



Delaware Opioid Response Provider Network Tier 1 Application Packet

This application packet introduces the Division of Substance Abuse and Mental Health's (DSAMH) framework for awarding State Opioid Response (SOR) funding to providers of direct services to individuals at risk for or with opioid use disorder (OUD) and stimulant use disorder (STUD). It contains an overview of the SOR Grant FY 2021-2022 strategy and goals, the provider funding opportunity known as the *Tier Award Payment (TAP) Program*, application questions, and the scope of work for the first funding opportunity under the TAP Program. Further, this packet provides resources to help your organization develop a proposal.

Overview of SOR Grant FY 2021-2022 Strategy

DSAMH has formed an Opioid Response Team (ORT) to provide strategic leadership and oversight to all opioid-related programs and activities throughout the Division, with a primary focus on the planning for and implementation of the SOR Grant FY 2021-22. The team is comprised of subject matter experts from each DSAMH bureau. The ORT is working to ensure that all funded activities and programs moving forward are in compliance with the grant, but more importantly, meet the needs of those Delawareans living with OUD/STUD, far too many of whom continue to die as a result of their illness. While important work was accomplished during the first two years of SOR funding, the data regarding overdoses statewide and continued feedback regarding access to treatment services tells us that we are not robustly meeting the very specific mandate of the grant in addressing OUD and its consequences. Delaware ranks second highest in the country for age-adjusted overdose death rates (CDC, 2019). Unfortunately, we do not expect that this ranking will change when the CDC releases new figures.

SOR Grant FY2021-2022 Goals

In light of the rise in the rate of overdose within the State, the ORT established three primary goals to guide the use of the SOR grant funding and drive outcomes for individuals with OUD and STUD. The following goals were established by the ORT:

- Decrease opioid overdoses statewide through development and expansion of programs and resources focused on low threshold access to treatment and targeted referral systems.
- Improve understanding of and engagement and retention in OUD/STUD treatment for those currently accessing the system by enhancing and expanding current prevention, treatment, and recovery services for patients, families and communities.
- Identify and engage high risk populations in treatment through universal screening and direct, efficient referral of individuals with OUD/STUD and others affected by the illness to existing treatment and recovery services.

Delaware Opioid Response Provider Network (ORPN)

In alignment with the SOR Grant FY 2021-22 goals, DSAMH is launching the Delaware Opioid Response Provider Network (ORPN). The ORPN will be comprised of providers across the care continuum within the State of Delaware who submit proposals aligned with the SOR 2021-22 goals. SOR funding will be awarded to implement programs and provide services to ensure access to consistent, high-quality care for individuals with OUD/STUD in the State of Delaware.

The ORT has designed a tiered system of funding opportunities, the Tier Award Payment (TAP) program to ensure that providers within the ORPN are consistently providing foundational services which include screening, identification, referral, linkage and sustained engagement of individuals with OUD/STUD. The TAP program promotes opportunities for innovative programs and services that will ensure that individuals are provided access to high-quality treatment as well as services and supports designed to support recovery. DSAMH encourages providers to submit their proposals and join the ORPN. Benefits of participating in the network include:

- Access to SOR funding for current funding year and priority funding for future years with good performance (through September 2022)
- Access to free technical assistance to support the development of proposals and project planning and implementation
- Potential to be highlighted on the Addiction Treatment Resource Center (ATRC) website as a provider with innovative programming and proven outcomes
- Opportunities to network with other providers for collaboration

Tier Award Payment (TAP) Program Overview

The ORT has created the TAP program, a three-tier funding process that will specifically meet the goals outlined above and may result in providers being eligible for more funding once they meet tier specific milestones and outcomes (providers must first demonstrate success in a tier before applying for additional funding from a higher tier). The following is an overview of DSAMH's vision for the TAP Program funding structure in 2020-2021.

