



# Scope of Services and Deliverables

Adolescents Navigating Change, Health, and Ongoing  
Recovery (ANCHOR)

*Applications due September 22, 2025*

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## About This Document

This document contains sections C.2. Need, C.3. Funding Purpose and Scope of Services, and C.4. Deliverables and Performance Measures of the Adolescents Navigating Change, Health, and Ongoing Recovery (ANCHOR) Notice of Funding Opportunity. All application materials are available on the Illinois Regional Care Coordination Agency website via the Funding Opportunities page.

### C.2. Need

The funds from the settlements will support prevention efforts in communities hit hardest by the opioid crisis and throughout the state. Fund distributions must be used equitably in service areas disproportionately affected by the opioid crisis as outlined in the [Illinois Opioid Allocation Agreement](#), such as areas with the following characteristics:

- High opioid fatality rates, including the following:
  - Counties other than Cook County with a crude rate of 1.8 or greater per 100,000 people
  - ZIP Codes within Cook County with more than 100 overdoses (fatal and nonfatal) within the most recent year included in the [Illinois Opioid Data Dashboard](#)
- Concentrated poverty, including the following:
  - Counties other than Cook County with a poverty rate greater than twelve percent (12%)
  - ZIP Codes within Cook County with a poverty rate greater than twelve percent (12%), per the [U.S. Census Bureau](#)
- Concentrated firearm violence, including communities eligible for [Reimagine Public Safety Act funding](#)
- Other conditions that hinder the communities from reaching their full potential for health and well-being, including counties other than Cook with a crude nonfatal overdose rate of 4.0 or greater per 100,000 people, as listed in the [IDPH Overdose Data Dashboard](#).

More than ninety percent (90%) of opioid overdose deaths in Illinois involve synthetic opioids. Among the state’s teenagers (ages 13 to 17), synthetic opioid overdose deaths increased more than 350 percent in a single year.<sup>i</sup> Experimentation is common during adolescence and emerging adulthood. “Trying out” drugs can be fatal, especially when the drug is laced with fentanyl. This, coupled with the widespread availability of illicit substances, underscores the need for interventions to prevent and reduce substance use among adolescents.

Additionally, most adults with substance use disorders start using drugs during adolescence.<sup>ii</sup> Few teenagers and emerging adults recognize their need for treatment for substance use disorder, which may result in lifelong physical, mental, social, economic, legal, and generational consequences.

Therefore, the priority population for this funding is adolescents with opioid use disorder (OUD) (or polysubstance use disorder [PUD] including opioids) and their families/caregivers. “Adolescents” refers to youth and emerging adults ages 12 to 21. Applications will be prioritized based on overdose data in the applicant's proposed service area (including statewide), current availability of other services, and plans to specifically outreach to and engage populations who are disparately impacted (e.g., Native American

adolescents) by opioid overdoses. No person shall be denied service because of ongoing substance use or a recurrence of substance use.

### C.3. Funding Purpose and Scope of Services

Up to five (5) organizations will be awarded funding to establish ANCHOR programs to reduce adolescent deaths from synthetic opioids by achieving the following objectives:

- Increase engagement of adolescents, particularly those who may be less motivated to seek help, and their families or caregivers, in the system of care.
- Increase access to evidence-based and innovative resources and programs, including harm reduction, treatment, and recovery supports, tailored for adolescents and their families.
- Reduce barriers to retention for adolescents and their families in the system of care.

To accomplish these objectives, ANCHOR subrecipients shall establish programs specifically tailored for the priority population, as defined in [Section C.2.](#), that can include the following:

- Comprehensive interventions including screening and/or crisis response, adolescent treatment services, and outreach and engagement initiatives
- Innovative approaches such as online recovery groups, recovery high schools, recovery groups for adolescents, and evidence-based family support interventions
- Telehealth services and training and technical assistance (TTA) to providers to support online activities
- Harm reduction education and programs for adolescents and their families as well as other people who interact with adolescents.

