



State Opioid Response (SOR)

Program Handbook

June 2023

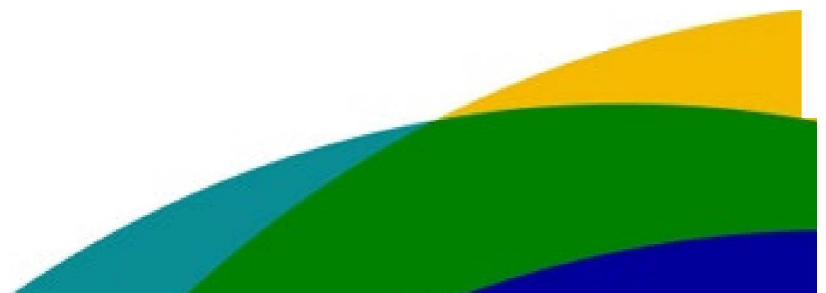


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Table of Acronyms

Acronym/Abbreviation	Definition
Cures Act	21st Century Cures Act
DATA	Drug Abuse Treatment Act
DCF	Florida Department of Children and Families
EBP	Evidence-based practice
FAIN	Federal Award Identification Number
FDA	Food and Drug Administration
FTS	Fentanyl test strips
GPS	Grants policy statement
HHS	U. S. Department of Health and Human Services
MAT	Medication-assisted treatment
ME	Managing entity
MOUD	Medications for the treatment of opioid use disorder
NOA	Notice of award
NOFO	Notice of funding opportunity
NP	Network Provider
NWF	NWF Health Network
OCA	Other cost accumulator
OTPs	Opioid treatment providers
OD	Opioid use disorder
SAMH	DCF Office of Substance Abuse and Mental Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SEL	Social and emotional learning
SOR	State Opioid Response
SSA	Single State Agency
STR	State Targeted Response
SUD	Substance Use Disorder
TA/T	Technical assistance/training

Chapter 1: Introduction

Purpose

This State Opioid Response (SOR) Program Handbook serves as a reference document for NWF Health Network (NWF) staff that provides information critical for the management of SOR-funded projects. It is designed to serve as a supplement to technical assistance and training activities.

Background

Beginning in the late 1990s, the United States experienced a significant increase in opioid-related drug overdose deaths, which rose from 8,050 in 1999 to 68,630 in 2020. To address the rising rates of opioid use and overdose deaths, Congress created new opioid-specific grant programs that provide funding to increase access to substance use disorder (SUD) treatment such as medication-assisted treatment (MAT) for opioid-use disorder (OUD).¹

In 2016, Congress enacted the 21st Century Cures Act (Cures Act, P.L. 114-255). Section 1003 of the Cures Act established the "Account for the State Response to the Opioid Abuse Crisis" in the Treasury, to which \$500 million was transferred and deposited for each of FY2017 and FY2018. (Actual program funding was subject to appropriations.) The resulting grant – the State Targeted Response (STR) to the Opioid Crisis supplemented state activities designed to address the opioid crisis. The purpose of the grant program was to increase access to treatment, decrease unmet treatment need, and reduce overdose deaths through prevention, treatment, and recovery activities. Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), the STR grant was distributed to Single State Agencies (SSAs) based upon a formula created by SAMHSA with variables specified by Congress. The STR grant program did not receive funding after FY2018, when it was effectively replaced by the SOR grant program (see Footnote 1).

Due to the record-level drug overdose deaths in the country, Congress provided \$1 billion to SAMHSA in FY2018 through a new SOR grant program. The appropriation, located in the annual Department of Health and Human Services appropriations act, included a \$50 million set-aside for Indian tribes and an additional 15% set-aside for states with the highest opioid-related mortality rates. Program goals were similar to the STR grants with an emphasis on expanding access to MAT. The SOR funding was distributed using a formula similar to the STR grant formula but determined entirely by SAMHSA (see Footnote 1).

When the STR grant authorization expired in FY2018, Congress increased the SOR grant appropriation by \$500 million – the same amount as the STR grants – for a total of \$1.5 billion for FY2019. The SOR grants were funded for \$1.5 billion in each of FY2020 and FY2021. Congress increased the SOR grant appropriation by \$25 million in FY2022 for a total of \$1.525 billion, and then by another \$50 million in FY2023 for a total of \$1.575 billion (see Footnote 1).

¹ Congressional Research Service (CRS). (2023, February). Opioid block grants.

The SOR grant program requirements and structure were similar to those for STR grants but were more explicitly focused on increasing access to MAT using the three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder (methadone, buprenorphine, and naltrexone). Grants were distributed to states via the SSAs allowing for state discretion for use or further distribution. The FY2020 appropriation language added "stimulants" to the grant purpose, allowing SOR funds to support activities related to methamphetamine and cocaine substances increasingly involved in drug-related overdose deaths (see Footnote 1).

