WELCOME & ZOOM MEETING REMINDERS

Thank you for joining today's SOR 4.0 TAP 4.B-4.C Year 1 Kickoff Webinar!

To create a positive meeting environment for all, we ask that you:

- Remember that all participants are muted upon entry to the call. To unmute, follow the directions below:
  - If joining by phone, press *6 to unmute yourself.
  - If you are joining on your computer, hover over your name in the participant list and click unmute to unmute yourself.
- When you are not speaking, please put your phone on mute to avoid any background noise.
- Please join with the video option if you are able.
- Please use the chat feature to ask questions or provide feedback throughout the meeting.
- Please do not put the call on hold as it will play your hold music or a dial tone for all other attendees.

WELCOME AND OPENING REMARKS

DSAMH SOR Team

- **Brent Waninger -** Director, Executive Programs and Grant Administration
- **Joni Patterson -** Deputy Director, Executive Programs and Grant Administration
- **Sherry Szczuka -** Deputy Chief, SOR Program Implementation
- **Nilima Ramaswamy –** Deputy Chief, SOR Program Management
- **Ilia King -** Planner IV
- **James Larks –** Planner IV
- **Cynthia Mulhern -** Program Integrity Specialist
- **Shaneeka Smith** – Program Integrity Specialist
- **Lamartz Brown** – Program Integrity Specialist
- **Kanesha Tucker -** SOR Grant Analyst
- **Liam Black -** Executive Assistant
- **Tina Preston -** Administrative Specialist III, SOR

AGENDA

SOR 4.0 Grant Goals

SOR 4.0 Tier Award Program (TAP)

TAP Requirements

Intro to DTRN

Reporting Requirements

Program Integrity Monitoring

Technical Assistance (TA)

Wrap-up & Next Steps

Program Integrity Breakout Rooms

SOR 4.0 VISION & PRIORITIES

Vision

- Delawareans have positive treatment outcomes and long-term recovery from OUD and STUD.

Priorities

- Delawareans have rapid access to low-barrier medications for OUD
- Delawareans have access to services that address stimulant use
- Special health needs populations have ready access to services
- Social determinants of health are addressed concurrently to treatment
- Delawareans have support navigating care transitions and do not fall through the cracks
- Delawareans are reached, who would not otherwise be, through screening, assertive outreach, and engagement
- Partnerships and new care pathways are created with entities that have high touch engagement with people who have OUD/STUD, and that facilitate pathways to long-term recovery

SOR 4.0 YEAR 1 - TIER AWARD PROGRAM

TAP Overview

What is TAP?

- 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 entering its third iteration under the SOR 4 grant.

How is TAP funded?

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

TAP Tier 4.B Overview

Tier 4.B:

- Subrecipients include both treatment providers and community-based organizations (CBOs).
  - **Goal for Treatment Providers:** Implement new evidence-based practices to sustainably improve OUD/STUD treatment outcomes or measurably develop/expand capabilities to improve treatment outcomes.
  - **Goal for CBOs:** Engage individuals with OUD/STUD or expand the capacity of other CBOs to engage individuals effectively.
- All projects must be able to measurably demonstrate intended improvements.

TAP Tier 4.C Overview

Tier 4.C:

- Subrecipients include both treatment providers and community-based organizations (CBOs).
  - **Goal for Treatment Providers:** Implement a new evidence-based practice or innovation that tailors a treatment program to improve outcomes for a subpopulation with OUD/STUD. The subpopulation may have unique needs that when addressed result in improved outcomes.
  - **Goal for CBOs:** Engage individuals with OUD/STUD or expand the capacity of other CBOs to engage individuals effectively.
    - *4.C projects are 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.*
- All projects must be able to measurably demonstrate intended improvements.

Tiers 4.B and 4.C Project Core Principles

Outcome-based evaluation

Novel project, treatment, or program

Active support for the full range of FDA-approved MOUD

Effective partnership with DSAMH

Continuous quality improvement (CQI) approach

TAP REQUIREMENTS

SOR 4.0 TAP PAYMENTS

Initial Payment

- Up-front payment covers first 3 months of estimated expenditures for the project.

Monthly Invoicing

- Timely invoicing begins in Month 1 and continues throughout the project

Submit to Program Integrity Specialist

- Submit invoices to your DSAMH Program Integrity Specialist via email.

SOR 4 TAP INVOICES

- **Invoice Submission Requirements:**
  - Each submission must include both a cover letter and a spreadsheet.
  - Your Program Integrity Specialist (PIS) will provide these templates.

