Community Outreach and Recovery Support (CORS) Scope of Services and Deliverables

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About this document

This document is a portion of the Community Outreach and Recovery Support Notice of Funding Opportunity. The complete NOFO is available at the Illinois Opioid Settlements website.

A.5. Scope of Services

The priority population for CORS is individuals with opioid use disorder (OUD) and other SUDs experiencing homelessness or housing instability and at risk of overdose, medical complications, and incarceration.

CORS services are to be delivered by peer support workers (PSWs) or persons with lived experiences (PLEs), and should be designed to reflect the needs of the community served. The subrecipient is to ensure the quality of services and the safety of the team and the individuals they serve. CORS teams *do not* provide OUD or SUD treatment.

Task 1. Fulfillment of Award Administration Requirements

The subrecipient must fulfill obligations outlined in Section G., Award Administration Information, including planning, reporting, data collection, and participating in technical assistance (TA). Participation in a learning collaborative on the integration of SUD and housing systems will be required.

Task 2. Community Collaboration

Subrecipients must:

- Partner with Continuums of Care (CoCs) to assist people with OUD/SUDs who are experiencing chronic homelessness, including ensuring that individuals served have access to the coordinated entry system for homeless services.

- Partner with other community providers to increase services for the priority population, including established Recovery Oriented System of Care (ROSC) Councils, recovery community organizations (RCOs), and Overdose Education and Naloxone Distribution (OEND) programs, if available.
- Collaborate with harm reduction providers to reduce risk of overdose and negative outcomes among people who use drugs.
- Develop a coordination plan to ensure that CORS staff understand how to refer individuals to services provided by community partners.

Task 3. Outreach to Priority Population

PSWs or PLEs must conduct outreach to identify members of the priority population, including at locations such as encampments, public libraries, shelters, food pantries, day labor sites, and other places where people experiencing homelessness or housing instability may be found. This outreach may be coordinated with other organizations serving the priority population.

Task 4. Peer and Recovery Coaching

PSWs or PLEs must reach and engage people with OUD and other SUDs in peer and recovery-focused activities in the community where they live. Although the focus should be on the priority population, any individual with OUD or other SUDs identified during outreach should be offered peer support services. In addition to in-person services, subrecipients must have capacity to provide recovery support services via phone or video.

Task 5. Connections to Care

PSWs or PLEs must connect people with OUD/SUDs to services that reduce the risk of an overdose and increase recovery capital, such as organizations that offer harm reduction, housing, treatment, and recovery support services.

Task 5-O. Recovery Supports

If services needed by the target population are inaccessible, subrecipients may optionally expend 20 percent of the award to supply such services to the extent that such an expenditure would not supplant existing federal or state funding, comply with applicable service regulations, and would address OUD/SUDs. Examples of such services include, but are not limited to, assistance with obtaining transportation to treatment, parenting or caregiving support while participating in treatment, employment assistance, or emergency assistance to prevent homelessness. The applicant must demonstrate that these services are not accessible to the community by other providers and should be seeking to expand upon existing infrastructure rather that implement new services.

Task 6. Professional Development

Subrecipients must establish a pathway for peer workforce expansion, including the following:

1. Provide PSWs/PLEs with onboarding training including, at a minimum, training on Mental Health First Aid and Motivational Interviewing.
2. Support PSWs/PLEs who pursue the state certification process for the Certified Recovery Support Specialist (CRSS) and Certified Peer Recovery Specialist (CPRS) credentials, including paying for certification costs.

3. Provide access, in person or through technology, to professional staff (e.g., licensed clinical social workers, licensed professional counselors, or physicians) for case consultation, crisis intervention, specialized resources, and support.

A.6. 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 (subject to change) to be collected.

Deliverables		Performance Measures	Performance Standards	Metrics
T1	**Fulfillment of Award Administration Requirements**	(a) Complete organizational needs assessment survey	100%	Needs assessment survey completed (30 days)
		(b) Complete implementation and sustainability plan	100%	Implementation and sustainability plan created (60 days) # milestones achieved (reported monthly)
		(c) Implement equity and racial justice plan	100%	Organizational assessment completed (90 days) Plan drafted (120) days Plan finalized (160) days # milestones achieved (reported monthly)
		(d) Report performance information	100%	Activities and services metrics reported (10th of each month, 10th following each quarter unless otherwise prescribed)
		(e) Report fiscal information	100%	Fiscal performance reported (10th of each month)
		(f) Participate in TA	85%	# monthly calls attended # training and technical assistance (TTA) sessions attended (monthly) # learning collaborative sessions attended (monthly)
T2	**Community Collaboration**	(a) Develop a coordination plan that reflects community and population needs	100%	Coordination plan developed (60 days)
		(b) Develop or maintain memoranda of understanding (MOUs) or agreement with partners	A minimum of 3	# MOUs or agreements created (90 days)
		(c) Actively participate in regional coalitions coordinated by the RCCA	75%	# coalition meetings attended (quarterly)

Deliverables		Performance Measures	Performance Standards	Metrics
T3	**Outreach to Priority Population**	(a) Initiate and participate in outreach activities in the community	Provide 80% of outreach encounters specified in work plan	# outreach contacts (demographics)
T4	**Peer and Recovery Coaching**	(a) Establish outreach teams	Fully staffed within 60 days of award	# FTE hired
		(b) Deliver peer support services	Provide 80% of peer support encounters specified in work plan	# peer support contacts logged
T5	**Connections to Care**	(a) Link individuals to medication-assisted recovery, OUD treatment, housing services, and recovery support services via warm handoff	Provide 80% of connections to care (by type) specified in work plan	# individuals referred to housing services # individuals referred to OUD treatment # individuals referred to other healthcare services # individuals referred to recovery support services, by category
		(O) Optional - recovery support services, such as: ○ Transportation to/from treatment ○ Childcare while in treatment ○ Eviction prevention	Provide 80% of recovery support service encounters (by type) specified in work plan	# receiving recovery support services, by category
T6	**Professional Development**	(a) Develop professional development plan for team members that includes relevant onboarding, training, and other professional development opportunities	Plan developed for individual outreach team members and progress reported	Plan developed (90 days) # training activities completed # professional milestones completed