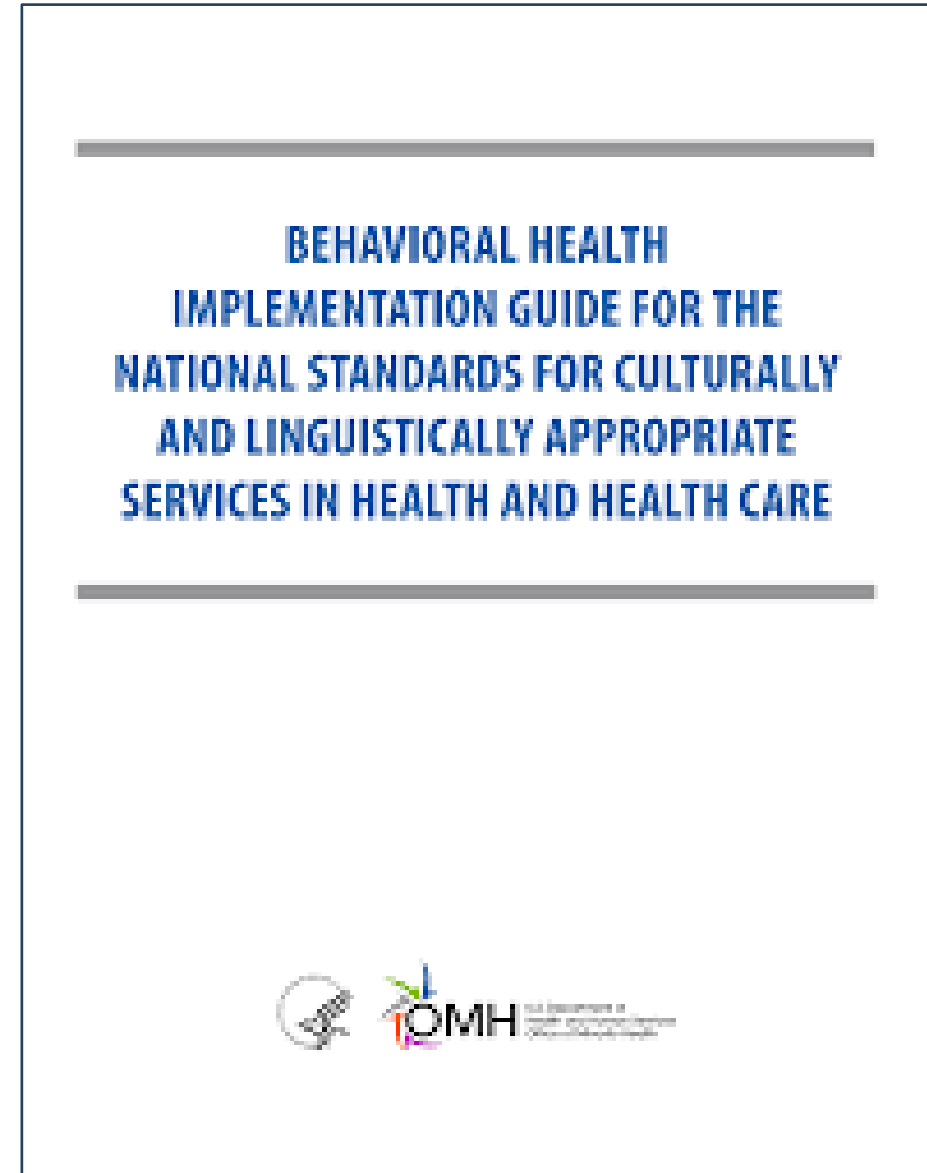
*In November of 2021 OMH and SAMHSA Re-launched the "BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE" to:*

- Increase Awareness
- Reengage existing stakeholders
- Increase commitment & widespread implementation

