



FY 24 Strategic Plan: Updated November 2023

MISSION STATEMENT

Collaborating with stakeholders, people with lived experience, their families, and the community, to empower, advocate, and support recovery. By building a network of care to educate, reduce stigma, and improve connection for the community

SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • County collaboration- all social service agencies work and collaborate well together • DOPP Grant-Narcan • Vivitrol • SOR Grant at the jail • Ability to refer to other MAR • Crisis and Mental Health • Psychiatric Services • Prevention Services working with local schools • Anti-Vaping Campaigns for youths. • Safe Passage • Accredited Drug Court • MRT Training-in depth cognitive therapy • Alano Club—Alcoholics Anonymous • Key Stakeholders-Majority involved • General Readiness to work on recovery (all facets) • Willingness to participate • Knowledge of Community Resources • Proper communication • Behavior Health Services • Family-friendly sober events • Probation services tied to ROSC • Celebrate Recovery (new meeting as of 11/23) 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Stigma/Alienation • Transportation System- Evenings especially • Behavior Health Service/Group therapy • Lack of Awareness of programs available • Need for more peer/recovery mentors • Lack of retention/high turnover rates with recovery • Lack of free sober activities for PLEs • Lack of opportunities to connect with others in recovery and share fellowship. • Lack of Family Recovery Groups (e.g. Family Recovery, al-anon/ala-teen) • Minimal adolescent-facing SUD/MH services • Lack in Harm Reduction education, awareness, and resources (e.g. HR vending machine) • Multiple pathways to recovery not supported by diversified recovery groups (AA is great but we need more variety) • General layperson/citizen still likely is unaware or misunderstands concepts of ROSC. • Community members with lived experience represented on the ROSC Council • Lack of Recovery Housing • Lack of MAR prescriber within 40 miles • Divide between community members in a vulnerable state with police/justice system • Lack of Detox/SUD Treatment within 40 miles.
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Improved communication and collaboration • Bridging Gaps/Collaboration with other human service agencies. • Peer Support at ER, Hospitals, Public libraries, etc. -engagement specialist-partner with agencies-Promotion big opportunity • Community based education/awareness • Open communication between recovery groups • PLE involved and voices heard • Uniformity in messaging and reduce silos • Increased sober and community-facing activities • Forming a formal Recovery Community • Encouraging MAR providers • Increased selection of support groups to support multiple pathways. • Determine ways recovering people looking for service could assist with Transportation, Need for New Meetings, etc. • Pontiac Alano Club 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Community readiness for harm reduction • Key stakeholders coming from the outside to work within Livingston County • Understanding the “tides” are changing—stigma on multiple levels • Sustainability of ROSC- Financially, etc. • Return of COVID-19/Pandemic • Infrastructure • Community in general may not prioritize mental health or addiction issues. • Lack of transportation options threatens all early recoverees seeking to attend meetings, group, doctor appointments, therapy, etc. • Heartland CRSS/CPRS students unaware (unable) how to utilize certification in community. • Apathy among recovery community • Local A.A. doesn’t support ROSC efforts or portrays it negatively among fellowship

The Livingston County ROSC Strategic Plan was developed with community collaboration, data from our Needs Assessment conducted in the fall of 2021, as well as individual and small group discussions. Throughout our planning, the focus has remained on actionable items with the probability of the most impact. The Plan was last reviewed and updated with the ROSC Council's input over two council meetings in October-November, 2023.

Strategic Planning

Goal 1: Increase Access to Services and Resources for the recovery community.

Objective A: *Explore options to enhance low-cost Transportation Services*

Strategy 1: Work with existing transportation service providers.

Strategy 2: Research volunteer-based supports (e.g. CRSS/CPRS 'fleet' of drivers)

Strategy 3: Identify funding opportunities for expansion of low costs/no cost transportation to/from recovery services.

Strategy 4: Explore forming a standing organization (501c3) to continue this necessity into the future.

Strategy 5: Collaborate with Livingston County Probation (Pontiac) to compile Lessons Learned from their 2023 transportation grant (piloted for probation clients only); gather other requirements necessary to plan broader rollout to community and how much it would cost.

Outcome Measures:

- *Did existing services expand or initiate expansion?*
- *Did we research volunteer-based supports?*
- *Did we identify funding opportunities?*
- *Did we start exploring what it takes to become a 501c3?*

Objective B: *Explore options for recovery housing.*

Strategy 1: Work with the Pontiac Homeless Coalition (Humiston Trust).

Strategy 2: Incorporate Persons with Lived Experience (PLE) to speak to the need of general housing and reentry housing.

Strategy 3: Work to build a subcommittee of stakeholders for Grant research/writing, communication with community to assess readiness, discussions with property owners and key decision makers, and other tasks necessary to provide sustainable Recovery Housing.

Strategy 4: Research successful ways to bring recovery housing to rural areas (*recovery supports, location, staffing*).

Strategy 5: Invite recovery-housing experts to share their knowledge.

