



Scope of Services and Deliverables

Advancing Recovery in Tribal Communities (ARC)

Applications due October 29, 2025

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About This Document

This document contains sections B.1. Eligible Applicants, C.2. Need, C.3. Funding Purpose and Scope of Services, and C.4. Deliverables and Performance Measures of the Advancing Recovery in Tribal Communities (ARC) Notice of Funding Opportunity (NOFO). All application materials are available on the Illinois Regional Care Coordination Agency website via the Funding Opportunities page.

Definitions

American Indian/Alaska Native (AI/AN): An American Indian, Alaska Native, Native American, First Nation, or Indigenous individual.

Cultural consultation: A process, developed in collaboration with an Indigenous-led advisory board, for ensuring that treatment and recovery services are appropriate for the community and appropriately incorporate traditional healing practices.

Indigenous-led advisory board: A body that provides cultural consultation for the project, including a body authorized by a Tribe to act in such a capacity, the board of directors of an urban Indian organization or a body authorized to act on its behalf, or a body of enrolled members of one or more Tribes assembled by the subrecipient.

Traditional healing practices: A body of wisdom for transforming illness into health through the integration of mind, body, emotion, and spirit, including but not limited to ceremonies and herbal remedies.

Tribal community: A group of AI/AN individuals united by enrollment in a single Tribe or by affiliation with an urban Indian organization, other cultural organizations, or informal associations.

Tribal Recovery Support and Treatment Center: A facility designed to provide culturally appropriate treatment and recovery for Tribal or urban Indian communities.

Tribe: Any Indian Tribe, band, nation, or other organized group or community recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, including, but not limited to, the Prairie Band Potawatomi Nation.

[Note: Based on [federal definition](#) in Indian Health Service regulations]



Tribal enterprise: A commercial activity or business managed or controlled by a Tribe, including tribally owned businesses formed as an Indian Reorganization Act Section 17 corporation, a Tribally chartered corporation, or a state-chartered Tribal corporation.

Urban Indian organization: A nonprofit corporate body situated in an urban center, governed by an urban Indian–controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, according to the requirements of the [Indian Health Care Improvement Act](#), 25 U.S.C. §§ 1601 et seq.

[Note: federal definition from [25 U.S.C. § 4302](#) and examples listed by the [Bureau of Indian Affairs](#)]

B.1. Eligible Applicants

This competitive funding opportunity is limited to applicants that meet the following requirements:

1. Applicants must be a Tribe; Tribal enterprise; urban Indian organization; or nonprofit, for-profit, or tax-exempt entity located in Illinois.
2. Applicants other than a Tribe, Tribal enterprise, or urban Indian organization must include a signed memorandum of understanding (MOU) with a Tribe, Tribal enterprise, or urban Indian organization. This MOU must demonstrate a commitment to engaging in meaningful and ongoing cultural consultation throughout the award period, specifically to ensure that the proposed services are culturally tailored, relevant, and respectful to the communities being served.
3. Applicants must be able to fulfill the scope of services detailed in this funding notice.
4. Applicants must have the capacity to comply with the legal, fiscal, reporting, and programmatic requirements as described in this funding notice.
5. Applicants proposing the use of program funds to provide services that require state or federal licensure must be actively licensed.
6. All entities must be qualified to do business with the State of Illinois.
7. Applicants must complete the prequalification process described in Section E.2. Application Instructions.
8. Applicants must complete award requirements described in Section G.3. Award Conditions.



9. Applicants must be licensed by the Illinois Department of Human Services Division of Behavioral Health and Recovery to provide substance use disorder (SUD) treatment services.

Only applicants that meet the above criteria will be considered for funding.

A nonprofit, for-profit, or tax-exempt entity may only submit one application under this funding opportunity. For example, multiple individuals in one organization cannot submit multiple applications; a parent company cannot submit an application, and a subsidiary cannot submit a second application for the same funding opportunity.

Cost sharing is not required.

