

ROSC

Recovery Oriented System Of Care

"Dedicated to Making Lives Better"

The BB2L Recovery Network aims to create a System of Care" that provides resources to effectively address substance use problems within our communities .

Join the Movement

Every 3rd Wednesday 9:30 am

- ✓ Behavioral Health, Healthcare, & Wellness
- ✓ Recovery Support Services
- ✓ Stigma Reduction and Family Education
- ✓ Recreation
- ✓ Housing/Sober Living
- ✓ Education, Jobs, Childcare
- ✓ Spirituality
- ✓ Mentoring

FOR MORE INFO CALL

(773) 785-2996

www.bounceback2life.org

Recovery Network



BB2L
Recovery Oriented Systems of Care (ROSC)
BOUNCE BACK 2 LIFE

STRATEGIC PLAN 2021-2024

LIGHTS OF ZION MINISTRIES
Lead Agency Serving , Cook County

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INTRODUCTION

BB2L highlighted a broad range of community service priorities by interviewing focus groups to build on the previous work done over the past several years with our Recovery Support Program. With the updated information gathered from within our service area, we were able to better understand geographic disparities in recovery support and target existing and new intervention efforts to improve our efforts to provide resources. From the results of our findings, The BB2L Recovery Network plans to partner with additional substance abuse support and crisis management organizations to offer additional programs and services.

BB2L's Strategic Plan FY2022-FY2024 outlines priority areas with goals and measurable objectives that provide a roadmap to carry out the vision and mission for the next three years.

DESCRIPTION

BB2L Ministries (LOZ) is a faith-based not-for-profit service provider **located in the 34th Ward** of the West Pullman/ Roseland District of Chicago, Illinois. We are associated with Cook County of Illinois and serve the Greater Roseland and surrounding communities, Our agency aims to provide and connect our people in recovery to recovery support services that will become a mechanism to prevent substance abuse relapse. LOZ's, Bounce Back 2 Life program provides an array of services and resources to our people in recovery which focus on the holistic approach to recovery. These services reach out to **minorities, women, people previously incarcerated, and/or substance abusers and veterans.**

BB2L Ministries has also developed a comprehensive, collaborative ROSC Council called "Bounce Back 2 Life Recovery Network." This BB2L ROSC is comprised of two High Functioning Faith-Based Organizations, BB2L Ministries, as the lead agency, and Southland Ministerial Health Network. The objective of this ROSC is to create an infrastructure with the resources to effectively address the full range of substance use problems within these targeted communities. The BB2L serves as a middle ground to coordinate a network of community-based services and supports that connect individuals and families to services and activities that directly address substance use disorders and their impact on the ten targeted communities located in our service area, which are in (but not limited to) Thornton Township Cook County, Illinois: Harvey, Riverdale, Dolton, Dixmoor, Phoenix, Hazel Crest, East Hazel Crest, Markham, Posen, South Holland, and Robbins. The Network provides exceptional services for all residents in the

Southland and Beyond strategically establishes priorities and commits resources through this ROSC to address the key issues plaguing these communities.

What is a ROSC

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.'

MISSION

Our mission is to provide a system of services focused on encouraging families and individuals to enhance the quality of their lives, become self-reliant, and create lasting changes that affect the whole community. Our Motto is "**Making Lives Better**" by creating change, changes to attitudes, and changes to people's potential to influence their outcomes.

VISION

That every person in our community seeking recovery support services will receive or be connected to the resources that will make them feel Valued, Strengthen, and Respected in every aspect of the recovery process.

PHILOSOPHIES

. We understand that people will come to us with a variety of needs and at different levels of recovery and willingness to change. We will be supportive, patient, understanding, and therapeutic. If an individual decides not to remain in our supportive environment, we will provide the appropriate linkage, giving the people in recovery our assurance that he or she realized that they are welcome to return when ready. We understand that each people in recovery is and will be different and have corporate as well as unique challenges that need to be addressed. BB2L's resources are designed to provide people in recovery with the tools that they need to accomplish their objectives. We must admit that every one of us is affected by the plight of drug addiction and recovering addicts are our friends and family. They need us as well as we need them. We realize that a genuine program is never complete, and there are milestones and continuous goal-setting that will stimulate growth through continuous communication.

