



# Build, Amplify, Support, Empower (BASE) Prevention Programs Scope of Services and Deliverables

*Applications Due: April 24, 2024*

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### About this document

This document is a portion of the Build, Amplify, Support, Empower (BASE) Prevention Programs Notice of Funding Opportunity (NOFO), which sets forth application requirements for evidence-informed substance use prevention programming geared toward youth and emerging adults.

All application materials are available on the [BASE Overview page](#) at the [Illinois Opioid Settlements website](#).

## A.5. Scope of Services

BASE subrecipients will establish or expand innovative and evidence-informed programs for preventing, delaying, and reducing substance use among youth and emerging adults (ages 6–25), specifically those who:

- Identify as non-Hispanic Black,
- Do not consistently attend school, or
- Are more likely to use or misuse substances due to factors such as ACEs, mental health symptoms or conditions, familial history of OUD, and neurodiversity.

BASE prevention programs should seek to reduce or prevent one or more of the following:

- Substance use and misuse
- Stigma associated with SUD, treatment, and recovery
- Social and physical access to substances
- Harms associated with substance use and misuse, including overdose

To accomplish that goal, programs will fulfill one or more of the following objectives:

- **Build awareness** of substance use and associated risks and/or risk and protective factors
- **Amplify access** to evidence-informed community supports or to recovery and treatment
- **Support capacity** of regional and community groups
- **Empower youth** and their families, community members and school employees, or other individuals who engage with youth or communities.

With the aim of enhancing the current prevention continuum of care in Illinois, IDHS/SUPR is prioritizing “Indicated” and “Selective” programming. These are two of three domains set forth in the Institute of Prevention Model and described by the [National Academies of Sciences, Engineering, Medicine](#) thusly:

- **Indicated** programs, interventions, and activities are for individuals who are already beginning to experience the effects of a specific health outcome.  
*Example:* Developing or promoting technology designed to help youth in recovery stay connected to their peer coaches, build meaningful connections, and overcome feelings of isolation.
- **Selective** programs and interventions are geared toward a subset of the population that may be considered at risk.  
*Example:* Partnering with child welfare programs to develop and implement interventions for supporting healthy transitions of youth aging out of the foster care system.
- **Universal** prevention programs and interventions are tailored to an entire population, regardless of its members’ levels of risk.  
*Example:* Cultivating social and peer resistance skills among college students.

Non-profit, for-profit, or tax-exempt entities located in Illinois may apply for funding one or more of the following strategies:

### Strategy 1. BASE Coalitions

Supporting regional and community coalitions in establishing or expanding evidence-based prevention programming, including programs derived from and using the [Strategic Prevention Framework](#) developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Goals of these programs should include one or more of the following:

- Increase community members' knowledge and awareness of substance use.
- Reduce social and physical access to substances.
- Reduce stigma associated with SUD, treatment, and recovery.
- Increase support for people in treatment or recovery.
- Increase effectiveness of coalitions in program implementation.

*Example:* Forming a harm reduction coalition that (a) focuses on reducing overdoses among non-Hispanic Black residents in communities disproportionately impacted by the overdose crisis, (b) prioritizes health equity, and (c) includes diverse representation, such as survivors of violence, representatives from faith-based institutions and community-based organizations, people with lived experience, family members who have lost loved ones to an overdose, etc.

### Strategy 2. BASE Schools and Communities

Establishing or expanding evidence-informed prevention programs in schools or communities within high-risk areas, as identified by high substance use and high drug overdose rates. Intended recipients of programming should include one or more of the following:

- Students
- Families
- Community members
- Community-based youth organizations
- School employees
- School athletic program personnel
- Parent-teacher associations
- Student associations, including affinity groups

Goals of these programs should include one or more of the following:

- Increase awareness of substance use in the community.
- Prevent substance use.
- Increase knowledge of risk and protective factors that contribute to/inhibit the likelihood of SUD.
- Reduce stigma associated with SUD and treatment.
- Promote resources for SUD treatment, recovery, and support.

*Example:* Building protective factors and fostering connection among priority populations through leadership opportunities and social-emotional activities, such as art and movement.

### Strategy 3. BASE Youth

Establishing or expanding evidence-based or evidence-informed prevention programs with demonstrated effectiveness in preventing drug misuse and preventing the uptake of opioids. Programs or strategies should have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake in the selected and indicated populations and use of opioids. Programs may be community- or school-based and should be tailored for youth and emerging adults ages 11-25, specifically:

- Youth who have not graduated from high school but do not consistently attend, and/or
- College or university populations
- Emerging adults at risk for substance misuse.

Goals of these programs should include one or more of the following:

- Increase awareness of substance use and misuse among youth and emerging adults.
- Prevent substance use.
- Reduce stigma associated with SUD and treatment.
- Promote resources for SUD treatment, recovery, and support.

*Example:* Integrating substance use prevention in residential centers for youth, including educating residential center staff and caregivers (if applicable).

### Strategy 4. BASE Pathways

Piloting a school-based community collaboration program for parents and other caregivers seeking comprehensive support in addressing their child's substance use-related issues. Collaborating with the school and involving multiple sectors of the community, these programs should:

- Facilitate parents' and other caregivers' immediate access to treatment services for their child;
- Support prevention, intervention, treatment, and recovery programs focused on the child; and/or
- Facilitate connections to supportive services for the family.

*Example:* Piloting a school-based program with schools and law enforcement consistent with the [Handle with Care model](#) to mitigate negative effects experienced by children's exposure to trauma.