- **Invoice Submission Process:**
  - Invoices must be emailed to your PIS by the 10th of each month for the previous month using the provided templates.

- **DocuWare Communications:**
  - DocuWare is DSAMH's secure document management system used to store and track invoice submissions and process payments.
  - An organizational email address must be provided to receive DocuWare communications (e.g., info@organization.org).
    - This is required and keeps you informed of when payments are being processed.
  - New providers, not yet in DocuWare with the State of Delaware, must complete this step.

QUARTERLY REQUIRED MEETINGS

Quarterly TAP Awardee Meeting Schedule:

May 2025   **August 2025**
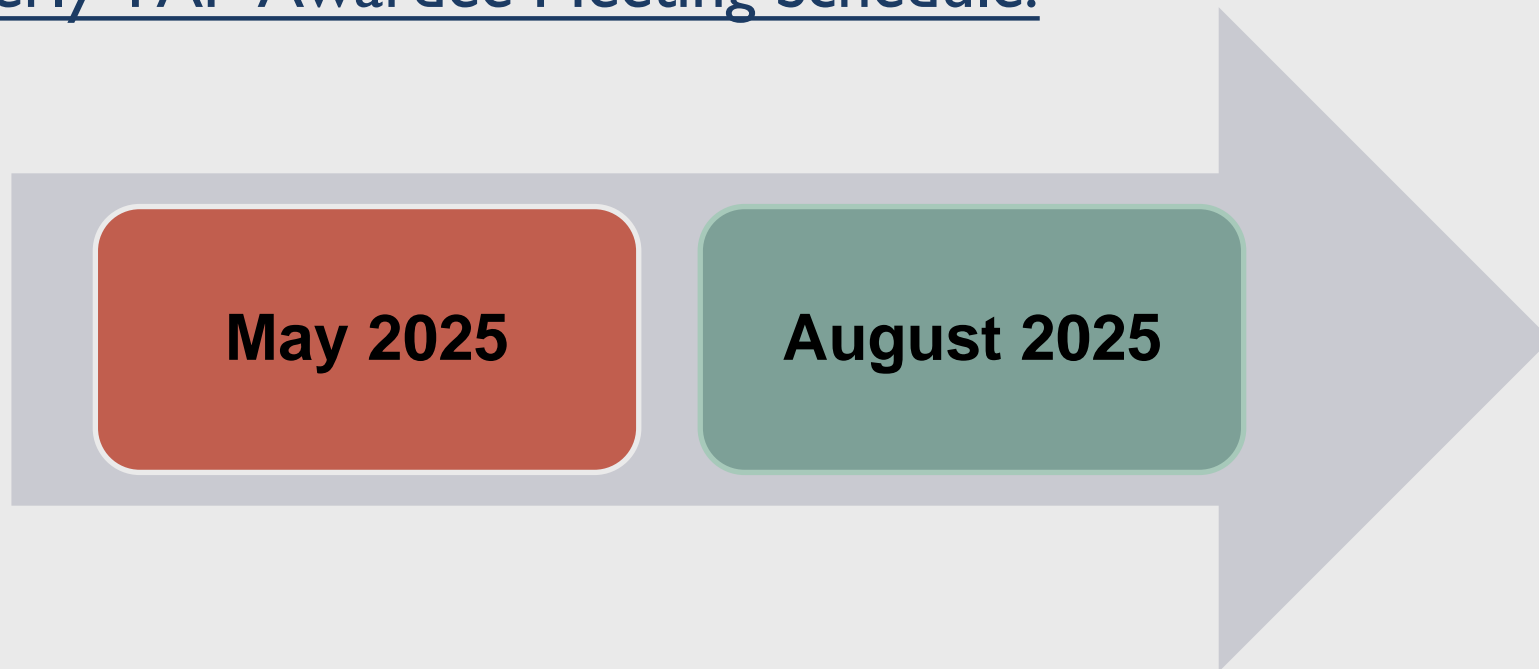
Specific dates/times to be determined.

