Coordinated Opioid Recovery (CORE) Network of Addiction Care

Contract Reference: Contract Exhibit A. Administration C-1.23

Authority: Section 394.9082, F.S. C-1.2.3.25

Frequency: Data submission every other week.

I. Purpose

This document provides direction and guidance for administration, implementation, and management of Florida's Coordinated Opioid Recovery (CORE) Network of Addiction Care. This document outlines the purpose, policy, and competencies intended to ensure that funds are used effectively to combat opioid use disorder in Florida, in accordance with state and federal laws and regulations.

To ensure the implementation and administration of this project, the Managing Entity shall require that Network Service Providers, Emergency Medical Providers, and Emergency Departments (ED) participating in a CORE project to continue with service deliver and reporting as previously required during FY 22/23.

The Managing Entity shall not make any changes or variations from fidelity to the structure, implementation, and data collection of the CORE model as stated in this document.

II. Program Requirements

1. Provide a 24/7 access point where an individual can access medication assisted treatment (MAT), including weekends.
2. Ensure a clinic provider is available to receive individuals in need of services from the 24/7 access point, and that first responders can provide MAT until the individual can be seen in the clinic.
3. Provide treatment for co-morbid alcohol and benzodiazepine use disorders.
4. Ensure individuals receiving services have access to higher levels of care if needed, including outpatient detox.
5. Ensure the availability of clinical experts in addiction medicine, including licensed therapists in outpatient services and access to primary care for all individuals served.
6. Perform necessary lab work on all individuals to identify any infectious diseases.
7. Ensure individuals served have access to psychiatric care at the providers clinic or in the community.
8. Ensure availability of peer support staff to assist in navigating the CORE network and other supportive services needed.
9. Ensure care coordination is available based on an individual's need.
10. Ensure access to a variety of MAT, including buprenorphine (Buprenorphine) and Vivitrol, and referrals for methadone, if appropriate.
11. Capacity to continue prescribing MAT as long as the prescriber determines the medication is clinically beneficial, without any arbitrary limits on length of care.

12. Approach to dosing MAT that considers the specific circumstances and use pattern of the individual.
13. Availability to test biological specimens (e.g., urine, blood, hair) for fentanyl at the 24/7 access point and the receiving clinic.
14. Network Service Providers, Emergency Medical Providers, and Hospital Emergency Departments shall use the established clinic intake process.
15. Network Service Providers, Emergency Medical Providers, and Hospital Emergency Departments shall use the established protocol for induction on buprenorphine.
16. Naloxone kits shall be available to individuals without specific conditional requirements.
17. Provide access to group and individual therapy and recovery support groups facilitated by recovery peer specialists, where appropriate.
18. Procedures to address phases of treatment.
19. Ability to provide care to pregnant and parenting women.
20. Consistent monitoring of outcome measures and data including the use of the Brief Addiction Monitoring (BAM) tool and reporting as outlined in Section VIII of this document.

III. Eligibility

The CORE model prioritizes adults aged 18 or older who experience any of the following:

1. A confirmed or suspected opioid overdose requiring naloxone administration.
2. Signs and symptoms of severe opioid withdrawal.
3. Acute opioid withdrawal as a chief complaint.
4. Individuals seeking support for opioid use disorder (OUD) at any county CORE partner location.

IV. CORE Program Model

The CORE model establishes a recovery-oriented continuum of care and support for those seeking treatment and recovery support services for OUD. This comprehensive approach expands every aspect of overdose response and treats all primary and secondary impacts of substance use disorder (SUD). The CORE model disrupts the revolving door of addiction and overdose by providing primary care and peer navigators within the emergency department and immediately connecting individuals to sustainable overall health care. Department approval is required before implementing any variation of the CORE model.

The model includes the following tiered approach:

1. Rescue Response
2. Stabilization/ Assessment
3. Long-term Treatment
4. Recovery Supports

V. CORE Sustainability

Sustaining CORE projects in all counties will require blending and braiding from various funding sources at different levels. All participating counties will be required to submit a CORE Sustainability Plan.

VI. Managing Entity Responsibilities

To ensure consistent statewide implementation and administration of CORE, the Managing Entity shall ensure all program requirements as outlined in section II, are met through subcontracts with Network Service Providers. The Managing Entity shall implement the CORE program model in accordance with the outlined programmatic standards and in accordance with Florida's Opioid Abatement requirements. The Managing Entity shall expend the funds on approved purposes only. The Statewide Council on Opioid Abatement may pass additional measures and requirements that the Department and Managing Entities must follow when evaluating compliance, performance, and implementation. The CORE model program standards are as follows:

1. Rescue Response
    a. Individual in need of services is treated by first responders (fire rescue/ Emergency Medical Services (EMS) personnel).
    b. Treatment includes use of specialized EMS protocols for overdose and acute withdrawal.
2. Stabilization/Assessment
    a. Individual receives treatment in an emergency department (ED) with an addiction stabilization center.
    b. Treatment options include medication-assisted treatment, which entails, at a minimum, the ability to induct individuals on buprenorphine and issue a prescription for buprenorphine that lasts until their initial appointment with a community-based provider prior to being released from the ED.
    c. Individual is assessed and treated for emergent unmet health needs.
    d. Specialty-trained medical staff recommend the care best suited for the individual and a peer navigator facilitates a warm hand off to the long-term treatment provider.
3. Long-Term Treatment
    a. Individual receives long-term-care and wrap around support.
    b. Individual is treated by a team of licensed and certified professionals that specialize in treating addiction.
    c. Services may include long-term management of medication-assisted treatment, therapy, psychiatric services, individualized care coordination, pharmacy services, and links to other health services.
    d. Individuals shall receive services to address any identified social service needs.
4. Recovery Support
    a. Certified Recovery Peer Specialists utilize direct lived experience with SUD and recovery to reduce stigma and increase engagement into services.

b. Certified Recovery Peer Specialists facilitate warm hand-offs to treatment and recovery community organizations.

5. Training

a. Ensure clinical and systems training are provided to counties to promote use of evidence-based delivery of each component. Training topics should be developed based on need in counties.

Effective no later than October 1, 2023, Managing Entities in areas with an existing CORE program shall execute contracts or purchase orders with the DOH pre-existing contracted partners for the implementation of the CORE Network of Addiction Care.

The Department will identify the next 17 counties to establish a CORE program for implementation in FY 23/24.

VII. Network Service Provider and System Partner Responsibilities

Network Service Providers, Emergency Departments, and Emergency Medical Services shall identify staff to be responsible for activities required through the CORE partnership. Network Service Providers and system partners including EDs and EMS shall implement a system of care, known as CORE, and shall provide eligible individuals with treatment that includes use of specialized protocols for overdose and acute withdrawal and provide MAT. CORE partners shall work together identifying a point of contact, preferably the peer specialist, to provide warm hand-offs as the individual transitions to different services.

Network Service Providers and system partners including EDs and EMS shall complete online CORE training available on the CORE website and any other training required by DCF.

1. **Emergency Medical Service** – Emergency Medical Service partners shall:

a. Implement use of the EMS Pre-Hospital Buprenorphine-Naloxone Induction for Opioid Use Disorder.

b. Hire and train staff on using appropriate equipment, medication, and protocols.

2. **Emergency Department** – Emergency Departments shall:

a. Implement use of specialized protocols for overdose and acute withdrawal and provide medication assisted treatment.

3. **Network Service Providers/Receiving Clinics** – Network Service Providers/Receiving Clinics shall:

a. Implement CORE model services and supports to provide treatment that includes use of specialized protocols for overdose and acute withdrawal and medication assisted treatment.

b. Hire and train staff on the established protocols, medication assisted treatment and the use of the brief addiction monitoring tool (BAM) in accordance with protocols.

VIII. Data and Reporting

1. Data Collection

Opioid settlement funds will be used to implement CORE. A required component of the state's opioid settlement is to use an evidence-based data collection process to analyze the effectiveness of substance use abatement. The opioid settlement states that the State and Local Governments shall receive and

report expenditures, service utilization data, demographic information, and national outcome measures in a similar fashion as required by the 42.U.S.C. s. 300x and 42 U.S.C. s. 300x-21.

a. Managing Entities shall ensure that all CORE partners comply with the required data collection process.

b. Data collection should be based on standardized procedures to ensure consistency and accuracy across all service providers.

c. To evaluate the effectiveness of substance use abatement, the data collection process should allow for tracking and measuring key outcome indicators related to opioid use disorder treatment, such as retention rates, reduction in overdose incidents, and improvements in overall well-being.

2. Data Management and Privacy

a. All data collected should be stored in a secure and centralized database, accessible only to authorized personnel, to facilitate accurate reporting and analysis.

b. Regular data audits should be conducted to ensure data integrity and identify any discrepancies or errors for timely correction.

3. Reporting Mechanism and Format

All CORE partners are required to continue reporting CORE data into the ClearPoint system in the established format.

4. Data Analysis and Utilization

a. The Department and Managing Entity shall collaborate in analyzing the collected data to assess the impact and effectiveness of the CORE program.

b. Data analysis should be used to identify potential areas of improvement, refine program strategies, and inform evidence-based decision-making to enhance the overall effectiveness of the CORE program.

Coordinated Opioid Recovery (CORE) Network of Addiction Care will be administered according to DCF Guidance 41, which can be found at following link using the applicable fiscal year: https://www.myflfamilies.com/services/samh/samh-providers/managing-entities