- **Tier 1:** up to \$49,000 and an application process required (estimated release late March 2021)
 - Universal client screening
 - Required reporting of screening efforts and results
 - Required participation in quality improvement Learning Collaborative and customized technical assistance plan
 - Participation in compliance monitoring as required by ORT
- **Tier 2:** up to \$100,000 and Grand Application process required (estimated Summer 2021)
 - Active engagement and re-engagement of clients into treatment and recovery services to promote treatment retention, overdose prevention, and long-term recovery
 - Required participation in quality improvement Learning Collaborative and customized technical assistance plan
 - Engagement with naloxone education, prescribing, and distribution
 - Referral of uninsured or underinsured clients to Medicaid

- **Tier 3:** up to \$500,000 and Grant Application process required (estimated Fall 2021)¹
 - Strengthen new and expanded approaches to engage and retain individuals into evidence-based substance use disorder services
 - Required participation in quality improvement Learning Collaborative and customized technical assistance plan
 - Technical assistance as needed

For Tiers 2 and 3, the ORT will release Grant Application according to the estimated timelines indicated above. For Tier 1, the application questions and instructions are below. To support TAP program applicants, DSAMH is working with Health Management Associates (HMA) to support proposal development, providing access to free technical assistance for both the development of proposals and implementation of projects and cohort-specific webinars and/or conference calls to address concerns and answer questions of potential applicants.

To support the ORPN in implementing best practice strategies in screening, linking, and retaining individuals in care, DSAMH will host quarterly required learning collaborative meetings. These meetings will be held virtually and will combine sharing data, promising practices, and workshop presentations by ORPN members and other subject matter experts. In addition to these required quarterly meetings there will be other optional forums to share information, answer questions and further the work of the ORPN.

Tier I Scope of Work

The State of Delaware’s Division of Substance Abuse and Mental Health (“the Division”) seeks to allocate funding to entities to implement and participate in the Division’s collaborative initiative to respond to the opioid epidemic and substance use disorder (SUD) crisis in Delaware. Eligible entities include primary care providers, women’s healthcare providers, behavioral healthcare providers, substance use treatment providers, and institutions for mental disease (IMDs) (collectively known as “providers”).

Participating providers are part of Delaware’s Opioid Response Provider Network (“ORPN”). The mission of the ORPN is to continue the development of a sustainable statewide system of care for individuals with OUD and STUD. The Division will provide funding using a tiered system, wherein vendors must first demonstrate success in a tier before applying for additional funding from a higher tier.

Tier 1 is the initial funding level and a prerequisite to qualify for funding from Tier 2 or Tier 3. Tier 1 requires ORPN providers to implement universal screening protocols. Objectives for Tier 1 include:

- Primary care and women’s health providers are required to provide substance use screening to adults on an annual basis.
- SUD treatment providers are required to provide tobacco use screening to adults at intake and every six months thereafter.
- Behavioral health providers are required to provided substance use screening to adults at intake and every six months thereafter.
- IMDs are required to provide substance use screening to adults at intake.

¹ Tier III may be released in concert with Tier II, contingent on procurement rules and planning timeframes.

Other requirements include:

1. The provider shall design and implement a universal screening protocol for clients² that includes a reporting measure (see Appendix A for provider-specific measures).
2. The provider shall identify an evidence-based screening tool (see examples in Appendix B).
3. The provider must indicate the screening tool or tools the provider intends to use in the work plan submitted with the provider's budget.
4. The provider shall make SUD educational materials (i.e. – brochures or pamphlets) provided by DSAMH available to all clients.
5. The provider shall furnish clients who screen positive for OUD with written resources on Naloxone. DSAMH will recommend materials.
6. The provider shall participate in an educational session on the Delaware Treatment and Referral Network (DTRN); this requirement is waived for providers who already participate in DTRN.
7. The provider shall participate in quarterly learning collaborative meetings.
8. The provider shall report data on at least a monthly basis or as requested by DSAMH. DSAMH will provide reporting guidance. The provider shall provide the information requested by the Division's Research and Evaluation team as well as the following measures (see Appendix A for more information on setting-specific reporting requirements):
 - a. The total number of screenings completed in the measurement period
 - b. The total number of clients/patients who were eligible to receive screenings in the measurement period
 - c. The number of positive screenings within the measurement period
9. The provider shall participate in a customized planning meeting to evaluate their individualized technical assistance needs.
10. The provider shall deliver services following all applicable federal, state, and local laws and regulations and program guidelines and certifications established by the Division.

