



West Side and South Side Opioid and Heroin Taskforce(s) Scope of Services and Deliverables

TABLE OF CONTENTS

A. DESCRIPTION OF FUNDING OPPORTUNITY	1
A.1. AUTHORIZING STATUTES OR REGULATIONS.....	1
A.2. BACKGROUND.....	2
A.3. NEED	3
A.4. FUNDING SOURCE.....	3
A.5. SCOPE OF SERVICES.....	4
<i>Task 1. Fulfill Award Administration Requirements</i>	4
<i>Task 2. Convene and Maintain the Taskforce</i>	4
<i>Task 3. Complete Assessment and Planning Activities</i>	5
<i>Task 4. Coordinate and Monitor Taskforce Activities</i>	5
<i>Task 5. Evaluate and Report on Program Activities and Community Needs</i>	6

About this document

This document is a portion of the West Side and South Side Opioid and Heroin Taskforce(s) Notice of Funding Opportunity (NOFO).

A. Description of Funding Opportunity

This Notice of Funding Opportunity (NOFO) sets forth application requirements for the West Side and South Side Opioid and Heroin Taskforce(s) (Taskforce), which will establish or expand community-based and collaborative workgroups in Chicago with the goal of preventing opioid overdose deaths (OODs) in areas that have experienced disparate and disproportionate loss, particularly Black and Brown communities.

All application materials are available at the [Illinois Regional Care Coordination Agency website](#).

A.1. Authorizing Statutes or Regulations

Awardees are required to adhere to the requirements outlined in the following:

- Grant Accountability and Transparency Act (GATA), [30 ILCS 708](#)
- Illinois Administrative Code, Government Contracts, [Title 44, Part 7000](#)
- Grantmaking, Procurement, and Property Management, and federal regulations under Grants and Agreements, [2 CFR 200](#)
- Public Act 101-0027, referred to as the [Cannabis Regulation and Tax Act \('The Act'\)](#)
- The requirements and policies outlined in the [Illinois Department of Human Services Division of Substance Use Prevention and Recovery \(IDHS/SUPR\) Contractual Policy Manual](#), if applicable



Notice of Funding Opportunity: TASKFORCE

A.2. Background

It is critical to interrupt the loss of life stemming from opioid use in Black and Brown communities in Chicago. In 2013, 1,072 people in Illinois died of an opioid overdose.¹ In 2020, the number of fatal overdoses reached 2,000, and in 2021 and 2022, surpassed 3,000.² To address this alarming trend, the Illinois Department of Human Services has deployed multiple strategies to reverse the impact on Illinoisians, including robust distribution of medication assisted recovery (MAR) options, enhanced distribution of naloxone, and an “all hands on deck” statewide strategy to raise public awareness and provide tools to disrupt the impact of harmful opioid use on lives, families, and communities (see the [Illinois Opioid Settlements Initiative for additional information](#)).

The opioid overdose epidemic has also accelerated nationwide.³ People were six times more likely to die from a drug overdose in 2021 than they were in 1999; in 2021, opioids accounted for nearly 75% of all drug overdose deaths ([CDC, 2024](#)), which translates to an alarming 107,000 people who have died due to opioid-related drug use.⁴

Like other health problems, the opioid crisis is not felt evenly. Statewide, non-Hispanic Black individuals are 3.5 times more likely to experience an OOD than non-Hispanic White individuals.⁵ The disproportionate impact on Black individuals living in urban centers must be understood and addressed in the context of historical, social, economic, and political underinvestment. Chicago, like other major cities, has continued to experience increasing rates of OODs: “By 2019 when statewide OOD levels stabilized, Chicago OODs increased to 145% of 2013. In 2020, Chicago OODs rose sharply to 259% of 2013 rates, 72% year-to-year 2019-to-2020.”⁶

About IDHS/SUPR

The mission of IDHS/SUPR is to provide a recovery-oriented system of care along the continuum of prevention, intervention, treatment, and recovery support where individuals with substance use disorder (SUD), those in recovery, and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. IDHS/SUPR is working to counteract systemic racism and inequity and to prioritize and maximize diversity throughout its service provision process. This work addresses existing institutionalized inequities, aims to create transformation, and operationalizes equity and racial and social justice. It also focuses on creating a culture of inclusivity for all, regardless of race, gender,

¹ Illinois Department of Public Health. (February 1, 2024). [Opioid data dashboard](http://idph.illinois.gov/opioiddatadashboard/). <http://idph.illinois.gov/opioiddatadashboard/>.

² Ibid.

