Federal Health Policy: An Exploration of the Federal Role in Behavioral Health, Substance Abuse, Opioids, & More

August 1, 2018

Wynne Health Group

Making Health Policy Work For You
1. The Federal Process

2. Federal Policies & Regulations
   - Hottest Behavioral Health Topics of 2018
     - Opioids
     - ACA Consumer Protections
   - Additional Key Policies
     - Parity
     - Marijuana, Tobacco, & Alcohol
     - National Provider Shortages

3. Federal Funding: Budgets, Grants, & Future Opportunities

4. Looking Ahead: What might the future hold?

5. Panel Discussion … Q & A
The ABCs of Federal Health Policy

How the process works and who’s involved
The ABCs of Federal Health Policy: How the process works and who’s involved

- Congressional Process: [I’m just a bill](https://congress.gov) or Congress.gov

- Congressional Committees
  - House & Senate

- President
  - (Signature or Veto)

- Federal Agencies
  - (Interpretation / Regulation)
Congress

Bill introduced in House of Representatives

Referred to House committee and subcommittee

Voted on by full committee

House debates and votes on passage

A House-Senate conference committee writes a compromise bill. That bill goes back to both houses.

Bill introduced in Senate

Referred to Senate committee and subcommittee

Voted on by full committee

Senate debates and votes on passage

House and Senate vote on final passage; approved bill is sent to the President.

President can sign bill into law or veto it.
The ABCs of Federal Health Policy: Congressional Committees
The ABCs of Federal Health Policy: Federal Agencies
The ABCs of Federal Health Policy: Additional Resources

Resources:

- Congress.gov: The Legislative Process (Excellent Video Resources)
- Congressional Research Service: Introduction to the Legislative Process in the U.S. Congress
- Zero to Three: How a Bill Becomes a Law
Federal Policies & Regulations

HOT TOPICS of 2018:
- Opioids
Opioid Epidemic: Nationwide Data

**THE OPIOID EPIDEMIC BY THE NUMBERS**

**IN 2016...**

- **116** People died every day from opioid-related drug overdoses
- **11.5 m** People misused prescription opioids
- **42,249** People died from overdosing on opioids
- **2.1 million** People had an opioid use disorder
- **948,000** People used heroin
- **170,000** People used heroin for the first time
- **2.1 million** People misused prescription opioids for the first time
- **17,087** Deaths attributed to overdosing on commonly prescribed opioids
- **19,413** Deaths attributed to overdosing on synthetic opioids other than methadone
- **15,469** Deaths attributed to overdosing on heroin
- **504 billion** In economic costs

Colorado Perspective

Colorado opioid-related deaths
Rates per 100,000 for 2016

<table>
<thead>
<tr>
<th>Group</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11.3</td>
</tr>
<tr>
<td>Female</td>
<td>6.3</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>4.0</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>12.0</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>16.3</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>15.2</td>
</tr>
<tr>
<td>45 to 64 years</td>
<td>12.6</td>
</tr>
<tr>
<td>65+ years</td>
<td>1.7</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>9.6</td>
</tr>
<tr>
<td>White, Hispanic</td>
<td>9.2</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>4.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1.2</td>
</tr>
<tr>
<td>American Indian</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Source: Colorado Dept. of Public Health and Environment
The Denver Post
Access to Treatment in Colorado

Treating opioid abusers in Colorado

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioid treatment program admissions</th>
<th>EMS administrations of naloxone, an opioid overdose-reversal drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>997</td>
<td>2,639</td>
</tr>
<tr>
<td>2012</td>
<td>1,363</td>
<td>2,999</td>
</tr>
<tr>
<td>2013</td>
<td>1,363</td>
<td>3,173</td>
</tr>
<tr>
<td>2014</td>
<td>1,696</td>
<td>3,415</td>
</tr>
<tr>
<td>2015</td>
<td>1,627</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>2,092</td>
<td>3,465</td>
</tr>
</tbody>
</table>

Sources: Colorado Dept. of Public Health and Environment, Colorado Office of Behavioral Health