Funding and Payment Model

Under this scope of work, a provider delivering services may not receive more than \$49,000 during the contractual period. To receive funding under this scope of work, a provider shall submit a line-item budget and plan of work that identifies costs associated with implementation of the universal screening protocol. Payments will be disbursed at two milestones using a pay for reporting structure:

- First payment – 50% of award provided after contract execution.
- Second payment – 50% of award provided when provider demonstrates 25% screening rate. Providers must demonstrate three consecutive months in 2021 of meeting the screening benchmark to qualify for payments.

Providers that demonstrate a 50% screening rate threshold will be eligible to apply for the TAP Program Tier II funding opportunity for up to \$100,000. Providers are expected to work toward a 100% screening rate. DSAMH has been awarded funding until September 2021; provider funding after September 2021 is contingent upon renewal of our grant award.

² Universal screening requirements differ based on practice setting. For more information, see Figure 1.

Performance Measures

Appendix A below identifies the required measures and reporting requirements for Tier I. All reports will be submitted on a monthly basis; more information is forthcoming on reporting instructions. Reporting for Tier 1 does not supplant other data collection requirements from DSAMH.

Application Questions

Please answer the following questions using no more than four pages in total.

1. Identify the key point of contact and other key personnel responsible for implementation of this project including names, roles, phone numbers and email addresses.
2. Please provide a brief overview of your organization or program, including types of services delivered, location(s), and the total number of patients served per year. In addition, please provide the following:
 - Total population of adults 18 and older served;
 - % of adults 18 and older who are on Medicaid (including dual eligible);
 - % of adults 18 and older who are pregnant and/or parenting women (PPW); and
 - Other special/priority populations you serve germane to your universal screening effort.
3. Do you have a screening process in place? If not, how do you identify OUD/SUD in your patient/client population (or tobacco use if you are an SUD provider)?
4. Identify which evidence-based screening tool you will use and discuss how it is appropriate for the populations you serve and identify the outcomes you want to achieve. Describe any modifications that will be made to the screening protocol and the reasons the modifications are necessary.
5. Please describe your planned screening workflow.
6. Provide your plan on how you will collect the required data for the program and how such data will be utilized to manage, monitor, and enhance the program. Further, please identify the name, title, role, and contact information for your organization/program's designated data lead who will be responsible for submitting all data reports to DSAMH.
7. If applicable, please describe the health information technology you will use to support this effort.
8. Describe why and how this funding will help address unmet needs of persons with OUD and SUD served by your organization or program.
9. Does your organization provide screening for Social Determinants of Health? If so, what tool do you use? If you do not use a specific tool, please provide the domains you are screening for.
10. Provide a realistic timeline leading up to a 25% and 50% universal screening rate [note: be sure to show that the screening process can be implemented, and screening can begin as soon as possible and no later than one month after the award.]
11. Provide a proposed budget with specific funding request to include costs such as staffing support, electronic health record adaptation, and other programmatic costs. Please use Excel budget template document transmitted with this application packet. If you have questions about allowable vs. non-allowable expenses, please contact us.

Additional Requirements for Application Submission

The following information is needed to develop your contract if you are selected for funding:

- Complete and submit your on-line W-9 in order to receive payment. *Vendor must complete an on-line W-9 on the following website.* Complete W-9 (as required to be completed online) <https://accounting.delaware.gov/suppliers/>
- Current State of Delaware Business License (from Division of Revenue) or IRS 501(c)3 exemption verification
- Proof of valid Data Universal Number System (DUNS) Number; information on obtaining a DUNS number can be found at <http://www.dnb.com>
- Proof of Delaware eSupplier Portal registration; information on supplier portal registry can be found at: esupplier.erp.delaware.gov
- Current Certificate of Liability Insurance Coverage (as required by the State of Delaware).
 - **Certificate Holder:** DHSS must be listed as the Certificate Holder. The Department of Health and Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH), Contracts Unit, Springer Building, 1901 North Dupont Hwy, New Castle, DE 19720.
 - **Additional Insured:** Do not list “Department of Health & Social Services (DHSS) and the Division of Substance Abuse & Mental Health (DSAMH)” as the additional insured on the COI.
- Current Employer Identification Number (EIN)
- Active listing in SAM.gov or evidence of application for SAM.gov listing
- Additional insurance requirements contingent upon scope of work being performed
- Budget (see #11 above for more detail) and scope of work