BELIEFS

- We believe that everyone can recover and become active and productive members of society in our community if given the opportunity and support
- We believe that the work we do helps save lives.
- We believe in engaging people in recovery with compassion, commitment, skill, and love.
- We believe in treating people with dignity & respect
- We believe in providing a safe, supportive, structured, and compassionate environment
- We believe in treating the individual, family, and the community
- We believe we are accountable to each person in recovery for his or her experience
- We believe in complete confidentiality before, during, and after service
- We believe in honest and ethical behavior, personal and group accountability, and social responsibility
- We believe in continuing education and training to live productive lives.

Lights of Zion
Primary Service Area Zip Code: 60628
Roseland, West Pullman

Demographic Characteristics, Zip Code: 60628				
	2020-2021 ¹	2021-2022	City of Chicago ²	
General Demographics				
Total Population	76,929	68,077	2,714,017	
Male Population	45%	44%	49%	
Median Age (Years)	36	38	34	
Population Aged <18 Years (Children)	28%	24%	22%	
Population Aged ≥65 Years (Seniors)	15%	17%	11%	
Race and Ethnicity³				
Hispanic/Latino	3%	3%	29%	
Non-Hispanic Black	94%	94%	31%	
Non-Hispanic White	2%	2%	32%	
Non-Hispanic Asian	0%	0%	6%	
Place of Birth and Citizenship				
Foreign-born	2%	3%	21%	
Population without U.S. Citizenship	1%	1%	12%	
Socioeconomic Characteristics				
High School Graduates	81%	85%	83%	
Median Household Income⁴	\$42,939	\$35,654	\$50,434	
Unemployment Rate	18%	26%	11%	
	Zip Code 60628			City of Chgo
Adults with Frequent Poor Mental Health Days	14%	13%	18%	12%
Low Birthweight or Premature Births	12%	8%	14%	9%
Health Factors				
Current Adult Smokers	23%	20%	30%	19%
Adult Drug Use	44%	38%	48%	34%
Heavy Drinking among Adults	36%	37%	37%	38%
Binge Drinking among Adults	25%	24%	21%	32%
Clinical Care				
Population without Health Insurance	14%	11%	21%	15%

1. American Community Survey, 2011 5-year estimates | American Community Survey | 2016 5-year estimates

2. Not all racial/ethnic groups reported; | percentages may not add to 100% | 2016 inflation-adjusted dollars

3. Among occupied housing units

•
• **Table 1. Overdose deaths involving opioids – South Chicago, 2021-2022**
•

	2015			2016		
	#	%	rate ⁱⁱ	#	%	rate ⁱⁱ
Chicago Deaths	426	100.0%	15.5	741	100.0%	26.7
Opioid Type						
Heroin-involved	345	81.0%	12.4	487	65.7%	17.7
Fentanyl-involved	71*	16.7%	2.7	420	56.7%	15.1
Opioid pain reliever (OPR)-involved ⁱⁱⁱ	32	7.5%	1.1	40	5.4%	1.4
Methadone-involved	28	6.6%	1.0	48	6.5%	1.8
Gender						
Male	322	75.6%	23.8	556	75.0%	40.8
Female	104	24.4%	7.5	185	25.0%	13.3
Race-Ethnicity						
Non-Hispanic African American	--		--	357	48.4%	39.3
Non-Hispanic White	--		--	251	34.1%	25.1
Hispanic or Latino	--		--	123	16.7%	16.5
Non-Hispanic Asian or Pacific Islander	--		--	6	0.8%	3.2 [^]
Age (years)						
15-24	27	6.4%	6.7	43	5.8%	10.6
25-34	78	18.4%	15.1	151	20.4%	29.3
35-44	89	20.9%	23.5	150	20.3%	39.7
45-54	121	28.5%	35.7	229	31.0%	67.6
55-64	96	22.6%	36.5	147	19.9%	55.9
65-74	14	3.3%	9.3 [^]	18	2.4%	11.9 [^]
Average age (years)	44.6			44.1		

Data Source: Cook County Medical Examiner's Office, US Census Bureau

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

ⁱ Categories are not mutually exclusive as some deaths involved more than one type of opioid.

