

# Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Opioid Response Grants

## Background on State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

## Single State Agency (SSA): Florida Department of Children and Families

In FY 2017 and FY 2018, Florida received a total of \$54 million through STR. From FY 2018 through FY 2020, Florida received a total of \$225 million through SOR.

## Overview of Florida's efforts to address opioid and stimulant misuse and disorders

Florida's SOR grant 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 are to:

- Reduce numbers and rates of opioid-caused deaths;
- 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; and
- Increase the number of individuals and organizations that are trained to provide MAT and recovery support services for OUDs.

## Innovative service delivery models

- 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 and 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 (RCOs)
- Behavioral health consultants (BHCs) to support child protective investigators to assist with parents who have an opioid and/or stimulant use disorder
- Recovery-oriented quality improvement specialists (ROQIS) to promote the Recovery-Oriented System of Care (ROSC), 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 (TA)
- Curricula development for medical schools
- Buprenorphine induction programs within hospital emergency departments
- Providing clinicians with access to ASAM CONTINUUM, software from the American Society of Addiction Medicine that facilitates a full biopsychosocial assessment

## Building workforce capacity

### DATA-Waivered Practitioners

A primary objective of SOR is to expand access to MAT in Florida through increased Drug Addiction Treatment Act (DATA) 2000–waivered prescribers. The Department conducts an annual survey of DATA 2000–waivered providers throughout the seven Managing Entities' provider networks. As of March 2021, there are 122 DATA-waivered prescribers; however, this number is not all-inclusive, because the Department is still awaiting responses from all Managing Entities' providers to confirm information.

### Medical School Curriculum

Through SOR funding opportunities, the Department has partnered with colleges of medicine to support development and enhancement of medical education curriculum ensuring integration of best practices in assessing and treating OUD and misuse. The goal of the project is to equip medical students and future health care providers with a comprehensive and expanded approach to addressing substance use disorders (SUDs). As of March 30, 2021, the following colleges of medicine have conducted activities to enhance current educational tools and practices for medical students, including assessments of current medical school curricula; revision of curricula; and incorporation of MAT:

- Florida Atlantic University Charles E. Schmidt College of Medicine
- Florida State University College of Medicine
- Nova Southeastern University Dr. Kiran C. Patel College of Allopathic Medicine
- University of Central Florida College of Medicine
- University of Florida College of Medicine
- University of Miami Leonard M. Miller School of Medicine
- University of South Florida Morsani College of Medicine



*Students from the University of Central Florida engage in a debrief session to discuss Chronic Pain and Substance Use Disorder Simulation*

Highlights of activities include:

### **Florida Atlantic University Charles E. Schmidt College of Medicine**

- Team leaders at Florida Atlantic University (FAU) provided a virtual panel seminar for faculty, staff, and internal medicine residents at Boca Raton Regional Hospital titled “Recognizing and Managing Stigma Towards People with Substance Use Disorders”. During this seminar, FAU collaborated with the director of the SOR-funded RCO provider Rebel Recovery to discuss his personal experiences. This seminar also emphasized aspects of negative interactions, stigma, and the impact on individuals with SUD.
- FAU medical student volunteers, community partners from Rebel Recovery, and Boca Raton Regional Hospital also created stigma-informing videos, which offered scenarios illustrating nonjudgmental communication.

### **University of Central Florida College of Medicine**

- The College of Medicine conducted a needs assessment to identify students’ competency levels regarding the updated OUD curriculum. Results indicated an increase in students’ competency levels; the results of the needs assessment were presented at the Conference for Medical Student Education on January 31, 2021.
- The College of Medicine also submitted an abstract on their OUD curriculum enhancement to the American Psychiatric Association, which was accepted as a presentation during the 2021 annual meeting.

### **University of South Florida Morsani College of Medicine**

The University of South Florida incorporated 13 Entrustable Professional Activities (EPAs) into their curriculum. EPAs are tasks and responsibilities that student trainees are entrusted to perform unsupervised once they have attained sufficient competency. Students have completed all 13 EPAs. The following table lists the EPAs within the curriculum:

#	University of South Florida Entrustable Professional Activities
1	Gather history and perform a pertinent physical examination
2	Prioritize a diagnosis following a clinical encounter where a substance use disorder, opioid use disorder, or pain is elicited from the patient