Please submit completed applications with all supporting documentation to DSAMH.ORT@Delaware.gov by April 1, 2021 to participate in the first round of Tier 1 funding. The second round of application submission for Tier 1 funding will begin after April 1, 2021 and is expected to be awarded beginning July 2021.

Available Technical Assistance

All ORPN providers will be eligible for tailored technical assistance to support the TAP Program proposal development, project planning and implementation. To request TA, please make an official request by emailing to DSAMH.ORT@delaware.gov with “TA request” in the subject line.

Opioid Response Team Members and DE ORPN Points of Contact

Bureau	Bureau Representative
<i>Office of the Director</i>	Thomas Killian
<i>Office of the Medical Director</i>	Sherry Nykiel, Danielle Gumbs, Mary Wise
<i>Office of the Deputy Director</i>	Alexis Teitelbaum
<i>Office of the Chief of Staff</i>	Joe Aronson
<i>Delaware Psychiatric Center</i>	Jodie Puzio-Bungard
<i>Community Behavioral Health</i>	Rick Urey, Alicia Emmanuel, Michelle Singletary-Twyman
<i>Health Integration and Social Determinants</i>	Alexia Wolf, Susan Holloway
<i>Policy, Compliance and Workforce Development</i>	Brent Waninger, Marco Brown
<i>Research, Evaluation and Population Health</i>	Claire Wang, Chantel Mason, Sean Miller

Appendix A: Measurements

Note: Measure submission will be monthly and through a link provided on the DSAMH webpage.

<i>Practice Setting</i>	<i>Measurement and Description</i>	<i>Reporting Frequency/Measurement Period</i>	<i>Denominator</i>	<i>Numerator</i>
Measure 1 for: Primary Care	Percent of adults 18 and older due for an annual SUD screening who received one in the last 30 days.	Monthly through 9/2021	Total number of adults 18 and older seen for a visit, for any reason, during the last 30 days and there is no record of an SUD screening in the previous 12 months.* * if there is a proposed exception to how to identify the individuals in a given month please contact (we need to identify who) for discussion and approval of that exception.	Of that total number, please indicate the number of adults 18 and older screened for SUD in the last 30 days
Measure 1 for: Women's Health Providers	Percent of adults 18 and older due for an annual SUD screening who received one in the last 30 days.	Monthly through 9/2021	Total number of adults 18 and older seen for a visit, for any reason, during the last 30 days and there is no record of an SUD screening in the previous 12 months.* * if there is a proposed exception to how to identify the individuals in a given month please contact (we need to identify who) for discussion and approval of that exception.	Of that total number, please indicate the number of adults 18 and older screened for SUD in the last 30 days
Measures 1 for: SUD Treatment Providers	Percent of adults 18 and older who were screened for tobacco use at intake and every 12 months following intake. This measure will also include any adult 18 and older who received a tobacco screening at intake	Monthly through 9/2021	Total number of adults 18 and older who were seen for any of the following reasons: <ul style="list-style-type: none"> • an intake visit • any other type of visit during the last 30 days and there is no record of a tobacco use screen in the previous 12 months	Of that total number, please indicate the number of adults 18 and older who received a tobacco use screen in the last 30 days

