Opioid Training and Technical Assistance Center (OTTAC) Scope of Services and Deliverables

TABLE OF CONTENTS

About This Document

This document contains sections **C.3. Funding Purpose and Scope of Services** and **C.4. Deliverables and Performance Measures** of the Opioid Training and Technical Assistance Center (OTTAC) Notice of Funding Opportunity (NOFO). All application materials are available on the Illinois Regional Care Coordination Agency website via the Funding Opportunities page.

C.3. Funding Purpose and Scope of Services

One organization will be awarded OTTAC funding to strengthen the healthcare and behavioral health workforce in Illinois. To accomplish this goal, OTTAC will accomplish the following objectives:

- Provide training and technical assistance (TTA) to healthcare sites, providers, and organizations to increase access to culturally responsive and culturally humble prevention, treatment, recovery, and harm reduction services for individuals with opioid use disorder (OUD) or OUD with co-occurring mental health conditions (co-occurring disorders [COD]). Communities disproportionately impacted by opioid overdoses and multigenerational harms associated with structural racism and health inequities should be prioritized.

- Administer professional workforce development (PWD) opportunities to facilitate growth in the number of certified/licensed behavioral health professionals in the state. These

opportunities must include clinical supervision of individuals seeking licensure or certification, as well as internships, fellowships, and other paid training experiences (PTE).

The tasks required and associated performance measures, standards, and potential metrics to be collected are as follows:

Task 1. Award Administration

The subrecipient must fulfill administrative and reporting obligations detailed in H.8. Reporting and Grants Administration Requirements, including the following:

a) Complete an organizational needs assessment survey.
b) Complete and update an implementation and sustainability plan (ISP), which informs the performance metric used for program activities.
c) Develop and implement an equity and racial justice plan.
d) Complete program performance reporting.
e) Complete program fiscal reporting.
f) Participate in program status meetings and TTA as prescribed.

Task 2. Program Administration and Infrastructure

The subrecipient must establish and maintain program leadership and staffing, operations, information technology, and other administrative infrastructure required to support program activities pursuant to administrative and legislative requirements.

The following deliverables are required:

Task 2.a. Identify Program Staff

The subrecipient must allocate or hire sufficient staff to support the delivery of the tasks. A minimum of 1.5 - 2 FTE, including a program director/manager and assistant, whose primary responsibilities are to lead and manage OTTAC program activities, would be expected. If new staff are to be hired, interim staff must be available at the beginning of the period of performance. Program leadership must be supported by administrative, finance, and legal staff to ensure program operations comply with legislative and administrative requirements pursuant to the subaward agreement.

Task 2.a.i. Performance Measures

Submit a program organizational chart detailing assigned staff (or designated to-be-hired), their roles, and matrixed supports within 15 days of the beginning of the period of performance. This organizational chart should include a list of names and emails of all individuals assigned to work on the program in any capacity.

Task 2.b. Oversee Procurement and Monitoring of Subcontracts and Subawards

The subrecipient must administer procurement and monitoring procedures in accordance with the authorizing statues and regulations in section C.6.

Task 2.b.i. Performance Measures

Submit a program administration manual that details procurement and monitoring procedures within 90 days of the beginning of the period of performance.

Task 2.c. Establish a Code of Ethics

The subrecipient must deliver services in accordance with a written code of ethics based on standards outlined by the relevant accrediting bodies and other professional groups that address substance use disorder issues.

Task 2.c.i. Performance Measures

Submit written code of ethics within 120 days of the beginning of the period of performance.

Task 2.d. Develop Communications and Electronics and Information Technology (EIT) Plan

The subrecipient must produce a communications and EIT plan that details products and tools planned to support OTTAC activities and implementation timelines for each, as well as the marketing and outreach strategies planned to increase awareness of and engage participants in OTTAC activities. At a minimum, this includes help desk/support procedures, an OTTAC website, a learning management system or alternative, and virtual meeting platforms. Technology needs of staff and subject matter experts (SMEs) who develop and deliver TTA may also be factored into the plan.

Task 2.d.i. Performance Measures

Submit a draft communications and EIT plan within 30 days of the beginning of the period of performance.

Task 2.e. Develop Website

The subrecipient must launch a website to serve as the primary platform to obtain information about and access OTTAC activities, TTA materials, and training schedules and registration.

Task 2.e. Performance Measures

i. Design concept plan, which should include proposed domain names, logo, styles, and other relevant assets (60 days).
ii. Website wireframes (90 days).
iii. Website content review (120 days).
iv. Beta website (150 days).
v. Production website (180 days).

Task 2.f. Implement and Monitor Communications and EIT Plan

The subrecipient must implement and monitor supporting EIT tools, products, and platforms needed to deliver OTTAC and monitor activities. These must include, but are not limited to, a learning management system or other web-based platform to access and monitor asynchronous training activities, and other platforms to facilitate communications and virtual training activities.

