



Medication-Assisted Recovery Mobile Health Units 2.0 (MMHU-2) Scope of Services and Deliverables

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About this document

This document contains sections **C.1. Scope of Services** and **C.2. Deliverables and Performance Measures** of the Medication Assisted Recovery Mobile Health Units (MMHU-2) Notice of Funding Opportunity (NOFO). All application materials are available on [the Illinois Regional Care Coordination Agency website](#) via the [Funding Opportunities page](#).

C.1. Scope of Services

Objectives of MMHU-2 funding are to ensure that (1) patients within the priority populations receive immediate care for acute and chronic conditions, including SUD/ODU, wherever it is sought in the service area and (2) transitions to additional recovery services are managed and supported.

This section details the tasks 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 H. of the NOFO, Reporting and Grants Administration Requirements, including

- Organizational needs assessment,
- Implementation and sustainability plan development,

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- Equity and racial justice plan development,
- Performance reporting,
- Fiscal reporting, and
- Participating in training and technical assistance (TTA).

Task 2. Conduct Assessment Activities

The subrecipient must assess the needs of individuals seeking MMHU-2 services from within and around the targeted community or location of the sub-population (e.g., homeless community). The assessment should evaluate health disparities and the related social and economic inequities that impact access to and need for services, as well as availability of SUD treatment provider organizations. Recovery-oriented Systems of Care, and recovery homes. Within 60 days of award, the subrecipient must

- Conduct an [environmental scan](#) and analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT) in the communities where the MMHU-2 will operate that meets the above criteria, and
- Submit a comprehensive written report detailing the results.

Task 3. Plan MMHU-2 Services

Within 180 days of award, the subrecipient must

- Develop and submit an implementation plan that includes the timeline and process to accomplish the following activities within the first 12 months of the award:
- Licensing to enable the MMHU-2 to dispense the three forms of U.S. Food and Drug Administration (FDA)-approved OUD medications (buprenorphine, naltrexone, and methadone). Please note further details on medication dispensation in Task 4; there is no set timeline for methadone. The licensure process should be initiated prior to submission of the plan.
- Acquisition/lease of the vehicle(s), such as vans or buses customized for providing services.
- Staffing/personnel to support the MMHU-2.
- Delivery of services. Describe the services to be provided, location(s) where they are to be provided, and frequency of provision.
- Collaboration with oversight entities, including but not limited to DEA and SUPR.
- A budget for the projected medication and services not otherwise funded through health insurance, IDHS/SUPR, other government grants, or correctional institutions/jails.
- Develop policies and procedures to guide program activities that, at a minimum, adhere to the following IDHS/SUPR and Drug Enforcement Agency (DEA) requirements:



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- Adherence to the DEA definition of “motor vehicle” as a vehicle propelled under its own motive power and lawfully used on public streets, roads, or highways with more than three wheels in contact with the ground; a motor vehicle does not include a trailer in this context.
- Possession of valid county/city and state information (e.g., a vehicle information number (VIN) or license plate number) on file at the OTP registered location.
- Maintenance of narcotic drugs in schedules II–V only from the registered OTP location.
- Maintenance of a storage area for controlled substances in the Mobile OTP that is not accessible from outside the vehicle.
- Maintenance of a safe, bolted or cemented to the floor or wall, in such a way that it cannot be readily moved to ensure all controlled substances on the Mobile OTP are securely locked.
- Maintenance of a safe on the Mobile OTP is equipped with an alarm system that transmits a signal directly to a central protection company or a local or State police agency, which has a legal duty to respond, or a 24-hour control station operated by the registrant.
- Returning the Mobile OTP to the registered program location each day and remove and secure the controlled substances inside the registered location. (If the applicant is unable to meet this requirement, please submit a separate exception request for DEA approval).
- Identification and use of a secure location to store the MMHU-2 on overnight/weekends.
- Maintenance of a log with information on dispensed controlled substances (dose dispensed, patient, date and time, etc.). The log must be stored at the registered program location.
- Maintenance of an electronic log, if applicable, that the DEA has preapproved.
- Maintenance of a hard copy (printed version of the electronic log) each day with each entry initialed by the physician who dispensed the controlled substance.
- Maintenance of and adherence to protocols for the controlled substances on the MMHU-2 that are secure and accounted for in the event that the mobile component is disabled for any reason (mechanical failure, accident, fire, etc.).
- Maintenance of and adherence to protocols in place to return to registered location in the event of an unannounced DEA/State inspection.
- Maintenance of and adherence to protocols in place to ensure services are uninterrupted (i.e., weather, breakdown of unit).
- Maintenance of and adherence to protocols that ensure that narcotic drugs are safely returned to the DEA registrant’s program location if there is an unforeseen breakdown of the MMHU-2.
- Maintenance of and adherence to protocols that, at minimum, ensure that any security breach on the MMHU-2 is immediately reported to the DEA and IDHS/SUPR.