Strategy 6: Assess and determine more expedient solutions for assisting local sober housing, such as raffles or fundraising events to raise ‘scholarship fund’ for rent assistance, security deposits, and other financial assistance a newcomer would need to transition from treatment or jails to sober living.

Outcome Measures:

- *Did we explore working with the Livingston County Housing Authority/Humiston Trust?*
- *Did we form a subcommittee to research housing options?*
- *Did we identify ways to support recovery housing in a rural area?*

Objective C: Link community members with already existing resources

Strategy 1: Promote continually updated Resource Directory.

Strategy 2: Advertise/Market all new and existing resources and services for those with SUD/MH. Utilize “Did You Know” campaign.

Strategy 3: Network with Council, Community, and Persons with Lived Experience to bring greater awareness to SUD support.

Strategy 4: Continue to utilize Virtual Resource Directory (via Jotform website) and update regularly to ensure community members have access (QR) to all the latest recovery-oriented services, trainings, and events consolidated in one digital platform.

Strategy 5: Continue to create and distribute bi-monthly Livingston County ROSC Newsletter to help community members learn about ROSC and existing resources spotlighted each issue.

Strategy 6: Utilize Livingston ROSC social media platforms (Facebook, YouTube) to announce new and existing recovery resources.

Outcome Measures:

- *Did we promote an updated Resource Directory?*
- *Did the council help develop marketing to promote existing services/resources?*
- *Did we establish evaluation measures within the marketing campaign?*
- *Did council members communicate growth in existing services that are offered?*

Goal 2: Reduce Stigma around Mental Health and Substance Use Disorder (SUD).

Objective A: *Create community based education and awareness.*

Strategy 1: Offer trainings to community members. Focus on addiction as a disease to help layperson understand SUD as a fatal but treatable illness

Strategy 2: Enhance and expand current SUD education to help reduce stigma.

Strategy 3: Increase Stigma Reduction Community Activities (recovery walks, etc.).

Strategy 4: Continue a partnership with IHR to help support their SUD Prevention and Anti-Vaping campaigns to local schools.

Strategy 5: Develop education and awareness materials to increase awareness of Harm Reduction and Mental Health Services and Resources, per council feedback.

Strategy 6: Secure volunteer(s) to determine community need and readiness for a Family Day Program (monthly, full day session, education materials, videos on SUD as brain disease, inter-family activities/exercises to address impact of addiction, co-dependency, family's role in recovery, etc.).

Strategy 7: Determine feasibility of Strategy 6 (above) of fostering newcomers to recovery *and* their family/allies (treatment center, alumni group, Alano Club) to invite/include newcomers to recovery and their family/allies. This is an unmet need throughout central Illinois.

Outcome Measures:

- *Did our efforts create/increase an awareness of Mental Health and Substance Use Disorder in the community?*
- *How many trainings were offered around SUD education?*
- *Did we increase stigma reduction activities?*

Objective B: Advocate for People with Lived Experience (PLE) to take leadership roles in education.

Strategy 1: Increase PLE Involvement and service opportunities in community (ROSC/Peer Specialist etc.).

Strategy 2: Advocacy training for PLEs (e.g., Faces and Voices of Recovery).

Strategy 3: Post monthly testimonials of people with SUD/MH on social media; utilize recordings of guest speakers sharing their story in council meetings.

Strategy 4: Facilitate interactions between people with SUD/MH and community members.

Strategy 5: Periodically send liaison to local Pontiac Alano Club for PLE recruitment and to share about ROSC (within confines of 12 Traditions) and ensure ROSC literature is well stocked in club.

Strategy 6: Seek service-minded local recoverees to assist with starting up new meetings not presently represented locally, such as Narcotics Anonymous, Marijuana Anonymous (youth-based), Celebrate Recovery, All Recovery, Crystal Meth Anonymous, etc.

Outcome Measures:

- *What interactions did we create between community members and PLE?*

Objective C: Increase knowledge of Medication Assisted Recovery (MAR) and its benefits.

Strategy 1: Research/Collect evidence and data on the benefits of MAR.

Strategy 2: Educate, through data, to increase an understanding of MAR [to community and council members].

Strategy 3: Advocate for additional MAR options and prescribers closer to Livingston County.

Strategy 4: Create Harm Reduction education materials to help community understand big picture benefits of MAR and HR paths of recovery (ties to Objective D below).

Strategy 5: Invite MAR experts/prescribers to ROSC Council meetings to present the benefits (based on empirical studies and stats), anecdotal stories of success, ways to reduce MAR stigma among recovery community, types of MAR medications and pros/cons of each, etc. Recorded videos could be posted to Virtual Resource Guides and YouTube among all central IL ROSCs.

Strategy 6: Establish Speaker Event or Harm Reduction Panel with various perspectives including personal lived experience with HR; recording could be posted to YouTube.

Outcome Measures:

- *Did we find opportunities to inform the community of MAR?*
- *Did we provide data? - How many opportunities did we connect?*

Objective D: Advocate for additional Harm Reduction initiatives.

