



Scope of Services and Deliverables

Medication Assisted Recovery Mobile Health Units 3.0 (MMHU-3)

Applications due June 22, 2026

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About This Document

This document contains sections A.1. Executive Summary, C.2. Need, C.3. Funding Purpose and Scope of Services, and C.4. Deliverables and Performance Measures of the Medication Assisted Recovery Mobile Health Units 3.0 (MMHU-3) Notice of Funding Opportunity (NOFO). All application materials are available on the Illinois Regional Care Coordination Agency website via the [Funding Opportunities](#) page.

List of Acronyms

Acronym	Definition
AHP	Advocates for Human Potential, Inc.
ARO	Appeal Review Officer
DBHR	Division of Behavioral Health and Recovery
DEA	Drug Enforcement Agency
ERJ	Equity and Racial Justice



Acronym	Definition
FDA	Food and Drug Administration
FEIN	Federal Employer Identification Number
GATA	Grant Accountability and Transparency Act
ICQ	Internal Controls Questionnaire
IDHS	Illinois Department of Human Services
IDPH	Illinois Department of Public Health
ISP	Implementation and Sustainability Plan
MAR	Medication Assisted Recovery
MER	Monthly Evaluation Report
MMHU	MAR Mobile Health Unit
MTDC	Modified Total Direct Cost
NICRA	Negotiated Indirect Cost Rate Agreement
NOFO	Notice of Funding Opportunity
NOIA	Notice of Intent to Award
ONA	Organizational Needs Assessment
OOSA	Office of Opioid Settlement Administration
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PFR	Periodic Financial Report
PPR	Periodic Performance Report
PSM	Project Status Meeting
RCCA	Regional Care Coordination Agency
SAMHSA	Substance Abuse and Mental Health Services Administration
SIP	Services Implementation Plan
SNA	Services Needs Assessment Activities
SOW	Statement of Work
SUD	Substance Use Disorder
TTA	Training and Technical Assistance
UEI	Unique Entity Identifier



A.1. Executive Summary

This new Notice of Funding Opportunity (NOFO) sets forth the requirements for applications to establish Medication Assisted Recovery Mobile Health Units 3.0 (MMHU-3) programs in Illinois. This funding opportunity will prioritize services to be delivered to and within the following IDPH regions: West Chicago, Peoria, and Metro East. Services to other regions and communities will be considered.

The goal of MMHU-3 is to improve the health and safety of individuals with opioid use disorder (OUD) and other substance use disorders (SUDs) who are considered at high risk for overdose and medical complications due to barriers to health care access. This goal of MMHU-3 is to be achieved through the following objectives:

- Increase access to medication assisted recovery (MAR) for individuals with OUD or other SUDs. MAR is the use of Food and Drug Administration (FDA) approved medications to treat substance use disorder. Currently, medications approved to treat opioid use disorder include methadone, buprenorphine, and naltrexone. MAR is the equivalent of Medications for Opioid Use Disorder, or MOUD.
- Decrease health inequities by making immediate care of acute and chronic conditions, including OUD/SUD, available to individuals within the priority population wherever care is sought in the service area.

To accomplish these objectives, subrecipients of MMHU-3 funding will:

- Provide care for acute and chronic conditions, including U.S. Food and Drug Administration (FDA)-approved OUD medications, via mobile health units in the communities where the intended recipients live.
- Manage and support transitions to additional recovery services among individuals within the priority population.
- Promote the availability of mobile health units within the service area.

Up to three (3) organizations will be awarded funds to fulfill the requirements of the subaward.

Services provided under this NOFO shall reflect the Illinois Department of Human Services' (IDHS) commitment to advancing equity and racial and social justice by enabling all to thrive, regardless of race, ZIP Code, and disability.



