

Project Design Guidance for the Treatment Provider Track

SOR Tier Award Program (TAP) for 4.B and 4.C

Contents:

- I. TAP Awards Overview
- II. Project guidance for treatment providers
- III. HEAP or TAP?
- IV. TAP 4.B project overview and sample projects
- V. TAP 4.C project overview and sample projects
- VI. Future, specialized, multi-year TAP opportunities

I. TAP Awards Overview

Eligible applicants

DSAMH-licensed SUD treatment providers, recovery support service organizations, as well as other medical or behavioral health practices/programs interested in expanding their current scope of services to include SUD treatment or to enhance existing services or programs addressing OUD/STUD.

Organizational requirements

Treatment provider organizations must meet the following organizational requirements:

- **Two Years of Experience:** Each mental health/substance use disorder prevention, treatment, and recovery support provider organization providing services through this grant must possess at least two years of experience providing relevant services.
- **Compliance with Licensing, Accreditation, and Certification Requirements:** Each mental health/substance use disorder prevention, treatment, or recovery support provider organization must be in compliance with all applicable local and state licensing, accreditation, and certification requirements as of the due date of the application. This includes:
 - Current State of Delaware Business License (from Division of Revenue) OR IRS 501(c)3 exemption verification
 - Current Certificate of Liability Insurance Coverage
 - Unique Entity Identifier (UEI), a 12-character alphanumeric ID assigned to an entity by SAM.gov
 - Delaware eSupplier Number
 - Current DSAMH license to provide mental health/SUD services in Delaware, as applicable

In addition, treatment providers likely will be required to complete the Center for Substance Abuse Treatment (CSAT) Government Performance Results and Modernization Act (GPRA) Client-Level data collection at baseline, follow-up, and discharge, which is required for individuals receiving grant-funded treatment AND/OR recovery support services. Additional information and training will be provided.

Goal
Implement new evidence-based practices, promising practices, and/or innovations to sustainably improve OUD/STUD treatment outcomes or measurably develop/expand treatment provider capabilities to improve treatment outcomes. All projects must be able to measurably demonstrate intended improvements.
Funding parameters
<p>Award amount: Up to \$300,000</p> <p>The proposed budget must match the level of effort by staff/contractors and the reasonable and appropriate costs associated with the scope of the project. DSAMH reserves the right to make an award at a funding level that is reasonable and appropriate, different than what is requested in the application.</p> <p>Applications with excessive funding requests not justified in the budget will be rejected and returned to the applicant for revision, delaying determination for an award. There will be a limited number of awards in both the 4.B and 4.C categories.</p>
Anticipated/estimated duration of award
<p>January 23, 2025 – September 29, 2025</p> <p>Please note that incomplete applications or applications not providing sufficient detail or justification for project design will delay application review and determination. Applicants must proportionally adjust budget and work plans to a shortened implementation timeline if delays are experienced, prior to award execution.</p>

DSAMH will be conducting a rigorous review of all applications as part of the SOR 4.0 TAP program. DSAMH will be awarding a limited number of awards for both 4.B and 4.C opportunities and is looking for community-based organizations (CBOs) to propose well-crafted projects or programs that will measurably improve outcomes for their participants. Applicants are encouraged to participate in a series of engagements with DSAMH prior to applying to ensure a clear understanding of the program, its goals, and its requirements. These engagements include:

- Informational Webinar: SOR 4 TAP Tier 4.B-4.C Funding Opportunity
 - September 25, 2024 from 11:30 am – 1:00 pm
 - Register in advance for this meeting: https://us06web.zoom.us/meeting/register/tZltd-Ghqj8rE9Dqu2E1rTURUMS-Vk_wmut6
- Applicant Presentation Meetings
 - Following the submission of applications, virtual sessions will be scheduled with applicants. These meetings offer applicants the opportunity to present their proposed projects and address any clarifying questions from DSAMH prior to the commencement of the comprehensive application review process.

II. Project guidance for treatment providers

The goal for SOR TAP 4.B and 4.C is for awardees to implement new promising practices, evidence-based practices, and/or innovations to sustainably improve OUD/STUD treatment outcomes or measurably develop or expand treatment provider capabilities to improve treatment outcomes.

