DSAMH State Opioid Response 4.0 Grant

Tier Award Program (TAP) Multi-Year Targeted Project (MYTP)

Released: January 9, 2025

# 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 substance use disorder (SUD) treatment providers. This funding is aimed at supporting SUD treatment providers to build capacity to treat medically complex patients, particularly those with co-occurring conditions such as Serious Mental Illness, HIV, Hepatitis C, and wound care needs. According to data recorded in Delaware Treatment and Referral Network, medical acuity/complexity currently accounts for 20% of treatment denials. The goal of this funding is to support providers to incrementally develop workforce, care models, and billing processes to provide medically informed substance use care, thereby reducing emergency room visits and hospital readmission rates.

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 and 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 Multi-Year Targeted Project (MYTP), available to eligible organizations for a period of approximately 2.5 years (May 2025 through September 29, 2027), contingent on federal approval of funding.

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| **Tier Award Program – Multi-Year Targeted Project (MYTP) Description and Requirements** |
| **MYTP DESCRIPTION:**  *Purpose:* This funding opportunity is designed to enhance the capacity of SUD/OUD treatment providers to integrate care for medically complex clients into their services. The goal is to support providers as they incrementally develop workforce, care models, and billing processes to provide medically informed substance use care across the continuum of care.  *Project Scope and Objectives:* The MYTP funding opportunity will support projects that:   1. Incrementally Build Provider Capacity    * Develop a phased plan to strengthen medical service delivery for current and prospective clients over the project’s duration.    * Collaborate across the continuum of care to enhance the ability to receive and transfer medically complex patients across levels of care. 2. Initiate Delivery of Key Medical Services    * Identify the medical needs of the client population and hire key staff to provide care for existing clients (e.g., hiring a nurse to care for wounds). 3. Integrate Medical Care into SUD Care    * Deliver co-treatment models to treat identified client needs such as wound care, long-acting injectable medications, infectious disease management, and/or general physical health care services (e.g., developing a modified ACT Team for clients with medical complexity, adding a consulting nurse practitioner role).    * Equip programs to address unmet low-to-mid-level medical needs, reducing treatment refusal rates. 4. Promote System Sustainability    * Encourage innovation by funding upfront investment in care models with potential for long-term sustainability through Medicaid reimbursement.   *Focus on Outcomes:* This funding opportunity emphasizes state-determined outcomes and invites providers to partner with DSAMH to implement a structured, phased approach to service enhancement. MYTP projects will focus on improving care outcomes, including:   * Reduction in hospital readmission rates and emergency department visits for individuals with co-occurring medical and substance use conditions; * Improved care coordination and follow-through between healthcare providers; * Increased engagement in care within 30 days post-discharge from a hospital; * Improved health and social outcomes such as decrease in symptoms, reduction in use, and improved patient-reported quality of life; and * Reduced disparities in service utilization and outcomes across racial, ethnic, or socioeconomic groups. * Reduction in DTRN referral denials due to medical complexity system wide.   Providers with innovative, scalable ideas to address these challenges are encouraged to apply.  *Funding Details:*   * Projects will be funded for an implementation term from May 1, 2025, to September 29, 2027. * Applicants may receive up to $150,000 in the first year and $300,000 per year in years two and three, with a total funding cap of $750,000 for the full term. See below for additional details. * A limited number of awards (no more than two) will be granted, emphasizing a targeted, high-impact approach. |
| **TAP MYTP REQUIREMENTS:**   * **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 of this project. * **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 HIV[[1]](#footnote-2) and viral hepatitis testing as clinically indicated, referral to or provision of 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:** Ongoingparticipation 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 “Other SAMHSA Requirements and Funding Prohibitions” below. |

# Eligible Applicants

# Eligible applicants include:

# *Organizations that have successfully implemented a DSAMH-funded SOR Tier Award Program (TAP) or Health Equity Advancement Project (HEAP) project previously.*

# *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.

# Note: Added weight will be given to applications for projects implemented at residential treatment facilities.

# Projects implemented through MYTP are 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](mailto: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.

Further, applicants must demonstrate:

* The ability to hire and integrate skilled medical staff (e.g., RNs, NPs, wound care specialists) into their SUD programs.
* A clear plan to achieve sustainable service delivery, including reimbursement and billing strategies for managing medically complex populations and reducing avoidable hospital admissions and readmissions.
* Reasonable and appropriate budgetary requests aligned with the level of effort and impact proposed.

# Application Submission Process

Applications must be submitted by February 10, 2025 (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](mailto:DSAMH.ORT@Delaware.gov). All projects are anticipated to begin May 1, 2025.

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# Solicitation, Application Review, and Award Timeline

Below provides an estimated timeline for MYTP application review, award processes, and implementation for projects. This timeline is subject to change. Further, delays during the review process may affect contract start dates.

* MYTP solicitation release: January 9, 2025
* Solicitation webinar: January 22, 2025, from 11:00 – 12:00pm ET (registration link below)
* Application deadline: February 10, 2025
* Awarded applicants selected & agreements finalized: March/April 2025
* Projects begin: May 1, 2025
* Projects end: September 29, 2027

**Funding**

Funding is being provided through DSAMH’s SOR grant from SAMHSA. Projects will be funded for an expected implementation term of May 1, 2025 to September 29, 2027. MYTP projects may receive *up to* $300,000 per year (annualized), with a total funding cap of $750,000 for the full 2.5-year project term.  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 available for MYTP, with funding allocated to no more than two projects in total.

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 in Year 1. 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 and data requirements. 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.*

# 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 **January 22 from 11:00 – 12:00pm**. Register using this link: <https://us06web.zoom.us/meeting/register/nymYbEs7RvSmCHnzGbJW6w>

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](mailto:DSAMH.ORT@delaware.gov) prior to January 22.

*Implementation Technical Assistance:*

A variety of mandatory technical assistance/project implementation coaching 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. The series will begin with bi-weekly sessions over the first six months and transition to monthly sessions for the remainder of the funding period.
  + **Case-Based Discussions:** Each session will feature a relevant case study, allowing participants to explore practical challenges and solutions in integrated care.
  + **Didactic Presentations and Coaching:** Key topics will include:
    - Integrated SUD and medical care models.
    - Addressing medical needs like wound care and infectious disease management in SUD populations.
    - Training and role definition for multidisciplinary teams.
    - Managing co-occurring conditions (e.g., HIV, Hepatitis C).
    - Enhancing client engagement and reducing treatment refusal.
    - Sustainability and scalability of integrated care models.
* **Optional 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).
* 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 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 15 percent indirect cost rate, regardless of federally negotiated rates.

# Please contact [DSAMH.ORT@Delaware.gov](mailto:DSAMH.ORT@Delaware.gov) if you have any questions.

1. 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. [↑](#footnote-ref-2)