TITLE: FY27 Recovery Oriented Systems of Care ROSC Exhibits
CSFA: 444-26-2841 444-42-3920

Program Code: SA00-060-0019
Custom Exhibits: ALL ROSCs

Exhibit Type
Generic Exhibits

Exhibit A - Project Description

A Recovery Oriented Systems of Care (ROSC) is a coordinated network of community based services and supports that is person centered and builds on the strengths and resilience of individuals, families, and communities to experience recovery and improved health, wellness, and quality of life for those with or at risk of substance use and/or cooccurring conditions. The central focus of a ROSC is to create an infrastructure, or "systems of care", with the resources to effectively address the full range of substance use and/or cooccurring disorders within communities.

This agreement sets forth the terms and conditions applicable to services funded by the Illinois Department of Human Services, Division of Behavioral Health and Recovery (IDHS/DBHR) for the development of Recovery Oriented Systems of Care (ROSC) councils. ROSC councils work at the community level to support the IDHS/DBHR mission of promoting a statewide recovery oriented system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with substance use and/or cooccurring conditions, those in recovery and those at risk, are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. The grantee serves as the lead agency collaborating with community members to form the local ROSC council. To ensure the sustainability of the ROSC councils, this lead agency must demonstrate a commitment to establish the ROSC council permanently with a long term (3 year) strategic plan, either as a stand alone nonprofit organization or with a permanent business relationship with a lead agency.

IDHS/DBHR strongly supports multiple pathways to recovery, and the full and meaningful participation of people with lived experience (PLEs), including people who currently or formerly use drugs. Lived Experience means personal knowledge about recovery from substance use disorder (SUD) and/or cooccurring disorders gained through direct involvement, which may include that individual's involvement as a patient, family member, or loved one of a person receiving SUD and/or MH services. Lead agencies are encouraged to hire PLEs as their ROSC Coordinator and PLEs should also be actively involved in the ROSC council itself. ROSC council members that are PLEs may represent other stakeholder sectors, for example they have their own lived recovery and

own a local business. The intent for this grant is for there to be one full time person as a ROSC Coordinator and up to 1 FTE for additional support staff with justification (this includes contractual workers).

ROSC councils collaborate with a diverse set of stakeholders to promote recovery in the entire community. Stakeholders should include, but are not limited to members of the following: individuals that live in the community, local hospital systems, primary care, mental health providers, law enforcement, states attorneys, drug courts, public defenders, Centers for Community Engagement, landlords, local business owner(s), local and state government representatives and policymakers, People with Lived Experience (PLEs), SUD prevention providers, SUD intervention providers (such as recovery homes), SUD treatment providers, SUD peer Recovery Support Services (RSS) provider(s), harm reduction provider(s), and others. It is encouraged for the ROSC council to collaborate with existing Recovery Community Organizations (RCOs) and if there aren't any in their area, explore ways to develop an RCO. It is also encouraged for ROSC council to collaborate with existing coalitions who are doing similar community work.

Successful ROSC councils will:

1. Identify and address two to three key challenges within their communities that can be tackled during the three year grant period, and track progress towards their established SMART goals and overall community impact. SMART goals and objectives that are Specific, Measurable, Achievable, Related, and Time bound.
2. Align their identified challenges with the broader goals of Illinois ROSC councils listed below.
3. Adopt a strategic, data driven approach, which includes mapping resources, assessing needs, promoting empowerment, and expanding access to a wide range of prevention, treatment, and support services.

The goals of each Illinois ROSC Council will include:

1. Reducing stigma
2. Promoting Medication Assistance Recovery (MAR) and other evidence based practices
3. Promoting harm reduction
4. Ensuring effective service delivery
5. Prioritizing equity

Abbreviations:

COD	Cooccurring (Substance Use and Mental Health) Disorders
DBHR	Division of Behavioral Health and Recovery
FTE	Full Time Equivalent
IDHS	Illinois Department of Human Services
LMS	Learning Management System
MAR	Medication Assisted Recovery
MH	Mental Health
PLE	People with Lived Experience

RCO Recovery Community Organization
ROSC Recovery Oriented Systems of Care
SMART Specific, Measurable, Achievable, Relevant, Time Bound
SRLC Statewide ROSC Leadership Center
SU Substance Use
SUD Substance use disorder
TA Technical Assistance

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

Exhibit B - Deliverables or Milestones

All deliverables are to be submitted to the IDHS/DBHR ROSC Coordinator via the ROSC HUB unless otherwise specified.

