

## **FY26 Recovery Oriented Systems of Care ROSC Exhibits**

**CSFA 444 26 2841**

**Program Code SA00 060 0018**

**(Default ROSC exhibits for all ROSC grants)**

### **Exhibit A Project Description**

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.

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 co-occurring 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 co-occurring disorders within communities.

This agreement sets forth the terms and conditions applicable to services funded by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR) for the development of Recovery Oriented Systems of Care (ROSC) councils. ROSC councils work at the community level to support the IDHS/SUPR 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 co-occurring 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 standalone non-profit organization or with a permanent business relationship with a lead agency.

IDHS/SUPR 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 co-occurring 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.

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 2-3 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 are objectives that are Specific, Measurable, Achievable, Related, and Time bound.
2. Align their identified challenges with the broader goals of the Illinois ROSC council.
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 and other evidence-based practices
3. Promoting harm reduction
4. Ensuring effective service delivery
5. Prioritizing equity

**Abbreviations:**

COD	Co-occurring (Substance Use and Mental Health) Disorders
IDHS	Illinois Department of Human Services

MH	Mental Health
PLE	People with Lived Experience
RCO	Recovery Community Organization
ROSC	Recovery Oriented Systems of Care
SRLC	Statewide ROSC Leadership Center
SU	Substance Use
SUD	Substance Use Disorder
SUPR	Division of Substance Use Prevention and Recovery
TA	Technical Assistance
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
FTE	Full Time Equivalent
LMS	Learning Management System

### **Exhibit B Deliverables or Milestones**

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

**Deliverable 1:** Within 30 days of award, ROSC council must complete the general contact information form for the ROSC council webpage creation. A link to this form will be provided to you at the beginning of your grant cycle.

**Deliverable 2:** Within 30 days of award, the ROSC council must submit a list of council members using the template provided by IDHS/SUPR. Council membership should be a variety of community stakeholders as referenced in Exhibit A. This membership roster must be submitted to IDHS/SUPR via ROSC HUB when completed.

**Deliverable 3:** Within 60 days of award, the ROSC council shall have a kickoff ROSC council meeting. Going forward, meetings shall be held monthly. Events or community trainings sponsored by the ROSC should not take the place of regular monthly meetings. Each meeting shall, at a minimum, include a representative from the Lead Agency. ROSC council meetings shall have an agenda and record meeting minutes including attendees. The meeting minutes must be submitted to IDHS/SUPR via ROSC HUB when completed each month.

**Deliverable 4:** Within 60 days of receiving the award, each ROSC Council will utilize the community survey template provided by IDHS/SUPR to assess the five key goals of the Illinois Department of Human Services/Division of Substance Use Prevention & Recovery (IDHS/SUPR): reducing stigma, promoting medication assisted recovery, 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/SUPR review and approval before distribution. 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 community resource list and the strategic plan. The finalized template must be submitted to IDHS/SUPR via the ROSC HUB when completed.

**Deliverable 5:** Within 120 days of award, the ROSC council will complete a thorough community resource list. This will be a complete list of all social service and other community resources in the ROSC council coverage area. This ideally looks like a categorized list broken out by sectors of resources including addresses, phone numbers, hours of operation, website, and brief description of service/resource offerings for each item. This should include, but is not limited to, an inventory 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. This list must be submitted to IDHS/SUPR via ROSC HUB when completed.

**Deliverable 6:** Within 180 days of receiving the award, each ROSC Council will develop a 3-year strategic plan including a detailed 12-month plan that addresses the two to three key challenges they have identified for focused action. The strategic plan should incorporate relevant data about the community area that indicates the need to address the identified key challenges and implement the activities identified in the strategic plan. The strategic plan must outline specific SMART goals, objectives, and activities based on the community survey results and assessed needs. It must establish clear, achievable milestones for each state fiscal year, with measurable progress expected. The plan should also clearly define the organization's 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. Strategic plan as well as the raw data from the community survey must be submitted to IDHS/SUPR via the ROSC HUB when completed.

