Advocates for Human Potential, Inc.

Scope of Services and Deliverables

Guidelines and Updates through Interactive Detailing and Education (GUIDE)

Applications due December 14, 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 Guidelines and Updates through Interactive Detailing and Education (GUIDE) 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

The following acronyms are used in this document.

Acronyms and definitions

Acronym	Definition
AHP	Advocates for Human Potential, Inc.
CDC	Centers for Disease Control and Prevention
CRS	Cumulative Reference Score
DAVE	Detailer Assessment of Visit Effectiveness
DBHR	Division of Behavioral Health and Recovery
DPR	Delivery and Performance Report
ERJ	Equity and Racial Justice
FTE	Full-Time Equivalent
GUIDE	Guidelines and Updates through Interactive Detailing and Education
IDHS	Illinois Department of Human Services
ILPMP	Illinois Prescription Monitoring Program
ISP	Implementation and Sustainability Plan
MAR	Medication-Assisted Recovery
MME	Morphine Milligram Equivalents
NaRCAD	National Resource Center for Academic Detailing
NOFO	Notice of Funding Opportunity
PFR	Periodic Financial Report

Acronym	Definition
PMP	Prescription Monitoring Program
PPR	Periodic Performance Report
PRC	Peer Review Committee
PSAD	Provider Satisfaction with Academic Detailing
PSM	Project Status Meeting
RCCA	Regional Care Coordination Agency
TBH	To Be Hired
TTA	Training and Technical Assistance

A.1. Executive Summary

This new Notice of Funding Opportunity (NOFO) sets forth the requirements for applications to establish Guidelines and Updates through Interactive Detailing and Education (GUIDE) programs in Illinois. GUIDE subrecipients deliver statewide, culturally responsive academic detailing (one-on-one, peer-to-peer clinical education) to prescribers whose controlled-substance prescribing warrants support. The goal of GUIDE is to expand an established ILPMP effort to improve prescribing practices and reduce opioid-related harm across all seven Illinois regions.

GUIDE will reach this goal through the following objectives:

- Improve provider prescribing practices to reduce opioid-related risk and improve patient outcomes.
- Increase the adoption and reach of academic detailing as an evidence-based prevention strategy.
- Strengthen program quality, consistency, and effectiveness through evaluation and continuous quality improvement.

To accomplish these objectives, subrecipients of GUIDE funding will:

- Execute the required data-sharing agreement(s) with the Illinois Prescription Monitoring Program (ILPMP), obtain and maintain ILPMP portal access, and maintain data privacy, security, and confidentiality controls.
- Recruit, train, and support a detailer team using the National Resource Center for Academic Detailing (NaRCAD) train-the-trainer model, with capacity to serve all seven Illinois regions.
- Develop culturally responsive, evidence-based educational materials, including informative PDF materials, on the required topics, and an evaluation plan using validated instruments.
- Build on the ISP's ERJ self-assessment to submit a complete ERJ Plan addressing implicit

organizational bias, equitable access and outcomes, engagement of priority populations, and staff ERJ training.
- Coordinate with ILPMP, as directed by ILPMP, to receive referrals of identified prescribers.
- Deliver one-on-one, peer-to-peer academic detailing, upon initiation of services, to approximately 150 identified providers per fiscal year, with persistent outreach and scheduling and an optional follow-up visit, and expand outreach across healthcare systems and regions.
- Document and evaluate all outreach and detailing, use the findings for continuous quality improvement, and contribute data to the Peer Review Committee Annual Report and the Overdose Action Plan Implementation Report.

Up to one (1) academic institution 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, or 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. Under the Illinois Opioid Allocation Agreement, funds disbursed from the Illinois Remediation Fund must support the approved abatement uses listed in the Agreement and must provide services in each of the state's seven regions. Resources must be allocated equitably across those regions, taking into consideration population and other factors relevant to opioid abatement, including rates of opioid use disorder, overdose deaths, and the amount of opioids shipped into each region as measured in morphine milligram equivalents.

Opioid settlement funding must be used in service areas disproportionately affected by the opioid crisis, such as areas with the following characteristics:

- High opioid fatality rates, including: counties other than Cook County with a crude rate of one and eight tenths (1.8) or greater per one hundred thousand (100,000) people; and community areas within Cook County with more than one hundred (100) overdoses (fatal and nonfatal) within the most recent year included in the Chicago Health Atlas' drug overdose mortality rate dashboard.
- Concentrated poverty, including: counties other than Cook County with a poverty rate greater than twelve percent (12%); and 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.

