DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
OPIOID RESPONSE TEAM

DSAMH State Opioid Response 3.0 Grant Tier Award Program 3.A-H
January 26, 2024

Background

The Delaware Division of Substance Abuse and Mental Health (DSAMH) is charged with overseeing the implementation of evidence-based strategies to address the opioid and stimulant use epidemics. This application packet describes DSAMH's framework for awarding State Opioid Response 3.0 (SOR 3) funding to acute receiving facilities, including hospital emergency departments and free-standing emergency departments, to improve care for individuals at risk for, or with, opioid use disorder (OUD) and stimulant use disorder (STUD).

DSAMH's SOR 3 grant is funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). SOR 3 is a statewide program designed to enhance and further develop the OUD/STUD system of care for all Delawareans, while dedicating focused efforts to six key populations: pregnant and parenting people, racial/ethnic minorities, individuals in high-need zip codes (including rural), LGBTQ+ populations, justice-involved populations, and school-aged youth. Building on efforts from SOR 2, DSAMH and its partners will:

(1) enhance structures and processes to oversee and administer grant activities.
(2) establish a centralized data-responsive strategy and hub (the Overdose Response Center).
(3) increase the availability, quality, and sustainability of evidence-based treatment and recovery services, with a focus on low-barrier, rapid-access to Medications for Opioid Use Disorder (MOUD) and contingency management programming.
(4) effectively collaborate with other systems and entities, as well as the public, to facilitate OUD/STUD prevention, harm reduction practices, and seamless pathways into OUD/STUD treatment and recovery services.
(5) support new and existing partners to proficiently implement evidence-based and data-responsive practices to improve the engagement, care, and outcomes of under-served populations.
(6) implement recovery support services that facilitate pathways to long-term recovery, address social needs, and promote quality of life.

Tier Award Program Overview

The Tier Award Program (TAP) is a DSAMH initiative to award SOR funding to expand the State's capacity to engage and serve populations with OUD/STUD. **This solicitation announces the Tier 3.A-H program, available to hospital and free-standing emergency departments, which will fund approved activities from April to September 2024.**

Note: This cohort of applications is contingent upon pending federal approval of funding. Projects are selected and awarded by DSAMH as federal funding availability allows.

Tier Award Program – Tier Description, Highlighted Requirements, and Project Examples
TIER 3.A-H: **Projects to implement OUD/STUD screening, brief intervention, referral to treatment (SBIRT) through warm handoffs and navigation approaches, and follow-up in emergency departments.** Emergency departments play a vital role in our statewide Overdose System of Care, providing the opportunity to identify and link persons with OUD/STUD to evidence-based treatments. SBIRT is a comprehensive, integrated approach to the delivery of early intervention and referral into treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders and can be implemented seamlessly within hospital emergency departments. **[Up to $100,000 per project, maximum of 8 awards]**

TIER 3.A-H REQUIREMENTS

- **Eligibility:** Tier 3.A-H is targeted to acute receiving facilities, including hospital emergency departments or free-standing emergency departments. See additional overarching eligibility requirements in the "Eligible Applicants" section below.
- **Screening:** Identification of validated SUD (inclusive of OUD/STUD) screening instrument; provision of universal screening for client population. This may require electronic health record adaptations. A list of validated screening instruments can be found here: https://ssc.jsi.com/resources/substance-use-screening-tools/list. Applicants can propose and provide a rationale for other validated screening tools in their applications.
- **Brief Intervention:** Based on screening results, provision of non-judgmental brief interventions utilizing motivational interviewing (MI) techniques.
- **Referral:** For those clients indicated as needing further assessment/treatment, development of formal partnership agreements (or equivalent) to facilitate warm handoffs to the appropriate SUD treatment (including MOUD) with minimal or no wait times. Emergency departments should use the Delaware Treatment and Referral Network (DTRN) to initiate referrals, and when possible, close the loop.
- **Follow-up:** Strategies to deepen engagement and follow-up with clients with OUD/STUD about referrals made to treatment or recovery support services.
- **Naloxone/Narcan:** A plan for referral to, or education on, naloxone distribution/training resources and availability, based on screening results. Consideration should be given to becoming a DSAMH partner site for direct training/distribution as appropriate.
- **Technical Assistance:** Ongoing participation in quarterly awardee meetings. Awardees will also have access to other voluntary technical assistance resources and events, spanning topics such as motivational interviewing, SBIRT implementation, warm handoffs, among others germane to implementation. Additional technical assistance as may be assigned by DSAMH as needed.
- **Data Submission and Monitoring:** Monthly, accurate, submission of identified project metrics to DSAMH and cooperation (monthly meetings/responses) with assigned Program Integrity staff.
- **Compliance with SAMHSA Requirements and Funding Prohibitions:** Compliance with all additional grant requirements identified in "SAMHSA Requirements and Funding Prohibitions" below.