The Denver Post
Recently Enacted Federal Legislation: Opioid Funding

- **CARA of 2016**
  - Authorized funding to address the continuum of care for opioid treatment
  - Nearly a year later, FY17 CR appropriated limited funding for certain CARA programs ($20 million)

- **Cures Act of 2016**
  - Authorized $1B in state opioid grants FYs17-18
  - Included series of more general substance abuse provisions
  - Second CR for FY17 appropriated full funding for Cures authorized programs

- **FY18 Omnibus**
  - Included $3.6B for opioid measures – major uptick ($2.55B) over FY17 funding
  - Funds new $1B State Opioid Abuse Grant Program
Pause: Making Sense of the $$$

<table>
<thead>
<tr>
<th>Authorizations</th>
<th>Appropriations</th>
<th>Other “Spending”</th>
</tr>
</thead>
</table>
| • Committees “authorize” programs that can be funded through appropriations  
  • Ex: grant program authorization that does not include dedicated funding  | • Appropriations Committee and full Chambers pass bills that actually includes real dollars to fund programs  
  • Ex: $10 million funding for grant program to be allocated over the fiscal year  | • Changes to policy that result in increased (or decreased) federal spending  
  • Ex: higher payment under Medicare for non-opioid alternatives to treat pain  |
Recently Enacted Federal Legislation: Opioid Funding

- **CARA of 2016**
  - Authorized funding to address the continuum of care for opioid treatment
  - Nearly a year later, FY17 CR appropriated limited funding for certain CARA programs ($20 million)

- **Cures Act of 2016**
  - Authorized $1B in state opioid grants FYs 17-18
  - Included series of more general substance abuse provisions
  - Second CR for FY17 appropriated full funding for Cures authorized programs

- **FY18 Omnibus**
  - Included $3.6B for opioid measures – major uptick ($2.55B) over FY17 funding
  - Funds new $1B State Opioid Abuse Grant Program
## New Opioid Policies Moving through Congress

<table>
<thead>
<tr>
<th>House of Representatives</th>
<th>Senate</th>
</tr>
</thead>
<tbody>
<tr>
<td>This month, the U.S. House of Representatives passed H.R. 6, the SUPPORT for Patients and Communities Act</td>
<td>Senate committees of jurisdiction have advanced opioid related legislation</td>
</tr>
<tr>
<td>Includes several Medicaid, Medicare, and public health reforms</td>
<td>Conversations and negotiations to iron out the differences and craft a final package are beginning to be underway</td>
</tr>
<tr>
<td>Follows months of hearings and markups of more than 60 individual bills related to the crisis</td>
<td>Possible action before November, no agreement at this time</td>
</tr>
</tbody>
</table>
New Opioid Policies
A breakdown of what is being considered by Congress
Medication Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

Table 1
FDA-Approved Drugs Used in MAT

<table>
<thead>
<tr>
<th>Medication</th>
<th>Mechanism of action</th>
<th>Route of administration</th>
<th>Dosing frequency</th>
<th>Available through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Full agonist</td>
<td>Available in pill, liquid, and wafer forms</td>
<td>Daily</td>
<td>Opioid treatment program</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Partial agonist</td>
<td>Pill or film (placed inside the cheek or under the tongue)</td>
<td>Daily</td>
<td>Any prescriber with the appropriate waiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implant (inserted beneath the skin)</td>
<td>Every six months</td>
<td></td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Antagonist</td>
<td>Oral formulations</td>
<td>Daily</td>
<td>Any health care provider with prescribing authority</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extended-release injectable formulation</td>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>
Medicaid & CHP+

- Prohibit Medicaid programs from terminating a juvenile’s eligibility for medical assistance because he or she is incarcerated.

- Allow former foster care youth who were previously enrolled in Medicaid to receive health care until the age of 26 even if they move out of state.