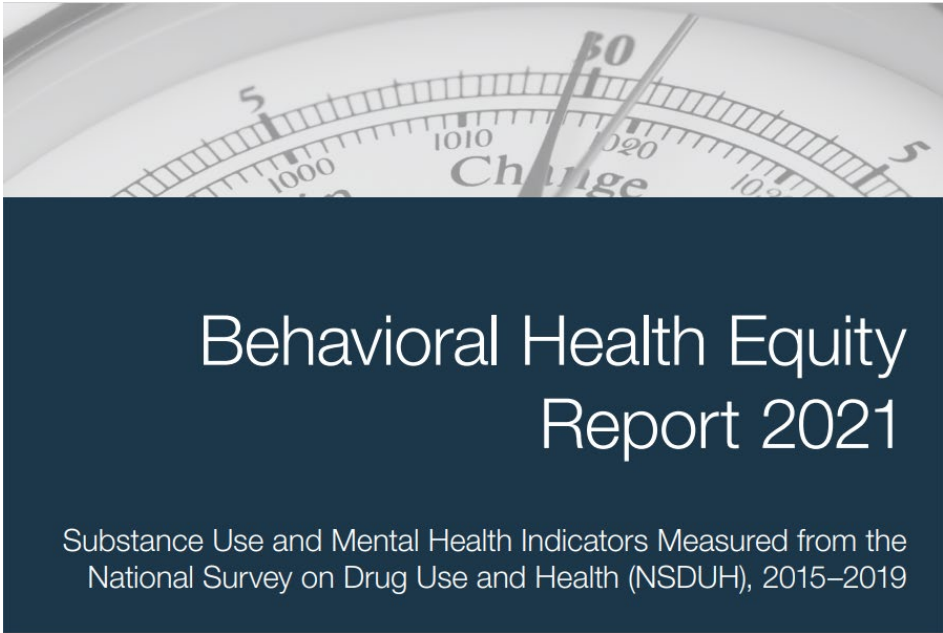


# Behavioral Health Implementation Guide

- Companion document
  - Purpose to provide concrete, feasible implementation strategies for the health and behavioral healthcare community



# SAMHSA TAKE ACTION: Equity-Specific Reports



The cover features a close-up of a clock face with the word "Change" written across it. The title "Behavioral Health Equity Report 2021" is prominently displayed in white text on a dark blue background. Below the title, a subtitle reads: "Substance Use and Mental Health Indicators Measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019".

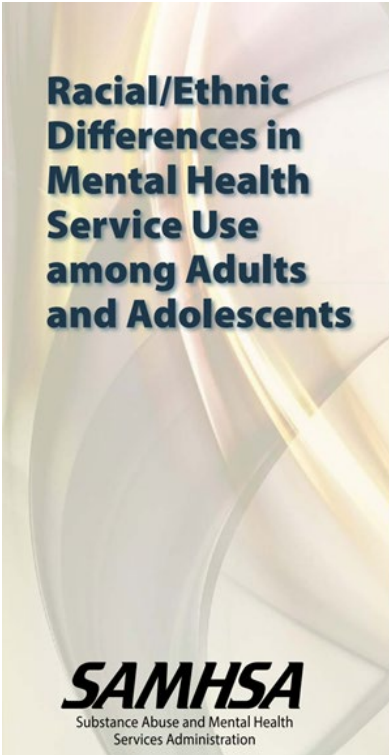
**Behavioral Health Equity Report 2021**

Substance Use and Mental Health Indicators Measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019



The SAMHSA logo is displayed in white on a dark blue background. The logo consists of the word "SAMHSA" in a large, bold, sans-serif font, with "Substance Abuse and Mental Health Services Administration" in a smaller font below it.

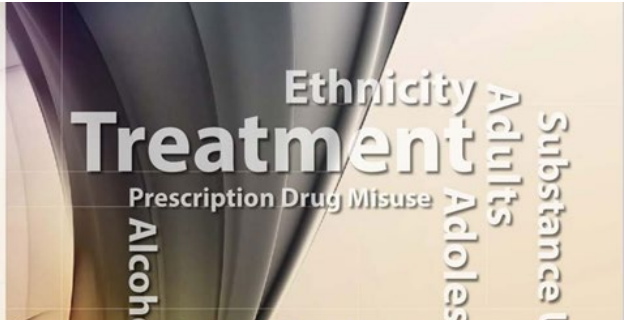
**SAMHSA**  
Substance Abuse and Mental Health Services Administration



The cover has a light beige background with abstract, flowing lines. The title "Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents" is in a bold, dark blue font. The SAMHSA logo is at the bottom.

**Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents**

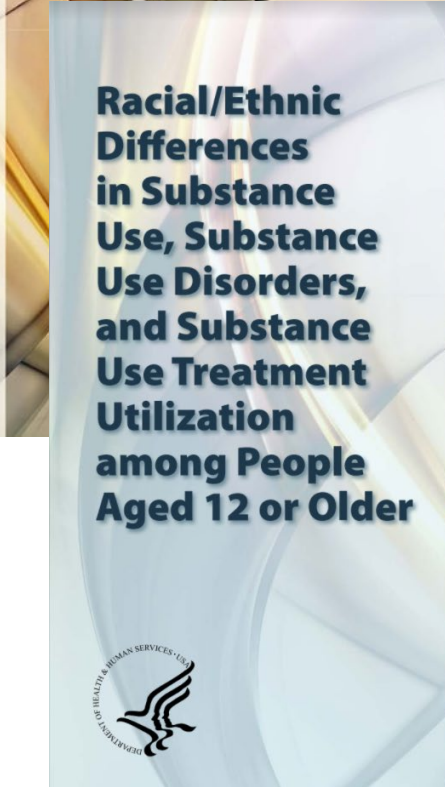
**SAMHSA**  
Substance Abuse and Mental Health Services Administration



The cover features a light beige background with abstract, flowing lines. The title "Ethnicity Adults Substance Use Treatment" is in a bold, dark blue font. The subtitle "Prescription Drug Misuse Alcohol" is in a smaller font. The SAMHSA logo is at the bottom.

**Ethnicity Adults Substance Use Treatment**  
Prescription Drug Misuse Alcohol

**SAMHSA**  
Substance Abuse and Mental Health Services Administration



The cover has a light blue background with abstract, flowing lines. The title "Racial/Ethnic Differences in Substance Use Disorders, and Substance Use Treatment Utilization among People Aged 12 or Older" is in a bold, dark blue font. The SAMHSA logo is at the bottom.

**Racial/Ethnic Differences in Substance Use Disorders, and Substance Use Treatment Utilization among People Aged 12 or Older**

**SAMHSA**  
Substance Abuse and Mental Health Services Administration



The cover features a light blue background with abstract, flowing lines. The title "Ethnicity Adults Substance Use Treatment" is in a bold, dark blue font. The subtitle "Prescription Drug Misuse Alcohol Rehabilitation Outpatient Treatment Illicit Drugs Race" is in a smaller font. The SAMHSA logo is at the bottom.

**Ethnicity Adults Substance Use Treatment**  
Prescription Drug Misuse Alcohol Rehabilitation Outpatient Treatment Illicit Drugs Race

**SAMHSA**  
Substance Abuse and Mental Health Services Administration



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**SAMHSA**  
Substance Abuse and Mental Health Services Administration

# Cultural Responsiveness

- **Culturally Responsive** services are those that are *respectful of, and relevant to, the beliefs, practices, culture and linguistic needs* of diverse consumer/client populations and communities.
- **Culturally Responsive** services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.

Curry-Stevens, A., & Reyes, M. (2014). Protocol for Culturally Responsive Organizations, <https://www.semanticscholar.org/paper/Protocol-for-Culturally-Responsive-Organizations-Curry-Stevens-Reyes/47b69f803100df60cd38d8b8c843144c4c62b42e>

# ADDRESSING CULTURAL BIAS: ENHANCING CULTURAL HEALTH



[Think Cultural Health](#) is an OMH initiative that provides health and health care professionals with information, continuing education opportunities, and resources to learn about and implement CLAS and the National CLAS Standards.

## Think Cultural Health Resources

The resources below are provided in conjunction with the Office of Minority Health's Think Cultural Health website to provide health care professionals with information, continuing education opportunities, and resources to learn about and implement CLAS and the National CLAS Standards.

- [ADDRESSING Framework](#) [154 KB]
- [Arthur Kleinman's Eight Questions](#) [516 KB]
- [CLAS, Cultural Competency, And Cultural Humility](#) [143 KB]
- [Combating Implicit Bias And Stereotypes](#) [180 KB]
- [Communication Styles](#) [156 KB]
- [Effective Cross-Cultural Communications Skills](#) [188 KB]
- [How To Better Understand Different Social Identities](#) [89 KB]
- [Providing CLAS](#) [217 KB]
- [RESPECT Model](#) [89 KB]
- [Working Effectively With An Interpreter](#) [207 KB]