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- Maintenance of and adherence to protocols and logs to track any damaged/lost/stolen medication.
- Maintenance of and adhere to a diversion prevention protocol approved by IDHS/SUPR.

Task 4. Launch the MMHU-2

Within 365 days of award, the subrecipient must launch the MMHU-2 with capacity to:

- Prescribe and/or dispense at least two of the three FDA-approved medications.

NOTE: One of those medications must be methadone (dispense) or buprenorphine (dispense or prescribe). Due to the complexities associated with dispensation of methadone, no time frame is required. If prescribing, case management services must be provided to assist patient in obtaining medication, and receipt of medication must be confirmed in outcome measures.

- (Optional, but preferred) Provide and log other services to support successful patient outcomes, to one or more of the priority populations identified above. Other services include:
 - b1. Harm reduction services* (including naloxone and overdose prevention education)
 - b2. Recovery support services*
 - b3. Treatment services*
 - b4. Community education and referral services
 - b5. Primary health services
 - b6. Other (e.g., HIV/AIDS prevention services)

The subrecipient must also:

- Post and maintain the MMHU-2's schedule and location/route of services on the IL Opioid Helpline.

*Services identified with an asterisk must adhere to IDHS/SUPR requirements as outlined in Administrative Rule, Part 2060 or be connected with an IDHS/SUPR program (e.g., Drug Overdose Prevention Program). Other services may also be required to adhere to requirements of other state agencies' administrative rules or federal regulations.

Task 5. Build Community Support

Throughout the planning and implementation of the project, the subrecipient will:

- Conduct engagement activities to gain buy-in and obtain letters of support for the MMHU-2 from stakeholders who are essential to the delivery of MMHU-2 services and to address any community concerns about the MMHU-2 services located within the community.



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C.2. 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 the project plan.

Deliverables	Performance Measures	Standards	Metrics
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 Assessment Activities	(a) Conduct environmental scan and SWOT analysis	100%	Summary of and findings from each assessment activity
	(b) Submit comprehensive written report	100%	Needs assessment finalized (90 days)
T3 Plan MMHU-2 Services	(a) Develop and submit a fully implementable plan that details required criteria	100%	Plan submitted (180 days)



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Deliverables	Performance Measures	Standards	Metrics
	(b) Develop required policies and procedures that adhere to IDHS/SUPR and DEA requirements	100%	Policies and procedures submitted (180 days)
T4 Launch the MMHU-2	(a) Prescribe and/or dispense at least two of the three FDA-approved medications	100%	# Medications accessible and available for dispensation (365 days)
	(b) Provide and log supportive services (optional)	80% (365 days, based on work plan)	# Harm reduction services # Recovery support services # Treatment services # Community education and referral services # Primary health services # Other services
	(c) Post and maintain the MMHU-2's schedule and location/route of services on the IL Opioid Helpline.	90%	# Current schedule posted (upon program launch)
T5 Build Community Support	(a) Conduct engagement activities	80%	# Engagement activities (ongoing) # Letters of support from stakeholders