

## State Opioid Response (SOR)

**Authorities:** Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Numbers TI085766 and TI087842

**Frequency:** Ongoing

**Due Date:** Ongoing

### I. Purpose

To ensure the implementation of the State Opioid Response (SOR) Project pursuant to Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Number TI085766 and TI087842. The Managing Entity shall require that SOR funded providers adhere to the service delivery requirements herein. The purpose of the SOR Grant is to address the needs of individuals with opioid or stimulant misuse and use disorders by increasing access to medication assisted treatment, evidence-based programs, and other necessary recovery support services including expansion and support for Recovery Community Organizations, Oxford Houses, and naloxone saturation. The SOR project is a collaboration between the Department, Managing Entities, subcontracted Network Service Providers, and other nonprofit organizations and system partners to ensure access is available to treat opioid and stimulant misuse and use disorders, provide community and school-based prevention services, as well as ensure access to a broad array of recovery support options that follow the principles and values of a Recovery Oriented System of Care (ROSC). For additional information please visit the ROSC page on the Department's website or see **Guidance Document 35, Recovery Management Practices** or **LSFHS's Incorporated Document 36 – Recovery Management Practices**. The SOR Resource Guide will provide additional details and is referenced throughout this document.

The goals of the grant are:

- A. Grant Number TI085766 (SOR-3)
  - 1. Reduce numbers and rates of opioid-related deaths.
  - 2. Prevent opioid and stimulant misuse.
  - 3. Increase access to the most effective treatment and recovery support services for opioid and stimulant use disorders.
- B. Grant Number TI087842
  - 1. Reduce numbers and rates of opioid-related deaths.
  - 2. Increase access to the most effective treatment of opioid and stimulant use disorders.
  - 3. Increase access to treatment and recovery support services to youth with an opioid or stimulant use disorder.
  - 4. Expand recovery support services.
  - 5. Prevent opioid and stimulant misuse.

## **II. Eligibility Criteria:**

To be eligible for SOR program services, individuals must meet all the following criteria:

- A. Be indigent, uninsured, or underinsured.
- B. Identified as having an opioid or stimulant use disorder or as having misused opioids or stimulants.

## **III. Allowable Covered Services**

Allowable expenses include the following Covered Services as defined by Rule 65E-14.021, F.A.C.:

- A. Aftercare.
- B. Assessment.
- C. Care Coordination.
- D. Case Management.
- E. Crisis Support/Emergency.
- F. Day Care.
- G. Drop In/Self-Help Centers.
- H. HIV Testing and Referral to Treatment (HIV Early Intervention Services).
- I. Incidental Expenses.
- J. Information and Referral.
- K. In-Home and On-Site.
- L. Intensive Case Management.
- M. Intervention.
- N. Medical Services.
- O. Medication-Assisted Treatment.
- P. Outreach.
- Q. Outpatient.
- R. Prevention- Indicated, Selective, Universal Direct, and Universal Indirect.
- S. Recovery Support.
- T. Residential Levels I, II, III, and IV, including room and board.

- U.** Respite Services.
- V.** Substance Abuse Inpatient and Outpatient Detoxification.
- W.** Supported Employment.
- X.** Supportive Housing/Living.

Covered Service 28, Incidentals, must have an approved HCPCS code entered into the Managing Entity's data system to be submitted to the Department's data system, Financial and Services Accountability Management System (FASAMS). A complete list of approved codes and additional details on allowable expenses can be found in the State Opioid Response Resource Guide.

#### **IV. Network Service Provider Responsibilities**

Each Network Service Provider shall work to increase access to treatment for opioid and stimulant misuse and use disorders including increasing access to medication assisted treatment, evidenced-based prevention programs, and expanding recovery support services. This includes expanding workforce capacity for prescribers and peer specialists. Activities to support these responsibilities include:

##### **A. Subcontract Requirements**

Network Service Providers are to deliver any service(s) in the array specified in Section III and further detailed in the SOR Resource Guide. Required reports should be submitted on time as outlined in Section VI. The Network Service Providers shall:

1. Comply with all SAMHSA required data collection.
  - a. Complete the Government Performance and Results Act (GPRA) tool on each individual receiving treatment or recovery support services as outlined in the SOR Resource Guide.
  - b. Enter GPRA data into the Web Infrastructure for Treatment Services (WITS) no later than seven days after the GPRA is conducted.
  - c. Ensure individuals who are receiving treatment and recovery support services funded by the SOR grant and are part of the evaluation using the GPRA, are aware of the data collection process and have consented to be part of the evaluation.
  - d. Subcontract Providers will provide Tier 1 support to their staff.
  - e. Managing Entities will provide Tier 2 support to their Network Service Providers. A description of support tiers can be found in the SOR Resource Guide.
  - f. Document incentive distribution. A \$30 noncash incentive may be provided to individuals who complete the 6-month follow-up GPRA.
  - g. Provide technical assistance to Network Service Providers when follow-up GPRA compliance rates fall below 80%.
2. Recovery Community Organizations (RCOs) shall perform the following tasks.
  - a. If the RCO has a SOR-funded Recovery Data Platform (RDP) license, all data must be entered by the 18th of each month.
  - b. Use the Recovery Capital Scale and Brief Assessment of Recovery Capital when

working with individuals to build their recovery plan.

- c. Compete and submit a monthly activity report as outlined in **Section VI**.
3. Jail and hospital bridge programs will submit monthly reports as outlined **Section VI** and follow the fidelity of each program as detailed in the SOR Resource Guide.
4. Enter services into the Managing Entities database system by the 8<sup>th</sup> of each month. A complete list of covered services are outlined in **Section III**. A list of covered services and Other Cost Accumulators (OCAs) can be found in the SOR Resource Guide.
5. Update the SOR provider inventory list.
  - a. At a minimum the provider inventory list should be updated annually
  - b. Additional updates to the provider inventory list are necessary if there is a new or a change in the status of a current network service provider.

## **B. Prevention**

### **1. Evidenced-Based Prevention Programs**

The primary prevention services funded under this project must have evidence of effectiveness at preventing opioid misuse, stimulant misuse, or other illicit drug use. The list of approved, evidence-based programs that providers can choose from are as follows:

- a. Botvin LifeSkills (including the Prescription Drug Abuse Prevention Module)
- b. Guiding Good Choices
- c. Positive Action
- d. Teen Intervene
- e. Caring School Community
- f. Project SUCCESS
- g. Strengthening Families Program (for Parents and Youth 10-14)
- h. SPORT Prevention Plus Wellness
- i. Project Towards No Drug Abuse
- j. InShape Prevention Plus Wellness
- k. PAX Good Behavior Game

Managing Entities may request permission to implement evidence-based programs not listed above, subject to Department approval. Requested evidence-based programs should include experimental or quasi-experimental research demonstrating statistically significant reductions in substance use outcomes regarding the program they would like to utilize with data showing outcomes to treat opioid or stimulant use disorders or misuse. For additional information on evidence-based guidelines, please see LSFHS Incorporated Document 2 - Guidance Based Practice Guidelines.

All prevention services must be entered into the Department's Performance Based Prevention System.

### **2. Media Campaign**

SOR prevention funds will be used to implement media campaigns targeting prescription opioid or stimulant misuse with messages about safe use, safe storage, and safe disposal, disseminated through various mediums (e.g., websites, television, radio, billboards, social media, direct mail, etc.), which may be coupled with prescription drug take-back boxes and events, the distribution of drug deactivation pouches, and naloxone nasal spray. These campaigns may address the risks associated with pressed, counterfeit pills that are now commonly adulterated with synthetic opioids like fentanyl.

### **C. Treatment**

To ensure access and expansion of treatment services, the Managing Entity and Network Service Providers shall:

1. Monitoring
  - a. SOR- Funded Recovery Oriented Monitorings (ROMs)
    - 1) Coordinate with the Recovery Oriented Quality Improvement Specialist (ROQIS) to conduct recovery oriented monitorings on all SOR-funded facilities utilizing the process and protocols outlined in Guidance Document 35 Recovery Management Practices.
    - 2) Support the development of positive working relationships between the ROQIS and Network Service Providers.
  - B. SOR-Funded Provider Site Visits
    - 1) Coordinate with SOR grant staff to conduct site visits to selected providers ensuring compliance with grant activities and limitations. Grant staff will perform and maintain records for each site visit.
2. Medications for Opioid Use Disorder (MOUD)
  - a. Increase access to medications for opioid use disorder induction.
    - 1) Expand hospital bridge programs between Emergency Departments (EDs) and community-based providers to link individuals with opioid misuse or use disorders identified in EDs with treatment and support services.
    - 2) Expand jail bridge programs between local jails and community providers to link individuals passing through jails with opioid misuse or use disorders to providers that offer medications for opioid use disorder treatment and support services while incarcerated with a seamless transition back into the community.
    - 3) Increase treatment capacity by expanding the number of providers who offer medications for opioid use disorder within each service area.
    - 4) Ensure that providers administering medications for opioid use disorder have established policies, procedures, and ongoing education focused on the best practices for treating pregnant and parenting women with substance use disorders.