ⁱⁱ Rates are expressed as a number of overdoses per 100,000 people in the population and account for the population age distribution. Denominators are based on the 2010 census population. Rates are age-adjusted to the 2000 US standard population. The age-adjusted opioid-involved death rate in the US was 10.4 per 100,000 in 2015.²

ⁱⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.

^{iv} Race-ethnicity data is reported by the Cook County Medical Examiner and was not available for 2015.

* The Cook County Medical Examiner's office began routinely testing for fentanyl involvement in June 2015. For this reason, the actual number of fentanyl-involved overdose deaths in 2015 may be greater than reported.

[^] For counts less than 20, rates may be unstable and should be interpreted with caution.



TOP FIVE COMMUNITY OPIOID RELATED DEATHS

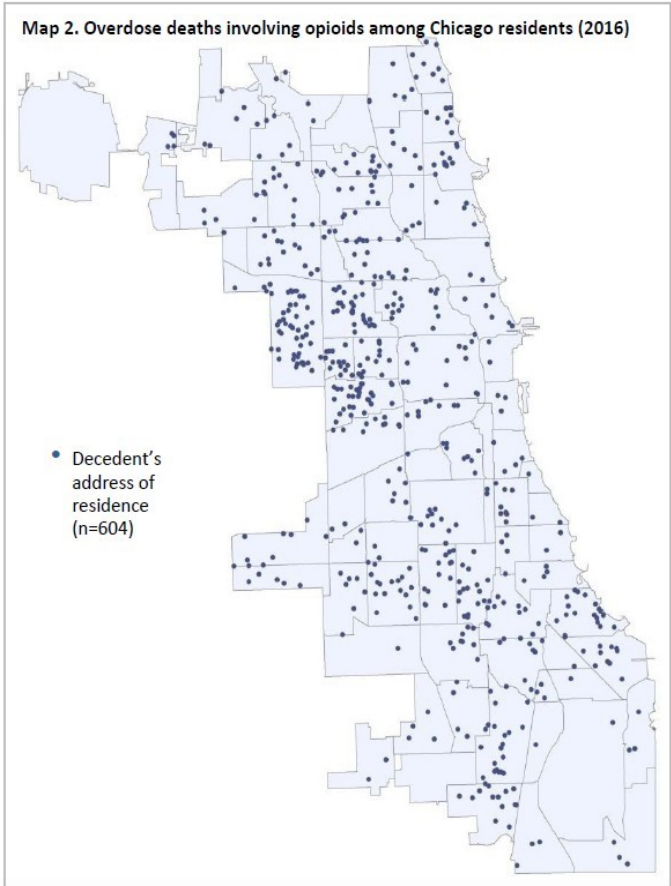
Geography - Chicago

Opioid-related overdose deaths occurred across Chicago – with decedents having resided in 73 of the 77 (95%) community areas.

Top five community areas (number of deaths)

- 1) Austin (50)
- 2) North Lawndale (29)
- 3) Humboldt Park (28)
- 4) West Town (29) and South Shore (19)
- 5) **Roseland (28)**

Opioid-related overdose deaths occurred in 95% Of Chicago Communities



- Of the 741 opioid-related overdose deaths that occurred in Chicago in 2016, 586 decedents had a residence address in Chicago, while 102 decedents had a residence address in Southern Cook County (Table 5).
- Chicago residents who died of an opioid-related overdose were more likely to be NH African American (52.3%) and older (average age of 50 years). However, non-residents who died of an overdose were more likely to be NH White (59%) and younger (average age of 42 years) (Table 5).
- 275 (37%) of the opioid-related overdose deaths that occurred in Chicago occurred at the decedent's home address.

