



Supplies, Access, Facilitation, and Education (SAFE) Scope of Services and Deliverables

TABLE OF CONTENTS

- About This Document 1
- C.3. Funding Purpose and Scope of Services 2**
 - Task 1. Fulfill Award Administration Requirements 3**
 - Task 2. Staff Program 3**
 - Task 3. Establish Community Partnerships 4**
 - Task 4: Develop Data Collection Plan 5**
 - Task 5: Define Outreach Approach 5**
 - Task 6: Promote Safer Practices 6**
 - Task 7. Facilitate Access to Safer Services and Supports 7**
- C.4. Deliverables and Performance Measures 9**

About This Document

This document contains sections **C.3. Funding Purpose and Scope of Services** **C.4. Deliverables and Performance Measures** of the Supplies, Access, Facilitation, and Education (SAFE) Notice of Funding Opportunity (NOFO). All application materials are available on [the Illinois Regional Care Coordination Agency website](#) via the [Funding Opportunities page](#).

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C.3. Funding Purpose and Scope of Services

A minimum of 14 organizations, at least one in each of seven (7) [health regions](#), will be awarded SAFE funding to reduce the adverse health, social, and economic consequences of substance use for persons in active use of substances within their community. To meet this goal, SAFE subrecipients shall accomplish the following objectives:

- Enhance and/or expand overdose prevention and harm reduction activities for persons in active use of substances.
- Engage persons who are in active use of substances in overdose prevention and harm reduction activities.
- Support distribution of opioid overdose reversal medication, safer drug use supplies, and harm/risk reduction information to individuals at risk of overdose.
- Facilitate overdose education and health education among community members generally and among persons in active use of substances specifically.
- Support individuals with referrals to services requested.
- Encourage individuals to take steps to reduce the negative personal and public health impacts of substance use.

To accomplish these objectives, SAFE subrecipients must provide harm reduction services (as defined for CHRPs in the [Harm Reduction Framework](#)) that are led and staffed *by* individuals representing and reflecting the community *for* individuals in active substance use within the community.

CHRP Criteria

CHRPs must meet the following criteria:

1. Persons with Lived Experience (PWLE) from the community must lead the planning and oversight, program development and evaluation, and resource/funding allocation for harm reduction initiatives, programs, and services. Additionally, if the organization participates in any research projects, PWLE must be co-investigators as part of the project.
2. Harm reduction services must reflect the needs of individuals in active use of substances, particularly opioids and stimulants, within the community. No person shall be denied service because of ongoing substance use. Not all core practices defined in [Harm Reduction Framework](#) are required, but those that align with the needs of the population should be provided.

NOTE: Harm reduction services may be integrated into a comprehensive, patient-centered continuum of care that meets the needs of the community served. However, the services must meet criteria 1 and 2.

Program activities should:

- Focus on densely populated areas with high rates of opioid use, overdose, or overdose fatality, *and/or*
- Address the unique challenges of rural communities, including geographic isolation, lack of healthcare resources, and limited transportation options, particularly for marginalized groups (e.g., individuals experiencing homelessness, indigenous communities, veterans).

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

Task 1. Fulfill Award Administration Requirements

SAFE subrecipients must fulfill obligations outlined in H.10. Reporting and Grants Administration Requirements of the NOFO, including:

- a) Organizational needs assessment (ONA) survey.
- b) Implementation and sustainability plan (ISP) development.
- c) Equity and racial justice (ERJ) plan development.
- d) Periodic performance reporting (PPR).
- e) Program fiscal reporting (PFR).
- f) Training and technical assistance (TTA) participation.
- g) Organizational trauma-informed policies and procedures (TIPP) development.

Anticipated performance measures for these activities are detailed in [Section C.4](#).

Task 2. Staff Program

SAFE subrecipients must establish and maintain program leadership and staffing to carry out program design, implementation, and data collection to meet grant program and reporting requirements. If new staff will be hired, interim staff must be available at the beginning of the period of performance.

Program staffing should align with CHRP recommendations requiring PWLE to:

- Lead planning and oversight.
- Be employed in direct service positions.

- Serve in a membership role on the board of directors.
- Actively contribute to program development and resource/funding allocation for harm reduction initiatives, programs, and services.
- Be involved as co-investigators in any research projects related to SAFE.

Please note: 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. It is expected that the level of effort required to provide this support to the program team is a minimum of one (1) FTE. The work allocated to this FTE may include more than one individual. For example, one individual may manage report submission and one individual may handle invoices. In addition to the planned program staff, these resource allocations should be reflected in the budget personnel.

The following deliverables are required:

Task 2.a. Submit organizational chart and staff list

SAFE subrecipients must submit a program organizational chart and list of names and email addresses of staff assigned to work on the program in any capacity (or designated to-be-hired), their roles, and matrixed supports.

Task 2.a.i. Performance Measure

Submit the organizational chart and staff list within fifteen (15) days from the beginning of the period of performance.

Task 2.b. Hire staff

SAFE subrecipients must adequately staff program as described in the organizational chart.

