Guidance 42
State Opioid Response (SOR) Project

Contract Reference:	*Section A.1.1 and C.1.2.2.2.7*
Authorities:	Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Number 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 Number TI087842. The Managing Entity shall require that State Opioid Response Grant funded providers adhere to the service delivery requirements herein. The purpose of the State Opioid Response 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 saturation of emergency opioid antagonists used to reverse an overdose. The State Opioid Response 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. The State Opioid Response Resource Guide will provide additional details and is referenced throughout this document.

A. The goals of Grant Number TI087842 are:

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 State Opioid Response program services, individuals must meet all of the following criteria:

A. Be indigent, uninsured, or underinsured. Underinsured includes but is not limited to individuals with deductibles and copays and individuals unable to access insurance.

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.

Covered Service 28, Incidentals, must have an approved HCPCS code entered into the Department's data system, the 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. 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 State Opioid Response 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 Substance Abuse and Mental Health Services Administration (SAMHSA) required data collection.
    a. Complete the SUPRT (SAMHSA's Unified Performance Reporting Tool)-Administrative Report on each individual receiving treatment or recovery support services as outlined in the State Opioid Response Resource Guide.
    b. Offer an opportunity for each individual receiving treatment or recovery support services to complete the SUPRT-Client Form as outlined in the State Opioid Response Resource Guide.
    c. Enter SUPRT-A and C data into the Web Infrastructure for Treatment Services (WITS) no later than 30 days after completed.
    d. Ensure individuals who are receiving treatment and recovery support services funded by the State Opioid Response grant are aware of the data collection process and have consented to be part of the evaluation.
    e. Subcontract Providers will provide Tier 1 WITS support to their staff.
    f. Managing Entities will provide Tier 2 WITS support to their Network Service Providers. A description of support tiers can be found in the State Opioid Response Resource Guide.
    g. Document incentive distribution. A $30 noncash incentive may be provided to individuals who complete the SUPRT-Client 6-month follow-up or annual re-assessment. This is temporary guidance and should only be followed while awaiting official SAMHSA SUPRT policy updates. Incentives are not permitted for SUPRT-A reports or SUPRT-Client baseline/intake surveys; however, a client must have completed a SUPRT-C baseline survey to be eligible for the SUPRT-C reassessment incentive.
    h. Provide technical assistance to Network Service Providers when WITS data entry is not up to date or missing information. If a technical issue in the Web Infrastructure for Treatment Services database disrupts data entry, the required data must be documented on the paper SUPRT within the designated timeframe.
    i. Provide technical assistance to Network Service Providers encountering issues in the Web Infrastructure for Treatment Services database, either directly or through the Department grant staff.
2. Recovery Community Organizations (RCOs) must comply with all applicable Florida State Statutes, Administrative Codes, and Guidance Documents governing peer workforce development, training, and associated requirements. Recovery Community Organizations shall perform the following tasks:

a. Use the Recovery Capital Scale and Brief Assessment of Recovery Capital when working with individuals to build their recovery plan.

b. 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 State Opioid Response Resource Guide.

4. Enter services into the Financial and Services Accountability Management System 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 also be found in the State Opioid Response Resource Guide.

5. Update the State Opioid Response 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. 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

State Opioid Response 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 emergency opioid antagonist nasal spray used to reverse an overdose. 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 shall do the following:

1. Monitoring.

a. State Opioid Response - Funded Recovery Oriented Monitorings (ROMs).

1) Coordinate with the Recovery Oriented Quality Improvement Specialist (ROQIS) to conduct recovery oriented monitorings on all State Opioid Response-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 Recovery Oriented Quality Improvement Specialist and Network Service Providers.

b. State Opioid Response -Funded Provider Site Visits.

1) Coordinate with State Opioid Response 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, while maintaining ongoing communication with the Department to identify challenges and collaboratively implement solutions.

b. Increase access to treatment:

1) Expand hospital bridge programs between emergency departments and community-based providers to link individuals with opioid misuse or use disorders identified in emergency departments 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, while actively seeking support from the Department to overcome barriers. 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.

4) 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.

c. Improve retention with 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 treatment 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. State Opioid Response-4 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 opioid use disorder 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 a Managing Entity or by Oxford House, Inc.

2. Peer Workforce Expansion.

   Certified Recovery Peer Specialists (CRPS) provide nonclinical support. Managing Entities should expand Certified Recovery Peer Specialists capacity by strengthening and 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 as an addiction professional. 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 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 State Opioid Response Resource Guide. For a complete list please see the Substance Abuse and Mental Health Services Administration's Award Standard and Terms for State Opioid Response-4, Department of Health and Human Services Policy Statement, and Code of Federal Regulations.

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, medications for opioid use disorder 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 medications for opioid use disorder 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). The Substance Abuse and Mental Health Services Administration 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 opioid use disorder. 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 Substance Abuse and Mental Health Services Administration 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 health disorders.

G. Meals. State Opioid Response funds may not be used to purchase food/meals, snacks, or drinks.

H. Other funding sources. State Opioid Response 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 the Substance Abuse and Mental Health Services Administration's 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 the Substance Abuse and Mental Health Services Administration and the Department.

K. Promotional items. The Substance Abuse and Mental Health Services Administration 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, Health and Human Service Policy on the Use of Appropriated Funds for Promotional Items.

L. Commingling of grant funds. Per the Substance Abuse and Mental Health Services Administration's Award State Opioid Response-4 Standard Terms and Conditions, 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.** State Opioid Response funds may not be used to pay for housing other than recovery housing, which includes application fees and security deposits. Grant funds may be used for housing-related expenses, including utility bills, furniture, bedding, and cleaning supplies, provided that policies are established to monitor expenditures. However, only landline telephone services are eligible for funding; grant funds cannot be used to cover costs associated with cell phones or cellular services.

N. **Clothing.** State Opioid Response funds may not be used to purchase clothing.

O. **Computers.** State Opioid Response funds may not be used to purchase computers, printers, or related supplies.

P. **Entertainment.** State Opioid Response funds may not be used for entertainment purchases.

O. **Other behavioral health disorders.** State Opioid Response 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, funding for additional behavioral health treatments, using State Opioid Response grant dollars, is contingent upon the individual actively receiving treatment and recovery support for an opioid or stimulant use disorder.

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. Substance Abuse and Mental Health Services Administration Reports: The Substance Abuse and Mental Health Services Administration requires a mid-year and annual report. Data must be entered in the Financial and Services Accountability Management System (FASAMS) and the Web Infrastructure for Treatment Services (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 State Opioid Response 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. Other Cost Accumulators 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.