Task 2.f. Performance Measures

The subrecipient must maintain and provide ongoing support related to use of the EIT throughout the period of performance as follows:

i. Launch EIT products within 120 days of the beginning of the period of performance.
ii. Reply to requests for assistance from individuals, organizations, and AHP within 2 business days.
iii. Report the number of individuals requesting and receiving technical support, website/IT downtime, the amount of time to resolve technical issues, and ongoing issues/concerns on the monthly Program Performance Report (PPR).

Task 2.g. Produce Annual Report

The subrecipient must produce an annual summary report of OTTAC TTA and PWD opportunities.

Task 2.g. Performance Measures

i. Submit draft summary report draft no later than May 15, 2025.
ii. Submit final summary report no later than July 15, 2026.

Task 3. Statewide TTA

The subrecipient must assess statewide TTA needs; establish an SME panel; and oversee the development, delivery, and evaluation of TTA activities. The following deliverables are required:

Task 3.a. Conduct Statewide Needs Assessment

The subrecipient must conduct a needs assessment, including focus groups, surveys, and other assessments, to determine providers' TTA needs related to (a) preventing opioid misuse and overdoses and (b) providing evidence-based services to individuals with OUD/COD. Minimally, the assessment must capture insight from providers and other healthcare sites (e.g., hospitals, federally qualified healthcare centers) on the following:

- Specific challenges to providing evidence-based services for prevention, treatment, recovery, and harm reduction services, particularly in communities disproportionately impacted by the opioid/overdose crisis.

- Target audiences for TTA and strategies for engagement.

- Preferred TTA delivery (e.g., workshops, webinars, in-person training sessions, phone consultations, site visits, online (asynchronous) learning).

The subrecipient must then produce a statewide needs assessment plan that builds upon the findings of the needs assessment and describes the actions needed to address identified gaps in healthcare sites and systems, provider skills, and organizational capacity across the state. The plan should detail TTA standards, modalities, content areas, resources acquisition and management, and monitoring processes.

Task 3.a.i. Performance Measures

Submit a Needs Assessment Findings Report within 60 days of the beginning of the period of performance.

Task 3b. Develop a TTA Plan

The subrecipient must develop a TTA plan based on needs assessment findings and outlining specific modalities, SMEs, topics, evaluation procedures, and anticipated timelines.

TTA Modalities: The following modalities are anticipated to be included in the OTTAC TTA catalog. Other innovative approaches are acceptable if a third party evaluates them.

- Online asynchronous trainings (introductory and advanced topics).
- Instructor-led training and/or virtual instructor-led training sessions, which may include workshops, webinars, or hybrid sessions.
- Learning collaboratives/communities.
- Toolkits and other online materials that support virtual or hybrid training.

TTA Content Areas: Minimally, TTA content areas must include:

For healthcare sites, such as hospitals, federally qualified healthcare centers, and medical practices:

- Set-up and operation of a medication assisted recovery (MAR) program.
- OUD and opioid prescriber education.

For providers:

- Treatment (including MAR), prevention, and recovery services and supports.
- Specific populations (e.g., individuals recently released from custody, pregnant and post-partum people and their families, people with COD and complex needs, youth, people experiencing homelessness).

For organizations:

- Collaboration-building practices between organizations and opioid treatment programs (e.g., establishing or improving warm handoffs, making referrals to care/linkages, establishing data-sharing agreements).
- Funding and sustainability strategies to increase the number of recovery and harm reduction-focused community providers in historically marginalized communities (e.g., South Side and West Side of Chicago), including best practices for grant application clarification, development, and submission.
- Navigating social determinants of health and systemic barriers to recovery, such as housing and other basic needs
- Training for potential Regional Care Coordination Agency (RCCA) applicants and RCCA subrecipients on best practices for grant applications, including content clarification, development, and submission.

The following table provides a sample of TTA content areas that align with the approved Opioid Abatement Approved Uses. The complete list of Abatement Uses is listed in Appendix B of the Illinois Opioid Allocation Agreement. Other abatement uses may also be relevant.