- Require state Children’s Health Insurance Programs (CHIP) to cover mental health benefits including substance used disorder (SUD) services for pregnant women and children.
Medicare

- **Increase Beneficiary Awareness of the Risks of Opioids**
  - Provision to require this information be included in the “Medicare and You” materials
  - Provision to require a review of a beneficiary’s current opioid prescriptions for chronic pain and opioid use disorder be included in the “Welcome to Medicare” initial preventative screening exam

- **Encourage Non-opioid Options for Managing Post-surgical Pain**
  - Increase Medicare reimbursement of non-opioid analgesics for an additional two years to incentivize their use over opioids when appropriate

- **Expand Telemedicine to Treat Substance Use Disorders (SUD)**
Public Health

- **Social Determinants of Health**: SAMHSA to develop best practices for safe housing for patients recovering from SUD

- Pilot program would allocate **Section 8 Housing Choice vouchers** to nonprofits providing housing, job training, and additional support for persons transitioning from rehabilitation to the workforce

- Advisory Council to Support Grandparents Raising Grandchildren

- Increases access to buprenorphine, an opioid medication used to treat opioid addiction, by permanently allowing physician assistants and nurse practitioners to prescribe the drug
Information and Data-Sharing

- Requiring e-prescribing for coverage of certain controlled substances in the Medicare Part D program
  - Reduce “doctor shopping” and enable the prevention and intervention more easily

- Enhanced outreach and sharing of best practices with prescribers that are identified as clinical outliers

- Better utilization of and data-sharing among Prescription Drug Monitoring Programs (PDMPs)
Research

- **NIH**: Authorizes the National Institutes of Health to research new non-addictive, non-opioid options for treating pain.

- **FDA**: Calls on the Food and Drug Administration (FDA) to clarify how expedited review processes can be used for new non-addictive treatments for pain and addiction.

- **FDA**: Strengthen FDA’s ability to track the long-term efficacy and addictive tendencies opioids that are already on the market and are frequently prescribed.
Additional Information

- **Opioid Chart:**
  - If you would like to receive a chart outlining the components of the House and Senate legislation, and including an overview of the White House proposal, please email [Dawn@wynnehealth.com](mailto:Dawn@wynnehealth.com)

- **Blog:** “Here’s What the House Passed to Tackle the Opioid Crisis”
What is not in the mix?

- Robust, sustained funding similar to the Ryan White HIV/AIDS program
- Major changes to the Medicaid Institutes of Mental Disease (IMD) exclusion
- New state and local grants for treatment and community support and outreach services
- Major changes to insurance programs, i.e. requirement of Medicaid expansion
Federal Policies & Regulations

Hot Topics of 2018:
- ACA Consumer Protections
## Association Health Plans & Short-Term Plans

<table>
<thead>
<tr>
<th>Issue</th>
<th>ACA Exchanges</th>
<th>AHPs</th>
<th>Short-Term Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover essential health benefits such as mental health</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Charge everyone the same premiums (except for geography, age, tobacco status)</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>
Short-Term Plans

<table>
<thead>
<tr>
<th>Status</th>
<th>% Covering Key Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final regulation expected soon</td>
<td>Of short-term plans on market today, the following percentage cover these benefits:</td>
</tr>
<tr>
<td>Could be offered for up to 12 months</td>
<td>Mental Health: 57%</td>
</tr>
<tr>
<td>Could charge higher premiums or deny those who are ill</td>
<td>Substance Abuse: 38%</td>
</tr>
<tr>
<td>Offer less expensive premiums than plans meeting ACA requirements</td>
<td>Prescription Drugs: 29%</td>
</tr>
</tbody>
</table>
Mental Health Funding

21st Century Cures Implementation
## Cures Mental Health Provisions

<table>
<thead>
<tr>
<th>SAMHSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creates HHS Assistant Secretary of Mental Health and Substance Abuse</td>
</tr>
<tr>
<td>Establishes Interagency Coordinating Committee on Serious Mental Illness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reauthorizes Community Mental Health Services Block Grant, Substance Abuse Prevention Treatment Block Grant</td>
</tr>
<tr>
<td>Authorizes (but does not fund) grants for integrated physical-behavioral health, suicide prevention, jail diversion, mental health awareness, assisted outpatient treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires compliance guidance on mental health and substance abuse parity</td>
</tr>
<tr>
<td>Calls on HHS to develop action plan for enhanced enforcement</td>
</tr>
</tbody>
</table>
Mental Health Funding Status

FY 2018 Omnibus Bill
- $1.5 billion for mental health, including $723 million for Mental Health Block Grant
- Funding for 30 Cures mental health provisions, though others remain unfunded