3	Interpret and recommend common diagnostic and/or screening tests pertinent to the management of opioid use disorder, substance use disorder, pain prior to implementation of a pain management protocol
4	Enter and discuss orders and prescriptions
5	Document clinical encounter in the patient record with respect to opioid use disorder, substance use disorder, acute and chronic pain
6	Provide oral/verbal presentation of clinical encounter with the patient regarding substance use disorder, opioid use disorder, acute or chronic pain
7	Form clinical questions and retrieve evidence to advance patient care
8	Discuss patient transition care responsibilities
9	Collaborate with interprofessional team
10	Recognize when a patient requires urgent care and initiate evaluation and management
11	Obtain informed consent for tests and/or procedures
12	Perform general procedures of a physician
13	Identify system failures and contribute to a culture of safety and improvement

## Court System

The Department contracted with the Office of the State Courts Administrator (OSCA) to provide training and TA to judges and court staff regarding SUDs, and specifically opioid use and its impacts, to assist with determining sentencing and selecting treatments. Since a significant number of people who are involved in the court system have SUDs, judges and court system staff are important partners in helping to facilitate access to treatment and support services for people with an OUD or opioid misuse. Highlights include the following:

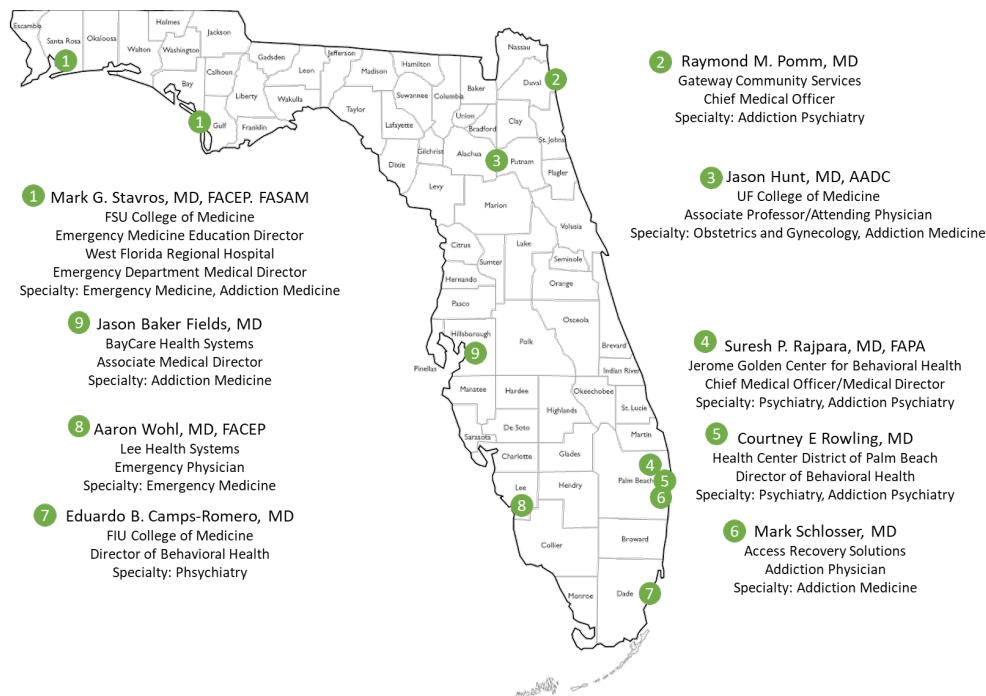
- Virtual Training Series:** For the third year in a row, OSCA is providing a virtual training series to educate and bring awareness to the opioid crisis. The OSCA Opioid Coordinator notified all courts in Florida, and the first webinar in the series was held March 12, 2021, titled “The Psychology of Addiction.” The feedback from participants was enthusiastic, and the webinar is available on demand for replay. As of March 30, 2021, 170 individuals attended and there have been 84 replays of this event. Participants received continuing judicial education and legal education credits. Dr. David Mee-Lee, board-certified psychiatrist and certified by the American Board of Addiction Medicine, spoke about the power of motivational interviewing during his session titled “Motivating and Engaging Hard-to-Reach People Into Accountable, Collaborative Treatment.” Mr. Derrick Johnson, executive and clinical director of NorthStar Clinical Services, spoke about including parallels of grief and loss in drug use, recovery, and support during his session titled “Addressing Grief During the Stimulant and Opioid Crisis.”
- Florida Court Circuit Champions:** The Florida Courts Opioids & Stimulants RESPONSE (FCOSR), formerly the Florida Courts Opioid Initiative (FCOI), has identified Circuit Champions throughout the state who have agreed to be or become subject matter specialists on opioids and the courts. Currently, there are 100 judges and court staff functioning as “champions” to help the OSCA opioid coordinator with the following duties:

