DSAMH State Opioid Response 4.0 Grant Year 3
Tier Award Program (Tier 4.A)

Screening Brief Intervention Referral to Treatment plus Follow-up (SBIRT+)

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Overview

The Delaware Division of Substance Abuse and Mental Health (DSAMH) is offering this funding opportunity through the State Opioid Response 4.0 (SOR 4) grant to support the implementation of SBIRT+ (Screening, Brief Intervention, Referral to Treatment) plus follow-up. This opportunity aims to expand early intervention for opioid and stimulant use disorders (OUD/STUD).

DSAMH's SOR 4 grant, funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), supports programs across the state to improve the system of care for all Delawareans with, or at risk for, OUD/STUD while also prioritizing efforts to key populations:

- Pregnant and parenting people
- Veterans
- People living in high-need zip codes (including rural communities)
- People involved in the justice system
- School-aged youth

What is TAP?

The Tier Award Program (TAP) is an initiative from DSAMH to provide short-term categorical funding opportunities (tiers) to partners across the state to assist in responding to the opioid/overdose epidemic. TAP began in 2021 and has continued to evolve with each year of SOR funding to help more people in Delaware who have, or are at risk for, opioid use or stimulant use disorders (OUD/STUD).

This funding opportunity is for TAP Tier 4.A projects under SOR 4 Year 3. All applications must be submitted by the deadline listed in the timeline below. Selected projects are expected to begin on April 1, 2027, and will end on September 29, 2027. Funding for TAP depends on final approval and appropriation of

funds from the federal government. All selected projects are contingent on federal funding availability.

Project Requirements (Tier 4.A)

Funded projects must implement the SBIRT+ model (Screening, Brief Intervention, Referral to Treatment plus follow-up). This model helps identify individuals with or at risk for substance use disorders and connects them to services early. SBIRT can be used in many outpatient and community health settings, such as:

- Primary care and family doctor offices
- Women's health clinics
- Federally qualified health centers
- Infectious disease clinics
- Dental offices
- Physical or occupational therapy centers
- Chiropractors
- Eye doctors (optometrists and ophthalmologists)
- Other community locations

All awarded Tier 4.A projects must include the following core components of the SBIRT+ model and related expectations:

- **Screening:** Use a validated screening tool to check all clients for substance use (opioid and stimulant use) at a frequency appropriate for the setting.
    - *Note: Refer to the TAP 4.A SBIRT Guidance included in this Solicitation package for examples and guidance on screening tools.*
- **Brief Intervention:** If a client shows signs of risky substance use, provide 1 to 5 short, supportive sessions. These sessions should use motivational interviewing (MI) — a technique that helps people make positive choices in a non-judgmental way.
- **Referral:** If a client needs more help/treatment, you must have formal pathways (or partnerships) to connect them to treatment quickly. These should include places that offer medication for opioid use disorder (MOUD). Referrals should be appropriate and respectful of patient choice and not limited to agencies with which you have existing relationships. Tell DSAMH who your referral partners are in your application. You'll also need to join Delaware's Treatment and Referral Network (DTRN) within 30 days of starting your project; DTRN provides an appropriate pathway to make referrals without requiring formal organization-to-organization agreements.
- **Follow-up:** Your plan must include ways to stay in touch with clients or partner service organizations to check if they received the help they needed.
- **Naloxone/Narcan:** Include a plan to refer clients to, or educate them about, naloxone (Narcan) training and distribution resources, based on screening results. Applicants are strongly encouraged to become DSAMH partner sites for direct training and distribution.
- **Technical Assistance:** Participate in DSAMH-led quarterly meetings, an SBIRT learning series (covering the SBIRT+ model, implementation, and fidelity), and other technical assistance activities.
- **Data Submission and Monitoring:** Submit accurate monthly data on key project measures. Work closely with DSAMH Program Integrity staff, including attending monthly check-in meetings.
- **Fidelity Monitoring:** DSAMH will check that you're using the SBIRT model the right way. At least two in-person reviews will take place one early in the project and one near the end using the SBIRT Proficiency checklist.
- **Compliance with SAMHSA Requirements, Federal Executive Orders, and Funding Prohibitions:** Follow all SAMHSA/HHS grant requirements, funding restrictions, and applicable federal Executive Orders, including requirements related to federal civil rights and anti-discrimination laws, DEI-related restrictions, and SAMHSA guidance on allowable and unallowable expenses. Key highlights are included in the SAMHSA Requirements and Funding Prohibitions

section.

