

SAMHSA Tribal Opioid Response

Briefing Sheet

Background

- The Tribal Opioid Response Program (TOR) was first authorized in 2018 along with the State Opioid Response Program (SOR) under Title II Division H of the Consolidated Appropriations Act, 2018. All grants and sub-awards made under this announcement were governed by 45 CFR Part 75.
- The purpose of the TOR program is to assist in addressing the overdose crisis in Tribal communities by increasing access to treatment of opioid use disorder (MOUD), and supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and co-occurring substance use disorders.
- The TOR program also supports the full continuum of prevention, harm reduction, treatment and recovery support services for stimulant misuse and use disorders, including for cocaine and methamphetamine.
- The TOR program emphasizes the use of medication-assisted treatment using one of the three FDA-approved medications for OUDs.
- The TOR program encourages the use of traditional practices.
- The TOR grant project period is two years.

Eligibility

- Funding for the TOR program is limited to federally-recognized American Indian or Alaska Native Tribes or tribal organizations. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization.
- Applicants can not apply for funding in consecutive years. Applicants can apply for funding every other year.

Funding

- Since its inception in FY 2018, the TOR program has used the user population estimates from Indian Health Service (IHS) as the basis for determining grant award amounts.
- In the FY 2018 and FY 2019 TOR Notices of Funding Opportunity (NOFO), SAMHSA listed all 574 Tribes and the amounts of funding for which they were eligible. In FY 2018 SAMHSA funded 134 Tribal grantees totaling approximately \$50 million. In FY 2019, SAMHSA funded 30 Tribal grantees totaling approximately \$20 million.

- In the FY 2020 and FY 2021 TOR NOFOs, SAMHSA listed 5 tiers of funding levels based on IHS user population estimates (see table below). In FY 2020, SAMHSA funded 92 Tribal grantees totaling approximately \$50 million. In FY 2021, SAMHSA funded 40 Tribal grantees totaling approximately \$20 million.

FY 20 TOR Funding Table	
User Population	Funding Amount
1-5,000	\$125,000
5001-10,000	\$200,000
10,001-20,000	\$50,000
20,001-40,000	\$700,000
40,001+	\$1,800,000

- In FY 2022, SAMHSA used a 4-tiered funding table and raised the amount of funding in each tier, maintaining the methodology of basing funding amounts on IHS user population estimates. In FY 2022, SAMHSA awarded 102 Tribal grantees totaling approximately \$55 million.

FY 22 TOR Funding Table	
User Population	Funding Amount
1-10,000	\$250,000
10,001-20,000	\$475,000
20,001-40,000	\$825,000
40,001+	\$1,925,000

- SAMHSA did not release a TOR NOFO in FY 2023 due to limited funds.
- SAMHSA conducted Tribal Consultation on the funding methodology for the FY 2024 TOR NOFO on November 9th, 2023.
- Some funding factors under consideration include:
 - Alternative data sources to the IHS user population as the base for service needs.
 - Awarding based on need with respect to opioid use disorder or overdose rates.
 - Awarding each TOR grant recipient, the same amount, similar to other SAMHSA discretionary grant programs.
 - Some combination of the above methodologies.
- SAMHSA is also considering lengthening the project period from two to three or five years.