There are five principles that 4.B and 4.C awards must exemplify in the design and implementation of their projects:

I. Outcome-based evaluation

The awardees must evaluate their intervention, treatment, or program to determine whether it drives to a clear outcome of improvement in OUD/STUD (e.g., reduced substance use, increased length of stay in treatment, improved recovery capital). Monitoring participation/attendance in the project, treatment, or program is not a sufficient evaluation for TAP 4.B and 4.C projects.

DSAMH understands that the duration of the project or program may need a longer timeline to fully measure outcomes. At the end of the 8-month implementation period, there will be an opportunity to apply to continue projects that are being effectively implemented but need a longer timeline to fully measure the outcome. Projects that have not been implemented effectively, or have not demonstrated sufficient impact, will not be selected to continue into the next grant year.

II. Novel project, treatment, or program

The awardees must propose and implement a project that adds a **new** component to their current array of services. TAP awards cannot be used to fund existing treatment services.

III. Active support for the full-range of FDA-approved MOUD

The awardees must demonstrate a commitment of staff across their organization to engage with their clients and actively support and make referrals for individuals interested in MOUD.

IV. Effective partnership with DSAMH

The awardees should engage with DSAMH effectively and in a timely manner to monitor progress, report data, and collaborate with program integrity specialists for monthly meetings, interviews and site visits as directed. Awardees should pro-actively seek guidance and technical assistance made available to them in order to address any barriers that emerge during project planning and implementation.

V. A CQI approach to project/program implementation

The awardees will practice continuous quality improvement (CQI) as part of their project implementation in partnership with DSAMH. This means continuously monitoring project data/outcomes and adjusting implementation to address concerns and continue improvement of the project. Awardees will work with DSAMH to monitor the effectiveness of the project during the award, but also commit to CQI as a standard component of their implementation beyond the award period. TAP funds are designed to pilot new/innovative projects that are sustained via service billing/etc. after the grant is over.

- For projects using an evidence-based practice, a fidelity monitoring plan should be designed and implemented with CQI throughout the duration of the project that refers back to the EBP model.
- For projects using an innovative/promising practice, awardees should monitor the impact of the project on participants throughout and adapt the program or project

as needed throughout implementation to achieve the proposed outcome in cooperation with DSAMH.

III. HEAP or TAP?

Determining whether to apply for a HEAP (Health Equity Advancement Project) mini-grant or a TAP sub-award in the Treatment Provider track should depend upon a few factors.

1. Can you meet the requirement to receive federal funding and contract with the State of Delaware? (see the “organizational requirements” in the grid at the beginning of this document) **If not, it is recommended to consider an application for a HEAP mini-grant that has less organizational requirements.**
2. Does your organization have the knowledge and staffing to evaluate outcomes and implement continuous quality improvement approaches to measure the impact of your project without significant technical assistance? **If not, it is recommended to consider an application for a HEAP mini-grant to build your internal quality and measurement capacity first.**

Applications for HEAP will be released at the end of September 2024.

IV. TAP 4.B project overview and sample projects

*To meet the criteria for a 4.B project in the treatment provider track, the applicant **must** implement a new **EBP, promising practice or innovation** that will drive outcomes with their **current client population**. DSAMH will not consider outreach/marketing projects as meeting the requirements.*

Below please find samples of 4.B projects to guide applicants in thinking about project design and structure. **Applicants in the Treatment Provider track may also elect to propose a project that is not on this list.** The following list of sample projects is to help shape thinking about projects that can enhance the current SUD system of care in Delaware.

Offer Management of Addiction in Routine Care (MARC)

Implement the MARC model in your routine care setting to provide treatment and support to individuals with OUD/STUD.

Applicants may propose to:

1. Add a [Principal Illness Navigator](#) to implement the care management component in a current MOUD program, **OR**
2. Launch all components of MARC, including MOUD and Principal Illness Navigator services, as a new access point for addiction treatment.

MARC is a model that incorporates buprenorphine and other addiction medications, Principal Illness Navigation, and other strategies to address OUD/STUD into standard outpatient medical care, increasing the accessibility, availability, and integration of OUD/STUD care.