Deliverable 1: Within 30 days of award, the ROSC council must submit a list of council members using the template provided by IDHS/DBHR. The roster will reflect current membership and continued representation of diverse community stakeholders as referenced in Exhibit A. This membership roster must be submitted to IDHS/DBHR via ROSC HUB.

Deliverable 2: Within 60 days of receiving the award, each ROSC Council will review the community survey template provided by IDHS/DBHR to assess the five key goals of IDHS/DBHR: reducing stigma, promoting MAR, harm reduction, increasing service delivery, and prioritizing equity. ROSC Councils may choose to add up to 10 additional questions to the template to address local needs, subject to IDHS/DBHR review and approval before distribution. The finalized template must be submitted to IDHS/DBHR via the ROSC HUB.

Deliverable 3: Within 120 days of award, the ROSC council will update their comprehensive community resource list to ensure accuracy and completeness within the coverage area. This will be a complete list of all social service and other community resources in the ROSC council coverage area. The list shall be broken out by sectors of resources including addresses, phone numbers, hours of operation, website, and brief description of service/resource offerings for each item. Updates will include new services, changes in provider information, identification of service gaps, and continued highlighting of all SUD/MH resources, including licensed SUD prevention and

treatment services, and highlighting MAR services; peer recovery support services; harm reduction services; the location of recovery residences and other housing providers; healthcare; community assets (e.g., parks, libraries, or other public amenities), and legal services. The updated resource list must be submitted to IDHS/DBHR via ROSC HUB.

Deliverable 4: Within 180 days of receiving the award, the complete raw data from the community survey must be submitted to IDHS/DBHR via the ROSC HUB. The survey must be administered to a representative sample of the population within the ROSC Council's coverage area, ensuring appropriate geographic, socioeconomic, and racial demographic representation. The survey data will provide critical insights for the strategic plan.

Deliverable 5: Within 210 days of receiving the award, each ROSC Council will develop a 3 year strategic plan including a detailed 12 month implementation plan. The plan will focus on two to three key challenges identified for focused action. The strategic plan should incorporate relevant community data sources, including but not limited to community survey results, stakeholder input, local and state data reports, and other needs assessment activities. These data sources will be used to demonstrate the necessity of addressing the identified challenges and to guide the selection of appropriate goals and objectives. The strategic plan must outline SMART (Specific, Measurable, Achievable, Relevant, and Time bound) goals and measurable objectives, that are aligned with identified community needs. It will establish clear and achievable milestones for each state fiscal year and include measurable indicators to monitor progress and outcomes. The plan should also clearly define the ROSC Councils' mission and vision, ensuring alignment with Illinois ROSC goals. This strategic plan will serve as a guide for decision making and resource allocation, helping the ROSC Council stay focused on achieving its desired outcomes. The strategic plan must be submitted to IDHS/DBHR via the ROSC HUB.

Deliverable 6: Within 360 days of award, the ROSC council will complete an impact report which will assess the outcomes of ROSC implementation beyond deliverables. The impact report should provide a comprehensive overview including data on key metrics and feedback from stakeholders, highlight improvements in efficiency, collaboration, and other community benefits resulting from ROSC implementation and its holistic approach to recovery. This should include the top three challenges the ROSC council worked on during the fiscal year. This plan must be submitted to IDHS/DBHR via the ROSC HUB.

Reporting Requirements

A. Time Period for Required Periodic Financial Reports. Unless a different reporting requirement is specified in Exhibit E, Grantee shall submit financial reports to Grantor pursuant to Paragraph 10.1 and reports must be submitted no later than 30 days after the quarter ends.

B. Time Period for Close-out Reports. Grantee shall submit a Close-out Report pursuant to Paragraph 10.2 and no later than 30 days after this Agreement's end of the period of performance or termination.

C. Time Period for Required Periodic Performance Reports. Unless a different reporting requirement is specified in Exhibit E, Grantee shall submit Performance Reports to Grantor pursuant to Paragraph 11.1 and such reports must be submitted no later than 30 days after the quarter ends.

D. Time Period for Close-out Performance Reports. Grantee agrees to submit a Close-out Performance Report, pursuant to Paragraph 11.2 and no later than 30 days after this Agreement's end of the period of performance or termination.