TIER 3.A-H PROJECT EXAMPLES

- Social Worker and Peer staff implement the NIDA Quick Screen and CAGE-AID during rounds within the emergency department. Based on screening results, they provider brief intervention or implement a warm handoff to buprenorphine treatment programs within the health system's affiliated outpatient medical practices or to specialty OUD/STUD treatment providers, and conduct follow-up post referral.
- A hospital emergency department hires an OUD/STUD patient navigator who administers the SBIRT protocol, providing warm handoffs to OUD/STUD care, and conducting assertive follow-up to ensure retention in community treatment care.

Eligible Applicants

Eligibility for Tier 3.A-H is limited to hospital emergency rooms or free-standing emergency departments. Prior to application submission, to determine whether your proposed project requires licensure or to ask any licensure-related questions, please contact: dhss_dsamh_providerenrollment@delaware.gov.

DSAMH will accept applications from single agencies/providers or partnerships between two or more organizations. Partnerships must have a designated lead entity that will hold the state agreement, receive funding, and ensure project oversight, compliance, and data reporting on behalf of the partnership. Note that partnering agencies who also submit independent applications must _**not**_ duplicate services between projects, and application and implementation plans must show clear delineation of services.

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Application Submission Process
Applications are due by **5:00 p.m. February 15, 2024.** Incomplete applications may be denied or returned for revision which may impact selection for award. Any questions and final applications should be submitted by email to DSAMH.ORT@Delaware.gov. DSAMH expects to award projects in late March 2024. All projects are anticipated to begin April 2024.

Solicitation, Application Review, and Award Timeline
Below provides an estimated timeline for TAP application review, award processes, and implementation for projects. These timelines are subject to change.
● TAP solicitation release – January 26, 2024
● Application deadline – February 15, 2024
● Awarded applicants selected – March 2024
● Agreements finalized – March 2024
● Projects begin – April 1, 2024
● Projects end – September 29, 2024

Funding
Funding is being provided through DSAMH's SOR grant from SAMHSA. Projects will be funded for an expected implementation term of 4/1/2024 to 9/29/2024. Tier 3.A-H projects can be awarded up to $100,000.

Award totals will vary based on multiple factors to include: the number of unduplicated clients for whom the applicant proposes to provide services and the likely impact of the applicant's project on clinical outcomes within communities.

Projects are eligible for an upfront disbursement upon execution of the award (equal to the first three months of the proposed budget) to begin project implementation. Reimbursement for the remainder of the award will be based on submission of monthly invoices and adherence to data collection requirements. Instructions for data reporting/submission and invoicing structure will be detailed in the Letter of Agreement between DSAMH and the awardee.

Data Collection Requirements
The universal measures for Tier 3.A-H can be found in the table below. Additional information on required measures is included in the Application Form. Final determination of performance measures is subject to approval by DSAMH prior to execution of the award.

Tier 3.A-H Universal Measures	
Eligible - Number of unduplicated clients who were eligible for a screening in the last month in emergency departments (ED). Each ED should identify the eligible population for screening. *While universal screening is the best practice, EDs can also propose and provide the rationale for a targeted population for this initiative.*	This is the unique number of clients (not counted more than once) who were expected to be screened in the last calendar month.
Screened - Number of unduplicated clients who were eligible for a screening in the last month who were screened.	This is the unique number of clients (not counted more than once) who were expected to be screened in the last calendar month who were then screened through use of a validated screening instrument that identifies the client's need for targeted intervention.