The Restoring Hope for Mental Health and Well-Being Act (Division FF, Title I of P.L. 117-328, the Consolidated Appropriations Act, 2023) amended Section 1003 of the Cures Act by replacing the STR grant authorization with an authorization for the SOR program. This new SOR statutory authorization codified minimum allocation amounts for grantees and formula preferences – including an avoidance of funding cliffs between states. The authorization specified use of grant funds and state reporting requirements. It also included a set-aside of up to 15% for states with the highest drug overdose death rates. This provision authorized the appropriation of \$1.575 billion for each of FY2023 through FY2027 (see Footnote 1).

The purpose of the SOR program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamines, and aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.²

The Florida Department of Children and Families (DCF), the SSA for the State of Florida, is the recipient of SOR funds awarded to the State. Florida's SOR award is administered through the Office of Substance Abuse and Mental Health (SAMH) within DCF. DCF utilizes SOR funds to address the opioid crisis by increasing access to MAT using the three FDA-approved medications for the treatment of OUD, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder, including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs. Florida's program also supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine.³

Florida's SOR-funded projects are designed to address the opioid crisis by providing a comprehensive array of evidence-based prevention, harm reduction, MAT, and recovery support services as well as educating system partners and the community on treatment of OUDs and overdose prevention. The goals of the projects are to:

- Reduce the numbers and rates of opioid-caused deaths

² Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, May). State opioid response grants.

³ National Association of State Alcohol and Drug Abuse Directors (NASADAD). (2021). Addressing opioid and stimulant misuse and disorders: The impact of state opioid response grants.

- Prevent opioid and stimulant misuse among young people
- Increase access to the most effective treatments for opioid and stimulant use disorders
- Increase access to recovery support options
- Increase the number of individuals and organizations that are trained to provide MAT and recovery support services for OUDs (see Footnote 3).

In pursuing these goals, DCF has implemented a broad array of innovative service delivery models including:

- Prevention programs primarily targeted at youth as a deterrent from an opioid and/or stimulant addiction
- Overdose prevention programs to purchase and distribute naloxone, the lifesaving medication that reverses opioid overdoses, and to facilitate trainings on the use of naloxone
- Treatment programs to include individual and group counseling and MAT to help individuals experiencing withdrawal symptoms to hopefully remain in recovery longer
- Recovery services including the establishment of recovery residences using the Oxford House Model and the development of Recovery Community Organizations
- Behavioral health consultants to support child protective investigators to assist with parents who have an opioid and/or stimulant use disorder
- Recovery-Oriented Quality Improvement Specialists to promote the Recovery-Oriented System of Care, which is a coordinated network of community-based services and supports that is person centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of substance misuse
- A mobile buprenorphine unit to provide Miami's "hard to reach" clients with help to become sober and on their way toward recovery
- Qualified medical professionals to assist with MAT technical assistance
- Curricula development for medical schools
- Buprenorphine induction programs within hospital emergency departments
- Clinicians with access to ASAM CONTINUUM software from the American Society of Addiction Medicine that facilitates a full biopsychosocial assessment.³

SAMHSA reported the following accomplishments of the Florida SOR program in its 2021 report to Congress:

- The opening of 29 additional Oxford Houses for a total of 43 houses (349 bed capacity)
- The implementation of 11 evidence-based prevention programs which have served 29,659 youth through individual-based and group programs

- The design and dissemination of media campaigns on the prevention of prescription opioid misuse that have reached approximately 4,455,233 individuals⁴

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). 2021 report to congress on the state opioid response grants (SOR).

Chapter 2: Sources of SOR Guidance

This chapter describes some sources of the guidance that NWF administrators may wish to reference in managing SOR grants. For purposes of this handbook, the term "guidance" is used broadly to include both sources that are legal authorities (e.g., statutes and regulations) and sources that are programmatic guidance included in instructions, notices, and other communications, etc.

DCF Managing Entity (ME) Contract

DCF contracts with the seven (7) MEs, including NWF, for the administration and management of regional behavioral health services and supports, including core SOR-funded services. A large percentage of Florida's SOR funds are allocated to the MEs. As the recipient of SOR awards, DCF is responsible for ensuring that all of the MEs comply with the terms and conditions of the SOR and other federal awards which it distributes to them. DCF informs NWF of its responsibilities regarding federal funds either explicitly or by reference to other authorities throughout the DCF/NWF contract document (the Contract).

Per paragraphs 5 and 34 of the Contract, NWF verifies that it will become fully aware of and abide by the terms and conditions of all federal funding included in its contract funding. Accordingly, NWF staff must review and understand the terms and conditions of the Contract and abide by its provisions. In particular, DCF requires its MEs to fulfill certain responsibilities on a regional basis that supports the ability of the entire state of Florida to comply with SOR requirements. MEs must comply with designated reporting formats and standards in order for DCF to aggregate results for the purpose of completing statewide reporting requirements for the SOR grant. Consequently, NWF through its contract with DCF is responsible for complying with most of the requirements that are discussed in the following chapter.