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

#### Task 1. Administer ANCHOR Program

Subrecipients shall fulfill obligations detailed in Section H.10. Reporting and Grants Administration Requirements, including the following:

- Attend an annual virtual kickoff meeting
- Complete an organizational needs assessment (ONA) survey
- Develop and update an implementation and sustainability plan (ISP), which informs the performance metrics used for program activities

- Develop and implement an equity and racial justice (ERJ) plan
- Complete quarterly periodic performance reports (PPRs)
- Complete monthly periodic financial reports (PFRs)
- Participate in TTA as prescribed
- Participate in project status meetings (PSMs) every other month
- Conduct data collection activities and complete monthly evaluation reporting (MER) and quarterly evaluation reporting (QER)
- Allocate or hire sufficient administrative and service staff

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

## Task 2. Plan ANCHOR Program

A subrecipient seeking to establish ANCHOR shall provide the following deliverables:

### Task 2.a. Assess Current Needs and Services

The subrecipient shall assess the needs of adolescents and their families/caregivers within and around the targeted community. The assessment shall evaluate health disparities and the related social and economic inequities that impact access to and need for services, as well as availability of the following:

- Intervention, screening, and treatment services specifically designed for adolescents and their families/caregivers at accessible clinical sites.
- Programs that engage adolescents and their families/caregivers in treatment.
- Online recovery groups, recovery high schools, and recovery groups for adolescents.
- Harm reduction education and programs for adolescents and their families/caregivers, educators, and other people who interact with adolescents.
- Evidence-based family support interventions.
- Training for providers to engage and support adolescents and their families/caregivers in telehealth and other online services.

### Task 2.a. Performance Measure

The subrecipient shall submit, within sixty (60) days from the beginning of the period of performance, a comprehensive needs assessment report in the communities where ANCHOR services will be provided.

### Task 2.b. Design ANCHOR Services

The subrecipient shall, based on the results of the comprehensive needs assessment, plan program activities and services to address identified gaps. ANCHOR services shall

incorporate evidence-based or promising practices to support the provision of accessible services in at least one of the following categories. Each category includes examples of potential program activities.

### *Screening and/or Crisis Response*

- Screening services designed specifically for adolescents and their families/caregivers
- A dedicated, adolescent-focused, 24/7 helpline or text-based support service
- Naloxone distribution and training for adolescents, families/caregivers, and community members

### *Treatment*

- Adolescent-appropriate, in-person treatment that meets the standard of care for OUD and PUD including opioids
- Telehealth counseling
- Education, outreach, and other support to reduce barriers to care
  - Teaching adolescents and families/caregivers about the need for and benefits of treatment
  - Promoting availability of treatment sites
  - Facilitating meeting appointments (e.g., transportation assistance)
  - Alleviating concerns about confidentiality and stigma surrounding OUD and treatment

### *Youth Recovery Supports*

- Online or in-person recovery groups, recovery high schools, and other innovative approaches to serving and supporting adolescents
- A Youth Advisory Council of adolescents with lived experience or interest in substance use prevention and recovery services to provide input on service design, outreach strategies, and quality improvement, as well as review and advise on ANCHOR activities
- Coordinated wraparound services (e.g., access to transitional/supportive housing for unstably housed youth and food security) to address social determinants of health affecting youth and families/caregivers impacted by OUD and PUD including opioids
- Harm reduction education for adolescents, including guidance on the following:
  - Opioid overdose reversal medications and their use
  - Sterile supplies for reducing transmission of infectious disease (e.g., HIV, viral hepatitis, bacterial and fungal infections)
  - Accessible health care, social services, and treatment services

### *Family/Caregiver Support*

- Innovative and evidence-based family support interventions
- Harm reduction education for families and caregivers, guidance shall include information on the following:
  - [The Substance Abuse and Mental Health Services Administration's \(SAMHSA's\) Harm Reduction Framework](#)
  - Opioid overdose reversal medications and their use
  - Sterile supplies for reducing transmission of infectious disease (e.g., HIV, viral hepatitis, bacterial and fungal infections)
  - Available health care, social services, and treatment
- Peer-led parent/caregiver support groups
- Educational workshops for families/caregivers to reduce stigma and increase supportive parenting strategies

### *Workforce Development*

- TTA opportunities for providers, clinicians, social workers, and support staff, which shall include the following topics:
  - Screening, intervention, treatment, medication-assisted recovery, harm reduction, and other services
  - Engaging adolescents and their families/caregivers
- Development of a simulation-based educational intervention to increase knowledge of adolescent care among addiction medicine, pediatric, and other relevant providers
- Harm reduction education for educators and other people who interact with adolescents that aligns with [SAMHSA's Harm Reduction Framework](#) and includes the following topics:
  - Opioid overdose reversal medications and their use
  - Sterile supplies for reducing transmission of infectious disease (e.g., HIV, viral hepatitis, bacterial and fungal infections)
  - Available health care, social services, and treatment

The subrecipient shall provide support for their proposed use of evidence-based, promising, and innovative practices for each of the above services categories. The subrecipient shall detail its commitment and plan to meaningfully engage adolescents who are most impacted by OUD and PUD including opioids, particularly those who may be reluctant to seek help, and retain them in ANCHOR services.