According to the Illinois Department of Public Health's Statewide Semiannual Overdose Report (December 2025), 3,502 Illinois residents died of drug overdoses in 2023, and 2,855 of those deaths involved opioids. Although data limitations make it difficult to separate prescription opioid overdoses from those caused by illicit opioids, high-risk prescribing and prescription drug misuse continue to play a measurable role in fatal overdoses. Nationwide, prescription opioid overdose deaths declined overall from 17,029 (2017) to 13,026 (2023) (National Institute on Drug Abuse, 2026). The 2022 State of Illinois Overdose Action Plan (Priority 6) recommends peer-to-peer academic detailing to address high-risk prescribing. Academic detailing is a one-on-one educational outreach strategy grounded in clinical evidence and provider engagement, and it has demonstrated effectiveness in enhancing clinician knowledge and influencing safer opioid-prescribing behaviors (O'Brien et al., 2007; Larson et al., 2018). The Illinois Prescription Monitoring Program (ILPMP) has delivered this approach, which has been evaluated in the peer-reviewed literature (Saffore et al., 2021), in a 2023 pilot and a 2024–25 cycle that reached 259 providers. This opportunity expands it to high-risk prescribers statewide.

The GUIDE program serves high-risk prescribers across all seven regions of Illinois. High risk is defined as prescribers whose prescribing patterns, practices, or oversight warrant closer monitoring and support to promote safe, appropriate medication use and to reduce the potential for patient harm, error, or misuse. The ILPMP identifies prescribers and refers them to the Subrecipient based on its current practice, using the Cumulative Reference Score (CRS) or other threshold indicators agreed upon by ILPMP. Referred prescribers include those required to participate following ILPMP Peer Review (Tier 1) and those recommended for voluntary participation (Tier 2). Outreach is prioritized based on prescribing patterns associated with elevated patient safety risk. The Subrecipient shall prioritize serving communities that meet the criteria above, including communities disproportionately impacted by opioid overdose and those with high opioid fatality rates, concentrated poverty, or concentrated firearm violence.

C.3. Funding Purpose and Scope of Services

Advocates for Human Potential, Inc. (AHP), as the Regional Care Coordination Agency (RCCA), anticipates that one academic institution will be awarded funding to deliver statewide, culturally responsive academic detailing (one-on-one, peer-to-peer clinical education) to prescribers whose controlled-substance prescribing warrants support. The goal of GUIDE is to expand an established ILPMP effort to improve prescribing practices and reduce opioid-related harm across all seven Illinois regions. GUIDE will reach this goal through the following objectives:

- Improve provider prescribing practices to reduce opioid-related risk and improve patient outcomes.
- Increase the adoption and reach of academic detailing as an evidence-based prevention strategy.

- Strengthen program quality, consistency, and effectiveness through evaluation and continuous quality improvement.

To carry out these objectives, GUIDE subrecipients shall:

- Execute the required data-sharing agreement(s) with the Illinois Prescription Monitoring Program (ILPMP), obtain and maintain ILPMP portal access, and maintain data privacy, security, and confidentiality controls.
- Recruit, train, and support a detailer team using the National Resource Center for Academic Detailing (NaRCAD) train-the-trainer model, with capacity to serve all seven Illinois regions.
- Develop culturally responsive, evidence-based educational materials, including informative PDF materials, on the required topics, and an evaluation plan using validated instruments.
- Build on the ISP's ERJ self-assessment to submit a complete ERJ Plan addressing implicit organizational bias, equitable access and outcomes, engagement of priority populations, and staff ERJ training.
- Coordinate with ILPMP, as directed by ILPMP, to receive referrals of identified prescribers.
- Deliver one-on-one, peer-to-peer academic detailing, upon initiation of services, to approximately 150 identified providers per fiscal year, with persistent outreach and scheduling and an optional follow-up visit, and expand outreach across healthcare systems and regions.
- Document and evaluate all outreach and detailing, use the findings for continuous quality improvement, and contribute data to the Peer Review Committee Annual Report and the Overdose Action Plan Implementation Report.

Approach

The GUIDE program's approach is structured, evidence-based academic detailing. Trained detailers deliver one-on-one, peer-to-peer education to prescribers whom the ILPMP has identified. ILPMP will inform the Subrecipient of the identification basis in use, so detailers can explain to each provider why they were identified. Detailers complete NaRCAD train-the-trainer training before they deliver visits and work from culturally responsive materials grounded in the 2022 CDC opioid-prescribing guideline.

