State Opioid Response Terms & Conditions

This document provides information about terms and conditions for contractors receiving SOR grant funds. If you have questions about this information, please contact your DHCS contract analyst or email the DHCS MAT Expansion Team at DHCSMATExpansion@dhcs.ca.gov.

Treatment of Program Income

Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned. More information on program income can be found in 45 CFR § 75.307.

SOR 2 Special Terms & Conditions:

- For programs providing MAT services, MAT using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, buccal film, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone) is a required activity of the grant.
- SOR grant funds must be used to fund prevention, treatment, and recovery support services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.
- SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, (e.g. HHS, CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third party insurance, and sliding scale self-pay among others.
- SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address stimulant or opioid misuse issues. If either a stimulant or opioid misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with stimulants or opioids misuse shall not receive treatment or recovery services with SOR grant funds.
- Programs engaged in overdose prevention activities must implement prevention and education services including training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone; develop evidence-based community prevention efforts, including evidence-based strategic messaging on the consequences of opioid misuse; and purchase and/or distribute naloxone, and train on its use.
- Grantees are required to comply with all additional data collection requirements of the grant. Grantees shall fully participate in any SAMHSA-sponsored evaluation of the SOR grant program. The submission of these data in the form required by SAMHSA is a requirement of funding. Noncompliance with this requirement may result in restricted access to funding for this year or limited or no access to funding in the future grant year.

- No more than 5 percent of the total grant award may be used for administrative and infrastructure development costs. In addition, no more than 2 percent of the total grant award may be used for data collection and reporting. This is in addition to the 5 percent administrative and infrastructure development costs, which may also include data collection.
- Grantees are required to track funding of activities by providers and be prepared to submit these data to SAMHSA upon request.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Recipients must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
- Procurement of DATA waiver training is not an allowable use of SOR funds as this training is offered free of charge from SAMHSA at pcssnow.org. No funding may be used to procure DATA waiver training by recipients or subrecipients of SOR funding.
- Recipients must ensure that all practitioners eligible to obtain a DATA waiver employed by an organization receiving funding through SOR receives such a waiver.
- SOR funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a DATA Waiver or any type of Professional Development Training.
- Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being $15 per contingency. Each patient may not receive contingencies totaling more than $75 per year of his/her treatment.
- Telehealth services and infrastructure are allowable expenses under the grant. Any infrastructure costs must be dedicated to provider telehealth infrastructure. No funding can be allocated to purchasing telehealth equipment for patients, or loaning funds/ equipment to patients for the purpose of providing telehealth services.

Government Performance and Results Act (GPRA)

SOR 2 Projects providing direct patient treatment services will be required to collect and report client outcome data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. This includes:

- Hub & Spoke System Grantees
- Youth Opioid Response Grantees
- MAT Access Points Grantees
- Recovery Housing Project Grantees (Riverside, HealthRight 360)

This information will be submitted to SAMHSA's Performance Accountability and Reporting System (SPARS) by Aurrera Health Group. Instructions for grantees to submit GPRA data to Aurrera Health Group are available on CaliforniaMAT.org on the GPRA Resources for SOR Grantees page.

Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. **During the COVID-19 public health emergency, GPRA may be completed via telehealth, including telephone.** Recipients will be expected to conduct a GPRA interview with all clients receiving services with SOR grant funds and are also expected to achieve a six-month follow-up rate of 80 percent.

Recipients will be required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Recipients will be required to report client-level data on elements including but not limited to: demographic characteristics, substance use, diagnosis(es) services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Additional data elements may also be required and will be provided upon award.

The data collection specified by SAMHSA is a required component of the grant; compliance with this requirement will be monitored throughout the performance of the grant and exceptions to data submission will not be made.

For additional information on compliance with federal grant requirements, please reference 45 CFR Part 75.