DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
OPIOID RESPONSE TEAM

DSAMH State Opioid Response 3.0 Grant: Tier Award Program
Re-Released: January 22, 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 direct service providers of 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 Opioid 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, and,
(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. Tiers 1, 2, and 3 of TAP under the SOR 2 grant began in 2021. Tiers 3.A, 3.B, and 3.C under the SOR 3 grant year 1 began in 2022 and concluded on September 29, 2023. This solicitation outlines new funding opportunities under SOR 3.0 year 2 TAP Tiers 3.A, 3.B, and 3.C available to eligible providers for the period of April 2024 through 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 Descriptions and Highlighted Requirements
TIER 3.A: Projects to implement OUD/STUD screening, brief intervention, referral to treatment, (SBIRT) and follow-up. 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. Outpatient medical practices (including primary care practices, Federally Qualified Health Centers, women's health practices, infectious disease practices, dental practices, physical therapy, ophthalmology practices, etc.), hospital-based health systems (including emergency departments), and other community settings provide opportunities for early intervention with individuals at risk for SUD before more severe consequences occur.

[Up to $75,000 per project, maximum of 10 awards]

TIER 3.A REQUIREMENTS

- **Eligibility:** Tier 3.A is targeted to non-behavioral health/SUD treatment providers such as primary care, OBGYN, dental, physical therapy, and ophthalmology practices, FQHCs, and hospital emergency departments, etc. SUD/Behavioral Health treatment centers are not the intended audience for this Tier as these practices are already part of their standard care. 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 at the appropriate frequency based on practice setting.
- **Brief Intervention:** Based on screening results, provision of 1-5 client-centered, 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.
- **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, an assigned peer learning cohort series focused on SBIRT implementation, and other technical assistance as may be assigned by DSAMH.
- **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.B:

1. **Projects to implement _new_ evidence-based practices for persons with OUD/STUD.** Evidence-based practices (EBPs) are treatment and prevention interventions related to substance use, shown by evidence to be effective. Common EBPs used in addressing OUD and STUD are available for reference in a pre-approved EBP inventory accompanying this solicitation, for reference. Tier 3.B is intended to support implementation of _new_ EBPs to serve individuals with OUD or STUD (i.e., not to support existing services within current practices).

2. **Projects to bring programs into fidelity with evidence-based practices for persons with OUD/STUD**. Implementation fidelity is the degree to which an intervention is delivered as intended and is critical to successful translation of evidence-based interventions into practice. This activity is to move existing programs that are not an EBP into alignment with an EBP.

[Up to $300,000 per project, maximum of 5 awards]

TIER 3.B REQUIREMENTS

- **EBP Identification:** Identification of at least one new evidence-based practice (EBP) that is aligned with the target population(s)[1].
- **Client Engagement:** Strategies to recruit, engage, and enroll clients in the project.
- **Implementation Plans:** Creation and/or enhancement of leadership and staff development plans to

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[1] DSAMH has developed an inventory of pre-approved evidence-based practices (EBPs) and posted it with this solicitation. Applicants are permitted to propose and provide justification for other EBPs in their applications. Selected EBPs outside of the pre-approved list must be approved by DSAMH prior to implementation.

facilitate implementation and fidelity to the selected new EBP.

▪ **Practice/Implementation Monitoring:** Data collection/monitoring approaches to assess fidelity to EBP standards/model and quantifiable improvements in client experience and outcomes (e.g., measurement-based care approaches).

▪ **Naloxone/Narcan Distribution:** Partner as a DSAMH naloxone distribution site (or equivalent) and provision of training and distribution of naloxone kits to clients (naloxone kits are provided at no-cost to projects and may not be funded via TAP).

▪ **HIV and Viral Hepatitis:** Provide HIV[2] 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.

▪ **Ensuring Access to Care:** Strategies or plans to address social determinants of health (SDOH)-related barriers to treatment engagement; expansion of service availability and/or on-demand access (e.g., same day access protocols, 24/7 service delivery).

▪ **Licensure Compliance:** Adherence with appropriate DSAMH licensing, credentialing, and certification requirements prior to service delivery.