Typical examples of routine care sites would include primary care or women’s health practices. Applicants must demonstrate that they not only provide MARC but also the full range of prevention and treatment interventions across acute and chronic conditions in primary care and/or women’s health. Primary care providers exclusively providing MOUD services would not qualify.

Delaware DMMA (Division of Medicaid and Medical Assistance) plans to launch the MARC initiative in 2025. In anticipation of that launch, SOR TAP funding could be used to establish this practice up until it becomes a Medicaid reimbursable service.

The MARC model includes MOUD prescribing and a role for a Principal Illness Navigator who will monitor the progress and outcomes of the individuals receiving MOUD and coordinate care with other healthcare and social care providers as needed by the patient.

For more information about MARC, refer to the MARC/OBOT section of this webpage:

https://dhss.delaware.gov/dmma/sud_initiatives.html

Increase Access to MOUD Through New Programs

Implement a new MOUD program to provide increased access to individuals

By offering MOUD, providers can improve the long-term outcomes for clients/patients. New access points for MOUD can reduce barriers by offering this service where clients/patients access other medical or behavioral health services, or by expanding to a new site convenient to individuals interested in MOUD.

While applicants cannot charge the prescriber salary to the grant since MOUD prescribing is a reimbursable service, applicants may request funds to offset planning and administrative costs for program development and facilities and can apply for funding to provide additional support to individuals in the program, such as case management or peer support.

Increase Access to MOUD Through Enhancing an Existing Program

Enhance an existing MOUD program to drive improved outcomes for individuals served,

To enhance access to MOUD and outcomes for individuals with OUD, applicants may propose ancillary services to enhance an MOUD program, complementing the work of prescribers. These ancillary services can address the broader needs of individuals with addiction, offering a more holistic approach to care that extends beyond what prescribers alone deliver.

Examples of program enhancements could include:

- Providing case management service to assist with care coordination, follow-up appointments, and connection to additional services.
- Engaging peer support specialists to facilitate group sessions and assist with patient engagement.
- Arranging for MOUD-Specific Training for Staff (providers, MAs, case managers...), including specialized training to ensure staff are equipped to provide culturally sensitive and trauma-informed care, particularly in diverse communities.
- Expanding MOUD services to a new location or expanding hours to accommodate clients'/patients' needs.

Address Trauma in OUD/STUD Treatment

Implement strategies to address trauma, provide care and services aligned with a trauma-informed care approach, or develop the workforce to better care for individuals with SUD who also have trauma histories.

Given the high prevalence of trauma among people with SUD, treatment programs can enhance the quality and impact of their services by incorporating trauma-informed care practices and/or implementing evidence-based treatment models that address trauma as part of the SUD treatment program.

Examples of addressing trauma in SUD treatment include:

- Implementing evidence-based treatment models to better address trauma, such as Trauma-Focused CBT or Seeking Safety.
- Conducting an organizational assessment of policies, clinical care, operations, and organizational practices to identify opportunities to build or strengthen a trauma-informed care approach.
- Providing training to leadership, staff, and clinicians on key principles of trauma-informed care.

Resource: <https://attcnetwork.org/implementing-trauma-informed-care-tic-in-sud-treatment-and-recovery-oriented-systems/>

Applicants may choose to implement multiple strategies as part of a trauma-informed care enhancement project.

Implement The Matrix Model

Offer The Matrix Model as part of your programming to improve treatment outcomes for individuals with substance use disorders, particularly stimulant use disorder (STUD).

The Matrix Model is an evidence-based, structured treatment approach specifically designed for use in IOP settings, serving individuals struggling with SUD, particularly stimulant use. Few models have demonstrated outcomes of those similar to the Matrix Model especially in the treatment of STUD. The model combines cognitive-behavioral therapy (CBT), family education, individual

counseling, group therapy, and participation in 12-step programs. The Matrix Model is designed to engage clients in their recovery process, promote long-term abstinence, and improve overall functioning.