Approved Abatement Use ID	Description
A8	Provide **training on MAR** for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
A13	**Disseminate web-based training curricula**, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
A14	Develop and disseminate **new curricula**, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.
B4	Provide access to housing for people with OUD and COD, including supportive housing, recovery housing, housing assistance programs, **training for housing providers**, or recovery housing programs that allow or integrate U.S. Food and Drug Administration-approved mediation with other support services.
C3	Provide **training and long-term implementation of SBIRT** in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
C6	Provide **training for emergency room personnel treating opioid overdose patients** on post-discharge planning, including community referrals for MAR, recovery case management or support services.
D7	Provide **training on best practices for addressing the needs of criminal justice-involved persons** with OUD and COD to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
E3	Provide **training for obstetricians or other healthcare personnel who work with pregnant and post-partum people and their families** regarding treatment of OUD and COD.
E5	Provide **training to health care providers who work with pregnant and parenting people on best practices for compliance with federal requirements** that children born with neonatal abstinence syndrome get referred to appropriate services and receive a plan of safe care.
F2	**Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering** patients off opioids.
F4	Providing support for non-opioid pain treatment alternatives, including **training providers to offer or refer to multi-modal, evidence-informed treatment of pain.**
G6	Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational

Approved Abatement Use ID	Description
	campaigns, support for people in treatment or recovery, or **training of coalitions in evidence-informed implementation,** including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration.
K1	Provide funding for **staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.**

Task 3.b.i. Performance Measures

Submit a comprehensive statewide TTA plan within 90 days of the beginning of the period of performance.

Task 3.c. Establish SME Panel

The subrecipient must establish, by hiring or subcontracting, a panel of SMEs who are qualified to inform TTA materials development and to provide individualized TTA on the continuum of services (prevention, treatment, recovery, and harm reduction services) to community-based organizations. SMEs with experience working in communities disproportionately impacted by opioid overdoses and multigenerational harms associated with structural racism and health inequities will receive priority. SMEs residing within or outside of Illinois may be considered.

Task 3.c.i. Performance Measures

Within 120 days of the beginning of the period of performance, submit and maintain a list of SMEs, detailing names, credentials, and experience.

Task 3.d. Develop Content and Deliver TTA

The subrecipient must develop content and deliver TTA in accordance with the following standards:

- Develop TTA content based upon current evidence-based and evidence-informed practices and standards, including innovative approaches to preventing opioid misuse and overdose, and seek to update outdated practices and standards.
- Deliver TTA using innovative materials and approaches. These innovative modalities must be evaluated by independent third parties.
- Incorporate language and practices that reduce stigma of substance use into TTA materials and delivery.
- Ensure TTA materials and delivery methods are accessible for all individuals, including those with different levels of language comprehension. EIT (including electronically posted/transmitted documents) must comply with Section 508 of the Rehabilitation Act of 1973.
- Ensure asynchronous training is supported by access to additional coaching or interpersonal resources.

- Accredit training programs and obtain professional continuing education hours from the relevant accrediting bodies when possible.
- Ensure confidentiality of service recipients' protected health information according to State and Federal laws and regulations.

Task 3.d. Performance Measures

   i.   Deliver 80% of TTA activities as estimated in the ISP.

  ii.   Report on new and updated materials and TTA activities in the monthly PPR.

Task 3.e. Monitor TTA

The subrecipient must monitor program activities through continuous quality improvement processes, which must include:

- Data collection and reporting
  - Minimally, data points should include participant satisfaction and measures of knowledge gain/skills improvement for each TTA session. Data should be entered or compiled in an agreed-upon database(s) or learning management system. The data should be summarized and reported as part of the monthly PPR.
- Evaluation
  - The subrecipient should engage one or more independent third parties to research the effectiveness of innovative tools and techniques.
- Accreditation

  The subrecipient must attain and maintain accreditation for training programs by relevant accrediting bodies.

Task 3.e.i. Performance Measures

Report TTA performance data and improvement initiatives in the monthly and quarterly PPRs.

Task 4. Professional Workforce Development Opportunities

The subrecipient must establish mechanisms to promote and administer PWD opportunities that facilitate clinical supervision activities (CSA) and support internships, fellowships, and other PTE.

CSAs may be facilitated for those seeking licensure or certification as a:

- Certified Recovery Support Specialist (CRSS)
- Certified Peer Recovery Specialist (CPRS)
- Certified Alcohol and other Drug Counselor (CADC)
- Licensed Clinical Professional Counselor (LCPC)
- Licensed Professional Counselor (LPC)
- Licensed Social Worker (LSW)
- Licensed Clinical Social Worker (LCSW)
- Certified Prevention Specialist (CPS/CSPS)

For more information on professional certification, go to the [Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc](#).

PTE participants include, but are not limited to:

- entry-level and early career clinicians,
- peer support specialists,
- harm reduction providers, and
- individuals working toward licensure or certification within an organization licensed and funded by the Illinois Department of Human Services' Substance Use and Prevention and Recovery (SUPR) division, or licensed by SUPR.

The following deliverables are required:

Task 4.a. Develop a PWD Opportunities Plan

The subrecipient must develop an implementation plan that includes the development of the application, recruitment, coordination, and monitoring processes required to facilitate CSA and support PTE.