# OMH Take Actions on Cultural Bias

# Elevate CBOs

## Goals

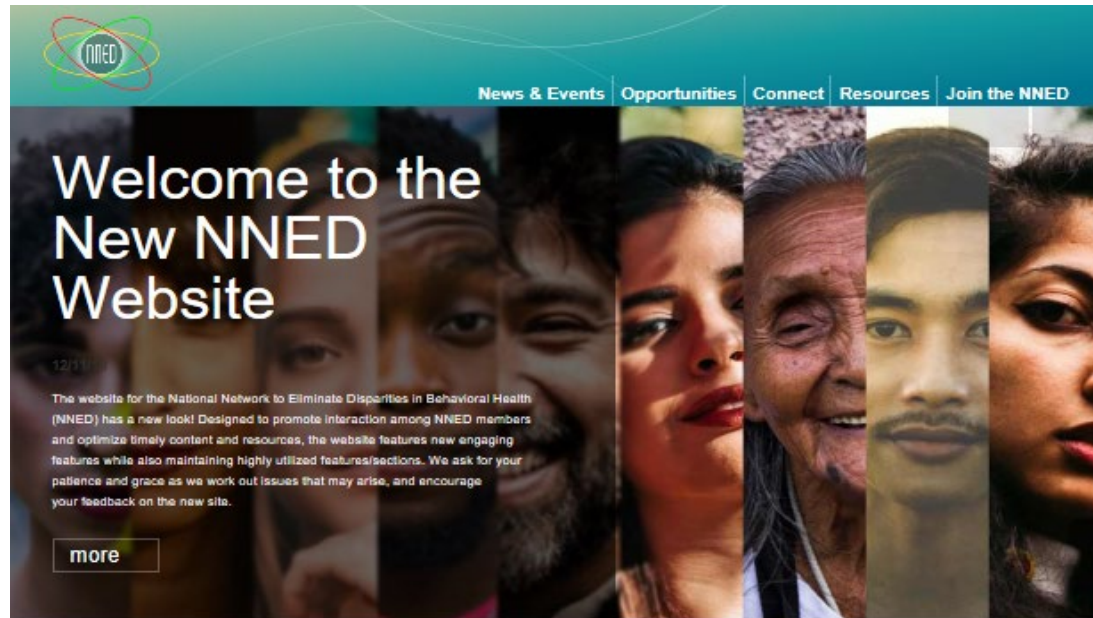
- Build capacity
- Increase the visibility
- Highlight the unique role

## Expected Outcomes

- Increasing awareness of CBOs and their unique role in the behavioral health system
- Creating partnerships with states, local jurisdictions, and potential funders
- Building funding and staff capacity
- Establishing a platform for CBOs to inform policy and system



# National Network to Eliminate Disparities in Behavioral Health



The **National Network to Eliminate Disparities in Behavioral Health (NNED)** is a network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity.



National Network to Eliminate  
Disparities in Behavioral Health

Hawai'i and Pacific Islands  
Diversity Inclusion  
Project Showcase



[nned.net](http://nned.net)

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# DEIA In Action at SAMHSA

- DEIA is a priority in the Federal Government
- Across SAMSHA Offices and Centers DEIA initiatives are always embedded in our work
- Some current projects and activities include:
  - CLAS Standards Trainings
  - Developing DEIA benchmarks project that can be applied as best practices within SAMHSA's grant programs and contracts
  - Responding to many DEIA- related inquiries from various stakeholders, including Congress, and delivering DEIA-related presentations to various audiences

# DEIA in Action at SAMHSA: Employee Perspectives

“We are actively working in a deep and wide way on DEIA”.

“The DEIA workgroup meetings have provided a space for staff to discuss issues regarding DEIA and fostering ideas focused on training and workforce development opportunities to improve the work and strengthen collegial relationships”.

“I feel good in that leadership truly recognizes the urgency around addressing disparities in behavioral health and has made it a FY 2023 priority to develop and implement actions to advance behavioral health equity in our Center’s grant programs. In particular, the data has been powerful in illuminating the issues and starting critical conversations”.

“Membership is open to all staff and we invite people to join whenever they can.....things have been busy, but the workgroup remains patient as it continues to work across SAMHSA’s other DEIA workgroups to advance the DEIA benchmark. The DEIA workgroup meetings are also when staff discusses upcoming changes.”