Resource: <https://casatondemand.org/2020/03/05/4850/>; https://attcnetwork.org/wp-content/uploads/2019/07/PPT_Vandersloot_508_Stimulant-Webinar-Series.pdf

V. TAP 4.C project overview and sample projects

*To meet the criteria for a 4C project in the treatment provider track, the applicant **must** implement a new EBP, promising practice or innovation to **tailor their treatment program to improve treatment outcomes for a sub population of individuals with OUD/STUD**. The **sub population may have unique needs** (e.g., cultural, situational) that, when addressed, will result in improved outcomes. **Recruiting special populations into existing programs is not a tailored treatment program because this award is designed to support specialized programming for a special population**. DSAMH will not consider outreach/marketing projects as meeting the requirements.*

Below please find samples of 4.C projects to guide applicants in thinking about project design and structure. **Applicants in the Treatment Provider track may also elect to propose a project that is not on this list**. The following list of sample projects is to help shape thinking about projects that can enhance the current SUD system of care in Delaware.

Enhance SUD treatment for individuals experiencing current and/or past intimate partner violence (IPV)

Implement a program to better meet the needs and support the safety and treatment outcomes of individuals in who are currently or formerly experiencing intimate partner violence (IPV).

Examples of approaches to include in an application could include some of the following:

- Conducting an organizational assessment: Consult best practices research on how to design and deliver an SUD treatment program that meets the needs of individuals currently or formerly experiencing IPV. Identify and implement strategies to improve the safety, experience, and outcomes of individuals experiencing IPV in your program. **Resource:** <https://ncdvtmh.org/wp-content/uploads/2022/10/7-Common-Practices-Final.pdf>
- Developing the workforce: Provide tools/information to healthcare providers to talk about SUD coercion. **Resource:** <https://ncdvtmh.org/wp-content/uploads/2022/11/SU-Coercion-Palm-Card-5x7-1.pdf>
- Cross-training/workforce development in collaboration with DV agency so SUD peer specialists and DV counselors are cross-trained and learn from the other cohort. **Resource:** <https://www.tandfonline.com/doi/abs/10.1080/15564886.2022.2026544>

Offer a culturally adapted recovery support tool

Implement a recovery support tool that has been adapted to better recognize and meet the cultural needs for individuals as an adjunct to other services to treat SUD and/or as part of recovery support services.

Examples of culturally adapted recovery support tools include:

- CASA-Chess is a relapse prevention platform (adapted for a Spanish-speaking population) as a support to SUD treatment. **Resource:** <https://pubmed.ncbi.nlm.nih.gov/30931681/>; <https://chess.wisc.edu/achess-archive/CASA/>
- CBT4CBT is a web-based platform for skill development that has been culturally adapted for use with Latinx individuals with SUD. **Resource:** <https://cbt4cbt.com/>; <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2023.1051528/full>

Applicants can implement a culturally adapted tool as a project or add this component to a larger TAP project.

Implement Family-based/focused EBP/EBT Implementation

Implement a family-inclusive or family-based evidence-based treatment model in your SUD programming.

Research and stakeholder engagement has demonstrated that many Black/African American and Latinx families prefer treatment models that include family as part of the treatment model or as a meaningful focus of the treatment model. There are several family-inclusive and family-focused models that have conducted sufficient studies to demonstrate outcomes among diverse families.

Examples of family-based/family-focused models include:

Treatment	Populations indicated	Evidence
SYSTEMIC FAMILY THERAPY		
<p>Multi-dimensional Family Therapy (MDFT)</p> <p><i>MDFT is a flexible, family-based counseling approach that combines individual counseling and multisystem methods to treating adolescent substance misuse and conduct-related behaviors. MDFT targets both intrapersonal processes and interpersonal factors that increase the risk of adolescent substance misuse (Horigian et al., 2016).</i></p>	<p><i>Suitable for adolescents and young adults (9 to 26 years old) with substance use, delinquency, mental health, academic/vocational, and emotional problems. At least one parent/guardian or parental figure must also participate in treatment.</i></p> <p>TAP Parameters: Young adults aged 18-26</p>	<p><i>EBP rating: Supported with good evidence for reduced substance use for ethnically diverse youth and extensively tested in diverse populations as part of the evidence base.</i></p> <p><i>Miller M, Goodvin R, Grice J, Hoagland C, Westley E. Updated Inventory of evidence-based, research-based, and promising practices prevention and intervention services for adult behavioral health. (Doc. No. 16-09-4101). Olympia: Washington State Institute for Public Policy; 2016.</i></p> <p><i>Liddle, H.A., Dakof, G., Rowe, C. et al. Multidimensional Family Therapy for Justice-Involved Young Adults with Substance Use Disorders. J Behav Health Serv Res 51, 250–263 (2024).</i></p>