Table 5. Opioid-related overdose deaths that occurred in Chicago by decedent's address of residence – Chicago, 2016

	Address of residence in Chicago (n=586)		Address of residence in suburban Cook (n = 102)	
	#	%	#	%
Race-ethnicity				
NH African American	312	53.2%	26	25.5%
NH White	169	28.8%	60	58.8%
Hispanic or Latino	99	16.9%	16	15.7%
NH Asian or Pacific Islander	5	0.9%	0	0
Age (years)				
15-24	29	4.9%	9	8.8%
25-34	106	18.1%	29	28.4%
35-44	123	21.0%	16	15.7%
45-54	187	31.9%	28	27.5%
55-64	126	21.5%	16	15.7%
65-74	13	2.2%	4	3.9%
Average age (years)	44.9		41.5	

Data Source: Cook County Medical Examiner's Office.

COMMUNITY RESOURCES

Formal or Informal Relationships	Types of Services
Emages , 110 E. 79 th Street* Chicago IL 60619	D.U.I Services
Human Resource Development Institute (HRDI)	Out Alcoholism patient Recovery Care, Mental health Services, Treatment & Housing
Alcoholics Anonymous (AA)	Harvey Branch
Haymarket	Recovery, Rehab Center
Agape Love Community Center	Food Basket/ Child Care
Phalanx Family Services	Family Counseling & Services
U.S. Bank	Financial Literacy
Greater Chicago Food Depository	Snap Training/ Food Donations/ Soup Kitchen
Community Assistance Programs	Subsidized Job Placement
Cornerstone Recovering Community	Opioids Addiction Substance Abuse Alcoholism
Advocate Trinity Hospital	Emergency Services
Roseland Community Hospital	Training & Emergency Service
Salvation Army	Housing assistance, Clothing, Furniture
Catholic Charities	Housing & Employment
Olive Leaf Branch	Shelter for families
Prentice House	Transitional Housing



SWOT ANALYSIS

Strengths, Weaknesses, Opportunities, Threats

Following is a summary of the key findings from the focus group and interviews of our participants for the completion of the Lights of Zion Needs Assessment on Mental Health and Addiction Recovery Services.

Strengths A listed compiled from a Focus group, interviews of participants, and surveys.

- Partnerships that provide prevention services
- Roseland Community Hospital in supports individuals with Mental Illness (MI) and Alcohol and Other Drug (AOD) problems
- The offering of education to community mental health professionals & families
- The diversity of services in the community -Youth Build Program
- Good system collaboration including courts and judicial system
- Better system communication in general-Local Leadership
- The mental health levy has strengths and demonstrates community support for Mental Health
- Community Awareness of Mental Health/AOD Services
- Combined professional experience--Community support of levies
- Joint Leadership - Strong Provider Network
- Excellent Agencies- Continuum of Care – Crisis Intervention
- Communication between providers is Good
- Collaborations between providers are Good
- Collaborations with Children’s Services and Criminal Justice System

Weaknesses

A Focus group and interviews of participants identified a wide range of weaknesses related to the Recovery Support service delivery system.

- Limited community knowledge and understanding
- Community education on addictions and mental health.
- Addictions detoxification and sober living capacity.
- Limited funding for addictions and mental health services in general. No levy support for addiction services.
- County residents understand what levy funds generated provide in the community.
- Psychiatric services capacity. = Waiting time for services.
- Lack of talk about substance misuse including the sharing of experiences about it
- Detox services - Limited Sober Living Facilities
- Lack of safe housing options - Waiting time for assessment & treatment
- Better care coordination is needed
- The stigma of mental illness is strong, especially in the school system
- Education in the faith community especially for pastors and clergy
- More social recreational services for our community youth
- Transportation and recreational opportunities for those with mental illness
- Vocational services are limited, and more ongoing job coaching is needed
- Major Big Box Stores closing and eliminating jobs

Opportunities

A focus group and interviews of the participants identified a range of opportunities related to Lights of Zion, the faith-based community, and other agencies.