▪ **Technical Assistance:** Ongoing participation in quarterly awardee meetings, an assigned peer learning cohort series, and other technical assistance as may be assigned by DSAMH

▪ **Data Submission and Monitoring:** Accurate, monthly, 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.C:

1. **Projects to implement specialized OUD/STUD programming for special populations.** This Tier is designed to support the implementation of tailored, specialized OUD and STUD practices, services, or programs for ***specific populations with unmet and/or elevated needs*** (including: pregnant and parenting people, racial/ethnic minorities, individuals in high-need zip codes, LGBTQ+ populations, justice-involved populations, and school-aged youth). *Note: recruiting special populations to participate in a standard project, program, or EBP does NOT qualify for Tier 3.C funding.*

2. **Projects to bring specialized OUD/STUD programs into fidelity with evidence-based practices for special populations.** Implementation fidelity is the degree to which an intervention is delivered as intended and is critical to successful translation of evidence-based interventions into practice. This activity is to move existing programs that are not an EBP into alignment with an EBP.

[Up to $300,000 per project, maximum of 5 awards]

TIER 3.C REQUIREMENTS

▪ **Specialized Services:** Design and implementation of new specialized services that actively and effectively engage and serve a high-risk population (identified above) or other groups with disproportionate outcomes, unmet needs, or inadequate treatment and recovery resources (supporting evidence must be provided in the application submission if selecting other groups than listed above).

▪ **EBP Identification:** Utilization of an evidence-based practice for the population of focus. If one does not exist, an evidence-informed and/or culturally promising practice that is appropriate or can be adapted may be submitted (supporting evidence must be provided in the application submission)[3].

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[2] TAP awardees are encouraged to collaborate and coordinate with Ryan White HIV/AIDS Programs for the provision of HIV care and treatment services, including Hepatitis screening, testing, and vaccination for people living with HIV.

[3] DSAMH has developed an inventory of pre-approved evidence-based practices (EBPs) and posted it with this solicitation. Applicants are permitted to propose and provide justification for other EBPs in their

- ▪ **Client Engagement:** Strategies to recruit, engage, and enroll clients in the project.
- ▪ **Implementation Plans:** Creation and/or enhancement of leadership and staff development plans to facilitate implementation and fidelity to project's programming.
- ▪ **Practice/Implementation Monitoring:** Data collection/monitoring approaches to assess fidelity to EBP standards/model and quantifiable improvements in client experience and outcomes (e.g., measurement-based care approaches).
- ▪ **Naloxone/Narcan Distribution:** Partner as a DSAMH naloxone distribution site (or equivalent) and provision of training and distribution of naloxone kits to clients (naloxone kits are provided at no-cost to projects and may not be funded via TAP).
- ▪ **HIV and Viral Hepatitis:** Provide HIV[4] 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.
- ▪ **Ensuring Access:** Strategies or plans to address social determinants of health (SDOH) related barriers to treatment engagement; expansion of service availability and/or on-demand access (e.g., same day access protocols, 24/7 service delivery).
- ▪ **Licensure Compliance:** Adherence with relevant DSAMH licensing, credentialing, and certification requirements prior to service delivery.
- ▪ **Technical Assistance:** Ongoing participation in quarterly awardee meetings, an assigned peer learning cohort series, and other technical assistance as required.
- ▪ **Data Submission and Monitoring:** Accurate, monthly, 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**.**

SAMHSA/DSAMH PRIORITIES TO INFORM DESIGN OF TIER 3.B and 3.C PROJECTS:

- ▪ **Treatment Programming Priorities:** "Hub and spoke" models, Opioid Treatment Programs, addiction specialty care programs, services in non-specialty settings (e.g., emergency departments, urgent care centers), inpatient/residential programs offering MOUD, primary care/office-based opioid treatment programs, programs targeting persons with STUD (e.g., contingency management), low-threshold MOUD programs, and innovative virtual and mobile programs.
- ▪ **Recovery Programming Priorities:** Peer supports/recovery coaches, vocational and employment support programs, strategies to address social determinants (e.g., transportation, childcare, legal assistance, dental kits[5]), and programs by recovery community organizations.