<p>Must be delivered by a clinician certified in MDFT.</p>		<p>https://doi.org/10.1007/s11414-023-09852-5.</p>
<p>Behavioral Couples Therapy (BCT)</p> <p>Couples focused intervention to support healthy relationship and strategies to support recovery. Reduction in dynamics that drive or enable substance use.</p>	<ul style="list-style-type: none"> • For couples who are married or living together • Partner does not have an SUD • Neither person has a co-occurring mental health disorder • No presence of intimate partner violence 	<p>-Schmit, M. K., Schmit, E. L., Lenz, A. S., Hawkins, J., Silveus, S. A., & Chuyou-Campbell, C. (2020). Meta-Analysis of Behavioral Couples Therapy for Increasing Abstinence From Substance Use and Relationship Adjustment. <i>Counseling Outcome Research and Evaluation</i>, 13(1), 57-71. https://doi.org/10.1080/21501378.2020.1796481.</p> <p>-Schumm JA, Renno S. Implementing Behavioral Couples Therapy for Substance Use Disorders in Real-World Clinical Practice. <i>Fam Process</i>. 2022 Mar;61(1):25-42. doi: 10.1111/famp.12659. Epub 2021 Apr 27. PMID: 33904595.</p>
<p>Multisystemic Therapy – Building Stronger Families (MST-BSF)</p> <p>is an adaptation of Multisystemic Therapy (MST) designed for families who come under the guidance of child protective services due to co-occurring parental substance use and physical abuse or neglect of a child. MST-BSF combines three program models: (1) MST, (2) MST for Child Abuse and Neglect, and (3) Reinforcement-Based Treatment for substance use disorders.</p>	<p>Suitable for families with youth ages 6-17 where there is co-occurring parental substance use and either the presence or risk of physical abuse or neglect of a child.</p>	<p>Schaeffer, C. M., Swenson, C. C., Tuerk, E. H., & Henggeler, S. W. (2013). Comprehensive treatment for co-occurring child maltreatment and parental substance abuse: Outcomes from a 24-month pilot study of the MST-Building Stronger Families program. <i>Child Abuse & Neglect</i>, 37(8), 596-607. https://doi.org/10.1016/j.chiabu.2013.04.004</p> <p>Schaeffer, C. M., Swenson, C. C., & Powell, J. S. (2021). Multisystemic Therapy - Building Stronger Families (MST-BSF): Substance misuse, child neglect, and parenting outcomes from an 18-month randomized effectiveness trial. <i>Child Abuse & Neglect</i>, 122, Article 105379. https://doi.org/10.1016/j.chiabu.2021.105379</p>
<p>FAMILY-FOCUSED MODELS</p>		
<p>Mothering from the Inside Out</p> <p>This is a brief individual parenting intervention developed as an adjunct to substance use treatment. MIO primarily targets parental reflective functioning in caregivers with children under 5 years of age. MIO is provided by counselors who are trained to help them engage in a process of mentalizing (i.e., making sense of strong emotions that arise during stressful interpersonal interactions that may be interfering with the ability</p>	<p>Suitable for mothers with SUD with children under 5. Added as an adjunct to SUD treatment for the mother.</p>	<p>Promising practice</p> <p>Studies show reductions in substance use, decreased risk of lapse and greater use of relapse prevention supports among mothers with SUD and is showing promise for mothers with severe addiction.</p> <p>-Suchman NE. Mothering from the Inside Out: A mentalization-based therapy for mothers in treatment for drug addiction. <i>Int J Birth Parent Educ</i>. 2016 Jul;3(4):19-24. PMID: 27840685; PMCID: PMC5103655.</p> <p>-Lowell AF, Peacock-Chambers E, Zayde A, DeCoste CL, McMahon TJ, Suchman NE. Mothering from the Inside Out: Addressing the Intersection of Addiction, Adversity, and Attachment with Evidence-Based Parenting</p>

to keep their child's emotional needs in mind).		<i>Intervention. Curr Addict Rep. 2021;8(4):605-615. doi: 10.1007/s40429-021-00389-1. Epub 2021 Jul 15. PMID: 34306964; PMCID: PMC8280593.</i>
---	--	--

Apply a family lens to your overall approach to SUD programming

Implement a robust set of services to support individuals with SUD and their families in a family-centered treatment model.

