



DSAMH State Opioid Response 4.0 Grant
Tier Award Program (TAP) Tier 4.A
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 organizations to implement Screening, Brief Intervention, Referral to Treatment (SBIRT) and follow-up for early intervention of 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 SOR 4 Year 1 for TAP Tier 4.A, available on a rolling basis to eligible providers for the period of Q1 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.

Tier Award Program – Tier 4.A Description and Highlighted Requirements

TIER 4.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, Federally Qualified Health Centers, women’s health, infectious disease, dental, physical therapy, occupational therapy, chiropractic practices, optometry/ ophthalmology practices, etc.), and other community settings provide opportunities for early intervention with individuals at risk for SUD before more severe consequences occur.

Applicants are required to describe in their application how the SBIRT process will be embedded into their practice (from a financial and programmatic perspective) to ensure the sustainability of the program beyond the grant period, thereby maintaining continuous support for individuals at risk.

[Up to \$75,000 per project]

TIER 4.A REQUIREMENTS

- **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.
 - *DSAMH will provide guidance on and examples of screening tools.*
- **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. Applicants must notify DSAMH of intended referral partners prior to initiation of their project (i.e., in their application). Applicants must also commit to registering with Delaware’s Treatment and Referral Network (a statewide, comprehensive referral network for behavioral health and substance use disorder treatment) within the first 30 days of project implementation, if awarded.
- **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 SBIRT learning series focused on foundations of the SBIRT model, implementation, and fidelity; and other technical assistance that 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.
- **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 SBIRT model during the 4.A award period. Two assessments will be conducted in person using the SBIRT Proficiency Checklist: one in the first quarter of the funding period and another in the final quarter.

Eligible Applicants

Eligible applicants generally include:

- Prior SOR TAP Tier 3.A awardees who wish to expand SBIRT to practice locations/sites beyond the locations/sites that participated in the 3.A implementation.
- Agencies/providers that serve the potential OUD/STUD population, including special populations identified herein:
 - Outpatient medical practices, including but not limited to:
 - 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 practices
 - Physical therapy practices
 - Occupational therapy practices
 - Chiropractic practices
 - 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
- Projects implemented through Tier 4.A are **not** intended for existing SUD/Behavioral Health Providers as these practices are already implementing SBIRT as part of their standard care.
 - Behavioral health practices providing mental health treatment only (not SUD) *are* eligible to apply.
- 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 may be submitted on a rolling basis between now and **December 20, 2024**. However, priority consideration will be given to completed applications received 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 review, select, and award projects on a rolling basis. 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.

- TAP solicitation release: September 9, 2024
- Solicitation webinar: September 30, 2024 from 2:00 – 3:30pm (registration link below)
- Application deadline: Applications will be accepted on a rolling basis until December 20, 2024. However, priority consideration will be given to completed applications received by October 24, 2024.
 - **NOTE:** *Applications for this award will be accepted on a **rolling basis**. There is a limited number of awards and funding available. DSAMH therefore strongly encourages eligible applicants to submit completed applications as early as possible. Early submission allows for a quicker contracting process and a longer project implementation period.*
- Provider presentation meetings: Scheduled on a rolling basis following application submission
- Awarded applicants selected & agreements finalized: First Quarter 2025
- Projects begin: January through April 2025
 - *Contracts may begin as early as January 23, 2025, for applications submitted by October 24, 2024, or as late as April 1, 2025, for applications submitted by December 20, 2024.*
- 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 through September 29, 2025. Tier 4.A projects can be awarded up to a maximum amount of \$75,000.

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 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.

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 30, 2024 from 2:00 – 3:30pm**. Register using this link: https://us06web.zoom.us/meeting/register/tZMlf-morj4vGtI_z9EaGyFO8QR8vskkYGla.

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/>. 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 associated 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 30.

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.
- **SBIRT-Focused Peer Learning Cohort:** Key staff from awarded projects will be required to participate in an SBIRT-focused peer learning cohort series. The cohort 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. Information about the SBIRT model, fidelity to the model, and programmatic and financial sustainability will also be covered.
- **In-person conference/training sessions**, including the annual SOR Conference to take place in the spring; and participation in Motivational Interviewing training/education, a core component of SBIRT.
- **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 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.



DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
OPIOID RESPONSE TEAM

- 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.
- 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.