Each provider receives an initial visit, in person where feasible or virtual, that reviews the provider's own prescribing pattern, co-prescribing and overdose risks, and concrete risk-mitigation strategies (naloxone, PMP use, toxicology testing). Where completed, an optional follow-up visit two to six weeks later focuses on the two or three CDC guideline areas most relevant to that provider. ILPMP identifies providers and makes the initial contact. The Subrecipient then conducts persistent, explicitly educational (non-punitive) outreach and scheduling, delivers the visits, documents each encounter, and evaluates visit quality and provider experience with standardized instruments.

The Subrecipient serves both required (Tier 1) and voluntary (Tier 2) providers, with outreach tailored to reach providers in communities disproportionately affected by opioid overdose. The

Subrecipient also expands academic detailing outreach across healthcare systems and regions, supports partnerships with hospitals and health systems, and responds to demonstrated provider demand for opioid-focused education and training. The Subrecipient must demonstrate the ability to scale or sustain activities during the funding period.

Geographic Service Area

The GUIDE Subrecipient will deliver services statewide, consistent with the Illinois Opioid Allocation Agreement's requirement that settlement funds provide services in each of Illinois's seven regions. The Subrecipient will prioritize providers serving communities disproportionately affected by opioid overdose, as described in Section C.2 (Need).

Standards and Evidence-Based Practices

Subrecipients shall deliver services in accordance with the following standards of practice and evidence-based practices.

Standards and evidence-based practices

Standard / practice	What subrecipients must follow	Source / basis
NaRCAD train-the-trainer model	Detailer training standard	National Resource Center for Academic Detailing (NaRCAD)
Detailers: physicians, physician assistants, nurse practitioners, or pharmacists; prescriber available for consultation, mentoring, or as a resource when a pharmacist details	Team composition standard	Program scope, as clarified by IDHS/DBHR and ILPMP
2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain	Follow-up (Visit 2) core content	CDC
Evidence-based content on the required topics: CDC opioid prescribing guidelines; opioid tapering; non-opioid alternatives for pain management; risk mitigation; regulatory requirements; utilization of the ILPMP; MAR, including initiating buprenorphine and reducing stigma; other opioid-related best practices	Detailing content standard	Program scope; CDC

Standard / practice	What subrecipients must follow	Source / basis
Standardized instruments: DAVE and PSAD, or validated equivalents	Visit quality and provider-experience measurement	The current program's instruments (DAVE and PSAD), available by request, or validated equivalents
Data privacy, security, and confidentiality; executed ILPMP data-sharing agreement and portal access	State and federal compliance	720 ILCS 570; state and federal law
Peer Review Committee process (identification, request for information, referral)	Statutory basis; owned by ILPMP and the Peer Review Committee	720 ILCS 570/320
Culturally responsive delivery	Equitable, culturally responsive detailing statewide	Program scope; IDHS equity commitment
Equity and Racial Justice (ERJ)	Complete ERJ Plan; disaggregated reporting	RCCA requirement; IDHS

The required tasks, organized by phase as in the RCCA Statement of Work, are as follows. Associated performance measures, standards, and potential metrics to be collected are detailed in Section C.4.

Phase 1: Initiation

Task 1.1 Award Activation and Onboarding

The Subrecipient shall complete all steps required to formally activate the award and complete RCCA onboarding.

Task 1.2 Implementation and Sustainability Plan (ISP) Submission

The Subrecipient shall submit an ISP using the current RCCA-provided template. The ISP is the program plan describing how the Subrecipient will deliver the program. It is supported by an ISP Data Workbook that establishes the approved delivery and performance baseline, including what will be delivered, in what volume, and how performance will be measured.

The ISP also includes the Subrecipient's Equity and Racial Justice (ERJ) self-assessment and preliminary equity and racial justice approach. These are components of the ISP and are not separately submitted; they inform the complete ERJ Plan required in Phase 2.

Phase 2: Development

Task 2.1 Program-Specific Readiness Requirements

The Subrecipient shall establish the following program-specific readiness requirements needed to begin program delivery. Each requirement is established prior to the start of program delivery and maintained throughout the Period of Performance, except where a requirement states otherwise. Readiness status is described in the ISP under Task 1.2; the deliverables below are satisfied by the underlying documentation, not by the ISP submission itself.

For this award, the program-specific readiness requirements are the ILPMP agreements and portal access, the trained detailer team, and the educational materials and evaluation plan described in Tasks 2.2 through 2.4.