Exhibit C Contact Information

[Differs per contract, to be pulled from application]

Exhibit D

Performance Measures

As part of the foregoing reporting requirements outlined in Exhibit B, Provider shall specifically include the following Performance Measures in its Quarterly Periodic Performance Reports (PPRs) submitted to DBHR:

1. ROSC Council website must be updated by the last day of each month via ROSC Hub to ensure the meeting and event calendar, meeting minutes, and contact information remain current.
2. ROSC council will hold monthly ROSC council meetings throughout the fiscal year. Each meeting will include, at a minimum, a representative from the Lead Agency. Monthly meeting minutes with attendance included will be submitted to ROSC HUB by the 15th of the following month. ROSC council events or trainings do not take the place of meetings, and it is expected that the lead agency have policies in place regarding facilitation of meetings if the main facilitator is unavailable.
3. The Monthly Expenditures Payment Voucher is due the 15th of each month for the preceding month's expenses. The monthly voucher template will be provided to the grantee at the beginning of the fiscal year after the grant agreement is signed and returned.
4. ROSC council will submit a quarterly ROSC council report which will include progress towards their established SMART goals and objectives by the 15th of the month following the end of the quarter. A template will be provided by IDHS/DBHR before the first quarter's report is due.
5. At least one ROSC staff must actively engage and fully participate in all required meetings hosted by the Statewide ROSC Leadership Center (SRLC), including Learning Collaborative meetings, Regional Technical Assistance (TA) meetings, and any additional meetings required by IDHS/DBHR. Please note that one to two of the learning collaborative meetings may be held in person each year. Each ROSC Council may send two to four representatives to attend the in person meetings.

6. All ROSC Council staff must complete required Learning Management System (LMS) trainings following timelines outlined by the Statewide ROSC Leadership Center (SRLC) and DBHR. New ROSC staff will be required to complete trainings within the first 90 days.
7. All changes to ROSC grant staffing from what is entered in the budget must be communicated to DBHR within 30 days.

8. Periodic Performance Reports (PPR) will be due the 30th of the month for the preceding quarter. Four quarterly reports must be completed. The PPR template will be provided by to the grantee before the first quarter's report is due.

Performance Standards

In order to achieve the desired outcomes of this program, Provider shall meet or exceed the following Performance Standards in order to have substantially performed under the terms of this contract:

Performance Standards:

1. Submit 100% of the monthly updates to the ROSC council website via ROSC HUB.
2. Provider will host monthly ROSC council meetings. Monthly meeting minutes including attendance will be submitted to the ROSC HUB 100% of the time.
3. Provider submits Monthly Expenditures Payment Voucher by the due date 100% of the time.
4. Provider submits quarterly ROSC council report by the due date 100% of the time.
5. At least one ROSC staff must actively engage and fully participate in 100% of the Learning Collaborative meetings virtual and in person, regional TA meetings, and any additional meetings required by IDHS/DBHR.
6. 100% of ROSC Council staff must complete required Learning Management System (LMS) trainings following timelines outlined by the Statewide ROSC Leadership Center (SRLC) and DBHR.
7. 100% of staffing changes are communicated timely to IDHS/DBHR.
8. Provider submits Periodic Performance Reports by the due date 100% of the time.

Exhibit E - Specific Conditions

There are no specific conditions of this grant.

Exhibit F – Payments

The Illinois Department of Human Services (IDHS) payment policy complies with 2 CFR 200.302, 2 CFR 200.305, and 44 Ill. Admin. Code 7000.120 (GOMB Adoption of Supplemental Rules for Grant Payment Methods) and the Cash Management Improvement Act and the Treasury State Agreement (TSA) default procedures codified at 31 CFR 205. IDHS Payments to grantees will be governed in accordance with the established criteria.

Funding is contingent upon and subject to the availability of funds. Amendments to award amounts may be necessary within the grant cycle.

Payments processing:
Payments will be made upon receipt of manual Expenditure confirmation Reports and Detail cost due by the 15th of each month.

Special conditions:
All fiscal payments related to this award are subject to IDHS post payment audit reviews upon request.

All requests for authorization to receive advance payment, working capital advance and reimbursement must be submitted on forms prescribed and approved by the Department, and the executed grant agreement.

The payment method for this award is Reimbursement Method.

Reimbursement Method

1. IDHS will disburse payments to Grantee based on actual allowable costs incurred as reported in the monthly financial invoice submitted for the respective month, as described below.
2. Grantees must submit monthly invoices in a format prescribed by Grantor. Invoices must include all allowable incurred costs for the first and each subsequent month of operations until the end of the Award term. Invoices must be submitted no later than 15 days following the end of any respective monthly invoice period, or as indicated in their UGA Exhibit F Payments. As practicable, Grantor shall process payment within 30 calendar days after receipt of the invoice, unless the State awarding agency reasonably believes the request to be improper.
3. Grantees may be required to submit supporting documentation for their requests at the request of and in a manner prescribed by the Grantor.

   Failure to comply with these reporting requirements could result in the Department placing you on the stop pay list, withholding of funds, termination of the grant agreement and subject to the Grant Funds Recovery Act.