Additional resources can be found at the [Opioid Response Network](#) or the [Addiction Technology Transfer Center](#).

- 5) Ensure that individuals prescribing medications for opioid use disorder have fulfilled the training requirements established by the Drug Enforcement Administration under the Medication Access and Training Expansion Act.
  - b. Improve retention treatment programs that provide medications for opioid use disorder treatment and other supportive services but do so without any preconditions to access. Accessible models of care provide person-centered care and make minimal requirements of patients, thus removing or reducing barriers to treatment and meeting the individual at their point of need.
3. Evidenced-Based Treatment

Expand access to evidence-based treatment for stimulant misuse and use disorders using the following approved methods:

- a. Community Reinforcement Approach.
  - b. Motivational Interviewing.
  - c. Cognitive Behavioral Therapy.
4. Other.

State Opioid Response -4 added additional services for direct support.

- a. Provide testing for HIV, viral hepatitis, and sexually transmitted infections as clinically indicated and warm hand-off referrals to appropriate treatment to those testing positive.
- b. As clinically indicated, provide vaccinations for hepatitis A and B, or appropriate referrals. 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:
  - 1) Hepatitis A.
  - 2) Hepatitis B.
  - 3) Human papillomavirus (HPV) (for those up to age 26).
  - 4) Meningococcal.
  - 5) Pneumococcal (pneumonia).
  - 6) Tetanus, diphtheria, and pertussis (TDaP).
  - 7) Zoster (shingles) (for those ages 18 and older).

#### **D. Recovery Support**

1. SOR-3 funds should be used to provide recovery supports including but not limited to:

- a. Peer supports.
  - b. Recovery coaches.
  - c. Vocational training.
  - d. Employment support.
  - e. Transportation.
  - f. Childcare.
  - g. Recovery Community Organizations.
  - h. Dental kits to promote oral health for individuals with OUD enrolled in treatment with buprenorphine (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, non-alcohol containing mouthwash, and educational information related to accessing dental care).
  - i. Recovery Housing. Providers and Managing Entities must ensure that recovery housing supported under this grant is through houses that are certified by the Florida Association of Recovery Residences, unless the house is operated by an entity under contract with an ME or by Oxford House, Inc.
2. Peer Workforce Expansion.

Certified Recovery Peer Specialists (CRPS) provide non-clinical support. Managing Entities should expand CRPSs capacity by:

- a. Supporting Recovery Community Organization (RCO) sustainability efforts.
  - 1) Through the State Opioid Response Grant, recovery community organizations have the option to use the Recovery Database Platform, a cloud-based system containing over 400 unique data points to house electronic health records and track recovery progress. Managing Entities will coordinate with recovery community organizations to pay for licenses required to access the Recovery Data Platform.
- b. Supporting Bridge Programs and the Coordinated Opioid Recovery (CORE) Network.

#### **E. Behavioral Health Consultants**

Behavioral Health Consultants are qualified professionals who hold licensure as clinicians, possess a master's degree in behavioral health, or are certified in substance use counseling. They play a critical role in providing support to child welfare professionals. Using their clinical expertise, they assist child protective investigators and dependency case managers to build knowledge within front line staff in the identification of substance use disorders, improve engagement with families, and improve access to treatment. Behavioral Health Consultants may not support cases that are mental health related only. A monthly summary is due to the Managing Entity each month by the 8<sup>th</sup>.

#### **V. Grant Funding Restrictions**

This is not a complete list of restrictions. Additional details can be found in the SOR Resource Guide. For a complete list please see [SAMHSA's Award Standard and Terms for SOR-3](#), [SAMHSA's Award Standard](#)

[and Terms for SOR-4](#), [Department of Health and Human Services Policy Statement](#), and [Code of Federal Regulations](#). Items with an asterisk (\*) have different language for each grant. Please read carefully