# Evidence-Based Resource Center

The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

## SUD Prevention:

- Preventing the Use of Marijuana: Focus on Women and Pregnancy
- Substance Misuse Prevention among Young Adults

## SUD Treatment

- Medication for Opioid Use Disorder in Criminal Justice Settings
- Stimulant Use Disorder
- Recovery with a focus on Employment Supports

## Mental Health:

- First Episode Psychosis and Co-Occurring Substance Use Disorders
- Suicide Prevention and Treatment

EVIDENCE-BASED RESOURCE GUIDE SERIES

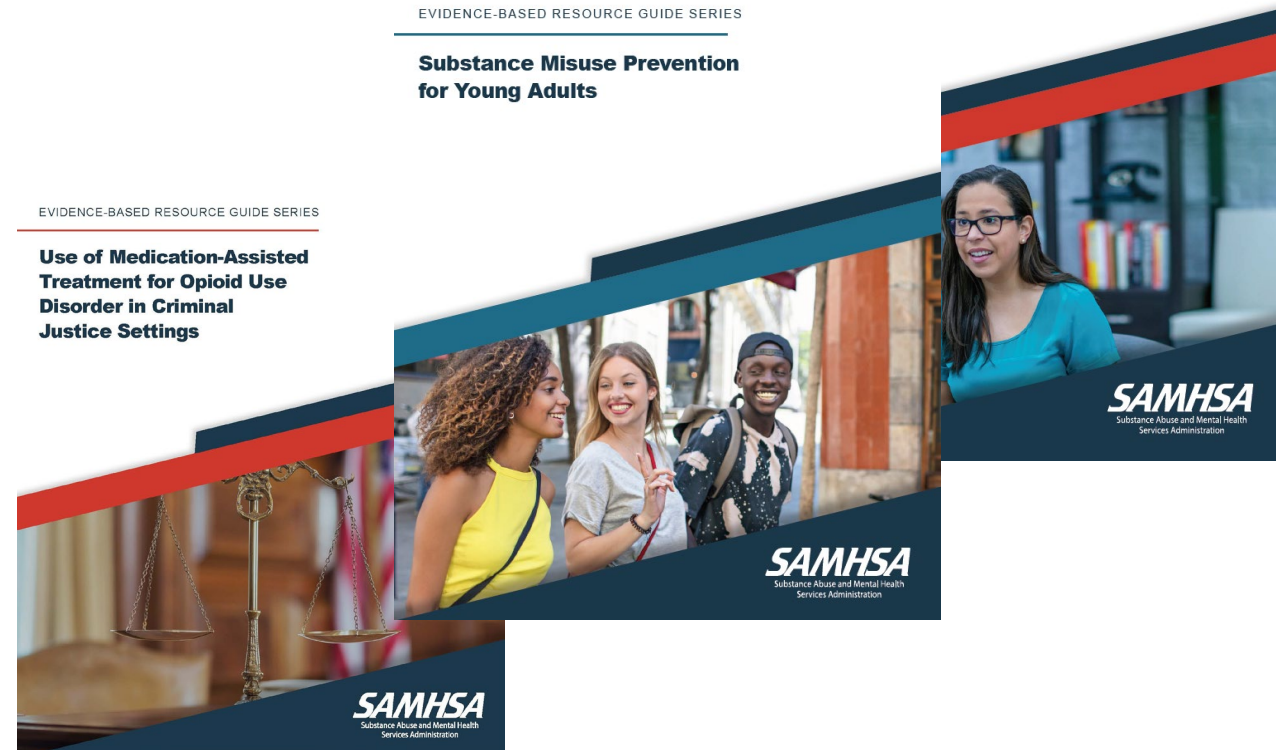
**First-Episode Psychosis  
and Co-Occurring  
Substance Use Disorders**

EVIDENCE-BASED RESOURCE GUIDE SERIES

**Substance Misuse Prevention  
for Young Adults**

EVIDENCE-BASED RESOURCE GUIDE SERIES

**Use of Medication-Assisted  
Treatment for Opioid Use  
Disorder in Criminal  
Justice Settings**



<https://www.samhsa.gov/resource-search/ebp>

# SAMHSA Funding Opportunities

## [Medication-Assisted Treatment – Prescription Drug and Opioid Addiction](#)

**Application Due Date: Friday, April 29, 2022**

This grant program provides resources to help expand and enhance access to Medications for Opioid Use Disorder (MOUD). It will help increase the number of individuals with Opioid Use Disorder (OUD) receiving MOUD and decrease illicit opioid use and prescription opioid misuse. The grant will fund a total of \$22.6 million over 5 years for up to 30 grantees. No less than \$11 million will be awarded to Native American tribes, tribal organizations, or consortia. Eligible applicants are domestic public and private non-profit entities.