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 one and eight tenths (1.8) or greater per one hundred thousand (100,000) capita people
 - Community areas within Cook County with more than one hundred (100) overdoses (fatal and nonfatal) within the most recent year included in [Chicago Health Atlas' drug overdose mortality rate dashboard](#)
- Concentrated poverty, including the following:
 - Counties other than Cook County with a poverty rate greater than twelve percent (12%)
 - Community areas within Cook County with a poverty rate greater than twelve percent (12%), per the [Chicago Health Atlas' poverty rate dashboard](#)
- 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 four (4.0) or greater per one hundred thousand (100,000) people, as listed in the [Illinois Overdose Data Dashboard](#)

Access to health care, including medication assisted recovery (MAR), is challenging for many populations, and these priority populations are often those who are most in need, as described below:

- Approximately one in thirteen (1 in 13) people experiencing homelessness in Illinois has a chronic substance use disorder (SUD).^[2] Individuals experiencing homelessness are at greater risk for disease and untreated wounds, yet high costs, lack of health insurance, and transportation issues prevent proper medical care.^[3,4]
- Two-thirds (2/3) of individuals sentenced to jail have an SUD, and very few participate in any form of drug treatment during incarceration.^[5] The first two (2)



- weeks following release hold significant risk of overdose death.^[6] More likely than the general population to have a chronic condition, such as high blood pressure,^[7] individuals who were formerly incarcerated face competing demands of securing housing, employment, and health care, often with little to no fiscal or social support.
- Individuals in geographically hard-to-reach communities encounter barriers unique to their location. In Illinois' rural counties, the distance to emergency services or health care facilities may be too far to render timely treatment for overdose. Moreover, rural hospitals may not be as well prepared as their urban counterparts to handle the opioid crisis.^[8]
 - Social determinants of health pose barriers to wellness and recovery, predominantly for Black individuals, who have the highest rate of poverty and unemployment.^[9] The non-Hispanic Black population has the highest overdose fatality rate of all races/ethnicities.^[10]

Mobile health units are an increasingly effective way to overcome barriers to accessing MAR by bringing services to individuals in their community. Models include van-based care stationed outside of correctional facilities in Baltimore and integration of buprenorphine maintenance therapy into preexisting harm reduction programs in Philadelphia and Seattle. In Seattle, many program participants who enrolled in the buprenorphine program were retained in treatment and reduced their opioid use, despite housing instability and polysubstance use.

Successful pilots of MMHUs have been conducted in Chicago. These pilots provide all forms of MAR to individuals with opioid use disorder (OUD), as well as recovery support and harm reduction services.

C.3. Funding Purpose and Scope of Services

Advocates for Human Potential, Inc. (AHP) anticipates that a minimum of three (3) organizations will be awarded funding to establish MMHU-3 programs to improve the health and safety of individuals with OUD and other SUDs who are considered at high risk for overdose and medical complications due to barriers to healthcare access. This goal shall be accomplished through the following objectives:

- Increase access to MAR for individuals with OUD or other SUDs by prescribing and dispensing U.S. Food and Drug Administration (FDA)-approved medications for OUD (MOUD).



- Decrease health inequities by making immediate care of acute and chronic conditions, including OUD/SUD, available to individuals within the priority population wherever care is sought in the service area.

To carry out these objectives, MMHU-3 subrecipients shall establish programs specifically tailored for the priority population, as defined in [Section C.2.](#), that include the following activities:

- Prescribe and dispense at least two (2) of three (3) forms of MOUD via mobile health units in the communities where priority populations live. Subrecipients shall, even after implementing services, continue to pursue appropriate credentials to dispense all three (3) MOUD.
- Provide care, including FDA-approved MOUD, for acute and chronic conditions via mobile health units in the communities where the intended recipients live.
- Manage and support transitions to additional recovery services among individuals within the priority population.
- Promote the availability of mobile health units within the service area.

This funding opportunity will prioritize services to be delivered to and within the following Illinois Department of Public Health (IDPH) regions: West Chicago, Peoria, and Metro East. Services to other regions and communities will be considered.