Paragraph 34 of the Contract asserts that NWF, by signing the agreement "...acknowledges that it is independently responsible for investigating and complying with all State and Federal laws, rules and regulations relating to its performance under this contract...". Paragraph 34 goes on to reference some of the general requirements associated with all federal grants without specifically addressing SOR. Exhibit F1, ME Schedule of Funds, attached to the Contract provides a schedule of monies allocated to NWF from all sources for all funded programs for an entire budget year. DCF identifies the amounts of all SOR funds allocated to NWF. The Other Cost Accumulator (OCA) code assigned to every SOR allocation amount identifies the valid covered services that the funds may be used for. The OCA also identifies any projects and programs that are associated with a particular allocation.

Chapter 65E-14 of the Florida Administrative Code (Chapter 65E-14)

[Chapter 65E-14](#), Community Substance Abuse and Mental Health Services – Financial Rules, provides guidelines and requirements applicable to MEs under direct contract with DCF and service providers under subcontracts with MEs. It applies to all SAMHSA-funded entities when providing services using community substance abuse and mental health funds appropriated by the Florida Legislature to the DCF.

SOR Notice of Funding Opportunity (NOFO)

A NOFO is a publicly available document by which a federal agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. NOFOs can be found at [Grants.gov](https://www.Grants.gov) in the “Search Grants” tab and on the funding agency's or program's website. For discretionary grants and cooperative agreements that are competed, SAMHSA must announce funding opportunities by providing specific information in a public notice including a full programmatic description. The [NOFO for the 2022 SOR award](#) includes a detailed program description that summarizes requirements for:

- Key personnel
- Required activities
- Allowable activities
- Evidence-based practices
- Data collection/performance measurement and project performance assessment
- Other expectations
- Grantee meetings

SOR Application

[Florida's SOR grant application](#) identifies the State's objectives, priorities, strategies, and budgets for the use of SOR grant funds. It also indicates the planned allocation of resources by program for each of the MEs.

SOR Notice of Award (NOA)

The SOR NOA is the legal document issued to DCF that indicates that an award has been made and that funds may be requested from the designated U.S. Department of Health and Human Services (HHS) payment system or office. It sets forth pertinent information about the grant, including, but not limited to, the following:

- Grant identification number or Federal Award Identification Number ("grant number" or "FAIN")
- Statutory authority for the award and any applicable program regulations
- Name of recipient organization
- Name of the principal investigator or program/project director
- Approved project period and budget period start and end dates
- Amount of federal funds authorized for obligation by the recipient
- Amount of matching or cost sharing (if applicable)
- Names of the cognizant awarding office, project officer, grants management officer, and grants management specialist

- Applicable terms and conditions of award, such as, financial and programmatic reporting requirements and frequency

As DCF is the direct recipient of SOR awards, it is responsible for ensuring that all MEs are sufficiently notified of any applicable requirements that are identified in the NOA via the DCF/NWF contract language, any other program guidance, technical assistance and/or training.

HHS Standard Terms and Conditions

Grant awards issued with funds from SAMHSA are subject to legally binding requirements called standard terms and conditions. These are provided by HHS at [Standard Terms and Conditions](#).

45 CFR 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR 75)

[45 CFR 75](#) establishes uniform administrative requirements, cost principles, and audit requirements for federal awards to non-federal entities and prescribes the manner in which federal agencies that administer federal financial assistance programs are to carry out their statutory responsibilities under the Federal Program Information Act (31 U.S.C. § 6101 et seq.).

45 CFR 75, Subparts B through D (administrative requirements) set forth the uniform administrative requirements for grant and cooperative agreements, including the requirements for HHS awarding agency management of federal grant programs before the federal award has been made, and the requirements HHS awarding agencies may impose on non-federal entities in the federal award.

45 CFR 75, Subpart E (cost principles) establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The principles are for the purpose of cost determination and are not intended to identify the circumstances or dictate the extent of federal government participation in the financing of a particular program or project. The principles are designed to provide that federal awards bear their fair share of costs recognized under these principles except where restricted or prohibited by statute.

45 CFR 75, Subpart F (single audit requirements and audit follow-up) is issued pursuant to the Single Audit Act Amendments of 1996 (31 U.S.C. § 7501 et seq.). It sets forth standards for obtaining consistency and uniformity among federal agencies for the audit of non-federal entities expending federal awards. These provisions also provide the policies and procedures for HHS awarding agencies and pass-through entities when using the results of these audits.

HHS Grants Policy Statement (GPS)

The [GPS](#) makes available in a single document the policies applicable to HHS discretionary grants, including SOR. These policies are common across all HHS Operating Divisions including SAMHSA, and are incorporated by reference in the NOA terms. The GPS describes the roles and responsibilities of key HHS and recipient personnel who work with SOR federal awardees.

DCF Website

DCF provides additional information regarding the Florida SOR project on its website located at the [Florida's State Opioid Response Project | Florida DCF \(myflfamilies.com\)](#).