Task 2.b.i. Performance Measure

Fully staff program within ninety (90) days from the beginning of the period of performance.

Task 3. Establish Community Partnerships

SAFE subrecipients must partner with organizations and establish processes, protocols, and mechanisms for warm hand-off referrals to appropriate treatment and recovery support services when requested and negotiated with the individual to meet their needs (e.g., HIV or viral hepatitis medical care, substance use treatment, mental health counseling or treatment). The following deliverable is required:

Task 3.a. Referrals and Linkages Plan

SAFE subrecipients must submit a Referrals and Linkages Plan (RLP) that includes:

- A list of referrals and linkages to entities/individuals providing trauma-informed and culturally relevant services that meet the needs of persons in active use of substances.

- Specific, written collaborative agreements (e.g., memorandums of understanding MOUs) between agencies so that gaps in services can be addressed.
- Written program/participant eligibility criteria that are shared with collaborative organizations to ensure appropriate referrals and linkages.
- Description of an individual needs assessment used to determine appropriateness for referral and linkages to internal services and appropriate referrals to collaborative agencies.
- Written up-to-date contact information for collaborative organizations (i.e., current staff names and telephone numbers).
- A system for tracking individuals referred to and then linked to internal and collaborative agencies.

Task 3.a.i. Performance Measures

Submit the RLP within ninety (90) days from the beginning of the period of performance.

Task 4: Develop Data Collection Plan

SAFE subrecipients must prepare for the collection of data needed for grantee reporting. Data on how the needs of the population served are being met will be incorporated into the subrecipient’s external evaluation. The following deliverable is required:

Task 4.a. Data Collection Plan (DCP)

SAFE subrecipients must submit a DCP to guide and prepare for the collection of data needed for reporting. The DCP must detail systems for collecting data, including data on targeted outreach activities, referral data, and a mechanism for determining the number of individuals that access essential follow-up services.

Task 4.a.i. Performance Measures

Submit the DCP within sixty (60) days from the beginning of the period of performance.

Task 5: Define Outreach Approach

SAFE subrecipients must demonstrate their commitment and capacity to meaningfully engage and include individuals who are historically/currently disproportionately impacted by criminalization and marginalization due to drug use, as well as other priority populations, such as individuals engaged in sex work; individuals experiencing homelessness; and individuals with reproductive, maternal, and child health needs. The following deliverable is required:

Task 5.a. Outreach Plan

SAFE subrecipients must develop an Outreach Plan for targeted public outreach and education on:

- Overdose risk prevention.
- Treatment and recovery support services.
- Reproductive health education
- Safer drug use services and supplies.
- Sexually transmitted infections, such as HIV and viral hepatitis.
- Safe disposal of syringes.
- Fentanyl, tranquilizers, and other drug trends associated with overdoses.
- Use of test strips for fentanyl and other drugs.

Task 5.a.i. Performance Measures

Submit the Outreach Plan within ninety (90) days from the beginning of the period of performance.

Task 6: Promote Safer Practices

SAFE subrecipients must promote safer practices by describing how to reduce risk and providing risk reduction supplies and materials. The following deliverable is required:

Task 6.a. Provide education and support on safer practices

In response to the needs of the population served, SAFE subrecipients may:

- Distribute sterile syringes through an SSP, which also includes collecting used syringes; offering drug-checking services, including distribution of test strips for fentanyl and other drugs; and providing safe disposal options. The SSP must operate on a needs-based distribution model.
- Directly distribute naloxone and conduct training and educational campaigns.
- Provide onsite access or immediate referral to basic wound care supplies and services in the community.
- Provide integrated reproductive health education, services, and supplies, as well as sexually transmitted infection screening, prevention, and treatment.

Task 6.a. Performance Measures

- i. Initiate safer practice activities within one hundred twenty (120) days from the beginning of the period of performance.

- ii. Support a minimum of eighty percent (80%) of safer practice activities based upon the ISP.
- iii. Collect data and report on safer practice activities. The data should be summarized and reported as part of the monthly and quarterly PPR and external data collection activities.

Task 7. Facilitate Access to Safer Services and Supports

In addition to providing safer practice services listed in Task 6, SAFE subrecipients must carry out **one or more** of the following deliverables to facilitate access to safer settings, safer access to healthcare, and/or safer transitions to care.

Applicants should clearly identify which tasks they are proposing in their application narrative and in their budget personnel allocations. Applicants may propose Task 7.a., Task 7.b., Task 7.c., or any combination.

Task 7.a. Safer Settings

SAFE subrecipients who propose Task 7.a. must facilitate access to safe environments to find respite, learn about safer use practices, and receive supports that are trauma-informed and stigma-free.

This is expected to include:

- Social spaces that offer harm reduction services, are low barrier, and are led and maintained by the communities they serve.
- Hybrid recovery communities providing peer-delivered harm reduction and recovery support services.

Task 7.a. Performance Measures

- Initiate safer setting activities within one hundred fifty (150) days from the beginning of the period of performance.
 - i. Support a minimum of eighty percent (80%) of safer setting activities based upon the ISP.
 - ii. Collect data and report on safer setting activities. The data should be summarized and reported on as part of the monthly and quarterly PPR and external data collection activities.

