

**DHSS**

SOR 2.0 Summer 2021 Newsletter

In September 2020, DSAMH was awarded a second State Opioid Response (SOR) grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). DSAMH is calling this [SOR 2.0](#) and aims to achieve three overarching goals:

1. Decrease opioid overdoses statewide through low-threshold access to treatment
2. Improve understanding of and engagement and retention in treatment
3. Identify and engage high-risk populations in treatment through universal screening and direct, efficient referral

Table of Contents

*FY 2021—2022 First Quarter
SOR 2.0 Accomplishments*

The GPRA Challenge

Opioid Impact Fee

On the Horizon

X-Waiver Training

*New Changes to Prescribing
Guidelines — Up to 30 Patients
Can Be Treated Without
Completing X-Waiver Training*

FY 2021-2022 First Quarter SOR 2.0

Accomplishments

DSAMH has committed as part of SOR 2.0 to create an inclusive and representative infrastructure to guide the SOR initiative and has formed several important bodies as part of this effort—the Opioid Response Team, the SOR Grant Advisory Council and the Opioid Response Provider Network.

OPIOID RESPONSE TEAM (ORT). DSAMH has created an ORT comprised of key principals across the Division to provide strategic leadership and oversight of all opioid-related programs and activities. ORT members include:

- Office of the Medical Director
- Office of the Deputy Director
- Office of the Chief of Staff
- Delaware Psychiatric Center
- Community Behavioral Health
- Health Integration and Social Determinants
- Policy, Compliance and Workforce Development
- Research Evaluation and Population Health



SOR GRANT ADVISORY COUNCIL. DSAMH has established a SOR Grant Advisory Council to provide feedback and guidance on program development and implementation. To ensure that diverse and valued perspectives are included in guiding the SOR initiative, the Advisory Council is comprised of a cross-section of key stakeholders including the Division of Medicaid & Medical Assistance (DMMA), the Department of Public Health (DPH) the Department of Corrections (DOC), health systems, healthcare providers, peers, family members, employers, and contractors.

OPIOID RESPONSE PROVIDER NETWORK (ORPN). All providers play an integral role in strengthening the State of Delaware's SUD treatment and recovery support system of care. To meet a clear set of outcomes, the ORT has developed the ORPN comprised of providers across the care continuum within the State of Delaware. The vision for the ORPN is to create a sustainable statewide system of care rooted in innovation, quality and collaboration that continues beyond the SOR funding period.



Contact Information:

DSAMH ORT Mailbox

DSAMH.ORT@delaware.gov



SOR 2.0 Summer 2021 Newsletter

INTRODUCING THE TIER AWARD PAYMENT (TAP) PROGRAM. DSAMH recently created the TAP program, a tiered approach to funding grant activities.

The TAP Tier 1 Application Packet was released on February 26, 2021 and DMS is working through the process of awarding funds. Tier 1 will be awarded on a rolling basis.

The TAP Tier 2 and 3 [Mini Grant Application Packet](#) was released on May 20, 2021. Applications for the first round of funding are due on June 14, 2021 and funded projects will commence on July 1, 2021. Applications for the second round of funding are due on August 31, 2021.

Tiers	Description
Tier 1	Tier 1 focuses on promoting universal substance use disorder (SUD) screening protocols. Participation in Tier 1 is not a pre-requisite to apply for and receive Tiers 2-3 funding, however, providers must have process in place to identify individuals with OUD/STUD. (Proposals are funded up to \$49,000)
Tier 2	Tier 2 focuses on enhancing active engagement and re-engagement strategies and services to boost retention in SUD services and improve safety and recovery outcomes. (Proposals are funded up to \$100,000).
Tier 3	Tier 3 focuses on supporting the design and implementation of innovative evidence-based and high impact SUD treatment and overdose prevention programming that targets underserved and high-risk populations. (Proposals are funded up to \$500,000).
Tier 2/3	Tier 2/3 Hybrid Providers can submit applications that build a concept that includes both Tier 2 and 3 requirements into a single initiative. ("Hybrid" proposals are funded up to \$600,000).

COMMITMENT TO COLLECTING HIGH QUALITY DATA. Leveraging good data and information is a cornerstone to the success of quality improvement and serves as a strong starting place when developing programs that have lasting impact. DSAMH is committed to building a transparent and accountable framework based on nationally recognized accountability metrics and benchmarks, while simultaneously building a culture of continuous quality improvement through purposeful design. Toward this end, DSAMH has established an evaluation and quality team. This team has secured access to the Qualtrics data collection/survey portal platform to manage data collection that does not involve PHI.