Strategy 1: Educate and Support expansion of NARCAN® throughout the community.

Strategy 2: Invite advocates of Harm Reduction to speak in the community and at ROSC meetings.

Strategy 3: Raise awareness of existing harm reduction services in the community.

Strategy 4: Solicit volunteers from ROSC Council to assess feasibility of overdose emergency stations, containing self-distributed NARCAN®, in strategic locations (library, social services agencies, Alano Club, local transportation locations).

Strategy 5: Continue with efforts to establish creative way to share SUD and Harm Reduction literature and resources (e.g. Laundry SUDs events)

Outcome Measures:

- *Did we provide a minimum of two NARCAN® education opportunities?*
- *Did we invite a guest speaker to advocate for harm reduction at a ROSC meeting?*

Objective E: Develop a Stigma Reduction Campaign that explains SUD/MH and promotes social inclusion.

Strategy 1: Gather participation of Key Stakeholders and PLE in anti-stigma campaign.

Strategy 2: Develop a narrative that includes the systemic causes, barriers to care, and successful treatment.

Strategy 3: Collect informative data and tools that will be used to build the campaign narrative.

Strategy 4: Identify distribution sources that are popular and credible with the target audience.

Strategy 5: Utilize social media platforms and local media sources.

Outcome Measures:

- *Did we collect all data and tools needed to develop campaign?*
- *Did we develop Stigma Reduction Campaign?*
- *Did we utilize media resources? How many and what resources did we use?*

Goal 3: Build a sustainable Recovery Community.

Objective A: *Promote ROSC Council meetings.*

Strategy 1: ROSC Council meets monthly, every 1st Thursday of the month at noon via zoom, until further notice.

Strategy 2: Continue to update contact email list.

Strategy 3: One week prior to meeting, send out an email reminder.

Strategy 4: ROSC social media sites be kept up to date.

Strategy 5: Empower council members to have a deeper understanding of ROSC and be able to share understanding with other community members.

Strategy 6: Host guest speakers at council meetings to foster increased membership, awareness, and a collaborative spirit around the work we are doing.

Strategy 7: Grow regular council participation by 25% in Year 2 to an average attendance of 25.

Strategy 8: Grow PLE Council participation through increased outreach. Add 2 – 4 new Council participants with lived experience per year. Utilize the local Alano Club for recruitment.

Strategy 9: Advocate for resuming pre-COVID-19 recovery meeting options locally (hybrid).

Outcome Measures:

- *Did we grow our council and PLE membership?*
- *Were we able to secure guest speakers?*

Objective B: *Increase recovery capitol (personal/community/social).*

Strategy 1: Recruit and Retain People w/ Lived Experience (PLE).

Strategy 2: Create various subcommittees to address key areas of improvement, such as transportation, more leadership roles among PLE, sober living, and other priorities.

Strategy 3: Advocacy training for PLEs to help increase recovery options.

Strategy 4: Continue to provide support through Heartland Community College for Peer Educators/PLE and recovering individuals to obtain CPRS/CRSS certification through financial and/or supervision supports.

Strategy 5: Explore ways to develop peer recovery workforce (employers, training, recovery supervision).

Strategy 6: Build relationship with local Alano Club to increase PLE awareness and involvement.

Outcome Measures:

- *How many did we recruit and retain?*
- *How many subcommittees?*
- *Was advocacy training completed, if so, by how many?*
- *Were support/incentives given to Peer Educators/PLE?*

Objective C: Encourage and Enhance variety of Recovery Groups

Strategy 1: Secure volunteer(s) or sub-committee to explore what meetings actually exist (program/ times/ locations) and determine specific recovery programs not adequately represented in the area. Focus groups, online research, in person verification, conversations with local recoverees are all examples.

Strategy 2: Reach out to Pontiac Alano Club to establish (and foster) mutually beneficial support and brainstorm realistic solutions.

Strategy 3: Create new local support groups/meetings to support multiple pathways of recovery; contact Pontiac Alano Club for open meeting days/times, as well as local churches, Heartland, etc.

Outcome Measures:

- *What programs were found in our community?*
- *Was a need found for new offerings?*

Objective D: Sustainability (financially and community involvement).

Strategy 1: Explore ideas for local, state, and federal funding sources.

Strategy 2: Begin to lay infrastructure for formation of a Board of Directors comprised of PLE with the eventual goal of forming a Recovery Community Organization (RCO): “A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery” and obtaining 501©3 status.

Strategy 3: Explore and assist with fundraisers/marketing/manpower for events, networking, and service opportunities.

Strategy 4: Invite RCO/RCC (Recovery Community Center) subject matter experts to present topic to ROSC Council, including basic description, best practices, lessons learned, examples of successful RCOs (case study), etc.

Outcome Measures:

- *Were there funding sources found?*
- *Did we start to build readiness for PLE board?*
- *Did we explore and assist with Fundraisers/Marketing/Manpower events?*