Task 7.b. Safer Access to Healthcare

SAFE subrecipients who propose Task 7.b. must facilitate access to person-centered and non-stigmatizing healthcare that is trauma-informed, including access to U.S. Food and Drug Administration-approved medications to treat SUD. This is expected to include:

- Healthcare settings and providers directly informed by harm reduction principles, pillars, and the people they serve.
- Onsite or quick referral, low-barrier health services informed by lived experience with substance use.

Task 7.b. Performance Measures

- Initiate safer access to healthcare activities within one hundred fifty (150) days from the beginning of the period of performance.
 - i. Support a minimum of eighty percent (80%) of safer practice activities based upon the ISP.
 - ii. Collect data and report on safer practice activities. The data should be summarized and reported on as part of the monthly and quarterly PPR and external data collection activities.

Task 7.c. Safer Transitions to Care

SAFE subrecipients who propose Task 7.c. must provide connections and access to harm reduction-informed and trauma-informed care and services, as requested. Examples include:

- Referral and linkage to HIV, viral hepatitis, sexually transmitted disease, and tuberculosis prevention; hepatitis A virus and hepatitis B virus vaccination, treatment, and care services (including antiretroviral therapy for hepatitis C virus); pre-exposure and post-exposure prophylaxis for HIV; and prevention of mother-to-child transmission.
- Referral/linkage to and provision of evidence-based SUD treatment, including medication assisted recovery, such as use of methadone, buprenorphine, or naltrexone to treat opioid use disorder (OUD).
- Referral to medical care, mental health services, and other support services.
- Onsite or immediate referral to accessible nutritional assistance, clothing, temporary shelter, and housing.

Task 7.c. Performance Measures

- Initiate safer transition to care activities within one hundred fifty (150) days from the beginning of the period of performance.
 - i. Support a minimum of eighty percent (80%) of safer transition to care activities based upon the ISP.
 - ii. Collect data and report on safer transition to care activities. The data should be summarized and reported on as part of the monthly and quarterly PPR and external data collection activities.

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 Implementation and Sustainability Plan (ISP).

Deliverables	Performance Measures	Standards	Metrics
T1 Fulfill award administration requirements	(a) Complete ONA survey	100%	ONA survey completed (30 days after distribution)
	(b) Complete ISP	100%	ISP submitted (45 days)
	(c) Develop ERJ Plan	100%	ERJ organizational assessment completed (90 days) ERJ Plan drafted (120 days) ERJ Plan finalized (180 days)
	(d) Complete PPR	100%	Activities and services metrics reported (15 th of each month, 15 th following each quarter unless otherwise prescribed)
	(e) Complete PFR	100%	Fiscal performance reported (15 th of each month; monthly and quarterly reports)
	(f) Participate in TTA	75%	# Bimonthly cohort meetings (initiated within 30 days) # Bimonthly individual meetings (initiated within 30 days) # TTA sessions attended (quarterly or as prescribed)
	(g) Develop TIPP	100%	TIPP developed (180 days)
T2 Staff Program	(a) Submit organizational	100%	Organizational chart and staff list submitted (15 days)

Deliverables	Performance Measures	Standards	Metrics
	chart and staff list		
	(b) Hire staff	Fully staffed	# FTE hired (90 days)
T3	Establish Community Partnerships	(a) Develop RLP	100% RLP submitted (90 days)
T4	Develop Data Collection Plan	(a) Develop DCP	100% DCP submitted (60 days)
T5	Define Outreach Approach	(a) Develop Outreach Plan	100% Outreach Plan submitted (90 days)
T6	Promote Safer Practices	(a) Provide education and support on safer practices	80% Services initiated (120 days) Services delivered (80%) Services reported: <ul style="list-style-type: none"> • # service sites (by location/type) • # service encounters (by demographics) • # educational materials distributed (by type) • # participants engaged (by service) • #/type of safer substance use supplies distributed • # participants trained in overdose prevention and response • # naloxone kits distributed (by recipient type) • # drug checking services provided to participants
T7	Facilitate Access to	a) Safer settings	80% Services initiated (150 days) Services delivered (80%)

Deliverables	Performance Measures	Standards	Metrics
Safer Services and Support (Applicants may propose Task 7.a., Task 7.b., Task 7.c., or any combination.)	b) Safer access to healthcare	80%	Services reported: <ul style="list-style-type: none"> • # low-barrier social spaces offering harm reduction services • # participants and peers in hybrid recovery community Services initiated (150 days) Services delivered (80%) Services reported: <ul style="list-style-type: none"> • # collaborations with healthcare settings • # providers trained on harm reduction principles and pillars • # onsite (or quick referral to) low-barrier health services informed by lived experience with substance use
	(c) Safer transitions to care	80%	Services initiated (150 days) Services delivered (80%) Services reported: <ul style="list-style-type: none"> • # participants referred and linked to treatment/housing • # participants receiving onsite or referrals (by type)