³ Illinois Department of Public Health. (March 2022). [State of Illinois Overdose Action Plan](https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/SUPR/State-of-Illinois-Overdose-Action-Plan-March-2022.pdf). https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/SUPR/State-of-Illinois-Overdose-Action-Plan-March-2022.pdf.

⁴ Centers for Disease Control and Prevention. (August 8, 2023). [Understanding the opioid overdose epidemic](https://www.cdc.gov/opioids/basics/epidemic.html). <https://www.cdc.gov/opioids/basics/epidemic.html>.

⁵ Illinois Department of Public Health. (October 2023). [Statewide semiannual overdose report](https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idph-data-dashboard/semiannual-overdose-report_102023.pdf). https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idph-data-dashboard/semiannual-overdose-report_102023.pdf.

⁶ Gondré-Lewis, M. C., Abijo, T., & Gondré-Lewis, T. A. (2023). The opioid epidemic: A crisis disproportionately impacting black Americans and urban communities. *Journal of Racial and Ethnic Health Disparities*, 10(4), 2039–2053. <https://doi.org/10.1007/s40615-022-01384-6>.



Notice of Funding Opportunity: TASKFORCE

religion, sexual orientation, or ability. This comprehensive approach that includes robust prevention, treatment, and recovery services is supported in part by the funds generated by the Cannabis Regulation Tax Act (CRTA).

A.3. Need

Within Chicago, the prevalence of OODs has been far greater in clusters of community areas within the South Side and the West Side. Of Chicago's 77 community areas, *all 25* with the highest all-drug mortality rates from 2018 through 2022 are located on the South Side (19 community areas) or West Side (6 community areas, including 5 of the 7 with the highest mortality rates).⁷

West Side community areas with the highest mortality rates are West Garfield Park (155 fatalities per 100,000), North Lawndale (151), East Garfield Park (137), Austin (100), and Humboldt Park (93). Southside community areas with the highest rates are Fuller Park (118), Englewood (107), West Englewood (89), Washington Park (78), and South Shore (74). More than 90 percent of residents in the listed community areas are Black or Hispanic,⁸ and the areas also rank among the highest poverty rates in Chicago.⁹

A.4. Funding Source

Effective January 1, 2020, Public Act 101-0027 Cannabis Regulation and Tax Act (CRTA) provides that the purchase, possession, and use of cannabis as stipulated are lawful and shall not be a criminal or civil offense under State law, the law of any political subdivision of this State or be a basis for seizure or forfeiture of assets under State law for persons 21 years of age or older. The funds generated by CRTA support robust prevention, treatment, and recovery services and help to do the important work of rebuilding communities that have been devastated by budget cuts, the war on drugs, structural racism, violence, and economic despair. The CRTA allocates 20% of the funds to address mental illness and substance use disorders, including treatment, education, and prevention.

In April 2023, IDHS/SUPR awarded [Advocates for Human Potential](#), Inc. (AHP) a grant to serve as the Regional Care Coordination Agency (RCCA). The RCCA administers subawards to support IDHS/SUPR initiatives. These subawards are intended for organizations providing prevention, intervention, treatment, and harm reduction services for people with SUDs in accordance with state-approved strategies.

The RCCA is now accepting applications to fund up to two community task forces to address opioid misuse and overdose deaths in westside and southside community areas with the highest rates of OODs. Applications will only be accepted through the online application available at the [Illinois Regional Care Coordination Agency website](#).

⁷ Chicago Department of Public Health & Smart Chicago Collaborative. (April 3, 2024). Drug overdose mortality rate per 100,000 population, *Chicago Health Atlas*. <https://chicagohealthatlas.org/indicators/VRDOR?tab=table>

⁸ Chicago Metropolitan Agency for Planning. (July 2023). *Community data snapshots*. <https://www.cmap.illinois.gov/data/community-snapshots>

⁹ Hill, B. (November 8, 2023). *Minority neighborhoods on Chicago's South Side and West Side face poverty rates of up to 51%*. Illinois Policy Institute. <https://www.illinoispolicy.org/black-brown-chicago-neighborhoods-endure-highest-poverty-rates/>.



Notice of Funding Opportunity: TASKFORCE

A.5. Scope of Services

Taskforce subrecipients will organize all operations of the taskforce, whose primary work is to assemble and engage community members and stakeholders in a collaborative campaign that includes outreach, education, harm reduction, and referral activities. The community must be involved in every aspect of the work; the work must demonstrate cultural humility and accountability and be informed by an understanding and consideration of traumatic experiences (e.g. early childhood, historical, cultural, primary, and secondary).