Task 4.a.i. Performance Measures

Submit the implementation plan no later than 90 days after the beginning of the period of performance.

Task 4.b. Establish partnerships and formalize relationships with relevant organizations and SMEs

The subrecipient must establish memoranda of understanding (MOUs) with relevant organizations and recruit sufficient SMEs to facilitate and support PWD opportunities.

Task 4.b. Performance Measures

i. Submit and maintain list of partner organizations within 120 days after the beginning of the period of performance.
ii. Submit MOUs prior to the initiation of PWD activities.
iii. Recruit and/or sub-contract with a sufficient number of SMEs to deliver clinical supervision services within 150 days after the beginning of the period of performance.

Task 4.c. Facilitate and monitor clinical supervision for licensure or certification

The subrecipient must engage with SMEs to provide clinical supervision or consultation to the workforce and be prepared to facilitate and monitor CSA activities in a timely manner.

Task 4c. Performance Measures

i. Initiate CSA within 150 days after the beginning of the period of performance.
i. Facilitate a minimum of 80% of CSA based upon the ISP.
ii. Collect data and report on CSA. Minimally, data points should include number of activities (by type), the number of participants (by type), and participant satisfaction. The data should be summarized and reported on as part of the monthly PPR.

Task 4.d. Support and monitor internships, fellowships, and other PTE

The subrecipient must be prepared to support and monitor PTE in a timely manner.

Task 4.d. Performance Measures

    i.   Initiate PTE within 150 days of the period of performance.

    ii.   Support a minimum of 80% of PTE based upon the ISP.

    iii.   Collect data and report on PTE activities. Minimally, data points should include number of facilitated experiences (by type), number of participants (by type), and participant satisfaction. The data should be summarized and reported on as part of the monthly and quarterly PPR.

C.4. 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, unless otherwise specified. Standards for activities refer to percentages of those described in the project plan.

Task 1. Award Administration

Deliverable	Standard	Metric – activity	Metric – time/criteria
a) Organizational needs assessment survey	100%	Complete survey	15 days after distribution
b) Implementation and sustainability plan	100%	Submit plan	30 days after distribution
	100%	Update plan	340 days
c) Equity and racial justice plan	100%	Conduct organizational assessment	90 days
	100%	Submit draft plan	180 days
	100%	Submit final plan	240 days
d) Program performance Report	80%	Submit report	Monthly; 15th
	75%	Submit report	Quarterly; 15th
e) Program fiscal report	80%	Submit report	Monthly; 15th
	75%	Submit report	Quarterly; 15th
f) Program status meetings and TTA	80%	Coordinate meetings	Bimonthly (2 per month)
	75%	Participate in TTA	Quarterly or as prescribed

Task 2. Program Administration and Infrastructure

Deliverable	Standard	Metric – activity	Metric – time/criteria
(a) Staff identification	100%	Submit organizational chart and list of staff	15 days
(b) Procurement and monitoring oversight	100%	Submit program administration manual	90 days
(c) Code of ethics	100%	Submit code	120 days
(d) Communications and EIT plan	100%	Submit plan	30 days
(e) Website	100%	Submit design concept	60 days
	100%	Submit website wireframes	90 days
	100%	Submit website content	120 days
	100%	Publish beta website	150 days
	100%	Launch website	180 days
(f) Communications and EIT plan implementation and monitoring	100%	Launch comms and EIT products	120 days
	80%	Respond to requests	# 2 business days
	80%	Submit report	Report monthly: # of requests # days to respond # days to resolve
(g) Annual report	100%	Submit report	380 days

Task 3. Statewide TTA

Deliverable	Standard	Metric – activity	Metric – time/criteria
(a) Statewide needs assessment	100%	Submit findings report	60 days
(b) TTA plan	100%	Submit TTA plan	90 days
(c) SME panel	100%	Submit list	# of SMEs (by type)
	75%	Update list	Quarterly (15th)

(d)	TTA development and delivery	80%	Report TTA content and TTA delivery	Report monthly: # materials (by type, content area) # trainings (by type, content area) # TA activities (by type, content area)
(e)	TTA monitoring	80%	Submit report	Report monthly: # participants (role, satisfaction, feedback)

Task 4. Professional Workforce Development Opportunities

Deliverable		Standard	Metric – activity	Metric – time/criteria
(a)	PWD opportunities plan	100%	Submit plan	90 days
(b)	Partnerships and formal relationships with relevant organizations	100%	Submit list of partners	120 days
		100%	Submit MOUs	140 days
(c)	CSA for licensure or certification	100%	Initiate activities	150 days
		80%	Facilitate activities	Report monthly (number, type)
(d)	Support and monitoring of internships, fellowships, and other PTE	100%	Initiate experiences	150 days
		80%	Support experiences	Report monthly and quarterly (number, type)