Chapter 3: SOR Programmatic Requirements

This chapter summarizes some of the major requirements that NWF staff must abide by in managing SOR-funded activities and programs. It discusses SOR-specific programmatic requirements as identified in the SOR NOFO as well as the monitoring and oversight responsibilities associated with the management of all federal grant awards as presented in 45 CFR 75. The SOR NOFO identifies the following programmatic requirements:

- Required Activities
- Allowable Activities
- Evidence-based Practices
- Data Collection/Performance Measurement and Project Performance Assessment
- Other Expectations

45 CFR 75 identifies pass-through entity monitoring and oversight responsibilities.

Required Activities

SOR Recipients and sub-awardees must use their grant funds primarily to support direct services including:

- | | |
|--|---|
| <ul style="list-style-type: none">• Needs Assessments• State Strategic Plan• Service Delivery Models• Recovery Support Services• Prevention and Education Services | <ul style="list-style-type: none">• Harm Reduction Services• Drug Abuse Treatment Act (DATA) Waivers• Treatment Transition• Technical Assistance and Training (TA/T)• HIV and Hepatitis Testing |
|--|---|

1. Needs Assessments

SOR grant applicants must include a needs assessment in their submission to SAMHSA that addresses the following topics:

- The scope of OUD, SUDs, and overdose mortality in recent years
- The strengths, unmet service needs, and critical gaps in your service system across diverse racial, ethnic, geographic, and other demographic, groups
- Areas where opioid and stimulant misuse, SUD, use of emergency medical resources for substance use such as hospitalization, and overdose are the most prevalent
- The number and location of opioid treatment providers (OTPs) in the state, including OTPs as well as DATA-waivered office-based opioid treatment providers
- All existing activities and their funding sources in the state that address opioid and stimulant use prevention, harm reduction (e.g., fentanyl test strip purchase and distribution), treatment, recovery activities, and remaining gaps in these activities

- A naloxone distribution and saturation plan particularly focused on areas with high rates of overdose mortality that includes:
 - The amount of annual naloxone needed to reach saturation in the state’s communities and the estimated gap in the current supply,⁵
 - Targeted distribution and communication strategy to get the appropriate type of naloxone into the hands of those most likely to witness an overdose and in the locations where they are most likely to occur,
 - Partnerships with existing public and private efforts external to SOR such as through Medicaid, “buyers’ clubs”, and recent court settlements,
 - Budget that includes the cost of the naloxone and other operational requirements, and
 - Detailed timeline to implement the plan including procurement requirements.

2. State Strategic Plan

SOR recipients must develop a strategic plan that addresses the needs of diverse populations, including underserved populations and older adults with targeted interventions, when appropriate, as well as strategies and activities that will be incorporated to address and promote behavioral health equity. The plan must also address outreach efforts to engage tribes, tribal organizations, and urban Indian organizations to ensure that strategies are implemented to meet their needs.

3. Service Delivery Models

SOR recipients must implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from opioid and stimulant use disorders. Models for evidence-based treatment include, but are not limited to:

- Hub and spoke/center of excellence models in which patients with OUD and stimulant use disorder are stabilized in a specialized treatment setting focused on the care and treatment of OUD and stimulants, and associated conditions such as mental illness, physical illness including infectious diseases, and other substance use disorders, and then transferred to community-based providers once stabilization has occurred,
- Treatment in federally and state-regulated OTPs,
- Addiction specialty care programs that either directly provide or support use of MOUD in addition to psychosocial services such as:
 - drug counseling
 - psychoeducation

⁵ FRED (A Framework for Reconstructing Epidemiological Dynamics) provides a helpful resource for some states and counties to plan for their naloxone saturation needs.

- toxicology testing
- individual, group, and/or family therapy
- vocational/educational resources
- case management
- recovery support services, including community-based services that provide peer support
- housing needs and issues of families (e.g., reunification of children who may be in foster care while a parent(s) receive treatment), may include outpatient, intensive outpatient or partial hospital levels of care,
- Non-specialty settings such as emergency departments, urgent care centers, and in some cases, pharmacies that also support appropriate MOUD and recovery support services,
- Inpatient/residential programs that provide intensive treatment services to those meeting medical necessity criteria and which offer MOUD provided the care continuum includes a connection to MOUD in the community once individuals are discharged from the inpatient/residential program,
- Primary care or other clinical practice settings where MOUD is provided and linkages to psychosocial services and recovery support services centered on patient needs related to the provision of comprehensive treatment of OUD,
- Programs that address the multi-faceted and complex needs of individuals with stimulant use disorder (e.g., polydrug use, psychosis, violence, co-occurring stimulant use and mental disorders, etc.),
- Low threshold MOUD treatment programs that offer services and make minimal requirements of patients, thus removing or reducing barriers to treatment and expanding access to care, and
- Innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery.

4. Recovery Support Services

SOR recipients must implement recovery support services, including but not limited to:

- Peer support,
- Recovery coaches,
- Vocational training,
- Employment support,
- Transportation,
- Childcare,
- Legal assistance,

- Recovery Community Organizations,
- Housing support (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance),
- 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 mouthwash, and educational information related to accessing dental care), and
- Recovery Housing.

5. Prevention and Education Services

SOR recipients must implement prevention and education services including:

- Training of peers, first responders, and other key community sectors on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone,
- Developing evidence-based community prevention efforts such as strategic messaging on the consequences of opioid and stimulant misuse,
- Implementing school-based prevention programs and outreach, and
- Purchasing and distributing the opioid overdose antidote reversal naloxone, based on the naloxone distribution and saturation plan, and train on its use.