FY 2019 Appropriations Process
- Pressure in both House and Senate to fund Cures mental health programs through 2019 appropriations process
## Mental Health Parity

<table>
<thead>
<tr>
<th>Who It Helps</th>
<th>How It Works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees in employer-sponsored health plans</td>
<td>Prevents insurers from applying more restrictions to covering mental health and substance abuse care than they do for medical and surgical care</td>
</tr>
<tr>
<td>Individuals in the individual market</td>
<td><strong>Only applies if mental health and substance services are actually covered</strong></td>
</tr>
<tr>
<td>Individuals in ACA individual and small group plans through essential health benefits</td>
<td></td>
</tr>
<tr>
<td>CHIP and Medicaid managed care</td>
<td></td>
</tr>
</tbody>
</table>
# Mental Health Parity in Action

<table>
<thead>
<tr>
<th>Example</th>
<th>Parity Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan has generous coverage for out-of-network inpatient providers and covers only in-network inpatient substance abuse care</td>
<td>✗</td>
</tr>
<tr>
<td>Plan has no limit on primary care visits and a maximum of 15 behavioral health visits annually</td>
<td>✗</td>
</tr>
<tr>
<td>Plan requires prior approval before filling prescriptions for both cardiac and depression drugs</td>
<td>✓</td>
</tr>
</tbody>
</table>
Federal Policies & Regulations
Confidentiality, Alcohol, Tobacco, & Marijuana
## Confidentiality Regulations

<table>
<thead>
<tr>
<th></th>
<th>HIPAA</th>
<th>CFR Part 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who?</strong></td>
<td>Covered Entities</td>
<td>Federally-supported Tx Programs</td>
</tr>
<tr>
<td><strong>What Information?</strong></td>
<td>PHI</td>
<td>SUD Records</td>
</tr>
<tr>
<td><strong>Consent to disclose?</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Penalties?</strong></td>
<td>HHS OCR Enforcement</td>
<td>Criminal Liability</td>
</tr>
</tbody>
</table>
Confidentiality Regulations: Critical Issues

- Privacy
- Clinical decision making
- Congressional Action
- Administrative Action
Federal Marijuana Law: Background

Controlled Substance Act of 1970:

- Marijuana regulated under Schedule I
- High potential for abuse
- No currently accepted medical use
- Lack of accepted safety for use under medical supervision
US State Marijuana Laws

Source: National Institute on Drug Abuse
Federal Marijuana Law: Obama

- Cole Memo (2013)
- Rohrabacher-Farr Amendment (2014)
- Senate Votes Favorably on MJ Policies (2015)
- Approved Study on Research for PTSD (2016)
Federal Marijuana Law: Trump

- Jan. 2018: Sessions rescinds DOJ memos on non-interference with states

- In response, Senator Gardener threatens to block nominees for positions in the DOJ

- Rohrabacher-Blumenauer included in spending bill

- Politics shift…
  - Boehner tweet
  - States Act
  - Marijuana Justice Act
Federal Tobacco Policy

- FDA Authority
- 2017 Regulatory Roadmap
- Congressional Interest in Youth Tobacco
- Next Steps
## Federal Policies for Alcohol

<table>
<thead>
<tr>
<th>Treatment Admissions in Colorado</th>
<th>Screenings in Essential Health Benefits (EHBs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery support</td>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</td>
</tr>
</tbody>
</table>
National Behavioral Health Workforce Shortages
Access to Behavioral Healthcare

Yet…

- **Less than half of adults** (43.1 percent) with any mental illness in the past year received mental health services.

- Regarding **adolescents** (aged 13-18):
  - Nearly half (49.5 percent) of all adolescents had any mental disorder.
  - Less than half of adolescents with mental health disorders received any kind of treatment in the past year.
  - Adolescents who are homeless, served by state child welfare and juvenile justice systems; and LGBTQ least likely to receive services.

1 in 5 adults live with a mental illness.

