



**DSAMH State Opioid Response 4.0 Grant
Tier Award Program (TAP) Tiers 4.B and 4.C
Released: September 9, 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 4.0 (SOR 4) funding to treatment providers and community-based organizations (CBOs) to implement *new* promising practices, evidence-based practices, and/or innovations for individuals at risk for, or with, opioid use disorder (OUD) and stimulant use disorder (STUD).

DSAMH's SOR 4 grant is funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). SOR 4 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.

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. TAP began in 2021 under Delaware's SOR 2 grant and is currently entering its third iteration under the SOR 4 grant.

This solicitation outlines new funding opportunities under SOR 4 Year 1 TAP Tier 4.B and 4.C, available to eligible organizations for the period of January 2025 through September 29, 2025. Additional awards may be funded by the SOR 3.0 No-Cost Extension (NCE).

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.

Future, specialized, multi-year, TAP opportunities under SOR 4.0

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.

Tier Award Program – Tiers 4.B and 4.C Descriptions and Highlighted Requirements

TIER 4.B: Projects to implement *new* evidence-based practices, promising practices, and/or innovations for individuals at risk for, or with, opioid use disorder (OUD) and stimulant use disorder (STUD).

- **Treatment Provider Track:** Applications for a 4.B project in the Treatment Provider track 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.
 - Important: Treatment providers who intend to apply for a 4.B award must review and



heed the Project Design Guidance for the Treatment Provider Track:

https://atrc.dhss.delaware.gov/wp-content/uploads/2024/02/Project-Design-Guidance-for-the-Treatment-Provider-Track_FINAL.pdf

- **CBO Track:** Applications for a 4.B project in the CBO track must implement a project to either effectively engage individuals with OUD/STUD or expand the capacity of other CBOs to engage individuals with OUD/STUD effectively. DSAMH will not consider outreach/marketing projects as meeting the requirements.
 - Important: CBOs who intend to apply for a 4.B award must review and heed the Project Design Guidance for CBOs Track: https://atrc.dhss.delaware.gov/wp-content/uploads/2024/02/Project-Design-Guidance-for-the-CBO-Track_FINAL.pdf

[Up to \$300,000 per project]

TIER 4.B REQUIREMENTS

- **Identification of new evidence-based practices, promising practices, and/or innovations:** Identification of a new evidence-based or promising practice/innovation that is aligned with the target population(s)¹. Applicants must review DSAMH's Project Design Guidance Documents posted alongside this solicitation.
- **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 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 HIV² 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 learning network series, and other technical assistance that 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.
- **Fidelity Monitoring:** Fidelity refers to the degree to which a program or individual adheres to the specific standards and procedures outlined in an Evidence-Based Practice (EBP) model. DSAMH is

¹ Applicants may propose a project not listed in the guidance documents, however, those must be approved by DSAMH prior to implementation.

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.



committed to expanding the use of effective interventions in routine practice settings, and fidelity monitoring plays a critical role in the successful implementation, sustainment, and growth of these practices. DSAMH's Program Integrity Specialists will assess the fidelity of the EBP model during the 4.B award period.

TIER 4.C: Projects to implement tailored OUD/STUD programming to improve outcomes for a sub-population of individuals. 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***. *Note: recruiting special populations to participate in an existing project, service, or EBP does NOT qualify for Tier 4.C funding.*

• **Treatment Provider Track:** To meet the criteria for a 4.C project in the Treatment Provider track, the applicant must implement a ***new*** evidence-based practice, promising practice, or innovation to tailor their treatment program to improve treatment outcomes for a sub-population of individuals with SUD. 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.

- Important: Treatment providers who intend to apply for a 4.C award must review and heed the Project Design Guidance for the Treatment Provider Track: https://atrc.dhss.delaware.gov/wp-content/uploads/2024/02/Project-Design-Guidance-for-the-Treatment-Provider-Track_FINAL.pdf

• **CBO Track:** To meet the criteria for a 4.C project in the CBO track, the applicant must engage individuals with OUD/STUD or expand the capacity of other CBOs to engage individuals with OUD/STUD effectively. Projects should be focused on tailored engagement and service provision approaches for a sub-population of individuals with OUD/STUD to better meet their unique needs (e.g., cultural, situational) or to build the capacity of another CBO to deliver a tailored engagement for a sub-population of individuals with OUD/STUD. Recruiting special populations into existing programs is not a tailored program. This award is designed to support specialized programming for a special population DSAMH will not consider outreach/marketing projects as meeting the requirements.

- Important: CBOs who intend to apply for a 4.C award must review and heed the Project Design Guidance for the CBO Track: https://atrc.dhss.delaware.gov/wp-content/uploads/2024/02/Project-Design-Guidance-for-the-CBO-Track_FINAL.pdf

[Up to \$300,000 per project]

TIER 4.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).
- **Identification of new evidence-based practices, promising practices, and/or innovations:** Identification of a ***new*** evidence-based or promising practice/innovation that is aligned with the target population(s)³. Applicants must review DSAMH's Project Design Guidance Documents posted

³ Applicants may propose a project not listed in the guidance documents, however, those must be approved by DSAMH prior to implementation.



alongside this solicitation.