In addition to meeting award administration requirements detailed in Task 1 within this section, a taskforce subrecipient must

- Convene and maintain the taskforce,
- Complete assessment and planning activities,
- Coordinate and monitor taskforce activities,
- Evaluate and report on taskforce activities and community needs.

This section details the deliverables required and associated performance measures, standards, and potential metrics to be collected.

Task 1. Fulfill Award Administration Requirements

The subrecipient must fulfill obligations outlined in Section G. of the NOFO, Award Administration Information, including

- (a) Organizational needs assessment,
- (b) Implementation and sustainability plan development,
- (c) Equity and racial justice plan development,
- (d) Performance reporting,
- (e) Fiscal reporting, and
- (f) Participating in technical assistance (TA).

Task 2. Convene and Maintain the Taskforce

The subrecipient must convene and maintain a taskforce with representation from people and organizations with demonstrated interest or involvement in reducing OODs in the affected area. Specifically, the subrecipient must:

- (a) Hire or identify dedicated staff who manage overall leadership and direction of the taskforce, backend administrative and fiscal support, taskforce coordination and operation, and communications and marketing.
- (b) Define the geographic area of Chicago on which it will focus based on OOD rates and other indicators of opioid misuse. The geographic area does not need to be limited to the specific community areas identified above, but it must be limited to areas on the West Side and/or South Side of Chicago that have high poverty rates and OOD rates.
- (c) Ensure the taskforce includes representation from members of the community, people with lived experience (e.g. people who use illicit drugs), local social service organizations, harm reduction organizations, drug user unions or peer recovery groups, outreach providers, healthcare providers,



Notice of Funding Opportunity: TASKFORCE

researchers studying harm reduction practices, and government representatives including Chicago Mayor's Office, Cook County State's Attorney Office, Law Office of the Cook County Public Defender, Chicago Police Department, Chicago Department of Public Health, City of Chicago epidemiologist team with oversight of opioid/substance use/overdose, Illinois Department of Public Health, Illinois Department of Human Services, alderpersons whose districts are part of the proposed taskforce, and other interested persons or organizations.

- (d) Convene the task force on a no less than quarterly basis. Convenings, at a minimum, should discuss opioid use, overdose, and death surveillance data; plan and report on education and outreach activities; be an opportunity for taskforce training and development; updates and feedback on policy developments across the continuum of care; and be a space for collaboration and coordination among taskforce entities and representatives.
- (e) Train taskforce members. The subrecipient must ensure at least 75% of taskforce participants are trained in culturally accountable care, trauma-informed care as it relates to substance use, and harm reduction services and strategies. The subrecipient must ensure at least 75% of taskforce participants are trained in effective outreach models/services, self-care, overdose education and naloxone distribution (OEND) services, and CPR if needed.
- (f) Manage agreements with partner organizations who may support tactical activities such as outreach and education. These agreements may or may not include administrative and financial arrangements between the organizations to accomplish the taskforce's work.

Task 3. Complete Assessment and Planning Activities

The subrecipient will manage assessment and planning activities to guide task force operations, and must:

- a) Conduct a community needs assessment and/or incorporate relevant information from other community needs assessment(s) and community data. Whether using prior materials or conducting a new assessment, there should be substantial input from members of the community on both the design of the needs assessment and the interpretation of the data resulting from the assessment. The purpose of the latter (interpretation) is to guard against inaccurate or potentially biased interpretations and to add the appropriate context to needs assessment data.
- b) Produce a three-year strategic action plan focused on the continuum of care and utilizing a systems approach. The plan must include a logic model detailing, at a minimum, the annual activities of the taskforce, the rationale, the expected outcomes, and involve representatives of all community sectors. The plan must be completed within six months following award.

Task 4. Deliver, Coordinate and Monitor Taskforce Activities

The subrecipient must coordinate and monitor the following taskforce activities:

- a) **Outreach.** Outreach activities provided must be trauma-informed and emphasize harm reduction. Outreach areas and times must be selected based on surveillance data, heat maps, other relevant data, and intelligence collected from valid sources (e.g., people who use opioids/substances). Consequently, outreach must be done at times and locations for maximum effect, which may include late-night/early-



Notice of Funding Opportunity: TASKFORCE

morning services and services in identified high-risk/high-activity areas like public transportation, tent encampments, etc.