For additional detail on SAMHSA treatment and recovery priorities, please see page 9 and 10 in the SOR Notice of Funding Opportunity: https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sor-nofo.pdf

Eligible Applicants
Eligible applicants generally include:
- ● *Existing MH/SUD Agencies/Providers:*
  - o Programs that provide substance use and/or mental health treatment or recovery services with two years of experience providing relevant services as of the due date of the application

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applications. Selected EBPs outside of the pre-approved list must be approved by DSAMH prior to implementation.

[4] See footnote 2.

[5] Dental kits are encouraged to promote oral health, but are only eligible to be funded for individuals with OUD who are enrolled in treatment with buprenorphine.

- *Other Agencies/Providers that serve the OUD/STUD population, including special populations identified herein:*
    - o Outpatient medical practices (including primary care practices, Federally Qualified Health Centers, women's health practices, infectious disease practices, outpatient psychiatric practices, dental practices, physical therapy practices, ophthalmology practices, etc.)
    - o Hospital-based healthcare systems (including emergency departments)
    - o Accountable or managed care organizations
    - o Other health and human services providers (e.g., Veteran service providers, housing/ homelessness providers, etc.) that serve individuals with OUD and/or STUD

TIER Specific Eligibility:
- Projects implemented through Tier 3.A are not intended for existing SUD/Behavioral Health Providers as these practices are already implementing SBIRT as part of their standard care.

- Projects implemented through Tiers 3.B and 3.C may be subject to DSAMH licensure requirements. 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.

Application Submission Process
Applications are due by **5:00 p.m. February 9, 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 22, 2024
- Solicitation webinar – January 25, 2024
- Application deadline – February 9, 2024
- Provider Proposal Presentations – February 19 - 23, 2024
- Awarded applicants selected – March 2024
- Agreements finalized – March 2024
- Projects begin – April 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 projects can be awarded up to $75,000 and Tier 3.B and 3.C projects can be awarded up to $300,000.

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
DSAMH's performance measurement approach under SOR 3 TAP utilizes the Results-Based Accountability (RBA) framework. RBA helps organizations measure as well as report on their impact by centering performance measurement on three simple questions: (1) "how much did we do?" (2) "how well did we do it?" and (3) "is anyone better off?" Using this framework, each project will be required to collect and report on a set of uniform measures and project-specific performance measures. Please see application form for specific questions. Final determination of performance measures is subject to approval by DSAMH prior to execution of the award.

In addition to performance measures, projects that provide treatment **and/or** recovery support services **_must_** administer the intake (baseline), follow-up (six months), and discharge CSAT GPRA client outcomes measure tool, achieving an 80% follow-up (six-months) expectation currently set forth by SAMHSA. This is a **federally mandated requirement** and client-level incentives are available to support client engagement in follow-up GPRA surveys. DSAMH will determine which projects will require GPRA data collection and confirm GPRA-related client targets prior to award. *Awardee non-compliance in this area will result in corrective action, up to and including termination of award.*

Solicitation and Implementation Technical Assistance
Solicitation Support:
DSAMH is hosting a pre-application solicitation webinar for prospective applicants to provide an overview of this opportunity. The virtual webinar will be held on January 25, 2024, from 2:00 - 3:00pm EST. Register using this link:
https://us06web.zoom.us/meeting/register/tZ0rcO6trDwtHtPwTEVq5IJJSSXVLLHv2kGz. To aid organizations in preparing their applications, guidance materials and videos are posted to the Addiction Treatment Resource Center website: https://atrc.dhss.delaware.gov/. Prospective applicants may also pre-submit questions to be addressed during the virtual webinar by emailing DSAMH.ORT@delaware.gov prior to January 25, 2024.

Implementation Technical Assistance:
A variety of mandatory technical assistance opportunities will be made available to 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.
- Topic Based Peer Learning Cohort: Key staff from awarded projects will be required to participate in an assigned topic-based peer learning cohort series. In a format like the ECHO model, the cohorts will be structured to provide content knowledge, cultivate peer learning and networking, apply specific and relevant lessons learned, share their project activities and data driven performance feedback, and consult each other on strategies to improve uptake of the changes they are making.

- 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.