

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Report on the Tribal Opioid Response Grant Funding Formula
Tribal Consultation Recommendations

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Disclaimer

This document is a summary of testimony provided at SAMHSA Tribal Consultation on the Tribal Opioid Response Grant Funding Formula. The document itself has no force or effect of law and does not create any legally binding rights or obligations binding on persons or entities.

This document does not reflect the opinion of SAMHSA; rather, it provides a comprehensive overview of oral and written testimony received. Copies of written testimony are included as Appendices in this report.

Introduction

SAMHSA strongly supports and respects Tribal sovereignty and self-determination and is committed to working with Federally recognized Tribal governments on a government-to-government basis.

SAMHSA announced Tribal Consultation on proposed changes to the Tribal Opioid Response Grant (TOR) funding methodology via a Dear Tribal Leader letter and communication with various Tribal partners in October 2023.

Virtual Consultation was held on November 9, 2023, from 2:00 – 3:30 pm ET. Written comments were accepted until November 23, 2023. There were 191 registered participants, including Tribal leaders, SAMHSA senior leaders, and other Tribal partners, and seven written comments were received.

Since the program's inception in fiscal year (FY) 2018, SAMHSA has utilized user population estimates from the Indian Health Service (IHS) as the basis for determining grant award amounts for the TOR grant program. SAMHSA is specifically seeking feedback and recommendations on the funding methodology of the TOR grant program for FY 2024. These questions were:

- Should SAMHSA continue to utilize IHS user population estimates as the basis for determining TOR grant award amounts? If so, what tiers of funding should be established?
- Should SAMHSA award each TOR grant recipient the same amount, similar to other SAMHSA discretionary Tribal grant programs?
- What other methodologies should be considered instead of or in addition to the above?

This report provides Tribal leaders with a summary of Tribal recommendations and input received during the consultation period and provides initial responses from SAMHSA. Also included in this report is a summary of anticipated next steps related to this topic.

Background

The [Tribal Opioid Response Program](#) was first appropriated funding in 2018 along with the [State Opioid Response Program \(SOR\)](#) under [Title II Division H of the Consolidated Appropriations Act, 2018](#). The Tribal Opioid Response Program was authorized again in the 2023 [Consolidated Appropriations Act](#).

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), stimulant use disorders, and co-occurring substance use disorders.

The TOR program encourages the use of traditional practices.

Since its inception in [FY 2018](#), the TOR program has used the user population estimates from 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 each were eligible.

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).

User Population	Funding per year
1-5000	\$125,000
5001-10,000	\$200,000
10,001-20,000	\$350,000
20,001-40,000	\$700,000
40,001+	\$1,800,00

In FY 2022, SAMHSA moved to a 4-tiered funding table and raised the amount of funding in each tier, still based on IHS user population estimates.

IHS User Population	Funding per year
1-10,000	\$250,000
10,001-20,000	\$475,000
20,001-40,000	\$825,000
40,000+	\$1,925,000

The [2023 Consolidated Appropriations Act](#) requires that SAMHSA develop a formula methodology that “gives preference to Tribes and Tribal Organizations serving populations with demonstrated need with respect to opioid misuse and use disorders or drug overdose deaths.”

SAMHSA conducted Tribal Consultation in preparation for revising the funding methodology for the [FY 2024 TOR NOFO](#).

Tribal Recommendations and SAMHSA Responses

Emphasize the opportunity for Tribes/villages to state their level of need in their TOR application in non-competitive ways.

Tribal communities are in the best position to describe and address their need for opioid response. TOR applicants do not want to compete against each other for funds and Tribal communities are known to have higher opioid misuse/overdose rates in general. Local costs of living and qualified staff capacity vary regionally, impacting the level of need for each applicant. Smaller tribes/villages do not have economies of scale, as a result. The IHS four-tiered user population system may disadvantage some regions and sizes of Tribal communities in applying for and being successful with the TOR grant.

TRIBAL RECOMMENDATIONS

- Offer a base grant amount with supplements for additional TOR activities with maximum flexibility in spending.
- Fairly fund consortia-based TOR grantees who support more than one Tribal community with their funds.
- Move away from grant awards and instead use a contracting or compacting model.
- Offer greater flexibility and fewer restrictions on TOR funds, especially with regards to contingency management and the infrastructure spending cap.
- Adjust future award amounts based on previously funded work when applicants reapply.

SAMHSA RESPONSE

SAMHSA will make every effort to fund TOR recipients at a level that is responsive to need. In the absence of national data sources that all Tribes can consistently use to demonstrate need with respect to opioid overdose and opioid use rates, SAMHSA may continue to largely depend on the IHS user population estimate data to determine TOR award amounts. Continuing to use this data will allow SAMHSA to avoid large fluctuations in funding that future recipients receive compared to previous grant cycles.