Services requiring licensure by the Illinois Department of Human Services shall adhere to standards established by [77 Ill. Admin. Code Sec. 2060](#). Services shall be culturally and linguistically appropriate for the individuals, families, and community served.

#### *Task 2.b. Performance Measure*

The subrecipient shall submit, within ninety (90) days from the beginning of the period of performance, an ANCHOR Implementation Plan. The subrecipient shall include literature and/or treatment models that support service modalities, what and to whom services and training will be provided, when services and training will be launched, and how youth and families/caregivers will be engaged in services.

#### **Task 2.c. Establish Partnerships/Collaborative Agreements**

The subrecipient shall establish partnerships and/or collaborative agreements (e.g., memorandum of understanding [MOU]) with organizations serving adolescents and their families/caregivers, such as schools, public libraries, healthcare providers, child welfare agencies and the foster care system, residential centers for youth, and law enforcement.

#### *Task 2.c. Performance Measure*

The subrecipient shall submit evidence of signed MOUs with partner agencies within ninety (90) days of the commencement of the period of performance.

#### **Task 2.d. Develop Data Collection Plan**

Subrecipients shall prepare for the collection of evaluation data needed for process and outcomes reporting. This shall include, but not be limited to, data on program implementation; aggregate data on individuals, families, or caregivers served; outreach and engagement activities provided; service provision details; patient satisfaction; patient outcomes; and TTA outcomes. Additionally, the subrecipient shall work with an external evaluator to identify additional outcome indicators for the subrecipient scope of services, to be included in their data collection plan (DCP).

The DCP shall specify how the subrecipient will collect data on the reach of their services, such that it aligns with their priority populations defined in the needs assessment.

#### *Task 2.d. Performance Measure*

The subrecipient shall submit a DCP within 120 days of the commencement of the period of performance.

#### **Task 2.e. Develop Quality Assurance and Quality Control Plans**

Subrecipients shall maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures, ongoing assessment of outcomes, and implementation of process improvement plans.

### *Task 2.e. Performance Measure*

The subrecipient shall submit quality assurance and quality control plans within 120 days of the commencement of the period of performance.

## **Task 3. Implement ANCHOR Program**

The subrecipient shall acquire appropriate resources to establish and deliver program services as defined in the submitted ANCHOR Implementation Plan, within the specified timeframe, and in accordance with all federal and state licensing, privacy, security, and confidentiality laws, rules, or regulations. The subrecipient shall participate in monitoring and evaluation of services.

### **Task 3.a. Establish Services and Activities**

The subrecipient shall offer and coordinate ANCHOR program services and activities for adolescents, their families/caregivers, and providers in accordance with the ANCHOR Implementation Plan.

When establishing services and activities, the subrecipient shall do the following:

- Consider the whole person, identifying and addressing co-occurring substance use and mental disorders, such as mood, anxiety, and eating disorders
- Consider positive and negative familial/caregiver dynamics
- Promote a safe, trauma-informed, and caring environment
- Recognize cultural expectations to help improve engagement and retention

### *Task 3.a. Performance Measures*

The subrecipient shall establish ANCHOR services provided to adolescents and their families/caregivers within 180 days of the commencement of the period of performance.

### **Task 3.b. Engage and Retain Adolescents and Their Families/Caregivers**

The subrecipient shall engage adolescents and their families/caregivers in the system of care through outreach activities coordinated with organizations serving adolescents and their families/caregivers, such as schools, public libraries, healthcare providers, child welfare agencies and the foster care system, residential centers for youth, and law enforcement. In proposing outreach activities, the subrecipient shall prioritize adolescents who may be less motivated to seek help.

### *Task 3.b. Performance Measure*

The subrecipient shall report the number and type of outreach and engagement activities, the number of adolescents and families/caregivers initiating services or who are referred to ANCHOR partners, and the duration of adolescent and family/caregiver participation in ANCHOR services.