Delaware Treatment and Referral Network

Introduction to DTRN

Annalisa Johnson, (DSAMH) DTRN eReferral Specialist

DSAMHCARES360@Delaware.gov | 302-553-1300

Features of DTRN eReferral (Openbeds)

Delaware Treatment and Referral Network

🛡	**Decision support for providers and consumers**, including detailed inclusions and exclusions criteria for specific services to ensure quality referrals to treatment
📋	**An inventory of outpatient and inpatient services**, including available psychiatric, crisis, dual diagnosis, withdrawal management, and residential treatment beds and wait times
👥	**A registry of social service resources** available for direct or indirect referrals
✉	**Secure 2-way provider communication** for the digital exchange of necessary patient information, such as medical records and consent forms
💻	**Comprehensive data aggregation and analytics capabilities**

> With this real-time online inventory of services, we've seen a **statewide increase in referrals for treatment, as well as reduced referral times...** Moving to electronic referrals means our clinicians can complete prior authorizations quickly and ensure a smooth admission process for our most vulnerable populations."
>
> **Joanna Champney**
> *Division Director*
> *Delaware Division of Substance Abuse and Mental Health*

REPORTING REQUIREMENTS

MONTHLY REPORTING

One web survey is used for all monthly data reporting

Survey Part 1: Universal Measures of "How Much" Work is Occurring

Tier 4.B & 4.C required measures

Survey Part 2: Additional Performance Measures

| Used to evaluate how well the project has performed and if anyone is better off as a result | Includes both standardized and provider-specific measures |

UNIVERSAL MEASURES

■ Tier 4.B/4.C universal measures

Naloxone*	SDOH referral	MOUD	MOUD referral	Medicaid Enrollment	Intervention	GPRA *For treatment providers only*	BARC-10 *For CBOs only*
Number of naloxone prescriptions written and provided to clients in the last month.	Of those that screened positive for an SDOH in the last month, the unduplicated number of those who were referred to community partners.	Number of unduplicated clients who were prescribed or administered each of the following MOUD in the last month through this TAP-funded project. ● buprenorphine ● long-acting, injectable naltrexone ● methadone	Number of unduplicated clients who were referred (internally or externally) to MOUD treatment in the last month.	In the last month, the number of times that clients were linked to Medicaid enrollment services.	Number of unduplicated clients receiving intervention in the last month.	The Center for Substance Abuse Treatment (CSAT) Government Performance Results and Modernization Act (GPRA) Client-Level data collection at baseline, follow-up, and discharge is required for individuals receiving treatment AND/OR recovery support services.	The Brief Assessment of Recovery Capital (BARC-10) is a strengths-based assessment of an individual's recovery capital and is designed to track improvements, identify barriers, and be responsive to an individual's evolving needs in their recovery journey.

***Note on Naloxone** - this measure specifies the # of prescriptions and is NOT the number of naloxone kits. Awardees will report only the number of prescriptions for this measure. Kits distributed is reported separately on your naloxone survey forms.*

DATA REPORTING DEFINITION RESOURCE

Support and Resources

TAP Data Definitions are available on the ATRC website	Data Reporting Webinar	Questions?
• Defines terms used in universal and standardized measures. • Does NOT define unique provider performance measures.	• April 30, 2025 • 1:00 - 3:00 PM ET	• Contact DSAMH.ORT@Delaware.gov

Client Outcomes Data

CBOs will be required to demonstrate improved client outcomes with their proposed projects, using the client survey *Brief Assessment of Recovery Capital (BARC-10)* that can be aggregated and reported to DSAMH regularly to document changes.

Brief Assessment of Recovery Capital (BARC-10)

(Vilsaint et. al, 2017)

Questions are on an 6-point scale. 1=Strongly Disagree, 2=Disagree, 3=Somewhat Disagree, 4=Somewhat Agree, 5=Agree, 6=Strongly Agree

Instructions: On a scale of 1 *(Strongly disagree)* to 6 *(Strongly agree)*, please indicate your level of agreement with the following statements.

1. There are more important things to me in life than using substances.
2. In general I am happy with my life.
3. I have enough energy to complete the tasks I set myself.
4. I am proud of the community I live in and feel part of it.
5. I get lots of support from friends.
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol.

GPRA DATA REPORTING

What is the GPRA and Why is GPRA Collection Required?

- The Government Performance and Results (GPRA) Modernization Act of 2010, developed a more efficient and modern system for government agencies to report their progress on a client level with uniformity in reporting between grants and agencies by requiring all participants to use the GPRA Tool.

- The GPRA data being collected in support of the SOR grant helps SAMHSA create a national picture of substance misuse and mental health services to build evidence to support program outcomes and resources associated with SAMHSA (federally funded) grants.