Positive - Of those screened in the last month, the unduplicated count of those who were positive.	This is the unique number of clients (not counted more than once) who were screened in the last calendar month as described above and who, based on the screening instrument's scoring methodology is identified as having substance use issues that require further intervention (e.g., brief intervention, referral to treatment).
Referred - Of those that screened positive in the last month, the unduplicated count of those who were referred to treatment. *DSAMH recommends the use of the Delaware Treatment and Referral Network (DTRN) to initiate referrals. However, EDs can propose and provide a data metric and submission for the use of other referral processes.*	This is the unique number of clients (not counted more than once) identified through use of a validated screening instrument as having substance use issues that require further intervention, who in the last calendar month were then offered a referral for further assessment at an internal or external SUD treatment and/or recovery program.
Engaged - Of those that screened positive in the month before last, the unduplicated count of those who were connected/engaged in treatment in the last month. *EDs must "close the loop" on the referred client, whether system feedback, direct contact with the client, or direct contact with the referred program.*	This is the unique number of clients (not counted more than once) identified through use of a validated screening instrument as having substance use issues that require further intervention, who in the last calendar month attended their first appointment at an internal or external SUD treatment and/or recovery program.

Solicitation and Implementation Technical Assistance

Application materials are posted on the Addiction Treatment Resource Center (ATRC) website: https://atrc.dhss.delaware.gov/sor-grant#tier_award_program. Prospective applicants may submit any questions on this solicitation by emailing DSAMH.ORT@delaware.gov prior to the deadline.

A variety of mandatory technical assistance opportunities will be conducted for awardees during the implementation period:
- Quarterly awardee meetings intended to support awardees, encourage an exchange of ideas, and ensure TAP, SOR grant, and SAMHSA updates are shared.
- Optional and additional project-specific practice coaching: Opportunities and events through the federal Opioid Response Network or Health Management Associates, and materials from DSAMH's Addiction Treatment Resource Center, will be made available to support projects in implementation and sustainability.
- Individual technical assistance or coaching: May be required and assigned to projects by DSAMH to help ensure implementation of goals/objectives are in alignment with SAMHSA and DSAMH requirements and to ensure funded projects are completed within the federal funding cycle.

Other SAMHSA Requirements and Funding Prohibitions

This project is supported by SAMHSA's State Opioid Response Grant (SOR), award 1H79TI085764. This funding is subject, but not limited to, the following:
- Funding cannot be used to supplant existing operational expenses or funding mechanisms. However, proportional share on existing staff time or other costs may be requested for new programming.

- o TAP applications cannot include ASAM Levels of Care, Recovery Residences, and Integrated Recovery Housing projects as they are currently funded through other procurement and funding opportunities.
- Projects must provide HIV and viral hepatitis testing as clinically indicated, referral to appropriate treatment to those testing positive, and vaccination for hepatitis A and B directly or through referral as indicated.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
  - o Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.
  - o Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider.
  - o In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial.
  - o Recipients must assure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
- Medically managed withdrawal management programs must include MOUD.
- Projects providing treatment and/or recovery services to persons with OUD must make MOUD available to them either directly or through referral.
- Funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- Funds cannot be used to provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision.
- Funds cannot be used to purchase Naloxone/Narcan, as it is provided by DSAMH at no cost to all partner agencies/ providers.
- Funds cannot be used to provide direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
  - o For programs including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than $75 per budget period. The contingency amounts are subject to change.
  - o For GPRA follow up, Tier 3.B and 3.C projects, $30 non-cash client incentives can be provided for *conducted* follow-up and discharge GPRAs; such costs should not be included in project budgets as DSAMH will provide gift cards directly to projects as appropriate.
- Funds can be used as entrance fees to a training but not as an incentive or for staff time to participate in such trainings. DSAMH will utilize a technical assistance triage process to ensure that no-cost, federally funded technical assistance resources (e.g., Opioid Response Network, Technology Transfer Centers, etc.) are prioritized over direct funding via TAP.

- Funds cannot be used for promotional items, including but not limited to, clothing and commemorative items such as pens, mugs/cups, folders, lanyards, and conference bags.
- Funds cannot be used to purchase food or meals.
- Funds cannot be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug.
- Project budgets cannot exceed a 10 percent indirect cost rate, regardless of federally negotiated rates.

Please contact DSAMH.ORT@Delaware.gov if you have any questions.