Task 2.2 Establish ILPMP Data-Sharing Agreement and Portal Access

The Subrecipient shall execute the data-sharing agreement(s) required for secure access to Illinois Prescription Monitoring Program (ILPMP) provider data, obtain and maintain ILPMP portal access, and put data privacy, security, and confidentiality controls in place per state and federal law. The required data-sharing agreements are expected to take approximately three to six months to execute, and portal access follows shortly after.

Task 2.3 Recruit and Train the Detailer Team

The Subrecipient shall recruit, train, and support a detailer team using the National Resource Center for Academic Detailing (NaRCAD) train-the-trainer model, with capacity to serve all seven regions. Detailers may be physicians, physician assistants, nurse practitioners, or pharmacists; a multidisciplinary team is not required. When detailing is conducted by a pharmacist, a prescriber must be available to the detailer for consultation, mentoring, or as a resource.

Task 2.4 Develop Educational Materials and Evaluation Plan

The Subrecipient shall develop culturally responsive, evidence-based educational materials based on targeted provider need, including informative PDF materials that communicate the objectives of the academic detailing. The materials shall cover the following required topics:

- CDC opioid prescribing guidelines (the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain)
- Opioid tapering strategies
- Non-opioid alternatives for pain management
- Risk mitigation strategies, including naloxone and toxicology testing
- Regulatory requirements
- Utilization of the Illinois Prescription Monitoring Program
- Medication-Assisted Recovery (MAR), including initiating buprenorphine treatment and reducing stigma

- Other opioid-related best practices

The Subrecipient shall submit the educational materials to ILPMP for review before use. The Subrecipient shall also develop an evaluation plan using validated instruments (the current program's DAVE and PSAD instruments, available by request, or validated equivalents) and methods consistent with RCCA evaluation requirements.

Task 2.5 Equity and Racial Justice Plan

The Subrecipient shall build on the Equity and Racial Justice (ERJ) self-assessment in the ISP to submit a complete ERJ Plan addressing implicit organizational bias, equitable access and outcomes, engagement of priority populations, and staff ERJ training, and shall incorporate any RCCA-required revisions within fifteen (15) days of RCCA feedback.

Phase 3: Implementation

Task 3.1 Coordinate with ILPMP and Receive Referrals

The Subrecipient shall coordinate with ILPMP, as directed by ILPMP, to receive Tier 1 (required, following Peer Review) and Tier 2 (recommended) referrals and provider contact information after ILPMP's initial outreach, and shall integrate ILPMP data. ILPMP is responsible for identifying providers and making the initial contact, and the Subrecipient acts on the referrals. When requested by ILPMP, the Subrecipient shall participate in monthly meetings with ILPMP to support Peer Review Committee (PRC) implementation. These meetings are in addition to RCCA reporting requirements.

Task 3.2 Deliver Academic Detailing and Conduct Outreach

The Subrecipient shall deliver one-on-one, peer-to-peer academic detailing to approximately 150 identified providers per fiscal year upon initiation of services, counted as unique providers newly identified through this process who receive at least one visit. The initial visit covers the prescribing pattern that triggered identification, co-prescribing risks, and risk-mitigation strategies. Where completed, an optional follow-up visit two to six weeks later covers two or three relevant areas of the 2022 CDC guideline. The Subrecipient shall conduct persistent follow-up outreach and scheduling, tailored to increase participation among providers serving high-overdose communities, and shall expand outreach across healthcare systems and regions, including through partnerships with hospitals and health systems.

Task 3.3 Monitoring, Evaluation, and Continuous Quality Improvement

The Subrecipient shall document all outreach, engagement, and detailing, including field notes, a post-visit effectiveness assessment, and a provider-satisfaction survey. The Subrecipient shall monitor provider satisfaction with the detailing process, changes in knowledge and awareness, uptake of recommended practices and tools, and intention to modify or incorporate practices into clinical care, and shall use the findings for continuous quality improvement.

Phase 4: Monitoring

Task 4.1 Performance and Fiscal Reporting

The Subrecipient shall complete all recurring performance, delivery, and fiscal reporting on the State Fiscal Year (FY) calendar through the RCCA-prescribed system. Invoices are due monthly, by the 15th of the following month; DPRs are due monthly, by the 15th following the close of the reporting period; PPRs and PFRs are due quarterly, by the 20th after each State Fiscal Year quarter ends. The monthly Invoice is RCCA's monthly financial report under the prime award and also serves as the payment request.