- becoming informed about substance abuse–related topics through training and self-study,
  - promoting substance abuse awareness and helping to create a community of shared learning, and
  - assisting with occasional special projects, like providing feedback on FCOSR draft initiatives before they are released statewide. For more information, click on the link below to access the FCOI website. [www.flcourts.org/resources-services/court-improvement/opioid-initiative](http://www.flcourts.org/resources-services/court-improvement/opioid-initiative)
- **e-Learning Modules:** The FCOI subcontracts with a vendor to develop animated e-Learning modules that aim to increase the judges' and court staff's knowledge of the effects opioids have on the body and effective MAT strategies for OUDs. These modules offer a variety of interactive quizzes, animations, and videos, as well as cutting-edge information and resources. The e-Learning modules can be found here: <https://courtslearn.com/>

### Florida Alcohol and Drug Abuse Association

The Department contracts with the Florida Alcohol and Drug Abuse Association (FADAA) for the **Prescriber Peer Mentor Program** to provide expert consultation and TA to potential prescribers of buprenorphine, methadone, and naltrexone and help them develop a MAT program and protocol. The program began in July 2017, initially funded by the STR grant, to support physicians' engagement and services with a prescriber mentor equipped with the background, education, and experience to serve as a peer for other physicians and medical professionals who want to provide or support MAT. In July 2019, SOR began funding the program and hosted a cadre with nine peer prescriber mentors (PPMs) who support MAT around the state. Under this initiative, FADAA recruits, engages, trains, and maintains a cohort of physicians with the appropriate credentials and experience to provide prescriber mentoring and training to medical and behavioral health providers and other stakeholders providing treatment and recovery-related services to individuals with OUDs. The mentoring and training opportunities are also made available to other professionals working with individuals with OUDs, such as hospital emergency department medical staff and community-based clinics.

As of March 30, 2021, one event was funded for the PPMs to develop SUD curricula for hospital emergency departments and explore ways to link patients with SUDs to treatment options. FADAA's webpage for the project provides a list of resources and contact information to request training and consultation services: <http://www.fadaa.org/page/MATPrescriberMentoring>. Below is a map with locations of Florida PPMs, including specialties.



## Integrated Harm Reduction Psychotherapy Training

The Center for Optimal Living provides Integrative Harm Reduction Psychotherapy (IHRP) training for clinicians to learn how to help individuals impacted by the spectrum of addictive and risky behavior, trauma, and other mental health issues. IHRP incorporates psychodynamic, cognitive-behavioral, mindfulness, and body-oriented practices. This training moves away from the disease model toward a psycho-biosocial process model for understanding addiction and shifts from an abstinence-only to an Integrative Harm Reduction approach. Participants learn the Seven Therapeutic Tasks of IHRP along with specific skills to facilitate positive change.

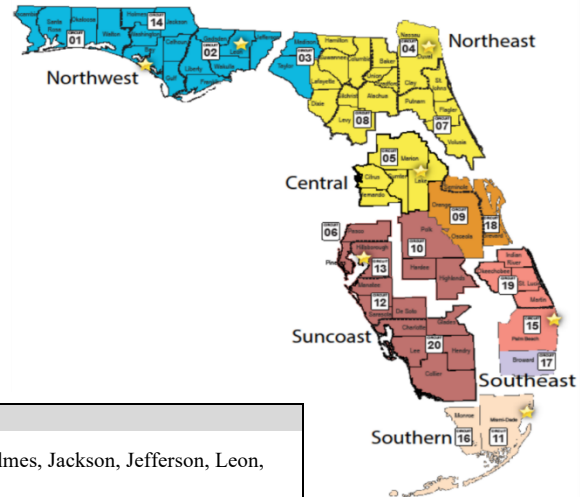
As of March 30, 2021, the Center for Optimal Living has conducted a 5-week (weekly on Fridays) training via Zoom in November and December for the Central Florida Behavioral Health Network (CFBHN) Managing Entity with a total of 80 participants. Participant types are displayed in the following table:

CFBHN Managing Entity Participant Type	
Program Administrator	1
Nurse Practitioner	0
Social Workers	23
Addiction Counselors	21
Case Manager/Clinical Intern	5
Prevention Program Manager	4
Other: LMHC	26
<b>Total</b>	<b>80</b>



## Collaborating with public and private entities

As the map illustrates, there are six Department Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern, and seven Managing Entities: Big Bend Community Based Care dba Northwest Florida Health Systems (BBCBC), Broward Behavioral Health Coalition (BBHC), Central Florida Behavioral Health Network (CFBHN), Central Florida Cares Health System (CFCHS), Lutheran Services Florida (LSF), South Florida Behavioral Health Network dba Thriving Mind (SFBHN), and Southeast Florida Behavioral Health Network (SEFBHN). Each Managing Entity serves specific counties, as shown in the “Counties Served” chart below. SOR implementation and administration are managed through coordination with regional staff, Managing Entities, and local service providers. Using an approach similar to SAMHSA’s formula-based allocations to the states which used two equally weighted elements (the state’s proportion of people with an OUD who have not received treatment, and the state’s proportion of drug poisoning deaths), the Department allocated the majority of SOR funding to Managing Entities for MAT and other recovery services.