- **Clients are interviewed at 3 timepoints throughout the Grant Period:**
  - Baseline/Intake
  - 6-month Reassessment, regardless of program enrollment status
  - Discharge

GPRA DATA REPORTING

- SAMHSA requires that the 6-month reassessment GPRA interview be conducted regardless of the client's enrollment status.
  - There is an 80% minimum follow-up rate required by all grantees for the grant.
  - Only conducted interviews count towards the 80% follow-up requirement.
- Grantees may receive gift cards to incentivize client participation in 6-month follow-up GPRA interviews.

K. SERVICES RECEIVED UNDER GRANT FUNDING [REPORTED BY PROGRAM STAFF ONLY AT DISCHARGE.]

1. Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

Modality	Days
1. Case Management	
2. Intensive Outpatient Treatment	
3. Inpatient/Hospital (Other Than Withdrawal Management)	
4. Outpatient Therapy	
5. Outreach	
6. Medication	
A. Methadone	
B. Buprenorphine	
C. Naltrexone – Short Acting	
D. Naltrexone – Long Acting (Report 28 days for each one injection)	
E. Disulfiram	
F. Acamprosate	
G. Nicotine Replacement	
H. Bupropion	
I. Varenicline	
7. Residential/Rehabilitation	
8. Withdrawal Management (Select Only 1):	
A. Hospital Inpatient	
B. Free Standing Residential	
C. Ambulatory Detoxification	
9. After Care	
10. Recovery Support	
11. Other (Specify) _____	

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE SESSION IN ONE SERVICE CATEGORY.]

Treatment Services	Sessions
[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]	
1. Screening	
2. Brief Intervention	

Case Management Services	Sessions
1. Family Services (E.g Marriage Education, Parenting, Child Development Services)	
2. Child Care	
3. Employment Service	
A. Pre-Employment	
B. Employment Coaching	
4. Individual Services Coordination	
5. Transportation	
6. HIV/AIDS Services & Counseling	
7. Transitional Drug-Free Housing Services	
8. Housing Support	
9. Health Insurance Enrollment	
10. Other Case Management Services (Specify) _____	

Medical Services	Sessions
1. Medical Care	
2. Alcohol/Drug Testing	
3. OB/GYN Services	
4. HIV/ AIDS Medical Support & Testing	
5. Hepatitis Medical Support & Testing	
6. Other STI Support and Testing	
7. Dental Care	
8. Other Medical Services (Specify)	

After Care Services	Sessions
1. Continuing Care	
2. Relapse Prevention	
3. Recovery Coaching	
4. Self-Help and Mutual Support Groups	
5. Spiritual Support	
6. Other After Care Services (Specify) _____	

Education Services	Sessions
1. Substance Misuse Education	
2. HIV/AIDS Education	
3. Hepatitis Education	

GPRA TECHNICAL ASSISTANCE (TA)

- SOR GPRA Training
  - Be sure that at the beginning of each new grant period and/or after any large staff turnovers that you and your team request GPRA Training from the Research and Evaluation (RE) Grant Data Team at DSAMH.
  - Receiving the latest training will ensure that you are receiving the most up to date version of the GPRA, collecting the GPRA data at the appropriate timepoints, as well as collecting and submitting GPRA data to the correct location.
  - SOR CSAT GPRA Training Requests can be requested using the following link: https://delawaredhss.qualtrics.com/jfe/form/SV_4PAYepXbshHPBlk

- GPRA Data submissions and TA Questions for data collection and or the submission process can be emailed to the following: dhss_dsamh_grantdata@delaware.gov

- Requests for client 6-month reassessment incentive giftcards can be sent to narcan.train@delaware.gov

PROGRAM INTEGRITY MONITORING

Program Integrity Monitoring: Overview

Role of Program Integrity:

- Oversight and progress monitoring, barrier reduction, and support/guidance to help grantees understand and comply with the requirements of DSAMH's SOR 4.0 funding.

Support focuses on:

- Financial reporting
- Project implementation
- Performance measurement
- Compliance with laws and regulations

Approach: Check-in Calls and In-Person Site Visits

- Each TAP subrecipient is required to participate in monthly check-ins to provide updates on progress/barriers and ensure understanding of and compliance with the requirements of DSAMH's SOR 4.0 funding.
  - Project Lead, Data Lead, and Fiscal Lead are encouraged to attend all meetings.

Tips for Program Monitoring Success!

Maintain Strong Financial Documentation

- Keep all receipts and financial records for purchases to ensure compliance for desk audit requests.
- Track expenditures carefully and ensure they align with approved budget categories.
- Submit invoices on time and ensure they include all required documentation to avoid delays in payment.