<p>Measure 1 for: Mental Health Providers</p>	<p>Percent of adults 18 and older with an intake visit or due for a 6-month screening who received a screening in the last 30 days. This measure will capture new SUD screens due at intake and for SUD screens older than 6 months.</p>	<p>Monthly through 9/2021</p>	<p>Total number of adults 18 and older who were seen for any of the following reasons:</p> <ul style="list-style-type: none"> • intake visit • any other type of visit <p>during the last 30 days and there is no record of a SUD screen in the previous 6 months ago.</p>	<p>Of that total number, please indicate the number of adults 18 and older screened for SUD in the last 30 days</p>
<p>Measure 1 for: IMDs</p>	<p>Percent of adults 18 and older screened for SUD at intake in the last 30 days</p>	<p>Monthly through 9/2021</p>	<p>Number of adults 18 and older who were assessed for inpatient services or hospitalized during the last 30 days.</p>	<p>Of that total number, please indicate the number of adults 18 and older screened for SUD at intake in the last 30 days.</p>

Appendix B: Sample List of Validated Screening Tools

- **General – all providers**
 - Substance Abuse and Mental Health Services Administration (SAMHSA) – Examples of Screening and Assessment Tools for Substance Use Disorders: https://ncsacw.samhsa.gov/files/SAFERR_AppendixD.pdf
 - National Institute on Drug Abuse – Screening and Assessment Tools Chart: <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>
- **NIDA Quick Screen / NIDA-Modified Assist – IMDs, PCPs, SUD Providers**
 - National Institute on Drug Abuse – The NIDA Quick Screen: <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen>
 - National Institute on Drug Abuse – NIDA Quick Screen V1.0¹: <https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>
 - National Institute on Drug Abuse – NIDA Drug Screening Tool: NIDA-Modified ASSIST (NM ASSIST): <https://archives.drugabuse.gov/nmassist/>
- **Screening to Brief Intervention (S2BI) –PCPs, MH Providers**
 - National Institute on Drug Abuse – Screening to Brief Intervention (S2BI) Tool: <https://www.drugabuse.gov/ast/s2bi/#/>
 - The National Council for Behavioral Health – Screening to Brief Intervention (S2BI) Tool: <https://www.thenationalcouncil.org/wp-content/uploads/2018/07/S2BI-Screener-and-Algorithm.pdf?dof=375ateTbd56>
- **Brief Addiction Monitor (BAM) – SUD Providers, MH Providers**
 - Veterans and Mental Health – Brief Addiction Monitor (BAM) With Scoring & Clinical Guidelines: https://www.mentalhealth.va.gov/providers/sud/docs/BAM_Scoring_Clinical_Guidelines_01-04-2011.pdf
 - Veterans and Mental Health – Introduction to the Brief Addiction Monitor (BAM): A Tool to Support Measurement-Based Care for People with Substance Use Disorders https://www.mentalhealth.va.gov/communityproviders/docs/BAM_Overview_01_28_2014.pdf
 - National Center for Biotechnology Information (NCBI) – Development and Initial Evaluation of the Brief Addiction Monitor: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602977/>
- **Cut-Annoyed-Guilty-Eye Adapted to Include Drugs (CAGE-AID)**
 - Health Resources and Services Administration (HRSA)—CAGE AID Substance Abuse Screening Tool: <https://www.hrsa.gov/behavioral-health/cage-aid-substance-abuse-screening-tool>
- **National HIV Curriculum – CAGE-AID Questionnaire:** <https://www.hiv.uw.edu/page/substance-use/cage-aid>
- **Drug Abuse Screening Test-10 (DAST-10)**
 - National Institutes of Health (NIH) – Instrument: Drug Abuse Screening Test (DAST-10): <https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69>

- Health Resources and Services Administration (HRSA) – Drug Use Questionnaire: <https://www.hrsa.gov/behavioral-health/drug-use-questionnaire-dast-20>
- US Preventative Services Task Force – The Drug Abuse Screening Test https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/Z3EFdR3PjZKxrRs783_XKH

- **Tobacco, Alcohol Prescription Drugs and Other Substance Use Tool (TAPS)**
 - National Institutes of Health (NIH) – TAPS: Tobacco, Alcohol, Prescription Drugs, and Other Substance Use Tool: <https://www.drugabuse.gov/taps/#/>
 - National Institute on Drug Abuse – Instrument: TAPS Tool: <https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f>

- **American Society of Addiction Medicine (ASAM) Multi-Dimensional Assessment**
 - ASAM – ASAM Criteria: <https://www.asam.org/asam-criteria/about>