### Program Examples

Proposed programs must align with one of the strategies outlined above. The following table contains the examples listed throughout Section A.6 aligned by potential strategy. However, depending upon the population served and the implementation approach, some examples could align with multiple strategies. Innovation is encouraged and programs are not limited to the examples provided. Keep in mind that selected and indicated prevention approaches are priorities.

Table 1. Program Examples Aligned by Strategy

Strategy	Examples	Examples
1	BASE Coalitions	<p>Forming a harm reduction coalition that (a) focuses on reducing overdoses among non-Hispanic Black residents in communities disproportionately impacted by the overdose crisis, (b) prioritizes health equity, and (c) includes diverse representation, such as survivors of violence, representatives from faith-based institutions and community-based organizations, people with lived experience, family members who have lost loved ones to an overdose, etc.</p> <p>Supporting a youth empowerment coalition that focuses on leading environmental changes in their community.</p>
2	BASE Schools and Communities	<p>Building protective factors and fostering connection among priority populations through leadership opportunities and social-emotional activities, such as art and movement.</p> <p>Establishing or supporting a network of community-based alternative activities and social-emotional learning opportunities across different communities that allow youth to transfer from one to another if they move or experience placement disruption.</p> <p>Producing anti-stigma campaigns for students, communities, and/or families in high-risk areas.</p>
3	BASE Youth	<p>Integrating substance use prevention in residential centers for youth, including educating residential center staff and caregivers (if applicable).</p> <p>Partnering with child welfare programs to develop and implement interventions for supporting healthy transitions of youth aging out of the foster care system.</p> <p>Developing or promoting technology designed to help youth in recovery stay connected to their peer coaches, build meaningful connections, and overcome feelings of isolation.</p> <p>Developing or promoting technology designed to keep youth connected to their social service providers when they experience placement instability, or to help youth build meaningful connections and reduce feelings of isolation.</p> <p>Developing trauma-informed substance use prevention education to foster care system staff and foster parents.</p>
4	BASE Pathways	<p>Piloting a school-based program with schools and law enforcement consistent with the <a href="#">Handle with Care model</a> to mitigate negative effects experienced by children’s exposure to trauma.</p>

## **A.6. Tasks, Deliverables, and Performance Measures**

This section details the deliverables required and associated performance measures, standards, and potential metrics to be collected.

All subrecipients must complete Task 1 for the entire program. Subrecipients will need to complete and report on Tasks 2-4 for each funded strategy.

### **Task 1. Fulfill 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).

### **Task 2. Staff Program**

The subrecipient must hire and train staff who reflect the diversity of the population receiving prevention programming in numbers sufficient to carry out the activities defined in the implementation plan. Inclusion of management staff is dictated by the size and scope of the prevention program.

Many variables will impact the number of FTE to be hired. Up to .1 FTE of management time may be included per 1 FTE staff. However, staffing should be justified in your application and budget narrative.

### **Task 3. Establish Partnerships/Collaborative Agreements**

The subrecipient must establish partnerships and/or collaborative agreements (e.g., memorandum of understanding) with organizations serving youth and emerging adults, such as schools, colleges, and universities; public libraries; child welfare agencies and the foster care system; residential centers for youth; law enforcement; and shelters. A minimum of two MOUs or agreements are required. These are to be submitted post-award.

### **Task 4. Develop Program Evaluation Plan**

Develop an evaluation plan and evaluation tool for each program/strategy. At a minimum, program participants should regularly evaluate activities. Results should be compiled and reviewed by program leadership and staff regularly and reported mid-year to the RCCA. A quality improvement plan should be developed as prescribed by the RCCA to address areas that have opportunities for growth.

### **Task 5. Conduct Prevention Activities**

The subrecipient must deliver evidence-based or evidence-informed, culturally appropriate prevention programming as defined in the submitted implementation workplan and within the specified time frame.

## Deliverables and Performance Measures Table

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 by task. Time periods, unless otherwise indicated, refer to the days from the beginning of the period of performance and may be revised based upon project plans submitted by awardee.

Table 2. Deliverables and Performance Measures Table

Performance Measures	Standards	Metrics
<b>Task 1. Award administration requirements</b>		
(a) Complete organizational TA needs assessment survey	100%	TA needs assessment survey completed (30 days after distribution)
(b) Complete implementation and sustainability plan	100%	Implementation and sustainability plan created (60 days) # milestones achieved (reported monthly) Sustainability plan updated (Submitted with final monthly reports)
(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 (10 <sup>th</sup> of each month, 10 <sup>th</sup> following each quarter unless otherwise prescribed)
(e) Report fiscal information	100%	Fiscal performance reported (10th of each month)
(f) Participate in TTA	75%	# monthly calls attended # TTA sessions attended (quarterly or as prescribed)
<b>Task 2. Staff program</b>		
(a) Hire program staff (and managers, as needed.)	Fully staffed	# FTE hired (60 days) # staff hired # management FTE hired
<b>Task 3. Establish partnerships/collaborative agreements</b>		
(a) Develop or maintain MOUs with partners/collaborating agencies (minimum of 2)	Signed MOUs	# MOUs or agreements signed (90 days)

Performance Measures	Standards	Metrics
(b) Actively participate in regional coalitions coordinated by the RCCA	75%	# coalition meetings attended (quarterly)
<b>Task 4. Develop and implement evaluation plan</b>		
(a) Develop evaluation plan for program activities and evaluation tool	100%	Plan developed (60 days) Data collection tool developed (60 days)
(b) Submit evaluation summary and follow-up tasks, as required	100%	Mid-year evaluation summary completed (180 days)
<b>Task 5. Conduct prevention activities</b>		
(a) Deliver evidence-based or evidence-informed culturally appropriate prevention programming	Provide 80% of prevention activities specified in work plan	# individuals participating in prevention activities # activities