Who Can Apply?

- Eligible applicants include:
  - Prior SOR TAP Tier 3.A or 4.A awardees who want to expand SBIRT to new locations or programs beyond those involved in the original 3.A or 4.A project.
  - Agencies/providers who serve people at risk for opioid or stimulant use, including:
    - Outpatient medical practices, such as:
      - Primary care practices (including those providers participating in Delaware's Management of Addiction in Routine Care [MARC] initiative)
      - Federally qualified health centers
      - Women's health practices
      - Infectious disease practices
      - Dental, physical and occupational therapy, chiropractic, eye care providers
    - Accountable and managed care organizations
    - Other health and human services agencies (e.g., veterans' services organizations, housing/homelessness providers)
  - Organizations must be in good standing with the State of Delaware, with no outstanding compliance issues, including but not limited to unresolved audit findings, failure to return unspent funds from prior awards, or other violations of state grant requirements.
- **Note**: This opportunity is not intended for existing SUD/Behavioral Health Providers as these practices are already implementing SBIRT as part of their standard of care. However, behavioral health practices providing **only** mental health services (not SUD) are eligible to apply.
- Applications may be submitted by individual providers or partnerships. If applying as a partnership, a lead organization must be identified to manage the state agreement, funding, compliance, and data reporting. The lead organization must hold the business license, UEI, and Certificate of Insurance. If any partners also submit separate applications, each project must serve different populations and include clearly distinct services.

How to Apply

Applications are due by no later than **5:00 pm** on **Wednesday, December 26, 2026**. Incomplete applications may be denied. Any questions and final applications should be submitted by email to DSAMH.ORT@Delaware.gov. Approved projects are anticipated to begin April 1, 2027.

Estimated Timeline (Subject to Change)

- Solicitation Release: November 16, 2026
- Informational Webinar: December 9, 2026, 11:00am-12:30pm
  - Register here: https://us06web.zoom.us/meeting/register/0A05ya7uSbax9OG7qz01YA
- Application Deadline: December 26, 2026
- Application Review: December- January 2027
- Award Selections: February 2027
- Agreements Finalized: February- March 2027
- Projects Start: April 1, 2027
- Projects End: September 29, 2027

How Applications Will Be Scored

As funding for TAP is limited, applications will move through four stages of review and scoring:

1. All applications will go through an initial eligibility and completeness review.
2. Eligible and complete applications will be reviewed and scored by a panel of DSAMH program staff in the following categories:
    a. Budget and Financial Compliance (35%)
    b. Programmatic Design and Feasibility (40%)
    c. Compliance and Past Performance (25%)
3. Applications scoring in the top 50% will then automatically move to a review and scoring by a panel of external subject matter experts (SMEs) in the following categories:
    a. Project Proposal and Alignment (40%)
    b. Data Collection and Evaluation (20%)
    c. Implementation Plan and Feasibility (25%)
    d. Budget and Fiscal Responsibility (15%)
4. Applications scoring in the top 50% of the SME panel review will automatically move on to the selection stage. Applicants will be given **ONE** opportunity to provide correction or clarification after both panel reviews, and before the selection of awards by DSAMH.

NOTE: DSAMH may return to applications held in Stage 2 or 3 (under the 50% scoring thresholds), in later rounds of selection if funding remains for additional awards and minor revisions would allow an application to proceed.

Funding Details

Tier 4.A projects may request up to a maximum amount of $50,000. Award amounts will vary based on factors such as the number of unduplicated clients served and the project's anticipated impact on outcomes.