Implement a multi-prong approach to supporting strong treatment outcomes for individuals with SUD by involving the family in treatment and providing an array of supports to the family.

Examples of a more systemic focus on family in SUD treatment could include:

- Implementing one or more EBTs/EBPs that include or focus on families.
- Conducting harm reduction support groups for family members.
- Including family support peer services to provide support and guidance to family members.
- Incorporating parenting education programs.
- Developing a tailored treatment plan to guide service provision for each family member, including child-focused services.
- Coordinating across treatment providers to understand the impact and integration of services with the family.

Applicants can develop their own array of services to provide a comprehensive, family-centered treatment.

Resource: <https://ncsacw.acf.hhs.gov/files/fca-practice-module-1.pdf>;
<https://store.samhsa.gov/sites/default/files/tip-39-treatment-family-therapy-pep20-02-02-012.pdf>

Treat Pregnant and Parenting Women with Opioid Use Disorder

Implement a robust set of services to reduce the negative outcomes associated with OUD during pregnancy, promote maternal and child health, and support women in achieving recovery and stability.

Using SAMHSA's Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder (OUD) and their Infants, implement a comprehensive approach to pregnant women and new mothers struggling with OUD.

Example services offering comprehensive care could include:

- Integrating routine OUD screening into prenatal visits using validated tools.
- Offering MAT with methadone or buprenorphine to pregnant women with OUD.
- Providing access to behavioral therapies, and support groups as part of the treatment plan.
- Establishing multidisciplinary teams that include obstetricians, addiction specialists, pediatricians, and mental health providers.

- Working closely with child welfare services to support the parent’s rights and ensure the child's safety.
- Encouraging and supporting breastfeeding in women receiving MAT.
- Identifying and mitigating barriers to care, such as lack of transportation, housing, or childcare.
- Educating patients, families, and community members about OUD and its treatment during pregnancy.
- Fostering a non-judgmental, supportive clinical environment that addresses the stigma associated with OUD.

Resource: Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants. <https://store.samhsa.gov/sites/default/files/sma18-5054.pdf>

Provide Culturally Congruent Interventions for African Americans with OUD

Implement a robust set of services tailoring treatment and support services to align with the cultural values, beliefs, and needs of African American communities. This approach recognizes the unique social, historical, and systemic factors that impact African Americans' experiences.

To better meet the needs of African Americans with OUD and enhance engagement, treatment adherence, and recovery success, implement a comprehensive set of culturally aligned interventions.

Examples of interventions could include:

- Collaborating with community leaders, organizations, and faith-based groups to design and implement OUD interventions that reflect the community's values and priorities.
- Providing education about MAT that is sensitive to the cultural context of Black Americans, including addressing historical mistrust of the medical system, fears about dependency, and concerns about the safety and efficacy of MAT.
- Integrating MAT with culturally relevant practices, such as spiritual counseling, family involvement, and traditional healing methods.
- Addressing social determinants of health by providing resources and referrals that tackle issues disproportionately affecting African Americans, such as poverty, housing instability, and limited healthcare access.
- Offering culturally sensitive, family-based counseling and support groups to strengthen familial support systems.
- Developing cultural competence training for healthcare providers, focusing on the historical and social context of African American communities and the impact of systemic racism.

Resources:

L. Howard, D. (2020). Effective Treatment of Opioid Use Disorder among African Americans. IntechOpen. doi: 10.5772/intechopen.89081

Gilbert LR, Starks S, Gray J, Reitzel LR, Obasi EM. Exploring the provider and organization level barriers to medication for opioid use disorder treatment for Black Americans: A study protocol. Public Health Pract (Oxf). 2022 Aug 12;4:100308. doi: 10.1016/j.puhip.2022.100308. PMID: 36570391; PMCID: PMC9773041.

