



DSAMH State Opioid Response 4.0 Grant Year 2
Tier Award Program (TAP)
Tiers 4.B and 4.C for Community Based Organizations
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Overview

The Delaware Division of Substance Abuse and Mental Health (DSAMH) is offering this funding opportunity through the State Opioid Response 4.0 (SOR 4) grant to support implementation of evidence-based practices (EBPs) for individuals at risk for, or experiencing, opioid use disorder (OUD) and/or stimulant use disorder (STUD). This opportunity is part of DSAMH’s Tier Award Program, which aims to expand access to care, improve treatment engagement, and enhance care transitions across Delaware.

Projects should align with one of the following two goals:

- Increase engagement in treatment
- Improve care transitions

DSAMH’s SOR 4 grant, funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), supports programs across the state to improve the system of care for all Delawareans with, or at risk for, OUD/STUD, while also prioritizing efforts to six key populations:

- Pregnant and parenting people
- Racial/ethnic minorities
- People living in high-need zip codes (including rural communities)
- LGBTQ+ people
- People involved in the justice system
- School-aged youth

All applicants must demonstrate how their proposed project aligns with one of the core TAP goals and targets at least one of these priority groups.



What is TAP?

The Tier Award Program (TAP) is an initiative from DSAMH to provide short-term categorical funding opportunities (tiers) to partners across the state to assist in responding to the opioid/overdose epidemic. TAP began in 2021 and has continued to evolve with each year of SOR funding to help more people in Delaware who have, or are at risk for, opioid use or stimulant use disorders (OUD/STUD).

This funding opportunity is for TAP Tier 4.B and 4.C projects under SOR 4 Year 2, for CBOs:

- **Tier 4.B:** Projects that implement new EBPs or promising practices for OUD/STUD clients
- **Tier 4.C:** Projects that implement tailored EBPs or promising practices for OUD/STUD (specialized programming) to improve outcomes for a specific special population (high-risk, racial/ethnic group, etc.).

All applications must be submitted by the deadline listed in the timeline below. Selected projects are expected to begin in October 2025 and will end on September 29, 2026. Funding for TAP depends on final approval and appropriation of funds from the federal government. All selected projects are contingent on federal funding availability.

Project Requirements (Tier 4.B and 4.C – CBOs)

Funded projects must align with one of two TAP goals and a project design (described in the corresponding application form):

- Increase engagement in treatment
- Improve care transitions

Tier 4.B: Implement new EBPs or promising practices for individuals with OUD/STUD to improve general engagement and care transitions. Projects must:

- Identify and apply a new EBP or innovation aligned with their client population
- Outline staff and staff development plans to support implementation
- Monitor fidelity and outcomes using data (e.g., measurement-based care)
- Distribute naloxone and provide overdose education
- Offer HIV and hepatitis referral as appropriate
- Address SDOH barriers and/or expand service availability
- Participate in technical assistance and learning networks
- Submit timely performance data
- Undergo fidelity monitoring by DSAMH

Tier 4.C: Develop tailored services using EBPs or innovations to meet the unique needs of a specific sub-population. Projects must:

- Meet all requirements listed under Tier 4.B with additional emphasis on population-specific tailoring and engagement
- Clearly identify and justify the target sub-population
- Design new specialized services or tailored EBPs to meet their unique needs

*Note: Outreach/marketing-only proposals do **not** meet the criteria for either Tier.*



Who Can Apply?

Eligible applicants include:

- Non-profit, non-Medicaid billing, community-based social and human service organization (e.g., social services, veteran services organizations, housing/homelessness organizations, religious organizations, food banks)
- Organizations that provide direct services to individuals who are currently (or eligible to be) taking MOUD. This includes making referrals to treatment providers who offer MOUD.
- Organizations must be in good standing with the State of Delaware, with no outstanding compliance issues, including but not limited to unresolved audit findings, failure to return unspent funds from prior awards, or other violations of state grant requirements.

Applications may be submitted by individual organizations or partnerships. If applying as a partnership, a lead organization must be identified to manage the official state agreement, funding, compliance, and data reporting. The lead organization must hold the business license, UEI, and Certificate of Insurance. If any partners also submit separate applications, each project must serve different populations and include clearly distinct services.

How to Apply

Applications are due no later than 5:00pm on Monday, June 10, 2025. Incomplete applications may be denied. Any questions and final applications should be submitted by email to DSAMH.ORT@Delaware.gov. Approved projects are anticipated to begin in October 2025.