Consider other population-based data sources as a basis for funding TOR grantees.

There is no national data source that shows accurate and complete opioid use/overdose rates for Tribal communities. There was some support for retaining the IHS four-tiered user population estimates. However, other respondents noted that keeping this approach could limit TOR funds for smaller tribes who may have greater need. As part of their user population system, IHS uses Purchased/Referred Care Delivery Area (PRCDA) to determine whether a patient is eligible to be an “active Indian user” of services. If a Tribal member lives outside of the PRCDA, they can travel to a Tribal health program but would not be counted as an “active Indian user” in the IHS user population. Some 638 Tribal health programs do not use the Resource and Patient Management System (RPMS) for their health records and thus, their patients are underrepresented in the IHS user population. Some tribal user populations overlap each other in some regions. IHS user population data does not account for rural programs whose Tribal members live in urban areas. In addition, many IHS clinics treat non-Tribal community members, which are also not reflected in the IHS user population data.

TRIBAL RECOMMENDATIONS

- Identify “hotspots” of need to focus increased TOR funding.
- Distinguish between data that should be used as the basis for initial TOR funding decisions versus for evaluation of projects once funded.
- Given difficulties with accurate overdose data as a basis for funding levels, consider US Census, American Community Survey data, patient count, tribal membership, or retain the IHS four-tiered user population model.

SAMHSA RESPONSE

SAMHSA will update the TOR formula in a way that equitably allows applicants to demonstrate need with respect to rates of opioid overdose mortality or opioid use. In the absence of national data sources that readily supply this data, SAMHSA may largely continue to depend on the IHS user population estimate data to determine TOR award amounts. Notwithstanding the drawbacks that were mentioned in continuing to use the IHS user population data, doing so will also allow SAMHSA to avoid large fluctuations in funding that future recipients receive compared to previous grant cycles.

Lengthen the TOR grant cycle.

A longer TOR grant funding cycle would offer greater programmatic stability and reduce burden on applicants. It would allow for greater recruitment and retention of qualified staff and help keep clients engaged in their recovery/treatment. A longer grant cycle would allow TOR programs to build relationships, network, and begin more comprehensive, beneficial programming with fewer worries about funds ending. Program approvals, hiring, and initial training require time at the start of a grant. Five-year plans are common business practice. However, the two-year cycle can be beneficial to newer programs as they build and learn what works for their community.

TRIBAL RECOMMENDATIONS

- Extend TOR to be a three or five-year cycle.
- Offer various grant cycle lengths based on applicant history or readiness.
- Allow for maximal opportunities to apply, rather than once every three or five-year cycle.

SAMHSA RESPONSE

SAMHSA plans to extend the TOR grant cycle to either three or five years. While a five-year grant cycle may offer greater programmatic stability and reduce burden for applicants, SAMHSA is evaluating potential negative consequences of a five-year cycle before making a final determination. One potential negative consequence may be reduced access to TOR funding for potential new applicants as new NOFOs may only be available every five years.

Other Recommendations Received

- SAMHSA and the TOR grant program should recognize the importance of practice-based evidence in Native communities.
- Grant funding, with its reporting requirements, means testing and overall administrative burdens, fails to honor Tribal sovereignty and the unique nature of the federal trust obligation.

SAMHSA RESPONSE

SAMHSA's Office of Tribal Affairs and Policy makes ongoing efforts to update SAMHSA's grant policies in ways that reduce the administrative burden placed on Tribal grant recipients. SAMHSA is also exploring alternative ways to fund Tribes through the Behavioral Health and Substance Use Disorder Resources for Native Americans Program (Section 1201 Program).

Next Steps

SAMHSA is currently finalizing the FY 2024 TOR grant Notice of Funding Opportunity in preparation for publication in the Spring of 2024. As part of this process, SAMHSA will incorporate and honor the testimony received through this consultation to the greatest extent possible.

Appendix A: List of Abbreviations

Abbreviation	Meaning
CFR	Code of Federal Regulations
FDA	Food and Drug Administration
IHS	Indian Health Service
MOUD	Medications for Opioid Use Disorder
NOFO	Notice of Funding Opportunity
OD	Opioid Use Disorder
PRCDA	Purchased/Referred Care Delivery Area
RPMS	Resource and Patient Management System
SAMHSA	Substance Abuse and Mental Health Administration
SOR	State Opioid Response
TOR	Tribal Opioid Response