### **Exhibit C Contact Information**

[Differs per contract, to be pulled from application]

### **Exhibit D Performance Measures and Standards**

#### **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 SUPR:

1. The ROSC council will submit a membership roster utilizing the provided template within 30 days of award as described in Exhibit B.
2. ROSC council will hold monthly ROSC council meetings. 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 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. 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.
5. ROSC council will submit a quarterly ROSC council report which will include progress towards their established SMART goals and community impact by the 15th of the month following the end of the quarter. A template will be provided by IDHS/SUPR before the first quarter's report is due.
6. The Closeout Report is due within 30 days of the end of the fiscal year which ends on June 30th. The close out template will be provided to you near the end of the fiscal year.
7. ROSC staff must actively engage and fully participate in monthly learning collaborative meetings, monthly regional TA meetings with Statewide ROSC Leadership Center, and other meetings required by IDHS/SUPR. Please note that two of the learning collaborative meetings are held in person each year; attendance from at least one (and up to four) members for each ROSC council is required. For all ROSC Council staff, trainings are required via Learning Management System (LMS) offered by SRLC.
8. ROSC Council website must be updated monthly via ROSC Hub to ensure the meeting/event calendar, meeting minutes, and contact information are current.

### **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:

1. Provider submits a membership roster within 30 days of grant 100% of the time.
2. Provider will host monthly ROSC council meetings. Monthly meeting minutes will be submitted to the ROSC HUB 100% of the time.
3. Provider submits Monthly Agreement Expenditures Payment Voucher by the due date 100% of the time.
4. Provider submits Periodic Performance Reports by the due date 100% of the time.
5. Provider submits quarterly ROSC council report by the due date 100% of the time.
6. Provider submits final closeout report by the due date.
7. ROSC staff must actively engage and fully participate in 100% of the monthly Learning Collaborative meetings (including two in person meetings annually), regional TA meetings, and any additional meetings required by IDHS/SUPR. For all ROSC Council staff, required trainings through the Learning Management System (LMS) offered by SRLC is mandatory.
8. Submit 100% of the monthly updates to the ROSC council website via ROSC HUB.

## Exhibit E Specific Conditions

There are no specific conditions of this grant.

## Exhibit F Payments (IDHS Additional Exhibit)

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.

The payment method for this award is expense based.

### IV. Financial Reporting Requirements

#### A. Submission Periodic Financial Reports (PFR):

The Providers will submit reporting to the Division of Division of Behavioral Health (DBH) on a quarterly basis, utilizing the Periodic Financial Report (GOMBGATU-4002). Quarterly reports will be submitted no later than 15 days after end of each report period. 1st Quarter Reports are due No Later Than (NLT) October 15th, 2nd Quarter Reports are due NLT January 15th, 3rd Quarter Reports are due NLT April 15th, 4th Quarter Reports are due NLT July 15th. These reports are to be email to your grant manager and [DHS.SUPRVouchers@illinois.gov](mailto:DHS.SUPRVouchers@illinois.gov) with the subject line stating: PFR, the Reporting Quarter, and Provider Organization Name. All PFRs should be returned in the Excel format, with electronic signature.

#### For Expenditure based grants:

The Monthly Grant Invoice (IL444-5257) is required for submitting financial information. The Monthly Grant Invoice report will be submitted **no later than 15 days following the month of expense**. The July Monthly Grant Invoice Report are due No Later Than (NLT) August 15th, August Monthly Grant Invoice Report is due NLT September 15th, September Monthly Grant Invoice Report is due NLT October 15th, and so on. The Monthly Grant Invoices are to be email to your grant manager and [DHS.SUPRVouchers@illinois.gov](mailto:DHS.SUPRVouchers@illinois.gov) with the subject line stating: Monthly Grant Invoice, the Reporting Month, and Provider Organization Name.

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.

**Payment's 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.

**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.