### Counties Served

- Big Bend Community Based Care:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
- Broward Behavioral Health Coalition:** Broward
- Central Florida Behavioral Health Network:** Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota
- Central Florida Cares Health System:** Brevard, Orange, Osceola and Seminole
- Lutheran Services Florida:** Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia
- South Florida Behavioral Health Network:** Miami-Dade and Monroe
- Southeast Florida Behavioral Health Network:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie

## Preventing opioid and stimulant misuse before it starts

### Education and public awareness

SOR funds allocated for prevention are intended to be used for evidence-based programs (EBPs) that are effective at preventing opioid and stimulant use, misuse, and/or death. Managing Entities received funding to work with local prevention coalitions and service providers to implement and/or expand primary prevention services in each respective area. The Department has selected and approved 12 EBPs for Managing Entities to utilize throughout the state based on several factors, including SAMHSA’s Center for the Application of Prevention Technologies (CAPT) review of studies regarding a broad array of relevant prevention programs and strategies. Controlled trials of Botvin *LifeSkills Training* (LST) for example, demonstrated significant reductions in prescription opioid misuse.

The Department also looked for statistically significant reductions in opioid misuse (or the use of other illicit drugs), relative to comparison or control groups, as documented in peer-reviewed publications reporting on experimental or quasi-experimental program evaluation designs. Since the most effective

prevention programs tend to demonstrate effects across multiple substances and not just opioids and prescription drugs, the Department authorized the use of SOR funds for the following prevention programs that have evidence of effectiveness at preventing any illicit drug use:

1. Strengthening Families Program: For Parents and Youth 10-14 (if completed in combination with Botvin LST)

This program 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.

2. Caring School Community

Caring School Community is 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.

3. Guiding Good Choices

Guiding Good Choices is 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.

4. InShape Prevention Plus Wellness

InShape Prevention Plus Wellness is 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.

5. PAX Good Behavior Game

PAX is a set of strategies to help students learn important self-management skills while collaborating to make their classroom a peaceful and productive learning environment.

6. Positive Action

Positive Action embeds academic content in lessons designed to develop an intrinsic interest in learning and promote pro-social behavior.

7. Project SUCCESS

All program components are 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.

8. Project Towards No Drug Abuse

At the completion of the program, students will be able 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.



9. SPORT Prevention Plus Wellness (PPW)

SPORT PPW is 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.

10. Teen Intervene

Teen Intervene is designed to provide a brief intervention to teenagers who have experienced mild to moderate problems associated with alcohol or drug use. The teenagers work one-to-one with an addiction treatment counselor to identify and, ultimately, change their choices and behaviors.

11. Drug Deactivation Packets

These packets are intended to safely dispose and permanently destroy prescription and over-the-counter medications.

12. Botvin LifeSkills Training: see narrative below.

Given SAMHSA’s findings, SOR prevention funds are authorized to implement Botvin LST, which is 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. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. The following tables display the numbers served with each EBP.

SOR I School and Community Evidence-Based Prevention Programs						
Program	9/30/20-3/30/21			9/30/18-3/30/21		
	Youth	Adults	Total	Youth	Adults	Total
Strengthening Families	2,600	0	2,600	13,555	312	13,867
Caring School Community	0	0	0	0	11	11
Guiding Good Choices	0	0	0	0	287	287
InShape Prevention Plus Wellness	0	0	0	22	0	22
PAX Good Behavior Game	0	0	0	20	0	20
Positive Action	0	0	0	0	0	0
Project SUCCESS	124	0	124	6,977	160	7,137
Project Towards No Drug Abuse	0	0	0	225	8	233
SPORT PPW	0	0	0	493	27	520
Teen Intervene	0	0	0	52	35	87

Botvin LST	6,461	1,708	<b>8,169</b>	28,363	2,935	<b>31,298</b>
<b>Total</b>	<b>9,185</b>	<b>1,708</b>	<b>10,893</b>	<b>49,707</b>	<b>3,775</b>	<b>53,482</b>

Source: Performance Based Prevention System (PBPS)