6. Harm Reduction Services

SOR recipients must provide harm reduction services, either through support of integrated harm reduction services singly within treatment settings, treatment providers collaborating with community-based harm reduction organizations, or through the support of syringe service programs.⁶ Harm reduction services funded under this grant must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services.⁷

7. Drug Abuse Treatment Act (DATA) Waivers

SOR recipients must ensure that all practitioners who serve clients with SUDs and are eligible to obtain a DATA waiver, employed by an organization receiving funding through SOR, receive such a waiver. (Section 1262 of the Consolidated Appropriations Act, 2023, removed the federal requirement for practitioners to have a waiver to prescribe medications, like buprenorphine, for the treatment of OUD).

⁶ Consolidated Appropriations Act, 2022 (Public Law 117-103) Section 807.

⁷ 21 U.S.C. § 863(a) and 21 U.S.C. § 863(d).

8. Treatment Transition

SOR recipients must provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.

9. Technical Assistance and Training (TA/T)

SOR recipients must make use of the SAMHSA-funded SOR/Tribal Opioid Response TA/T resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers and others in your state who will render services to individuals with OUD and/or stimulant use disorders.

10. HIV and Hepatitis Testing

SOR recipients must provide HIV and viral Hepatitis testing as clinically indicated and provide referrals to appropriate treatment to those testing positive. Vaccination for Hepatitis A and B should be provided or referral made for same as clinically indicated.

Allowable Activities

Allowable activities are an allowable use of grant funds but are not required. Recipients may use grant funds to provide any allowable activity if it does not interfere or prevent the grant recipient from performing all required activities and serve the total number of unduplicated individuals each year of the grant. Allowable activities may include:

<ul style="list-style-type: none">• Evidence-Based Prevention, Treatment, and Recovery Support Services State Strategic Plan• Mobile and/or Non-Mobile Medication Units• Fentanyl Test Strips (FTS)	<ul style="list-style-type: none">• Evidence-Based Contingency Management Programs• Workforce Development• Tobacco/Nicotine Product Cessation Programs• Administrative Costs
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1. Evidence-Based Prevention, Treatment, and Recovery Support Services State Strategic Plan

SOR recipients may implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient/residential levels of care.

2. Mobile and/or Non-Mobile Medication Units

SOR recipients may purchase and/or implement mobile and/or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications

for OUD treatment in accordance with federal regulations.⁸ The following services may be provided in mobile medication units, assuming compliance with all applicable federal, state, and local law:

- Administering and dispensing medications for opioid use disorder treatment,
- Collecting samples for drug testing or analysis,
- Dispensing of take-home medications,
- Conducting intake/initial psychosocial and appropriate medical assessments, with a full physical examination to be completed or provided within 14 days of admission, in units that provide appropriate privacy and adequate space,
- Initiating methadone or buprenorphine after an appropriate medical assessment has been performed, and
- Counseling and other services, in units that provide appropriate privacy and have adequate space, may be provided directly or when permissible through use of telehealth services. Non-mobile medication units may also offer the above services where space allows for quality patient care and are consistent with state and local laws and regulations.

3. Fentanyl Test Strips (FTS)

SOR recipients may purchase and distribute FTS. FTS can be used to determine if drugs have been mixed or cut with fentanyl. This important information about fentanyl in the illicit drug supply will provide drug users and the communities the opportunity to take steps to reduce their risk of overdose.⁹

4. Evidence-Based Contingency Management Programs

SOR recipients may develop and implement evidence-based contingency management programs to treat stimulant use disorder and concurrent substance misuse, and to improve retention in care. Recipients that plan to implement contingency management programs must certify that they will comply with the conditions and training requirements, as well as provide a plan to ensure: 1) that sub-awardees receive appropriate education on contingency management prior to implementation, and 2) oversight of sub-awardee contingency management implementation and operation.

5. Workforce Development

SOR recipients may provide training and activities to enhance and expand the substance use and co-occurring substance use and mental disorder treatment workforce. (Note: Although workforce development is an allowable use of grant funds, SAMHSA expects that priority will be

⁸ Letter to OTP Directors, SOTAs and State Directors from Kimberly Nelson, Acting Director of CSAT. Letter to State Substance Abuse Director on the adoption of mobile medication units from Miriam Delphin-Rittmon, Assistant Secretary for SAMHSA.

⁹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2021, April). Federal grantees may now use funds to purchase fentanyl test strips.

given to service provision and prevention activities. Recipients will be expected to utilize the training and education resources which SAMHSA provides at no cost to the grant.)

6. Tobacco/Nicotine Product Cessation Programs

SOR recipients may develop and implement tobacco/nicotine product (e.g., vaping) cessation programs, activities, and/or strategies.

7. Administrative Costs

SOR recipients may use no more than 5 percent of the total grant award for administrative costs (indirect cost) and certain types of infrastructure development listed below, if necessary, to support the direct service expansion of the grant project:

- Adopting and/or enhancing your computer system, management information system, electronic health records, etc., to document and manage client needs, care process, integration with related support services, and outcomes
- Training/workforce development to help project staff administer the grant program
- Developing policy to support needed service system improvements

Evidence-Based Practices (EBPs)

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An EBP refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that SOR grant recipients will utilize EBPs. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

DCF has selected and approved several EBPs for MEs to utilize throughout the state.