Sources: National Institute of Mental Health (NIMH); and Office of Adolescent Health (OAH)
A Closer Look at Access (Adults)

Mental Health Treatment Received in Past Year Among U.S. Adults with Any Mental Illness (2016)

Data Courtesy of SAMHSA

Source: NIMH, 2016
Colorado: Adults Reporting Poor Mental Health Status (2013-2016)
Numerous and Complex Barriers to Behavioral Healthcare

- Stigma
- Behavioral Health Workforce Issues
- Cost
- Treatment Options (e.g., MAT)
National Mental Health Care HPSAs
(Data as of December 2017)

HPSAs: Federal designation indicating healthcare provider shortages in: primary care; dental health; and mental health. Shortages may be geographic-, population-, or facility-based (HRSA).

<table>
<thead>
<tr>
<th>Practitioners Needed to Remove HPSA Designation*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S.</strong></td>
</tr>
<tr>
<td>5,906</td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
</tr>
<tr>
<td>91</td>
</tr>
</tbody>
</table>

*Number of add’l psychiatrists needed to achieve a population-to-psychiatrist ratio of 30,000 to 1 (or 20,000 to 1 where high needs are indicated) (KFF, HRSA)

KFF = Kaiser Family Foundation; Note: KFF data as of December 2017
HRSA = Health Resources and Services Administration

Source: KFF analysis of HRSA data (as of December 2017)
Projected Behavioral Health Workforce Shortage

By 2025, HRSA projects:

- Shortage of roughly 250K behavioral health professionals
- Shortages projected for all but two provider types – behavioral health NPs and PAs
- Projected shortages >10K FTEs
- Differences in provider distribution and provider scopes of practice at state level may mask local behavioral health care shortages

Source: HRSA, National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025; November 2016
Behavioral Health Workforce Challenges

**Increase in Demand**
Role of Affordable Care Act (ACA)
(network adequacy, stronger federal parity requirements, expanded coverage)

**Recruitment, Training and Retention**
Evolving and expanded practitioner roles

**Provider Maldistribution, Shortages**
Federal workforce programs
(e.g., Graduate Medical Education (GME))

**Other Factors**
Federal Funding: Current Investments, Grants and Future Opportunities
Key Federal Partners

SAMHSA
Substance Abuse and Mental Health Services Administration

CDC
Centers for Disease Control and Prevention

NIH
National Institutes of Health

HRSA
Health Resources & Services Administration

CMS
Centers for Medicare & Medicaid Services

Office of National Drug Control Policy

Department of Housing and Urban Development

Department of Justice
Highlights: Federal Investments in Behavioral Health (FY 2018)

Research
$3B increase to NIH, including a nearly $110M increase to the National Institute of Mental Health (NIMH)

Services
$306M increase to SAMHSA for mental health programs (e.g., Community Mental Health Block Grant (MHBG))

Housing
Includes programs to develop Permanent Supportive Housing for individuals experiencing homelessness, as well as for at-risk veterans

Veterans
$580M increase for VA’s Mental Health Services and Programs, including Vet Centers, as well as PTSD efforts

Jail Diversion and Reentry
Includes funding to foster greater collaboration between the justice and mental health systems, including via funds to Veterans Treatment Courts

Source: National Alliance on Mental Illness (NAMI), “NAMI Celebrates Mental Health Victories In Federal Funding Bill,” Mar. 22, 2018
Note: NIH = National Institutes of Health
A Closer Look: Federal Spending on Opioids

### Annual Lives Claimed (Peak Incidence Year)

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioids</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>43</td>
<td></td>
</tr>
</tbody>
</table>

### FY 2018 Federal Spending

<table>
<thead>
<tr>
<th>Category</th>
<th>Spending in Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>$4.6</td>
</tr>
<tr>
<td>AIDS (Domestic Discretionary Only)</td>
<td>$7.0</td>
</tr>
</tbody>
</table>

Yet, at a projected $500b/y cost to economy in 2015 (White House)

## Select HHS Colorado-Focused Opioid Grants (Awarded)

### Opioid State Targeted Response (STR) Grants
- Awarded nearly $16M over two years (FYs 2017-2018)
- Activities include: buprenorphine trainings for physicians and advanced practice providers; expanded access to MAT; and distribution of naloxone kits, including educational materials