Each PPR addresses, as applicable, staffing, service-model implementation, policies and procedures, Equity and Racial Justice (ERJ) and sustainability activities, material changes, implementation barriers, and corrective or continuous-improvement actions.

Task 4.2 Staffing Maintenance

The Subrecipient shall ensure that required personnel and staffing remain in place throughout the Period of Performance, including designated program leadership. Staffing shall remain consistent with the approved staffing plan, the approved Budget, and the program model. Staffing status shall be reported through the PPR.

C.4. Deliverables and Performance Measures

The tables below list, by task, (a) the deliverables required under the scope of services and (b) the associated performance measures, standards, and potential metrics to be collected.

NOTE: *Unless otherwise specified, time periods count days from the start of the Period of Performance. Standards for activities refer to percentages of those established in the approved ISP Data Workbook.*

Phase 1: Initiation

Task 1.1 Award Activation and Onboarding

Task 1.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Attend the RCCA kickoff meeting (Program Director plus at least one program staff).	100%	Day 30

Performance Measures	Standards	Metrics
(b) Submit organizational chart with all budgeted positions, names or TBH designations, FTE allocations, and reporting lines.	100%	Day 60
(c) Complete RCCA onboarding TTA (Program Director or designee).	100%	Day 75

Task 1.2 Implementation and Sustainability Plan (ISP) Submission

Task 1.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit ISP and ISP Data Workbook using the current RCCA template.	100%	Day 90
(b) Incorporate any RCCA-required revisions.	100%	Within 15 days of RCCA feedback
(c) Submit an ISP amendment for a material change.	100%	Within 30 days of identifying the need for the change; the change may not take effect until RCCA approves the amendment

Note: If RCCA delays issuance of the applicable template or adjusts an administrative due date, RCCA may revise the submission deadline so the Subrecipient retains the intended preparation period.

Phase 2: Development

Task 2.1 Program-Specific Readiness Requirements

The program-specific readiness requirements for this award are the deliverables under Tasks 2.2 through 2.4.

Task 2.2 Establish ILPMP Data-Sharing Agreement and Portal Access

Task 2.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Execute the ILPMP data-sharing agreement(s).	100%	Day 180 (agreements are expected to take three to six months)

Performance Measures	Standards	Metrics
(b) Establish and document ILPMP portal access.	100%	Within 15 days of executed agreements
(c) Maintain data privacy, security, and confidentiality controls per state and federal law.	100%	Ongoing

Task 2.3 Recruit and Train the Detailer Team

Task 2.3 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Recruit the detailer team, with capacity to serve all seven regions, and have each detailer complete NaRCAD train-the-trainer training before delivering visits.	100%	Day 120 or prior to commencement of service delivery (NaRCAD trainings are offered September, February, and June)
(b) Submit the detailer training plan.	100%	Day 60

Task 2.4 Develop Educational Materials and Evaluation Plan

Task 2.4 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Develop and submit the educational material set for ILPMP review before use.	100%	Day 90; prior to service delivery
(b) Submit the evaluation plan using validated instruments.	100%	Day 90

Task 2.5 Equity and Racial Justice Plan

Task 2.5 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit the complete ERJ Plan.	100%	Day 180
(b) Incorporate any RCCA-required revisions.	100%	Within 15 days of RCCA feedback

Phase 3: Implementation

Task 3.1 Coordinate with ILPMP and Receive Referrals

Task 3.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Coordinate with ILPMP as directed, including monthly ILPMP meetings (when requested).	100%	As directed by ILPMP
(b) Document referrals received, by tier, following ILPMP initial contact.	100%	Ongoing; reported each period
(c) Participate in Peer Review Committee meetings when requested.	100%	When requested

Task 3.2 Deliver Academic Detailing and Conduct Outreach

Task 3.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Deliver academic detailing visits (Visit 1 and, where completed, optional Visit 2 two to six weeks later).	≥80% of the approved objective to date	Ongoing; reported each period
(b) Conduct and log outreach and scheduling contacts, with persistent follow-up.	100%	Ongoing; reported each period

Task 3.3 Monitoring, Evaluation, and Continuous Quality Improvement

Task 3.3 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Document each visit: field notes and the detailer-completed visit-effectiveness instrument; provider survey link sent within 24 hours.	100%	After each visit
(b) Submit evaluation results and a continuous quality improvement summary.	100%	Quarterly
(c) Submit the annual assessment report and presentation summarizing activities, outcomes, and lessons learned.	100%	Annually, by June 1