- b) **Education.** In addition to educating community members through outreach, the subrecipient should use different modes of education dissemination to include in-person, classroom style, town halls, community events, social media, or other community-appropriate platforms/venues.
- c) **Distribution of Naloxone.** Naloxone distribution, along with education on its use, must be incorporated into interactions with community members and community-based agencies. The taskforce should obtain naloxone through the ISHS/SUPR Access Narcan program and/or the Intramuscular Naloxone Hub when the latter begins operation.
- d) **Referrals.** The taskforce should refer individuals contacted to appropriate follow-up services, which may include housing, medical care, harm reduction, or other social or support services.
- e) **Monitor overdose and overdose deaths within area of focus.** Through surveillance activities and reports, taskforce members should compile information about OODs.

Task 5. Evaluate and Report on Program Activities and Community Needs

The subrecipient must conduct and/or participate in a program evaluation process that includes an evaluation of the program's processes and outcomes and. Through surveillance activities and reports, on a quarterly or more frequent basis, produce reports on overdose and overdose death activities within the area of responsibility of the taskforce. The subrecipient must:

- a) Produce quarterly reports on program activities that includes the following:
 - a. Outreach efforts. Reports on outreach efforts will include location and basic demographic information on the people or organizations reached.
 - b. Education activities. Reports on educational activities should indicate the location and mode of dissemination.
 - c. Naloxone distribution. Reports on naloxone distribution should include distribution venue, location, and basic demographic information on the people or organizations distributed to.
 - d. Referral services. Reports on referral services should include the number of people referred, the source of the referral (e.g., outreach, education), and what services they were referred
 - e. Overdose and overdose deaths. The reports should indicate current and emerging areas where overdose crisis intervention services are needed.
- b) Produce annual program evaluation reports that includes the following:
 - a. Summary of program activities,
 - b. Indicated gaps in prevention, early intervention, referral, treatment, and recovery services in Chicago related to opioid use.



Notice of Funding Opportunity: TASKFORCE

Deliverables and Performance Measures

The following table details (a) the deliverables required according to the scope of services and (b) associated performance measures, standards, and potential metrics (subject to change) to be collected by task. Time periods refer to the days from the beginning of the period of performance. Standards for activities refer to percentages of those described in project plan.

Deliverables	Performance Measures	Standards	Metrics (Days from beginning of period of performance)
T1 Award administration requirements	(a) Complete organizational needs assessment survey	100%	Needs assessment survey completed (30 days after distribution)
	(b) Complete implementation and sustainability plan	100%	Implementation and sustainability plan created (45 days) Sustainability plan update (submitted with final monthly reports)
	(c) Implement equity and racial justice plan	100%	Organizational assessment completed (90 days) Plan drafted (120 days) Plan finalized (160 days)
	(d) Report performance information	100%	Activities and services metrics reported (10th of each month, 10th following each quarter unless otherwise prescribed)
	(e) Report fiscal information	100%	Fiscal performance reported (10th of each month)
	(f) Participate in TTA	75%	# Monthly cohort meetings (initiated within 15 days) # TTA sessions attended (quarterly or as prescribed)
T2 Convene and Maintain the Taskforce	(a) Hire or identify dedicated staff	100%	# FTE hired/assigned (60 days) # staff hired/assigned (60 days) # management FTE hired/assigned (60 days)
	(b) Define the geographic area of focus	100%	Draft taskforce charter (90 days)
	(c) Ensure taskforce representation	75%	# of participant types on membership roster # of participant types represented at meetings
	(d) Convene the task force on a no less than quarterly basis	75%	# of meetings held # of attendees, with representation
	(e) Train taskforce members	75%	# participants with required training
	(f) Manage agreements with partner organizations	100%	# agreements



Notice of Funding Opportunity: TASKFORCE

Deliverables	Performance Measures	Standards	Metrics (Days from beginning of period of performance)
T3 Assessment and Planning	(a) Conduct a community needs assessment	100%	Needs assessment report (60 days)
	(b) Produce a three-year strategic action plan that includes logic model	100%	Report completed (180 days)
T4 Deliver, Coordinate, and Monitor Activities	(a) Outreach	85%	# of outreach contacts made, by demographics
	(b) Education	85%	# of education events held
	(c) Distribution of Naloxone	85%	# kits distributed, with demographic information, mode of distribution, location
	(d) Referrals	85%	# people referred, with source of the referral (e.g., outreach, education), and what services they were referred
	(e) Monitor OODs	85%	# surveillance activities # number overdose deaths identified
T5 Evaluate and Report on Activities	(a) Produce quarterly reports on program activities	100%	Report completed (30 days after end of quarter)
	(b) Produce annual program evaluation reports	95%	Report completed (30 days after end of year)