- A. Denial of care.** Funds may not be used by any provider that denies any eligible individual access to their program because of their use of medications approved by the Food and Drug Administration for the treatment of substance use disorders, namely methadone, buprenorphine, and naltrexone. In all cases, MOUD must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. Providers must assure that individuals 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.
- B. Direct payments to persons served.** Funds may not be used to make direct payments to individuals to induce them to enter prevention, treatment, or recovery support services.
- C. Limits on detoxification services.** Funds may not be used to provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services. Funds may not be used to provide detoxification services unless it is part of the transition to extended-release naltrexone (Vivitrol). SAMHSA has declared that "Medical withdrawal (detoxification) is not the standard of care for opioid use disorders, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD. If medical withdrawal (detoxification) is performed, it must be accompanied by injectable extended-release naltrexone to protect such individuals from opioid overdose in relapse and improve treatment outcomes."
- D. Construction.** Funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program.
- E. Executive Salary Limits.** Funds may not be used to pay the salary of an individual at a rate in excess of \$221,900. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a SAMHSA grant or cooperative agreement.
- F. Treatment using medical marijuana.** Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder and stimulant use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- G. Meals.** SOR funds may not be used to purchase food/meals, snacks, or drinks.
- H. Other funding sources.** SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formal grant funds, non-federal funds, third party insurance, and sliding self-pay among others that the individual can meet criteria to access those funding sources.
- I. Sub-grantee travel.** Travel is not allowable for sub-grantees unless the travel is tied to a service. For consideration each Managing Entity may develop a detailed budget to be submitted annually with the grant budget for SAMHSA approval.

- J. **Conferences.** Conference registration fees are not allowable to sub-grantees unless the expense has been detailed in the budget justification narrative and approved by SAMHSA and the Department.
- K. **Promotional items.** SAMHSA grant funds may not be used for Promotional Items. Promotional items include but are not limited to clothing and commemorative items such as pens, mugs, cups, folders, folios, lanyards, and conference bags. For additional information see, HHS Policy on the [Use of Appropriated Funds for Promotional Items](#).
- L. **Commingling of grant funds.** Per SAMHSA's Award ([SOR-3](#)) ([SOR-4](#)) Standard Terms and Conditions, SAMHSA funds must retain their award-specific identity – they may not be commingled with state funds or other federal funds. “Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.
- M. **\*Housing.** SOR-4 funds may not be used to pay for housing other than recovery housing, which includes application fees and security deposits. Funds used to pay for housing supports such as utility bills, furniture, bedding, and cleaning supplies are allowable however, there must be policies in place to monitor expenses.
- N. **Clothing.** SOR funds may not be used to purchase clothing.
- O. **Computers.** SOR funds may not be used to purchase computers, printers, or related supplies.
- P. **Entertainment.** SOR funds may not be used for entertainment purchases.
- Q. **Other behavioral health disorders.** SOR funds can be used to provide treatment and recovery support services for individuals diagnosed with an opioid or stimulant use disorder, as well as other co-occurring behavioral health disorders. However, to receive State Opioid Response funding for treatment of additional behavioral health conditions, the individual must first be actively receiving treatment and recovery support services for an opioid or stimulant use disorder.

## VI. Required Reporting

The Network Service Provider shall submit the following applicable report(s):

1. **Activity Monthly Report** – The Network Service Providers must submit **Template 34 – Activity Report** (1. Activity Report tab) found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities> to the Network Manager by the 8<sup>th</sup> of each month following service delivery.
2. **Bridge Monthly Report (Hospital and Jail Bridge Programs)** – The Network Service Providers must submit **Template 34 – SOR Reports** (2. Bridge – Report tab) found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities> to the Network Manager by the 8<sup>th</sup> of each month following service delivery.
3. **RCO Monthly Report** – The Network Service Providers must submit **Template 34 – SOR Reports** (3. RCO – Report tab) found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities>

[providers/managing-entities](https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities) to the Network Manager by the 8<sup>th</sup> of each month following service delivery.

4. **Behavioral Health Consultant Report** – The Network Service Providers must submit **Template 34 – SOR Reports** (4. BHC – Summary and BHC - Tracking Log tabs) found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities> to the Network Manager by the 8<sup>th</sup> of each month following service delivery.
5. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

### SOR Network Service Providers

*\*According to the DCF State Opioid Response (SOR) Grant Guidance System Priorities, Network Service Providers must ensure access to buprenorphine maintenance in all counties. The Block Grant-funded residential and detoxification services for OUDs may need to be re-allocated to support evidence-based methadone or buprenorphine maintenance. A portion of the \$14.6 million in recurring General Revenue funds are intended to help meet the need for methadone or buprenorphine maintenance.*