Performance Measures	Standards	Metrics
(d) Provide data for the Peer Review Committee Annual Report (720 ILCS 570/320) and the Overdose Action Plan Implementation Report.	100%	Annually, by June 1 (extensions will not be granted)

Phase 4: Monitoring

Task 4.1 Performance and Fiscal Reporting

Task 4.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit Financial Reports (Invoices) in RCCA-prescribed format.	100%	15th day of the month following each reporting month *
(b) Submit Delivery and Performance Reports (DPRs) in RCCA-prescribed format.	100%	Monthly, by the 15th following the close of the reporting period *
(c) Submit Periodic Performance Reports (PPRs) in RCCA-prescribed format.	100%	20th day after each FY quarter end *
(d) Submit Periodic Financial Reports (PFRs) in RCCA-prescribed format.	100%	20th day after each FY quarter end *
(e) Cooperate with RCCA-designated program evaluation activities.	100%	Throughout the Period of Performance, as prescribed
(f) Participate in RCCA-scheduled Project Status Meetings (PSMs).	≥75%	Quarterly
(g) Participate in RCCA TTA Activities.	≥75%	Onboarding TTA sessions (up to three (3)); cohort-focused TTA (as scheduled, up to quarterly); and TTA based upon performance needs or request (ad hoc).
(h) Submit the Performance Close-out Report.	100%	Within 30 calendar days after the Period of Performance ends
(i) Submit the Financial Close-out Report and Final Invoice, and liquidate all obligations.	100%	Within 45 calendar days after the Period of Performance ends

Note: If a due date falls on a weekend or holiday, the report is due the following business day.

Task 4.2 Staffing Maintenance

Task 4.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Ensure required personnel and staffing remain in place, including designated program leadership.	≥80% of the approved staffing plan	Ongoing; reported through each PPR

Program Performance Measures

Activity and output measures show what the program does and how many providers it reaches. The Subrecipient counts them and reports them through the DPR.

Program activity and output measures

Measure	Type	Definition / unit
Providers reached with academic detailing	Output	Unique providers newly identified through this process with at least one visit (target approximately 150 per fiscal year upon initiation of services)
Initial (Visit 1) sessions delivered	Output	Visit 1 sessions
Follow-up (Visit 2) sessions delivered	Output	Visit 2 sessions within two to six weeks of Visit 1
Providers by tier	Output	Tier 1 (required) and Tier 2 (voluntary) providers
Tier 2 outreach contacts	Output	Outreach contacts; response rate
Detailers trained (NaRCAD)	Output	Detailers who completed NaRCAD training; disciplines
Educational materials disseminated	Output	Materials produced and disseminated

Outcome and utilization measures show the results of the detailing. They are measured with validated instruments (the current program's DAVE and PSAD instruments, available by request, or validated equivalents) and, where available, linked ILPMP prescribing data.

Program outcome and utilization measures

Measure	Type	Definition / unit
Change in provider knowledge and attitudes	Outcome	Change measured with a validated detailer-assessed visit-effectiveness instrument
Intention to change practice	Outcome	Provider-reported intention to modify or incorporate recommended practices into clinical care

Measure	Type	Definition / unit
Provider satisfaction with detailing	Outcome	Validated provider-satisfaction survey (optional for providers)
Self-reported risk-mitigation change (Visit 2)	Outcome	Provider-reported adoption of naloxone, PMP use, and toxicology testing
Objective prescribing-behavior change	Outcome	Change in co-prescribing, MME, or high-dose prescribing, using linked ILPMP prescribing data provided to the Subrecipient after all required agreements are executed

References

- Illinois Department of Public Health. Statewide Semiannual Overdose Report (December 2025)
- National Institute on Drug Abuse. Drug Overdose Deaths: Facts and Figures. Updated January 2026 (CDC WONDER / NCHS)
- State of Illinois Overdose Action Plan (most recent; see, e.g., the March 2022 plan)
- O'Brien MA, Rogers S, Jamtvedt G, et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews. 2007;(4):CD000409
- Larson MJ, et al. Physicians report adopting safer opioid prescribing behaviors after academic detailing intervention. Substance Abuse. 2018;39(2):218–224
- Saffore CD, Pickard AS, Crawford SY, Fischer MA, Sharp LK, Pointer S, Lee TA. Secondary effects of an opioid-focused academic detailing program on non-opioid controlled substance prescribing in primary care. Substance Abuse. 2021;42(4):962–967