- **Strengthening Families Program** – For Parents and Youth 10-14 (if completed in combination with Botvin LifeSkills Training) helps parents/caregivers learn nurturing skills that support their children, teaches parents/caregivers how to effectively discipline and guide their youth, gives youth a healthy future orientation and an increased appreciation of their parents/caregivers, and teaches youth skills for dealing with stress and peer pressure
- **Caring School Community** – A comprehensive, research-based social and emotional learning (SEL) program that builds school-wide community, develops students' social skills and SEL competencies, and enables a transformative stance on discipline

- **Guiding Good Choices** – A family competency training program for parents of children in middle school that gives parents the skills needed to reduce their children’s risk for using alcohol and other drugs
- **InShape Prevention Plus Wellness** – An easy-to-use, single-session substance use prevention program designed to increase fitness, health, and performance — enhancing behaviors like physical activity, exercise, healthy eating, getting adequate sleep, and practicing stress control while avoiding harmful substance use for young adults
- **PAX Good Behavior Game** – A set of strategies to help students learn important self-management skills while collaborating to make their classroom a peaceful and productive learning environment
- **Positive Action** – Embeds academic content in lessons designed to develop an intrinsic interest in learning and promote pro-social behavior
- **Project SUCCESS** – Consists of program components designed and proven to help students gain confidence and resilience in creative thinking, decision making, goal setting, and resourcefulness while developing the skills and generating the support to plan their futures
- **Project Towards No Drug Abuse** – A program that encourages students to stop or reduce the use of cigarettes, alcohol, marijuana, and hard drugs (e.g., cocaine, hallucinogens, depressants, amphetamines); stop or reduce weapon carrying and victimization; state accurate information about the consequences of drug use and abuse, including environmental, social, physiological, and emotional consequences; demonstrate behavioral and cognitive coping skills; and make a personal commitment regarding drug use
- **SPORT Prevention Plus Wellness** – Founded on the behavior–image model, a marketing-related framework that targets naturally motivating positive peer and desired future images to increase motivation for change and multiple health behavior goal setting, which in turn increases self-regulation skills
- **Teen Intervene** – Designed to provide a brief intervention to teenagers who have experienced mild to moderate problems associated with alcohol or drug use; teenagers work one-to-one with an addiction treatment counselor to identify and, ultimately, change their choices and behaviors
- **Drug Deactivation Packets** – Intended to safely dispose and permanently destroy prescription and over-the-counter medications
- **Botvin LifeSkills Training** – A school-based program solely dedicated to helping youth avoid the misuse of opioids and prescription drugs as well as preventing alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors
- **MAT** – Provides a comprehensive, individually tailored program of medication and behavioral therapy that addresses the needs of most patients and has been shown to:

- Improve patient survival
 - Increase retention in treatment
 - Decrease illicit opiate use and other criminal activity among people with SUDs
 - Increase patient’s ability to gain and maintain employment
 - Improve birth outcomes among women who have SUDs and are pregnant
- **Use Only as Directed Utah Prescription Pain Medication Program** – An EBP for strategic messaging

Data Collection/Performance Measurement and Project Performance Assessment

SOR recipients are required to report performance on the following measures: abstinence, employment/education status, criminal justice involvement, social connectedness, health/behavioral/social consequences, and housing stability. In addition, SOR recipients are required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of MOUD received. Also required is the collection of the following measures:

- Naloxone overdose kits purchased and distributed
- Overdose reversals
- FTS purchased and distributed
- Education of school-aged children, first responders, and key community sectors on opioid and/or stimulant misuse
- Outreach activities that target underserved and/or diverse populations

SOR recipients may use no more than 5 percent of the total grant award for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Other Expectations

In addition to the required and allowable activities, SAMHSA expects SOR recipients to pursue several complementary strategies as highlighted below:

<ul style="list-style-type: none"> • Implement High Quality Programs, Practices, and Policies • Coordinate with Other Federal Programs • Implement Tobacco and Nicotine Free Policies 	<ul style="list-style-type: none"> • Seek Out Third Party Reimbursements for the Provision of Services/Health Insurance Enrollment • Implement Behavioral Health Services for Military Service Members and Veterans
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1. Implement High Quality Programs, Practices, and Policies

SAMHSA expects SOR recipients to use grant funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.¹⁰

- **Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery oriented recipients promote partnerships with people in recovery from mental and (SUDs), along with their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:
 - *Health*—managing one’s illnesses or symptoms and making informed healthy choices that support physical and emotional wellbeing
 - *Home*—a stable and safe place to live
 - *Purpose*—meaningful daily activities such as a job or school
 - *Community*—supportive relationships with families, friends, and peers

Recovery oriented systems of care embrace recovery as: emerging from hope; person-driven; occurring via many pathways; holistic; supported by peers and allies; culturally-based and influenced; supported through relationship and social networks; involving individual, family, and community strengths and responsibility; supported by addressing trauma; and based on respect.