Applicants must:

- Identify the selected TAP goal (listed in the overview above)
- Choose the appropriate Tier (4.B or 4.C) and project design category
- Complete and submit the application form, implementation plan, budget, and all required attachments (including the certificate of liability insurance, business license or 501(c)3 verification, SAM.gov UEI screenshot, and letters of support from partners, if applicable)

Estimated Timeline (Subject to Change)

Below is the estimated timeline for the TAP Tier 4.B and 4.C solicitation and award process.

- Solicitation Release: May 13, 2025
- Informational Webinar: May 21, 2025, from 12:00 – 1:30pm
 - Register here: https://us06web.zoom.us/meeting/register/IJ7BUj47S_e-6lsF46dGuw
- Application Deadline: June 10, 2025
- Application Review: July 2025
- Award Selections Made: July 24, 2025 (earliest)
- Agreements Finalized: August – September 2025
- Projects Start: October 2025
- Projects End: September 29, 2026

How Applications Will Be Scored

As funding for TAP is limited, applications will move through 4 stages of review and scoring:

1. All applications will go through an initial eligibility and completeness review.
2. Eligible and complete applications will be reviewed and scored by a panel of DSAMH program staff in the following categories:



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- a. Budget and Financial Compliance (35%)
 - b. Programmatic Design and Feasibility (40%)
 - c. Compliance and Past Performance (25%)
3. Applications scoring in the top 50% will then automatically move to a review and scoring by a panel of external subject matter experts (SMEs) in the following categories:
 - a. Project Proposal and Alignment (30%)
 - b. Data Collection and Evaluation (20%)
 - c. Implementation Plan and Feasibility (20%)
 - d. Budget and Fiscal Responsibility (30%)
4. Applications scoring in the top 50% of the SME panel review will automatically move on to the selection stage. Applicants will be given **ONE** opportunity to provide correction or clarification after both panel reviews, and before the selection of awards by DSAMH.

NOTE: DSAMH may return to applications held in Stage 2 or 3 (under the 50% scoring thresholds), in later rounds of selection, if funding remains for additional awards and minor revisions would allow an application to proceed.

Funding Details

Tier 4.B and 4.C – CBO projects may receive up to a maximum amount of **\$200,000**. Award amounts will vary based on factors such as the number of unduplicated clients served and the project's anticipated impact on outcomes.

Key funding details:

- Budgets must align with the project's scope, staffing levels, and proposed activities.
- DSAMH may reduce funding amounts based on project design, feasibility, or cost justification.
- An initial disbursement (equal to three months of the approved budget) will be provided to support project implementation.
- Remaining funds will be disbursed through monthly invoicing (cost reimbursement) based on documented expenses and compliance with reporting requirements.

Data Collection Requirements

Awarded projects must participate in DSAMH's Results-Based Accountability (RBA) framework, which focuses on three key questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Projects will report RBA data monthly via the online survey tool provided by DSAMH. See the application form for more details.

In addition, CBOs will be required to demonstrate improved client outcomes with their proposed projects. This may require adoption and inclusion of client surveys, like the Brief Assessment of Recovery Capital (BARC-10) that can be aggregated and reported to DSAMH regularly to document changes.

Solicitation and Implementation Technical Assistance

Solicitation Support Available:

- Join the Informational Webinar on May 21, 2025, from 12:00 – 1:30pm.
 - Register here: https://us06web.zoom.us/meeting/register/IZ7BUj47S_e-6lsF46dGuw



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- Access the TAP Frequently Asked Questions document on the ATRC website.
- Explore grant writing tools, including training modules, slide decks, and a workbook (search “Grant Writing” in the ATRC Resource Library). See: <https://atrc.dhss.delaware.gov>
- Email general questions ahead of the Informational Webinar to DSAMH.ORT@Delaware.gov
- Email specific questions ahead of your application submission to DSAMH.ORT@Delaware.gov

Implementation Technical Assistance:

Awarded projects will receive both mandatory and optional support, including:

- **Required monthly check-in** meetings with DSAMH Program Integrity Specialist
- **Required Quarterly TAP subrecipient meetings** for program updates, peer exchange, networking, and implementation support.
- **Required Assigned Learning Network series** (ECHO-style cohorts)
- **Free In-person events and training**, including DSAMH Conferences
- **Optional coaching**, including support from the Opioid Response Network, Health Management Associates, Bowling Business Strategies, and ATRC resource materials
- **Individualized technical assistance**, as needed or as assigned by DSAMH, to ensure compliance and progress toward goals. as needed to support project success

Note: At least one project team member must attend each mandatory session.

Major 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, a 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.



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- 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 and discharge 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 if you have any questions.