- **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 HIV⁴ 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 learning network series, and other technical assistance that 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.
- **Fidelity Monitoring:** Fidelity refers to the degree to which a program or individual adheres to the specific standards and procedures outlined in an Evidence-Based Practice (EBP) model. DSAMH is committed to expanding the use of effective interventions in routine practice settings, and fidelity monitoring plays a critical role in the successful implementation, sustainment, and growth of these practices. DSAMH's Program Integrity Specialists will assess the fidelity of the EBP model during the 4.C award period.

Please refer to the Project Design Guidance Documents posted alongside this solicitation (linked above) for further detail regarding the TAP 4.B and 4.C core principles.

Eligible Applicants

Eligible applicants generally include:

- *Existing MH/SUD Agencies/Providers:*
 - Programs that provide substance use and/or mental health treatment or recovery services with two years of experience providing relevant services
- *Other Agencies/Providers that serve the OUD/STUD population, including special populations identified herein:*
 - 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.)

⁴ See footnote 2.



- Accountable or managed care organizations
- Other health and human services providers (e.g., Veteran service providers, housing/homelessness providers, etc.) that serve individuals with OUD and/or STUD
- *Community-based organizations (CBOs):*
 - Non-profit, non-Medicaid billing, community-based social and human service organization (e.g., social services, religious organizations, food banks)
 - Organization and its staff provide active support of individuals who are interested in or are currently taking MOUD as part of their recovery. This includes making referrals to treatment providers who offer MOUD.
- Projects implemented through Tiers 4.B and 4.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 must be submitted by October 24, 2024 (see timeline below). 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 by January 2025. All projects are anticipated to begin in the first quarter of 2025.

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. Further, delays during the review process may affect contract start dates.

- TAP solicitation release: September 9, 2024
- Solicitation webinar: September 25, 2024 from 11:30am - 1:00pm (registration link below)
- Application deadline: October 24, 2024
- Provider presentation meetings: Scheduled following application submission; will take place prior to November 15, 2024.
- Awarded applicants selected & agreements finalized: January 2025
- Projects begin: Contracts may begin as early as January 23, 2025. The official start date will depend on when applications are submitted and approved.
- Projects end: September 29, 2025

Funding

Funding is being provided through DSAMH's SOR grant from SAMHSA. Projects will be funded for an expected implementation term of Q1 2025 to September 29, 2025. Tier 4.B and 4.C projects can be awarded *up to* \$300,000. The proposed budget must match the level of effort by staff/contractors and the reasonable and appropriate costs associated with the project. DSAMH reserves the right to award lower amounts based on a project's proposed scope and impact. Applications with excessive funding requests not justified in the budget will be returned to the applicant for revision, delaying determination for a sub award. There will be a limited number of awards in both the 4.B and 4.C categories.

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 4 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 the 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.*

In addition, CBOs will be required to demonstrate improved client outcomes with their proposed projects. This may require adoption and inclusion of client surveys, like the [Multidimensional Inventory of Recovery Capital](#) (MIRC) or [Brief Assessment of Recovery Capital](#) (BARC-10), that can be aggregated and reported to DSAMH regularly to document changes.

Solicitation and Implementation Technical Assistance

Solicitation Support:

DSAMH is hosting a solicitation webinar for prospective applicants to provide an overview of this opportunity. The virtual webinar will be held on **September 25, 2024 from 11:30am – 1:00pm**. Register using this link: https://us06web.zoom.us/meeting/register/tZIsd-Ghqj8rE9Dqu2E1rTURUMS-Vk_wmut6.

To aid organizations in preparing their applications, guidance materials and videos are posted to the Addiction Treatment Resource Center (ATRC) website: <https://atrc.dhss.delaware.gov/> within the "Funding Opportunities" tab. In addition, grant writing-related resources are available on DSAMH's ATRC Website Resource Library (insert "Grant Writing" in the Keyword Search, which will populate links to 10 modules [PPTs and associating recordings/videos], as well as a Grant Writing Workbook designed to guide you through each step of developing a proposal). Prospective applicants may also pre-submit questions to be addressed during the virtual webinar by emailing DSAMH.ORT@delaware.gov prior to September 25.

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.
- **Project-Based Learning Network Series:** Key staff from awarded projects will be required to participate in an assigned learning network 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 project activities and data driven performance feedback, and consult each other on strategies to improve uptake of the changes being made.
- **In-person conference/training sessions**, including the annual SOR Conference to take place in the spring.



- **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 ATRC, 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.

Note: At least one individual connected to the project must attend each mandatory session.

Other 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 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 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).



DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
OPIOID RESPONSE TEAM

- 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 4.B and 4.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.