



**DSAMH State Opioid Response 4.0 Grant
Tier Award Program (TAP) Tier 4.A-H
Released: January 28, 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 hospital emergency departments to improve care 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 a new funding opportunity under TAP, Tier 4.A-H, available to eligible organizations for the period of late May 2025 to September 29, 2027 (approximately 2.5 years) dependent on federal appropriation of grant funds.

TAP Tier 4.A-H Purpose

This solicitation provides funding for Delaware hospital emergency departments to implement **Screening, Brief Intervention, Referral to Treatment (SBIRT)** and follow-up. SBIRT is an evidence-based approach designed to improve care for individuals at risk for or experiencing substance use disorders (OUD/SUD). It offers a comprehensive, integrated method for early intervention and treatment referral, making it highly adaptable to emergency department settings.

Project Phases:

1. Phase 1: Preparation (4 months)
 - Timeline: Late May/Early June to September 2025
 - Focus: Planning, hiring staff (e.g., navigators), ensuring IT readiness for workflow etc., receiving technical assistance for project design, and initial project implementation.
2. Phase 2: Implementation (2 years)
 - Timeline: October 2025 to September 2027
 - Focus: Full integration of SBIRT and follow-up services into emergency department workflows, embedding these practices into routine care to enhance patient outcomes and facilitate connections to necessary treatment and resources.



Tier Award Program – Tier Description, Highlighted Requirements, and Project Examples

TIER 4.A-H OVERVIEW: Projects to implement OUD/STUD screening, brief intervention, referral to treatment (SBIRT) and follow-up services through warm handoffs and navigation approaches, and follow-up in hospital emergency departments.

Funding: Up to \$100,000 per year (annualized) is available for each project for a maximum total amount of \$250,000, and a maximum of three awards. Healthcare systems will not be awarded for more than one county. Awards will preferably result in one award per county within Delaware.

TIER 4.A-H REQUIREMENTS:

- **Screening:** Identification of validated SUD (inclusive of OUD/STUD) screening instrument; provision of universal screening for client population. This may require electronic health record adaptations. A list of validated screening instruments can be found here: <https://ssc.jsi.com/resources/substance-use-screening-tools/list>. Applicants can propose and provide a rationale for other validated screening tools in their applications.
- **Brief Intervention:** Based on screening results, provision of non-judgmental brief interventions utilizing motivational interviewing (MI) techniques, as well as MOUD induction.
- **Referral:** For those clients indicated as needing further assessment/treatment, development of formal partnership agreements (or equivalent) to facilitate warm handoffs to the appropriate community-based SUD treatment (including MOUD) with minimal or no wait times. Emergency departments should use the Delaware Treatment and Referral Network (DTRN) to initiate referrals, and close the loop on the referred client (through system feedback or direct contact with the client or referral partner).
- **Follow-up:** Strategies to deepen engagement and follow-up with clients with OUD/STUD about referrals made to treatment or recovery support services needed and available.
- **Naloxone/Narcan:** A plan for distribution of naloxone kit(s) or referral to available distribution/training resources, based on screening results. All healthcare system emergency departments are already a DSAMH partner site for direct training/distribution.
- **Technical Assistance:** Ongoing participation in quarterly awardee meetings. Awardees will also have access to other voluntary technical assistance resources and events, spanning topics such as motivational interviewing, SBIRT implementation, and warm handoffs, among others germane to implementation. Additional technical assistance may be assigned by DSAMH as needed.
- **Data Submission and Monitoring:** Monthly, accurate submission of identified project metrics to DSAMH and cooperation (monthly meetings and timely responses) with assigned Program Integrity staff.
- **Compliance with SAMHSA Requirements and Funding Prohibitions:** Compliance with all applicable grant requirements/restrictions, highlighted in “Other SAMHSA Requirements and Funding Prohibitions” below.

TIER 4.A-H PROJECT EXAMPLE

- A hospital emergency department employs social workers, peers, and/or patient navigators to implement an SBIRT protocol, using tools like the NIDA Quick Screen and CAGE-AID to screen patients during rounds. Based on screening results, staff provide brief interventions and initiate warm handoffs to buprenorphine treatment programs within the health system’s outpatient practices or to specialty OUD/SUD treatment providers. Additionally, they collaborate with in-house clinicians authorized to prescribe buprenorphine to ensure timely initiation of MOUD



before discharge. Staff conduct assertive follow-ups, leveraging telehealth where needed, to coordinate care with community-based MOUD providers, support patient retention and adherence to treatment, and to leverage evidence-based practices to optimize outcomes.