- **Trauma-informed care** recognizes and intentionally responds to the lasting adverse effects of experiencing traumatic events. Trauma-informed care is defined through six key principles:
 - *Safety*—participants and staff feel physically and psychological safe
 - *Peer support*—peer support and mutual self-help as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience
 - *Trustworthiness and Transparency*—decisions are conducted with the goal of building and maintaining trust
 - *Collaboration and Mutuality*—importance is placed on partnering and leveling power differences
 - *Cultural, Historical, & Gender Issues*—culture and gender-responsive services are offered while moving beyond stereotypes/biases
 - *Empowerment, Voice and Choice*—organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.¹¹

¹⁰ “[Behavioral health](#)” means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

¹¹ SAMHSA’s concept of trauma and guidance for a trauma-informed approach (2014, July).

It is critical recipients promote the linkage to recovery and resilience for those individuals and families impacted by trauma.

- **Behavioral health equity** is the right to access high quality and affordable health care services and supports for all populations regardless of the individual's race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practice, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

2. Coordinate with Other Federal Programs

SOR recipients must coordinate activities to eliminate duplication of services and programs funded by other federal, state, and private sources. The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. SOR recipients are encouraged to collaborate and coordinate with RWHAP recipients for the provision of HIV care and treatment services, including Hepatitis screening, testing, and vaccination for people living with HIV.

3. Implement Tobacco and Nicotine Free Policies

SAMHSA strongly encourages all SOR recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

4. Seek Out Third Party Reimbursements for the Provision of Services/Health Insurance Enrollment

SOR recipients must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. SOR recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. SOR recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, SOR recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

5. Implement Behavioral Health Services for Military Service Members and Veterans

SAMHSA encourages all SOR recipients to address the behavioral health needs of active-duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.¹²

Subrecipient Monitoring

All SOR recipients and subrecipients including NWF are required to conduct monitoring and oversight activities as identified below in relation to their role as pass-through entities that provide financial assistance to sub-awardees for the provision of federally-funded services. NWF subcontracts with Network Provider(s) (NPs) for the delivery of SOR and other federally-funded services.

- Detail a plan for monitoring and overseeing the delivery of prevention, treatment and recovery services by NPs. (45 CFR 75.352)
- Ensure that every subaward is clearly identified to NPs as a subaward and includes the required information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available (i.e., pass-through entity), NWF must provide the best information available to describe the federal award and subaward. As noted in 45 CFR 75.352, the required information includes:

— Federal Award Identification:

- NP name (which must match the name associated with its unique entity identifier)
- NP's unique entity identifier
- Federal Award Identification Number (FAIN)
- Federal award date (see 45 CFR 75.2 federal award date) of award to the recipient by the HHS awarding agency
- Subaward period of performance start and end date
- Amount of federal funds obligated by this action by NWF to the NP
- Total amount of federal funds obligated to the NP by the recipient including the current obligation
- Total amount of the federal award committed to the NP by NWF
- Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act
- Name of HHS awarding agency, recipient, and contract information for awarding official of the recipient

¹² Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, May). FY 2022 State opioid response grants {short title: SOR} (initial announcement) notice of funding opportunity {NOFO} No. TI-22-005 assistance listing number: 93.788.

- Catalog of Federal Domestic Assistance (CFDA) number and name; NWF must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement
- Identification of whether the award is research and development
- Indirect cost rate for the federal award (including if the de minimis rate is charged per 45 CFR 75.414)
- All requirements imposed by NWF on the NP so that the federal award is used in accordance with federal statutes, regulations, and the terms and conditions of the federal award
- Any additional requirements that the NWF imposes on the NP in order for the recipient to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports
- An approved federally recognized indirect cost rate negotiated between the NP and the federal government or, if no such rate exists, either a rate negotiated between the NWF and the NP (in compliance with 45 CFR 75), or a de minimis indirect cost rate as defined in 45 CFR 75.414(f)
- A requirement that the NP permit the recipient and auditors to have access to the NP's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR 75
- Appropriate terms and conditions concerning closeout of the subaward
- Evaluate each NP's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR 75.352(d) and (e). (45 CFR 75.352(b)).
- Consider imposing specific subaward conditions upon a NP if appropriate as described in 45 CFR 75.207. (45 CFR 75.352(c)).
- In accordance with 45 CFR 75.352(d), monitor the activities of the NP as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and, that subaward performance goals are achieved. Recipient monitoring of the NP must include:
 - Reviewing financial and performance reports
 - Following-up and ensuring that the NP takes timely and appropriate action on all deficiencies pertaining to the federal award provided to the NP from NWF detected through audits, on-site reviews, and other means
 - Issuing a management decision for audit findings pertaining to the federal award provided to the NP from the NWF as required by 45 CFR 75.521
- Depending upon the NWF's assessment of risk posed by the NP, employ the following monitoring tools that may be useful for the recipient to ensure proper accountability and compliance with program requirements and achievement of performance goals:

- Provide NPs with training and technical assistance on program-related matters
- Perform on-site reviews of the NP's program operations
- Arrange for agreed-upon procedures engagements as described in 45 CFR 75.425. (45 CFR 75.352(e)).
- Verify that every NP is audited as required by Subpart F of 45 CFR 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR 75.501. [\$750,000 in 2023] (45 CFR 75.352(f)).
- Consider whether the results of the NP's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to NWF's own records. (45 CFR 75.352(g)).
- Consider taking enforcement action against noncompliant NPs as described in 45 CFR 75.371 and in program regulations. (45 CFR 75.352(h)). ¹³

¹³ <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>

References

- Bipartisan Policy Center. (2022, April). Combating the opioid crisis: 'Smarter spending' to enhance the federal response. Retrieved from www.bipartisanpolicy.org
- Congressional Budget Office. (2022, September). The opioid crisis and recent federal policy responses. Retrieved from www.cbo.gov/publication/58221
- Congressional Research Service (CRS). (2023, February). Opioid block grants. Retrieved from <https://crsreports.congress.gov>
- Department Health and Human Services, Office of Inspector General. (2020, March). State's use of grant funding for a targeted response to the opioid crisis. Retrieved from <https://oig.hhs.gov/oei/reports/oei-BL-18-00460.asp>
- Florida Department of Children and Families. Annual report 2019, updated January 2020. Florida's state opioid response project. Retrieved from www.myflfamilies.com
- Florida Department of Children and Families. Annual performance progress report September 2021 - September 2022. Florida's state opioid response grant (SOR-2). Retrieved from www.myflfamilies.com
- Florida Department of Children and Families. Florida's state opioid response (SOR) project. Retrieved from [Florida's State Opioid Response Project - Florida Department of Children and Families \(myflfamilies.com\)](http://www.myflfamilies.com/service-programs/samh/publications/)
- Florida Department of Children and Families. Florida's state opioid response project resources. Retrieved from www.myflfamilies.com/services/samh/samh-treatment-services-and-facilities/fsorp/resources
- Florida Department of Children and Families. Managing entities FY22-23 templates. templates page. Retrieved from <https://myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities/managing-entities-fy22>
- Florida Department of State. Rule chapter 65 E-14. Community substance abuse and mental health services - financial rules. Retrieved from <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14>
- Florida Department of Children and Families. SAMH program information – publications. Retrieved from <https://www.myflfamilies.com/service-programs/samh/publications/>
- Government Accountability Office (GAO). Response to congressional requestors. (2021, December). Opioid use disorder: Opportunities to improve assessments of state opioid response grant program. Retrieved from <https://www.gao.gov>

Letter to OTP Directors, SOTAs and State Directors from Kimberly Nelson, Acting Director of CSAT. Retrieved from <https://www.samhsa.gov/sites/default/files/2021-letter-mobile-component.pdf>

Letter to State Substance Abuse Director on the adoption of mobile medication units from Miriam Delphin-Rittmon, Assistant Secretary for SAMHSA. Retrieved from <https://www.samhsa.gov/sites/default/files/2021-letter-state-authorities-mobile.pdf>

National Archives and Records Administration. Code of federal regulations (CFR). 45 CFR 75 part 75—uniform administrative requirements, cost principles, and audit requirements for HHS awards. Retrieved from <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>

National Association of State Alcohol and Drug Abuse Directors (NASADAD). (2021). Addressing opioid and stimulant misuse and disorders: The impact of state opioid response grants. Retrieved from <https://nasadad.org/wp-content/uploads/2022/07/Florida-STR-SOR-Brief-2021-PFedit.pdf>

National Association of State Alcohol and Drug Abuse Directors (NASADAD). (2021, May). Florida initiative brief: Addressing opioid and stimulant misuse and disorders: The impact of state opioid response grants. Retrieved from www.nasadad.org

National Association of State Alcohol and Drug Abuse Directors (NASADAD). (2023, May). Role of the state opioid treatment authority (SOTA): Core and common responsibilities under current federal regulations. Retrieved from www.nasadad.org

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014, July). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Retrieved from https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_trauma.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). 2021 report to congress on the state opioid response grants (SOR). Retrieved from <https://www.samhsa.gov>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2021, April). Federal grantees may now use funds to purchase fentanyl test strips. Retrieved from <https://www.samhsa.gov/newsroom/press-announcements/202104070200>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, May). FY 2022 State opioid response grants {short title: SOR} (initial announcement) notice of funding opportunity {NOFO} No. TI-22-005 assistance listing number: 93.788. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/ti-22-005>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, September). Biden-Harris administration awards more than \$1.6 billion in funds for communities addressing addiction and overdose crises. Retrieved from

<https://www.samhsa.gov/newsroom/press-announcements/20220923/biden-harris-administration-awards-funds-communities-addressing-addiction-overdose-crises>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023, May). Fiscal year 2023 award standard terms. Retrieved from <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>

University of Pittsburgh Public Health Dynamics Laboratory. (2021). FRED phase i simulator for opioid use disorder and overdose. Retrieved from [FRED Web \(pitt.edu\)](#)