## Task 4. Monitor ANCHOR Program

The subrecipient shall monitor ANCHOR program implementation throughout the period of performance. The subrecipient shall collect data and conduct quality assurance and control activities in accordance with the DCP, quality assurance plan (QAP), and quality control plan (QCP).

### Task 4.a. Performance Measure

The subrecipient shall collect data and conduct quality control activities in accordance with the DCP, QAP, and QCP and report progress on the PPR.

## C.4. Deliverables and Performance Measures

The following tables detail (a) the deliverables required according to the scope of services and (b) associated performance measures, standards, and potential metrics 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 activities described in the ISP.

### Task 1. Administer ANCHOR Program

See Section H.10. Reporting and Grants Administration Requirements for detailed descriptions of Task 1 activities.

| Performance Measures               | Standards | Metrics   |
|------------------------------------|-----------|---|
| (k) Participate in virtual kickoff | 100%      | Attend kickoff no later than 15 days  |
| (a) Complete ONA survey            | 100%      | ONA survey completed (30 days after distribution)   |
| (b) Develop ISP                    | 100%      | ISP submitted (45 days)   |
| (c) Develop ERJ Plan               | 100%      | ERJ organizational assessment completed (90 days)<br>ERJ Plan drafted (120 days)<br>ERJ Plan finalized (180 days)   |
| (d) Complete PPR                   | 100%      | Project implementation progress reported (15th day following each quarter end)  |
| (e) Complete PFR                   | 100%      | Financial performance reported (15th of each month)   |
| (f) Participate in TTA             | 75%       | # Every-other-month cohort meetings (initiated within 60 days)<br># TTA sessions attended (quarterly or as prescribed)<br># Learning collaboratives (as prescribed) |
| (g) Participate in PSMs            | 75%       | # Every-other-month PSMs  |

| Performance Measures     | Standards | Metrics  |
|--------------------------|-----------|--|
| (h) Evaluation reporting | 100%      | Activities and services metrics reported (15th day following each quarter end unless otherwise prescribed) |
| (i) Project staffing     | 80%       | Qualified staff hired/allocated per ISP  |

#### *Task 2. Plan ANCHOR Program*

| Performance Measures                                 | Standards | Metrics  |
|--|-----------|--|
| (a) Assess current needs and services                | 100%      | Needs Assessment report submitted (60 days)    |
| (b) Develop Implementation Plan                      | 100%      | ANCHOR Implementation Plan submitted (90 days) |
| (c) Establish partnerships/ collaborative agreements | 100%      | Evidence of signed MOUs submitted (90 days)    |
| (d) Develop DCP                                      | 100%      | DCP submitted (120 days)                       |
| (e) Develop QAP and QCP                              | 100%      | QAP and QCP submitted (120 days)               |

#### *Task 3. Implement ANCHOR Program*

| Performance Measures                                 | Standards | Metrics   |
|--|-----------|---|
| (a) Establish services                               | 100%      | ANCHOR services initiated (180 days)<br># and type of ANCHOR services provided (submitted in MER)   |
| (b) Engage adolescents and their families/caregivers | 80%       | # of adolescents and families/caregivers served by or referred to partners<br>duration of participation in ANCHOR services (submitted in MER) |

#### *Task 4. Monitor ANCHOR Program*

| Performance Measures      | Standards | Metrics  |
|---------------------------|-----------|--|
| (c) Implement DCP         | 80%       | # data collected<br># data evaluated   |
| (d) Implement QAP and QCP | 80%       | # documents and data reviewed<br># concerns or issues identified<br># process improvement activities initiated<br># process improvement activities completed |

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<sup>i</sup> Illinois Department of Public Health. (January 2025). [Statewide Semiannual Opioid Report](https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idph-data-dashboard/semiannual-overdose-report-012025.pdf).  
<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idph-data-dashboard/semiannual-overdose-report-012025.pdf>

<sup>ii</sup> Fatus MC, Squeglia LM, Valadez EA, Tomko RL, Bryant BE, Gray KM. Adolescent Substance Use Disorder Treatment: an Update on Evidence-Based Strategies. *Curr Psychiatry Rep*. 2019 Sep 14;21(10):96. doi: 10.1007/s11920-019-1086-0. PMID: 31522280; PMCID: PMC7241222.