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

Task 1. Administer Program

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

- **Organizational Needs Assessment (ONA):** Complete an ONA survey.
- **Implementation and Sustainability Plan (ISP) Development:** Develop and update an ISP, which informs the performance metrics used for program activities.
- **Equity and Racial Justice (ERJ) Plan Development:** Assess for, develop, and implement an ERJ plan.
- **Performance Reporting:** Complete quarterly periodic performance reports (PPRs).
- **Fiscal Reporting:** Complete monthly fiscal reporting and quarterly periodic financial reports (PFRs).
- **Training and Technical Assistance (TTA) Participation:** Participate in TTA as prescribed.



- **Project Status Meetings (PSMs) Participation:** Participate in PSMs.
- **Evaluation Data Collection and Reporting:** Identify performance metrics, collect relevant data to evaluate program effectiveness, and complete monthly reports.
- **Project Staffing:** Hire qualified and sufficient staff to support the delivery of the tasks.

Anticipated performance measures for these activities are detailed in Section C.4. Deliverables and Performance Measures.

Task 2. Conduct Assessment Activities

Subrecipients seeking to establish MMHU-3 services shall assess need for services and report on assessment findings.

Task 2.a. Conduct Services Needs Assessment and Report on Findings

Subrecipients shall conduct activities to assess the needs of individuals seeking MMHU services from within and around the targeted community or location of the subpopulation (e.g., homeless community). These activities include an environmental scan and a strengths, weaknesses, opportunities, and threats (SWOT) analysis.

Subrecipients shall conduct both an environmental scan and SWOT analysis that

1. Evaluates health disparities and the related social and economic inequities that impact access to and need for services;
2. Evaluates the availability of SUD treatment provider organizations, recovery-oriented systems of care, and recovery homes; and
3. Evaluates the SWOT in the relevant areas.

Subrecipients shall detail the completed environmental scan and SWOT analysis activities (see Task 2.a.) and their results in a comprehensive MMHU-3 Services Needs Assessment (SNA) report.

Task 2.a. Performance Measure

Subrecipients shall submit, within sixty (60) days from the commencement of the period of performance, an MMHU-3 SNA report that describes the completed assessment activities and their results.

Task 3. Plan the MMHU

Subrecipients shall develop and carry out a services implementation plan (SIP) and develop and submit relevant policies and procedures.



Task 3.a. Develop an SIP

Subrecipients shall develop and submit an SIP detailing the timeline and process to accomplish the following requirements within the first twelve (12) months of the award:

- a) Engage with oversight entities, including but not limited to the U.S. Drug Enforcement Agency (DEA) and the Division of Behavioral Health and Recovery (DBHR), to obtain licensure to enable the MMHU to dispense the three (3) forms of 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 shall be initiated before submission of the plan.
- b) Operate/lease vehicle(s), such as vans or buses customized for providing services.
- c) Have adequate staffing/personnel to support the MMHU.
- d) Deliver services pursuant to the NOFO and Subaward Agreement. Subrecipient shall describe the services to be provided, location(s) where they are to be provided, and frequency of provision.
- e) Establish and submit a Supplemental Budget for the projected medication and services **not otherwise funded through health insurance, the Illinois Department of Human Services (IDHS)/DBHR, other government grants, or correctional institutions/jails.**

Services requiring licensure by IDHS shall adhere to applicable laws and standards, including [77 Ill. Admin. Code Part 2060](#). Services shall be culturally and linguistically appropriate for the individuals, families, and community served.

Task 3.a. Performance Measure

Subrecipients shall submit, within one hundred twenty (120) days from the commencement of the period of performance, the SIP described above.

Task 3.b. Carry Out SIP

Subrecipients shall complete SI requirements as defined in the SIP within the first twelve (12) months of the award and in accordance with all federal and state licensing, privacy, security, and confidentiality laws, rules, or regulations.

Task 3.b. Performance Measure

Subrecipients shall report on services implementation requirements progress as defined in the SIP in the PPR and submit documentation for each item to demonstrate progress.



