



SOR 4.0 Tier Award Program Solicitation

Frequently Asked Questions

October 7, 2024

General Application Questions

1. Are providers who participated in the SOR 3.0 Grant Tier Award Program (TAP) eligible for the program under SOR 4.0?

Yes, providers who have previously participated in TAP are eligible, so long as their project proposal is different from current or past awards and does not supplant funding of existing programs and services. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal award (see: [2 CFR Part 200](#), Appendix XI; and the SAMHSA FY 2024 SOR NOFO [Application Guide](#)).

2. Can providers apply for both the TAP Tier 4.A and 4.B grants?

No, providers applying for Tier 4.A will only be considered for that specific tier. The only tiers that allow dual applications are 4.B and 4.C. This means an organization can apply for both 4.B and 4.C, but if an organization applies for 4.A, they will be exclusively considered for 4.A. This approach is intentional, as Tier 4.A is designed to support organizations in implementing Screening, Brief Intervention, Referral to Treatment and Follow-up (SBIRT) and to build the necessary infrastructure to prepare for future participation in the more advanced Tiers 4.B and 4.C, which have more stringent implementation and reporting requirements.

3. What is the award period for the SOR 4.0 TAP grants?

Tier 4.A: Applications are accepted on a rolling basis through December 20, 2024. As a result, the award period will vary based on the date of approval. Projects will start between January and April 2025, and will be funded through September 29, 2025.

Tiers 4.B and 4.C: Projects will be funded from late January through September 29, 2025.

4. When are applications due?

Tier 4.A: Applications are accepted on a rolling basis until **5:00 p.m. ET on December 20, 2024**, and should be submitted to DSAMH.ORT@delaware.gov. Priority consideration will be given to completed applications received by October 24, 2024. Please note that the project period will vary depending on the submission date, with applications submitted closer to the December deadline resulting in shorter project periods.

Tier 4.B and 4.C: Applications are due by **5:00 p.m. ET on October 24, 2024**, and should be submitted to DSAMH.ORT@delaware.gov.

5. Will DSAMH offer any pre-application meeting/discussion opportunities?

Please refer to the informational webinar recordings available on the Addiction Treatment Resource Center (ATRC) website for general information about the TAP opportunities (see <https://atrc.dhss.delaware.gov>). For more specific or detailed questions regarding your application or the process, please email DSAMH.ORT@delaware.gov to schedule a discussion.

6. Are youth (ages 12-17) allowable as a target population?

SOR 4.0 allows projects serving transition-aged youth from ages 16-18 and up. Projects focusing on youth younger than this should submit to funding opportunities under DSCYF (Department of Services for Children, Youth & their Families).



General Budget Questions

7. **Should the annual salary indicate an individual's total salary for the project period or their actual annual salary?**

The annual salary should represent the individual's actual annual salary. The budget template will automatically calculate the total amount for the project period based on the actual annual salary, Full-Time Equivalent (FTE), Level of Effort (LOE), and the number of months in the project period.

8. **Would a third-party agency for patient transportation be categorized under Travel, Contractual, or Equipment?**

A third-party agency providing patient transportation should be categorized under Contractual in the budget template.

Tier 4.A

Description: Projects to implement opioid use disorder (OUD) and stimulant use disorder (STUD) screening, brief intervention, referral to treatment (SBIRT) and follow-up.

9. **What types of projects are eligible for funding under Tier 4.A?**

Tier 4.A funding is available for projects that implement OUD and STUD screening, brief intervention, referral to treatment (SBIRT), and follow-up services. Eligible projects should be focused on providing early intervention in settings such as outpatient medical practices, Federally Qualified Health Centers (FQHCs), women's health clinics, and other community health settings. The goal is to identify individuals at risk for SUD through *screening* and provide timely *brief interventions* before more severe consequences occur. Projects should build or enhance referral networks to *refer individuals to treatment* for those who may require more advanced care, but would not provide treatment directly. Projects must also follow-up on referrals made to ensure a connection to care.

10. **What are the key restrictions for applying to the Tier 4.A funding opportunity?**

Funding cannot be used for outreach or marketing projects. Eligible applicants include outpatient medical providers and other community/health organizations that can integrate these services within their existing operations. SUD treatment and recovery providers are **not** eligible for Tier 4.A.

11. **What SBIRT tool is appropriate for my project?**

Projects must use a *validated* screening tool, whether that is a full screener **or** a pre-screener followed by a full screener. Examples of validated SUD screening tools can be found here: [TargetHIV Substance Use Screening Tools](#), or [UMKC SBIRT Tools](#). Note that this is not an exhaustive list of screening tools, and depending on your target population, there may be tailored screening tools that are more appropriate for your project.

Tier 4.B/4.C

4.B Description: Projects to implement **new** evidence-based practices, promising practices, and/or innovations for individuals at risk for, or with, OUD/STUD.

4.C Description: 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 that recruiting special populations to participate in an existing project, service or EBP does not qualify for this tier.

Application/Project Design

12. **Are Contingency Management (CM) programs only permitted by treatment providers, or can**



CM be implemented by CBOs too?

CM is only allowable as a component of a treatment program. For more details on CM educational and oversight requirements, please refer to page 42 (Appendix B) of the [SAMHSA SOR NOFO](#).

13. Is there a limit on contingency management (CM) funding for clients?

Yes, the federal government sets a limit on CM contingencies. For programs including CM as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period. Please note that these amounts are subject to change. For more information on funding limitations and restrictions, refer to page 32 of the [SAMHSA SOR NOFO](#).

14. Does a staff person need to be a licensed CADC or LCSW?

If your project involves providing treatment services, you must have appropriate DSAMH licensure and staffing compliment, or be independently licensed to provide all project services. 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.

15. For Tier 4.C, what is specialized programming?

Specialized programming is specifically designed or modified to actively and effectively engage/serve a particular high-risk population or other groups with disproportionate outcomes, unmet needs, or inadequate treatment and recovery resources. This type of programming is tailored to address the unique needs (e.g., cultural, situational) of these populations to improve treatment outcomes and engagement. Recruiting special populations to participate in an existing project, service, or evidence-based practice (EBP) does NOT qualify for this tier, e.g., recruiting individuals recently released from incarceration to receive MOUD.

TX: Specialized programming implements an EBP, promising practice, or innovation that is tailored to a specific population to address their unique needs and improve treatment outcomes. Examples are included in the [Treatment Provider Guidance document](#).

CBO: Specialized programming would engage individuals with OUD/STUD or expand the capacity of other CBOs to engage individuals effectively to improved treatment outcomes and address their health-related social needs. Examples are included in the [CBO Project Guidance document](#).

Budget

16. Can online ASAM classes be included under the Training category on the budget template?

Training costs must align with the objectives of your project. If your project includes implementing ASAM levels of care, then these classes may be allowable. However, if the training is solely for general knowledge about ASAM levels of care, it would not be permissible. Any training that can be provided free-of-cost from a federally funded Technical Assistance (TA) center (e.g., [ORN](#), [ATTC](#), or other source) will not be approved under TAP.