C.2. Need

The funds from the settlements will support prevention, treatment, and recovery 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
 - Counties other than Cook County with a crude rate of 1.8 or greater per 100,000 people
 - Community Areas within Cook County with more than 100 overdoses (fatal and nonfatal) within the most recent year included in the [Drug overdose mortality rate dashboard - Chicago Health Atlas](#)
- Concentrated poverty, including
 - 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 [Poverty rate dashboard - Chicago Health Atlas](#)
- Concentrated firearm violence, including communities eligible for Reimagine Public Safety Act funding, <https://www.dhs.state.il.us/page.aspx?item=144282>
- 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 Illinois Overdose



Data Dashboard, <https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard/overdoses.html>

According to the Centers for Disease Control and Prevention, non-Hispanic American Indian and Alaska Native (AI/AN) individuals had the highest overdose death rate of any racial or ethnic group.¹ This initiative will focus on the implementation of culturally tailored and competent, evidence-based prevention, treatment, and recovery support services that align with the beliefs, customs, and values of Tribal communities. The Regional Care Coordination Agency (RCCA) recognizes that individuals and peoples designated as AI/AN by the U.S. Census Bureau may refer to themselves as “Indian,” “Native American,” “Indigenous,” “First Nations,” “Tribal,” by the name of their nation, or another term.

This funding opportunity is intended for services to AI/AN individuals living in Illinois urban, suburban, and rural Tribal communities, including (when established) Tribal lands, particularly those who

1. Have opioid use disorder (OUD),
2. Have polysubstance use disorder including opioids, or
3. Experience or have been affected by SUD and are seeking culturally tailored recovery support.

Priority will be given to applicants that demonstrate high rates of overdose in the proposed service area, limited availability of culturally tailored services, and engagement with disparately impacted AI/AN populations.

C.3. Funding Purpose and Scope of Services

A minimum of one (1) and a maximum of four (4) organizations will be awarded funding to develop and implement the ARC program, which will establish Tribal Recovery Support and Treatment Centers (TRSTCs) to address the unmet SUD treatment and recovery needs of Illinois Tribal communities affected by the opioid crisis by achieving the following objectives:

- Provide culturally tailored OUD prevention, treatment, and recovery services to AI/AN individuals and Tribal communities. No person shall be denied service because of ongoing substance use or reoccurrence of substance use.

¹ Centers for Disease Control and Prevention. (2024, September 6). *Opioid overdose prevention in Tribal communities*. <https://www.cdc.gov/injury/budget-funding/opioid-overdose-prevention-in-tribal-communities.html>



- Develop a workforce, including people with lived experience,² to provide culturally tailored services to AI/AN individuals and Tribal communities
- Increase access to medication-assisted recovery (MAR) facilitated by the inclusion of cultural components³ and other evidence-based practices for prevention, treatment, and recovery for AI/AN individuals with OUD or alcohol use disorder (AUD)
- Increase access to evidence-based practices, traditional healers, and Tribal healing models and practices

To accomplish these objectives, ARC subrecipients shall

- Develop the program, including hiring the workforce;
- Deliver culturally tailored prevention services;
- Deliver culturally tailored treatment services;
- Deliver culturally tailored recovery supports;
- Engage the community, including youth and elders; and
- Plan for making the services sustainable.

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

Task 1. Administer ARC Program

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

- **Organizational Needs Assessment:** Complete an organizational needs assessment (ONA) survey
- **Implementation and Sustainability Plan Development:** Develop and update an implementation and sustainability plan (ISP), which informs the performance metrics used for program activities and which incorporates the input of Tribes, Tribal enterprises, urban Indian organizations, and other AI/AN-led organizations and community stakeholders, as applicable

² Buffalo-Boy, D. & Murray, J. (2022). *Native American SUD peer best practices*. The Regional Facilitation Center. <https://www.oregon.gov/oha/HSD/AMH-PD/Documents/NA-SUD-Peer-Best-Practices.pdf>

³ Zeledon, I., Telles, V., Dickerson, D., Johnson, C., Schweigman, K., West, A., & Soto, C. (2022). Exploring culturally based treatment options for opioid use disorders among American Indian and Alaska Native adults in California. *Journal of Studies on Alcohol and Drugs*, 83(4), 613–620. <https://doi.org/10.15288/jsad.2022.83.613>



- **Equity and Racial Justice Plan Development:** Develop and implement an equity and racial justice (ERJ) plan
- **Performance Reporting:** Complete quarterly periodic performance reports (PPRs)
- **Fiscal Reporting:** Complete monthly periodic financial reports (PFRs)
- **Training and Technical Assistance Participation:** Participate in program status meetings and training and technical assistance (TTA) as prescribed
- **Data Collection and Reporting with the RCCA Opioid Abatement Strategies Effectiveness Evaluator (OASEE) Subrecipient:** Identify performance metrics, collect relevant data to evaluate program effectiveness, and perform quarterly and annual evaluations with the engagement of AI/AN-led advisory boards, AI/AN youth, and AI/AN elders.