Task 3.c. Submit Policies and Procedures

Subrecipients shall develop policies and procedures to guide program activities that comply with applicable federal and state law and adhere to the following IDHS/DBHR and DEA requirements:

- (a) 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.
- (b) Possession of valid county/city and state information (e.g., a vehicle information number or license plate number) on file at the opioid treatment program (OTP) registered location.
- (c) Maintenance of narcotic drugs in schedules II–V only from the registered OTP location.
- (d) Maintenance of a storage area for controlled substances in the Mobile OTP that is not accessible from outside the vehicle.
- (e) 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.
- (f) Maintenance of a safe on the Mobile OTP 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 twenty-four (24)-hour control station operated by the registrant.
- (g) Return of the Mobile OTP to the registered program location each day and removal and securing of 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.)
- (h) Identification and use of a secure location to store the mobile health unit overnight/on weekends.
- (i) Maintenance of a log that complies with applicable privacy and security laws regarding health information and patient confidentiality, with information on dispensed controlled substances (dose dispensed, patient, date and time, etc.). The log must be stored at the registered program location.
- (j) Maintenance of an electronic log, if applicable, that the DEA has preapproved.
- (k) 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.



- (l) Maintenance of and adherence to protocols for the controlled substances on the mobile health unit that are secure and accounted for in the event that the mobile component is disabled for any reason (mechanical failure, accident, fire, etc.).
- (m) Maintenance of and adherence to protocols in place to return to registered location in the event of an unannounced DEA/state inspection.
- (n) Maintenance of and adherence to protocols in place to ensure services are uninterrupted (e.g., weather, breakdown of unit).
- (o) 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 mobile health unit.
- (p) Maintenance of and adherence to protocols that, at minimum, ensure that any security breach on the mobile health unit is immediately reported to the DEA and IDHS/DBHR.
- (q) Maintenance of and adherence to protocols and logs to track any damaged/lost/stolen medication.
- (r) Maintenance of and adherence to a diversion prevention protocol approved by IDHS/DBHR.

Task 3.c. Performance Measure

Subrecipients shall submit, within two hundred forty (240) days from the commencement of the period of performance, policies and procedures as described above.

Task 4. Launch the MMHU

Subrecipients shall prescribe and dispense medications, provide support services (if exercised as an option), and promote MMHU-3 services.

Task 4.a. Prescribe and Dispense Medications

Subrecipients shall, within twelve (12) months from the commencement of the period of performance, meet requirements and initiate services to prescribe and/or dispense at least two (2) of three (3) forms of U.S. FDA-approved OUD medications (namely, buprenorphine, naltrexone, and methadone). The subrecipient shall continue providing medication services throughout the period of performance and, as previously noted, subrecipients shall, even after implementing services, continue to pursue appropriate credentials to dispense all three (3) MOUD.

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



Task 4.a. Performance Measure

Subrecipients shall detail medications services in the Monthly Evaluation Report (MER), which is submitted on the fifteenth (15th) day following each month end.

Task 4.b. Provide Support Services (optional, but preferred)

If selected as an optional task, subrecipients shall, upon initiation of MMHU medication services and within twelve (12) months from the commencement of the period of performance, offer supportive services (detailed below) throughout the period of performance.

Subrecipients shall provide and log other services to support successful patient outcomes to one or more of the priority populations (i.e., communities hit hardest by the crisis, individuals experiencing homelessness or currently or formerly incarcerated, individuals in geographically hard-to-reach communities, and individuals whose quality of life and health outcomes are negatively impacted by social determinants of health).

“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 related services, such as HIV/AIDS prevention services (**with prior approval** from AHP and IDHS/DBHR)

*Services identified with an asterisk shall adhere to IDHS/DBHR requirements as outlined in [77 Ill. Admin. Code Part 2060](#), and may be connected with an IDHS/DBHR 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 4.b. Performance Measure

Subrecipients shall detail other services in the MER, which is submitted on the fifteenth (15th) day following each month end.

Task 4.c. Promote the MMHU-3

Subrecipients shall post and maintain the MMHU-3’s schedule and location/route of services on the [Illinois Helpline](#).