SOR II School and Community Evidence-Based Prevention Programs			
EBP	Youth	Adults	Total
Strengthening Families	1,204	11	1,215
Caring School Community	0	0	0
Guiding Good Choices	0	0	0
InShape Prevention Plus Wellness	0	0	0
PAX Good Behavior Game	0	0	0
Positive Action	0	0	0
Project SUCCESS	1,865	37	1,902
Project Towards No Drug Abuse	43	3	46
SPORT PPW	0	0	0
Teen Intervene	0	0	0
Drug Deactivation Packets	0	459	459
Botvin LST	4,091	223	4,314
<b>Total</b>	<b>7,203</b>	<b>733</b>	<b>7,936</b>

Source: Performance Based Prevention System (PBPS)

## Media Campaigns

The SOR Funding Opportunity Announcement also called for states to implement “evidence-based strategic messaging” as part of community-based prevention efforts. CAPT summarized evaluation findings from a selection of media campaigns designed to prevent prescription drug misuse. The only study that measured SOR-related outcomes was an evaluation of Use Only as Directed, Utah’s prescription pain medication program. According to SAMHSA’s summary, during campaign implementation, the number of unintentional prescription drug–related overdose deaths decreased. Additionally, about half of participants said they were less likely to share their prescriptions than before seeing the campaign. About half also stated they were less likely to use prescription drugs not prescribed to them.

The only other CAPT resource on media campaigns to prevent prescription opioid misuse is a list of campaigns without any evaluation findings. For these reasons, SOR prevention funds in Florida are being used for the Use Only as Directed media campaign. This media campaign provides information and strategies for safely using, storing, and disposing of prescription painkillers. The program offers video, audio, and print ads that communities can use to inform the public and begin conversations about prescription pain medication misuse and abuse. Prevention providers report impressions (the number of people who have seen or heard the campaign). The following tables provide a breakdown of media campaign data:

SOR I Evidence-Based Prevention Media Campaign			
9/30/20-3/30/21	Youth	Adults	Total

<i>Use Only as Directed</i>	0	1,950	<b>1,950</b>
<b>9/30/18-3/30/21</b>	<b>Youth</b>	<b>Adults</b>	<b>Total</b>
<i>Use Only as Directed</i>	1,238,896	4,370,159	<b>5,609,055</b>

Source: Performance Based Prevention System (PBPS)

SOR II Evidence-Based Prevention Media Campaign			
Media Campaign	Youth	Adults	Total
<i>Use Only as Directed</i>	260,256	947,403	1,207,659

Source: Performance Based Prevention System (PBPS)

## Overdose reversal efforts: saving lives

The SOR grant has allowed the Department to maintain naloxone supplies for distributors enrolled in the program and expand and conduct outreach to enroll additional organizations. Enrolled distributors include substance use treatment facilities, harm reduction programs, peer recovery organizations, HIV/AIDS service organizations, homeless shelters, street outreach teams, and other community-based organizations. Participating distributors provide take-home naloxone kits, free of charge, directly to people who use drugs, people with a history of drug/opioid use, others at risk of experiencing an overdose (such as individuals reentering the community from jail or prison), and friends/family who may witness an overdose. Since implementation of the SOR program, **136,849** naloxone kits have been provided to enrolled organizations; **114,306** naloxone kits have been distributed from providers to individuals at risk of experiencing or witnessing an opioid overdose; and **6,540** overdose reversals have been self-reported.

Overdose Prevention		
Measure	9/30/20-03/30/21	5/1/19-03/30/21
Number of naloxone kits distributed	<b>64,049</b>	<b>136,849</b>
Number of overdose reversals reported*	<b>3,482</b>	<b>6,540</b>

\*The Overdose Prevention Coordinator manually tracks naloxone distribution and overdose reversals. Reversals are voluntarily reported by individuals that received naloxone kits from organizations enrolled in the Department's Overdose Prevention Program. The number of kits distributed and reversals for SOR did not start until 5/1/2019, once STR funds for naloxone were expended.

The Department also conducts overdose prevention and harm reduction trainings for providers interested in enrolling in the program to receive and distribute naloxone. Training content includes information on appropriate opioid overdose recognition and response, how to use naloxone, best practices for naloxone distribution, and how to enroll in the Overdose Prevention Program.

Between September 30, 2021, and March 30, 2021, **174** individuals were trained on administering Narcan. Trainings during this period were conducted via webinar for emergency management staff, case managers, program administrators, attorneys, shelter managers, mental health professionals, community volunteers, and others.

## Increasing access to treatment

In 2018, an estimated 2 million people across the country had an OUD, which includes prescription pain medication containing opiates and heroin according to SAMHSA. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals.

MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy that addresses the needs of most patients. The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with SUDs
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have SUDs and are pregnant

The following tables provide a breakdown of treatment data:

SOR I Measures	9/30/20 – 3/30/21	9/30/18 – 3/30/21
1. Number of clients that received services	11,104	12,843
a. Of those, # receiving methadone	4,683	5,067
b. # receiving buprenorphine	6,370	7,534
c. # receiving naltrexone	942	1,241
2. Number of clients receiving recovery support services (Includes: Recovery Support – Individual/Group, Aftercare, Supported Housing, and Supported Employment)	2,838	3,527

Source: Financial and Services Accountability and Management System (FASAMS)

SOR II Measures	9/30/2020 – 3/30/2021
1. Number of clients that received services	2,882
a. Of those, # receiving methadone	988
b. # receiving buprenorphine	938
c. # receiving naltrexone	61
2. Number of clients receiving recovery support services (Includes: Recovery Support – Individual/Group, Aftercare, Supported Housing and Employment)	435

Source: FASAMS

## Hospital Bridge Programs

SOR funds support 36 hospital bridge programs in five of the seven Managing Entity areas that initiate buprenorphine treatment for individuals with OUDs who have overdosed or experienced other medical problems due to opioid misuse. The goal is to utilize the time spent in the hospital to engage the individual in treatment and, if possible, immediately begin buprenorphine induction, and provide access to maintenance treatment and recovery support services to keep the individual from experiencing withdrawal symptoms upon release. Where available, these programs use peer specialists to assist with

engagement; provide linkage to maintenance providers and other community support resources; and provide peer support until individuals are linked with community-based care.

As of March 30, 2021, **4,654** individuals were screened in emergency departments and **208** individuals were inducted with buprenorphine before discharge. A majority of the individuals screened were referred to community providers (**2,875**) and **1,994** were confirmed linked to treatment or support services. The following table summarizes data on individuals served through the hospital bridge programs in five Managing Entities:

Hospital Bridge Program								
Managing Entity	Number of individuals screened		Individuals inducted with buprenorphine in the ED/hospital prior to discharge		Individuals referred to treatment providers		Individuals linked to treatment providers	
	9/30/20-3/30/21	9/30/18-3/30/21	9/30/20-3/30/21	9/30/18-3/30/21	9/30/20-3/30/21	9/30/18-3/30/21	9/30/20-3/30/21	9/30/18-3/30/21
CFBHN	3,403	9,371	163	324	1,644	4,221	917	2,580
CFCHS	267	1,761	5	27	252	1,576	236	1,383
LSF	911	3,024	3	26	910	3,000	774	1,936
SFBHN	64	287	33	145	53	258	53	169
SEFBHN	9	29	4	19	16	38	14	27
<b>Total</b>	<b>4,654</b>	<b>14,472</b>	<b>208</b>	<b>541</b>	<b>2,875</b>	<b>9,093</b>	<b>1,994</b>	<b>6,095</b>

### Jail Bridge Program

The Bureau of Justice Statistics found that nearly two-thirds (63%) of people in jail meet criteria for drug dependence or abuse (<https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>). Many of these individuals have OUDs and could benefit from jail bridge services by offering access to MAT as well as intensive outpatient treatment and peer services in jail until they are released back to the community. This would also assist with engaging and maintaining individuals in long term recovery.

SEFBHN allocated funding to support a jail bridge program for inmates prior to release from jail. Between September 30, 2020, and March 30, 2021, there were 110 individuals screened within Palm Beach County Jail. Of those screened, 31 were inducted on buprenorphine prior to release. The Medication-Assisted and Peer Services (MAPS) Program at the jail referred 3 individuals and linked 2 individuals to treatment providers.

Jail Bridge Program		
SEFBHN	9/30/20 – 3/30/2021	9/30/18 – 3/30/2021
Number of individuals screened	110	409
Individuals inducted with buprenorphine prior to release	31	109
Individuals referred to treatment provider	3	65
Individuals linked to treatment provider	2	43

### Behavioral Health Consultants

To support families involved in the child welfare system in accessing treatment and support services, BHCs are co-located with child protective investigators (CPIs). BHCs are licensed or certified behavioral health professionals who provide TA and consultation to CPIs and dependency case managers on the identification of behavioral health conditions, their effects on parenting capacity, and engagement techniques. Consultants also assist investigative staff and dependency case managers in understanding the signs and symptoms of OUDs and the best practices to engage and treat, including the use of MAT; provide clinical expertise; and assist with the identification of parents with opioid disorders in the child welfare system. The BHCs' role includes ensuring care coordination by developing contacts, facilitating referrals, and assisting investigative staff with engaging clients in recommended services and improving timely access to treatment. The grant funds a total of 20 BHC positions, but 2 are contracted to the SFBHN Managing Entity.

