

**SYNOPSIS**  
**TRIBAL OPIOID RESPONSE**  
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

**FOA #:** TI-21-08

**CFDA #:** 93-788

**DUE DATE:** February 16, 2021

**TOTAL FUNDING AVAILABLE:** \$37,500,0000+

**NO. OF PROJECTED AWARDS:** 150

**AVERAGE AWARD:** \$250,000/YR

**LENGTH OF AWARD:** Two years

**ELIGIBLE:** Tribes and tribal organizations

**MATCH REQUIREMENT:** None

**PURPOSE:** to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (OUD). In addition to focusing on OUD, recipients may also address stimulant misuse and use disorders, including cocaine and methamphetamine. The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment, and recovery support services for OUD and, if so desired, stimulant misuse and use disorders.

**REQUIREMENTS:** You must use SAMHSA TOR funds to support evidence-based prevention, treatment, and recovery support services. Evidence-based practices can be found at [www.samhsa.gov/ebp-resource-center/](http://www.samhsa.gov/ebp-resource-center/). Additionally, recipients are expected to select activities from the list below on which your program will focus.

- Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe to address the gaps in prevention, treatment, and recovery support services identified by the tribe. Plans must be completed within 60 days of award. Tribes may use existing plans if available.
- Implement workforce development activities to ensure that individuals working in tribal communities are well versed in strategies to prevent and treat opioid misuse.
- Develop effective prevention strategies which include, but are not limited to, elder education, outreach and engagement of youth, strategic messaging, and community prevention activities. Develop strategies to purchase and disseminate the opioid overdose antidote, naloxone, and provide training on its use to first responders and other tribal members.
- Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery. Models for evidence-based treatment include, but are not limited to, hub and spoke models in which patients with OUD are stabilized in a specialized treatment setting focused on the care and treatment of OUD and associated conditions such as mental illness, physical illness, including infectious diseases, and other substance use disorders and then transferred to community-based providers once stabilization has occurred. Other evidence-

based models to treat OUD include treatment in federally and state-regulated Opioid Treatment Programs, addiction specialty care programs that either directly provide or support the use of MAT for OUD in addition to psychosocial services such as drug counseling, psychoeducation, psychotherapeutic interventions such as cognitive behavioral therapies, motivational enhancement therapy or contingency management, toxicology screening, individual, group, or family therapy, vocational/educational resources, case management, and recovery support services. Specialty programs in settings such as emergency departments, urgent care centers, and in some cases, pharmacies, and intensive outpatient, partial hospital, or outpatient substance use disorder treatment programs that also support appropriate MAT and recovery support services, may also qualify as programs utilizing evidence-based practices. Inpatient/residential programs that provide intensive services to those meeting medical necessity criteria and which offer MAT may also be programs engaging in evidence-based practices if the care continuum includes a connection to MAT in the community once discharged from the inpatient/residential program. Primary care or other clinical practice settings where MAT is provided and linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD may also qualify as evidence-based programs/practices. Detailed information on treatment models may be found at [https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder\\_technical-brief.pdf](https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder_technical-brief.pdf)

- Implement community recovery support services such as peer supports, recovery coaches, spiritual support, drug and alcohol free social engagement, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program. See: <https://www.samhsa.gov/find-help/recovery>
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Assess the impact of the grant. (Consider working with Tribal Epidemiology Centers or an Evaluator to implement this activity. However, including an Evaluator in the staffing component is not required).

**Allowable Activities:**

- Incorporate culturally appropriate and traditional practices into your program design and implementation.
- Provide prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine, in your community, including the use of contingency management strategies. Contingency management is the use of a contingency to incentivize treatment compliance. Each individual contingency must be \$15 or less in value and each individual client may not receive contingencies totaling more than \$100 per year.

**DATA COLLECTION AND PERFORMANCE MEASUREMENT**

All SAMHSA recipients are required to collect and report certain data, so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act

of 2010. Recipients may use a **combined total of up to 25 percent** of their grant award for Data Collection and Performance Assessment and Infrastructure Development. You must document your plan for data collection and reporting in Section E: Data Collection and Performance Measurement.

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in Section B.1 of your Project Narrative.

**APPLICATION AND SUBMISSION REQUIREMENTS:**

1. SF-424
2. SF-424A, Sections A-E
3. Project Narrative (not to exceed 10 pages single spaced) and Supporting Documentation
4. Budget Justification and Narrative
5. Attachments:
  - a. Data Collection Instruments/Interview Protocols
  - b. Statement of Assurance
  - c. Sample Consent Forms
  - d. Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines
  - e. Biographical Descriptions and Position Descriptions
6. Submission Requirements: Must be submitted through eRA Commons

NARRATIVE: Narrative cannot exceed ten pages, single-spaced, and each section must be labeled.

**Section A: Population of Focus and Statement of Need (10 points – ~ 1 page)**

1. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus. You may use SAMHSA’s national data on American Indian/Alaska Natives from the National Survey on Drug Use and Health ([samhsa.gov/data](http://samhsa.gov/data)) if local data are not available. Discuss whether funding will also be used to address stimulant misuse.

**Section B: Proposed Implementation Approach (30 points – approximately 5 pages)**

1. Describe how you will implement your selected Required Activities of the grant and how those activities will meet your goals and objectives. Provide the following table:

**Number of Unduplicated Individuals to be Served  
with Grant Funds**

Year 1	Year 2	Total
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**Section C: Proposed Evidence-Based Service/Practice (25 points - ~ 2 pages)**

1. Identify the Evidence-Based Practice(s) (EBPs) and traditional practices that will be used. Discuss how each EBP chosen is appropriate for your population(s) of focus and the outcomes you want to achieve.

**Section D: Staff and Organizational Experience (15 points – ~ 1 page)**

1. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

**Section E: Data Collection and Performance Measurement (20 points – ~ 1 page)**

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.