Ensure Timely Submission of Required Documents

- Submit invoices on time to avoid payment delays.
- Submit all required data on time.

Follow Program & LoA Guidelines

- Review LoA requirements regularly to ensure compliance with DSAMH expectations.

Flag Potential Challenges Early

- Notify DSAMH immediately of any issues that could impact program implementation.
- Seek technical assistance (TA) or coaching if challenges arise.
- Note: All changes with project, implementation plan, or budget require DSAMH approval.

TECHNICAL ASSISTANCE

TECHNICAL ASSISTANCE (TA)

What is technical assistance?

- Technical assistance (TA) is targeted support and professional development that helps healthcare professionals improve their skills/knowledge in a specific area of practice, including:
    - Program implementation
    - Operationalizing evidence-based practices
    - Patient care
    - Teamwork and communication
    - Fidelity monitoring
- TA will be offered in group settings (required) or as tailored 1:1 support to strengthen your program.

TECHNICAL ASSISTANCE (TA)

- Approach: Learning Network Series
  - HMA will facilitate five 1-hour group learning sessions from May-July 2025 (taking place every other week).
  - Learning sessions will emphasize:
    - Peer collaboration and knowledge sharing
    - Real-world problem-solving
    - Best practices to enhance service delivery
  - TAP subrecipients are **required** to attend at least five hours of TA. Key staff **must** participate in their assigned learning network series.
  - Any projects that focus on Contingency Management implementation require additional upfront education and training completion.
- Additional required TA or coaching may be assigned by DSAMH.

TECHNICAL ASSISTANCE (TA)

Treatment Providers

- Culturally responsive care
- Peer recovery support services
- Trauma-informed care
- Person-centered care
- MAT/MOUD
- Strengths-based case management
- Telehealth for SUD
- Enhanced referrals

Community-Based Organizations

- Role of CBOs in the continuum of care
- Culturally responsive care
- Peer recovery support services
- Care coordination

TECHNICAL ASSISTANCE (TA)

Optional TA: performance measurement strategy consultations with subject matter expert, Rachel Bembas, PhD.

- **Strengthen your approach** with expert guidance.
- **Reach your goals** more efficiently with data-driven strategies.
- **Increase funding opportunities** by showcasing measurable impact.
- **Demonstrate your commitment** to meaningful outcomes.

Your PIS can help schedule your consultation.

TECHNICAL ASSISTANCE (TA)

ATRC Website: **https://atrc.dhss.delaware.gov**

- Resource Library
- Training & Technical Assistance
  - Calendar of Events (TA Schedule)
- Data Hub
- News… *and more!*

TA Request Form: **https://tinyurl.com/TAforSOR**

- Ongoing TA is available throughout the project period.
- To request TA at any point, please use the TA Request Form

NEXT STEPS

- Use the **Addiction Treatment Resource Center (ATRC)** website for treatment resources, schedule of training opportunities, data and connections to other providers
- Continue to address TA needs through ORN, ATRC, DSAMH staff and HMA – *Ongoing*
- **TA request form:** https://tinyurl.com/TAforSOR

QUESTIONS?

- **Please type questions in the chat box.**
- **You can also send questions to: DSAMH.ORT@Delaware.gov**

Thank you!

MEET YOUR PROGRAM INTEGRITY SPECIALIST

Breakout Rooms

Breakout Room Assignments

Breakout Room #1 (Cindi Mulhern, PIS)

- Mandell Much
- FSARR
- Impact Life
- Project Refit
- Missed Opts
- Advanced Family Care
- BMIP/BGHC

Breakout Room #2 (Shaneeka Smith, PIS)

- Mother Baby & Beyond
- DE Specialized Care & Wellness
- Diamond State Counseling
- DE Family Restoration Services
- NET Centers

Breakout Room #3 (Lamartz Brown, PIS)

- AMS of DE
- Claymont Community Center
- Community Collaboration of DE
- Brandywine
- 2nd Chance Promise Program

Thank You!

PIS Breakout Room Slides

Lamartz Brown

Program Integrity Specialist

Lamartz Brown

- Introductions
- Monthly Meeting
  - Data Verification
  - Implementation plan
  - Budget
  - TA Referral
- Site Visits
- Invoicing

Questions?

Cindi Mulhern

Program Integrity Specialist

Cindi Mulhern

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Questions?

Shaneeka Smith

Program Integrity Specialist

Shaneeka Smith

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Questions?