Key funding details:

- Budgets must align with the project's scope, staffing levels, and proposed activities.
- DSAMH may reduce funding amounts based on project design, feasibility, or cost justification.
- Adding new staff or high LOE for existing staff is not allowed for this Tier.
- An initial disbursement (equal to three months of the approved budget) will be provided to support project implementation.
- Remaining funds will be disbursed through monthly invoicing (cost reimbursement) based on documented expenses and compliance with reporting requirements.

Data Collection Requirements

Awarded projects must participate in DSAMH's Results-Based Accountability (RBA) framework, which focuses on three key questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Projects will report RBA data monthly via the online survey tool provided by DSAMH. See the application form for more details.

Solicitation and Implementation Technical Assistance

Solicitation Assistance Available:

- Join the Informational Webinar on December 9, 2026, 11:00am-12:30pm
    - Register here: https://us06web.zoom.us/meeting/register/0A05ya7uSbax9OG7qz01YA
- Access the TAP Frequently Asked Questions document online (ATRC website).
- Explore grant writing tools, including training modules, slide decks, and a workbook (search "Grant

Writing" in the ATRC Resource Library here: https://atrc.dhss.delaware.gov).
- Email any questions to DSAMH.ORT@Delaware.gov

Implementation Assistance:
Awarded projects will receive both mandatory and optional support, including:
- **Required monthly check-in** meetings with DSAMH Program Integrity Specialist
- **Required Quarterly TAP awardee meetings** for program updates, peer exchange, networking, and implementation support
- **Required SBIRT Learning Cohort**: learning series for key project staff, covering:
  - SBIRT+ model foundations and fidelity
  - Implementation strategies and lessons learned
  - Sustainability planning
- **Free in-person events and training, including** DSAMH conferences
- **Optional coaching**, including support from the Opioid Response Network, Health Management Associates (HMA), Bowling Business Strategies (BBS), and ATRC resource materials
- **Individual technical assistance**, as needed or assigned by DSAMH, to ensure compliance and progress toward goals

Note: At least one project team member must attend each mandatory session.

Major SAMHSA Requirements and Funding Prohibitions

This project is supported by SAMHSA's State Opioid Response Grant (SOR). This funding is subject, but not limited to, the following:
- Funding cannot be used to supplant existing operational expenses or funding mechanisms. However, proportional shares 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 testing for HIV, viral hepatitis, and sexually transmitted infections (STIs) (e.g., syphilis) as clinically indicated, and warm handoff referrals to appropriate treatment to those testing positive, and vaccination for hepatitis A and B directly or through referral as indicated. Where the individual has not already received the recommended vaccinations below, provide and/or refer to vaccination services. Recommended vaccinations include, but are not limited to:
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus (HPV) (for those up to age 26)
  - Meningococcal
  - Pneumococcal (pneumonia)
  - Tetanus, diphtheria, and pertussis (TDaP)
  - Zoster (shingles) (for those ages 18 and older)
- 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 $400.00 per budget period. The contingency amounts are subject to change.
  - For SUPRT follow up, Tier 4.B and 4.C projects, $30 non-cash client incentives can be provided for conducted follow-up and discharge SUPRTs ; 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.
- Funding cannot be used to purchase or distribute fentanyl test strips or any other substance test kits, including xylazine and medetomidine test strips, intended for use by people using drugs.
- Project budgets cannot exceed a 15% indirect cost rate, regardless of federally negotiated rates.
- **Federal Executive Orders and Related SAMHSA Guidance:** Recipients/subrecipients must comply with all applicable federal Executive Orders and associated federal guidance, including but not limited to those related to federal civil rights and anti-discrimination requirements, restrictions on diversity, equity, and inclusion (DEI)-related activities, federal grantmaking oversight, and allowable and unallowable expenses. These include, but are not limited to:
  - *Ending Radical and Wasteful Government DEI Programs and Preferencing*
  - *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*
  - *Improving Oversight of Federal Grantmaking*
  - *Ending Crime and Disorder on America's Streets*
  - *SAMHSA Dear Colleague Letter (harm reduction-related funding guidance)*
  - *SAMHSA Dear Colleague Letter (MOUD)*

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