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

Task 2. Plan ARC Program

The subrecipient shall establish and maintain program leadership and staffing, operations, information technology, and other administrative infrastructure required to support program activities defined in the services implementation plan (SIP).

Task 2.a. Identify Program Staff

Staff may include, but are not limited to, the following:

- **Program director**, to provide leadership on all aspects of the program, including design, implementation, and evaluation
- **Program administrator**, to support grants administration, reporting, data collection, and evaluation tasks
- **Support professionals**, to carry out program implementation and evaluation tasks
- **Paid subject matter experts (including Tribal elders)**, to provide training, technical assistance, service provision, supervision, and other services as needed

Leadership and staff shall reflect the community/population being served. Preference is given to subrecipients that commit to having direct service staff who both live and work in their communities and to engaging Tribal elders (as defined by their communities) as paid consultants.



If new staff are to be hired, interim staff shall be available at the beginning of the period of performance. The subrecipient shall conduct regular professional development workshops for staff on prevention, treatment, and recovery services. If the subrecipient is not a Tribe, Tribal enterprise, or urban Indian organization, the subrecipient shall also conduct regular workshops for staff on cultural humility and traditional healing methods and shall consult with the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Tribal TTA Center (if operating) and Tribal elders or an AI/AN-led advisory board to ensure this training is culturally tailored.

Task 2.b. Performance Measures

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

Task 2.b. Develop the Program

The subrecipient shall develop a SIP for a center to provide culturally tailored prevention, treatment, and recovery services. The development of this plan shall include the input of Tribal elders or an AI/AN-led advisory board with whom project staff will collaborate throughout the period of performance.

- Culturally tailored prevention services may include, but are not limited to, those described in SAMHSA [TIP 61, Behavioral Health Services for American Indians and Alaska Natives](#), and should be selected in consultation with Tribal elders or an AI/AN-led advisory board. The SIP shall identify the specific subpopulation (e.g., middle school students), along with the location of the services and the number of people projected to be served.
- Culturally tailored treatment services shall include access to MAR and other evidence-based treatments (see Definitions), delivered according to individualized treatment and recovery plans that integrate traditional healing practices. The SIP shall identify the location and hours of each service to be provided, the number of people projected to be served, and (if relevant) the specific subpopulation to be served.
- Culturally tailored recovery supports may include, but are not limited to, those described in [SAMHSA TIP 61](#), as well as culturally adapted peer support, culturally



specific sober activities, and culturally appropriate 12-step groups,⁴ delivered according to individualized treatment and recovery plans that integrate traditional healing practices. The SIP shall identify the location and hours of each service to be provided, the number of people projected to be served, and (if relevant) the specific subpopulation to be served.

Additionally, the SIP shall do the following:

1. Address how the program will establish access to MAR for individuals with OUD and/or AUD, either through an MOU with a licensed MAR program or under the subrecipient's licensed program.
2. Incorporate evidence-based practices that have been promoted by SAMHSA's Tribal TTA Center, as described in [SAMHSA TIP 61](#).
3. Explain how treatment and recovery plans will incorporate traditional healers and traditional healing practices.
4. Explain how the program will incorporate practices designed by AI/AN individuals with lived experience.

Task 2.a. Performance Measures

The subrecipient shall submit, within 90 days from the beginning of the period of performance, a SIP detailing the prevention, treatment, and recovery services that will be offered, including the following information for each intervention: the hours and locations, the projected number of people to be served, and the anticipated outcomes. The SIP should describe the contributions of Tribal elders or an AI/AN-led advisory board to its development.

Task 3. Implement ARC Program

The subrecipient shall deliver prevention, treatment, and recovery services identified in the SIP.

Task 3.a. Establish and Deliver Culturally Tailored Prevention Services

The subrecipient shall deliver the specific prevention activities described in the SIP.

