



<u>Grant</u>	<u>Agency</u>	<u>Synopsis</u>	<u>Total Program Funding</u>	<u>Award Ceiling</u>	<u>Eligibility</u>	<u>Application Deadline</u>
Medication Assisted Treatment – Prescription Drug and Opioid Addiction	SAMSHA	<p>This program aims to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT.</p> <p>The desired outcomes include:</p> <ol style="list-style-type: none"> 1. An increase in the number of individuals with OUD receiving MAT 2. A decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up. <p>Proposed budgets cannot exceed \$524,670 in total costs (direct and indirect) in any year of the proposed project.</p>	\$65,583,803 (At least \$5 million will be awarded to federally recognized American Indian/Alaska Native (AI/AN) tribes/tribal organizations)	\$524,670 per year for up to 3 years	<p>Domestic states, political subdivisions within states, and public and private nonprofit organizations in states with the highest rates of primary treatment admissions for heroin and opioids per capita and includes those with the most dramatic increases for heroin and opioids, as identified by SAMHSA's 2015 Treatment Episode Data Set (TEDS).</p> <p>Tribes/tribal organizations across the United States are also eligible to receive funding.</p>	07/09/2018

Rural Communities Opioid Response Program - Planning	HRSA	Supports treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder, including the 220 counties identified by CDC as being at risk for HIV and Hepatitis C infections due to injection drug use	\$15,000,000	\$0	All domestic public or private, non-profit or for-profit, entities, including faith-based and community-based organizations, tribes, and tribal organizations, who will serve rural communities at the highest risk for substance use disorder and who meet the RCORP-Planning specifications for the Applicant Organization and Consortium (rural counties at the highest risk for substance use disorder).	07/30/2018
Cooperative Agreement for Emergency Response: Public Health Crisis Response	CDC - OPHPR	CDC seeks to enhance the Nation's ability to rapidly mobilize and respond to specific public health emergencies, which may include infectious disease outbreaks, pandemics, and other public health emergencies that exceed the capacity of jurisdictional public health resources.	\$345,000,000	\$5,000,000	County governments City or township governments Native American tribal governments (Federally recognized) State governments	07/30/2018

Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement	CDC - OSTLTS	<p>All tribes and tribal organizations awarded supplemental funds will be required to address strategic planning and to select at least one from three optional areas:</p> <p>1.epidemiologic surveillance and public health data infrastructure to address issues of data quality and timeliness;</p> <p>2.implementation of evidence-based health systems interventions that are appropriate to tribal communities; or</p> <p>3.innovative community-based strategies that build upon strengths inherent to tribal organizations.</p>	<p>\$10 million investment each year for three years, funding approximately 15 tribal entities (maximum is 25 entities).</p>	<p>Yearly grants ranging from \$250,000-\$1,000,000.</p>	<p>American Indian/Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations that were awarded under the Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement.</p>	<p>08/01/2018</p>
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State Opioid Response Grants	SAMSHA	<p>FY2018 State Opioid Response Grants aiming to address the opioid crisis by increasing access to MAT using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.</p> <p>Grantees will be required to:</p> <ol style="list-style-type: none"> 1. use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms 2. utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care 	n/a	\$930,000,000	State and territorial governments (via formula)	08/13/2018
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		<p>3.deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions</p> <p>4.report progress toward increasing availability of medication-assisted treatment for OUD</p> <p>5.reduce opioid-related overdose deaths.</p> <p>Includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths.</p>				
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