Network Service Provider - MAT	County Coverage	Circuit
Clay Behavioral Health Center, Inc.	Clay	4
EPIC Community Services, Inc.	St. Johns	7
Gateway Community Services, Inc.	Duval	4
LifeStream Behavioral Center, Inc.	Lake, Sumter, Citrus	5
Meridian Behavioral Healthcare, Inc.	Hamilton, Suwannee, Columbia, Lafayette, Dixie, Union, Bradford, Gilchrist, Alachua, Levy, Baker, Putnam	3/8
Operation PAR, Inc.	Hernando, Citrus	5
SMA Healthcare, Inc.	Volusia, Flagler, Putnam	7
Nassau County Mental Health, Alcoholism & Drug Council, Inc. d/b/a Starting Point Behavioral Healthcare	Nassau	4
SMA Healthcare, Inc. f/k/a The Centers, Inc.	Marion	5
BayCare Behavioral Health, Inc.	Hernando	5
Outreach Community Care Network, Inc.	Volusia	7
Network Service Provider - Prevention	County Coverage	Circuit
BayCare Behavioral Health, Inc.	Hernando	5
Hanley Center Foundation, Inc.	Baker, Clay, Bradford, Levy, Gilchrist, Alachua, Duval, Union	4, 8
Meridian Behavioral Healthcare, Inc.	Hamilton, Dixie, Bradford, Gilchrist, Baker	3/8

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Community Coalition Alliance, Inc.	Duval, Clay, Nassau, St. Johns, Putnam, Volusia, Flagler	4, 7
<b>Network Service Provider – Jail Bridge</b>	<b>County Coverage</b>	<b>Circuit</b>
EPIC Community Services, Inc.	St. Johns, Flagler	7
Meridian Behavioral Healthcare, Inc.	Hamilton, Suwannee, Columbia, Lafayette, Dixie, Union, Bradford, Gilchrist, Alachua, Levy, Baker, Putnam	3/8
Nassau County Mental Health, Alcoholism & Drug Council, Inc. d/b/a Starting Point Behavioral Healthcare	Nassau	4
Zero Hour Life Center, Inc.	Citrus, Lake, Sumter, Hernando, Alachua, Gilchrist, Levy	5
Clay Behavioral Health Center, Inc.	Clay	4
SMA Healthcare, Inc.	Volusia, Flagler	7
Rise Up for Recovery ( <i>Community Coalition Alliance, Inc.</i> )	Dixie	3
<b>Network Service Provider – Hospital Bridge</b>	<b>County Coverage</b>	<b>Circuit</b>
Gateway Community Services, Inc.	Duval	4
Meridian Behavioral Healthcare, Inc.	Alachua	3/8
Nassau County Mental Health, Alcoholism & Drug Council, Inc. d/b/a Starting Point Behavioral Healthcare	Duval, Nassau	4
EPIC Community Services, Inc.	St. Johns	7
LifeStream Behavioral Center, Inc.	Citrus	5
Clay Behavioral Health Center, Inc.	Clay	4
SMA Healthcare, Inc.	Volusia, Flagler	7
<b>Network Service Provider – MAT Mobile Unit</b>	<b>County Coverage</b>	<b>Circuit</b>
Gateway Community Services, Inc.	Duval	4
Meridian Behavioral Healthcare, Inc.	Hamilton, Suwannee, Columbia, Lafayette, Dixie, Union, Bradford, Gilchrist, Alachua, Levy, Baker, Putnam	3/8

**SOR Recovery Community Organization (RCO) Providers**

<b>Recovery Community Organizations (RCO)</b>	<b>County Coverage</b>	<b>Circuit</b>
Flagler Open Arms Recovery Services, Inc.	Flagler, St. Johns	7
Volusia Recovery Alliance, Inc.	Volusia	7
Zero Hour Life Center, Inc.	Marion, Citrus, Lake, Sumter, Hernando, Alachua, Gilchrist, Levy	5
Recovery Point Palatka	Putnam	7
Rise Up for Recovery ( <i>Community Coalition Alliance, Inc.</i> )	Dixie	3
Rebel Recovery Florida, Inc.	Duval	4

**VII. Invoices**

- A. The SOR Grant fiscal year is September 30<sup>th</sup> through September 29<sup>th</sup>. All invoices for services rendered during the grant fiscal year should be submitted on or before November 30<sup>th</sup>.
- B. OCAs from one fiscal year cannot extend into the next fiscal year. The no cost extension year may be an exception with approval from the Department.
- C. If a no cost extension is approved, expenditure reports for the determining year are due within 30 days of the end of the grant fiscal year. This request is to prevent a delay in accessing no cost extension dollars.

**All cited funding regulations are subject to any additional regulations guided by local laws in each area of implementation.**

SOR will also be administered according to DCF Guidance Document 42 which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/providers/managing-entities>.