Design and Deliver SUD Treatment for People with Physical and Cognitive Disabilities

Tailor SUD services to meet the unique needs of individuals with disabilities using SAMHSA's Clinical Guidance for SUD Treatment for People with Physical and Cognitive Disabilities to improve treatment outcomes for this population.

A primary goal of SAMHSA's is to create a treatment environment that is inclusive, supportive, and responsive to the specific needs of individuals with disabilities. By addressing the unique barriers and challenges faced by this population, the guidance aims to improve access to care, enhance treatment adherence, and ultimately lead to better recovery outcomes.

Examples of interventions could include:

- Ensuring that all treatment facilities are physically accessible, including accommodations for mobility impairments, sensory disabilities (e.g., hearing or vision loss), and cognitive impairments.
- Conducting comprehensive assessments that consider both the SUD and the specific physical or cognitive disabilities of the individual, and personalizing treatment plans to address these dual challenges.
- Developing multidisciplinary teams that include addiction specialists, mental health professionals, and disability experts.
- Incorporating assistive technologies and communication aids, such as screen readers, captioning, sign language interpreters, and accessible educational materials, into the treatment process.
- Providing trauma-informed care that recognizes the heightened risk of trauma among individuals with disabilities, both related to their disability and potentially within the healthcare system.
- Screening for and addressing co-occurring mental health disorders, which are common among individuals with disabilities and can complicate SUD treatment.
- Educating healthcare providers, individuals with disabilities, and their families about the specific challenges and needs associated with SUD treatment in this population, and advocating for policies that support accessibility and equity in SUD treatment.
- Facilitating access to peer support groups and networks that include individuals with similar disabilities, helping to foster a sense of community and empowerment.

Resources: [Substance Use Disorder for People with Physical and Cognitive Disabilities \(samhsa.gov\)](https://www.samhsa.gov/mental-health/substance-use-disorders/treatment-people-physical-cognitive-disabilities); [TIP-29-Substance-Use-Disorder-Treatment-for-People-with-Physical-and-Cognitive-Disabilities-65.pdf \(washington.edu\)](https://www.washington.edu/researchcenters/centerforaddictionresearch/wp-content/uploads/2018/07/TIP-29-Substance-Use-Disorder-Treatment-for-People-with-Physical-and-Cognitive-Disabilities-65.pdf); [Substance Use Disorders in People With Physical and Sensory Disabilities \(samhsa.gov\)](https://www.samhsa.gov/mental-health/substance-use-disorders/treatment-people-physical-sensory-disabilities)

Enhance Engagement and Retention in SUD Treatment for LGBTQ+ Individuals

Tailor your recovery support program to address the specific triggers and stressors that are unique to LGBTQ+ individuals to prevent lapse and increase the chances of sustained recovery.

Providers can develop services that tailor interventions to address the specific experiences and challenges of LGBTQ+ individuals, such as dealing with internalized homophobia or navigating complex family dynamics.

Programs for this population often include peer support components, where LGBTQ+ individuals can connect with others who share similar experiences, further enhancing engagement and the sense of community.

LGBTQ+ focused programs often emphasize building connections within the community, which can be vital for long-term recovery. This support network helps individuals maintain sobriety and navigate post-treatment challenges.

Resources: [Lambda Center Houston – LGBTQ 12-Step Recovery Club \(lambdahouston.org\)](http://lambdahouston.org);
http://www.peerrecoverynow.org/wp-content/uploads/OUOUD_LGBT.pdf

VI. Future, specialized, multi-year TAP opportunities

Please be advised that DSAMH plans to release additional specialized opportunities under TAP by Q2 2025. The Multi-Year Targeted Projects (MYTP) will be specialized opportunities to design and implement specific and complex interventions over a period of 2.5 years, with significant design and technical assistance support from the state. Anticipated funding will support two full years of project implementation after design/approval and are equal in annual value to the TAP 4.B and 4.C tiers. Applicants for these opportunities must have successfully implemented a HEAP or TAP project with DSAMH previously. DSAMH anticipates awarding between 1-4 awards for a targeted cohort of projects depending upon the quantity and quality of applications. Additional details will be released later this fall.