As of March 30, 2021, BHCs provided support in 19 of the 20 circuits. BHCs assisted 734 different CPIs with 8,487 investigations completing the following services:

- 3,714 consultations,
- 2,559 joint visits with both the CPI and BHC,
- 629 brief assessments, and
- 1,230 other ancillary support services provided (e.g., case staffing, training).

BHCs reported **6,323** cases involved substance use. Opioids were reported as the primary substance of choice in **1,178** cases. There were **4,971** cases with children 5 years old or younger in the household, of which **2,186** cases involved substance-exposed infants (children under the age of 1 year old prenatally exposed to substances). The table below summarizes these data:

BHCs Investigation Activity		
Investigations	9/30/20-3/30/21	9/30/18-3/30/21
Total number of investigations for which BHCs assisted a CPI	8,487	17,273
Total number of different (unduplicated) CPIs you have assisted	1,661	4,418
Cases with children 5 years old or younger in the household	4,971	10,681
Activity Types		
Consultation	3,714	7,419
Joint Visit	2,559	4,601
Brief Assessment	629	1,545
Other Ancillary Support	1,230	3,589
Substance Use		
Cases with reported substance use	6,323	12,331
Cases with an opioid reported as primary substance of choice	1,178	2,346
Cases that involved a substance-exposed infant	2,186	4,368

## Supporting long-term recovery

Recovery-Oriented Quality Improvement Specialists promote the advancement of a recovery-oriented system related to policies, concepts, and best practices to increase the knowledge, skills, and competency of the regional workforce to better meet the needs and desires of individuals, families and communities involved in an opioid crisis. ROQIS serve as key personnel in implementing the ROSC framework as well as, evaluating fidelity to recovery practices within the current system of care. ROQIS also work collaboratively with Managing Entities to utilize recovery – oriented principles through conducting monitoring activities, providing technical assistance, identifying and promoting meaningful inclusion in ROSC concepts, and enhancing the role of peers in the workforce with local providers. The ROQIS position is designed for an individual in recovery with “lived experience” in the behavioral health system of care which includes a behavioral health condition. The Department created six Recovery Oriented Quality Improvement Specialists positions within regional SAMH offices funded through the SOR grant.

### Recovery Community Organizations

RCOs work to support individuals in long-term recovery from drug and alcohol use disorders and their family members, friends, and allies in a variety of ways. An RCO is an independent, nonprofit organization led and governed by representatives of local communities of recovery. RCOs organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services. RCOs are being implemented to work closely with community treatment providers and other stakeholders to provide outreach services, information and referrals, wellness recovery centers, harm reduction services, and other recovery support services. Managing Entities currently contract with four RCOs at different stages of development to increase recovery services in their area.

The Department initially contracted directly with RCOs utilizing SOR I funding. However, under SOR II, the funds were contracted to Managing Entities to subcontract in efforts to expand and maximize recovery support services throughout the entire state. After SOR II was awarded, and state budget authority was approved, funding was disbursed to the Managing Entities. The following table provides a breakdown of current RCO involvement contracted by the Managing Entities:

Managing Entity	Current Status
BBCBC	Negotiations underway with DISC Village
BBHC	Contracts have been executed with 2 RCOs: <ul style="list-style-type: none"><li>• South Florida Wellness Network</li><li>• Fellowship Recovery Community Organization</li></ul>
CFBHN	Finalizing an agreement regarding RCO involvement
CFCHS	Negotiations underway with Recovery Connections of Central Florida and RASE Project
LSF)	Contracts are being finalized in 5 counties: <ul style="list-style-type: none"><li>• Duval – First Coast Recovery Advocates</li></ul>



	<ul style="list-style-type: none"> <li>• Flagler – Flagler Open Arms Recovery Services (OARS)</li> <li>• Marion – Zero Hour Life</li> <li>• Putnam -Shining Light Peer Services</li> <li>• Volusia – Volusia Recovery Alliance</li> </ul>
SEFBHN	Rebel Recovery continues to exist as an RCO
SFBHN	Executed contract with Miami Recovery Project

## Faces and Voices of Recovery

Faces and Voices of Recovery (FAVOR) is an accredited RCO that works to support individuals in long-term recovery from drug and alcohol use disorders and their family members, friends, and allies in a variety of ways. Services include capacity building in support of the national recovery movement, fighting the stigma of addiction, and creating recovery messaging trainings. FAVOR assists entities with becoming accredited through the Council on Accreditation of Peer Recovery Support Services (CAPRSS) to increase recovery services throughout the state of Florida.