Task 4.c. Performance Measure

Subrecipients shall document their posting of the schedule and location/routes of services for MMHU-3 on the Illinois Helpline within twelve (12) months of the commencement of the period of performance.

Task 5. Build Community Support

Subrecipients shall conduct engagement activities to build community support.

Task 5a. Conduct Engagement Activities

Throughout the planning and implementation of the project, subrecipients shall secure buy-in and obtain letters of support for the MMHU from stakeholders who are essential to the delivery of MMHU services and to address any community concerns about the MMHU services located within the community.

Task 5.a. Performance Measure

Subrecipients shall report (in the PPR) the number of engagement activities that have occurred and letters of support from stakeholders within twelve (12) months of the commencement of the period of performance.

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 to be collected by task.

NOTE: Time periods refer to the days from the commencement of the period of performance, unless otherwise specified. Standards for activities refer to percentages of those described in the ISP.

Task 1. Administer Program

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

Performance Measures	Standards	Metrics
(a) Participate in virtual Kickoff Meeting	100%	Kickoff Meeting attended (no later than 15 days after performance start)
(b) Complete ONA survey	100%	ONA survey completed (30 days after distribution of survey by AHP)



(c) Develop ISP	100%	ISP submitted (60 days after performance start)
(d) Develop ERJ plan	100%	<ul style="list-style-type: none"> Equity organizational assessment completed (90 days after performance start) ERJ plan drafted (180 days after performance start) ERJ plan finalized (240 days after performance start)
(e) Complete PPR	100%	Activities and services metrics reported (15th day following each quarter end)
(f) Complete PFR	100%	Financial performance reported (15th day following each quarter); invoicing/fiscal information submitted monthly
(g) Participate in TTA	75%	<ul style="list-style-type: none"> # Every-other-month cohort meetings # TTA sessions attended (quarterly or as prescribed)
(h) Participate in PSM	75%	# Every-other-month PSMs (initiated within 60 days after performance start)
(i) Carry out evaluation reporting	100%	MER submitted as prescribed (15th day following each month end)
(j) Project staffing	80%	<ul style="list-style-type: none"> Submit organizational chart (15 days after performance start) Allocate or hire planned staff (120 days after performance start) Maintain staffing
(k) Submit close-out report		Close-out report submitted (15 days after period of performance ends)
(l) Complete close-out requirements	100%	<p>No later than 45 days after performance end:</p> <ul style="list-style-type: none"> Close-out reports submitted Obligations liquidated Balances refunded and accounted for

Task 2. Conduct Assessment Activities

Performance Measures	Standards	Metrics
(a) Assess current needs and services (environmental scan and SWOT) and report on findings	100%	SNA_report submitted (90 days after performance start)



Task 3. Plan the MMHU

Performance Measures	Standards	Metrics
(a) Develop an SIP	100%	SIP submitted (120 days after performance start)
(b) Complete activities in SIP	100%	# SIP activities completed (12 months)
(c) Submit policies and procedures	100%	Policies and procedures submitted (240 days after performance start)

Task 4. Launch the MMHU

Performance Measures	Standards	Metrics
(a) Prescribe and/or dispense two of the three FDA-approved medications	100%	MER submitted (15th day following each month end, starting the month following implementation of services)
(b) Provide supportive services (optional)	80%	MER submitted (15th day following each month end, starting the month following implementation of services), to include number of the following: <ul style="list-style-type: none"> • Harm reduction services • Recovery support services • Treatment services • Community education and referral services • Primary health services • Other services (with prior approval)
(c) Post and maintain MMHU schedule	90%	Documentation of posted schedule submitted (upon program launch and within 12 months after performance start)

Task 5. Build Community Support

Performance Measures	Standards	Metrics
(a) Conduct engagement activities	80%	<ul style="list-style-type: none"> • # Engagement activities (12 months after performance start) • # Letters of support from stakeholders (12 months after performance start)

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