Guidance 42
State Opioid Response (SOR) Project

Contract Reference:	*Section XX and Exhibit XX*
Authorities:	Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Numbers TI085766 and TI087842
Frequency:	*Ongoing*
Due Date:	Monthly

I. Purpose

To ensure the implementation of the State Opioid Response (SOR) Project pursuant to Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Numbers 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. For additional information on ROSC please visit the ROSC page on the Department's website or see Guidance Document 35, 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 for Grant Funded Services

To be eligible for SOR program services, individuals must meet all of 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, IV, including room and board.
U. Respite Services.
V. Substance Abuse Outpatient Detoxification.
W. Supported Employment.
X. Supportive Housing/Living.

Additional details on allowable expenses can be found in the SOR Resource Guide.

IV. Managing Entity Responsibilities

Each Managing Entity 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

Participating Managing Entities shall subcontract with Network Service Providers 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 Managing Entity shall include subcontract terms requiring the Network Service Providers to:

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. MEs will provide Tier 2 support to their Network Service Providers (NSPs). 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 NSPs 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 FASAMS by the 18th of each month. A complete list of covered services are outlined in Section IV. 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.

MEs 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. The request should include a clear and concise detailed summary of the outcome data. For additional information on evidence-based guidelines, please see Guidance Document 1, Evidence-Based Guidelines.

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.

3. Naloxone Distribution

Ensure that providers in your network are enrolled in the Department's Overdose Prevention Program and are providing education on overdose recognition and response, in conjunction with a minimum of two take-home naloxone kits to individuals at risk of experiencing an opioid overdose and to their loved ones that may witness an overdose.

C. Treatment

To ensure access and expansion of treatment services, the ME shall do the following:

1. Monitoring.

    a. SOR- Funded Recovery Oriented Monitorings (ROMs).

        1) Coordinate with the Recovery Oriented Quality Improvement Specialist (ROQIS) to conduct (ROMs) 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 NSPs.

    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 low barrier MOUD 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 MOUD treatment and support services while incarcerated with a seamless transition back into the community.

        3) Expand capacity by increasing the number MOUD providers in each service area.

        4) Ensure MOUD providers have policies, procedures, and continued education on the gold standard of treatment for 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) Verify MOUD prescribers have met the DEA training requirements, as part of the Medication Access and Training Expansion (MATE) Act.

    b. Improve retention with low barrier MOUD treatment programs that provide medications for treatment and other supportive services but do so without any preconditions to access. Low

barrier models of care provide person-centered care and make minimal requirements of patients, thus removing or reducing barriers to treatment and meeting the individual where they are.

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.**

   SOR-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 nonclinical support. MEs should expand CRPSs capacity by:

a. Supporting Recovery Community Organization (RCO) sustainability efforts.

b. Supporting Bridge Programs and the Coordinated Opioid Recovery (CORE) Network.

E. Behavioral Health Consultants

Behavioral Health Consultants (BHCs) are licensed clinicians or certified substance use professionals that support 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 and behavioral health conditions, improve engagement with families, and improve access to treatment. A monthly summary is due to the Department each month by the 18th.

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 FDA-approved medications 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 $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.** SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR § 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).

G. ***Meals.** SOR-3 funds may not be used to purchase food/meals, snacks, or drinks. SOR-4 allows up to $10/person to individuals receiving treatment or recovery support services ONLY. This does not include training attendees or staff members. The provider is required to submit documentation to support the purchase of food/meals upon request.

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 ME 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 limitations.** SOR-4 funds may not be used to pay for housing other than recovery housing, which includes application fees and security deposits.

VI. Required Reporting

In addition to the service data reported in accordance with DCF Pamphlet 155-2 the Managing Entity shall submit Template 34 – State Opioid Response Report no later than the 18th of each month.

A. SAMHSA Reports: SAMHSA requires a mid-year and annual report. Data must be entered in FASAMS and WITS by the 18th to ensure accurate reporting.
   1. Mid-year report due April 30th for reporting period September 30-March 31. Data should be entered on or before April 18th.
   2. Annual performance report due December 28th for a reporting period September 30-September 29. Data should be entered on or before December 18th.

B. A requirement of the grant is to monitor and report on grant activities. Template 34 shall be completed and submitted each month.

1. Activity report to capture data related to project code activities and other grant activities not found in other databases or reports.
2. Bridge data from hospital and jail bridge programs.
3. Recovery Community Organization data.
4. Behavioral Health Consultant data if applicable.

VII. Invoices

A. The SOR Grant fiscal year is September 30th through September 29th. All invoices for services rendered during the grant fiscal year should be submitted on or before November 30th.

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.