### Grants to Health Centers
- Awarded nearly $2.9M to support 17 health centers to integrate mental health and substance abuse services at the community level (FY 2017 Access Increases for Mental Health and Substance Abuse Services (AIMS funding))

### Grants to Adult and Family Treatment Drug Courts, and Adult Tribal Healing to Wellness Courts
- Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Court and Adult Tribal Healing to Wellness Courts (Colorado Judicial Department: $324,982 (FY 2017))

Note: MAT = Medication-assisted Treatment
Colorado State Innovation Model (SIM)

Federally-funded Governor's office initiative, helping to bolster behavioral health awareness throughout the state

Key Initiatives:
- Let’s Talk Colorado
- Man Therapy
- Statewide Call-to-Action
- Office of Suicide Prevention
- Colorado in top 10 for suicide mortality rate (CDC, 2016)

Goal: To improve the health of Coloradans by increasing access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures, for 80 percent of state residents by 2019.

CDC = Centers for Disease Control and Prevention
Upcoming Federal Funding Opportunities

- **State Opioid Response Grants**
  - $930M avail nationally; approx. $15M to Colorado (formula)
  - Focus on expanded access to evidence-based MAT
  - Applications due: Aug. 13

- **Add'l Funding to Health Centers**
  - $350M avail. to implement evidence-based strategies, including expanded MAT
  - Applications were due: July 16; awards expected in September

- **Forthcoming Federal Opioid Bill**
## Announcements

<table>
<thead>
<tr>
<th>FOA Number</th>
<th>Title</th>
<th>Center</th>
<th>Webinars</th>
<th>FAQ</th>
<th>App. Due Date</th>
<th>View Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-18-001</td>
<td>Networking, Certifying, and Translating Suicide Prevention, Reform and Disaster Response Hotline.</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>02/05/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-002</td>
<td>Minority Fellowship Program (MFP) Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>CSAP, CSAT</td>
<td></td>
<td></td>
<td>02/12/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-003</td>
<td>Garrett Lee Smith (GLS) Campus Suicide Prevention Grant. Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>02/20/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-004</td>
<td>Minority AIDS Initiative – Service Integration (MAI-SI) Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>03/05/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-005</td>
<td>Law Enforcement and Behavioral Health Partnerships for Early Diversion (Early Diversion Grant). Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>03/05/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-006</td>
<td>Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants (AWARE-SEA) Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>06/04/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-007</td>
<td>Statewide Family Network (SFN) Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>04/16/18</td>
<td>View Awards</td>
</tr>
<tr>
<td>04-18-008</td>
<td>Statewide Consumer Network Program (SCN) Pre-Application Webinar Announcement for this FOA (PDF</td>
<td>OMHS</td>
<td></td>
<td></td>
<td>04/23/18</td>
<td>View Awards</td>
</tr>
</tbody>
</table>
Quick Links: Tracking Behavioral Health Grants

**Overall:**
Grants.gov

HHS Press and Opioid Updates –

**HHS Agencies:**

SAMHSA – https://www.samhsa.gov/grants

CDC – https://www.cdc.gov/fundingprofiles/


CMS – https://www.medicaid.gov/
(Medicaid Guidance)
Panel Discussion

- Dawn Joyce  @dawn_joyce
- Devin Zatorski  @devinzatorski
- Kristen O’Neill  @Oneill_kp
- Katie Pahner  @KPDC34
- Max Horowitz  @mhororo33
- Billy Wynne  @billywynne77
- Team  @WynneHealth

Newsletter and/or Opioid Chart Request:
Email Dawn@WynneHealth.com or text (510) 847-2900
Resources & Additional Information

- **Twitter**: Follow us for updates
  - @WynneHealth ... @dawn_joyce ... @KPDC34 ... @devinzatorski ... @mhororo33 ... @Oneill_kp ... @billywynne77

- **Policy Hub Newsletter**
  - If you would like to subscribe to a free daily e-newsletter summarizing the federal policy and regulatory developments from the day before, please email Devin@wynnehealth.com or text (570) 574-5053 and we will happily add you to the list

- **Opioids Chart**: Text (510) 847-2900 or Email dawn@wynnehealth.com

- **Opioid Blog**: “Here’s What the House Passed to Tackle the Opioid Crisis”
Thank You!