Eligible Applicants

Eligibility for Tier 4.A-H is limited to a health care system's emergency department(s). Healthcare systems may apply for a project at one location or multiple locations (including freestanding). Two healthcare systems may decide to apply more competitively for a single project shared between their locations. However, these 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.

Application Submission Process

Applications are due by **5:00 p.m. on February 24, 2025**. 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 select awardees by March/April 2025. All projects are anticipated to begin in late May 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 – January 28, 2025
- Application deadline – February 24, 2025
- Awarded applicants selected – March/April 2025
- Agreements finalized – April/May 2025
- Projects begin – Late May 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 approximately 2.5 years (Late May 2025 through September 29, 2027).

Tier 4.A-H projects can be awarded up to a maximum amount of \$250,000 (up to \$100,000/year).

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, implementation progress, 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 subrecipient.

Data Collection Requirements

The universal measures for Tier 4.A-H can be found in the table below. Additional information on required measures is included in the Application Form. Final determination of performance measures is subject to approval by DSAMH prior to execution of the award.



DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
OPIOID RESPONSE TEAM

| Tier 4.A-H Universal Measures | |
|--|--|
| <p>Eligible - Number of unduplicated clients who were eligible for a screening in the last month in emergency departments (ED).</p> <ul style="list-style-type: none">Each ED should identify the eligible population for screening. While universal screening is the best practice, EDs can also propose and provide the rationale for a targeted population for this initiative. | <p>This is the unique number of clients (not counted more than once) who were expected to be screened in the last calendar month.</p> |
| <p>Screened - Number of unduplicated clients who were eligible for a screening in the last month who were screened.</p> | <p>This is the unique number of clients (not counted more than once) who were expected to be screened in the last calendar month who were then screened through use of a validated screening instrument that identifies the client's need for targeted intervention.</p> |
| <p>Positive - Of those screened in the last month, the unduplicated count of those who were positive.</p> | <p>This is the unique number of clients (not counted more than once) who were screened in the last calendar month as described above and who, based on the screening instrument's scoring methodology, are identified as having substance use issues that require further intervention (e.g., brief intervention, referral to treatment).</p> |
| <p>Referred - Of those that screened positive in the last month, the unduplicated count of those who were referred to treatment.</p> <ul style="list-style-type: none">DSAMH recommends the use of the Delaware Treatment and Referral Network (DTRN) to initiate referrals. However, EDs can propose and provide a data metric and submission for the use of other referral processes. | <p>This is the unique number of clients (not counted more than once) identified through use of a validated screening instrument as having substance use issues that require further intervention, who in the last calendar month were then offered a referral for further assessment at an internal or external SUD treatment and/or recovery program.</p> |
| <p>Engaged - Of those that screened positive in the month before last, the unduplicated count of those who were connected/engaged in treatment in the last month.</p> <ul style="list-style-type: none">EDs must "close the loop" on the referred client, whether through system feedback, direct contact with the client, or direct contact with the referred program. | <p>This is the unique number of clients (not counted more than once) identified through use of a validated screening instrument as having substance use issues that require further intervention, who in the last calendar month attended their first appointment at an internal or external SUD treatment and/or recovery program.</p> |

Solicitation and Implementation Technical Assistance

Application materials are posted on the Addiction Treatment Resource Center (ATRC) website: https://atrc.dhss.delaware.gov/sor-grant#tier_award_program. Prospective applicants may submit any questions on this solicitation by emailing DSAMH.ORT@delaware.gov prior to the deadline.

A variety of mandatory technical assistance opportunities will be conducted for awardees during the award period:



- **Quarterly awardee meetings** intended to support awardees, encourage an exchange of ideas, and ensure TAP, SOR grant, and SAMHSA updates are shared.
- **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.

To aid organizations in preparing their applications, guidance materials and videos are posted to the 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).

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.
- 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 15 percent indirect cost rate, regardless of federally negotiated rates.

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