BRIDGE CLINIC SERVICES EXPANDING. In the spirit of furthering the DSAMH mission to expand access to care, support care transitions and stabilize individuals with behavioral health needs, DSAMH is expanding Bridge Clinic services. As part of SOR 2.0, Bridge Clinic services in New Castle County will expand to 24 hours a day, 7 days a week and develop a pathway for stabilization from Emergency Departments across the State. DSAMH will provide transportation from Emergency Departments around the clock to ensure all services can be provided in an expedited manner. To ensure access across the State, DSAMH is partnering with providers in Sussex and Kent Counties to provide 24/7 stabilization support including transportation.

The GPRA Challenge

The Government Performance and Results Act of 1993 (GPRA) is a United States law enacted in 1993 and updated in 2010. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools. Data is collected on key grant output and outcome measures to monitor and manage grantee performance, improve the quality of services provided, and inform evaluation reports. Data collected are used to monitor the progress of SAMHSA's discretionary grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. GPRA data is input into SAMHSA's Performance Accountability and Reporting System (SPARS). The client-level data are collected from grantees including demographics, ICD-10 diagnostic categories, substance use and abuse, mental health and physical health functioning, and other key variables. Collecting and reporting GPRA data can be challenging and DSAMH is here to assist you in meeting this critical requirement. Please ask any questions and request GPRA training or technical support by emailing dsamh.ort@delaware.gov.



SOR 2.0 Summer 2021 Newsletter

Opioid Impact Fee

DSAMH is a recipient of funds collected from Delaware's Opioid Impact Fee. The proceeds from this fee will directly support treatment and wraparound services for individuals in recovery. DSAMH has adopted the Johns Hopkins model to govern the distribution of opioid impact fee resources (<https://opioidprinciples.jhsph.edu>).

DSAMH has established a scholarship fund to fill gaps in the social determinants of health that present barriers to the recovery process. To see DSAMH's allowable expenses please visit <https://dhss.delaware.gov/dsamh/dtrn/ImpactFee.html>.

If you have a client in need of services, please contact DHSS_DSAMH_HISD@delaware.gov to obtain an electronic scholarship request form.

On the Horizon

A NEW RESOURCE: THE ADDICTION TREATMENT RESOURCE CENTER (ATRC). DSAMH plans to establish a web-based ATRC that will serve as a local hub to support all providers in obtaining training and technical assistance. The ATRC will be a central repository for best practices in treatment and recovery support, training, technical assistance, and up-to-date information pertinent to treating individuals suffering from opioid use and substance use disorders. The ATRC will also provide direct links to the most up-to-date national and local resources, like the Opioid Response Network of the Substance Abuse and Mental Health Services Administration (SAMHSA), the Addiction Technology Transfer Center (ATTC), The National Institute on Drug Abuse (NIDA), The Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA).

The ATRC will also showcase local ORPN members and their efforts to improve services across the health care landscape.

X-Waiver Training Dates

DSAMH is offering three virtual sessions to choose from this summer. The first session was hosted on June 29, 2021. The next two sessions will be hosted on:

- July 20, 2021, 8:00 AM—12:00 PM
- September 8, 2021, 8:00 AM—12:00 PM

**After the completion of the four-hour virtual session, all participants will be required to complete a post-test via PCSS (not delivered via Delaware Learning Center (DLC)).*

Register via the DLC:

- Non-State Employees: [Here](#)
- State Employees: id.delaware.gov



New Changes to Prescribing Guidelines — Up to 30 Patients Can Be Treated Without Completing X-Waiver Training



The Department of Health and Human Services (HHS) recently released new [practice guidance](#) on buprenorphine administration in an effort to make evidence-based treatment for opioid use disorder more accessible to persons suffering with opioid addiction. Under the new guidelines, eligible physicians, physicians assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives are exempt from federal certification requirements related to training, counseling and other ancillary services (i.e., psychosocial services), that are generally required to obtain a waiver, and practitioners can treat up to 30 patients without meeting those requirements. This guidance takes effect April 28, 2021.

NOTE: Eligible practitioners still need to submit a notice of intent (i.e., an X-waiver is still required) to treat up to 30 patients and the current certification requirements continue to apply to providers wishing to treat more than 30 patients. Up to 100 patients can be treated once the Controlled Substance Act (X-waiver) training is completed.

For more Information SAMHSA has issued an [FAQ Document](#).