- Increase community education opportunities on addictions, mental health, and dual disorders. Utilize/promote collaboration with local business groups, etc.
- Model and implement more addictions and mental health evidence-based “best practice” models.
- Develop and implement a Peer Recovery Community model
- Utilize media to educate the community regarding addiction and mental health topics, and improve community knowledge.
- Enhance faith-based and other non-traditional partnerships and service activities
- Just doing the plan without overthinking it
- Use a peer recovery community to support volunteering and low cost
- Use local volunteers and grassroots efforts more

Threats

A focus group and interviews of our participants identified a range of threats related to the Recovery Support Services

- Funding is extremely hard to come by
- Impact of the heroin epidemic, increased resident drug abuse, and increasing death rate from overdose and suicides.
- Separate treatment funding streams (Addictions and Mental Health).
- Competition between local addiction and mental health service providers for available funds.
- Lack of Education
- Increased Stigma
- Not recognizing the reality of the prevalence of Mental illness, addictions, and violence in schools
- Youth being exposed to opioids
- More residents using drugs/substances inappropriately than ever
- The increasing death rate of overdoses and suicides
- Loss of local jobs and industrial base
- Childcare
- Competition for services (silos)
- Insurance Gaps
- Psychiatrist shortage

Community Needs Assessment

Deadly Data: 2021 metro Chicago drug overdoses killed more than guns

“According to CHICAGO (WLS) -- About 1,500 people died from drug overdoses in Chicago and the suburbs during 2021, according to preliminary reports and data projections collected by the ABC7 I-Team”.

That is significantly more than the total number of fatal gunshot victims in metro Chicago during the same period and is a figure driven largely by a surge in deaths from heroin and opioids including fentanyl, the super painkiller that has become a favorite of drug abusers. There were fewer than 1,000 gunshot murders in the metro area in 2019.

The West Side and South Side of Chicago are the areas with the highest concentrations of inmates released last year, according to the documents. Zip code, 60628, on the Far South Side, which includes the Roseland and West Pullman neighborhoods, saw a migration of 785 inmates.

Stated succinctly, the problems in Roseland and surrounding communities stem from economic decline, high criminal activity, and high numbers of unemployed, unskilled, and undereducated. For most, criminal behavior and violence have become a natural course of matriculation from youth to adulthood. There are approximately 15,000 17-21-year-olds that are released from the Cook County Justice System each year. Most of these youths are often discharged back into low-income communities struggling with relatively high rates of crime, high unemployment, low-performing schools, and few available support services such as substance abuse treatment and counseling. Youth return to families struggling within this environment who have challenges with poverty, low levels of educational attainment, unemployment, and domestic violence. Drug abuse is inevitable when adequate support is not available. Returning offenders in the Roseland area are faced with an array of reentry challenges such as securing stable living arrangements, finding employment, and avoiding criminal activity.

Over half (54 percent) of former male prisoners released to Chicago returned to just 7 of Chicago's 77 community areas. Roseland has the highest number of returning offenders in the Chicago area which becomes an activating force for violence and drug abuse. Accessibility to social services, such as healthcare and substance abuse treatment, is likely to affect their reentry experience and subsequent descent into violence and overdosing. Those reintegrating into the Roseland community, return to a high-crime neighborhood that is drug and gang-involved.

Year 1 Strategic Plan

GOAL: To Increase Understanding of a System that Promotes Recovery and Resilience in the Southland Neighborhoods.

Objective: To make the majority of stakeholders aware of the intention to develop the BB21 Recovery Network.

Activities:

1. Develop a Communication Plan
2. Create Social Media Platforms
3. Develop New partnerships
4. Set up Meeting Dates & Times
5. Put staff in Place to officiate ROSC task

GOAL: Strengthen outreach engagement, and prevention activities/services/planning for participants and families by establishing a strong marketing plan with sufficient outreach to inform those in the community.

Objective: Inform more people in the community about the available services that are available to those in recovery.