## [GLS Campus Suicide Prevention Grant Program](#)

**Application Due Date: Friday, April 29, 2022**

This grant program enhances mental health services for all college students, including those at risk for suicide, depression, serious mental illness, serious emotional disturbances, or substance use. This grant program will fund up to \$2.2 million, including \$102,000 from the American Rescue Plan, over three years for up to 22 grant awards. Eligible applicants are private and public non-profit institutions of higher education, including Tribal colleges and universities.

## [Substance Use Disorder Treatment for Racial Ethnic/ Minority Populations at High Risk for HIV/AIDS](#)

**Application Due Date: Friday, April 29, 2022**

This program increases care for racial and ethnic minority individuals with co-occurring substance use and mental health challenges who are at risk for or are living with HIV/AIDS and receive HIV primary care and other services. This grant will fund up to \$30.5 million over five years for up to 61 grantees. Eligible applicants are domestic public and private non-profit entities including Federally Recognized Tribes and Tribal Organizations

## [Statewide Family Network Program](#)

**Application Due Date: Monday, May 2, 2022**

This grant program enhances the capacity of statewide mental health family-controlled organizations (i.e., organizations where families help other families improve their lives) to support families and caregivers who are raising children, youths, and young adults with serious emotional disturbances. This program will serve as a catalyst for transforming mental health and related systems in states by strengthening coalitions led by family-controlled organizations, and between family members, policy makers, and service providers. This grant program will fund up to \$1.6 million over three years for up to 13 grant awards. Eligible applicants are domestic public and private non-profit entities.

# SAMHSA Funding Opportunities

## [Project AWARE \(Advancing Wellness and Resiliency in Education\)](#)

**Application Due Date: Monday, May 2, 2022**

This grant program develops sustainable infrastructure for school-based mental health programs and services. Grant recipients will build a collaborative partnership that includes the State Education Agency, the Local Education Agency, the State Mental Health Agency, community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. This grant will fund up to \$5.4 million from the American Rescue Plan over 5 years for up to three grant awards. Eligible entities are States; political subdivisions of States (e.g., county, LEA); Indian tribes or tribal organizations (as defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other domestic public or private nonprofit entities).

## [Substance Abuse and HIV Prevention Navigator Program for Racial Ethnic Minorities](#)

**Application Due Date: Monday, May 2, 2022**

This program provides training and education around the risks of substance use and HIV/AIDS, as well as the integration of a range of services for individuals with HIV/AIDS. The program uses a navigation approach – working through community health workers, neighborhood navigators, and peer support specialists to expedite services for these populations. This grant will fund up to \$4.5 million over five years for up to 18 grantees. Eligible applicants are domestic public and private non-profit entities.

## [Certified Community Behavioral Health Clinic – Planning, Development and Implementation Grants \(CCBHC-PDI\)](#)

**Application Due Date; May 17, 2022**

Available to clinics that are new to the CCBHC model (i.e., clinics that have not been certified as CCBHCs by their state and have not previously received a CCBHC expansion grant). This funding opportunity is designed to assist grantees as they develop and implement a CCBHC that meets CCBHC certification criteria. Qualified applicants must be able to meet the requirements of a CCBHC within the first year of the grant. Eligible entities are Community-based behavioral health non-profit organizations, or organizations that are either (a) part of a local government behavioral health authority; or (b) operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization; or (c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

## [Certified Community Behavioral Health Clinic \(CCBHC\)– Improvement and Advancement Grants](#)

**Application Due Date: May 17, 2022**

are available to CCBHCs that have been certified by their states or received previous CCBHC-Expansion grants and are designed to support current CCBHCs as they expand or improve their CCBHC services. Qualified applicants must be able to demonstrate compliance with CCBHC certification criteria through state certification or SAMHSA acceptance of CCBHC certification attestation within the past two years. Eligible entities for this NOFO are (1) existing CCBHC Medicaid Demonstration Program sites; (2) existing CCBHC-Expansion grant recipients; or (3) an organization that has been certified by the state as a CCBHC.

# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities and OBHE's mission is to do the same with a specific focus on under resourced populations.

**Mary Roary**

**[mary.roary@samhsa.hhs.gov](mailto:mary.roary@samhsa.hhs.gov)**

**[www.samhsa.gov](http://www.samhsa.gov)**

**1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)**