⁴ Buffalo-Boy, D. & Murray, J. (2022). *Native American SUD peer best practices*. The Regional Facilitation Center. <https://www.oregon.gov/oha/HSD/AMH-PD/Documents/NA-SUD-Peer-Best-Practices.pdf>



Task 3.a.1 Performance Measure

The subrecipient shall establish ARC prevention activities within 180 days of the commencement of the period of performance.

Task 3.a.2 Performance Measure

The subrecipient shall deliver 80 percent of the planned prevention activities in accordance with the SIP.

Task 3.b. Establish and Deliver Culturally Tailored Treatment Services

The subrecipient shall deliver the specific ARC treatment services described in the SIP.

Task 3.b.1. Performance Measure

The subrecipient shall establish ARC treatment services within 180 days of the commencement of the period of performance.

Task 3.b.2. Performance Measure

The subrecipient shall deliver 80 percent of the planned ARC treatment services in accordance with the SIP.

Task 3.c. Establish and Deliver Culturally Tailored Recovery Services

The subrecipient shall conduct the specific recovery activities described in the SIP.

Task 3.c.1. Performance Measure

The subrecipient shall establish ARC recovery support services within 180 days of the commencement of the period of performance.

Task 3.c.2. Performance Measure

The subrecipient shall deliver 80 percent of the planned ARC recovery support services in accordance with the SIP.

Task 4. Monitor and Evaluate ARC Program

The subrecipient shall participate in monitoring and evaluation of services in accordance with Task 1. Administer Award and must engage the community in ongoing planning and evaluation efforts.

Task 4.a. Engage the Community in Ongoing Planning

The subrecipient shall engage the community served, particularly AI/AN youth and elders, in planning and implementation activities to ensure culturally tailored program execution, to foster multigenerational healing, and to plan for long-term program sustainability. The



subrecipient may choose the most effective way to inform the community, including hosting events open to the community, attending community events, or using websites, email, social media, and inclusion in regular communications. In addition, the subrecipient shall host at minimum one in-person or virtual focus groups per quarter.

Task 4.a. Performance Measure

The subrecipient shall conduct no fewer than four (4) focus groups annually.

Task 4.b. Involve the Community in Evaluations

The subrecipient shall consult not less than quarterly with Tribal elders or an AI/AN-led advisory board, AI/AN youth, and AI/AN elders on the evaluation process required by Section H.10, Reporting and Grants Administration Requirements. The subrecipient shall seek the input of Tribal elders or AI/AN-led advisory board on whether services being delivered are culturally tailored, whether the needs of the community are being met, and whether the services are being delivered effectively. To the extent feasible, the subrecipient shall include members of the AI/AN-led advisory board in meetings with the RCCA's OASEE subrecipient.

Task 4.b. Performance Measures

The subrecipient shall produce biannual evaluation reports on the activities and services delivered and their impact.

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 SIP.



Task 1. Administer ARC Program

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

Performance Measures	Standards	Metrics
(k) Participate in virtual kickoff	100%	Attend kickoff (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) ERJ plan drafted (120 days) 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) # TTA sessions attended (quarterly or as prescribed) # Learning collaboratives (as prescribed)
(g) Participate in project status meetings (PSMs)	75%	# Every-other-month PSMs
(h) Evaluation reporting	100%	Activities and services metrics reported (15th day following each quarter end unless otherwise prescribed)

Task 2. Plan ARC Program

Performance Measures	Standards	Metrics
(a) Project staffing	80%	Organizational chart submitted # Qualified staff hired/allocated per ISP Staffing maintained
(b) Develop SIP	100%	SIP submitted (90 days)



Task 3. Implement ARC Program

Performance Measures	Standards	Metrics
(a) Establish and deliver prevention activities	80%	Prevention services initiated (180 days) # and type of prevention services provided (submitted in monthly evaluation reporting [MER]) 80% per SIP
(b) Establish and deliver treatment services	80%	Treatment services initiated (180 days) # and type of treatment services provided (submitted in MER) 80% per SIP
(c) Establish and deliver recovery services	80%	Recovery services initiated (180 days) # and type of recovery services provided (submitted in MER) 80% per SIP

Task 4. Monitor and Evaluate ARC Program

Performance Measures	Standards	Metrics
(a) Engage community in ongoing planning	80%	# focus groups
(b) Engage community in evaluation	80%	# evaluation reports