Activities:

1. Invite Community members to the ROSC Council Meetings
2. Develop relationships with PLE's to assist in the outreach
3. Attend town hall meetings
4. Develop additional relationships and social networks that provide support, friendship, love, and hope.
5. Create and distribute attractive and compelling flyers
6. Make phone calls and send out emails
7. Develop an email marketing database
8. Identify other organizations that would take part in the activities

GOAL: Increase the number of participants who receive recovery support services and expand the database to have excess more individuals

Objective: Minimize alcohol and opioid abuse in our community

Activities

1. Use the group to engage and reengage the people in recovery.
2. Increase the frequency of contact during the early treatment period.
3. Use network interventions.
4. Ensure additional services throughout the treatment period.
5. Increase the quality of care demonstrated in gender-specific targeted addiction treatment
6. Provide services that are consumer-centered, recovery-oriented, evidence-based, quality driven and trauma-informed

GOAL: Completed an expanded community needs assessment AND a comprehensive community resource assessment, resulting in a community resource map and a list of gaps.

Objective: Insure the full complement of skilled and credentialed professionals needed to expand and sustain quality care service to our participants

Activities:

1. To provide access to training in order to assist individuals to become certified professionals.
2. Provide accessibility to ethics-specific training and agree to adhere to a code of ethics
3. Supply information and resources for those interested in obtaining specific training and certifications in recovery.

GOAL: Develop a system that will aid people in recovery by building life skills, undertaking productive and creative activities of their choosing, as well as becoming more familiar with the array of natural supports that can help in recovery.

Objective: Provide and connect our people in recovery to supportive services that will become a mechanism to develop life skills, prevent relapse, and progressiveness into a full relapse.

1. Discuss the role of meaningful activities in supporting health and living a satisfying life
 - a. *Encouraging social activities, opening bank accounts, obtaining life & health insurance*
2. Identify the array of natural supports in communities
 - a. *Grief & Loss Support, Conflict Resolution*
 - b. *Social Clubs, physical activities*
 - c. *Volunteering*
3. Plan peer-led round table discussions that will inform people in recovery how to cope with symptoms
4. Hold weekly activities such as family night and fun day to get families involved
5. Develop a focus group for additional information

GOAL: To Increase Stakeholders' Understanding of Ways in which Services and Supports that Promote Recovery and Wellness may be Similar to, or different from, Current Services.

Objective: Objective A: To enable stakeholders to distinguish current practices which are consistent with a recovery orientation from those that are not consistent

Activities

1. Set Dates, times, and collaborations with other businesses
2. Develop Small, loving accountability groups called Recovery Circles which offer peer-to-peer support, facilitated by a staff person or a trained community volunteer.
3. Open volunteer opportunities to allow community members to learn the rewards of giving back, improving communication abilities, developing leadership skills, and learning to interact effectively and productively with staff, other Members,
4. Invite 12-step meetings to be held during designated times

Year 2 Strategic Plan

GOAL: Research and Secure Additional Funding

Objective: Increase the Operational Budget to expand and develop additional access to services.

Activities:

1. Apply for additional grants
2. Develop Fund Raising Strategies
3. Develop a proposal package to submit to Foundations
4. Collaborate with other organizations to have more access to funding opportunities

GOAL: Submit an Application To Become An (RCO) Recovery Community Organization.

Objective 1: To provide non-clinical assistance, recovery support, and appropriate referrals for assessment and substance use disorder treatment.

Objective 2: To mobilize resources within and outside of the recovery community in order to increase the quality of long-term recovery for individuals, families, and communities.

Activities

1. Establish leadership roles
2. Determine RCO's mission, vision, and purpose
3. Establish a working infrastructure (Board of Directors, Staff, Volunteers)
4. Recruit, engage, and retain more recovery advocates
5. Establish the core group
6. Pick one or two priority projects and execute them extremely well to establish credibility
7. Promote successes among constituency, stakeholders, potential funders
8. Participate in RCO recommendations and activities

GOALS: Establish The Domains Of Peer Recovery Services To Extend The Reach Of Treatment Beyond Clinical Settings

Objective: Deliver services to people who have experienced both substance use disorder and recovery to help individuals and families stay engaged in the recovery process.