In the beginning of 2019, the Department contracted with FAVOR to provide training and TA to help establish and implement RCOs and recovery support services as well as assist RCOs with achieving national accreditation. Since then, TA, training, consultation, and mentoring regarding all aspects of organizational development and sustainable infrastructure have been provided. This also includes phone, email, web-based and in-person communication to assist RCO leaders and engaging participants and stakeholders. New and emerging RCOs also participated in virtual learning communities to identify and implement best practices based on national standards for the delivery of peer recovery support services. The table below shows stages of development and a breakdown of individuals/organizations in each stage. The numbers differ from the previous table because not all existing RCOs have a contract with a Managing Entity.

RCO Stages of Development				
	Early Interest <sup>1</sup>	Early Development <sup>2</sup>	Emerging <sup>3</sup>	Existing <sup>4</sup>
Total	4	15	5	13
Grand Total	37			

<sup>1</sup> Early Interest: An individual interested in starting an RCO.

<sup>2</sup> Early Development: Community organizing is taking place and there is momentum in working toward gaining 501(c)(3) status and putting a Board of Directors in place.

<sup>3</sup> Emerging: 501(c)(3) and Board of Directors are in place and working on securing funding and executing services and supports.

<sup>4</sup> Existing: RCO is operational and providing services and supports.

## Oxford Houses

The Department created a partnership with Oxford House, Inc., to increase recovery residences throughout the state. Oxford House provides democratically run, self-supporting and drug-free housing for individuals in recovery from drug and alcohol addiction. As safe and affordable housing remains one of the most critical needs of people in recovery, SOR funding has increased recovery residences throughout the state. The number of residents in each home may range from 6 to 15. There are houses

for men, houses for women, and houses for women with children. Established in 1975, Oxford House is an effective and low-cost resource to help prevent relapse. There are over 2,000 houses in the United States. Prior to receiving SOR funding, there was only one Oxford House in Florida. The Department executed a contract in February 2019 with Oxford House to open 60 houses in Florida. Since the contract began, a total of 53 new Oxford Houses have been established throughout Florida. Due to COVID-19 and social distancing restrictions, implementing new housing stopped in March 2020 and resumed in August 2020. Returning to “business as usual” has been gradual, and new protocols and policies have been put in place to help continue to provide recovery housing for individuals. The following table includes data for the reporting period and the grant period:

Florida Oxford Houses				
Demographics	9/30/20-3/30/21		9/30/18-3/30/21	
	Houses	Beds	Houses	Beds
Men	9	75	31	251
Women	0	0	11	89
Women and Children	4	35	11	93
<b>Total</b>	<b>13</b>	<b>110</b>	<b>53</b>	<b>433</b>

## Serving special populations

SOR funds are used to provide MAT services to indigent, uninsured, or underinsured individuals with OUDs. Individuals are given preference in admission to services in the following order: (1) pregnant women; (2) injection drug users; (3) caretakers involved with child welfare; (4) caretakers of children ages 0–5; and (5) individuals reentering the community from incarceration.

## Demonstrating outcomes for a healthier future

Please see below regarding the impact of SOR

Initiative	Output	Output	Output	Output
Total number receiving SOR funded services (data source FASAMS)	14,155 individuals served	11,415 received Medication Assisted Treatment	3,653 received recovery support services to include aftercare, recovery, and housing and employment support	
Narcan Distribution (data reported by participating providers)	183 providers enrolled	91,851 kits distributed	5,341 overdose reversals	1,456 individuals trained in overdose prevention
Oxford House (data reported by Oxford House)	48 Houses	407 bed capacity (234 men, 89 women, 84 women with children)	992 men, women, and their children served	
Hospital Bridge Program (data reported by participating Hospitals)	32 hospitals participating within 5 MEs – CFBHN, CFCHS, LSF, SFBHN, SEFBHN 1 hospital in Broward participating with funding from Partnership For Success (PFS) grant	11,815 screened by SOR funded hospitals 2,522 screened by PFS funded hospital	416 inducted on Buprenorphine by SOR funded hospitals 484 inducted by PFS funded hospital	5,016 linked to treatment providers by SOR funded hospitals 909 linked to treatment providers by PFS funded hospital
Jail Bridge Program (data reported by SEFBHN)	1 jail participating (SEFBHN)	283 screened	90 inducted with bupe	59 linked to treatment providers
Behavioral Health Consultants (data source is Behavioral Health Consultants reports)	20 Behavioral Health Consultants	14,458 of child protective investigations	9,333 of cases under 5 years old	
Prevention (data source for life skills training is PBPS, overdose prevention training is trainer, media campaign is PBPS)	30,214 middle and high school students provided Botvin LifeSkills Training	1,456 individuals trained in overdose prevention	5,609,060 yielded Use Only as Directed media impressions	

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