Activities:

1. Develop Peer-led support groups
2. Establish Peer Led Job readiness training
3. Conduct peer-led Wellness seminars
4. Facilitate Community health and social services resource fair

GOAL: Expand Education Center to Increase Peer-Based Services and Programs, Including Public Education, Policy, Advocacy, and Recovery Support.

Objectives: Certify more trainers and peer specialists to establish a relationship with individuals in treatment, clinicians, and other team members

Activities

1. Provide Training staff on the significance of peer support in recovery (all kinds)
2. Identify strategies to overcome potential barriers to working with peer specialists
3. Identified gaps in services/resources available to participants
4. Research and provide access to evidence-based treatment and recovery support services to individuals, families, and the community.
5. Establish opioid addiction intervention and education as a high priority within the community.
6. Obtain the ability to give CEUs
7. Expand collaboration for Medication Assisted Treatment

GOAL: Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, OUD treatment programs, and in the community.

Objective: Strengthen the education process by demonstrating the value of peer and recovery supports through Recovery Community Centers and other recovery-oriented systems and services.

Activities

1. Increase collaboration with law enforcement
2. Enhance the ability to provide care for people exiting the criminal justice system, and in particular following incarceration

GOAL: Increase access to employment opportunities and vocational services programming.

Objective: To assist those in recovery in becoming contributing and productive citizens of the community.

Activities

1. Create a modified focus group approach to conduct business roundtables
2. Set up Tours in various facilities
3. Collaborate with Workforce Development Programs
4. Conduct Workshops facilitated by Business Owners
5. Make Contact with Job developers and employment service providers
6. Add additional Job training programs
 - a. Security Training- Logistics- Entrepreneurship
 - b. Use Linkage Agreements

Year 3 Strategic Plan

GOAL: Identify innovative ways to expand and fund recovery services as part of a continuum of services to support stable and long-term recovery

GOAL: Expand access to prevention, treatment, and recovery support services to prevent the health, social, and economic consequences connected to opioid misuse and addiction.

Objective: Develop a logical approach to educate and improve the public's understanding of substance use disorders as well as evidence-based treatments, and prevention strategies, as well as eliminate stigma associated with the disease.

Activities:

1. Increase the use of digital and social media technologies to amplify public health messages regarding prevention.
2. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.
3. Engage community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery. •
4. Identify individuals who are at risk of opioid use disorder and make available prevention and early intervention services and other supportive services to minimize the potential for the development of opioid use disorder (OUD)
5. Promote free training and continued education training credits to providers.
6. Identify or create video educational content

GOAL: Promote Health and Wellness Focused Care

Objective: Address the importance of providing a comprehensive and integrated approach to recovery, including all aspects of a person's well-being (mental, physical, spiritual, social, etc.), and ways to incorporate it in recovery planning

Activities:

1. Implement a health and wellness fair
2. Connect with Spiritual support advisors
3. Provide One on One peer mentoring

support maintaining health and wellness, including the incorporation of recreation, socialization, and productivity in life vision

Recognize the role of spirituality and meaningfulness in recovery

Identify strategies to address specific common health concerns among people with mental illness

GOAL: Continue Improving People in Recovery Choices and Culturally Appropriate Care: Develop a system that will address and understand the element of culturally competent care and how to adapt strategies to individual (patient) circumstances.

1. Set up training workshops to discuss the diverse cultural influences that shape an individual's cultural profile.
2. Invite peer support specialists, various clergy, and individuals from different backgrounds to hold panel discussions that will lead to a clearer understanding of how an individual's beliefs, cultural identity, spirituality, and experiences in the recovery planning process and into relationship building,
3. Incorporate more one on one sessions to address individual needs.

GOAL: Open a For Profit business to work in conjunction with the nonprofit business

Objective: To make a profit and provide jobs for those who have been through our training program

Activities:

7. Research and refine the business idea
8. Build a business plan
9. Assess finances needed to implement the business
10. Determine and set the legal business structure
11. Register with the government and IRS
12. Apply for a Business License
13. Purchase an insurance policy
14. Develop a Team Structure
15. Choose and determine vendors needed.
16. Brand and advertise the business